

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrep</i>	DATE <i>1-4-13</i>
----------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000208</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Test, COS, Deps, CMS file</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



Division of Medicaid & Children's Health Operations

December 28, 2012

RECEIVED

JAN 04 2013

Mr. Anthony E. Keck, Director
SC Health and Human Services
PO Box 8206
Columbia, South Carolina 29205

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to renew South Carolina's Home and Community-Based Waiver Service for individuals who are frail elders or dependent on mechanical ventilation and who meet nursing facility level of care, as authorized under section 1915(c) of the Social Security Act has been approved. This renewal application has been assigned control number SC 40181.R04, which should be used in future correspondence. The waiver renewal request is effective December 1, 2012 through November 30, 2017. The temporary extension for this waiver will be subsumed into waiver year one.

Specifically, you submitted a renewal request to provide personal care (levels one and two); pest control services; specialized medical equipment and supplies; prescription drugs (except those furnished to Medicare Part D eligible); attendant care; home accessibility adaptations; private duty nursing; personal emergency response systems and respite.

The following estimates of utilization and cost of waiver services have been approved:

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 1 (12/01/12 – 11/30/13)	55	\$ 37,667	\$ 135,000	\$ 2,071,685
Year 2 (12/01/13 – 11/30/14)	60	\$ 40,271	\$ 141,750	\$ 2,416,260
Year 3 (12/01/14 – 11/30/15)	65	\$ 42,251	\$ 148,838	\$ 2,746,315
Year 4 (12/01/15 – 11/30/16)	70	\$ 44,952	\$ 156,279	\$ 3,246,640
Year 5 (12/01/16 – 11/30/17)	75	\$ 46,386	\$ 164,093	\$ 3,478,850

We appreciate the effort and cooperation provided by your staff during our review of this renewal request. If you have any questions, please feel free to contact Kenni Howard at (404) 562-7413.

Sincerely,


Jackie Glaze

Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Michele MacKenzie, Central Office