

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-15-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101985</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlmer; Depp, CMS file</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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



Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

June 12, 2009

Ms. Emma Forkner, Director
Department of Health & Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RECEIVED
JUN 15 2009

RE: Home and Community-Based Services Waivers

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

We have completed our review of your CMS-372 reports for the Home and Community-Based Services Waiver listed below. Based on our analysis of the expenditure and recipient data submitted in the report, we find the data acceptable, subject to any future data validation reviews. A comparison of the actual data reported to the most recent CMS-approved estimates indicates that the estimated costs without the waiver were not exceeded.

- **0186.90.R3 – HIV/AIDS HCBW**
10/01/05 – 09/30/06 (Lag)
10/01/06 – 09/30/07 (Lag)
10/01/07 – 09/30/08 (Initial)
- **0237.R03 MR/RD HCBW**
10/01/06 – 09/30/07 (Lag)
10/01/07 – 09/30/08 (Initial)
- **0284.R03 – Individuals with Head/Spinal Cord Injuries HCBW**
07/01/07 – 06/30/08 (Initial)
- **0405.R01 – SC Choice HCBW**
07/01/06 – 06/30/07 (Initial)
07/01/06 – 06/30/07 (Lag)
07/01/07 – 06/30/08 (Initial)
- **0456 – Children with PDD HCBW**
01/01/07 – 12/31/07 (Lag)
01/01/08 – 12/31/08 (Initial)
- **40181.R03 – Ventilator Dependent HCBW**
12/01/07 – 11/30/08 (Initial)

If you have any questions please contact Kimberly Adkins-McCoy on (404) 562-7159.

Sincerely,

A handwritten signature in cursive script that reads "Mary Kaye Justis".

Mary Kaye Justis, R.N., MBA
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations