


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>6-15-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101585</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlmer, Dept, 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 (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  
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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Home and Community-Based Services Waivers

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 dark ink, appearing to read "Mary Kaye Justis". The script is cursive and fluid, with the first name "Mary" and last name "Justis" clearly distinguishable.

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