

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

**ACTION REFERRAL**

TO <i>Liggett</i>	DATE <i>11-7-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000166</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Kost, Deps, 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  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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October 31, 2013

Anthony E. Keck, Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, South Carolina 29201

**RECEIVED**

NOV 07 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: 372 Acceptance

Dear Mr. Keck:

We have completed our review of your CMS 372 annual report for the Home and Community-Based Services (HCBS) Waiver listed below. Based on our analysis of the expenditure and recipient data submitted in this report, we find the data acceptable, subject to any future data validation reviews.

We note a number of services were under-utilized and a few exceeded the estimated number of users, as well as the unduplicated number of participants served was significantly lower than estimated. We also recognize that this waiver has been renewed and new estimates were used and approved by CMS. We require the state to monitor actual costs and utilization throughout the waiver cycle. If either continue to be under or over utilized, as compared to approved estimates, a waiver amendment would be required to more closely align the two.

- **0676 Community Supports Waiver**  
(Waiver Year 2 – 07/01/10 - 06/30/11)

If you have any questions, please contact Kenni Howard at 404-562-7413.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze for". The signature is written in a cursive, flowing style.

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

cc: Michele MacKenzie, CMS/CO