

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

ACTION REFERRAL

TO	DATE
Waldrop	1-2-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100202	I I Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	Cc: Mr. Heck, COS, Depo, CMS file	I I Prepare reply for appropriate signature	DATE DUE _____
		I I 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
Atlanta Regional Office
61 Forsyth St, Suite 4T20
Atlanta, Georgia 30303-8909

Division of Medicaid & Children's Health Operations



December 26, 2012

RECEIVED

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

JAN 02 2013

Dear Mr. Keck:

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Your request to renew South Carolina's Community Supports Home and Community-Based Waiver Service for individuals with intellectual disabilities and related conditions, as authorized under section 1915(c) of the Social Security Act has been approved. This renewal application has been assigned control number SC 0676.R01, which should be used in future correspondence. The waiver renewal request is effective July 1, 2012 through June 30, 2017. The temporary extensions for this waiver will be subsumed into waiver year one.

Specifically, you submitted a renewal request to provide services to participants who meet ICF/MR level of care to delay and/or avoid institutionalization. Services include adult day health care services; personal care services; respite care services; incontinence supplies; adult day health care – nursing; adult day health care- transportation; assistive technology and appliances; behavior support services; career preparation services; community services; day activity; employment services; environmental modifications; in-home support services; personal emergency response services; private vehicle modifications; and support center services.

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

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 1 (07/01/12 – 06/30/13)	3300	\$ 8,153	\$ 111,700	\$ 26,094,900
Year 2 (07/01/13 – 06/30/14)	3630	\$ 8,847	\$ 115,051	\$ 32,114,610
Year 3 (07/01/14 – 06/30/15)	4000	\$ 9,831	\$ 118,503	\$ 39,324,000
Year 4 (07/01/15 – 06/30/16)	4400	\$ 10,628	\$ 122,058	\$ 46,763,200
Year 5 (07/01/16 – 06/30/17)	4840	\$ 10,724	\$ 125,720	\$ 51,904,160

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St, Suite 4120
Atlanta, Georgia 30303-8909



Division of Medicaid & Children's Health Operations

December 28, 2012

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

RECEIVED

JAN 04 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to renew South Carolina's Community Supports Home and Community-Based Waiver Service for individuals with intellectual disabilities and related conditions, as authorized under section 1915(c) of the Social Security Act has been approved. This renewal application has been assigned control number SC 0676.R01, which should be used in future correspondence. The waiver renewal request is effective July 1, 2012 through June 30, 2017. The temporary extensions for this waiver will be subsumed into waiver year one.

Specifically, you submitted a renewal request to provide services to participants who meet ICF/MR level of care to delay and/or avoid institutionalization. Services include adult day health care services; personal care services; respite care services; incontinence supplies; adult day health care - nursing; adult day health care- transportation; assistive technology and appliances; behavior support services; career preparation services; community services; day activity; employment services; environmental modifications; in-home support services; personal emergency response services; private vehicle modifications; and support center services.

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

Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 1 (07/01/12 - 06/30/13)	3300	\$ 8,153	\$ 26,094,900
Year 2 (07/01/13 - 06/30/14)	3630	\$ 8,847	\$ 32,114,610
Year 3 (07/01/14 - 06/30/15)	4000	\$ 9,831	\$ 39,324,000
Year 4 (07/01/15 - 06/30/16)	4400	\$ 10,628	\$ 46,763,200
Year 5 (07/01/16 - 06/30/17)	4840	\$ 10,724	\$ 51,904,160

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

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

January 4, 2013

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

Dear Mr. Keck:

Please accept this revised approval letter for South Carolina's Community Supports Home and Community-Based Waiver for individuals with intellectual disabilities and related conditions, as authorized under section 1915(c) of the Social Security Act. This renewal application has been assigned control number SC 0676.R01, which should be used in future correspondence. The waiver renewal was approved on December 28, 2012 with effective dates of July 1, 2012 through June 30, 2017. The temporary extensions for this waiver will be subsumed into waiver year one. **The correction is in bold text and underlined below.**

Specifically, you submitted a renewal request to provide services to participants who meet ICF/MR level of care to delay and/or avoid institutionalization. Services include adult day health care services; personal care services; respite care services; incontinence supplies; adult day health care – nursing; adult day health care- transportation; assistive technology and appliances; behavior support services; career preparation services; community services; day activity; employment services; environmental modifications; in-home support services; personal emergency response services; private vehicle modifications; and support center services.

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

Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 1 (07/01/12 – 06/30/13)	3300	\$ 8,153	\$ <u>26,904,900</u>
Year 2 (07/01/13 – 06/30/14)	3630	\$ 8,847	\$ 32,114,610
Year 3 (07/01/14 – 06/30/15)	4000	\$ 9,831	\$ 39,324,000
Year 4 (07/01/15 – 06/30/16)	4400	\$ 10,628	\$ 46,763,200
Year 5 (07/01/16 – 06/30/17)	4840	\$ 10,724	\$ 51,904,160

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

Jackie Glaze

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

cc: Michele MacKenzie, Central Office

Ref Log # 202
** Please See Correction below*
cc: Mr. Keck, COS, Deps, CMS file