

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

**ACTION REFERRAL**

TO  <i>Liggett</i>	DATE  <i>1-27-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000254</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 (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**

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January 22, 2014

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

Dear Mr. Keck:

The state's request to amend South Carolina's Community Choices Home and Community-Based Waiver Program that serves elderly and/or disabled individuals who meet nursing facility level of care, as authorized under section 1915(c) of the Social Security Act has been approved. This amendment has been assigned control number SC 0405.R02.03, which should be used in future correspondence. The waiver amendment is effective November 1, 2013.

Specifically, the state submitted an amendment request to change the care coordination (case management) payment from a monthly rate to a 15 minute unit rate to align with other waivers and state plan targeted case management payment methodologies. Additionally, there will be two distinct payment rates: one for a face-to-face visit and one for case management telephone contact.

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

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 3 (07/01/13 – 06/30/14)	16,577	\$ 9,963	\$ 36,647	\$ 165,156,651
Year 4 (07/01/14 – 06/30/15)	17,729	\$ 10,498	\$ 38,478	\$ 186,119,042
Year 5 (07/01/15 – 06/30/16)	18,394	\$ 10,935	\$ 40,403	\$ 201,138,390

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

Sincerely,

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

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

cc: Michele MacKenzie, Central Office