

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-14-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000532</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forknor, Depo, Jacobs</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 AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-14-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000532</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forbush, Depo, Jacobs</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



April 9, 2008

RECEIVED

APR 14 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner, Director
Department of Health and Human Services
P. O. Box 8206
Columbia, South Carolina 29202-8206

RE: South Carolina Medicaid's Medically Fragile Children's Program

Dear Ms. Forkner:

This letter is in response to your letter dated April 8, 2008 requesting that we extend the deadline to restructure the Medically Fragile Children's program by September 30, 2008. That deadline was issued by CMS on April 5, 2007, and specifically, we instructed South Carolina to submit a contract with an MCO entity to provide the services.

We now understand from your letter that South Carolina Medicaid plans to submit a combination of a 1915(c) and a 1915(a) authority waivers to replace the existing program by September 30, 2008. You also indicated that you would implement the waivers as soon as CMS approves them. Therefore, we approve the extension of the current program until January 1, 2009.

Should you have any questions, please contact Elaine Elmore at 404-562-7408.

Sincerely,

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