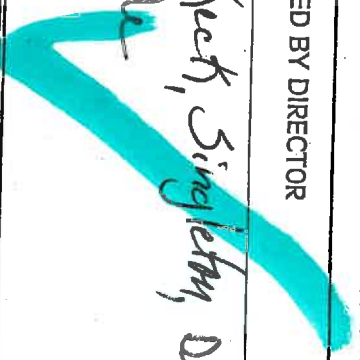


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Waldrop	1-2-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	100,201	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Mr. Kretz, Singletary, Depos, CMS file	<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

December 26, 2012

RECEIVED

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to renew South Carolina's Home and Community-Based Waiver Service for medically fragile children, as authorized under section 1915(c) of the Social Security Act has been approved. This renewal application has been assigned control number SC 0675.R01, which should be used in future correspondence. The waiver renewal request is effective January 1, 2012 through December 31, 2016. The temporary extensions for this waiver will be subsumed into waiver year one.

Specifically, you submitted a renewal request to provide services to children ages 0-18 who have a serious illness or condition that is expected to last longer than 12 months. Waiver participants must meet state defined medical criteria which identify them as being dependent upon medications, hospitalizations, skilled nursing services, ancillary services and specialist services. In addition, they must meet nursing facility or intermediate care facility for intellectually disabled. Services include Pediatric Day Care Services, Respite and Care Coordination.

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

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 1 (01/01/12 – 12/31/12)	600	\$ 6,688	\$ 89,701	\$ 4,012,800
Year 2 (01/01/13 – 12/31/13)	750	\$ 6,689	\$ 94,422	\$ 5,016,750
Year 3 (01/01/14 – 12/31/14)	900	\$ 7,220	\$ 99,391	\$ 6,498,000
Year 4 (01/01/15 – 12/31/15)	1050	\$ 7,435	\$ 104,622	\$ 7,806,750
Year 5 (01/01/16 – 12/31/16)	1200	\$ 7,659	\$ 110,129	\$ 9,190,800

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

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Sincerely,

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

cc: Michele MacKenzie, Central Office