

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

**ACTION REFERRAL**

<b>TO</b> <i>J.R. Spitzer</i>	<b>DATE</b> <i>5/30/08</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>000621</i>	<input type="checkbox"/> 1. Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>E. Mrs. Fodenus</i>	<input checked="" type="checkbox"/> 2. Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> 3. FOIA DATE DUE _____  <input checked="" type="checkbox"/> 4. Necessary Action

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4120  
Atlanta, Georgia 30303-8909



May 22, 2008

Emma Forkner, Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**RECEIVED**  
MAY 30 2008  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

I am pleased to inform you the request to amend South Carolina's Community Choices Waiver for Frail Elders and Persons with Physical Disabilities has been approved. This amendment, control number 0405.R01.02, is effective March 1, 2008.

Approval of this amendment authorizes you to add adult day health care transportation as a waiver service. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

	Unduplicated Recipients	Factor D	Total Waiver Expenditures
Year 2 (July 1, 2007 – June 30, 2008)	15,000	\$7,924	\$118,862,415
Year 3 (July 1, 2008 – June 30, 2009)	15,625	\$8,535	\$133,358,540
Year 4 (July 1, 2009 – June 30, 2010)	16,250	\$8,967	\$145,709,476
Year 5 (July 1, 2010 – June 30, 2011)	16,875	\$9,415	\$158,882,768

Please note this waiver must be compliant with all applicable regulations related to case management no later than March 3, 2010. Any amendments required to achieve such compliance should be submitted to CMS at least 90 days in advance of that date.

We appreciate the cooperation provided by your staff during our review of this request. The revised pages have been incorporated into the approved waiver. If you have any questions, please feel free to contact Terrie Morris at (404) 562-7414.

Sincerely,

Teresa DeCaro, RN, M.S.  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

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1. LOG NUMBER <p align="center">000621</p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <p align="center"><i>E. Mrs. Jenkins</i></p>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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