


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

ACTION REFERRAL

TO <i>J.R. Roberts</i>	DATE <i>5/30/08</i>
---------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000621</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>C. M. Jenkins</i> 		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input checked="" type="checkbox"/> Necessary Action	

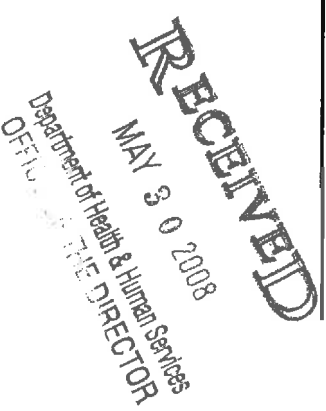
APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

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



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

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

ACTION REFERRAL

TO <i>J.R. Speer</i>	DATE <i>5/30/08</i>
-------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000621	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>E. M. Jenkins</i> <i>Rep's</i>	<input checked="" 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.			