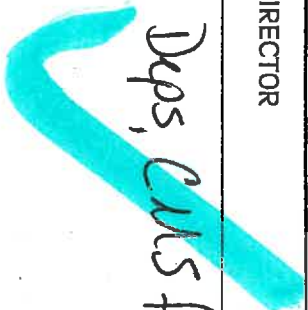


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Waldrop</i>	<i>4-27-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011483</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Teck, 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
61 Forsyth St., Suite 4120
Atlanta, Georgia 30303-8909



April 22, 2011

RECEIVED

Anthony E. Keck, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to amend South Carolina's home and community-based waiver SC 0186.R04.03, HIV/AIDS has been approved. This amendment has an effective date of April 22, 2011.

This approval authorizes you to restrict nutritional supplements up to two cases per month, as defined by the State's medical necessity criteria.

We appreciate the effort and 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 Connie Martin at (404) 562-7412.

Sincerely,

Jackie Glaze

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