

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE  9-15-10
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000117	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  cc: Ms. Forner, Depo, CMS <i>file</i> <i>Cleared 10/16/10, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>12-10-10</u>  <input type="checkbox"/> FOIA DATE DUE _____  <input 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



September 10, 2010

**RECEIVED**

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

SEP 15 2010  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

This is in response to your request to amend South Carolina's Community Choices Waiver for Elderly and Disabled Individuals. The request has been assigned control number 0405.R01.06. Our review found the request did not conform fully to statutory and regulatory requirements. Please provide clarifications necessary to address the following concerns:

South Carolina is seeking to amend the waiver to "no longer contract with individual case managers not under contract prior to September 1, 2010." Based on discussions with your staff, we understand the purpose of the amendment is to improve the quality of services by augmenting oversight of case management providers. In an effort to maintain positive relationships with providers in good standing, the language included in the amendment limits enrollment of individual case managers to current contractors.

We recognize the advantages of utilizing case management agencies for vulnerable participants served through the waiver. However, as currently written the amendment violates freedom of choice requirements found at §1902(a)(23) of the Act and regulations at 42 CFR §431.51, which specify Medicaid recipients must be allowed to obtain services from any willing and qualified provider. The language should be revised to avoid the exclusion of qualified providers. As a component of quality improvement sections, you may wish to include sanctions to address providers of poor performance who may be placing recipients at risk.

Under section 1915(f) of the Social Security Act, a waiver request must be approved, denied or additional information requested within 90 days of receipt or the request will be deemed approved. The 90-day review period on this request ends September 14, 2010. This request for additional information will, however, stop the 90-day clock. Once the additional information is submitted to us, the 90-day review clock will restart at day one. If you have further questions or need technical assistance, please contact Terrie Morris at (404) 562-7414.

Sincerely,

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



Log # 117 ✓

*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

November 18, 2010

Ms. Jackie Glaze  
Associate Regional Administrator  
Centers for Medicare and Medicaid Services  
Division of Medicaid and Children's Health  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909

Re: South Carolina Community Choices Waiver Amendment, RAI #0405.90-IP

Dear Ms. Glaze:

This letter is in response to your request for additional information regarding the South Carolina Community Choices waiver amendment for case management, control number 0405.90-IP. Based on discussions with staff members at your office SCDHHS is withdrawing this request for an amendment to the case management provider standards at this time.

If you have any questions about our response to your RAI, please contact Roy Smith at 803-898-2721 or at [smithroy@scdhhs.gov](mailto:smithroy@scdhhs.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jp

cc: Terrie Morris