


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>5-1-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000563</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Forkner, Deps,</i> <i>J Jacobs</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-08</i>  <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.			

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	<input checked="" type="checkbox"/> Necessary Action

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

CMS/  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Log: Myers

N/A

cc: Ms. Forkner,

Dep, Jacobs

April 25, 2008

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

MAY 01 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

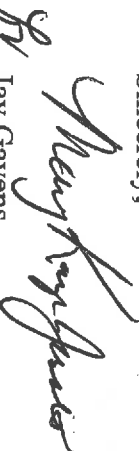
I am pleased to inform you the request to renew South Carolina's Home and Community Based Waiver Program for Individuals with Head and Spinal Cord Injuries (HASCI) is approved. The effective period for the renewal, control # 0284.R03, is July 1, 2008 through June 30, 2013.

Approval of this renewal authorizes South Carolina to provide: health education and peer guidance for consumer-directed care, private vehicle modifications, physical therapy, residential habilitation, psychological services, attendant care / personal assistance services, occupational therapy, prescribed drugs, waiver nursing services, respite care, environmental modifications, behavioral supports, prevocational services, supported employment, speech / hearing / language services, day habilitation, medical supplies, and equipment / assistive technology to individuals with a head and/or spinal cord injury who would otherwise require services provided in a nursing facility or intermediate care facility for the mentally retarded (ICF/MR). The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

	Unduplicated		Total Waiver	
	Recipients	Factor D	Expenditures	
Year 1 (July 1, 2008 – June 30, 2009)	788	\$ 28,191	\$ 22,214,508	
Year 2 (July 1, 2009 – June 30, 2010)	842	\$ 28,393	\$ 23,906,906	
Year 3 (July 1, 2010 – June 30, 2011)	892	\$ 29,326	\$ 26,158,792	
Year 4 (July 1, 2011 – June 30, 2012)	945	\$ 30,092	\$ 28,436,940	
Year 5 (July 1, 2012 – June 30, 2013)	998	\$ 30,425	\$ 30,364,150	

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 assistance provided by your staff during our review of this request. If you have any questions, please contact Keni Howard at (404) 562-7413.

Sincerely,

  
for Jay Gavens

Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations