

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>11-17-09</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.5em;"><i>101028</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>cc: Ms. Forlner, Dept, CMS files</i> </div>	<input 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: 4T20
Atlanta, Georgia 30303-8909



November 9, 2009

Emma Forkner, Director
South Carolina Department of Health & Human Services
Department of Health & Human Services
1801 Main Street
Columbia, SC 29201

RECEIVED
NOV 17 2009
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

I am pleased to inform you that your request to renew South Carolina's Home and Community-Based Waiver for Children with Pervasive Developmental Disabilities (PDD), as authorized under provisions of section 1915(c) of the Social Security Act, has been approved. This waiver renewal has been assigned control number 0456.R01, which should be used in future correspondence. The waiver request is effective January 1, 2010 through December 31, 2014.

Specifically, you submitted a renewal request to continue to provide Case Management and Early Intensive Behavioral Intervention (EIBI).

The following estimates of utilization and cost of waiver services have been approved:

	Unduplicated Recipients	Factor D	Total Waiver Costs
Year 1 (1/1/10 – 12/30/10)	700	\$35,542	\$21,440,300
Year 2 (1/1/11 – 12/30/11)	770	\$36,521	\$24,224,970
Year 3 (1/1/12 – 12/30/12)	847	\$37,540	\$27,381,816
Year 4 (1/1/13 – 12/30/13)	932	\$38,611	\$30,982,482
Year 5 (1/1/14 – 12/30/14)	1025	\$39,735	\$35,061,150

We appreciate the effort and cooperation provided by your staff during our review of this request. If you have any questions, please feel free to contact Kimberly Adkins-McCoy at (404) 562-7159.

Sincerely,

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations