


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>1-30-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000260</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Kost, Daps, 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
Atlanta Regional Office
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



Division of Medicaid & Children's Health Operations

January 24, 2014

Mr. Anthony E. Keck, Director
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, South Carolina 29205

RECEIVED

JAN 30 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The state's request to amend South Carolina's Home and Community-Based Waiver Service for individuals with HIV/AIDS and who meet hospital level of care, as authorized under section 1915(c) of the Social Security Act has been approved. This amendment has been assigned control number SC 0186.R05.02, which should be used in future correspondence. The waiver amendment is effective November 1, 2013.

Specifically, the state submitted an amendment request to change the case management payment from a monthly rate to a 15 minute unit rate to align with other waivers and state plan targeted case management payment methodologies. Additionally, there will be two distinct payment rates: one for a face-to-face quarterly visits and one for a monthly telephone contact, both of which are mandatory under the waiver service definition for care coordination.

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

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 3 (07/01/13 – 06/30/14)	1226	\$ 4,283	\$ 17,634	\$ 5,250,958
Year 4 (07/01/14 – 06/30/15)	1254	\$ 4,530	\$ 18,549	\$ 5,680,620
Year 5 (07/01/15 – 06/30/16)	1283	\$ 4,758	\$ 19,478	\$ 6,104,514

We appreciate the effort and cooperation provided by your staff during our review of this amendment request. If you have any questions, please feel free to contact Kenni Howard at (404) 562-7413.

Sincerely,

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

cc: Michele MacKenzie, Central Office