

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggitt</i>	DATE <i>9-30-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000124</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost, Depo, 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 Street, Suite 4T20  
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 9, 2013

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

Dear Mr. Keck:

This letter amends the September 4, 2013, Centers for Medicare and Medicaid Services (CMS) letter regarding the SC 0237.R04 draft report of the CMS quality review of South Carolina's Mental Retardation and Related Disabilities (MR/RD) waiver, for individuals who are mentally retarded or have related disabilities, control number SC 0237.R04. This waiver serves individuals who otherwise would require placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

We would like to extend our sincere appreciation to all who assisted in the review process. We found the State to be in compliance with three of the six review components. Please review the draft report and submit your comments within 90 days of receiving this letter. Your response will be incorporated into the final report, which will then become a public document. Should we receive no response from you by December 12, 2013, this draft report becomes a final document. We are available to discuss the report and to provide technical assistance. Please do not hesitate to let us know how we may be of assistance.

We would again like to extend our sincere appreciation to the South Carolina Division of Medical Assistance, who provided information for this review. If you have any questions, please contact Connie Martin at 404-562-7412.

Sincerely,



Charna R. Pettaway  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Michele MacKenzie, CO

**RECEIVED**

SEP 30 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR