

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

*Tom
mashis*

ACTION REFERRAL

TO <i>Waldrep</i>	DATE <i>2-5-13</i>
----------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000238</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, COS, 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

January 28, 2013

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

RECEIVED

FEB 04 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: 372 Acceptance

Dear Mr. Keck:

We have completed our review of your CMS 372 annual report for the Home and Community-Based Services (HCBS) Waiver listed below. Based on our analysis of the expenditure and recipient data submitted in this report, we find the data acceptable, subject to any future data validation reviews. We note, however, that the actual D (waiver) and G (institutional) expenditures exceeded those estimated in the approved waiver. We also recognize that this waiver has been renewed and new estimates were used and approved. We require the state to monitor the actual cost closely and if actual costs continue to exceed estimated costs, a waiver amendment would be required to more closely align the two.

- **0405-IP – Community Choices Waiver for the Elderly and Disabled**
(Waiver Year 5 – 07/01/10 - 06/30/11)

If you have any questions, please contact Kenni Howard at 404-562-7413.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

cc: Michele MacKenzie, CMS/CO