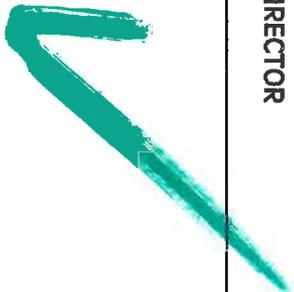


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-26-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000166	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<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
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



September 17, 2007

Log: Felicity

RECEIVED

Ms. Emma Forkner, Director

Department of Health & Human Services

Attn: Roy Smith

Post Office Box 8206

Columbia, South Carolina 29202-8206

McAtorn

SEP 26 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Home and Community-Based Services Waivers

Dear Ms. Forkner:

We have completed our review of your HCFA-372 report for the Home and Community-Based Services Waiver listed below. Based on our analysis of the expenditure and recipient data submitted in the report, we find the data acceptable, subject to any future data validation reviews. A comparison of the actual data reported to the most recent CMS-approved estimates indicates that the estimated costs without the waiver were not exceeded.

- 40181.90.R1.03 – Mechanical Ventilation Waiver
12/01/05 – 11/30/06 (Initial)

If you have any questions please contact Kimberly Adkins-McCoy on (404) 562-7159.

Sincerely,

Jay Gavens

Jay Gavens

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