

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <u>Bowling/Waldrop</u>	DATE Received in Bureau of Long Term Care <u>on May 29, 2007</u> <u>5-23-07</u>
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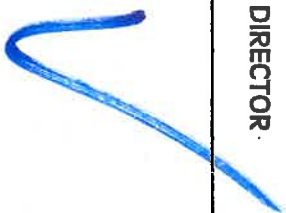
DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>000736</u>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>10-11-07</u>
2. DATE SIGNED BY DIRECTOR <u>Add one week per Susan B.</u> <u>on 5/30/07</u> <u>Cleaved 6/14/07, letter</u> <u>attached.</u>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input 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 AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bosling/Waldrop	5-23-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000736	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>5-31-07</u>
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input 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.			



Log:
Bowling/Walsh
(enc. 2)

Stanley J. Butkus, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
Administration
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
V/TTY: 803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.state.sc.us/ddsn/
May 18, 2007

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RECEIVED

MAY 23 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Susan Bowling
Interim Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202


Dear Ms. ~~Bowling~~: *Summary*

This letter is to request an amendment to South Carolina's Home and Community Based Waiver for children with Pervasive Developmental Disorder (PDD), control number 0456. We have discussed this technical amendment with your staff and have received their approval. In the past, CMS has been favorable in approving technical amendments. This amendment is requesting only to increase the number of participants, due to the department receiving additional appropriations from the General Assembly for this waiver.

We are requesting to amend the number of unduplicated participants for each of the three years. This increase in unduplicated participants is directly related to the additional funding: (a) Year 1 – 550; (b) Year 2 – 605; and (c) Year 3 – 660. We are not changing nor requesting to amend the previously approved Average Cost/Unit.

We have attached each page from the PDD Waiver application that is affected by the increased number of participants who will benefit from this service. We are asking approval of the requested amendment to be effective July 1, 2007.

Should you have any questions, please call Tom Waring at 898-9792.

Sincerely,

Stanley Butkus, Ph.D.
State Director

Attachments

cc: Mr. Bill Barfield
Mr. Daniel Davis
Dr. Kathi Lacy
Ms. Kara Lewis
Mr. Tom Waring
DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

Appendix B-3: Number of Individuals Served

AMENDED May 2007

- a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix I:

Table: B-3-a	
Waiver Year	Unduplicated Number of Participants
Year 1	550
Year 2	605
Year 3	660
Year 4 (renewal only)	
Year 5 (renewal only)	

- b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: (*select one*):

<input type="radio"/>	The State does not limit the number of participants that it serves at any point in time during a waiver year.
<input checked="" type="radio"/>	The State limits the number of participants that it serves at any point in time during a waiver year. The limit that applies to each year of the waiver period is specified in the following table:

Table B-3-b	
Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	500
Year 2	550
Year 3	600
Year 4 (renewal only)	
Year 5 (renewal only)	

State:	South Carolina
Effective Date	1-1-2007

AMENDED May 2007

Attachment #1 to Appendix B-3

Waiver Phase-In/Phase Out Schedule

a. The waiver is being (*select one*):

<input checked="" type="radio"/> Phased-in
<input type="radio"/> Phased-out

b. Waiver Years Subject to Phase-In/Phase-Out Schedule (*check each that applies*):

Year One	Year Two	Year Three	Year Four	Year Five
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Phase-In/Phase-Out Time Period. *Complete the following table:*

	Month	Waiver Year
Waiver Year: First Calendar Month	January	
Phase-in	January	One
Phase-out	June	One

d. Phase-In or Phase-Out Schedule. *Complete the following table:*

Phase-In or Phase-Out Schedule			
Waiver Year: One			
Month	Base Number of Participants	Change in Number of Participants	Participant Limit
January	0	30	100
February	30	15	100
March	45	15	100
April	60	15	100
May	75	15	100
June	90	10	100
July	100	75	500
August	175	75	500
September	250	75	500
October	325	75	500
November	400	75	500
December	475	25	500

State:	South Carolina
Effective Date	1-1-2007

AMENDED May 2007

- n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1	55	
Year 2	61	
Year 3	66	
Year 4 (renewal only)		
Year 5 (renewal only)		

* It is the intent to offer participant direction at the beginning of Year 2. This will allow the State time to create an infrastructure to support financial management services.

State:	South Carolina
Effective Date	1-1-2007

Appendix J: Cost Neutrality Demonstration

Appendix J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

AMENDED May 2007

Composite Overview. Complete the following table for each year of the waiver.

Level(s) of Care (specify):							
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Column 7 less Column 4)
1	\$13,040	\$8,004	\$21,044	\$98,550	\$2,003	\$100,553	\$79,509
2	\$34,859	\$8,244	\$43,103	\$101,507	\$2,063	\$103,570	\$60,467
3	\$35,860	\$8,491	\$44,351	\$104,552	\$2,125	\$106,677	\$62,326
4							
5							

Appendix J-2 - Derivation of Estimates

- a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table J-2-a: Unduplicated Participants			
Waiver Year	Total Unduplicated Number of Participants (From Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	Level of Care:
Year 1	550	ICF/MR	
Year 2	605	ICF/MR	
Year 3	660	ICF/MR	
Year 4 (renewal only)			
Year 5 (renewal only)			

- b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in Item J-2-d.

Year 1 – 4.71 months
 Year 2 – 11.46 months
 Year 3 – 11.50 months

- c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

- i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

The estimates are based on projected utilization of services. The projected utilizations are based on current industry practices for each service level included in the waiver. The cost per services were determined by surveying current provider of services.

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The derivation of the figures originate with the CMS 372 Report for Waiver #0237.90.R1 for the year ending 9/30/2004 with an inflation factor of 3% per year. This waiver serves participants with the same level of care (ICF/MR).

AVERAGE PER CAPITA EXPENDITURES BY FISCAL YEAR:

1ST YEAR OF RENEWAL	$\$8,004 * 1.00 =$	\$8,004
2ND YEAR OF RENEWAL	$\$8,004 * 1.03 =$	\$8,244
3RD YEAR OF RENEWAL	$\$8,244 * 1.03 =$	\$8,491

- iii. **Factor G' Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

2005 ICF/MR Cost Reports and the 2006 Preliminary Cost Reports.
The 2005 Cost Report is on file at Department of Health and Human Service.

AVERAGE PER CAPITA EXPENDITURES BY FISCAL YEAR:

1ST YEAR OF RENEWAL	$\$98,550 * 1.00 =$	\$98,550
2ND YEAR OF RENEWAL	$\$98,550 * 1.03 =$	\$101,507
3RD YEAR OF RENEWAL	$\$101,507 * 1.03 =$	\$104,552

- iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The derivation of the figures originate with the CMS 372 Report for Waiver #0237.90.R1 for the year ending 9/30/2004 with an inflation factor of 3% per year. This waiver serves participants with the same level of care (ICF/MR).

AVERAGE PER CAPITA EXPENDITURES BY FISCAL YEAR:

1ST YEAR OF RENEWAL	$\$2,003 * 1.00 =$	\$2,003
2ND YEAR OF RENEWAL	$\$2,003 * 1.03 =$	\$2,063
3RD YEAR OF RENEWAL	$\$2,063 * 1.03 =$	\$2,125

d. **Estimate of Factor D. Select one:** Note: Selection below is new.

<input checked="" type="radio"/>	The waiver does not operate concurrently with a § 1915(b) waiver. Complete Item J-2-d-i
<input type="radio"/>	The waiver operates concurrently with a § 1915(b) waiver. Complete Item J-2-d-ii

i. **Estimate of Factor D – Non-Concurrent Waiver.** Complete the following table for each waiver year

Waiver Year: Year 1					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
EIBI Assessment	Annual assessment	550	1	\$2,100	\$1,155,000
EIBI Plan Implementation	Hour	550	28.23	\$60	\$708,264
EIBI Lead Therapy	Hour	550	288	\$30	\$1,594,800
EIBI Line Therapy	Hour	550	1344	\$14	\$3,473,120
Case Management	Monthly	550	4.71	\$122.50	\$241,007
GRAND TOTAL:					\$7,172,191
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					550
FACTOR D (Divide grand total by number of participants)					\$13,040
AVERAGE LENGTH OF STAY ON THE WAIVER					4.71 months

AMENDED May 2007

Waiver Year: Year 2					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
EIBI Assessment	Annual assessment	605	1	\$2,100	\$1,270,500
EIBI Plan Implementation	Hour	605	68.76	\$60	\$2,495,988
EIBI Lead Therapy	Hour	605	288	\$30	\$5,227,200
EIBI Line Therapy	Hour	545	1,344	\$14	\$10,254,720
EIBI Self-Directed Line Therapy	Hour	60	1,344	\$12.30	\$991,872
Case Management	Monthly	605	11.46	\$122.50	\$849,329
GRAND TOTAL:					\$21,089,609
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					605
FACTOR D (Divide grand total by number of participants)					\$34,859
AVERAGE LENGTH OF STAY ON THE WAIVER					11.46 months

AMENDED May 2007

Waiver Year: Year 3					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
EIBI Assessment	Annual assessment	660	1	\$2,100	\$1,386,000
EIBI Plan Implementation	Hour	660	69.00	\$61.80	\$2,814,372
EIBI Lead Therapy	Hour	660	288	\$30.90	\$5,873,472
EIBI Line Therapy	Hour	594	1,344	\$14.42	\$11,512,005
EIBI Self-Directed Line Therapy	Hour	66	1,344	\$12.67	\$1,123,880
Case Management	Monthly	660	11.50	\$126.18	\$957,706
GRAND TOTAL:					\$23,667,435
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					660
FACTOR D (Divide grand total by number of participants)					\$35,860
AVERAGE LENGTH OF STAY ON THE WAIVER					11.50 months



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

June 14, 2007

Ms. Terrie Morris
Center for Medicare and Medicaid Services
Division of Medicaid and State Operations
Atlanta Federal Center
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Ms Morris:

In January of this year the State of South Carolina began operations of the Pervasive Developmental Disorder (PDD) Waiver, control # 0456. The current cap is a maximum of 100 individuals served at any point in time, and 120 unduplicated participants.

Please accept the submission of the enclosed technical amendment. This amendment seeks to increase the maximum number served at one time to 500 participants (550 unduplicated) by the end of this year. This will increase to a maximum number of 600 participants (660 unduplicated) by the end of Year 3. We are requesting an amendment effective date of July 1, 2007.

We have enclosed replacement pages from the following Appendices of the waiver document: Appendix B-3, Appendix E-1-n, and the complete Appendix J.

We appreciate your assistance with this technical amendment. If you have any questions, please call Kara Lewis, of my staff, at 803-898-2590. We look forward to hearing from you.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Acting Director

SBB/wsk
Enclosures

Appendix B-3: Number of Individuals Served

AMENDED May 2007

- a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a	
Waiver Year	Unduplicated Number of Participants
Year 1	550
Year 2	605
Year 3	660
Year 4 (renewal only)	
Year 5 (renewal only)	

- b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: (*select one*):

<input type="radio"/>	The State does not limit the number of participants that it serves at any point in time during a waiver year.
<input checked="" type="radio"/>	The State limits the number of participants that it serves at any point in time during a waiver year. The limit that applies to each year of the waiver period is specified in the following table:

Table B-3-b	
Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	500
Year 2	550
Year 3	600
Year 4 (renewal only)	
Year 5 (renewal only)	

State:	South Carolina
Effective Date	1-1-2007

Attachment #1 to Appendix B-3

Waiver Phase-In/Phase Out Schedule

a. The waiver is being (*select one*):

<input checked="" type="radio"/>	Phased-in
<input type="radio"/>	Phased-out

b. Waiver Years Subject to Phase-In/Phase-Out Schedule (*check each that applies*):

Year One	Year Two	Year Three	Year Four	Year Five
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Phase-In/Phase-Out Time Period. Complete the following table:

	Month	Waiver Year
Waiver Year: First Calendar Month	January	
Phase-in	January	One
Phase-out	June	One

d. Phase-In or Phase-Out Schedule. Complete the following table:

Phase-In or Phase-Out Schedule			
Waiver Year: One			
Month	Base Number of Participants	Change in Number of Participants	Participant Limit
January	0	30	100
February	30	15	100
March	45	15	100
April	60	15	100
May	75	15	100
June	90	10	100
July	100	75	500
August	175	75	500
September	250	75	500
October	325	75	500
November	400	75	500
December	475	25	500

AMENDED May 2007

- n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Waiver Year	Number of Participants	Number of Participants
Year 1	55	
Year 2	61	
Year 3	66	
Year 4 (renewal only)		
Year 5 (renewal only)		

* It is the intent to offer participant direction at the beginning of Year 2. This will allow the State time to create an infrastructure to support financial management services.

State:	South Carolina
Effective Date	1-1-2007

Appendix J: Cost Neutrality Demonstration

Appendix J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

AMENDED May 2007

Composite Overview. Complete the following table for each year of the waiver.

Level(s) of Care (specify):							
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Column 7 less Column 4)
1	\$14,081	\$8,004	\$22,085	\$98,550	\$2,003	\$100,553	\$78,468
2	\$35,993	\$8,244	\$44,237	\$101,507	\$2,063	\$103,570	\$59,333
3	\$37,028	\$8,491	\$45,519	\$104,552	\$2,125	\$106,677	\$61,158
4							
5							

State:	South Carolina
Effective Date	1-1-2007

AMENDED May 2007

Appendix J-2 - Derivation of Estimates

- a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table J-2-a: Unduplicated Participants			
Waiver Year	Total Unduplicated Number of Participants (From Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	Level of Care:
Year 1	550	ICF/MR	
Year 2	605	ICF/MR	
Year 3	660	ICF/MR	
Year 4 (renewal only)			
Year 5 (renewal only)			

- b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in Item J-2-d.

Year 1 – 4.71 months
Year 2 – 11.46 months
Year 3 – 11.50 months

- c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

- i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

The estimates are based on projected utilization of services. The projected utilizations are based on current industry practices for each service level included in the waiver. The cost per services were determined by surveying current provider of services.

State:	South Carolina
Effective Date	1-1-2007

Appendix J: Cost Neutrality Demonstration
HCBS Waiver Application Version 3.3 – October 2005

- ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The derivation of the figures originate with the CMS 372 Report for Waiver #0237.90.R1 for the year ending 9/30/2004 with an inflation factor of 3% per year. This waiver serves participants with the same level of care (ICF/MR).

AVERAGE PER CAPITA EXPENDITURES BY FISCAL YEAR:

1ST YEAR OF RENEWAL	$\$8,004 * 1.00 =$	\$8,004
2ND YEAR OF RENEWAL	$\$8,004 * 1.03 =$	\$8,244
3RD YEAR OF RENEWAL	$\$8,244 * 1.03 =$	\$8,491

- iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

2005 ICF/MR Cost Reports and the 2006 Preliminary Cost Reports.
The 2005 Cost Report is on file at Department of Health and Human Service.

AVERAGE PER CAPITA EXPENDITURES BY FISCAL YEAR:

1ST YEAR OF RENEWAL	$\$98,550 * 1.00 =$	\$98,550
2ND YEAR OF RENEWAL	$\$98,550 * 1.03 =$	\$101,507
3RD YEAR OF RENEWAL	$\$101,507 * 1.03 =$	\$104,552

- iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

The derivation of the figures originate with the CMS 372 Report for Waiver #0237.90.R1 for the year ending 9/30/2004 with an inflation factor of 3% per year. This waiver serves participants with the same level of care (ICF/MR).

AVERAGE PER CAPITA EXPENDITURES BY FISCAL YEAR:

1ST YEAR OF RENEWAL	$\$2,003 * 1.00 =$	\$2,003
2ND YEAR OF RENEWAL	$\$2,003 * 1.03 =$	\$2,063
3RD YEAR OF RENEWAL	$\$2,063 * 1.03 =$	\$2,125

State:	South Carolina
Effective Date	1-1-2007

AMENDED May 2007

d. Estimate of Factor D. Select one: Note: Selection below is new.

<input checked="" type="radio"/>	The waiver does not operate concurrently with a § 1915(b) waiver. Complete Item J-2-d-i
<input type="radio"/>	The waiver operates concurrently with a § 1915(b) waiver. Complete Item J-2-d-ii

i. Estimate of Factor D – Non-Concurrent Waiver. Complete the following table for each waiver year

Waiver Year: Year 1					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
EIBI Assessment	Annual assessment	550	1	\$2,100	\$1,155,000
EIBI Plan Implementation	Hour	550	24.16	\$60	\$797,280
EIBI Lead Therapy	Hour	550	104.42	\$30	\$1,722,930
EIBI Line Therapy	Hour	550	487.28	\$14	\$3,752,056
Case Management	Monthly	550	4.71	\$122.50	\$317,336
GRAND TOTAL:					\$7,744,602
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					550
FACTOR D (Divide grand total by number of participants)					\$14,081
AVERAGE LENGTH OF STAY ON THE WAIVER					4.71 months

State:	South Carolina
Effective Date	1-1-2007

AMENDED May 2007

Waiver Year: Year 2					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
EIBI Assessment	Annual assessment	605	1	\$2,100	\$1,270,500
EIBI Plan Implementation	Hour	605	68.76	\$60	\$2,495,988
EIBI Lead Therapy	Hour	605	300	\$30	\$5,445,000
EIBI Line Therapy	Hour	545	1,400	\$14	\$10,682,000
EIBI Self-Directed Line Therapy	Hour	60	1,400	\$12.30	\$1,033,200
Case Management	Monthly	605	11.46	\$122.50	\$849,329
GRAND TOTAL:					\$21,776,017
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					605
FACTOR D (Divide grand total by number of participants)					\$35,993
AVERAGE LENGTH OF STAY ON THE WAIVER					11.46 months

State:	South Carolina
Effective Date	1-1-2007

AMENDED May 2007

Waiver Year: Year 3					
Waiver Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Total Cost
EIBI Assessment	Annual assessment	660	1	\$2,100	\$1,386,000
EIBI Plan Implementation	Hour	660	69.00	\$61.80	\$2,814,372
EIBI Lead Therapy	Hour	660	300	\$30.90	\$6,118,200
EIBI Line Therapy	Hour	594	1,400	\$14.42	\$1,991,672
EIBI Self-Directed Line Therapy	Hour	66	1,400	\$12.67	\$1,170,708
Case Management	Monthly	660	11.50	\$126.18	\$957,706
GRAND TOTAL:					\$24,438,658
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)					660
FACTOR D (Divide grand total by number of participants)					\$37,028
AVERAGE LENGTH OF STAY ON THE WAIVER					11.50 months

State:	South Carolina
Effective Date	1-1-2007