

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>11-7-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000167</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Heck, Kost, Deps, 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

October 31, 2013

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

RECEIVED

NOV 07 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: 372 Acceptance Letter

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. 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.

However, we noticed for a few services, the unduplicated number of individuals who utilized the service exceeded the estimates in the approved waiver. Specifically, the utilization for Daily Employment Services more than doubled the estimate approved. You may want to consider amending the waiver to more accurately reflect estimates and utilization.

- **0237.R04 –Community Supports Waiver for the Individuals with Mental Retardation/Related Disabilities**
01/01/2011 – 12/31/2011 (Annual Report – Waiver Year 2)

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

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze" with a stylized flourish at the end.

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

cc: Michele MacKenzie, CMS/CO