

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>9-30-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000126</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, 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 Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 25, 2013

Mr. Anthony Keck, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29205

RECEIVED

SEP 30 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to renew South Carolina's Home and Community-Based Waiver which serves individuals with traumatic brain injury, spinal cord injury, or a similar disability, as authorized under section 1915(c) of the Social Security Act, has been approved. This renewal has been assigned control number SC 0284.R04.00, which should be used in future correspondence. The waiver renewal is effective July 1, 2013.

The following estimates of utilization and cost of waiver services have been approved:

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 1 (07/01/13 – 06/30/14)	970	\$ 35,027	\$48,932	\$33,976,190
Year 2 (07/01/14 – 06/30/15)	995	\$ 35,207	\$49,911	\$35,030,965
Year 3 (07/01/15 – 06/30/16)	1020	\$ 36,926	\$50,909	\$37,664,520
Year 4 (07/01/16 – 06/30/17)	1045	\$ 38,327	\$51,927	\$40,051,715
Year 5 (07/01/17 – 06/30/18)	1070	\$ 39,623	\$52,966	\$42,396,610

We sincerely appreciate the dedicated effort and cooperation provided by your staff during our review of this request. If you have any questions, please feel free to contact Kenni Howard at (404) 562-7413 or Alice Hogan at (404) 562-7432.

Sincerely,

A handwritten signature in black ink, appearing to read "Charna R. Pettaway", is written over a circular stamp.

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

cc: Michele MacKenzie, Central Office