

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>4-29-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>- 000370</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

April 21, 2014

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

RECEIVED

APR 25 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to amend the South Carolina Home and Community-Based Mechanical Ventilator Dependent Waiver which serves individuals who are frail elders or dependent on mechanical ventilation and meet nursing facility level of care, as authorized under section 1915(c) of the Social Security Act has been approved. This amendment has been assigned control number SC 40181.R04.01, which should be used in future correspondence. The waiver amendment is effective January 1, 2015.

Specifically, this amendment allows for voluntary enrollment of waiver participants into the South Carolina joint Medicare/Medicaid demonstration known as Healthy Connections Prime. This will allow waiver participants age 65 and older to receive all their care, including primary care, behavioral health and long term care services and supports from one health plan known as a Coordinated and Integrated Care Organization (CICO).

The financial pages (J tables) of the waiver document have been amended to reflect the revisions in cost neutrality and the overall waiver remains cost neutral.

Waiver Year	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
3 (12/1/14 – 11/30/15)	65	\$ 68,064	\$ 175,647	\$ 4,424,160
4 (12/1/15 – 11/30/16)	70	\$ 71,176	\$ 184,429	\$ 4,982,320
5 (12/1/16 – 11/30/17)	75	\$ 74,071	\$ 193,650	\$ 5,555,325

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.

Sincerely,

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

cc: Michele MacKenzie, Central Office