

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-5-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101161</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner, Dept</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations
Division of Community and Institutional Services

September 30, 2009

Emma Forkner, Director
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RECEIVED
OCT 05 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner,

This letter replaces the original letter approving this waiver dated June 4, 2009.

I am pleased to inform you that your request to implement South Carolina's Home and Community Based "Community Supports Waiver" for individuals with Developmental Disabilities has been approved. This waiver (control number 0676) will be effective July 1, 2009.

Specifically this request is for a new waiver for individuals with developmental disabilities meeting the Intermediate Care Facility for Mentally Retarded (ICF/MR) level of care in South Carolina. This waiver is to provide services and supports to individuals with mental retardation or related disabilities, whose waiver service needs will not exceed \$10,986 per year.

This waiver will provide Adult Day Health, Personal Care, Respite, Adult Day Health-Nursing Services, Adult Day Health-Transportation Services, Behavior Support Services, Career Preparation Services, Community Services, Day Activity, Employment Services, Environmental Modifications, In-Home Support Services, Private Vehicle Modifications, Psychological Services, Specialized Medical Supplies, Equipment, Assistive Technology and Appliances, Support Center Services. This waiver will provide for participant direction.

The following estimates of unduplicated recipients and average per capita costs of waiver services have been approved:

Waiver Year	Unduplicated Recipients	Waiver Expenditures	Institutional Expenditures
1	2,530	\$14,009	\$104,283
2	3,630	\$15,071	\$107,412
3	3,960	\$16,585	\$110,635

This approval is subject to your agreement to serve up to the number of individuals indicated above for each waiver year. If South Carolina chooses to make alterations to this waiver, you must submit an amendment to CMS for review and approval. The waiver can be renewed at the end of the three year period by providing documentation of satisfactory performance and oversight.

We appreciate the cooperation provided by you and your staff in the development of this home and community-based services waiver program. If there are any questions, you may contact David Mark Reed at (410) 786-0861.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Bosstick".

Suzanne Bosstick
Director

cc: Terrie Morris Atlanta Regional Office
Kimberly Adkins-McCoy Atlanta Regional Office