

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

ACTION REFERRAL

Relog from Wells to Bowling - cc: Wells per Linda M.

| | |
|----------------------|------------------------|
| TO <i>Bowling</i> | DATE <i>1-16-07</i> |
|----------------------|------------------------|

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| DIRECTOR'S USE ONLY 1. LOG NUMBER <p align="center"><i>000449</i></p> 2. DATE SIGNED BY DIRECTOR <p align="center"><i>cc: Wells</i></p> | ACTION REQUESTED <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action |
|---|---|

| 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
Disabled and Elderly Health Programs Group (DEHPG)

RECEIVED

December 27, 2006

JAN 1 2 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director for Medicaid
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina

Ros. Wells
"Noe. Action"
cc: Bowling

Dear Mr. Kerr,

I am pleased to inform you that your request to implement South Carolina's Home and Community Based Waiver for children with Pervasive Developmental Disorder has been approved. This waiver (control number 0456) is effective January 1, 2007.

Specifically, the State is requesting a new waiver to provide service coordination and early intensive behavioral intervention services (EIBI) to a maximum of 120 children ages three through ten who have been diagnosed with a pervasive developmental disorder, including autism and Asperger's Syndrome and who meet the ICF-MR level of care criteria.

The State intends to provide participant directed services in this waiver. However, because of the time needed in developing the infrastructure for this service delivery system, this request is to start participant direction in the second year of the waiver.

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

| Waiver Year | Unduplicated Recipients | Waiver Expenditures |
|-------------|-------------------------|---------------------|
| 1 | 120 | \$26,860 |
| 2 | 120 | \$32,923 |
| 3 | 120 | \$33,900 |

This approval is subject to your agreement to serve up to the number of individuals indicated above for each waiver year. If South Carolina wishes to make alterations to this waiver, an amendment must be submitted for 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,



Suzanne Bossick
Director
Division of Community and
Institutional Services

cc: Terrie Morris
Atlanta Regional Office