

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

**ACTION REFERRAL**

TO	DATE
<i>Wells</i>	<i>2/10/11</i>

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>100346</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Dr. Sam Abdurup - Deps - Mr. Heck in CMS</i>	<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 C2-26-12  
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP and Survey & Certification  
Disabled and Elderly Health Programs Group (DEHPG)

**RECEIVED**

FEB 10 2011

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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

This letter is to inform you that we have approved supplemental funding in the amount of \$5,383,910 for the South Carolina Community-Based Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration grant #1SOCMS300131/01. This award constitutes supplemental funding for both administration and service provision. South Carolina has an approved 1915(c) PRTF waiver subject to the terms and conditions previously distributed for this demonstration.

We, at CMS, thank you for your dedicated efforts in participating in this project. We have confidence in your continued success and will remain steadfast in our commitment to provide technical assistance and support you may need to fully accomplish the goals of this demonstration grant.

Thank you again for your continued dedication to provide home and community-based services for children and youth, who absent this waiver, would require the level of care of a psychiatric residential treatment facility. If you have any questions, please do not hesitate to contact your CMS project officer.

Sincerely,

Barbara Coulter Edwards  
Director

cc: Claudia Brown, CMS Project Officer  
Nathan Wheeler, Project Director  
Kenni Howard, CMS Region

**Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
Notice of Award (NOA)**

**SAI NUMBER:**  
1S0CMS300131A  
**PMS DOCUMENT NUMBER:**  
1S0CMS300131A

<b>1. AWARDING OFFICE:</b> Centers For Medicare & Medicaid Services	<b>2. ASSISTANCE TYPE:</b> Discretionary Grant	<b>3. AWARD NO.:</b> 1S0CMS300131-01-03	<b>4. AMEND. NO.</b> 3
<b>5. TYPE OF AWARD:</b> Demonstration	<b>6. TYPE OF ACTION:</b> Supplement	<b>7. AWARD AUTHORITY:</b> Section 6063 of the DRA 05	
<b>8. BUDGET PERIOD:</b> 12/20/2006 THRU 12/19/2011	<b>9. PROJECT PERIOD:</b> 12/20/2006 THRU 12/19/2011	<b>10. CAT NO.:</b> 93,789	

**11. RECIPIENT ORGANIZATION:**  
South Carolina Department of Health and Human Services  
PO BOX 8206  
Columbia, SC 29202-8206  
Emma Forkner

**12. PROJECT / PROGRAM TITLE:**  
Community Based Alternatives to Psychiatric Residential Treatment Facilities

<b>13. COUNTY:</b> Lexington	<b>14. CONGR. DIST.:</b> 06	<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> Sheila Mills PI
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<b>16. APPROVED BUDGET:</b>		<b>17. AWARD COMPUTATION:</b>	
Personnel.....	\$ 300,000	A. NON-FEDERAL SHARE.....	\$ 0 0%
Fringe Benefits.....	\$ 90,000	B. FEDERAL SHARE.....	\$ 6,125,494 100%
Travel.....	\$ 30,000	<b>18. FEDERAL SHARE COMPUTATION:</b>	
Equipment.....	\$ 20,000	A. TOTAL FEDERAL SHARE.....	\$ 6,125,494
Supplies.....	\$ 10,000	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 0
Contractual.....	\$ 350,000	C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$	741,584
Facilities/Construction.....	\$ 0	<b>19. AMOUNT AWARDED THIS ACTION:</b>	
Other.....	\$ 5,325,494		\$ 5,383,910
Direct Costs.....	\$ 6,125,494	<b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>	
Indirect Costs.....	\$ 0		\$ 6,125,494
At % of \$		<b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME: ADDITIONAL COSTS</b>	
Total Approved Budget.....	\$ 6,125,494	<b>22. APPLICANT EIN:</b>	<b>24. OBJECT CLASS:</b>

<b>25. FINANCIAL INFORMATION:</b>	<b>DUNS:</b> 607243706
<b>ORGN</b> CMS <b>DOCUMENT NO.</b> 1S0CMS300131A <b>APPROPRIATION</b> 75910516	<b>CAN NO.</b> 1-5992112 <b>NEW AMT.</b> \$5,383,910 <b>UNOBLIG.</b> <b>NONFED %</b>

**26. REMARKS:** (Continued on separate sheets)  
The purpose of this amendment is to award supplemental funding in the amount of \$5,383,910.  
All prior terms and conditions remain in effect.

<b>27. SIGNATURE - GRANTS OFFICER</b> Mary Greene	<b>DATE:</b> FEB 01 2011	<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b> Signature Not Required
<b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b> Claudia Brown		<b>DATE:</b>
Signature Not Required		