

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>6-28-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000406</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Heck, COS, 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
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

RECEIVED

JUN 28 2013

June 24, 2013

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

In response to the June 7, 2013 request from the State of South Carolina, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of South Carolina's Home and Community-Based Services (HCBS) Waiver program which provides services to individuals with traumatic brain injury, spinal cord injury, or a similar disability. The waiver will expire on June 30, 2013. This extension for a 90 day period allows the "Head and Spinal Cord Injury Waiver," CMS control number SC.0284.03, to continue operating through September 28, 2013, at cost and utilization levels approved for the fifth year of the waiver program, with Federal financial participation.

CMS is granting this temporary extension in order to provide additional time for State officials to respond to the questions raised in the formal Request for Additional Information issued on June 5, 2013, and to make the necessary changes to the waiver renewal application.

Thank you for your ongoing work with CMS staff during the process of revising and clarifying the waiver renewal application. If you need any assistance, feel free to contact Alice Hogan in the CMS Atlanta Regional Office at (404) 562-7412 or Michele MacKenzie in my office at (410) 786-7432.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Coulter Edwards".

Barbara Coulter Edwards
Director, Disabled and Elderly Health Programs Group

cc: Jackie Glaze, ARA CMS Atlanta RO
Alice Hogan, CMS Atlanta RO

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Sincerely,

A handwritten signature in cursive script that reads "Barbara Coulter Edwards". The signature is written in black ink and is positioned above the printed name.

Barbara Coulter Edwards
Director, Disabled and Elderly Health Programs Group

cc: Jackie Glaze, ARA CMS Atlanta RO
Alice Hogan, CMS Atlanta RO