

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-25-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000438</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cc: Ms. Forkner, Deps Ref Log #315</i>	<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 AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-25-08</i>
---------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000438	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Deps Ref Log #315</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
61 Forsyth Street, Suite 4120
Atlanta, Georgia 30303-8909

CENTERS for MEDICARE & MEDICAID SERVICES

CMS

RECEIVED

FEB 25 2008

February 21, 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Leg. Myers
cc: EF, Daps

Dear Ms. Forkner:

I am pleased to inform you that your request to amend South Carolina's Home and Community Based Waiver for Individuals with Mental Retardation and Related Disabilities, as authorized under the provisions of Section 1915(c) of the Social Security Act, has been approved. The amendment (Control Number 0237.90.R2.03) is effective March 1, 2008.

Specifically, you requested to revise the service definitions for adult day health and adult attendant care. The revised pages have been incorporated into the approved waiver.

If there are any questions, please contact Kimberly Adkins-McCoy at 404-562-7159.

Sincerely,



Jay Gavens
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: David Reed, CMS-CO