

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-25-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>000438</i>	<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		
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Forkner, Deps Ref log #315</i>			

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

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Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, Suite 4120  
Atlanta, Georgia 30303-8909

**CMS/**  
CENTERS for MEDICARE & MEDICAID SERVICES

**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. Mgrs  
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