

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrep</i>	DATE <i>8-29-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101099</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Teck, Deps, CUS file</i> <i>See attached e-mail response</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. <i>Change to N/A per Teeshla on 6/13/12, see attached e-mail response</i>			
2.			
3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909



August 23, 2011

Anthony E. Keck, Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, South Carolina 29201

**RECEIVED**

AUG 29 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

This formal Request for Additional Information (RAI) is in response to your request to amend the following South Carolina Home and Community Based waivers: HIV/AIDS (control # 0186.R05.01), Mechanical Ventilator Dependent (control # 40181.R03.04) and Community Choices (control #0405.R02.01). Our review found that they did not conform fully to statutory and regulatory requirements. Please provide the clarification necessary to respond to the following issues:

**Appendix C-1/C-3: Participant Services – Specialized Medical Equipment and Supplies**

Please explain how the State provides incontinence supplies to individuals not participating in the 1915(c) waiver under the mandatory home health benefit.

**Appendix C-1/C-3: Participant Services – Home Accessibility Adaptations**

Will the State consider medical necessity criteria for participants who require home accessibility adaptations, for pest control services more frequently than quarterly to assure participants' health and welfare when needed?

Under section 1915(f) of the Social Security Act, a waiver request must be approved, denied or additional information requested within 90 days of the receipt or the request will be deemed approved. The 90-day review period on this request ends September 05, 2011. This request for additional information will, however, stop the 90-day clock. Once the additional information is submitted to us, the 90-day review clock will restart at day one.

If there are any questions, you may contact Ellen Blackwell at (410) 786-4498, or Connie Martin at (404) 562-7412.

Sincerely,

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

**Brenda James - Update: Logs 99, 100 & 101**

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**From:** Teeshla Curtis  
**To:** Brenda James  
**Date:** 12/19/2011 12:13 PM  
**Subject:** Update: Logs 99, 100 & 101

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Brenda,

Logs 99, 100 & 101 are all associated with waivers and incontinence supplies. We are in discussion with CMS about some related topics. Until these related issues are resolved we will not be able to respond to the Logs.

Teeshla

## Brenda James

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**From:** Teeshla Curtis  
**Sent:** Wednesday, June 13, 2012 9:06 AM  
**To:** Brenda James  
**Cc:** Sam waldrep; ROY SMITH  
**Subject:** Ref Log 000099  
**Attachments:** Ref Log 000099 CMS Necessary Action.pdf

Brenda,

We are still in discussion with CMS regarding the incontinence supply issue. There is debate as to where incontinence supplies should fall – home health, DME, waivers, etc. Since the discussion continues (almost 9 months) can we close the log as a necessary action (no action due to continuing CMS discussions)?

Thanks,  
Teeshla