

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/</i>	DATE <i>6-15-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000886</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. Farkner, Depo, CMS file</i>			



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 State Operations  
**Division of Community and Institutional Services**

June 9, 2009

**RECEIVED**

JUN 15 2009

Erma Forkner, Director  
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,

I am pleased to inform you that your request to implement South Carolina's Home and Community Based "Community Supports Waiver" for individuals with Developmental Disabilities has been approved. This waiver (control number 0676) will be effective July 1, 2009.

Specifically this request is for a new waiver for individuals with developmental disabilities meeting the Intermediate Care Facility for Mentally Retarded (ICF/MR) level of care in South Carolina. This waiver is to provide services and supports to individuals with mental retardation or related disabilities, whose waiver service needs will not exceed \$10,000 per year.

This waiver will provide Adult Day Health, Personal Care, Respite, Adult Day Health-Nursing Services, Adult Day Health-Transportation Services, Behavior Support Services, Career Preparation Services, Community Services, Day Activity, Employment Services, Environmental Modifications, In-Home Support Services, Private Vehicle Modifications, Psychological Services, Specialized Medical Supplies, Equipment, Assistive Technology and Appliances, Support Center Services. This waiver will provide for participant direction.

The following estimates of unduplicated recipients and average per capita costs of waiver services have been approved:

Waiver <u>Year</u>	Unduplicated <u>Recipients</u>	Waiver <u>Expenditures</u>	Institutional <u>Expenditures</u>
1	2,530	\$14,009	\$104,283
2	3,630	\$15,071	\$107,412
3	3,960	\$16,585	\$110,635

This approval is subject to your agreement to serve up to the number of individuals indicated above for each waiver year. If South Carolina chooses to make alterations to this waiver, you must submit an amendment to CMS for review and approval. The waiver can be renewed at the end of the three year period by providing documentation of satisfactory performance and oversight.

We appreciate the cooperation provided by you and your staff in the development of this home and community-based services waiver program. If there are any questions, you may contact David Mark Reed at (410) 786-0861.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Bosstick".

Suzanne Bosstick  
Director

cc: Terrie Morris Atlanta Regional Office  
Kimberly Adkins-McCoy Atlanta Regional Office