

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

**ACTION REFERRAL**

<b>TO</b> <i>Jacobs</i>	<b>DATE</b> <i>8/28/08</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
<b>1. LOG NUMBER</b>  <i>100113</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
<b>2. DATE SIGNED BY DIRECTOR</b>  <i>Emma Jenkins</i> <i>Cleared 9/3/08, better attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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



## SOCIAL SECURITY

August 22, 2008

Atlanta Region  
Social Security Administration  
61 Forsyth St., SW  
Suite 22T64  
Atlanta, GA 30303-8907

**RECEIVED**

AUG 28 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Emma Forkner, Director  
Bureau of Long Term Care  
Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Dear Ms. Forkner:

The precise amount of the January 2009 cost-of-living adjustment (COLA) will not be announced by the Bureau of Labor Statistics until the third week of October 2008. For State planning purposes, an estimated spread of 6.1%-6.6% for the COLA can be used. The COLA is based on the increase to the consumer price index base period which ends September 30, and is established by law.

As usual, we face restrictive implementation deadlines to reprogram the COLA changes. Therefore, we would appreciate your immediate attention to this matter.

We need to know whether you will: (1) pass along the full amount of the January 2009 COLA increase to all cases (mandatory and optional); or (2) elect to maintain at least the same level of total expenditures for the period January 2009 - December 2009 as for the immediately preceding 12-month period.

Please provide us with written confirmation of your decision by October 17, 2008. Also, it would be helpful if you would FAX your response before mailing it. Questions regarding this should be directed to Barbara Schindler of the SSI Program Team at (404) 562-5836 or via email to [barbara.schindler@ssa.gov](mailto:barbara.schindler@ssa.gov). The FAX number is (404) 562-1325.

Sincerely yours,

Paul D. Barnes  
Regional Commissioner

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

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2. DATE SIGNED BY DIRECTOR  <i>Emma Jacobs</i>	

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



*Log # 0113*  
✓

*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

September 3, 2008

Paul D. Barnes  
Regional Commissioner  
Atlanta Region  
Social Security Administration  
61 Forsyth St., SW  
Suite 22T64  
Atlanta, GA 30303-8907

Dear Mr. Barnes:

Thank you for your correspondence regarding the Cost of Living Adjustment (COLA).

We will pass along the full amount of the January 2009 COLA increase to all cases (mandatory and optional).

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner  
Director

EF/gj