

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

**ACTION REFERRAL**

<b>TO</b> <i>Wiggins</i>	<b>DATE</b> <i>12-28-07</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000317</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Ms. Johnson</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.			

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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  
Disabled and Elderly Health Programs Group  
Division of Advocacy and Special Initiatives



**RECEIVED**

December 21, 2007

DEC 27 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Jean McDaniel  
South Carolina Department of Health and Human Services  
P. O. Box 8206  
Columbia, SC 29202-8206

Dear Ms. McDaniel:

We are pleased to inform you that your request to implement the *Community Alternatives to Psychiatric Residential Treatment Facilities Demonstration Grant (PRTF)*, as authorized by section 6063 of the Deficit Reduction Act of 2005 has been approved. This Demonstration shall operate under the same terms and conditions as promulgated in section 1915(c) of the Social Security Act. This demonstration waiver will provide home and community based services for children and youth age 21 and under, who absent the waiver, would require the level of care of a psychiatric residential treatment facility as provided in 42 CFR Section 440.160. This waiver, which you have entitled the "Community-Based Alternative to Psychiatric Residential Treatment Facilities," has been assigned control number SC.02.01.00 which should be referenced in all future correspondence relating to this program.

Based on your responses to our questions from your original demonstration waiver application, in addition to the revisions you have provided to my staff since the submission of this waiver, I approve the waiver request cited above for a period effective through September 30, 2012.

Services provided under this waiver are the services listed and defined in the approved PRTF waiver application. Any alterations made to the services in this waiver application require an approved amendment prior to the initiation of any change.

The estimates of unduplicated recipients and the average per capita cost of waiver services submitted in the application have been approved.

If South Carolina wishes to serve more individuals, or make any other alterations to this approved waiver, an amendment must be submitted for approval. At the termination of this demonstration waiver, South Carolina may elect, with respect to an age eligible child enrolled in the waiver on the termination date, to continue to provide medical assistance for coverage of home and community-based alternatives to psychiatric residential treatment facilities in accordance with section 1915(c) of the Social Security Act 942

U.S.C. 1396n(c)) for the purposes of payment under section 1903 of the Act (42 U.S.C. 1396b).

If you have any questions concerning this waiver, please contact your project officer, Soma Stepp, at 410-786-6815 or [sona.stepp@cms.hhs.gov](mailto:sona.stepp@cms.hhs.gov).

Sincerely,



Ronald R. J. Hendler, M.P.A.  
Technical Director  
Division of Advocacy and Special Initiatives

cc: Ms. Emma Forkner, State Medicaid Director ✓  
Kenni Howard, CMS Regional Office  
Mark Reed, CMS Health Insurance Specialist  
Mary Sowers, CMS Technical Director, DCIS  
Joe Razes, CMS Acting Division Director, DASI