

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



**Division of Medicaid & Children's Health Operations**

January 4, 2013

Mr. Anthony E. Keck, Director  
SC Health and Human Services  
PO Box 8206  
Columbia, South Carolina 29205

Dear Mr. Keck:

Please accept this revised approval letter for South Carolina's Community Supports Home and Community-Based Waiver for individuals with intellectual disabilities and related conditions, as authorized under section 1915(c) of the Social Security Act. This renewal application has been assigned control number SC 0676.R01, which should be used in future correspondence. The waiver renewal was approved on December 28, 2012 with effective dates of July 1, 2012 through June 30, 2017. The temporary extensions for this waiver will be subsumed into waiver year one. The correction is in bold text and underlined below.

Specifically, you submitted a renewal request to provide services to participants who meet ICF/MR level of care to delay and/or avoid institutionalization. Services include adult day health care services; personal care services; respite care services; incontinence supplies; adult day health care – nursing; adult day health care- transportation; assistive technology and appliances; behavior support services; career preparation services; community services; day activity; employment services; environmental modifications; in-home support services; personal emergency response services; private vehicle modifications; and support center services.

The following estimates of utilization and cost of waiver services have been approved:

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 1 (07/01/12 – 06/30/13)	3300	\$ 8,153	\$ 111,700	\$ <b><u>26,904,900</u></b>
Year 2 (07/01/13 – 06/30/14)	3630	\$ 8,847	\$ 115,051	\$ 32,114,610
Year 3 (07/01/14 – 06/30/15)	4000	\$ 9,831	\$ 118,503	\$ 39,324,000
Year 4 (07/01/15 – 06/30/16)	4400	\$ 10,628	\$ 122,058	\$ 46,763,200
Year 5 (07/01/16 – 06/30/17)	4840	\$ 10,724	\$ 125,720	\$ 51,904,160

We appreciate the effort and cooperation provided by your staff during our review of this renewal request. If you have any questions, please feel free to contact Kenni Howard at (404) 562-7413.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

cc: Michele MacKenzie, Central Office