

RICHARD K

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

Re-Log from Wells to Bowling - cc: Wells lmm

TO	DATE
Bowling / Waldrop <i>copy-file</i>	1-16-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000449	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Wells	<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.			
2.			
3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S7-14-76  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations  
Disabled and Elderly Health Programs Group (DEHPG)

**RECEIVED**

December 27, 2006

JAN 12 2007

Mr. Robert M. Kerr  
Director for Medicaid  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Roy Wells*  
*"Rec. Action"*  
*CC: Bowling*

Dear Mr. Kerr,

I am pleased to inform you that your request to implement South Carolina's Home and Community Based Waiver for children with Pervasive Developmental Disorder has been approved. This waiver (control number 0456) is effective January 1, 2007.

Specifically, the State is requesting a new waiver to provide service coordination and early intensive behavioral intervention services (EIBI) to a maximum of 120 children ages three through ten who have been diagnosed with a pervasive developmental disorder, including autism and Asperger's Syndrome and who meet the ICF-MR level of care criteria.

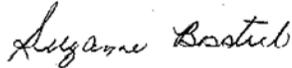
The State intends to provide participant directed services in this waiver. However, because of the time needed in developing the infrastructure for this service delivery system, this request is to start participant direction in the second year of the waiver.

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

Waiver Year	Unduplicated Recipients	Waiver Expenditures
1	120	\$26,860
2	120	\$32,923
3	120	\$33,900

This approval is subject to your agreement to serve up to the number of individuals indicated above for each waiver year. If South Carolina wishes to make alterations to this waiver, an amendment must be submitted for 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,



Suzanne Bosstick  
Director  
Division of Community and  
Institutional Services

cc: Terrie Morris  
Atlanta Regional Office