

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 24, 2014

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

RECEIVED

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The state's request to amend South Carolina's Community Supports Home and Community-Based Waiver Program that serves individuals who require level of care provided in an Intermediate Care Facility for the Intellectually Disabled (ICF/ID), as authorized under section 1915(c) of the Social Security Act has been approved. This amendment has been assigned control number SC 0676.R01.01, which should be used in future correspondence. This waiver was approved on January 23, 2014. Per the state's request, the waiver amendment is effective March 1, 2014.

Specifically, the state submitted an amendment request to add waiver case management as a service to align with other waivers and state plan targeted case management. Waiver case management will be paid at two distinct rates in 15 minute increments: (1) a rate for a face-to-face contact and (2) a rate for telephone contact. Additionally, the amendment revised quality improvement sections where required; update appendices where required; updated the individual cost cap due to the addition of waiver case management; changes the minimum number of waiver services an individual must receive per month from one to two; and, enhances clarity of text as needed.

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

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 2 (07/01/13 – 06/30/14)	3630	\$ 10,697	\$ 115,051	\$ 38,830,110
Year 3 (07/01/14 – 06/30/15)	4250	\$ 13,416	\$ 118,503	\$ 57,018,000
Year 4 (07/01/15 – 06/30/16)	4650	\$ 13,518	\$ 122,058	\$ 62,858,700
Year 5 (07.01.16 – 06/30/17)	5090	\$ 13,257	\$ 125,720	\$ 67,478,130

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

Sincerely,

Jackie Glaze

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

cc: Michele MacKenzie, Central Office