



September 22, 2006

Robert M. Kerr, Director  
Department of Health and Human Services  
P. O. Box 8206  
Columbia, South Carolina 29202-8206

Dear Mr. Kerr:

I am pleased to inform you that your request for renewal of South Carolina's Home and Community Based (HCB) Waiver for Individuals with HIV/AIDS, control # SC 0186.90.R3, has been approved. The effective period for the HIV/AIDS Waiver is October 1, 2006 through September 30, 2011.

Specifically, you requested to provide case management, personal care, attendant services, companion services, home accessibility adaptations, nursing services, specialized medical equipment and supplies, home delivered meals, and two additional prescription drugs above the state plan limit for those individuals who are not eligible to utilize the Medicare Part D benefit.

Based on the renewal application, your response to our request for additional information and the assurances you provided, we have concluded that the renewal request fully conforms to statutory and regulatory requirements. The following estimates of utilization and cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>	<u>Total Waiver Expenditures</u>
1 (10/01/06-09/30/07)	1,400	\$ 3,887	\$ 5,441,800
2 (10/01/07-09/30/08)	1,500	\$ 4,077	\$ 6,115,500
3 (10/01/08-09/30/09)	1,600	\$ 4,274	\$ 6,838,400
4 (10/01/09-09/30/10)	1,700	\$ 4,486	\$ 7,626,200
5 (10/01/10-09/30/11)	1,800	\$ 4,710	\$ 8,478,000

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,

Renard L. Murray, D.M.  
Associate Regional Administrator  
Division of Medicaid and Children's Health

