

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-15-07</i>
---------------------	-------------------------


DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000201</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Forkner</i>	<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 AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>10-15-07</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000201</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Forkner</i> 	<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  
61 Forsyth Street, SW, Suite 4120  
Atlanta, Georgia 30303-8909

**CMS/**  
CENTERS for MEDICARE & MEDICAID SERVICES

October 10, 2007

*Log books*  
*C: hmw*

**RECEIVED**

OCT 15 2007

Ms. Emma Forkner, Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: Pilot Request for the Quality Control Sample Period October 2007 – March 2008

Dear Ms. Forkner:

We are pleased to inform you that your request to waive the Medicaid Quality Control standard case review process for the October 2007 – March 2008 sample period has been approved. We understand that you would like to conduct this pilot of focused reviews of Family Planning category to determine if the member's verified income results in ineligibility. The purpose of this review is to verify the applicant's income and determine the percentage of ineligible cases that result in a sample of cases in which eligibility was actually determined. This will be based on the applicants/members' self-declaration.

Since the Regional Office is responsible for evaluating the results of each pilot, please forward to our office any data or reports you generate from these reviews. If you have additional questions, you may contact Rita E. Nimmmons of my staff at 404-562-7415 or via e-mail at [rita.nimmmons@cms.hhs.gov](mailto:rita.nimmmons@cms.hhs.gov).

Sincerely,

*Jay Gavens*

Jay Gavens

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

cc: Jessica Woodard, CMSO