

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



ACTION REFERRAL

TO	DATE
<i>Boeding</i>	<i>6/11/07</i>

<p>DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER 000765</p> <p>2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Wells.</i></p>	<p>ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input checked="" type="checkbox"/> Necessary Action</p>
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St, SW, Suite 4120
Atlanta, Georgia 30303-8909



June 5, 2007

RECEIVED

JUN 11 2007

Susan B. Bowling, Acting Director
South Carolina Department of Health and Human Services
P. O. Box 8306
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Bowling:

This is in response to your letter dated May 18, 2007, requesting that the Centers for Medicare & Medicaid Services (CMS) approve your Corrective Action Plan (CAP). Your plan has been carefully reviewed and determined to be acceptable. The State is expected to fully correct or make significant progress toward compliance in all areas identified in the CAP by December 31, 2007. At which time a determination will be made to continue or remove the CAP.

The metrics and evaluation criteria mentioned in your letter is readily available to your Fiscal Intermediary (Clemson University) in the form of the Medicaid Information Technology Architecture (MITA), version 2.0, which can be found at www.cms.hhs.gov/mnis. The five-year look back document reference by Barry Bruder will be sent under separate cover.

Your cooperation in this matter is greatly appreciated. If there are any questions concerning this approval, please contact L. David Hinson at (404) 562-7411 or via E-mail at Lawrence.hinson@cms.hhs.gov.

Sincerely,

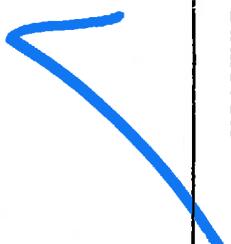
A handwritten signature in black ink, appearing to read 'Renard L. Murray'.

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

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~~John~~ Renard L. Murray, D.M.
Associate Regional Administrator
Division of Medicaid & Children's Health Operations