

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

**ACTION REFERRAL**

TO <i>Johnson</i>	DATE <i>2-7-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100240</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>CC: Mr. Heck, COS, Deps, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Ref Log # 155</i>	<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  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 17, 2013

**RECEIVED**

FEB 04 2013

Mr. Anthony E. Keck, Director  
South Carolina Department of Health & Human Services  
P O Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: Deferral Control Number SC/2012/3/E/01/MAP

Dear Mr. Keck:

We are in receipt of your letter dated January 11, 2013 requesting a sixty day extension to prepare a written response to the deferral action number SC/ 2012/3/E/01/MAP processed and included with the Finalization of the State's CMS-64 Q-3 FY 2012 Medicaid Grant Award.

Your request for an additional sixty days to prepare a written response has been granted. Deferral action number SC/2012/3/E/01/MAP was initially issued in the amount of \$16,761,260. After further review by the Regional Office, an adjustment in the amount of \$5,581,655 was issued reducing the deferral amount to \$11,179,605. We are requesting that the State provide additional documentation and related calculations to support the \$11,179,605 claimed on the CMS-64 Q-3 FY2012 within the sixty day time period. However, no response is necessary if you agree to make a decreasing adjustment on the next CMS-64 report to remove the claim and close this deferral.

If you have questions or need additional information, please contact Davida Kimble, Financial Branch Manager, at (404) 562-7496, or Michelle White, Financial Analyst, at (404) 562-7328.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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