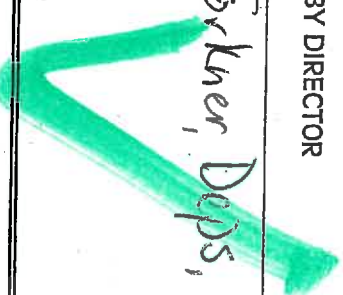


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singletm</i>	DATE <i>11-9-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1011206</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Deps, CMS file</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 St., SW, Suite 4T20
Atlanta, Georgia 30303-8909

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

November 4, 2010

Ms. Emma Forkner
South Carolina Department of Health and Human Services
P.O. Box 8306
Columbia, SC 29202-8206

RECEIVED

NOV 09 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

I am pleased to inform you that CMS approves SCDDHHS's request for remediation planning activities in support of implementation of ICD-10 for the MMIS, in collaboration with Clemson University and qualified Information Technology consultants. Your request is approved in accordance with 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and the State Medicaid Manual (SMM), Part 11.

Your request that the Centers for Medicare & Medicaid Services (CMS) review and approve the Planning Advanced Planning Document (PAPD) dated October 22, 2010, reflects the intent of the state to plan for remediation of the Information Technology systems that support the existing South Carolina Department of Health and Human Services (SCDDHHS) Medicaid Management Information System (MMIS) and its associated Medicaid program. It is stated in that request that the aim is for the state to implement the International Classification of Diseases, Revision 10 (ICD-10) and as such, the State requested \$2,160,663 [\$2,123,163 at 90 percent Federal Financial Participation (FFP)] and \$37,500 at 50 percent FFP.

The State is reminded that onsite reviews will be conducted to determine whether or not the objectives for which FFP was approved are being accomplished and whether or not the automatic data processing equipment or services are being efficiently and effectively utilized in support of approved programs or project as provided for at 45 CFR part 95, Section 621 and the SMM. As provided by the SMM, Section 11200 and by 45 CFR 95.611, all subsequent revisions and amendments to the PAPD for this project will require our prior written approval to qualify for FFP. Only actual costs incurred are reimbursable. The State must provide adequate support for all costs claimed in addition to providing detailed records and proper audit trails.

If there are any questions concerning this approval, please contact Enitan Odumeye at (404) 562-7424 or via E-mail at enitan.odumeye@cms.hhs.gov.

Sincerely,

Jackie Glaze
Jackie Glaze

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