

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

ACTION REFERRAL

TO <i>Singletan</i>	DATE <i>7/27/09</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001046</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Emma Johnson</i> <i>Deps: (17775)</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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



July 21, 2009

RECEIVED

JUL 27 2009

Emma Forkner, 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. Forkner:

This is in response to your letter dated July 9, 2009, requesting that the Centers for Medicare & Medicaid Services (CMS) review and approve an as needed Implementation Advance Planning Document (IAPD) to reflect actual contract costs for the Dental Administrative Services Organization project under contract with Doral Dental, Inc.

The State is requesting approval of \$18,298,868 (FFP \$2, 134,559 at 90 percent; \$8,187,174 at 75 percent; \$2,680,452 at 50 percent; Total FFP: \$13,002,185) for the base period of three years with 3 option years. The final amount requested is within the original project planning estimate of \$27,695,137 previously approved by CMS. I am pleased to inform you that CMS approves the Department's request 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.

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 projects 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 APD for this project will require our prior written approval to qualify for FFP. Allowable costs are determined by 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and the SMM, Part 11. 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.

I would like to thank you and your staff for your efforts in developing and implementing the South Carolina Dental ASO project. If there are any questions concerning this approval, please contact L. David Hinson at (404) 562-7411 or via E-mail at Lawrence.hinson@cns.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Kaye Justis". The signature is fluid and cursive, with a long horizontal flourish at the end.

Mary Kaye Justis, RN, M.S.
Acting, Associate Regional Administrator
Division of Medicaid & Children's Health Operations