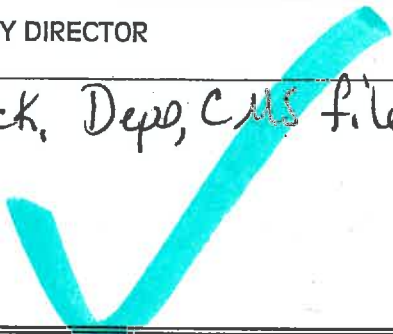


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>11-14-11</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011202</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Depo, 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 Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



November 7, 2011

Mr. Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street,
Columbia, SC 29201

RECEIVED

NOV 14 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The Centers for Medicare & Medicaid Services (CMS) approves the Implementation Advanced Planning Document (IAPD) received at the Regional Office on June 8, 2011 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. We performed our review of this request in accordance with Federal regulations at Section 1903(a) (3) (A) of the Social Security Act, 42 CFR 433.112 and 42 CFR 433.15(b) (3) and the State Medicaid Manual Part 11.

This approval reflects the intent of the state to contract with the South Carolina Budget and Control Board, Office of Research and Statistics (ORS), to perform enhancements to the Phoenix System. This system is South Carolina Department of Health and Human Services' (SCDHHS) case management system for Home and Community Based Waivers (HCBW) and SCDHHS intends to implement all of the major functions of the Care Call System except the documentation of the Interactive Voice Response System (IVRS) claims. CMS hereby approves the contract included with the IAPD submitted for the enhancement of the Phoenix system.

The total estimated cost of the effort is \$6,099,316 and the Federal share of funding requested is \$4,388,835 [\$1,756,116 at 90 percent Federal Financial Participation (FFP), \$1,676,043 at 75 percent FFP, and \$956,676 at 50 percent FFP]. Funding is approved based upon the estimates shown in the budget detail section of the IAPD.

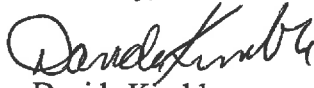
The State is reminded that onsite reviews will be conducted to determine whether or not the objectives for which FFP was approved are being accomplished and whether or not the automatic data processing equipment or services are being efficiently and effectively utilized in support of approved programs 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 IAPD and the associated contract 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.

Mr. Anthony E. Keck, Director
November 7, 2011
Page 2

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

Sincerely,



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

CC: Rhonda Morrison
John Supra