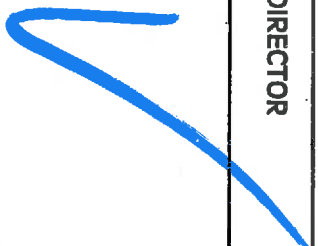


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>3-16-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000595</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> FOIA DATE DUE _____	<input checked="" type="checkbox"/> Necessary Action DATE DUE _____	

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 Street, SW, Suite 4120
Atlanta, Georgia 30303-8909

CENTERS for MEDICARE & MEDICAID SERVICES



March 12, 2007

Hos-Rios

RECEIVED

MAR 16 2007

W. Lee Calkins

Mr. Robert M. Kerr, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Pilot Request for the Quality Control Sample Period April – September 2007

Dear Mr. Kerr:

We are pleased to inform you that your request to waive the Medicaid Quality Control standard case review process for the April – September 2007 sample period has been approved. We understand from your January 30, 2007 correspondence that you would like to conduct this pilot of focused reviews of Family Independence-related categories to compare the applicant/beneficiary's alleged resources to his/her verified resources. The purpose of this review is to determine if there is a significant difference between the amount of verified resources and the amount of resources alleged by the applicant/beneficiary.

The case file information will be used to examine the procedural accuracy of the categorical and income determination and the case file resource determination will be examined for its procedural accuracy and will be compared to a determination based on verified information.

The universe will consist of applications and reviews processed during the above sample period for the following Family Independence-related categories:


- Optional Coverage for Pregnant Women
- Low Income Families
- Title IV-E Adoption Assistance
- Partners for Healthy Children
- MAO-Foster Care/Subsidized Adoption
- Title IV-E Foster Care; and
- Refugee Assistance

Mr. Kerr

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Since the Regional Office is responsible for evaluating the results of each pilot, please forward to our office any data or reports you generate from these reviews. If you have additional questions, you may contact Rita E. Nimmons of my staff at 404-562-7415 or via e-mail at rita.nimmons@cms.hhs.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Renard L. Murray". The signature is fluid and cursive, with the first name "Renard" and last name "Murray" clearly distinguishable.

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