

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO <i>Supra</i>	DATE <i>10-16-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000086</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Kost, Deps, CMS file, Chavis</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  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

October 7, 2014

SC-14-027

Mr. Anthony E. Keck, Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, SC 29201-8206

**RECEIVED**

OCT 15 2014

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Dear Mr. Keck:

The Implementation Advance Planning Document Update (IAPDU) submitted by South Carolina to the Centers for Medicare & Medicaid Services (CMS) on September 17, 2014 is approved effective on the date of this letter. The state submitted the IAPDU to request a reduction in operations and maintenance funding after a review of modifications impact on the MMIS. Specifically, the state is withdrawing project funding in the amount of \$6,080,736 (\$4,560,552 Federal Financial Participation (FFP) at 75 percent). The adjusted project funding is shown in the table below:

	IAPD #ACA-01		"New" Funds Requested with this IAPDU		Total APD Funding when this IAPDU is Approved	
FFP %	Total Approved	FFP \$	Total	FFP \$	Total Requested	FFP \$
50/50	\$ 2,000	\$ 1,000	\$ -	\$ -	\$ 2,000	\$ 1,000
75/25	\$ 6,080,736	\$ 4,560,552	\$ (6,080,736)	\$ (4,560,552)	\$ -	\$ -
90/10	\$ 5,849,661	\$ 5,264,695	\$ -	\$ -	\$ 5,849,661	\$ 5,264,695
Grand Total	\$ 11,932,397	\$ 9,826,247	\$ (6,080,736)	\$ (4,560,552)	\$ 5,851,661	\$ 5,265,695

Upon successful completion of the ACA-related systems project, please provide to CMS written notification that includes the following:

- The date the ACA systems work was completed and officially accepted by South Carolina as complete;
- Submission of project closeout documentation within 60 calendar days of the date the project was officially accepted by the state as complete;
- The final cost to complete the ACA systems work; and,
- Assurances/documentation that the ACA systems enhancement project met the objectives and performed the functions described in the approved IAPD.

Mr. Anthony E. Keck

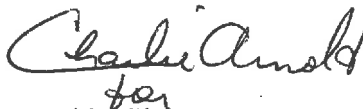
Page 2

South Carolina 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 (ADP) 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 State Medicaid Manual. As provided by the State Medicaid Manual, Section 11200 and by 45 CFR 95.611, all subsequent revisions and amendments to this IAPD will require CMS prior written approval to qualify for FFP. In accordance with 45 CFR Part 95.623, state acquisition of ADP equipment and services without prior approval could result in disallowance of FFP.

Any changes to previously approved contracts for this effort require CMS prior approval pursuant to 45 CFR 95.611. Allowable costs are determined by 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and Part 11 of the State Medicaid Manual. All costs identified in the IAPD are understood to be estimates only. Allowable costs are determined by 42 CFR Part 433.116, 45 CFR Part 95, Subpart F, and the State Medicaid Manual, 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 work on this project. If there are any questions concerning this information, please contact L. David Hinson at (404) 562-7411 or via email at [Lawrence.Hinson@cms.hhs.gov](mailto:Lawrence.Hinson@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Jackie Glaze".

for  
Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations