

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                        |                        |
|------------------------|------------------------|
| TO<br><i>Singleton</i> | DATE<br><i>3-10-08</i> |
|------------------------|------------------------|

| DIRECTOR'S USE ONLY  | ACTION REQUESTED   |
|--|--|
| 1. LOG NUMBER<br><br><i>000455</i>                             | <input checked="" type="checkbox"/> I Prepare reply for the Director's signature<br>DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR<br><br><i>cc: Ms. Forkner, Depo</i> | <input type="checkbox"/> I Prepare reply for appropriate signature<br>DATE DUE _____               |
|  | <input type="checkbox"/> I FOIA<br>DATE DUE _____  |
|  | <input checked="" type="checkbox"/> Necessary Action   |

| APPROVALS<br>(Only when prepared<br>for director's signature) | APPROVE | * DISAPPROVE<br>(Note reason for<br>disapproval and<br>return to<br>preparer.) | 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

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

February 26, 2008

Dear State Medicaid Director:

MAR 06 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Ray Singtan* **RECEIVED**  
*cc: Ms. Forster*  
*Depto*

As the State Medicaid Director, your assistance is requested to reverse an adverse trend related to the submission of Medicaid Management Information Systems (MMIS) Advance Planning Documents (APDs), Requests For Proposals (RFPs), and contracts (including amendments) to CMS. MMIS actions are typically very large and complex technical documents which involve large amounts of Federal Financial Participation. In accordance with CFR 95.611, CMS has 60 business days to process an action and make a final disposition determination. The Atlanta Regional Office continues to receive actions from States requesting CMS approval within 30 days, and in some instances 24 hours, which is clearly not feasible. The Regional Office has determined that in most instances of non-compliance, the State Medicaid Agency did not allow sufficient time allotments for inter-departmental coordination with Finance, Legal, and Procurement at the State level. The effect of these delays has been to reduce the amount of time that CMS was allowed to process a request.

Please be advised, effective immediately the Atlanta Regional Office will no longer process MMIS actions in less than 60 days unless they are accompanied by a special request by the State Medicaid Director. The request should be included in the letter of transmission and explain the emergent conditions which resulted in the late submission, and what corrective measures are being taken to prevent re-occurrence. If you have any questions concerning this process, please contact L. David Hinson at (404) 562-7411 or via E-mail at [Lawrence.hinson@cms.hhs.gov](mailto:Lawrence.hinson@cms.hhs.gov). I appreciate your assistance with this request.

Sincerely,

*Jay Gavens*

Jay Gavens

Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc:

Richard Friedman  
Director of State Systems  
Center for Medicaid & State Operations