

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Boaling</i>	<i>6-22-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000795	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>cc:Wells, Singler</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 St., SW, Suite 4120
Atlanta, Georgia 30303-8909



June 19, 2007

RECEIVED

JUN 22 2007

Susan Bowling, Director (Acting)
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. Bowling:

This is in response to the letter(s) dated, April 20, 2007 and June 14, 2007, requesting approval to exercise option year 1, of the contract with Thomson Medstat (05-S6803-A11574), for Decision Support Services (DSS) plus Surveillance and Utilization Review System (SURS) under an IAPD which was previously approved. The State is requesting approval of \$1,775,000 (Federal Share \$1,331,250 at 75%).

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. Specifically, this approval action provides initial funding as described in the IAPD budget detail section. This approval is effective beginning on July 20, 2007 and ends on July 19, 2008.

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 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 for this project will require our prior written approval to qualify for FFP.

I would like to thank you and your staff for your cooperation. If there are any question concerning this approval, please contact L. David Hinson at (404) 562-7411 or via E-mail at Lawrence.hinson@cms.hhs.gov

Sincerely,

Hugh L. Webster

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

Log: Bowling
c: Wells
Singleton
(rec. act)