

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>2-11-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000418</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Forkner, Depo</i> <i>Change to Jacobs per Walderup</i> <i>on 2/8/08</i>			

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 AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-11-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000418</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Forkner, Depo</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
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4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4120
Atlanta, Georgia 30303-8909

CMS/
CENTERS FOR MEDICARE & MEDICAID SERVICES

February 7, 2008

Ms. Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Log: Myers
cc: Ms. Forkner
Depo
N/A

RECEIVED

FEB 11 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Pilot Request for the Quality Control Sample Period April – September 2008

Dear Ms. Bowling:

We are pleased to inform you that your request to waive the Medicaid Quality Control standard case review process for the April – September 2008 sample period has been approved. We understand that you would like to conduct this pilot of focused reviews to determine the accuracy of patient liability (recurring income) determination for nursing home cases. The purpose of this review is to verify the applicant's income to assess the treatment of income and the resulting patient liability at the time of the application/review.

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. Nimmmons of my staff at 404-562-7415 or via e-mail at rita.nimmmons@cms.hhs.gov.

Sincerely,

W. Myrthyn Jones

for Jay Gavens

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

cc: Jessica Woodard, CMSO