

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

**ACTION REFERRAL**

TO <i>Morrison</i>	DATE <i>1-5-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000156</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc. Kost, Dept, CMS file</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**

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December 29, 2014

SC-15-002

Mr. Christian Soura, Director  
Department of Health & Human Services  
1801 Main Street  
Columbia, SC 29201-8206

**RECEIVED**

JAN 05 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Soura:

The sole source contract with Deloitte, Inc. submitted by South Carolina to the Centers for Medicare & Medicaid Services (CMS) on November 18, 2014 is approved. The state submitted the contract to request consultant services in conjunction with the Replacement Medicaid Management Information System (RMMIS) project. Deloitte is uniquely qualified to provide these services to the state as it is the prime contractor for the recently installed state accounting system. Funding for this contract was provided under CMS action SC-14-013 dated September 25, 2014.

South Carolina is reminded to provide a copy of the deliverables outlined in Article III for CMS review and retention concurrent with delivery by Deloitte. The state is also reminded that onsite reviews will be conducted to determine whether or not the objectives for which federal financial participation 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, Chapter 11 and by 45 CFR 95.611, all subsequent revisions and amendments to this contract 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.

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 (334) 791-7826 or via email at [Lawrence.Hinson@cms.hhs.gov](mailto:Lawrence.Hinson@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Melanie Johnson". The signature is written in a cursive style and is positioned above the printed name of the signatory.

Jackie Glaze

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
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Sincerely,

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Jackie Glaze

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