


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE  <i>9-21-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>1001129</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc Ms. Foraker, Deps, 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  
61 Forsyth St., SW, Suite 4T20  
Atlanta, Georgia 30303-8909



September 17, 2010

Ms. Emma Forkner  
South Carolina Department of Health and Human Services  
P.O. Box 8306  
Columbia, SC 29202-8206

**RECEIVED**

SEP 21 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

This is in response to the request by the State of South Carolina, that the Centers for Medicare and Medicaid Services (CMS), review and approve the Implementation Advanced Planning Document (IAPD) dated August 26, 2010, reflecting the intent of the state to modify and upgrade the existing South Carolina Department of Health and Human Services (SCDHHS) claims submission web tool and Medicaid Management Information System (MMIS) to accommodate the use of a prior authorization for review and approval. The State is requesting \$320,014 (\$273,584 at 90 percent FFP). Of that amount, the State is requesting revised personnel-associated costs of \$65,714 reflecting an increase from 75 percent FFP to 90 percent FFP for ongoing operations and maintenance.

I am pleased to inform you that CMS approves SCDHHS's request for modification and upgrade of the MMIS in collaboration with Clemson University and BlueCross BlueShield of South Carolina. Your request is approved 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.

The State is reminded that onsite reviews will be conducted to determine whether or not the objectives for which Federal Financial Participation (FFP) was approved are being accomplished and whether or not the automatic data processing equipment or services are being efficiently and effectively utilized in support of approved programs or project as provided for at 45 CFR part 95, Section 621 and the State Medicaid Manual (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. 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.

Page 2 of 2

Ms. Emma Forkner

September 17, 2010

If there are any questions concerning this approval, please contact Enitan Oduneye at (404) 562-7424 or via E-mail at [enitan.oduneye@cms.hhs.gov](mailto:enitan.oduneye@cms.hhs.gov).

Sincerely,

*Jackie Glaze*

Jackie Glaze

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