

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

ACTION REFERRAL

TO <i>Singleston</i>	DATE <i>12-14-07</i>
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DIRECTOR'S USE ONLY 1. LOG NUMBER 000291 2. DATE SIGNED BY DIRECTOR <i>Ci Myers, Wells, Ms. For Kmer</i>	ACTION REQUESTED <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
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	APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.				
2.				
3.				
4.				

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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000291	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cci Myers, Wells, Ms. TerKner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., SW, Suite 4T20
Atlanta, Georgia 30303-8909



Log: Smelton
C: Myer
W: [unclear]
"rec. act"

December 6, 2007

RECEIVED

DEC 14 2007

Emma Forkner, Director
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. Forkner:

This is in response to your letter dated November 26, 2007, requesting that the Centers for Medicare & Medicaid Services (CMS) review and approve a proposed Implementation Advance Planning Document Update (IAPDU), and a contract with First Data Government Solutions, 08-S7333-A13293, to provide services for the South Carolina Care Call System.

The State is requesting approval of \$10,800,000 (FFP \$7,216,500) which is \$683,944 less than the approved estimate of \$11,483,944. 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. This approval is effective December 6, 2007 and ends August 23, 2010. The State is reminded to request CMS prior approval to exercise the option years included under this contract. Approval of operational costs (i.e., 75 or 50 percent FFP) for the Care Call replacement project will be determined following full operation of the replacement system and subsequent Certification by CMS in accordance with 42 CFR 433, Subpart C, and the SMM, Part 11.

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 and whether or not the automatic data processing 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 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. In addition, continued Federal funding of the Care Call replacement project is contingent upon:

- (1) The Department's ability to demonstrate progress in meeting Care Call replacement project milestone commitments. Should the project deviate from the CMS approved IAPD/DIS, FFP for the project as described in the IAPD/DIS may be suspended or disallowed as provided for in Federal regulations at 45 CFR 95.611(c)(3) and 95.612;
- (2) The timely submission of monthly status reports for the Care Call replacement project. These reports must measure progress against the approved DIS. Monthly status reports

should be submitted to this office by the last day of each calendar month. For reports that end on a calendar quarter, you are requested to add the amounts spent to date and show the balance of approved IAPD funding remaining;

- (3) Timely submission of all required quarterly 90/10 financial reports for all approved projects;
- (4) Timely submission of all reports prepared by an Independent Verification and Validation (IV&V) and/or quality assurance contractor;
- (5) Timely submission of minutes from the project management committee to address strategic directions and provide executive input.

In any event, authorization of Federal funding for the Care Call replacement project will expire on August 23, 2010. Upon successful completion of the Care Call replacement project, please provide my office with written notification that includes the following:

- The date the Care Call project was completed and officially accepted by the State as complete;
- Submission of project closeout documentation within 60 calendar days of the date the project was officially accepted by the State as complete;
- The final cost to complete the Care Call replacement project, and;
- Assurances/documentation that the Care Call replacement project completed met the objectives and performed the functions described in the approved APD.

Allowable costs are determined by 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and the SMM, Part 11. 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.

I would like to thank you and your staff for your efforts in developing and implementing the South Carolina Care Call replacement project. If there are any questions concerning this approval, please contact L. David Hinson at (404) 562-7411 or via E-mail at Lawrence.hinson@cms.hhs.gov.

Sincerely,


Jay Gavens

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