

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

**ACTION REFERRAL**

TO	DATE
<i>Mells/For Lner</i>	<i>11-20-09</i>

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>101235</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Deps</i> <i>closed 12/4/09, letter</i> <i>attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-11-09</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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.			

*Logi: Wells / For Review*  
*c: Supp*

**From:** William Wells  
**To:** Kathy Bass ●  
**CC:** Milton German, Elizabeth Hutto, Jan Polatty  
**Date:** 11/19/2009 6:48 PM  
**Subject:** Fw: Fwd: MBES/CBES  
**Attachments:** Fwd: MBES/CBES

Please review the attached and determine which 3 staff need to be designated to continue to have access to the CMS system for filing the 64, etc and coordinate with Fays to get the forms signed and sent to CMS. Thanks

**RECEIVED**

NOV 20 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

*Log: Willy/Emma*

**From:** Emma Forkner  
**To:** Deirdra Singleton; William Wells  
**CC:** Jan Polatty  
**Date:** 11/19/2009 6:13 PM  
**Subject:** Fwd: MBES/CBES  
**Attachments:** certification form Joyce 64.doc; certification form Joyce.doc; MBESCBES.SC.JW.pdf

William please advise on who should be the individuals with certifying authority & we will get this done.  
Thanks.

Emma

Emma Forkner  
Director  
Department of Health and Human Services  
1801 Main Street  
Columbia, South Carolina 29201  
(803) 898-2504  
(803) 255-8338 fax

>>> "JUSTIS, Mary R. (CMS/CMCHO)" <Mary.Justis@cms.hhs.gov> 11/19/2009 3:28 PM >>>

Emma, it was great to see you at NASMD and I hope that all is well with you. We are attempting improve our procedures in relation to our certification of our expenditure and budget reports.

In the future CMS will require periodic written State Medicaid Director (SMD) designations of individuals with certifying authority for each quarterly expenditure report (CMS-64 and CMS-21) and budget report (CMS-37 and CMS-21b) filed in MBES/CBES. The Regional Offices will request, compile and maintain the written delegations on file. Non-authorized users will be locked out of the certification function.

**I have attached a letter and copies of the certification forms for you to complete.**

**Please complete the attached certification forma.**

**I am requesting that you complete the certification forms and return them to Joyce Wilkerson with a cc to me within 30 days.** You may designate up to three individuals to certify each report.

Thank you, Emma. Please let me know if there is any way I may be of assistance.  
Mary Kaye

*Mary Kaye Justis  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Centers for Medicaid and Medicaid Services*

Atlanta Regional Office  
61 Forsyth Street, SW  
Atlanta, Ga. 30303

404-562-7175

Joyce Wilkerson  
Financial Management Branch Manager

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-64 and CMS-21 quarterly expenditure reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-64      DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21      DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-37 and CMS-21B quarterly budget reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-37**

**DESIGNATED CERTIFIER FOR CMS-**

**37**

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B**

**DESIGNATED CERTIFIER FOR CMS-**

**21B**

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director

Centers for Medicare and Medicaid Services

Atlanta Regional Office

Sam Nunn Atlanta Federal Center

61 Forsyth Street SW, Suite 4T20

Atlanta, Ga. 30303-89



Emma Forkner, Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Dear Ms. Forkner:

Every State user of the Medicaid and Children's Health Insurance Program Budget and Expenditure System (MIBIS/CBES) currently has the ability to input data into the system and to also certify those amounts. In order to enhance access and integrity controls related to certified MBES/CBES amounts, the Centers for Medicare & Medicaid Services (CMS) requests that you designate those individuals that are authorized to have certification privileges for your State's quarterly submissions.

Enclosed with this letter are two forms that must be completed and signed by you. The form named "State Designee-64-21 Cert.doc" permits designation of up to three individuals to certify the CMS-64 and the CMS-21 expenditure reports. The form entitled "State Designee-37-21b Cert.doc" permits designation of up to three individuals to certify the CMS-37 and CMS-21B budget reports. Different individuals, at your option, may be designated for each type of report. Non-authorized users will be locked out of the certification function.

The CMS Regional Office will periodically request the State to update the designee forms or reaffirm that the certification permissions have not changed. Should there be a change in personnel or designee status in the interim, the State should send an updated designee letter to the Regional Office.

Please complete and submit the enclosed forms to Joyce Wilkerson, Medicaid Financial Management Branch Manager, within 30 days from the date of this letter. If you have any questions would like additional information, please contact Joyce Wilkerson at 404-562-7426.

Sincerely,

Mary Kaye Justis,  
Acting Associate Regional Administrator for  
Medicaid and Children's Health Operations

Enclosures (2)



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare and Medicaid Services

Atlanta Regional Office  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street SW, Suite 4120  
Atlanta, Ga. 30303-8909

Joyce Wilkerson  
Financial Management Branch Manager

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-64 and CMS-21 quarterly expenditure reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-64      DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare and Medicaid Services

Atlanta Regional Office  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street SW, Suite 4T20  
Atlanta, Ga. 30303-8909

Joyce Willkerson  
Financial Management Branch Manager

Dear Ms. Willkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-37 and CMS-21B quarterly budget reports submitted to the Centers for Medicare & Medicaid Services (CMS).

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**DESIGNATED CERTIFIER FOR CMS-37      DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B      DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director

**Centers for Medicare and Medicaid Services**

**Atlanta Regional Office**

**Sam Nunn Atlanta Federal Center  
61 Forsyth Street SW, Suite 4T20  
Atlanta, Ga. 30303-89**

Emma Forkner, Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Dear Ms. Forkner:

Every State user of the Medicaid and Children's Expenditure System (MBES/CBES) currently has the ability to input data into the system and to also certify those amounts. In order to enhance access and integrity controls related to certified MBES/CBES amounts, the Centers for Medicare & Medicaid Services (CMS) requests that you designate those individuals that are authorized to have certification privileges for your State's quarterly submissions.

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Please complete and submit the enclosed forms to Joyce Wilkerson, Medicaid Financial Management Branch Manager, within 30 days from the date of this letter. If you have any questions would like additional information, please contact Joyce Wilkerson at 404-562-7426.

Sincerely,



Mary Kaye Justis,  
Acting Associate Regional Administrator for  
Medicaid and Children's Health Operations

Enclosures (2)

*Pamela,  
Here is the  
Original to log  
0335.*

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare and Medicaid Services

Atlanta Regional Office

Sam Nunn Atlanta Federal Center

61 Forsyth Street SW, Suite 4T20

Atlanta, Ga. 30303-8909



Joyce Wilkerson  
Financial Management Branch Manager

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-64 and CMS-21 quarterly expenditure reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-64      DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare and Medicaid Services

Atlanta Regional Office

Sam Nunn Atlanta Federal Center

61 Forsyth Street SW, Suite 4T20

Atlanta, Ga. 30303-8909

Joyce Wilkerson

Financial Management Branch Manager



Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-37 and CMS-21B quarterly budget reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-37      DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B      DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director



dog 0235 ✓

State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

December 4, 2009

Emma Forkner  
Director

Ms. Joyce Wilkerson  
Medicaid Management Branch Manager  
Centers for Medicare and Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street SW, Suite 4T20  
Atlanta, Georgia 30303-89

Dear Ms. Wilkerson:

Enclosed are the lists of the individuals designated by the State Medicaid Director to certify the forms CMS-64 and CMS 21 and also the CMS-37 and CMS-21B quarterly expenditure reports submitted to the Centers for Medicare and Medicaid Services (CMS).

Should you need additional information, or have any questions, please do not hesitate to call William Wells, Deputy Director at (803) 898-2503.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner  
Director

EF/wbh  
Enclosures (2)

CC: Ms. Mary Kaye Justis, RN, MBA

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-37 and CMS-21B quarterly budget reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-37      DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: <u>Jametta Wilson</u>	Printed Name: <u>Scarlett Barwick</u>
Title: <u>Accountant/Fiscal Analyst III</u>	Title: <u>Accountant/Fiscal Analyst III</u>
Signature: <u><i>Jametta Wilson</i></u>	Signature: <u><i>Scarlett Barwick</i></u>
Effective Date: <u>December 1, 2009</u>	Effective Date: <u>December 1, 2009</u>

**DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: Milton German  
Title: Assoc. Finance Director  
Signature: *Milton German*  
Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-21B      DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: <u>Jametta Wilson</u>	Printed Name: <u>Scarlett Barwick</u>
Title: <u>Accountant/Fiscal Analyst III</u>	Title: <u>Accountant/Fiscal Analyst III</u>
Signature: <u><i>Jametta Wilson</i></u>	Signature: <u><i>Scarlett Barwick</i></u>
Effective Date: <u>December 1, 2009</u>	Effective Date: <u>December 1, 2009</u>

**DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: Milton German  
Title: Assoc. Finance Director  
Signature: *Milton German*  
Effective Date: December 1, 2009

Sincerely,

*Emma Shuler*  
State Medicaid Director

Joyce Wilkerson  
Financial Management Branch Manager

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-64 and CMS-21 quarterly expenditure reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: Monica McKinney

Title: Accountant/Fiscal Analyst III

Signature: M. C. McKinney

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-**

Printed Name: Scatlett Barwick

Title: Accountant/Fiscal Analyst III

Signature: Scatlett Barwick

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: Milton German

Title: Assoc. Finance Director

Signature: Milton German

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: Monica McKinney

Title: Accountant/Fiscal Analyst III

Signature: M. C. McKinney

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: Scatlett Barwick

Title: Accountant/Fiscal Analyst III

Signature: Scatlett Barwick

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: Milton German

Title: Assoc. Finance Director

Signature: Milton German

Effective Date: December 1, 2009

Sincerely,  
  
Emma Ahle  
State Medicaid Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

*make  
add the  
file*

TO	DATE
<i>Wells/Fowler</i>	<i>11-20-09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101235</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Deps</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-11-09</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input 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.			

*Log: Wells / Review*

*c: Supp*

**From:** William Wells  
**To:** Kathy Bass ●  
**CC:** Milton German, Elizabeth Hutto, Jan Polatty  
**Date:** 11/19/2009 6:48 PM  
**Subject:** Fw: Fwd: MBES/CBES  
**Attachments:** Fwd: MBES/CBES

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**RECEIVED**

NOV 20 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Log: Willy/Forkner

**From:** Emma Forkner  
**To:** Deirdra Singleton; William Wells  
**CC:** Jan Polatty  
**Date:** 11/19/2009 6:13 PM  
**Subject:** Fwd: MBES/CBES  
**Attachments:** certification form Joyce 64.doc; certification form Joyce.doc; MBESCBES.SC.JW.pdf

William please advise on who should be the individuals with certifying authority & we will get this done.  
Thanks.  
Emma

Emma Forkner  
Director  
Department of Health and Human Services  
1801 Main Street  
Columbia, South Carolina 29201  
(803) 898-2504  
(803) 255-8338 fax

>>> "JUSTIS, Mary R. (CMS/CMCHO)" <Mary.Justis@cms.hhs.gov> 11/19/2009 3:28 PM >>>  
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Thank you, Emma. Please let me know if there is any way I may be of assistance.  
Mary Kaye

*Mary Kaye Justis  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Centers for Medicare and Medicaid Services*

*Atlanta Regional Office  
61 Forsyth Street, SW  
Atlanta, Ga. 30303*

*404-562-7175*

Joyce Wilkerson  
Financial Management Branch Manager

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-64 and CMS-21 quarterly expenditure reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-64      DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21      DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-37 and CMS-21B quarterly budget reports submitted to the Centers for Medicare & Medicaid Services (CMS).

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**DESIGNATED CERTIFIER FOR CMS-37      DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B      DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director

Centers for Medicare and Medicaid Services

Atlanta Regional Office  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street SW, Suite 4T20  
Atlanta, Ga. 30303-89



Emma Forkner, Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, South Carolina 29201

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Every State user of the Medicaid and Children's Health Insurance Program Budget and Expenditure System (MBE/S/CBES) currently has the ability to input data into the system and to also certify those amounts. In order to enhance access and integrity controls related to certified MBE/S/CBES amounts, the Centers for Medicare & Medicaid Services (CMS) requests that you designate those individuals that are authorized to have certification privileges for your State's quarterly submissions.

Enclosed with this letter are two forms that must be completed and signed by you. The form named "State Designee-64-21 Cert.doc" permits designation of up to three individuals to certify the CMS-64 and the CMS-21 expenditure reports. The form entitled "State Designee-37-21b Cert.doc" permits designation of up to three individuals to certify the CMS-37 and CMS-21B budget reports. Different individuals, at your option, may be designated for each type of report. Non-authorized users will be locked out of the certification function.

The CMS Regional Office will periodically request the State to update the designee forms or reaffirm that the certification permissions have not changed. Should there be a change in personnel or designee status in the interim, the State should send an updated designee letter to the Regional Office.

Please complete and submit the enclosed forms to Joyce Wilkerson, Medicaid Financial Management Branch Manager, within 30 days from the date of this letter. If you have any questions would like additional information, please contact Joyce Wilkerson at 404-562-7426.

Sincerely,

Mary Kaye Justis,  
Acting Associate Regional Administrator for  
Medicaid and Children's Health Operations

Enclosures (2)



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare and Medicaid Services

Atlanta Regional Office

Sam Nunn Atlanta Federal Center

61 Forsyth Street SW, Suite 4T20

Atlanta, Ga. 30303-8909

Joyce Wilkerson  
Financial Management Branch Manager

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-64 and CMS-21 quarterly expenditure reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-64      DESIGNATED CERTIFIER FOR CMS-64**

64 Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Effective Date: _____	Effective Date: _____

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare and Medicaid Services

Atlanta Regional Office

Sam Nunn Atlanta Federal Center

61 Forsyth Street SW, Suite 4T20

Atlanta, Ga. 30303-8909

Joyce Wilkerson

Financial Management Branch Manager

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-37 and CMS-21B quarterly budget reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-37      DESIGNATED CERTIFIER FOR CMS-**

**37**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B      DESIGNATED CERTIFIER FOR CMS-**

**21B**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

**DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Sincerely,

State Medicaid Director



*State of South Carolina*  
*Department of Health and Human Services*

*Joy 0335*  
*11-20-09*

Mark Sanford  
Governor

December 4, 2009

Emma Forkner  
Director

Ms. Joyce Wilkerson  
Medicaid Management Branch Manager  
Centers for Medicare and Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street SW, Suite 4T20  
Atlanta, Georgia 30303-89

Dear Ms. Wilkerson:

Enclosed are the lists of the individuals designated by the State Medicaid Director to certify the forms CMS-64 and CMS 21 and also the CMS-37 and CMS-21B quarterly expenditure reports submitted to the Centers for Medicare and Medicaid Services (CMS).

Should you need additional information, or have any questions, please do not hesitate to call William Wells, Deputy Director at (803) 898-2503.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner  
Director

EF/wbh  
Enclosures (2)

CC: Ms. Mary Kaye Justis, RN, MBA

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-37 and CMS-21B quarterly budget reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-37**

**DESIGNATED CERTIFIER FOR CMS-**

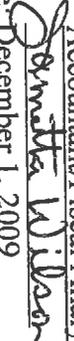
**37**

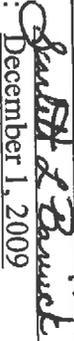
Printed Name: Jametta Wilson

Printed Name: Scarlett Barwick

Title: Accountant/Fiscal Analyst III

Title: Accountant/Fiscal Analyst III

Signature: 

Signature: 

Effective Date: December 1, 2009

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-37**

Printed Name: Milton German

Title: Assoc. Finance Director

Signature: 

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-21B**

**DESIGNATED CERTIFIER FOR CMS-**

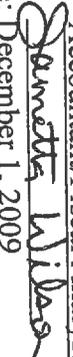
**21B**

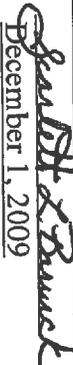
Printed Name: Jametta Wilson

Printed Name: Scarlett Barwick

Title: Accountant/Fiscal Analyst III

Title: Accountant/Fiscal Analyst III

Signature: 

Signature: 

Effective Date: December 1, 2009

Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-21B**

Printed Name: Milton German

Title: Assoc. Finance Director

Signature: 

Effective Date: December 1, 2009

Sincerely,

  
State Medicaid Director

Dear Ms. Wilkerson:

The individuals listed below are designated by the State Medicaid Director to certify the forms CMS-64 and CMS-21 quarterly expenditure reports submitted to the Centers for Medicare & Medicaid Services (CMS).

This designation will remain in effect until it is withdrawn, replaced or re-designated in subsequent years. Please contact me if you have concerns with these designations.

**DESIGNATED CERTIFIER FOR CMS-64**

**DESIGNATED CERTIFIER FOR CMS-**

**64**

Printed Name: Monica McKinney  
Title: Accountant/Fiscal Analyst III  
Signature: M. C. McKinney  
Effective Date: December 1, 2009

Printed Name: Scatlett Barwick  
Title: Accountant/Fiscal Analyst III  
Signature: Scatlett Barwick  
Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: Milton German  
Title: Assoc. Finance Director  
Signature: Milton German  
Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-21**

**DESIGNATED CERTIFIER FOR CMS-21**  
Printed Name: Monica McKinney  
Title: Accountant/Fiscal Analyst III  
Signature: M. C. McKinney  
Effective Date: December 1, 2009

Printed Name: Scatlett Barwick  
Title: Accountant/Fiscal Analyst III  
Signature: Scatlett Barwick  
Effective Date: December 1, 2009

**DESIGNATED CERTIFIER FOR CMS-64**

Printed Name: Milton German  
Title: Assoc. Finance Director  
Signature: Milton German  
Effective Date: December 1, 2009

Sincerely,  
  
State Medicaid Director