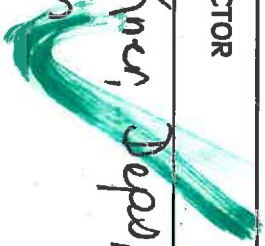


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Hells</i>	<i>1-22-08</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000376</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>CC: Ms. Farney, Dept,</i> <i>Davis, Harrison</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

CMS/
CENTERS FOR MEDICARE & MEDICAID SERVICES

January 14, 2008

*Logi Wells
cc: Ms. Forkner,
Myron Davis,*

RECEIVED

JAN 18 2008

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 December 21, 2007, requesting that the Centers for Medicare & Medicaid Services (CMS) remove your agency from a Corrective Action Plan (CAP) related to Medicaid Management Information Systems (MMIS) administration.

CMS has determined that your agency has demonstrated substantial improvement in the areas identified by the CAP, and that it should be removed. Effective this date, the MMIS CAP is hereby removed, and the requirement for your staff to attend weekly coordination teleconferences is cancelled.

I would like to thank you and your staff for your hard work in achieving compliance with the CAP and developing a positive working relationship with the Atlanta Regional Office. 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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hells</i>	DATE <i>1-22-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000376</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Farkey Depo, David, Morrison</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____		
<input type="checkbox"/> I 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 4120
Atlanta, Georgia 30303-8909

CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

January 14, 2008

*Logi Wells
cc: Ms. Forkner,
HHS, Davis,
Monk, Sam,*

RECEIVED

JAN 18 2008

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 December 21, 2007, requesting that the Centers for Medicare & Medicaid Services (CMS) remove your agency from a Corrective Action Plan (CAP) related to Medicaid Management Information Systems (MMIS) administration.

CMS has determined that your agency has demonstrated substantial improvement in the areas identified by the CAP, and that it should be removed. Effective this date, the MMIS CAP is hereby removed, and the requirement for your staff to attend weekly coordination teleconferences is cancelled.

I would like to thank you and your staff for your hard work in achieving compliance with the CAP and developing a positive working relationship with the Atlanta Regional Office. 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

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