


RECEIVED

**Department of Health & Human Services
Office of Information Management**

**Department of Health & Human Services
Office of Information Management**

TO  Day	DATE 6-8-15
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000262	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	CC: Kost, Depo, CMS file, Charis	<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. 6-19-15			
2. Bren,		thanks, JW ☺	
3. Rhonda says LAPDU is now			
4. Reporting to Adriane - Kim W. works under Kathy Bass - So all these to AD now cc same -			PS - I've already scanned to so just

PS -
I've already
scanned to
lostey so just
chq in SRS -
Thx


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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JUN 09 2015

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4. Reporting to Adriane - Kim W. works under Kathy Bass - So all these to AD now cc same -			

Thank you
Jen

PS -
I've already scanned to
lostkey so just
chg in sys -
Thx

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

May 7, 2015
Amended 6/2/2015

SC-15-007

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

RECEIVED

JUN 05 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Soura:

The Centers for Medicare & Medicaid Services (CMS) approves the Implementation Advance Planning Document Update (IAPDU) that South Carolina submitted on April 1, 2015. In accordance with 45 CFR Part 95.610, the state submitted the IAPD-U to request authority to operate the Medicaid Eligibility and Determination System (MEDS) until the end of the current intergovernmental agreement with Clemson University on June 30, 2015. The state also requested new funding in the amount of \$2,000,000 (\$1,000,000 at 50 percent federal financial participation (FFP)) for operations costs over the period from October 1, 2014 through June 30, 2015. The continued operation of the MEDS system is necessary to provide services until the replacement system is operational.

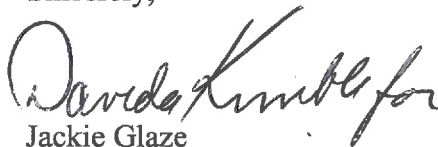
Our approval of South Carolina's IAPDU is subject to the requirements in regulations at 45 CFR Part 95, Subpart F, and 42 CFR Part 433, Subpart C. South Carolina is reminded that onsite reviews may be conducted to determine whether or not the objectives for which FFP was approved are being accomplished, and whether or not the automatic data processing (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 (SMM). As provided by the SMM, Section 11200 and by 45 CFR 95.611, all subsequent revisions and amendments to the APD for this project 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.

Any changes to previously approved contracts for this effort require CMS prior approval pursuant to 45 CFR 95.611. Allowable costs are determined by 42 CFR Part 433.116, 45 CFR Part 92, 45 CFR Part 95, Subpart F, and Part 11 of the SMM. 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.

Mr. Christian L. Soura
Page 2

I would like to thank you and your staff for your ongoing success in administering South Carolina's Medicaid Management Information System (MMIS), of which the MMIS Clemson MEDS contract is an important part. If there are any questions concerning this information, please contact L. David Hinson at (404) 562-7411 or via email at Lawrence.Hinson@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackie Glaze". The signature is fluid and cursive, with a large initial "J" and "G".

Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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