

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>12-7-07</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000279</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Deps, Ms. For Kner</i> <i>by</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 AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells	12-7-07

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER	000279	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	cc: Deps, Ms. Farber	<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., Suite. 4T20
Atlanta, Georgia 30303-8909

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Logi Wells
C: Kys - EF

December 3, 2007

RECEIVED

DEC 06 2007

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

We are pleased to inform you that we are hereby approving the South Carolina Department of Health and Human Services (SCDHHS) enrollment broker contract with Maximus, Inc. The contract, which becomes effective April 1, 2007, for a five-year period, meets the necessary requirements for the Balanced Budget Act. The contract will be the culmination of an RFP issued in the May 15, 2006 in which Maximus, Inc. was the successful bidder. This contract is not to exceed \$4,616,025 for the first year, \$7,549,766 for the second year and \$6,615,118 for the third year, \$5,872,604 for the fourth year, \$5,737,602 for the fifth year or \$30,391,115 total computable (State and Federal financial participation) for the 5-year period.

If changes are made to the contract after execution of the contract, please submit the signed contract amendment to CMS for prior approval. If any future financial review reveals inaccuracies in the cost data, we reserve the right to recover the federal share of any unallowable costs resulting from the inaccuracies. In addition, if errors in the cost data are later determined, you will be required to adjust your quarterly expenditure report to the Centers for Medicare & Medicaid Services.

If you have questions or concerns, please contact Elaine Elmore at 404-562-7408 or Elaine.Elmore@cns.hhs.gov.

Sincerely,

Jay Gavens

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