

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mullis</i>	DATE <i>12-31-10</i>
---------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001287</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Mrs Jenkins</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

Center for Medicaid, CHIP and Survey & Certification
Financial Management Group
7500 Security Boulevard
Baltimore, MD 21244

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

JAN - 1 2011

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant awards listed below have been approved for federal funding for allowable Medicaid expenditures incurred by your State during the period 01/01/2011 - 03/31/2011 under Appropriation 75X0512 Centers for Medicare & Medicaid Services.

Medical Assistance Payments	\$919,328,000
Medicaid State Children's Health Insurance	
Program Payments	\$0
Administration Payments	\$30,844,000
Total Grant Awards	\$950,172,000

The above listed grant awards provide Federal funds for expenditures made in accordance with your State plan approved under Title XIX of the Social Security Act. Computation of the awards is shown on the enclosed statement.

With the acceptance of these awards, you agree to be responsible for limiting the drawing of Federal funds so as to minimize Federal cash on hand in accordance with policies established in Treasury Circular 1075 (Revised), and procedures established by the Department of Health and Human Services. You also agree to submit timely reports as required. Withdrawals of Federal funds are not to exceed the individual programmatic grant awards shown above. You also are required to provide for effective control over the accountability for all Federal funds as stated in Office of Management and Budget Circular No. 1075 (Revised). Failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked. Part 82, Title 45, Code of Federal Regulations implements these circulars for this Department.

Any questions you may have in connection with the grant award should be referred to the appropriate Centers for Medicare & Medicaid Services regional office financial contact for your State.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Inquiries regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605

Telephone Number 1-877-614-5533

Please transmit a copy of this grant award document to the State official authorized to request funds from the Division of Payment Management.

Sincerely yours,

Christopher Hendon
Director,
Division of Financial Operations

**FORM CMS-L151
SUPPORTING SCHEDULES**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES**

FUNDING RESTRICTIONS

**THIS AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING
JANUARY 1, 2011 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER
THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL JANUARY 1, 2011.**

JAN - 1 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATE	SOUTH CAROLINA			
FISCAL YEAR	2	0	1	1
QUARTER	<input type="checkbox"/> 1ST	<input checked="" type="checkbox"/> 2ND	<input type="checkbox"/> 3RD	<input type="checkbox"/> 4TH

COMPUTATION OF AMOUNTS FOR MEDICAL ASSISTANCE
GRANTS UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

1. ADJUSTMENTS FOR QUARTER ENDED SEPTEMBER 30, 2010			
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....			
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....			
C. DIFFERENCE.....			
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....			
E. COLLECTIONS.....			
F. OTHER.....			
G. TOTAL ADJUSTMENTS.....			
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING JANUARY 1, 2011			
3. NET AMOUNT TO BE CERTIFIED.....			

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
\$		0	\$
	0	0	0
	0	0	0
	0	0	0
A.	0	0	A.
B.	919,328,000	B.	0
			30,844,000
\$	919,328,000	0	\$
			30,844,000

TOTAL AMOUNT TO BE CERTIFIED..... \$C. 950,172,000

DATE APPROVED JAN - 1 2011 COMPUTATION PREPARED BY Tennille North

INTERNAL TRANSMITTAL NO. 2 COMPUTATION REVIEWED BY Ally B

ACCOUNTING DATA

STATE: SOUTH CAROLINA**QUARTER/FISCAL YEAR: SECOND/2011**

☐ THIS AWARD IS FUNDED UNDER HHS SINGLE LETTER OF CREDIT NO. 75-08

JAN -1 2011

**CENTRAL REGISTRY SYSTEM
ENTITY IDENTIFICATION NUMBER (CRS/EIN)**

157-600-0286-Z3

[illegible]

TOTAL AMOUNT TO BE CERTIFIED

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2011

- A. Adjustments to Medical Assistance and Administration for the quarter ending September 30, 2010 are not included in the grant award computation. These adjustments will be included in a supplemental grant award.
- B. See Attachment 1.
- C. The funding authorized by this grant is paid subject to any further financial management review or audit.

Below please find the PMS subaccount information for FY 2011 and your new State specific document numbers that will be found on the accounting sheet for FY 2011. States should draw Medicaid funds for current year and prior year expenditures reported on FY 2011 expenditure reports using the XIX-MAP11 and XIX-ADM11 subaccounts.

<u>PROGRAM</u>	<u>PMS SUBACCOUNTS</u>	<u>DOCUMENT NUMBER</u>
MAP	XIX-MAP11	1105SC5MAP
ADM	XIX-ADM11	1105SC5ADM

JAN - 1 2011

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

SECOND/2011

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ <u>919,328,000</u>	\$ <u>0</u>	\$ <u>30,844,000</u>

Less:

SPR Penalty, Attachment _____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	_____
MEQC Penalty, Attachment _____	_____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset Attachment _____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	_____
Part A (Buy-In) Premiums Attachment _____	_____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment _____	_____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment _____	_____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment _____	_____	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT	_____	_____	_____
Adjusted funding for the quarter	\$ <u>919,328,000</u>	\$ <u>0</u>	\$ <u>30,844,000</u>
Amount Previously Funded	_____	_____	_____
Net Amount of Funding	\$ <u>919,328,000</u>	\$ <u>0</u>	\$ <u>30,844,000</u>