

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess	1-4-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011251	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Mr. Koch, Depps, Cusf. Le	<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.			

FUNDING RESTRICTIONS

THIS GRANT AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING JANUARY 1, 2012 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER THIS GRANT AWARD MAY NOT BE DRAWN OR PAID UNTIL JANUARY 1, 2012.

Jan - 1 2012

STATE	SOUTH CAROLINA			
FISCAL YEAR	2	0	1	2
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

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
1. ADJUSTMENTS FOR QUARTER ENDED SEPTEMBER 30, 2011			
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....	0	0	0
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED.....		0	
C. DIFFERENCE.....	0	0	0
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....			
E. COLLECTIONS.....			
F. OTHER.....			
G. TOTAL ADJUSTMENTS.....	A. 0	A. 0	A. 0
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING JANUARY 1, 2012	B. 890,839,000	B. 0	B. 32,091,000
3. NET AMOUNT TO BE CERTIFIED.....	\$ 890,839,000	0	\$ 32,091,000

TOTAL AMOUNT TO BE CERTIFIED..... \$C. 922,930,000

DATE APPROVED Jan 11 COMPUTATION PREPARED BY Kelia Cunningham

INTERNAL TRANSMITTAL NO. 2 COMPUTATION REVIEWED BY WMD

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2012

- A. Adjustments to Medical Assistance and Administration for the quarter ending September 30, 2011 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 2012 and your new State specific document numbers that will be found on the accounting sheet for FY 2012. States should draw Medicaid funds for current year and prior year expenditures reported on FY 2012 expenditure reports using the XIX-MAP12 and XIX-ADM12 subaccounts.

<u>PROGRAM</u>	<u>PMS SUBACCOUNTS</u>	<u>DOCUMENT NUMBER</u>
MAP	XIX-MAP12	1205SC5MAP
ADM	XIX-ADM12	1205SC5ADM

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

SECOND/2012

	MEDICAL ASSISTANCE PAYMENTS	M-CHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 890,839,000	\$ 0	\$ 32,091,000

Less:

Third Party Liability/Assignment of Rights-Billing Offset	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
Part A (Buy-In) Premiums Attachment	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
Phase-Down Premiums Attachment	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
Phase-Down Interest Attachment	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT

Adjusted funding for the quarter	\$ 890,839,000	\$ 0	\$ 32,091,000
Amount Previously Funded	_____	_____	_____
Net Amount of Funding	\$ 890,839,000	\$ 0	\$ 32,091,000

4/20/12

