


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Labels</i>	DATE <i>4-1-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011408</i>	I I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortney, Deps, CUS files</i> 	I I Prepare reply for appropriate signature DATE DUE _____ I 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

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

**RECEIVED**

*APR 01 2010*

*APR 01 2010*

Department of Health & Human Services

SEE FUNDING RESTRICTION ATTACHMENT

OFFICE OF THE DIRECTOR

Dear Sir or Madam:

The grant awards listed below have been approved for the period 04/01/2010 - 06/30/2010 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

<b>Medical Assistance Payments</b>	<b>\$895,205,000</b>
<b>Medicaid State Children's Health Insurance Program Payments</b>	<b>\$0</b>
<b>Administration Payments</b>	<b>\$31,968,000</b>
<b>Total Grant Awards</b>	<b>\$927,173,000</b>

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. The amount of this grant award does not include the additional amount of funds associated with the increased FMAP determined under ARRA only for the expenditures for which the increased FMAP is available. These funds will be provided to you in a separate grant award. 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 92, Title 45, Code of Federal Regulations implements these circulars for this Department. Please reference your grant award accounting and footnote sheets for details regarding your Medicaid funds identification number, common accounting number, document number, and subaccount information that are subject to change periodically.

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 (301) 443-1660

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,

*Deborah Alshive*

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  
APRIL 1, 2010 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER  
THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL APRIL 1, 2010.**

***APR 01 2010***

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

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

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

1. ADJUSTMENTS FOR  
QUARTER ENDED DECEMBER 31, 2009
- A. ACTUAL FEDERAL SHARE OF  
EXPENDITURES.....
- B. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES PREVIOUSLY FUNDED....
- C. DIFFERENCE.....
- D. NET ADJUSTMENTS APPLICABLE TO  
PRIOR PERIODS.....

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
\$	0	\$	
A.	0	0	0
B.		0	
C.	0	0	0
D.			
A.	0	0	0
B.	895,205,000	0	31,968,000
3. NET AMOUNT TO BE CERTIFIED	\$ 895,205,000	0	\$ 31,968,000

TOTAL AMOUNT TO BE CERTIFIED..... \$C. 927,173,000

DATE APPROVED APR 01 2010 COMPUTATION CHECKED BY Tennille North

INTERNAL TRANSMITTAL NO. 2 Ann P



FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2010

A. Adjustments to Medical Assistance Payments and Administration for the quarter ended  
DECEMBER 31, 2009 are not included in the grant award.

B. See attachment 1.

C. The funding authorized by this grant award is paid subject to any future financial management  
review or audit.

New PMS subaccount and grant award document structure for Medicaid medical assistance  
payments and administration has been established in PMS beginning with FY 2010 and going  
forward. States should continue to draw FY2009 and prior period funds using the MP and MT  
subaccounts. Below please find first, the new PMS subaccount information for FY 2010 and  
second, your new State specific document numbers that will be found on the accounting sheet  
for FY 2010. Prior year subaccounts and document numbers remain unchanged.

<u>PROGRAM</u>	<u>PMS SUBACCOUNT</u>	<u>DOCUMENT NUMBER</u>
MAP	XIX-MAP10	1005SC5MAP
ADM	XIX-ADM10	1005SC5ADM

*APR 01 2010*

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

THIRD/2010

Secretary's Estimate of Funding  
Need for the Quarter

MEDICAL ASSISTANCE  
PAYMENTS  
\$ 895,205,000

M-SCHIP  
PAYMENTS  
\$ 0

ADMINISTRATION  
PAYMENTS  
\$ 31,968,000

Less:

SPR Penalty,  
Attachment

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XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

MEQC Penalty,  
Attachment

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Third Party Liability/Assignment  
of Rights-Billing Offset  
Attachment

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Part A (Buy-In) Premiums  
Attachment

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XXXXXXXXXXXXXXXXXXXX

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Part B (Buy-In) Premiums  
Attachment

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Part A Interest  
Attachment

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Part B Interest  
Attachment

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FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 895,205,000

\$ 0

\$ 31,968,000

Amount Previously Funded

Net Amount of Funding

\$ 895,205,000

\$ 0

\$ 31,968,000

APR 01 2010