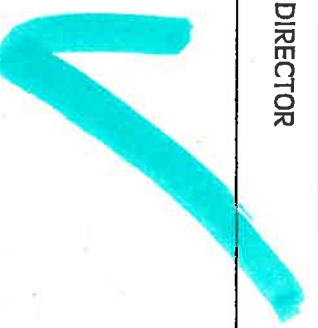


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>3-10-11</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>1011403</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  	<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

**RECEIVED**

**MAR 10 2011**

**MAR - 1 2011**

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Dear Sir or Madam:  
Adjustment

The grant awards listed below have been approved for federal funding for allowable Medicaid expenditures incurred by your State during the period 01/01/2010 - 03/31/2010 under Appropriation 75X0512 Centers for Medicare & Medicaid Services.

<b>Medical Assistance Payments</b>	<b>\$(1,359,766)</b>
<b>Medicaid State Children's Health Insurance Program Payments</b>	<b>\$0</b>
<b>Administration Payments</b>	<b>\$0</b>
<b>Total Grant Awards</b>	<b>\$(1,359,766)</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. 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.

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,

*Deborah Chelue*  
Director,  
Division of Financial Operations

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 type="checkbox"/>	4TH <input checked="" type="checkbox"/>

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

1. ADJUSTMENTS FOR  
QUARTER ENDED MARCH 31, 2010
- 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	\$
0	0	0
0	0	0
0	0	0
A. (1,359,766)	A. 0	0
B. (1,359,766)	0	\$ 0

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. (1,359,766)

DATE APPROVED MAR 1 2011  
INTERNAL TRANSMITTAL NO. 410

COMPUTATION PREPARED BY Senita North  
COMPUTATION REVIEWED BY Debra Platt

## ACCOUNTING DATA

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2010

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

## CENTRAL REGISTRY SYSTEM

ENTITY IDENTIFICATION NUMBER (CRS/EIN)	157-600-0286-Z3
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[illegible]

**TOTAL AMOUNT TO BE CERTIFIED**  
**\*CURRENT QUARTER FUNDING**

(1,359,766)

MAY - 1 2011

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2010

A. (\$1,359,766) represents a decreasing adjustment to the XIX-MAP expenditures, which inadvertently included the QI-ARRA expenditures as part of the FY 2010 Q.E. 3/31/2010 expenditure finalization grant . A separate grant award will be issued to finalize the QI-ARRA expenditures .

B. See Attachments 1 and 2.

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

MAR -- 1 2011

VERIFICATION OF GRANT AWARD FUNDING  
 Medical Assistance Payments (MAP)

*MAP - 1*  
 2017

QUARTER/FISCAL YEAR:

FOURTH/2010

STATE: SOUTH CAROLINA

	FY And Prior	FY 2007	FY 2008	FY 2009	FY 2010	Total
CMS-64 Summary						
Line 6	\$		\$		\$ 973,130,379	\$ 973,130,379
Line 7				0	0	0
Line 8				0	0	0
Line 9				0	(47,494,716)	(47,494,716)
Line 10 A. & B.				0	0	0
Line 10 C.				0	(380,600)	(380,600)
Line 10 D.				0	0	0
Net Expenditures	\$ 0	\$ 0	\$ 0	\$ 0	\$ 925,255,063	\$ 925,255,063
Less:						
Waivers						0
M-CHIP	0		0		21,046,732	21,046,732
QI ARRA					1,359,766	1,359,766
Net MAP Expenditures	\$ 0	\$ 0	\$ 0	\$ 0	\$ 902,848,565	\$ 946,301,795
Adjustments						
Transfers						0
Deferrals						0
Disallowances						0
Subtotal	\$ 0	\$ 0	\$ 0	\$ 0	\$ 902,848,565	\$ 902,848,565
Other						
Global Settlements					0	0
Civil Monetary Penalties					1,501,919	1,501,919
Interest on Disallowances						0
Drug Rebate					(1,377)	(1,377)
Part B Offset						0
Part B Interest						0
Adjusted Funding	\$ 0	\$ 0	\$ 0	\$ 0	\$ 904,349,107	\$ 904,349,107
Less: Federal Advances					867,195,000	867,195,000
Total Funding	\$ 0	\$ 0	\$ 0	\$ 0	\$ 37,154,107	\$ 37,154,107
Less: Previous total Funding	0	0	0	0	38,513,873	38,513,873
Adjustment to Previous Grant	0	\$ 0	\$ 0	\$ 0	\$ (1,359,766)	\$ (1,359,766)

VERIFICATION OF GRANT AWARD FUNDING  
Qualifying Individuals Program (QI) Medical Assistance Payments (MAP)  
Funding - Title XIX under ARRA, Section 5005

STATE: SOUTH CAROLINA

MAR - 1 2017

QUARTER/FISCAL YEAR: FOURTH/2010

CMS-64 Summary	Qtr	2	Qtr	3	Qtr	4	Total
Line 6	\$	1,359,766	\$		\$	1,359,766	
Line 7						0	0
Line 8						0	0
Line 9						0	0
Line 10 A. & B.						0	0
Line 10 C.						0	0
Line 10 D.						0	0
Net Expenditures		1,359,766	\$	0	\$	1,359,766	
Less:							0
		0					0
Net MAP Expenditures	\$	1,359,766	\$	0	\$	1,359,766	
Adjustments							
Transfers							0
Line 10 Adjustments							0
							0
							0
							0
							0
Subtotal	\$	1,359,766	\$	0	\$	1,359,766	
Interest on							0
							0
							0
							0
Adjusted Funding	\$	1,359,766	\$	0	\$	1,359,766	
Less: Federal Advances							0
Total Funding	\$	1,359,766	\$	0	\$	1,359,766	