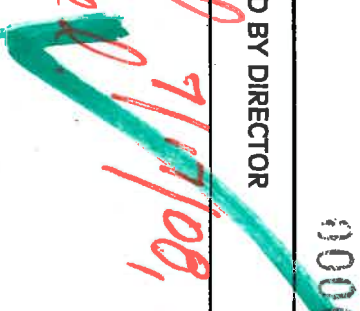


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>7-16-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000033</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 7/17/08, with attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-28-08</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input 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.			



**RECEIVED**

JUL 16 2008

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

*State of South Carolina*  
**Office of the Lieutenant Governor**

**André Bauer**  
Lieutenant Governor

July 15, 2008

**Office on Aging**  
Tony Kester  
Interim Director

Dr. Emma Forkner, Director  
S.C. Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202

Dear Dr. Forkner:

In reference to Grant **SYT0609**:

The Lieutenant Governor's Office on Aging, through a Grant Award from the Centers for Medicare and Medicaid Services (CMS), is issuing a continuation grant to the South Carolina Department of Health and Human Services. The close association of the staff in the Bureau of Community Long Term Care and the Lieutenant Governor's Office on Aging advances the concept of the Aging and Disabilities Resources Center. Without this effective service coordination the objectives of the grant would not be achieved. The enclosed Notification of Grant award for the period July 1, 2008 through June 30, 2009 provides support for these efforts. Also enclosed is the payment request to be used to draw grant funds.

The enclosed Notification of Grant Award shows the cumulative distribution of grant funds to DHHS. Two copies of the Notification of Grant Award are enclosed. Please sign both copies and return one to the Office on Aging to my attention. If you have any questions about this document please contact Deborah Mc Pherson at 734-9868.

We look forward to continuing this collaborative partnership to truly transform systems that serve the frail and vulnerable populations in South Carolina.

Sincerely,

*Joanne Metrick*  
Joanne Metrick  
Senior Consultant

Enclosure

**LIEUTENANT GOVERNOR'S OFFICE ON AGING**  
**1301 Gervais Street, Suite 200 - Columbia, South Carolina 29201**  
**NOTIFICATION OF GRANT AWARD**

<b>Grantee Name and Address</b>  Dr. Emma Forkner, Director S. C. Department of Health and Human Services Post Office Box 8206 Columbia, South Carolina 29606	<b>Grant Period</b> Oct 1, 2005 to June 30, 2008  <b>LGOA Grant Log Number</b> SYT0609
--	--

Status of Grant		
New X	Amendment #	Revision #

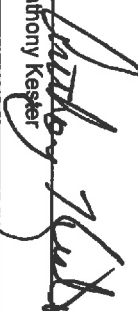
This award is a no cost extension of previous awards

<b>Federal Employer ID Number</b>  J02	<b>Reviewed and Approved By LGOA</b>  Finance Manager  Program Manager
--	---

		SYSTEMS TRANSFORMATION GRANT				
FISCAL CODES	BUDGET CATEGORY	TOTAL AWARD	SCLGOA STATE	SCLGOA OTHER	DHHS MATCH	FEDERAL
4B992	Systems Transformation Grant - CMS 10/1/2005 to 9/30/2010	\$0			\$0	\$0
	SFY 06	\$47,368			\$2,368	\$45,000
	SFY07	\$128,800			\$6,440	\$122,360
	SFY08	\$152,949			\$7,647	\$145,302
	TOTALS	\$329,118	\$0	\$0	\$16,456	\$312,662

	<b>Award Includes:</b>	
	SFY06	\$47,368
	SFY07	\$128,800
	SFY08	\$152,950
	SFY09	\$0
	SFY10	
	<b>Total of 4 Awards</b>	<b>\$329,118</b>

This signature certifies that the funds awarded are available to the Area Agency for the activities related to the System Transformation Grant from CMS.

Approved By   
Anthony Kesler

Title Interim Director

Date July 3, 2008

This signature certifies that the assurances and conditions on the reverse side are understood and accepted by the grantee as part of this award.

Approved By

Title

Date

**LIEUTENANT GOVERNOR'S OFFICE ON AGING**  
**1301 Gervais Street, Suite 200 - Columbia, South Carolina 29201**  
**NOTIFICATION OF GRANT AWARD**

**Grantee Name and Address**  
 Dr. Emma Forkner, Director  
 S.C. Department of Health and Human Services  
 Post Office Box 8206  
 Columbia, South Carolina 29606

**Grant Period** Oct 1, 2005 to June 30, 2009  
**LGQA Grant Log Number** SYT0609

**Status of Grant**  
 New ☒ Amendment # Revision #  
 This award is a no cost extension of previous awards

**Federal Employer ID Number**  
 J02

**Reviewed and Approved By LGQA**  
 Finance Manager *AS* Program Manager

FISCAL CODES		BUDGET CATEGORY		TOTAL AWARD		SCLGOA STATE	SCLGOA OTHER	DHHS MATCH	FEDERAL
4B992	Systems Transformation Grant - CMS 10/1/2005 to 9/30/2010				\$0			\$0	\$0
	SFY 06			\$47,368				\$2,368	\$45,000
	SFY07			\$128,800				\$6,440	\$122,360
	SFY08			\$152,949				\$7,647	\$145,302
	<b>TOTALS</b>			<b>\$329,118</b>		<b>\$0</b>	<b>\$0</b>	<b>\$16,456</b>	<b>\$312,662</b>

Award Includes:		Award Includes:	
	SFY06		\$47,368
	SFY07		\$128,800
	SFY08		\$152,950
	SFY09		\$0
	SFY10		
	<b>Total of 4 Awards</b>		<b>\$329,118</b>

This signature certifies that the funds awarded are available to the Area Agency for the activities related to the System Transformation Grant from CMS.

This signature certifies that the assurances and conditions on the reverse side are understood and accepted by the grantee as part of this award.

Approved By *Anthony Kester*  
 Title Interim Director  
 Date July 3, 2008

Approved By  
 Title  
 Date

## South Carolina Lieutenant Governor - Office on Aging

Agency Name:	S.C. Department of Health and Human Services		
LGOA GRANT Number:	SYT0609		
Grant Period:	October 1, 2005 to June 30, 2009		
Final -	Circle One	YES	NO
Payment #:			
Payment Period:			
Payment Request Prepared by:			Phone:

		SYSTEM TRANSFORMATION GRANT				
PCA			SFY '06 *	SFY '07 *	SFY '08	SFY '09
4B992						
	A	Current Grant Award	\$47,368.00	\$128,800.00	\$152,950.00	\$0.00
	A-1	CarryForward '06, '07 and '08		\$47,368.00	\$149,698.16	\$302,648.16
	B	Actual Expenses Year To Date	\$0.00	\$26,469.84	\$0.00	\$0.00
	C	Prior Funds Requested Year to Date	\$0.00	\$26,469.84	\$0.00	\$0.00
	D	Reimbursement Needed (B) - (C)	\$0.00	\$0.00	\$0.00	\$0.00
	E	Federal Share Requested (D) *0.95	\$0.00	\$0.00	\$0.00	\$0.00
	F	Local Share Required (D) * 0.05	\$0.00	\$0.00	\$0.00	\$0.00
G	Year to Date Award Balance (A+A1)-(C)-(D)	\$47,368.00	\$149,698.16	\$302,648.16	\$302,648.16	
	TOTAL TO BE PAID (E)		\$0.00	\$0.00	\$0.00	\$0.00

\* Phase '07 grant funds will be used for payment before drawing any Phase '08 grant funds.

*Under the penalties for perjury under State Law, I certify that this report is accurate and complete to the best of my knowledge and belief.*

<b>Signature:</b>	
<b>Title:</b>	
<b>Date:</b>	
<b>Telephone Number:</b>	

## South Carolina Lieutenant Governor - Office on Aging

<b>Agency Name:</b>	S.C. Department of Health and Human Services		
<b>LGOA GRANT Number:</b>	SYT0609		
<b>Grant Period:</b>	October 1, 2005 to June 30, 2009		
<b>Final -</b>	Circle One	YES	NO
<b>Payment #:</b>			
<b>Payment Period:</b>			
<b>Payment Request Prepared by:</b>			<b>Phone:</b>

		SYSTEM TRANSFORMATION GRANT				
PCA		SFY '06 *	SFY '07 *	SFY '08	SFY '09	
4B992						
	A	Current Grant Award	\$47,368.00	\$128,800.00	\$152,950.00	\$0.00
	A-1	CarryForward '06, '07 and '08		\$47,368.00	\$149,698.16	\$302,648.16
	B	Actual Expenses Year To Date	\$0.00	\$26,469.84	\$0.00	\$0.00
	C	Prior Funds Requested Year to Date	\$0.00	\$26,469.84	\$0.00	\$0.00
	D	Reimbursement Needed (B) - (C)	\$0.00	\$0.00	\$0.00	\$0.00
	E	Federal Share Requested (D) *0.95	\$0.00	\$0.00	\$0.00	\$0.00
	F	Local Share Required (D) * 0.05	\$0.00	\$0.00	\$0.00	\$0.00
G	Year to Date Award Balance (A+A1)-(C)-(D)	\$47,368.00	\$149,698.16	\$302,648.16	\$302,648.16	
	TOTAL TO BE PAID (E)		\$0.00	\$0.00	\$0.00	

\* Phase '07 grant funds will be used for payment before drawing any Phase '08 grant funds.

*Under the penalties for perjury under State Law, I certify that this report is accurate and complete to the best of my knowledge and belief.*

<b>Signature:</b>	
<b>Title:</b>	
<b>Date:</b>	
<b>Telephone Number:</b>	

Box #033 ✓



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

July 17, 2008

Ms. Joanne Metrick, Senior Consultant  
Office on Aging  
1301 Gervais Street, Suite 200  
Columbia, South Carolina 29201

RE: Grant SYT0609

Dear Ms. Metrick:

Enclosed is a signed copy of the Notification of Grant Award showing that the South Carolina Department of Health and Human Services is identified as a partner along with the Office on Aging in the Systems Transformation effort funded by the Grant. The Notification of Grant Award is for the period July 1, 2008 through June 30, 2009. We retained one of the copies that Anthony Kester, Interim Director, had signed.

If we can be of further assistance, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "William L. Wells".

William L. Wells, CPA  
Deputy Director

WLW/efh

Enclosure