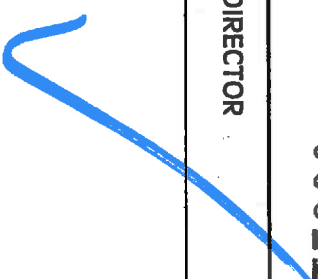


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>7-27-06</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000117</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ries</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> 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

Center for Medicaid and State Operations
Finance, Systems, and Budget Group
7500 Security Boulevard
Baltimore, MD 21244

Mr. Robert M Kerr
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202-8206

RECEIVED

JUL 27 2006

JUL 21 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR
SEE FUNDING RESTRICTION

ATTACHMENT

Dear Sir or Madam:

The grant award listed below has been approved for the period 07/01/2006 - 09/30/2006 under the State Children's Health Insurance Program, Appropriation No. 7560515.

**S tate Children's Health Insurance Program
Payments**

\$55,545,268

The above listed grant award provides Federal funds for expenditures made in accordance with your State child health plan approved under Title XXI of the Social Security Act. Computation of the award is shown on the enclosed statement.

With the acceptance of this award, you agree to comply with the requirements of the Cash Management Improvement Act (CMIA) of 1990 as codified in 31CFR Part 205 and with the requirements of 45 CFR Part 92.

Any questions you may have in connection with this 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 (PSC). 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,


Director,
Division of Financial Management

Enclosures 4
CMS HCFA-1517(7-90)

COMPUTATION OF AMOUNTS FOR STATE CHILDREN'S
HEALTH INSURANCE PAYMENT GRANTS UNDER TITLE XXI
OF THE SOCIAL SECURITY ACT

STATE	South Carolina			
FISCAL YEAR	2 0 0 6			
QUARTER	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input checked="" type="checkbox"/>

1. ADJUSTMENTS FOR
FISCAL YEAR 2006 ALLOTMENT
- A. ACTUAL FEDERAL SHARE OF
EXPENDITURES.....
- B. ESTIMATED FEDERAL SHARE OF
EXPENDITURES PREVIOUSLY FUNDED....
- C. DIFFERENCE.....
- D. NET ADJUSTMENTS APPLICABLE TO
PRIOR PERIODS.....

STATE CHILDREN'S HEALTH INSURANCE PAYMENTS	
\$	
A.	
B.	55,545,268
\$C.	55,545,268

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING OCTOBER 1, 2005
THRU SEPTEMBER 30, 2006
3. NET AMOUNT TO BE CERTIFIED.....

TOTAL AMOUNT TO BE CERTIFIED.....
DATE APPROVED JUL 21 2006 COMPUTATION CHECKED BY *kuhl*
INTERNAL TRANSMITTAL NO. Q-03

WV

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

QUARTER/FISCAL YEAR Fourth/2006

1

JUL 21 2006
157-600-0286-Z3

[illegible]

55,545,268

* CURRENT QUARTER FUNDING

FOOTNOTES

STATE South Carolina QUARTER/FISCAL YEAR Fourth/2006

- A. Adjustments to State Childrens Health Insurance payments for the fiscal year 2006 allotment are not included in the grant computation. These adjustments will be included in a supplemental 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.

This grant may include funding that relates to a state plan amendment submitted by the state, but not yet approved by the Centers For Medicare and Medicaid Services (CMS). If the pending plan amendment is not subsequently approved with an effective date covering the funding included in this grant award, that funding is subject to recovery by CMS.

CALCULATION OF INITIAL AWARD

STATE: South Carolina

QUARTER/FISCAL YEAR: Fourth/2006

Secretary's Estimate of Funding
Need for the Quarter

STATE
CHILDREN'S HEALTH
INSURANCE
PAYMENTS

\$ 55,545,268

Less:

Attachment _____

XXXXXXXXXXXXXXXXXX

Attachment _____

XXXXXXXXXXXXXXXXXX

Attachment _____

Attachment _____

Attachment _____

Attachment _____

FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 55,545,268

Estimate previously funded for
the quarter

0

Net Amount of Funding

\$ 55,545,268