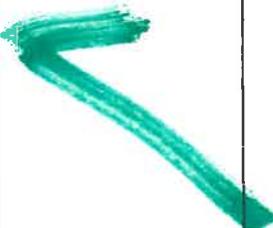


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Wells</i>	<b>DATE</b> <i>12-29-08</i>
---------------------------	--------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>100342</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

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

7500 Security Boulevard  
Baltimore, MD 21244

**RECEIVED**

DEC 29 2008

Robert M. Kerr  
Executive Director  
Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 292028206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant awards listed below have been approved for the period 01/01/2009 - 03/31/2009 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>\$748,514,000</b>
<b>Medicaid State Children's Health Insurance Program Payments</b>	<b>\$0</b>
<b>Administration Payments</b>	<b>\$22,261,000</b>
<b>Total Grant Awards</b>	<b>\$770,775,000</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. 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 (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,

Director,  
Division of Financial Operations

FORM CMS-L151  
SUPPORTING SCHEDULES

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

JAN 1 2009

FUNDING RESTRICTIONS

THIS AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING  
JANUARY 1, 2009 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER  
THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL JANUARY 1, 2009.

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

STATE	SOUTH CAROLINA			
FISCAL YEAR	2	0	0	9
QUARTER	1ST <input type="checkbox"/>	2ND <input checked="" type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input type="checkbox"/>

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, 2008			
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	B. 0	A. 0
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING JANUARY 1, 2009	B. 748,514,000		B. 22,261,000
3. NET AMOUNT TO BE CERTIFIED.....	\$ 748,514,000	0	\$ 22,261,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 770,775,000

DATE APPROVED

JAN 1 2009

COMPUTATION CHECKED BY

*Jennifer P. Korch*

INTERNAL TRANSMITTAL NO.

2

*ms*



FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2009

JAN 1 2009

A. Adjustments to Medical Assistance Payments and Administration for the quarter ended September 30, 2008 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.

CALCULATION OF INITIAL AWARD

STATE:  SOUTH CAROLINA

QUARTER/FISCAL YEAR:

SECOND/2009

JAN 1 2009

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 748,514,000	\$ 0	\$ 22,261,000

Less:

SPR Penalty, Attachment _____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	_____
MEQC Penalty, Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset Attachment _____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	_____
Part A (Buy-In) Premiums Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX

<b>FUNDING ADJUSTMENT</b>	_____	_____	_____
Adjusted funding for the quarter	\$ 748,514,000	\$ 0	\$ 22,261,000
Amount Previously Funded	_____	_____	_____
Net Amount of Funding	\$ 748,514,000	\$ 0	\$ 22,261,000