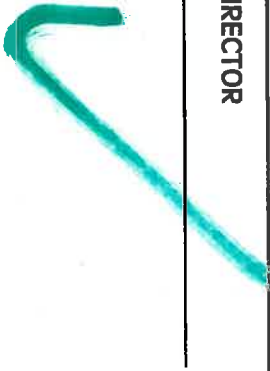


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>1-15-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000357</i>		<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR 		<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

7500 Security Boulevard
Baltimore, MD 21244

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

RECEIVED

JAN 14 2008

JAN - 1 2008

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 01/01/2008 - 03/31/2008 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

Medical Assistance Payments	\$720,369,000
Medicaid State Children's Health Insurance Program Payments	\$0
Administration Payments	\$18,968,000
Total Grant Awards	\$739,337,000

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,

Alan Berg
Director,
Division of Financial Operations

FORM CMS-L151
SUPPORTING SCHEDULES

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

JAN - 1 2008

FUNDING RESTRICTIONS

THIS GRANT AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING JANUARY 1, 2008 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL JANUARY 1, 2008.

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

STATE	South Carolina			
FISCAL YEAR	2	0	0	8
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

1. ADJUSTMENTS FOR
QUARTER ENDED September 30, 2007
- 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

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING January 1, 2008

A.	0	A.	0	A.	0
B.	720,369,000	B.	0	B.	18,968,000

3. NET AMOUNT TO BE CERTIFIED.....

\$	720,369,000	0	\$	18,968,000
----	-------------	---	----	------------

TOTAL AMOUNT TO BE CERTIFIED.....

DATE APPROVED JAN - 1 2008

INTERNAL TRANSMITTAL NO. 1

COMPUTATION CHECKED BY

\$C. 739,337,000

FOOTNOTES

STATE South Carolina QUARTER/FISCAL YEAR Second/2008

- A. Adjustments to Medical Assistance Payments and Administration for the quarter ended September 30, 2007 are not included in this 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.

JAN -- 1 2008

CALCULATION OF INITIAL AWARD

STATE: South Carolina

QUARTER/FISCAL YEAR: JAN - 1 2008

Second/2008

Secretary's Estimate of Funding
Need for the Quarter

MEDICAL ASSISTANCE
PAYMENTS
\$ 720,369,000

M-SCHIP
PAYMENTS
\$ 0

ADMINISTRATION
PAYMENTS
\$ 18,968,000

Less:

SPR Penalty,
Attachment _____

XXXXXXXXXXXXXXXXXXXX

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 _____

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Part B (Buy-In) Premiums
Attachment _____

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Part A Interest
Attachment _____

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Part B Interest
Attachment _____

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Adjusted funding for the quarter

\$ 720,369,000

\$ 0

\$ 18,968,000

Amount Previously Funded

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Net Amount of Funding

\$ 720,369,000

\$ 0

\$ 18,968,000