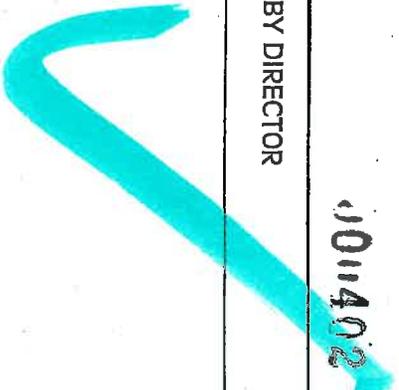


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011402</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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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

RECEIVED

MAR 10 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MAR 04 2011

Mr. Anthony E. Keck
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Dear Sir or Madam:
SUPPLEMENTAL

The grant award listed below has been approved for the period 01/01/2010 - 09/30/2010 representing Federal funding for allowable Medicaid expenditures incurred by your State during the period for the Qualifying Individual Program under Appropriation No. 75X0518.

Qualifying Individual (QI) Program Payment

\$(1,529,018)

This grant award represents funding authorized under the provisions of section 1933(g) of the Social Security Act, as amended by section 5005 of the American Recovery and Reinvestment Act of 2009 (ARRA, Public Law 111-5, enacted on February 17, 2009) for the purpose of providing an extension of the total amount available for allocation for the Federal fiscal year (FY) 2010 ending September 30, 2010 for the QI program.

The funds included in this grant award reflect the portion of QI allotment for FY 2010 for your State that is funded under the provision of ARRA, as determined in accordance with the methodology set forth in existing regulations at 42 CFR \$433.10(c)(5), as amended in the Federal Register published on November 24, 2008 (73 FR 70893).

These funds are provided in advance of, and subject to adjustment, if any, based on the publication in the Federal Register by the Secretary of the Department of Health and Human Services.

With the acceptance of this award, 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), Part 92, Title 45, Code of Federal Regulations implements these circulars for this Department.

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 Operations

STATE: SOUTH CAROLINA

FISCAL YEAR 2 0 1 1

QUARTER 1ST 2ND 3RD 4TH

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

QUALIFYING INDIVIDUAL PROGRAM
PAYMENTS
QI - ARRA SEC. 5005

1. ADJUSTMENTS FOR QUARTER ENDED
- A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....
- B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....
- C. DIFFERENCE.....
- D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....

\$A.	5,896,014
B.	7,425,032
	(\$1,529,018)
\$C.	(\$1,529,018)

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING: JANUARY 1, 2010 - SEPTEMBER 30, 2010
3. NET AMOUNT TO BE CERTIFIED.....
- DATE APPROVED MAR 04 2011
- INTERNAL TRANSMITTAL NO. 9-1

COMPUTATION PREPARED BY: Jennifer Nolsch

COMPUTATION REVIEWED BY: [Signature]

Footnotes

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2011

MAR 04 2011

SECTION 5005 – Medicaid Qualifying Individual Program Payments Implementation Funding

- A. \$ 5,896,014 represents the expenditure amounts reported for the Qualifying Individual (QI) as reported on the FY 2010 quarterly expenditure reports as reflected on the certified second, third and fourth quarters expenditure reports. This funding is provided due to the American Recovery and Reinvestment Act of 2009 (ARRA).
- B. \$ 7,425,032 represents the total of your previous grant authorization to your QI10 PMS subaccount..
- C. \$ (1,529,018) represents the total adjustment to decrease the previous authorization in your QI10 subaccount as shown in footnote B \$ 7,425,032 to the level of your QI expenditures as referenced in footnote A \$ 5,896,014.

Refer any questions you have on the above to your Regional Office contact.