

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>3-4-10</i>
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<b>DIRECTOR'S USE ONLY</b>  1. LOG NUMBER <p style="text-align: center;"><i>100973</i></p> 2. DATE SIGNED BY DIRECTOR <p style="text-align: center;"><i>cc: Mrs. Forner, Depp</i></p>	<b>ACTION REQUESTED</b>  <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____  <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input checked="" type="checkbox"/> Necessary Action
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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

7500 Security Boulevard  
Baltimore, MD 21244

Ms. Emma Forkner  
Executive Director  
Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

MAR 04 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MAR 01 2010

Dear Sir or Madam:  
SUPPLEMENTAL

The grant awards listed below have been approved for the period 01/01/2010 - 03/31/2010 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>\$(42,192,000)</b>
<b>Medicaid State Children's Health Insurance Program Payments</b>	<b>\$0</b>
<b>Administration Payments</b>	<b>\$0</b>
<b>Total Grant Awards</b>	<b>\$(42,192,000)</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. The amount of this grant award does not include the additional amount of funds associated with the increased FMAP determined under ARRA only for the expenditures for which the increased FMAP is available. These funds will be provided to you in a separate grant award. 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. Please reference your grant award accounting and footnote sheets for details regarding your Medicaid funds identification number, common accounting number, document number, and subaccount information that are subject to change periodically.

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

STATE **SOUTH CAROLINA**

FISCAL YEAR **2010**

QUARTER  1ST  2ND  3RD  4TH

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	\$	\$	\$
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....	0	0	0
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....			
C. DIFFERENCE.....	0	0	0
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....			
E. COLLECTIONS.....			
F. OTHER.....			
G. TOTAL ADJUSTMENTS.....			
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING: <u>JANUARY 1, 2010</u>	A. (42,192,000)		\$ 0
3. NET AMOUNT TO BE CERTIFIED.....	\$ (42,192,000)	\$ 0	\$ 0

TOTAL AMOUNT TO BE CERTIFIED.....

\$ B. (42,192,000)

DATE APPROVED

MAR 01 2010

COMPUTATION CHECKED BY

INTERNAL TRANSMITTAL NO.

22

*Seana N. Noyes*  
*Ann*



FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

- A. The estimate of expenditures for the SECOND quarter Fiscal Year 2010 has been changed from \$909,387,000 to \$867,195,000 for Medical Assistance Payments. This action restores the cut for an unapproved SPA that was subsequently approved. See attachment 1.
- B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

MAR 01 2010

CALCULATION OF SUPPLEMENTAL AWARD

STATE:  SOUTH CAROLINA  QUARTER/FISCAL YEAR:  SECOND/2010

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding	\$ 867,195,000	\$ 0	\$
Need for the Quarter			
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	0	0	0
Adjusted funding for the quarter	\$ 867,195,000	\$ 0	\$ 0
Estimate previously funded for the quarter	(909,387,000)	0	0
Net Amount of Funding	\$ (42,192,000)	\$ 0	\$ 0

MAR 01 2010