


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>4-1-09</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100546</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Farkner</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> 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

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

**RECEIVED**

MAR 23 2009

APR 01 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Sir or Madam:  
SUPPLEMENTAL

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.

Medical Assistance Payments	\$28,538,000
Medicaid State Children's Health Insurance Program Payments	\$0
Administration Payments	\$0
Total Grant Awards	\$28,538,000

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. 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.

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

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

STATE **SOUTH CAROLINA**

FISCAL YEAR **2009**

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

QUARTER ☐ 1ST ☒ 2ND ☐ 3RD ☐ 4TH

	MEDICAL ASSISTANCE PAYMENTS	M-CHIP 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.....  
D. NET ADJUSTMENTS APPLICABLE TO  
PRIOR PERIODS.....

0	0	0
---	---	---

E. COLLECTIONS.....

--	--	--

F. OTHER.....

--	--	--

G. TOTAL ADJUSTMENTS.....

--	--	--

2. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES FOR QUARTER  
BEGINNING: **JANUARY 1, 2009**

A. 28,538,000		\$ 0
---------------	--	------

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

\$ 28,538,000	\$ 0	\$ 0
---------------	------	------

TOTAL AMOUNT TO BE CERTIFIED.....

\$ B. 28,538,000

DATE APPROVED **MAR 23 2009** COMPUTATION CHECKED BY  
INTERNAL TRANSMITTAL NO. **42**

*Jennifer North*  
*Over the*

**SECOND/2009**

MAR 2 3 2009

**1-57-600-0286-73**

[illegible]

**28,538,000**

\* CURRENT QUARTER FUNDING

CALCULATION OF SUPPLEMENTAL AWARD

STATE: **SOUTH CAROLINA**

QUARTER/FISCAL YEAR: **MAR 23 2009**  
**SECOND/2009**

	MEDICAL ASSISTANCE PAYMENTS	M-CHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 812,770,000	\$ 0	\$
Less:			
SPR Penalty, Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
MEQC Penalty, Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
Part A (Buy-In) Premiums Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
FUNDING ADJUSTMENT	0	0	0
Adjusted funding for the quarter	\$ 812,770,000	\$ 0	\$ 0
Estimate previously funded for the quarter	(784,232,000)	0	0
Net Amount of Funding	\$ 28,538,000	\$ 0	\$ 0