

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------|------------------------|
| TO <i>Wells</i> | DATE <i>4-13-10</i> |
|--------------------|------------------------|

| | | | |
|---|---|-------------------------|--|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER <i>000418</i> | <input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____ | | |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Ms Fortney, Deps, CMS File</i> | <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 21244-1850

RECEIVED

APR - 9 2010

APR 13 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner
Executive Director
South Carolina State Health and
Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner:

This grant award has been approved under appropriation 75X0512, "Grants to States for Medicaid." Any funds unused during this period may be carried forward and used in the subsequent period(s).

| <u>Activity</u> | <u>Period</u> | <u>Amount</u> |
|---------------------|-------------------------|---------------|
| State Certification | April 1 – June 30, 2010 | \$192,992 |

In accordance with your State plan under Title XIX of the Social Security Act, the above award provides funds for the Federal share of expenditures for activities related to the survey and certification activities of long-term care facilities. Computation of the award as reflected on the enclosed statement was prepared in accordance with the Code of Federal Regulations, Title 42, Section 430.30 Grants.

With the acceptance of this award, you agree to be responsible for limiting the drawing of Federal funds to the actual time of disbursement and to submitting timely reports as required. Further, you agree that when Federal funds are advanced to secondary recipients, you will be responsible for effectively controlling their use of cash in compliance with the Federal requirements. Federal funds to meet the Federal share of current disbursing needs may be drawn by presentation of payment vouchers against the continuing letter-of-credit certified to the U.S. Treasury Department. Withdrawals of Federal funds are not to exceed the total award shown above. Under provisions of Treasury Department Circular No. 1075, failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked.

Page 2 – Dear Ms.Forkner:

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:

Acting Director, Division of Payment Management
P. O. Box 6021
Rockville, Maryland 20852-0605
Telephone Number (301) 443-1660

Any questions you may have in connection with this award should be referred to the Associate Regional Administrator, Division of Medicaid and State Operations, Centers for Medicare and Medicaid Services.

Sincerely yours,



David Escobedo
Director
Survey and Administrative Budget Staff

Enclosure

**COMPUTATION OF AMOUNT FOR STATE AGENCY SURVEY AND CERTIFICATION ACTIVITIES UNDER
AUTHORIZING LEGISLATION – TITLE XIX OF THE SOCIAL SECURITY ACT**

STATE South Carolina FISCAL YEAR 2010 Quarter 3rd
 Central Registry SystemNumber N132
 Entity Identification Number 1576000286Z3

1. Adjustments for quarter ending December 31, 2009
 - a. Actual federal share of expenditures \$356,659
 - b. Estimated federal share of expenditures \$818,848
 - c. Difference
 - + == actual exceeded estimate
 - == estimate exceeded actual
 - d. Net adjustments applicable to prior periods..... (\$262,189) 1/
 - e. Collections
 - f. Other
 - g. Total adjustments (\$262,189)
2. Estimated Federal share of expenditures for quarter beginning April 1, 2010 \$455,181
3. Amount Awarded \$192,992

| CAN | DOCUMENT NUMBER | APPROPRIATION | OBJECT CLASS | AMOUNT |
|----------|-----------------|---------------|--------------|-----------|
| 05983266 | 05-1005-SC-5001 | 75X0512 | 41.15 | \$192,992 |

* Actual Federal expenditures for Title XIX State certification activities may not exceed the estimated federal share without prior written approval from the Associate Regional Administrator, Division of Medicaid and State Operations.

1/ Reflects the use of unobligated funds from prior period as partial payment on current award.

Date approved _____ Computations checked by _____