

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>10-12-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000199	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Jacobs</i> 	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

FORM CMS-L151
SUPPORTING SCHEDULES

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

OCT - 1 2007

FUNDING RESTRICTIONS

THIS GRANT AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING OCTOBER 1, 2007 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL OCTOBER 1, 2007.

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

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

STATE	South Carolina			
FISCAL YEAR	2	0	0	8
QUARTER	1ST	2ND	3RD	4TH
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. ADJUSTMENTS FOR
QUARTER ENDED June 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
A.	0	0	0
B.	0	0	0
C.	0	0	0
D.	0	0	0
E.			
F.			
G.	A. 0	A. 0	A. 0
	B. 720,749,000	B. 0	B. 17,584,000
3. NET AMOUNT TO BE CERTIFIED.....	\$ 720,749,000	0	\$ 17,584,000

TOTAL AMOUNT ~~NOT~~ **CERTIFIED**.....

\$C. 738,333,000

DATE APPROVED _____ COMPUTATION CHECKED BY *[Signature]*

INTERNAL TRANSMITTAL NO. 2A

FOOTNOTES

STATE South Carolina

QUARTER/FISCAL YEAR First/2008

- A. Adjustments to Medical Assistance Payments and Administration for the quarter ended June 30, 2007 are not included in this grant computation. These adjustments will be included in a supplemental grant award.
- B. See attachment 1. **OCT - 1 2007**
- C. The funding authorized by this grant award is paid subject to any future financial management review or audit.

CALCULATION OF INITIAL AWARD

STATE: South Carolina

QUARTER/FISCAL YEAR:

OCT - 1 2007
 2008

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 720,749,000	\$ 0	\$ 17,584,000
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	_____	_____	_____
Adjusted funding for the quarter	\$ 720,749,000	\$ 0	\$ 17,584,000
Amount Previously Funded	_____	_____	_____
Net Amount of Funding	\$ 720,749,000	\$ 0	\$ 17,584,000