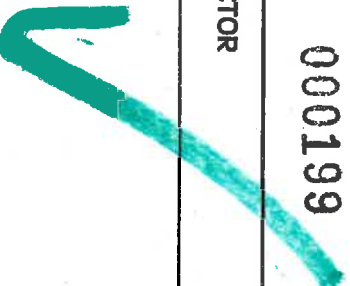


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Wells</i>	<i>10-12-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000199</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>CC: Jacobs</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

RECEIVED

Mr. Robert M. Kerr
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202-8206

OCT - 1 2007

OCT 1 2 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant awards listed below have been approved for the period 10/01/2007 - 12/31/2007 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	\$720,749,000
Medicaid State Children's Health Insurance	
Program Payments	\$0
Administration Payments	\$17,584,000
Total Grant Awards	\$738,333,000

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. 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,

Log: Wells
C: Jacobs
Charon Blythe
Director,
Division of Financial Operations

Enclosures 5
FORM CMS-1151(7-90)

Necker.

**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 <input checked="" type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <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	0	0
	0	0	0

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....

A.	0	A.	0	A.	0

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING October 1, 2007

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 ~~BEING~~ **CERTIFIED** **00000000**

\$C. 738,333,000

DATE APPROVED _____
INTERNAL TRANSMITTAL NO. 2A

COMPUTATION CHECKED BY

[Signature]
[Signature]

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

Secretary's Estimate of Funding
Need for the Quarter

MEDICAL ASSISTANCE
PAYMENTS
\$ 720,749,000

M-SCHIP
PAYMENTS
\$ 0

ADMINISTRATION
PAYMENTS
\$ 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