

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Hess</i>	DATE <i>10-30-11</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>1001594</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Deps, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

Center for Medicaid, CHIP, and Survey & Certification  
Financial Management Group  
7500 Security Boulevard  
Baltimore, MD 21244

Mr. Anthony E. Keck  
Executive Director  
Department of Health and Human Services  
P. O. Box 8206  
Columbia, S.C. 29202-8206

**RECEIVED**

JUN 30 2011

ATTACHMENT  
Dear Sir or Madam:

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

JUL - 1 2011

The grant award listed below has been approved for the period 10/1/10 - 9/30/12 under the Children's Health Insurance Program, Appropriation No. 7510515.

**Children's Health Insurance Program Payments**

**\$98,026,552**

The above listed grant award is from your State's Federal fiscal year (FY) 2011 allotment of Federal funds appropriated under title XXI of the Social Security Act (the Act) and in particular, as determined in accordance with the provisions of section 2104(m) of the Act. The amounts included in this grant award provided under your FY 2011 CHIP allotment are for the purpose of providing Federal funding for the allowable expenditures of your State described in and in accordance with section 2105 of the Act. Computation of the award is shown on the enclosed statement.

These funds are provided in advance of, and subject to adjustment, if any, based on the publication in the Federal Register by the Secretary of the Department of Health and Human Services of provisions to implement subsection 2104(m) of the Act.

With the acceptance of this award, you agree to comply with the requirements of the Cash Management Improvement Act (CMIA) of 1990 as codified in 31CFR Part 205 and with the requirements of 45 CFR Part 92.

Any questions you may have in connection with this 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 (PSC). The FY 2011 allotment funds are available in the CHIP 11 subaccount in PWS. Inquiries regarding payment should be directed to:

Director, Division of Payment Management  
Post Office Box 6021  
Rockville, Maryland 20852-0605

Telephone Number 1-877-614-5533

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,

*Deborah A. Alvord*  
Director,  
Division of Financial Operations

Enclosures 4  
CMS HCFA-151(7-90)

COMPUTATION OF AMOUNTS FOR CHILDREN'S  
HEALTH INSURANCE PAYMENT GRANTS UNDER  
TITLE XXI OF THE SOCIAL SECURITY ACT

STATE: SOUTH CAROLINA

FISCAL YEAR 2 0 1 1

QUARTER    1ST     2ND     3RD     4TH

1. ADJUSTMENTS FOR  
QUARTER ENDED

A. ACTUAL FEDERAL SHARE OF  
EXPENDITURES.....

B. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES PREVIOUSLY FUNDED....

C. DIFFERENCE.....

D. NET ADJUSTMENTS APPLICABLE TO  
PRIOR PERIODS.....

CHILDREN'S HEALTH INSURANCE PAYMENTS	\$
A.	98,026,552
B. \$	98,026,552

E. COLLECTIONS.....

F. OTHER.....

G. TOTAL ADJUSTMENTS.....

2. ESTIMATED FEDERAL SHARE OF  
EXPENDITURES FOR QUARTER  
BEGINNING OCTOBER 1, 2010  
THROUGH SEPTEMBER 30, 2012

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

TOTAL AMOUNT TO BE CERTIFIED.....

DATE APPROVED JUL - 1 2011 COMPUTATION PREPARED BY :

INTERNAL TRANSMITTAL NO. 0-1 COMPUTATION REVIEWED BY :

*Karen Compton*  
*Mike Hill*



FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2011

**JUL - 1 2011**

A. 98,026,552 represents your FY 2011 Children's Health Insurance Program (CHIP) allotment determined in accordance with subsection 2104(m) of the Social Security Act. The amount of this grant award is available for expenditure by your State for providing child health assistance, other health benefits coverage for populations eligible for such assistance, or benefits under your CHIP. The amounts of these expenditures are applied first against the other CHIP allotments available to you in FY 2011 (that is your unexpended FY 2010 allotment) before any amounts of your FY 2011 allotment represented by this grant award.

B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

Refer any questions you have on the above to your Regional Office contact or Jennifer O'Brien at the Central Office at 410-786-2013.

FORM CMS-152 (10/14/93) Supporting Schedule  
ATTACHMENT: 1

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

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

FOURTH/2011

CHILDREN'S HEALTH  
INSURANCE  
PAYMENTS

**JUL - 1 2011**

Secretary's Estimate of Funding  
Need for the Quarter

\$ 98,026,552

Less:

Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 98,026,552

Estimate previously funded

\_\_\_\_\_

Net Amount of Funding

\$ 98,026,552