


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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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100594</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Depd, CMS f.le</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
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 CHIP11 subaccount in PMS. 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)

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

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

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.....

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.....

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

TOTAL AMOUNT TO BE CERTIFIED.....

DATE APPROVED JUL - 1 2011 COMPUTATION PREPARED BY :

INTERNAL TRANSMITTAL NO. 0-1 COMPUTATION REVIEWED BY :

Karen Compton
Mike Mike

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.

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2011

Secretary's Estimate of Funding
Need for the Quarter

CHILDREN'S HEALTH
INSURANCE
PAYMENTS

JUL - 1 2011

\$ 98,026,552

Less:

Attachment

XXXXXXXXXXXXXXXXXXXX

Attachment

XXXXXXXXXXXXXXXXXXXX

Attachment

Attachment

Attachment

Attachment

FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 98,026,552

Estimate previously funded

Net Amount of Funding

\$ 98,026,552