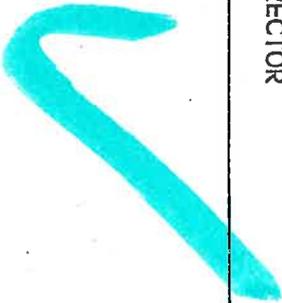


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>2/25/11</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1011375</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C. Keele</i> <i>Sikolen</i> <i>Jacobs.</i> 	<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

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

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

RECEIVED

FEB 25 2011

FEB 16 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir or Madam:
Supplemental

The grant award listed below has been approved for the period 10/01/08-09/30/10 under the State Children's Health Insurance Program, Appropriation No. 7590515.

Children's Health Insurance Program Payments

\$(65,753,000)

The above listed grant award provides Federal funds for expenditures made in accordance with your State child health plan approved under Title XXI of the Social Security Act. Computation of the award is shown on the enclosed statement.

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). 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,


Director,
Division of Financial Operations

Enclosures 3
CMS HCFA-151(7-90)

FOOTNOTES

STATE SOUTH CAROLINA

QUARTER/FISCAL YEAR Second/2011

- A. \$ 41,109,800 represents the expenditure amounts reported for the Children's Health Insurance Program (CHIP) under M-CHIP and CHIP as reported on the FY 2009 through FY 2010 quarterly expenditure reports as applied to available CHIP allotments and as reflected on the fourth quarter FY 2010 Form CMS-21C (certified as of November 30, 2010), in accordance with Section 2104 of the Social Security Act.
- B. \$ 106,862,800 represents the total of your previous grant authorization to your CHIP09 PMS subaccount and is equal to your previous FY 2009 CHIP allotment.
- C. \$ 65,753,000 represents the total adjustment to decrease the previous authorization in your CHIP09 subaccount as shown in footnote B \$ 106,862,800 to the level of your actual CHIP expenditures as referenced in footnote A \$ 41,109,800.

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.

FEB 16 2011