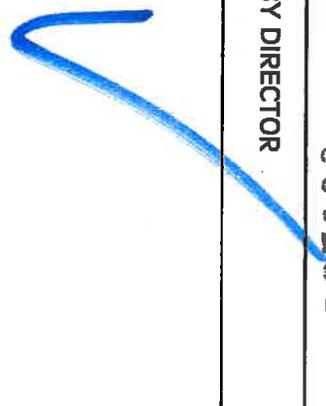


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8/3/06</i>
------------------------	---------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000134</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<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 AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATE	South Carolina			
FISCAL YEAR	2	0	0	6
QUARTER	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input checked="" type="checkbox"/>	4TH <input type="checkbox"/>

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

	MEDICAL ASSISTANCE PAYMENTS	DSH PAYMENTS	ADMINISTRATION PAYMENTS
1. ADJUSTMENTS FOR QUARTER ENDED December 31, 2005			
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....	0	0	0
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....		0	
C. DIFFERENCE.....	0	0	0
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....			
E. COLLECTIONS.....			
F. OTHER.....			
G. TOTAL ADJUSTMENTS.....	0	0	
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING April 1, 2006	0		A. 14,638
3. NET AMOUNT TO BE CERTIFIED.....	\$ 0		\$ 14,638

TOTAL AMOUNT TO BE CERTIFIED.....

\$B. 14,638

DATE APPROVED JUL 28 2006 COMPUTATION CHECKED BY *[Signature]*
INTERNAL TRANSMITTAL NO. 44 *[Signature]*

JUL 28 2006

FOOTNOTES

STATE South Carolina

QUARTER/FISCAL YEAR Third/2006

A. The estimate of expenditures for the third quarter fiscal year 2006 has been changed from \$25,604,362 to \$25,619,000 for Administration Payments. This is to return the amount of **\$14,638** that was inadvertently taken on a grant award dated June 29, 2006 for non-payment on TPL expenses. See attachment 1.

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

This grant award may include funding that relates to a state plan amendment submitted by the state, but not yet approved by the Centers For Medicare & Medicaid Services (CMS). If the pending plan amendment is not subsequently approved with an effective date covering the funding included in this grant award, that funding is subject to recovery by CMS.

JUL 28 2006

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

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

CALCULATION OF SUPPLEMENTAL AWARD

STATE: South Carolina

QUARTER/FISCAL YEAR:

Third/2006

	MEDICAL ASSISTANCE PAYMENTS	DSH ADJUSTMENTS PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 780,212,000	\$	\$ 25,619,000

Less:

SPR Penalty, Attachment _____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	_____
MEQC Penalty, Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset Attachment _____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	_____
Part A (Buy-In) Premiums Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment _____	_____	XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT	_____	_____	_____
Adjusted funding for the quarter	\$ 780,212,000	\$ 0	\$ 25,619,000
Estimate previously funded for the quarter	(780,212,000)	_____	(25,604,362)
Net Amount of Funding	\$ 0	\$ 0	\$ 14,638