

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mellis</i>	DATE <i>1-7-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;">000293</div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <div style="text-align: center; font-size: 1.5em;"> <i>cc: Ms. Forlmer, Depo, CMS files</i> </div>	<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.			

FORM CMS-L151
SUPPORTING SCHEDULES

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

JAN 0 1 2010

FUNDING RESTRICTIONS

THIS AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING
JANUARY 1, 2010 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER
THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL JANUARY 1, 2010.

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	1	0
QUARTER	<input type="checkbox"/> 1ST	<input checked="" type="checkbox"/> 2ND	<input type="checkbox"/> 3RD	<input type="checkbox"/> 4TH

1. ADJUSTMENTS FOR
QUARTER ENDED SEPTEMBER 30, 2009

- 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
A.	0	0	0
B.	0	0	0
C.	0	0	0
D.	0	0	0
E.			
F.			
G.	A. 0	A. 0	A. 0
	B. 909,387,000	B. 0	B. 21,439,000
3. NET AMOUNT TO BE CERTIFIED.....	\$ 909,387,000	0	\$ 21,439,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 930,826,000

DATE APPROVED JAN 01 2010 COMPUTATION CHECKED BY Tennie North
INTERNAL TRANSMITTAL NO. 2

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

JAN 0 1 2010

A. Adjustments to Medical Assistance Payments and Administration for the quarter ended September 30, 2009 are not included in the grant award.

B. See attachment 1.

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

New PMS subaccount and grant award document structure for Medicaid medical assistance payments and administration has been established in PMS beginning with FY 2010 and going forward. States should continue to draw FY2009 and prior period funds using the MP and MT subaccounts. Below please find first, the new PMS subaccount information for FY 2010 and second, your new State specific document numbers that will be found on the accounting sheet for FY 2010. Prior year subaccounts and document numbers remain unchanged.

<u>PROGRAM</u>	<u>PMS SUBACCOUNT</u>	<u>DOCUMENT NUMBER</u>
MAP	XIX-MAP10	1005SC5MAP
ADM	XIX-ADM10	1005SC5ADM

