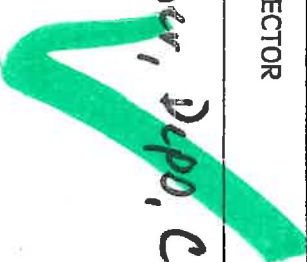


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hells</i>	DATE <i>1-7-10</i>
--------------------	---------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100293</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Forney, Depo, CMS files</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <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

7500 Security Boulevard
Baltimore, MD 21244

RECEIVED

JAN 07 2010

Ms. Emma Forkner
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JAN 01 2010

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant awards listed below have been approved for the period 01/01/2010 - 03/31/2010 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

Medical Assistance Payments	\$909,387,000
Medicaid State Children's Health Insurance Program Payments	\$0
Administration Payments	\$21,439,000
Total Grant Awards	\$930,826,000

The above listed grant awards provide Federal funds for expenditures made in accordance with your State plan approved under Title XIX of the Social Security Act. The amount of this grant award does not include the additional amount of funds associated with the increased FMAP determined under ARRA only for the expenditures for which the increased FMAP is available. These funds will be provided to you in a separate grant award. Computation of the awards is shown on the enclosed statement.

With the acceptance of these awards, you agree to be responsible for limiting the drawing of Federal funds so as to minimize Federal cash on hand in accordance with policies established in Treasury Circular 1075 (Revised) and procedures established by the Department of Health and Human Services. You also agree to submit timely reports as required. Withdrawals of Federal funds are not to exceed the individual programmatic grant awards shown above. You also are required to provide for effective control over the accountability for all Federal funds as stated in Office of Management and Budget Circular No. 1075 (Revised). Failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked. Part 82, Title 45, Code of Federal Regulations implements these circulars for this Department. Please reference your grant award accounting and footnote sheets for details regarding your Medicaid funds identification number, common accounting number, document number, and subaccount information that are subject to change periodically.

Any questions you may have in connection with the 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. 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,

Roberta Ashline
Director,
Division of Financial Operations

**FORM CMS-L151
SUPPORTING SCHEDULES**

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

JAN 01 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	1ST <input type="checkbox"/>	2ND <input checked="" type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input type="checkbox"/>

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-CHIP PAYMENTS	ADMINISTRATION PAYMENTS
\$	0	0	\$
	0	0	0
	0	0	0

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING JANUARY 1, 2010
3. NET AMOUNT TO BE CERTIFIED.....

A.	0	A.	0	A.	0
B.	909,387,000	B.	0	B.	21,439,000
\$	909,387,000		0	\$	21,439,000

TOTAL AMOUNT TO BE CERTIFIED.....\$C. 930,826,000

DATE APPROVED JAN 01 2010 COMPUTATION CHECKED BY Jennifer North

INTERNAL TRANSMITTAL NO. 2

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

☐ THIS AWARD IS FUNDED UNDER HHS SINGLE LETTER OF CREDIT NO. 75-08

JAN 01 2010

157-600-0286-Z3

[illegible]

TOTAL AMOUNT TO BE CERTIFIED
***CURRENT QUARTER FUNDING**

930,826,000

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: SECOND/2010

JAN 01 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

JAN 01 2010

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

SECOND/2010

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 909,387,000	\$ 0	\$ 21,439,000
Less:			
SPR Penalty, Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
MEQC Penalty, Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
Part A (Buy-In) Premiums Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B (Buy-In) Premiums Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part A Interest Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Part B Interest Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
FUNDING ADJUSTMENT			
Adjusted funding for the quarter	\$ 909,387,000	\$ 0	\$ 21,439,000
Amount Previously Funded			
Net Amount of Funding	\$ 909,387,000	\$ 0	\$ 21,439,000