


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

ACTION REFERRAL

TO	DATE
Wells	12-8-06

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000391	<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 & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

DEC 1 2006

DEC 08 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir or Madam:
SUPPLEMENTAL

The grant awards listed below have been approved for the period 10/01/2006 - 12/31/2006 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

**Medicaid State Children's Health Insurance
Program Payments**

Administration Payments

Total Grant Awards

\$0
\$3,000,000
\$3,000,000

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. 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 92, Title 45, Code of Federal Regulations implements these circulars for this Department.

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,

Ann Byler
Director,
Division of Financial Management

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

STATE	South Carolina			
FISCAL YEAR	2	0	0	7
QUARTER	1ST <input checked="" type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input type="checkbox"/>

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

1. ADJUSTMENTS FOR
QUARTER ENDED June 30, 2006
- 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
\$	0	0	\$
	0	0	0
	0	0	0
	0	0	0
A.	0	0	A. 3,000,000
\$	0	0	\$ 3,000,000

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING October 1, 2006

3. NET AMOUNT TO BE CERTIFIED.....

TOTAL AMOUNT TO BE CERTIFIED.....\$ 3,000,000

DATE APPROVED DEC 1 2006 COMPUTATION CHECKED BY [Signature]

INTERNAL TRANSMITTAL NO. 32 [Signature]

ACCOUNTING DATA

STATE	QUARTER/FISCAL YEAR
South Carolina	First/2007

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

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CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN)	
157-600-0286-Z3	

[illegible]

TOTAL AMOUNT TO BE CERTIFIED	3,000,000
*CURRENT QUARTER FUNDING	

FOOTNOTES

STATE South Carolina

QUARTER/FISCAL YEAR First/2007

DEC 1 2006

A. The estimate of expenditures for the first quarter fiscal year 2007 has been changed from \$16,873,000 to \$13,873,000 for Administrative Payments. See attachment 1.

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

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FORM CMS-1562 (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:

First/2007

	MEDICAL ASSISTANCE PAYMENTS	M-CHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ <u>732,491,000</u>	\$ <u></u>	\$ <u>16,873,000</u>

Less:

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

FUNDING ADJUSTMENT	<u></u>	<u></u>	<u></u>
Adjusted funding for the quarter	\$ <u>732,491,000</u>	\$ <u></u>	\$ <u>16,873,000</u>
Amount Previously Funded	<u>732,491,000</u>	<u></u>	<u>16,873,000</u>
Net Amount of Funding	\$ <u>0</u>	\$ <u></u>	\$ <u>3,000,000</u>