

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

**ACTION REFERRAL**

TO	DATE
<i>Wells</i>	<i>7-9-09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER  <i>.1011018</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Forkey, CMS, tk</i> 	<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

Center for Medicaid and State Operations  
Finance, Systems, and Quality 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



JUL 1 2009

JUL 09 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

SEE FUNDING RESTRICTION

ATTACHMENT  
Dear Sir or Madam:

The grant award listed below has been approved for the period 04/01/2009 - 09/30/2009 under the State Children's Health Insurance Program, Appropriation No. 7590515.

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

**\$106,862,800**

The above listed grant award is from your State's Federal fiscal year (FY) 2009 allotment of Federal funds appropriated under title XXI of the Social Security Act (the Act), as amended by title I of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA, Public Law 111-3, enacted on February 4, 2009), and determined in accordance with the provisions of section 2104(m) of the Act, as amended by CHIPRA. The amounts included in this grant award provided under your FY 2009 CHIP allotment are for the purpose of providing Federal funding for the allowable expenditures of your State described in and in accordance with section 2105 of the Act. Computation of the award is shown on the enclosed statement.

In accordance with section 3 of CHIPRA, the amount of the funds available from the CHIP allotment for your State for FY 2009, as represented by this grant award, was reduced by the amount of funds previously appropriated, allotted, and obligated before April 1, 2009 under section 2104(a)(11), 2104(k), and 2104(l) of the Act, as amended by section 201 of Public Law 110-173, to provide allotments to States under CHIP for fiscal year 2009.

These funds are provided in advance of, and subject to adjustment, if any, based on the publication in the Federal Register by the Secretary of the Department of Health and Human Services of provisions to implement subsection 2104(m) of the Act, as amended by the CHIPRA.

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 1-877-614-5533

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 Management

Enclosures 4  
CMS HCFA-1151(7-90)

COMPUTATION OF AMOUNTS FOR CHILDREN'S  
HEALTH INSURANCE PAYMENT GRANTS UNDER  
TITLE XXI OF THE SOCIAL SECURITY ACT

STATE: <u>SOUTH CAROLINA</u>
FISCAL YEAR <u>2 0 0 9</u>
QUARTER <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input checked="" type="checkbox"/> 4TH

1. ADJUSTMENTS FOR  
QUARTER ENDED

- A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....
- B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....
- C. DIFFERENCE.....
- D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....

	CHILDREN'S HEALTH INSURANCE PAYMENTS
	\$
A.	0
B.	106,862,800
C. \$	106,862,800

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
- 2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING APRIL 1, 2009 THROUGH SEPTEMBER 30, 2009
- 3. NET AMOUNT TO BE CERTIFIED.....

TOTAL AMOUNT TO BE CERTIFIED.....

DATE APPROVED JUL - 1 2009 COMPUTATION CHECKED BY *Semi-Pa Wolf*

INTERNAL TRANSMITTAL NO. *CA-2* *AW*



STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2009

- A. Adjustments to Children's Health Insurance Program Reauthorization Act (CHIPRA) will be finalized at a later date.
- B. See attachment 1.
- C. The funding authorized by this grant award is paid subject to any future financial management review or audit.

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

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

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

FOURTH/2009

Secretary's Estimate of Funding  
Need for the Quarter

CHILDREN'S HEALTH  
INSURANCE  
PAYMENTS

\$ 106,862,800

Less:

Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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Attachment \_\_\_\_\_

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FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 106,862,800

Estimate previously funded

\_\_\_\_\_

Net Amount of Funding

\$ 106,862,800