


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

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>4/30/09</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>100617</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Ci. Emma Jackson</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

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

APR 23 2009

Dear Sir or Madam:  
SUPPLEMENTAL

The grant awards listed below have been approved for the period 07/01/2008 - 09/30/2008 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

<b>Medical Assistance Payments</b>	<b>\$6,160,464</b>
<b>Medicaid State Children's Health Insurance Program Payments</b>	<b>\$0</b>
<b>Administration Payments</b>	<b>\$0</b>
<b>Total Grant Awards</b>	<b>\$6,160,464</b>

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 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 20862-0605

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,

*Robert A. Alvord*  
Director,  
Division of Financial Operations

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

MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
		\$

0	0	0
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0		0
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0	0
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MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
\$ 0		\$ 0
0		0
0		0
0		0
0		0
A. 6,160,464		0
B. 6,160,464		0
\$ 6,160,464	0	\$ 0

**\$C. 6,160,464**

DATE APPROVED APR 23 2009 COMPUTATION CHECKED BY Alv

INTERNAL TRANSMITTAL NO. 63

FORM CMS-152 (10/14/93) PART A  
PAGE 2 OF 4

QUARTER/FISCAL YEAR FOURTH/2008

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

APR 23 2009

**157-600-0286-Z3**

[illegible]

6,160,464

FOOTNOTES

STATE South Carolina

QUARTER/FISCAL YEAR FOURTH/2008

APR 23 2009

- A. \$6,160,464 represents the adjustment that was omitted on the MAP verification sheet for the Second quarter FY 2008 Line 9C global settlement. The correct amount for the Second quarter FY 2008 Total Funding for MAP is 17,481,200 not the \$11,320,736 that was entered on the finalization grant award dated July 14, 2008.
- 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 (01/27/93) Supporting Schedule - MAP  
ATTACHMENT: 1

Department of Health and Human Services  
Centers For Medicare & Medicaid Services

VERIFICATION OF GRANT AWARD FUNDING  
Medical Assistance Payments (MAP)

APR 23 2009

STATE: South Carolina

QUARTER/FISCAL YEAR:

FOURTH/2008

	FY 2005 And Prior	FY 2006	FY 2007	FY 2008	Total
<b>CMS-64 Summary</b>					
Line 6	\$	\$	\$	\$ 826,648,103	\$ 826,648,103
Line 7					0
Line 8					0
Line 9				(32,771,296)	(32,771,296)
Line 10 A. & B.					0
Line 10 C.				(1,510,384)	(1,510,384)
<b>Net Expenditures</b>	\$ 0	\$ 0	\$ 0	\$ 792,366,423	\$ 792,366,423
Less:					
Waivers					0
M-SCHIP				11,345,118	11,345,118
<b>Katrina UCCP Waivers</b>					0
<b>Net MAP Expenditures</b>	\$ 0	\$ 0	\$ 0	\$ 781,021,305	\$ 781,021,305
<b>Adjustments</b>					
Transfers					0
CMP's				211,145	211,145
Line 9C Adj Global Settle				<b>6,160,464</b>	<b>6,160,464</b>
Disallowances					0
Subtotal	\$ 0	\$ 0	\$ 0	\$ 787,392,914	\$ 787,392,914
Interest on					0
Disallowances					0
Other Drug Rebate				(7,714)	(7,714)
Part B Offset					0
Part B Interest					0
<b>Adjusted Funding</b>	\$ 0	\$ 0	\$ 0	\$ 787,385,200	\$ 787,385,200
Less: Federal Advances				769,904,000	769,904,000
<b>Total Funding</b>	\$ 0	\$ 0	\$ 0	\$ 17,481,200	\$ 17,481,200
LESS PREVIOUS TOTAL FUNDING	0	0	0	11,320,736	11,320,736
<b>ADJUSTMENT TO PREVIOUS GRANT</b>	\$ 0	\$ 0	\$ 0	\$ <b>6,160,464</b>	\$ <b>6,160,464</b>