

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.			

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.

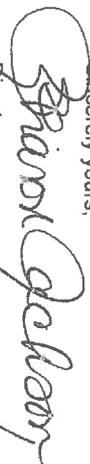
Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Inquiries regarding payment should be directed to:

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,



Director,
Division of Financial Management



Enclosures 4
FORM CMS-L151(7-90)

E. COLLECTIONS.....

F. OTHER.....

G. TOTAL ADJUSTMENTS.....

2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING April 1, 2008

		0	0
		0	0
A.	30,190,000	0	0
\$ B.	30,190,000	0	\$ 0

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

TOTAL AMOUNT TO BE CERTIFIED.....

\$ C. 30,190,000

DATE APPROVED

JUN 16 2008

COMPUTATION CHECKED BY

Mike H.

INTERNAL TRANSMITTAL NO.

99

Boyd

Part A Interest

Attachment

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Part B Interest

Attachment

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 750,259,000

\$ 0

\$ 18,797,000

Estimate previously funded for the quarter

(720,069,000)

(18,797,000)

Net Amount of Funding

\$ 30,190,000

\$ 0

\$ 0