


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

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>9-22-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>100155</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____  <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR  			

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

Robert M. Kerr  
Executive Director  
Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 292028206

SEP - 9 2008

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>\$66,571,000</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>\$66,571,000</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. 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.

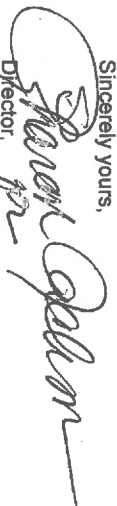
Any questions you may have in connection with the grant award should be referred to the appropriate Centers for Medicare & Medicaid Services regional office financial contact for your State.

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 Operations

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

STATE	SOUTH CAROLINA			
FISCAL YEAR	2	0	0	8
QUARTER	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input checked="" type="checkbox"/>

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

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

2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING July 1, 2008
3. NET AMOUNT TO BE CERTIFIED.....

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
\$		0	\$
A.	66,571,000	0	0
\$	66,571,000	0	\$ 0

TOTAL AMOUNT TO BE CERTIFIED..... \$ B. 66,571,000

DATE APPROVED SEP - 9 2008 COMPUTATION CHECKED BY *[Signature]*

INTERNAL TRANSMITTAL NO. *ad6* *[Signature]*



STATE: South Carolina      SEP - 9 2008

QUARTER/FISCAL FOURTH/2008

FOOTNOTES

A. The estimated expenditures for the 4th quarter Fiscal Year 2008 is being changed from \$731,069,000 to \$797,868,000 for Medical Assistance Payments (MAP). 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-152 (10/14/93) Supporting Schedule  
ATTACHMENT: 1

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

STATE: SOUTH CAROLINA

CALCULATION OF SUPPLEMENTAL AWARD

QUARTER/FISCAL YEAR: FOURTH/2008

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 731,297,000	\$	\$ 19,325,000
Less:			
SPR Penalty, Attachment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	
MEQC Penalty, Attachment		XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Third Party Liability/Assignment of Rights-Billing Offset	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	66,571,000		
Adjusted funding for the quarter	\$ 797,868,000	\$ 0	\$ 19,325,000
Estimate previously funded for the quarter	(731,297,000)		(19,325,000)
Net Amount of Funding	\$ 66,571,000	\$ 0	\$ 0