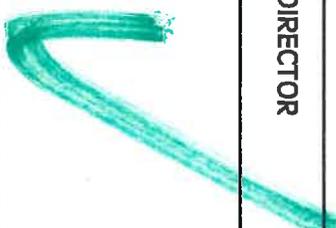


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO	DATE
<i>Wells</i>	<i>9-22-08</i>

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>100155</i>	<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 (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 AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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

1. ADJUSTMENTS FOR		MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....				
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....				
C. DIFFERENCE.....				
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....				
E. COLLECTIONS.....				
F. OTHER.....				
G. TOTAL ADJUSTMENTS.....			0	0
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING July 1, 2008		A.	66,571,000	0
3. NET AMOUNT TO BE CERTIFIED.....		\$	66,571,000	0
TOTAL AMOUNT TO BE CERTIFIED.....				\$ B. 66,571,000

DATE APPROVED SEP - 9 2008 COMPUTATION CHECKED BY *[Signature]*  
INTERNAL TRANSMITTAL NO. ad6



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.

SEP - 9 2008

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

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

CALCULATION OF SUPPLEMENTAL AWARD

STATE: SOUTH CAROLINA

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

Adjusted funding for the quarter

Estimate previously funded for  
the quarter

Net Amount of Funding

	\$ 66,571,000	\$ 0	\$ 19,325,000
	\$ 797,868,000	\$ 0	\$ 19,325,000
	(731,297,000)		(19,325,000)

	\$ 66,571,000	\$ 0	\$ 0
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