


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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>2/10/11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100346</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 <i>C: Sam Hildrup - Deps -</i> <i>Mr. Heck - CMS</i> 			

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
7500 Security Boulevard, Mail Stop C2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP and Survey & Certification
Disabled and Elderly Health Programs Group (DEHPG)

RECEIVED

FEB 10 2011

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

This letter is to inform you that we have approved supplemental funding in the amount of \$5,383,910 for the South Carolina Community-Based Alternatives to Psychiatric Residential Treatment Facilities (PRTF) Demonstration grant #1SOCMS300131/01. This award constitutes supplemental funding for both administration and service provision. South Carolina has an approved 1915(c) PRTF waiver subject to the terms and conditions previously distributed for this demonstration.

We, at CMS, thank you for your dedicated efforts in participating in this project. We have confidence in your continued success and will remain steadfast in our commitment to provide technical assistance and support you may need to fully accomplish the goals of this demonstration grant.

Thank you again for your continued dedication to provide home and community-based services for children and youth, who absent this waiver, would require the level of care of a psychiatric residential treatment facility. If you have any questions, please do not hesitate to contact your CMS project officer.

Sincerely,

Barbara Coulter Edwards
Director

cc: Claudia Brown, CMS Project Officer
Nathan Wheeler, Project Director
Kenni Howard, CMS Region

**Department of Health and Human Services
Centers for Medicare and Medicaid Services
Notice of Award (NOA)**

SAI NUMBER:
1S0CMS300131A
PMS DOCUMENT NUMBER:
1S0CMS300131A

1. AWARDING OFFICE: Centers for Medicare & Medicaid Services		2. ASSISTANCE TYPE: Discretionary Grant		3. AWARD NO.: 1S0CMS300131-01-03	4. AMEND. NO. 3
5. TYPE OF AWARD: Demonstration		6. TYPE OF ACTION: Supplement		7. AWARD AUTHORITY: Section 6063 of the DRA 05	
8. BUDGET PERIOD: 12/20/2006 THRU 12/19/2011		9. PROJECT PERIOD: 12/20/2006 THRU 12/19/2011		10. CAT NO.: 93,789	
11. RECIPIENT ORGANIZATION: South Carolina Department of Health and Human Services PO BOX 8206 Columbia, SC 29202-8206 Emma Forkner			12. PROJECT / PROGRAM TITLE: Community Based Alternatives to Psychiatric Residential Treatment Facilities		

13. COUNTY: Lexington	14. CONGR. DIST.: 06	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Sheila Mills PI
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16. APPROVED BUDGET:		17. AWARD COMPUTATION:	
Personnel.....	\$ 300,000	A. NON-FEDERAL SHARE.....	\$ 0 0%
Fringe Benefits.....	\$ 90,000	B. FEDERAL SHARE.....	\$ 6,125,494 100%
Travel.....	\$ 30,000	18. FEDERAL SHARE COMPUTATION:	
Equipment.....	\$ 20,000	A. TOTAL FEDERAL SHARE.....	\$ 6,125,494
Supplies.....	\$ 10,000	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 0
Contractual.....	\$ 350,000	C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$	741,584
Facilities/Construction.....	\$ 0	19. AMOUNT AWARDED THIS ACTION:	\$ 5,383,910
Other.....	\$ 5,325,494	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:	\$ 6,125,494
Direct Costs.....	\$ 6,125,494	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:	
Indirect Costs.....	\$ 0	ADDITIONAL COSTS	
At % of \$			

Total Approved Budget.....	\$ 6,125,494	22. APPLICANT EIN: 1576000286Z3	23. PAYEE EIN: 1576000286Z3	24. OBJECT CLASS: 41.45
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25. FINANCIAL INFORMATION:				DUNS: 607243706		
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
CMS	1S0CMS300131A	75910516	1-5992112	\$5,383,910		

26. REMARKS: (Continued on separate sheets)

The purpose of this amendment is to award supplemental funding in the amount of \$5,383,910.

All prior terms and conditions remain in effect.

27. SIGNATURE - GRANTS OFFICER Mary Greene	DATE: FEB 01 2011	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Signature Not Required
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Claudia Brown		DATE:
Signature Not Required		