


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>7-2-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100-103</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Foreman, cas file</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

RECEIVED

JUL 02 2009

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant awards listed below have been approved for the period 07/01/2009 - 09/30/2009 under Appropriation 75X0512 Centers for Medicare & Medicaid Services. Any unused grant award authority may be carried forward and used in a subsequent period.

Medical Assistance Payments	\$888,175,000
Medicaid State Children's Health Insurance Program Payments	\$0
Administration Payments	\$24,717,000
Total Grant Awards	\$912,892,000

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 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

FORM CMS-L151
SUPPORTING SCHEDULES

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

JUL 1 2009

FUNDING RESTRICTIONS

THIS AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING JULY 1, 2009 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL JULY 1, 2009.

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

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

STATE	SOUTH CAROLINA			
FISCAL YEAR	2 0 0 9			
QUARTER	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input checked="" type="checkbox"/>

1. ADJUSTMENTS FOR
QUARTER ENDED MARCH 31, 2009
- A. ACTUAL FEDERAL SHARE OF
EXPENDITURES.....
- B. ESTIMATED FEDERAL SHARE OF
EXPENDITURES PREVIOUSLY FUNDED....
- C. DIFFERENCE.....
- D. NET ADJUSTMENTS APPLICABLE TO
PRIOR PERIODS.....

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
\$	0	0	\$
	0	0	0
	0	0	0
A.	0	0	A. 0
B.	888,175,000	0	B. 24,717,000
\$	888,175,000	0	\$ 24,717,000

- E. COLLECTIONS.....
- F. OTHER.....
- G. TOTAL ADJUSTMENTS.....
2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING JULY 1, 2009
3. NET AMOUNT TO BE CERTIFIED.....

TOTAL AMOUNT TO BE CERTIFIED..... \$C. 912,892,000

DATE APPROVED 10-1-09 COMPUTATION CHECKED BY Jennifer North

INTERNAL TRANSMITTAL NO. 7

ACCOUNTING DATA

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2009

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

CENTRAL REGISTRY SYSTEM
ENTITY IDENTIFICATION NUMBER (CRS/EIN) 157-600-0286-Z3

[illegible]

TOTAL AMOUNT TO BE CERTIFIED	912,892,000
*CURRENT QUARTER FUNDING	

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2009

JUL - 2009

A. Adjustments to Medical Assistance Payments and Administration for the quarter ended March 31, 2009 are not included in the grant award.

B. See attachment 1.

C. The funding authorized by this grant award is paid subject to any future financial management review or audit.

01-118

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

FOURTH/2009

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 888,175,000	\$ 0	\$ 24,717,000

Less:

SPR Penalty,
Attachment XXXXXXXXXXXXXXXXXXXX

MEQC Penalty,
Attachment XXXXXXXXXXXXXXXXXXXX

Third Party Liability/Assignment
of Rights-Billing Offset
Attachment XXXXXXXXXXXXXXXXXXXX

Part A (Buy-In) Premiums
Attachment XXXXXXXXXXXXXXXXXXXX

Part B (Buy-In) Premiums
Attachment XXXXXXXXXXXXXXXXXXXX

Part A Interest
Attachment XXXXXXXXXXXXXXXXXXXX

Part B Interest
Attachment XXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT

Adjusted funding for the quarter
Amount Previously Funded

\$ 888,175,000	\$ 0	\$ 24,717,000

Net Amount of Funding

\$ 888,175,000	\$ 0	\$ 24,717,000
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**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

RECEIVEDCenter for Medicaid and State Operations
Financial Management Group
7500 Security Boulevard
Baltimore, MD 21244

JUL 02 2009

JUL - 1 2009

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

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant award listed below has been approved for federal funding for allowable Medicaid expenditures incurred by your State during the period 07/01/2009 - 09/30/2009 under Appropriation 75X0518 Centers for Medicare & Medicaid Services.

Increased Medical Assistance Payments**\$103,571,000**

This grant award represents funding authorized under the provisions of section 5001 of the American Recovery and Reinvestment Act of 2009 (ARRA, Public Law 111-5, enacted on February 17, 2009 during the recession adjustment period October 1, 2008 through December 31, 2010), that are for the purpose of providing a temporary increase in the Medicaid Federal medical assistance percentage (FMAP) to fund your State's Medicaid program in federal FY 2009. The amount of this grant award only represents the additional amount of funds associated with the increased FMAP determined under ARRA only for the expenditures for which the increased FMAP is available. In a separate grant award you will receive the amount of funds associated with the regular FMAP rate for the expenditures represented by this grant award and the additional Federal funds for the other expenditures for which the Federal matching rate is the regular FMAP or other matching rates.

States' increased FMAPs have been determined in accordance with the provisions of section 5001 of ARRA. The above grant award amount reflects an estimate of the increased funds for your State for the period of the grant award related to the title XIX expenditures for which the increased FMAP is available.

With the acceptance of this grant award and draw of such funds from the Payment Management System subaccount, you agree that :

- 1) Your State is eligible for the increased FMAP because the State is applying Medicaid eligibility standards, methodologies and procedures that are no more restrictive than those in effect under the State plan (or any waiver or demonstration project) on July 1, 2008. If the State is currently ineligible because it does not meet this condition, the State may be retroactively eligible if it reinstates the former standards, methodologies and procedures prior to July 1, 2009. (Section 5001(f)(1) of ARRA)
- 2) Your State is eligible for the increased FMAP because no amounts attributable (directly or indirectly) to such increased FMAP are deposited or credited to any reserve or rainy day fund of the State. (Section 5001(f)(3) of ARRA)
- 3) Your State is eligible for the increased FMAP because it does not require political subdivisions within the State to contribute for quarters beginning October 1, 2008 and ending December 2010, a greater percentage of the non-Federal share of such expenditures (including for expenditures under section 1923 of the Social Security Act) than the respective percentage that would have been required under the State Medicaid plan on September 30, 2008. (Section 5001(g)(2) of ARRA)
- 4) The expenditures for which the State draws funds are of a type that would be eligible expenditures. Expenditures for disproportionate share hospital (DSH) payments are ineligible. Also ineligible are expenditures that are claimed based on the enhanced FMAP (described in section 2105(b) of the Act), or expenditures that are not paid based on the FMAP, such as expenditures for family planning services, administrative expenditures. Expenditures for services provided through an Indian Health Service facility are ineligible because such expenditures receive 100 percent FMAP, which is the ceiling level. And expenditures for medical assistance provided to individuals made eligible because of increased income eligibility standards that are higher than those in effect on July 1, 2008 are also ineligible for the increased FMAP. (Section 5001(e) of ARRA).
- 5) The expenditures for which the State draws funds are not payments for health care practitioner claims, or certain nursing home and hospital claims, that were received by the State during periods in which the State is not in compliance with prompt payment standards. (Section 5001(f)(2) of ARRA)

With the acceptance of this award, 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 this 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 (PSC). Inquiries regarding payment should be directed to:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605

Telephone Number 1-877-614-5533

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,



Sharon Caplan
Director,
Division of Financial Operations

Enclosures 5
CMS-1151(7-90)

44-1200

FORM CMS-1151
SUPPORTING SCHEDULES

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

JUL - 1 2009

FUNDING RESTRICTIONS

THIS AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING JULY 1, 2009 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL JULY 1, 2009.

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

STATE	South Carolina			
FISCAL YEAR	2 0 0 9			
QUARTER	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input checked="" type="checkbox"/>

1. ADJUSTMENTS FOR
QUARTER ENDED MARCH 31, 2009

ARRA
MEDICAL
ASSISTANCE
PAYMENTS
\$ 0

A. ACTUAL FEDERAL SHARE OF
EXPENDITURES.....

0

B. ESTIMATED FEDERAL SHARE OF
EXPENDITURES PREVIOUSLY FUNDED....

C. DIFFERENCE.....

0

D. NET ADJUSTMENTS APPLICABLE TO
PRIOR PERIODS.....

E. COLLECTIONS.....

F. OTHER.....

G. TOTAL ADJUSTMENTS.....

A. 0

2. ESTIMATED FEDERAL SHARE OF
EXPENDITURES FOR QUARTER
BEGINNING JULY 1, 2009

B. 103,571,000

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

\$ 103,571,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 103,571,000

DATE APPROVED JUL - 1 2009 COMPUTATION CHECKED BY

Jennifer North

INTERNAL TRANSMITTAL NO. 4-2

John W.

ARRA ACCOUNTING DATA

STATE: South Carolina

QUARTER/FISCAL YEAR: FOURTH/2009

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

CENTRAL REGISTRY SYSTEM

ENTITY IDENTIFICATION NUMBER (CRS/EIN)

157-600-0286--Z3

[illegible]

TOTAL AMOUNT TO BE CERTIFIED
* CURRENT QUARTER INCREASED FMFUNDING

103,571,000

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FOURTH/2009

JUL - 1 2009

SECTION 5001 TEMPORARY INCREASE OF MEDICAID FMAP

A. Adjustments to increased Medical Assistance Payments for the quarter ended MARCH 31, 2009 are not included in the grant award computation. These adjustments will be included in a supplemental grant award.

B. See attachment 1.

C. The funding authorized by this grant award is paid subject to any future financial management review or audit.

CALCULATION OF INITIAL AWARD
Increased Funding Under Title XIX Section 5001 ARRA

STATE: South Carolina

QUARTER/FISCAL YEAR: FOURTH/2009

Secretary's Estimate of Funding
Need for the Quarter

ARRA
MEDICAL ASSISTANCE
PAYMENTS
\$ 103,571,000

JUL - 1 2009

Less:

SPR Penalty,
Attachment

XXXXXXXXXXXXXXXXXXXX

MEQC Penalty,
Attachment

Third Party Liability/Assignment
of Rights-Billing Offset
Attachment

XXXXXXXXXXXXXXXXXXXX

Part A (Buy-In) Premiums
Attachment

Part B (Buy-In) Premiums
Attachment

Part A Interest
Attachment

Part B Interest
Attachment

FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 103,571,000

Estimate previously funded for
the quarter

Net Amount of Funding

\$ 103,571,000