

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

ACTION REFERRAL

| | |
|---------------------------|------------------------------|
| TO <i>Wells</i> | DATE <i>9/7/07</i> |
|---------------------------|------------------------------|

| | |
|---|---|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER 000139 | <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 <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
Baltimore, MD 21244

Mr. Robert M. Kerr
Executive Director
Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202-8206

AUG 30 2007

RECEIVED

SEP 07 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sir or Madam:
SUPPLEMENTAL

The grant awards listed below have been approved for the period 04/01/2007 - 06/30/2007 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 | \$0 |
| Medicaid State Children's Health Insurance Program Payments | \$0 |
| Administration Payments | \$5,166 |
| Total Grant Awards | \$5,166 |

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.

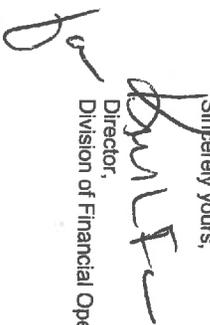
Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Inquiries regarding payment should be directed to:

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 | 7 |
| QUARTER | 1ST <input type="checkbox"/> | 2ND <input type="checkbox"/> | 3RD <input checked="" type="checkbox"/> | 4TH <input type="checkbox"/> |

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

| | MEDICAL ASSISTANCE PAYMENTS | DSH PAYMENTS | ADMINISTRATION PAYMENTS |
|--|-----------------------------|--------------|-------------------------|
| 1. ADJUSTMENTS FOR QUARTER ENDED December 31, 2006 | | | |
| A. ACTUAL FEDERAL SHARE OF EXPENDITURES..... | 0 | 0 | 0 |
| B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED.... | | 0 | |
| C. DIFFERENCE..... | 0 | 0 | 0 |
| 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 April 1, 2007 | 0 | | A. 5,166 |
| 3. NET AMOUNT TO BE CERTIFIED..... | \$ 0 | | \$ 5,166 |

TOTAL AMOUNT TO BE CERTIFIED..... \$B. 5,166

DATE APPROVED AUG 30 2007 COMPUTATION CHECKED BY [Signature]

INTERNAL TRANSMITTAL NO. 48

FOOTNOTES

STATE South Carolina QUARTER/FISCAL YEAR Third/2007

AUG 30 2007

- A. The estimate of expenditures for the third quarter fiscal year 2007 has been changed from \$20,079,834 to \$20,085,000 for Administration Payments. This is to return the amount of **\$5,166** that was inadvertently taken on a grant award dated June 29, 2007 for non-payment on TPL expenses. See attachment 1.
- B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

CALCULATION OF SUPPLEMENTAL AWARD

STATE: South Carolina

QUARTER/FISCAL YEAR:

AUG 30 2007
 Third/2007

| | MEDICAL ASSISTANCE PAYMENTS | DSH ADJUSTMENTS PAYMENTS | ADMINISTRATION PAYMENTS |
|--|--------------------------------|-----------------------------|----------------------------|
| Secretary's Estimate of Funding Need for the Quarter | \$ 759,168,000 | \$ | \$ 20,085,000 |
| Less: | | | |
| SPR Penalty, Attachment _____ | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX | _____ |
| MEQC Penalty, Attachment _____ | _____ | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| Third Party Liability/Assignment of Rights-Billing Offset Attachment _____ | 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 | _____ | _____ | _____ |
| Adjusted funding for the quarter | \$ 759,168,000 | \$ 0 | \$ 20,085,000 |
| Estimate previously funded for the quarter | (759,168,000) | _____ | 20,079,834 |
| Net Amount of Funding | \$ 0 | \$ 0 | \$ 5,166 |