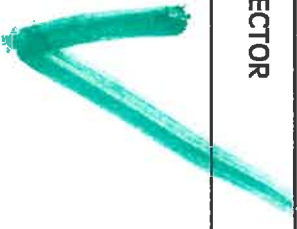


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>10-3-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000190</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 & HUMAN SERVICES

Centers for Medicare & Medicaid Services

**RECEIVED**  
U.S. Social Security Administration  
Security Boulevard  
Baltimore, MD 21244

OCT 03 2008

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

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

OCT - 1 2008

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant awards listed below have been approved for the period 10/01/2008 - 12/31/2008 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>\$743,659,000</b>
<b>Medicaid State Children's Health Insurance Program Payments</b>	<b>\$0</b>
<b>Administration Payments</b>	<b>\$22,102,000</b>
<b>Total Grant Awards</b>	<b>\$765,761,000</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,  
  
Sharon O'Connell  
Director,  
Division of Financial Operations

**FORM CMS-1151  
SUPPORTING SCHEDULES**

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

**FUNDING RESTRICTIONS**

**THIS AWARD IS FOR ELIGIBLE PROGRAM COSTS FOR THE QUARTER BEGINNING  
OCTOBER 1, 2008 INCLUDING PRIOR QUARTER ADJUSTMENTS. FUNDING UNDER  
THIS AWARD MAY NOT BE DRAWN OR PAID UNTIL OCTOBER 1, 2008.**

**OCT - 1 2008**

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 checked="" type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	4TH <input type="checkbox"/>

1. ADJUSTMENTS FOR  
QUARTER ENDED JUNE 30, 2008

- 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.	743,659,000	B.	B.
		0	22,102,000
\$	743,659,000	0	\$ 22,102,000

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

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 765,761,000

DATE APPROVED OCT 1 COMPUTATION CHECKED BY Jennifer North  
INTERNAL TRANSMITTAL NO. 2 MS



FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: FIRST/2009

A. Adjustments to Medical Assistance Payments and Administration for the quarter ended June 30, 2008 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.

OCT - 1 2008

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

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

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR:

FIRST/2009

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
Secretary's Estimate of Funding Need for the Quarter	\$ 743,659,000	\$ 0	\$ 22,102,000

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 Attachment	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	\$ 743,659,000	\$ 0	\$ 22,102,000
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Amount Previously Funded			
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Net Amount of Funding	\$ 743,659,000	\$ 0	\$ 22,102,000
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