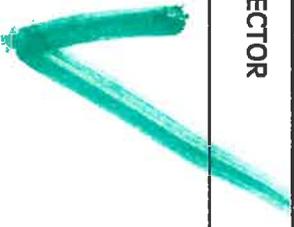


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>10-3-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000190</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> I 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.			

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

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"/>

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

	MEDICAL ASSISTANCE PAYMENTS	M-SCHIP PAYMENTS	ADMINISTRATION PAYMENTS
1. ADJUSTMENTS FOR QUARTER ENDED JUNE 30, 2008			
A. ACTUAL FEDERAL SHARE OF EXPENDITURES.....	0	0	0
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED....			
C. DIFFERENCE.....	0	0	0
D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS.....			
E. COLLECTIONS.....			
F. OTHER.....			
G. TOTAL ADJUSTMENTS.....	A. 0	A. 0	A. 0
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING OCTOBER 1, 2008	B. 743,659,000	B. 0	B. 22,102,000
3. NET AMOUNT TO BE CERTIFIED.....	\$ 743,659,000	0	\$ 22,102,000

TOTAL AMOUNT TO BE CERTIFIED..... \$C. 765,761,000

DATE APPROVED OCT 1 COMPUTATION CHECKED BY Sennifer North
INTERNAL TRANSMITTAL NO. 2 ans

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 2009

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

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