


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

ACTION REFERRAL

TO	DATE
Hess	3-9-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100862	I I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	I I Prepare reply for appropriate signature DATE DUE _____
	I 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.			

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,


Director,
Division of Financial Operations

Enclosures 5
CMS-4151(7-90)

FEB 16 2012

ACCOUNTING DATA AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)

QUARTER/FISCAL YEAR **SECOND / 2012**

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

CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN)	1576000286Z3
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[illegible]

FEB 16 2012

Medical Assistance Payments (MAP) Increased
Funding - Title XIX under Section 5001 ARRA

STATE: South Carolina

QUARTER/FISCAL YEAR: SECOND / 2012

CMS-64 Summary	FY 2009	FY 2010	FY 2011	TOTAL
Line 6	\$ 0	\$ 0	\$ 0	0
Line 7	0	0	0	0
Line 8	0	0	0	0
Line 9	0	0	0	0
Line 10 A. & B.	0	281,380	291,489	572,869
Line 10 C.	0	0	0	0
Net Expenditures	\$ 0	\$ 281,380	\$ 291,489	\$ 572,869
Less:				
Waivers	0	0	0	0
ARRA MCHIP	0	0	0	0
Net Map Expenditures	\$ 0	\$ 281,380	\$ 291,489	\$ 572,869
Adjustments				
Transfers	0	0	0	0
Line 10 Adjustments	0	0	0	0
Deferrals	0	0	0	0
Taken	0	0	0	0
Disallowances	0	0	0	0
Subtotal	\$ 0	\$ 281,380	\$ 291,489	\$ 572,869
Interest on				
Disallowances	0	0	0	0
Other	0	0	0	0
Interest on Drug Rebates	0	0	0	0
	0	0	0	0
Adjusted Funding	\$ 0	\$ 281,380	\$ 291,489	\$ 572,869
Less: Federal Advances				0
Total Funding	\$ 0	\$ 281,380	\$ 291,489	\$ 572,869

FEB 16 2012

Medical Assistance Payments (MAP) Increased
Medical Assistance Payments (MAP) Funding - Title XIX under Section 5001 ARRA
FY 2010

STATE: South Carolina

QUARTER/FISCAL YEAR: SECOND / 2012

CMS-64 Summary	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Line 6	\$	\$	\$	\$	0
Line 7					0
Line 8					0
Line 9					0
Line 10 A. & B.				281,380	281,380
Line 10 C.					0
Net Expenditures	\$ 0	\$ 0	\$ 0	\$ 281,380	\$ 281,380
Less:					
Waivers					0
M-SCHIP	0				0
Net MAP Expenditures	\$ 0	\$ 0	\$ 0	\$ 281,380	\$ 281,380
Adjustments					
Transfers					0
Line 10 Adjustments					0
Deferrals					0
Taken					0
Disallowances					0
Subtotal	\$ 0	\$ 0	\$ 0	\$ 281,380	\$ 281,380
Interest on					
Disallowances					0
Other					0
Interest on Drug Rebates					0
					0
Adjusted Funding	\$ 0	\$ 0	\$ 0	\$ 281,380	\$ 281,380
Less: Federal Advances					0
Total Funding	\$ 0	\$ 0	\$ 0	\$ 281,380	\$ 281,380

FEB 16 2012

FINALIZATION CHECKLIST
(CMS-64 RELATED GRANTS)

Medical Assistance Payments (MAP) Increased Funding - Title XIX Under Section 5001 ARRA

STATE: South Carolina QUARTER/FISCAL YEAR: SECOND / 2012

VERIFY THE FOLLOWING ITEMS WHEN APPLICABLE.

~~P~~ ~~R~~ ☒ RDR approved by RO supervisor. Approval Date: 11/19/11

MAP & MCHIP Verification Sheets

- ☒ Expenditure (ARRA MAP and ARRA M-CHIP) totals.
- ☒ ARRA MAP total excludes the ARRA M-CHIP expenditures.
- ☐ Deferrals taken/resolved against the deferral log: deferral numbers, amounts. NA
- ☐ Disallowances taken/resolved. NA
- ☒ Federal advances for ARRA MAP.
- ☒ State name, fiscal year and the quarter.

Accounting Sheet

- ☒ State name, fiscal year and the quarter.
- ☒ EIN, CANS, DOCS and State code.
- ☒ ARRA MAP totals agree with the amounts on ARRA MAP Verification Sheets.

Computation Sheet

- ☐ State name, fiscal year and the quarter.
- ☒ Item #1 and #2 show correct quarters.
- ☒ Each lettered item is entered correctly.
- ☒ ARRA MAP totals.
- ☒ Sign/Initial.

Footnote Pages

- ☒ State name and quarter/fiscal year.
- ☐ Each lettered item listed on the Com (e.g., deferrals, disallowances, & prior period adjustments, CMP). NA
- ☐ Memorandum for Line 10.A, deferrals and disallowances resolved. NA

Grant Award Letter

- ☒ State name, funding period and ARRA MAP amounts.
- ☒ MAP totals on the letter against the Verification, Accounting and Computation Sheets.

GRANT AWARD PREPARED BY: Town 11 DATE: 2/2/11

GRANT AWARD REVIEWED BY: MS DATE: 2/8/11