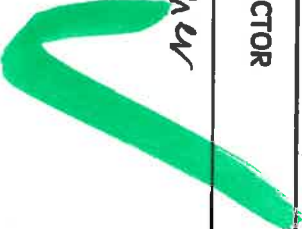


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>3-31-09</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100542</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Farber</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

MAR 31 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

APR - 1 2009

SEE FUNDING RESTRICTION ATTACHMENT

Dear Sir or Madam:

The grant awards listed below have been approved for the period 04/01/2009 - 06/30/2009 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	\$839,263,000
Medicaid State Children's Health Insurance Program Payments	\$0
Administration Payments	\$22,262,000
Total Grant Awards	\$861,525,000

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,

Deborah Osborne

Director,
Division of Financial Operations

san

FORM CMS-L151
SUPPORTING SCHEDULES

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

APR - 1 2009

FUNDING RESTRICTIONS

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

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

STATE	SOUTH CAROLINA			
FISCAL YEAR	2	0	0	9
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

1. ADJUSTMENTS FOR QUARTER ENDED DECEMBER 31, 2008			
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.....	A. 0	A. 0	A. 0
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER BEGINNING APRIL 1, 2009	B. 839,263,000	B. 0	B. 22,262,000
3. NET AMOUNT TO BE CERTIFIED.....	\$ 839,263,000	0	\$ 22,262,000

TOTAL AMOUNT TO BE CERTIFIED.....

\$C. 861,525,000

DATE APPROVED APR - 1 2009 COMPUTATION CHECKED BY Tennifer North
INTERNAL TRANSMITTAL NO. 2 Mr L

FOOTNOTES

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: THIRD/2009

AFR - 1 2009

A. Adjustments to Medical Assistance Payments and Administration for the quarter ended December 31, 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.

CALCULATION OF INITIAL AWARD

STATE: SOUTH CAROLINA

QUARTER/FISCAL YEAR: _____

THIRD/2009

APR - 1 2009

Secretary's Estimate of Funding
Need for the Quarter

MEDICAL ASSISTANCE
PAYMENTS
\$ 839,263,000

M-CHIP
PAYMENTS
\$ 0

ADMINISTRATION
PAYMENTS
\$ 22,262,000

Less:

SPR Penalty,
Attachment _____

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

MEQC Penalty,
Attachment _____

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

Part A (Buy-In) Premiums
Attachment _____

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

Part B (Buy-In) Premiums
Attachment _____

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

Part A Interest
Attachment _____

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

Part B Interest
Attachment _____

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

FUNDING ADJUSTMENT

Adjusted funding for the quarter

\$ 839,263,000

\$ 0

\$ 22,262,000

Amount Previously Funded

Net Amount of Funding

\$ 839,263,000

\$ 0

\$ 22,262,000