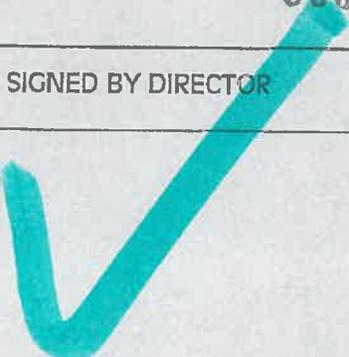


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Day/ Torina blood</i>	DATE <i>5-5-15</i>
--------------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000238</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

7500 Security Boulevard  
Baltimore, MD 21244-1850

APR 29 2015

RECEIVED

MAY 04 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

FY 2014 revised cumulative

Mr. Christian L. Soura  
Executive Director  
South Carolina State Health and  
Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

Dear Mr. Soura:

This grant award has been approved under appropriation 75X0512, "Grants to States for Medicaid." Any funds unused during this period may be carried forward and used in the subsequent period(s).

<u>Activity</u>	<u>Period</u>	<u>Amount</u>
State Certification	April 1 – June 30, 2015	\$8,296

The Medicaid Survey and Certification program funds awarded in this notice can only be drawn from sub-account 15S&CTitle19Medicaid.

In accordance with your State plan under Title XIX of the Social Security Act, the above award provides funds for the Federal share of expenditures for activities related to the survey and certification activities of long-term care facilities. Computation of the award as reflected on the enclosed statement was prepared in accordance with the Code of Federal Regulations, Title 42, Section 430.30 Grants.

With the acceptance of this award, you agree to be responsible for limiting the drawing of Federal funds to the actual time of disbursement and to submitting timely reports as required. Further, you agree that when Federal funds are advanced to secondary recipients, you will be responsible for effectively controlling their use of cash in compliance with the Federal requirements. Federal funds to meet the Federal share of current disbursing needs may be drawn by presentation of payment vouchers against the continuing letter-of-credit certified to the U.S. Treasury Department. Withdrawals of Federal funds are not to exceed the total award shown above. Under provisions of Treasury Department Circular No. 1075, failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked.

Page 2 - Dear Mr. Soura:

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:

Acting Director, Division of Payment Management  
P.O. Box 6021  
Rockville, Maryland 20852-0605  
Telephone Number (301) 443-1660

Any questions you may have in connection with this award should be referred to the Associate Regional Administrator, Division of Medicaid and State Operations, Centers for Medicare and Medicaid Services.

Sincerely yours,



David Escobedo, Director  
Survey and Certification Budget Staff  
Survey and Certification Group  
Center for Clinical Standards & Quality  
Centers for Medicare and Medicaid Services

Enclosure

**COMPUTATION OF AMOUNT FOR STATE AGENCY SURVEY AND CERTIFICATION ACTIVITIES UNDER  
AUTHORIZING LEGISLATION -- TITLE XIX OF THE SOCIAL SECURITY ACT**

STATE South Carolina

FISCAL YEAR 2015

Quarter 3rd

Central Registry System Number N132

Entity Identification Number 1576000286Z3

1. Adjustments for quarter ending <u>December 31, 2014</u>	
a. Actual federal share of expenditures .....	_____
b. Estimated federal share of expenditures .....	_____
c. Difference	_____
+ == actual exceeded estimate	
- == estimate exceeded actual.....	
d. Net adjustments applicable to prior periods.....	_____ \$0
e. Collections .....	_____ \$8,296 1/
f. Other .....	_____
g. Total adjustments .....	_____ \$8,296
2. Estimated Federal share of expenditures for quarter beginning <u>April 1, 2015</u>	_____
3. Amount Awarded .....	_____ \$8,296

\*\*The Medicaid Survey and Certification program funds awarded in this notice  
can only be drawn from sub account ISS&C Title 19 Medicaid.

CAN	DOCUMENT NUMBER	APPROPRIATION	OBJECT CLASS	AMOUNT
55983266	05-1405-SC-5001	75X0512	41.15	\$8,296

\* Actual Federal expenditures for Title XIX State certification activities may not exceed the estimated federal share without prior written approval from the Associate Regional Administrator, Division of Medicaid and State Operations.

1/FY 2014 revised cumulative. Original \$1,390,910. Revised \$1,399,206. Balance \$8,296.

Date approved \_\_\_\_\_

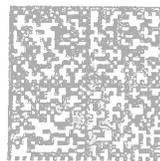
Computations checked by \_\_\_\_\_

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 SECURITY BOULEVARD  
BALTIMORE, MD 21244-1850

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300

Mr. Christian L. Soura  
Executive Director  
South Carolina State Health and  
Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206



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