



2023 Annual Accountability Report

**Department of Health & Human Services
Agency Code: J020**

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AGENCY’S DISCUSSION AND ANALYSIS

Through the administration of South Carolina’s Medicaid, Children’s Health Insurance Program (CHIP) and Individuals with Disabilities Education Act (IDEA) Part C programs, the South Carolina Department of Health and Human Services (SCDHHS) provides health care coverage to approximately 1.4 million South Carolinians. This includes approximately 60% of South Carolina’s children and the financing of approximately 60% of the births in the state.

Leadership

SCDHHS Director Robert M. (Robby) Kerr joined the agency in April 2021. In September 2022, the agency released its new strategic plan. The new strategic plan seeks to leverage the agency’s role as a major public health agency and health care payor to improve outcomes for South Carolinians. The plan is centered around a new mission statement, “to be boldly innovative in improving the health and quality of life for South Carolinians,” and four strategic goals. Each goal includes strategies the agency will use to accomplish its mission. Each strategy has a series of measures that are specific, measurable, relevant and timebound (SMART).

After developing the agency's new strategic plan, agency leadership held a day-long meeting to ensure senior management understood the mission, goals, strategies and measures. The meeting emphasized how intricacies of the plan and how the agency’s goals and strategies may relate and depend on program areas across the agency. Following the meeting, the agency held a senior-level staff meeting to explain the new plan, goals and strategies and takeaways from the leadership meeting. This iterative approach helped ensure agency supervisors were well-versed in the new plan and how it impacted both their work and the work of other program areas. Finally, the agency announced the new strategic plan and its goals and strategies through a series of agencywide communications to staff members. The agency also directed supervisors who had been through the previous exercises to schedule meetings with their entire program areas to discuss the plan and how it would help the agency achieve its mission.

The agency’s four strategic goals are included as the section titles in the below report.

Ensure a Responsive Member Experience

SCDHHS is establishing specific strategies and measures to improve how Healthy Connections Medicaid members interact with the agency.

The most public-facing improvement the agency completed was a complete overhaul of its 12-year-old public-facing website. Within the review year, the agency was able to secure a bid that included a usability study, implement the deliverables included in this study, receive and review stakeholder feedback and successfully launch its new website.

The launch of the new website occurred as unique and timely needs to communicate important information to Healthy Connections Medicaid members have developed. Over the last year, SCDHHS, along with every state Medicaid agency, has been tasked with resuming annual eligibility reviews for its Medicaid members. This function is a long-standing federal requirement that was paused for approximately three years during the COVID-19 public health emergency (PHE). The requirement was reinstated by the *Consolidated Appropriations Act, 2023*, which was passed by Congress and signed into law by President Joe Biden on Dec. 23, 2022.

The resumption of the annual eligibility review process is among the most significant events to affect Medicaid enrollment since the inception of the program. Over the last year, SCDHHS developed a robust communications and outreach campaign to help ensure people who are eligible for Medicaid remain covered. This campaign has

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included several phases designed to raise awareness about the importance of maintaining updated contact information and completing and returning Medicaid annual eligibility review forms. The campaign has included paid digital, streaming and social media advertising; additional stakeholder engagement with an emphasis on community-based organizations, providers and school districts; introduction of new online resources and tools for Medicaid members; and, adoption of flexibilities offered by the federal government to assist in accessing additional data and automating processes. While only four months of the resumption of this process fall within the reporting period, the agency’s outreach and process changes contributed to more than 92% of annual eligibility review forms being successfully delivered.

While the annual eligibility review requirement is not new, a large amount of the agency’s eligibility and enrollment workforce is new to the process or needed refresher training due to the period of time that had elapsed since the pause. The resumption of this process has also forced the agency to reallocate staffing resources within its eligibility and enrollment workforce. In last year’s report, the agency committed to improving its overall eligibility error rate from 5% to 4% and improving its procedural error rate from 15% to 13%. While the agency was able to improve its procedural error rate to 13%, this shift in responsibilities, staffing and federal requirements contributed to the agency’s overall eligibility error rate increasing from 5% to 6% during the reporting period.

The agency remains committed to making timely and accurate eligibility decisions through its goal to ensure a responsive member experience. SCDHHS has re-emphasized a focus on the production and quality of work with the workforce working on member applications in its processing centers. The agency has also procured new contracts during the review period to assist with ways to improve eligibility case processing.

Finally, the agency made progress toward executing its strategy to transition to a consolidated service center. During this review period, the agency developed a strategy to procure a single, integrated service center that efficiently provides applicants, members, providers, contact center employees, agency staff and other stakeholders with a positive, responsive, and effective citizen services experience. The initial draft strategy included an aggressive timeline, which was subsequently updated after receiving critical feedback from key stakeholders. Based on this feedback, a new approach was developed that will ensure the success and effectiveness of this project. On June 28, 2023, the agency conducted a public meeting to present the revised approach to potential bidders.

Purchase Access to Needed Health Services

As a publicly funded agency that also plays a major role in the health outcomes of so many South Carolinians, SCDHHS has a responsibility to make accurate and data-driven decisions. Developing data-driven models and systems that continually monitor access to covered services and health outcomes will allow the agency to balance its obligation to wisely spend taxpayer funds while ensuring access to quality care for Medicaid members. Achieving this balance is particularly important and challenging given the unprecedented inflationary wage pressures that continue to persist across the healthcare industry.

To achieve this balance and SCDHHS’ goal to purchase access to needed health services, the agency successfully implemented several strategies over the last year. Specific agency SMART measures that support this approach include:

- Developing a periodicity schedule to evaluate fee-for-service provider reimbursement rates;
 - This schedule was developed and will be implemented in state fiscal year (SFY) 2023-2024.
- Reviewing a quarterly sample of member records to validate services are rendered as intended; and,

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- The agency successfully completed nine program/service reviews within the review period. The reviews consisted of 1,478 member records across eight home and community-based waivers. Waiver recipient client records were reviewed to ensure services were delivered in accordance with federal and state guidelines. The review showed more than 90% of the records reviewed were rendered in accordance with these guidelines. The agency also reviewed autism services delivered in both the fee-for-service and managed care delivery system. For autism services delivered, 84 members’ records were reviewed. Of those records, 92% contained all proper authorizations, 100% included appropriate clinical assessments outlining the needs of the Medicaid member and 96% reflected both members and legal guardians were involved in the care planning process. Through this review, the agency also identified opportunities to improve these percentages through potential manual updates regarding clinical service notes and adequate documentation of progress.
- Developing and implementing monitoring activities to effectively measure provider network adequacy; and,
 - The agency completed contractually required network adequacy measurements of the state’s five managed care plans, through which 80% of Medicaid members receive their Medicaid coverage. Through the process, SCDHHS identified deficiencies in two of the managed care organization’s (MCO’s) networks. Both MCOs have since entered corrective action plans and will be remeasured to ensure the deficiencies have been resolved.

Another way SCDHHS can support long-term access to quality health care services in South Carolina is through supporting the state’s physician workforce development programs. SCDHHS committed to aligning Graduate Medical Education (GME) and Supplemental Physician Teaching Payments (STP) to match state physician needs. During the reporting period, SCDHHS incentivized providers to submit feedback to inform this process by withholding 10% of STPs until providers completed a survey that helped identify teaching physicians’ needs. This incentive program produced more than 3,000 survey responses containing valuable feedback from physicians that can be used to increase provider retention rates, improve overall program visibility and fill needs in the state’s overall health care delivery system.

Finally, in the prior year, SCDHHS was directed by both Governor McMaster and the South Carolina General Assembly to take action to address South Carolina’s mental health crisis.

Governor McMaster requested SCDHHS review the state's public school mental health services program in his [2022 State of the State address](#) and through [Executive Order 2022-02](#). During SFY 2021-2022, SCDHHS developed its school-based mental health services initiative with changes that took effect on the first day of the reporting period. By January 2023, the policy flexibilities and provider reimbursement rate changes had already produced a 65.8% increase in the number of mental health counselors available in South Carolina’s schools.

In concert with the governor’s directive, the General Assembly directed SCDHHS to evaluate the state’s behavioral health delivery system and appropriated one-time funds to “request the establishment of coverage and reimbursement policies that it deems necessary to address existing deficiencies and bring about a more comprehensive and effective continuum of behavioral health care in South Carolina.” During the reporting period, SCDHHS established an advisory committee for this effort that included stakeholders from the state’s hospital systems, other state agencies and the provider and education communities. The advisory committee’s work contributed to the June 15, 2023, announcement of up to \$100 million in one-time state funds to establish a first-of-its-kind, collaborative behavioral health hub in Florence, South Carolina; and, the June 27, 2023, announcement of grants that awarded 13 South Carolina hospitals a total of \$45.5 million in one-time state funds to build specialized hospital-based emergency department units dedicated to behavioral health crises.

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Improve the Health and Well-being of Members Through a Continuous Quality Improvement Strategy

To achieve its mission to be boldly innovative in improving the health and quality of life for South Carolinians, it is critical that the agency have the ability to track and measure improvement in health outcomes. Over the last year, SCDHHS established several baselines that will allow it to track metrics related to the quality of the care it pays for and the health outcomes of Healthy Connections Medicaid members. This includes successfully creating a process to evaluate data to develop performance benchmarks to determine if services are achieving their intended outcomes. During the reporting period, SCDHHS created a landing page that consolidates all data resources to support its program areas. The landing page is also set to include multiple dashboards presenting utilization for both fee-for-service and MCO data by overall utilization, cost, prior authorization, screening and new policy tracking. The information on this landing page allowed the agency to develop more than 40 policy bulletins to communicate changes in Medicaid benefits.

Establishing the baselines discussed in this section is critical to allowing the agency to better evaluate performance and make data-driven decisions. Many of these baselines now have multi-year improvement targets that will be included in future reports. These metrics and emphases can be targeted to address areas where the Medicaid program has a larger role in overall health outcomes in South Carolina. For example, SCDHHS is the largest payor for health care services for children in South Carolina. Similarly, the agency finances approximately 60% of the births that occur in the state. Given these data points, SCDHHS has developed additional strategies that emphasize improving the quality of care received by children and new mothers.

South Carolina’s infant mortality and maternal morbidity rates have both moved in the wrong direction in recent years and are among the highest in the country. During the reporting period, the agency has realigned the efforts of the South Carolina Birth Outcomes Initiative to focus solely on the goals of reducing infant mortality and maternal morbidity. The agency has also successfully developed and initiated projects to utilize community health workers in launching targeted regional initiatives. Both initiatives support the agency’s efforts to improve these rates both overall and specific to the Medicaid program.

Last year, SCDHHS boldly established a strategy to move South Carolina to a top quartile national ranking in assessments of pediatric health. To implement this strategy, the agency identified two initiatives designed to improve specific health outcomes through its Quality Through Innovation in Pediatrics program. These initiatives designed to improve pediatric oral health and immunization rates, were successfully implemented during the reporting period.

Efficiently and Effectively Align the Agency’s Administrative Resources

While administrative and support functions do not typically involve direct interaction with the Medicaid members SCDHHS serves or the health care providers who deliver services, they are critical to the agency’s ability to be boldly innovative in improving the health and quality of life for South Carolinians. SCDHHS’ goal to efficiently and effectively align the agency’s administrative resources is important for building and maintaining core competencies supporting every goal, strategy and measure established by the agency.

As a taxpayer-funded entity, proper stewardship of the agency’s financial resources (tax dollars) is a top agency priority. The agency has established a strategy to ensure proper stewardship of the financial resources that have been entrusted to it. During the reporting period, the agency was able to:

- Establish a process to assess contracts on value and cost benefit prior to renewal;

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- Develop an accurate financial projection to ensure accuracy in the agency’s budget forecasting that allowed the agency to end SFY 2022-2023 spending 93% of its total budget while general fund expenditures were within 4% of the general fund appropriation; and,
- Develop a relevant, timely and transparent reporting process, which was the product of the agency’s Office of Planning and Budget meeting routinely throughout the SFY with each of the agency program divisions. These meetings helped the agency review service, contractual, personnel and other operating expenditures. Regular reports were created and presented to executive staff as a result of these meetings. As part of the development of the SFY 2024-25 budget request, contract managers were required to provide contract deliverables that were assessed to determine their value and cost benefit for the agency.

The agency’s strategy to continually assess and identify technology resources that assist in effectively executing its business processes is rooted in Director Kerr’s principal of ensuring access to integrated information and data across the organization. In support of this strategy, SCDHHS established a SMART measure to develop a new implementation strategy for its Delivery of Automated Systems for Healthcare (DASH) program. On July 21, 2022, SCDHHS procured a new third-party consulting fixed price bid contract that pre-qualified 18 vendors. Using this fixed price bid contract, a statement of work for the implementation strategy was awarded to Gartner, Inc. in June 2023, Gartner, Inc. was tasked with developing a comprehensive strategy for the replacement of the Medicaid Management Information System via the DASH program.

Finally, and most importantly, SCDHHS will not be able to achieve its new mission or carry out its strategic plan if it does not have the right personnel in place. The agency developed strategies to implement an effective and responsive organizational structure and equip staff to execute and achieve the agency’s vision. The agency was able to achieve its SMART measures in support of both of these strategies during the reporting period.

During SFY 2022-2023, the agency continuously evaluated the effectiveness of its organizational structure. This included periodic reviews of staffing needs, effectiveness and structure based on current needs and long-term goals of the agency. It also included regular monthly confirmation of the accuracy of the organization chart itself. This evaluation led to offices and program areas (for example, aspects of the agency's enrollment and eligibility training) being moved from one bureau to another or within the agency's bureaus when more optimal alignment has been identified.

In support of its strategy to equip staff to achieve the agency’s vision, SCDHHS developed and implemented new staff education and training opportunities throughout the year. Each training and educational program is designed around how it supports the agency’s new strategic plan. Agencywide training efforts over this period have included expanding the agency's Leadership Academy, which is a required training program for the agency's supervisors. Over this reporting period, the agency has also developed Medicaid University, which seeks to provide more agencywide awareness of how external stakeholders and different components of the agency factor into the agency's operations and achievement of the agency's mission and goals.

Risk Assessment and Mitigation Strategies

SCDHHS currently provides health care coverage for approximately 1.4 million South Carolinians, including the majority of the state’s children and pregnant women, and a large portion of the state’s disabled population. While it is extremely unlikely to occur, the greatest potential negative impact that could result from the agency’s failure to accomplish any of its goals and objectives would be a loss of access to vital health care services for some of the state’s most vulnerable individuals. The most likely major threat to the agency’s ability to accomplish its goals and objectives would be the fiscal impact of the next recession. Medicaid, which is a countercyclical program, meaning that more people become financially eligible during economic downturns.

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This means the combination of declining overall state revenues and increased demand for Medicaid spending just as funding will likely start to be pulled away.

In terms of outside help, maintaining healthy reserve accounts is essential for the government as a whole, but it is particularly poignant for the Medicaid program because of its countercyclical nature. Other likely threats to the state’s Medicaid program are technological (IT systems failure, cyberattack) or related to waste, fraud and abuse. SCDHHS has a multifaceted defense against many of these threats, and is constantly evaluating additional steps to continue to safeguard the agency. These steps include hiring specialists in key areas, gaining access to certain consultants and increasing collaboration with the Department of Administration’s technology and information security staff.

Finally, the General Assembly has already taken important steps to help avoid a crisis. Key provisos have been amended in recent years to allow the agency to maintain a responsible reserve balance and protect SCDHHS’ ability to retain those funds. The deficit monitoring mechanism has been tightened to raise the likelihood that the legislature would be recalled in the event of a major shortfall between sessions. It is also important to continue to allow the agency the ability to manage the program, including rate increases for health care providers, in the principled and data-driven manner laid out in the strategic measures mentioned in this report.

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2023

Reorganization and Compliance

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Primary Contact

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Agency Mission

Adopted in:

2022

To be boldly innovative in improving the health and quality of life for South Carolinians.

Agency Vision

Adopted in:

N/A

N/A

Recommendations for reorganization requiring legislative change:

None

Agency intentions for other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in the succeeding fiscal year:

None

Significant events related to the agency that occurred in FY2023

Description of Event	Start	End	Agency Measures Impacted	Other Impacts
Consistent with the direction it received from the General Assembly through proviso 117.153, the agency announced an investment of up to \$100 million in one-time state funds to establish a first-of-its-kind, collaborative behavioral health hub in Florence, South Carolina. This historic investment included collaboration and investment from state and local governments, two healthcare systems and healthcare education leaders.	July	June	Strengthen behavioral health services by implementing a delivery system model that networks the existing fragmented system of care.	
Consistent with the direction it received from the General Assembly through proviso 117.153, the agency awarded 13 South Carolina hospitals \$45.5 million in one-time state funds to build specialized hospital-based emergency department units dedicated to behavioral health crises.	July	June	Strengthen behavioral health services by implementing a delivery system model that networks the existing fragmented system of care.	
Policy and reimbursement changes that are a part of SCDHHS' school-based mental health services initiative took effect on July 1, 2022. These changes produced a 65.8% increase in the number of mental health counselors available in South Carolina's schools by January 2023.	July	June	Strengthen behavioral health services by implementing a delivery system model that networks the existing fragmented system of care.	

Effective April 1, 2023, SCDHHS, along with every state Medicaid agency, was required to resume the process through which it reviews Medicaid members' eligibility annually. While this process is a long-standing federal requirement, it was paused for approximately three years during the COVID-19 public health emergency and its resumption is among the most significant events affecting Medicaid enrollment since the inception of the program.	July	June	Improve the eligibility error rate from 5% to 4%.	
Within the review year, the agency was able to secure a bid to replace its 12-year-old public-facing website. The agency was able to complete this process from issuing a request for proposals to completing a usability study and receiving stakeholder feedback to launching the new site all within the review period.	July	June	Develop a project plan to replace the agency's website.	
Is the agency in compliance with S.C. Code Ann. § 2-1-220, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? (See also S.C. Code Ann. § 60-2-20).				Yes
Reason agency is out of compliance: (if applicable)				
Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 20-1-10 through 20-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).				Yes
Does the law allow the agency to promulgate regulations?				Yes
Law number(s) which gives the agency the authority to promulgate regulations:	SC Code Section 44-6-90			
Has the agency promulgated any regulations?				Yes
Is the agency in compliance with S.C. Code Ann. § 1-23-120 (J), which requires an agency to conduct a formal review of its regulations every five years?				Yes
(End of Reorganization and Compliance Section)				

FY2023

Strategic Plan Results

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

- Goal 1 Ensure a responsive member experience.
- Goal 2 Purchase access to needed health services.
- Goal 3 Improve the health and wellbeing of members through a continuous quality improvement strategy.
- Goal 4 Efficiently and effectively align the agency's administrative resources.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Fulfill federal timeliness requirements in processing enrollment applications.														
State Objective: Healthy and Safe Families														
1.1.1	Decrease the average processing days for general applications from 36 to 34.	36	34	41	Count	Equal to or less than	State Fiscal Year	Average processing days for general Medicaid applications	Curam/Medicaid Eligibility Determination System (MEDS)	MMRP	Agency customers gain access to Medicaid services in a timely manner	Direct customers	3000.015000.000	The agency was on track to meet the measure target, but due to the open enrollment period and redeterminations, there has been an increase in processing days.
1.1.2	Decrease the average processing days for disability applications from 89 to 87.	89	87	99	Count	Equal to or less than	State Fiscal Year	Average processing days for disability applications	Curam/MEDS	MMRP	Agency customers gain access to Medicaid services in a timely manner	Direct customers	3000.015000.000	There has been an increase in processing days due to thousands of disability packets pending at SC DSS, which impacts the agency's processing time for these applications.
1.2 Improve the accuracy in processing member applications.														
State Objective: Healthy and Safe Families														
1.2.1	Improve the eligibility error rate from 5% to 4%.	5%	4%	6%	Percent	Equal to or less than	State Fiscal Year	Number of eligibility errors found in audit / total number of Medicaid applications audited	Curam/MEDS	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	The agency's eligibility error rate increased from 5% to 6%. During this timeframe, the agency also saw a 29% increase in the number of cases reviewed for quality. Also, over the last year, the agency has seen high turnover in its eligibility specialist positions, which impacts accuracy in case processing.
1.2.2	Improve the procedural error rate from 15% to 13%.	15%	13%	13%	Percent	Equal to or less than	State Fiscal Year	Number of procedural errors found in audit / total number of Medicaid applications audited	Curam/MEDS	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	The agency was able to decrease the procedural error rate from 15% to 13%. The agency continues to provide targeted training around common procedural errors and system upgrades have been made.
2.1 Design and continually improve services to ensure they are sufficient in coverage.														
State Objective: Healthy and Safe Families														
2.1.1	Evaluate utilization and encounter data to develop performance benchmarks to determine if services are achieving intended outcomes.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of benchmarks for service utilization and outcomes	SCDHHS data analytics team	Network drive, MMIS, SAS	Improvement in the accuracy, consistency and quality of agency related reporting and decision making	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	The agency's Office of Research and Data Analytics created a landing page consolidating all data resources to support program areas. The landing page includes multiple dashboards presenting utilization for both FFS and managed care services and costs.
2.1.2	Strengthen behavioral health services by implementing a delivery system model that networks the existing fragmented system of care.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of statewide integrated behavioral health system	SCDHHS management team, behavioral health management team, internal data analyses	Network drive	South Carolinians receive increased access to quality behavioral health services statewide	Management/members/providers/taxpayers	3000.010532.000; 3000.010518.000	The agency has increased the Medicaid reimbursement rate for licensed mental health counselors regardless of their employment affiliation and streamlined the administrative process related to providing mental health services in schools. Also, in March 2023, the agency created a new grant program to increase access to crisis stabilization services.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes	
2.1.3	Ensure all provider manuals effectively define our intended outcomes.		0%	100%	100%	Percent complete	Complete	State Fiscal Year	Comprehensive review of the following six provider manuals: Autism, Behavioral Health, Private Rehabilitative Therapy, Home and Community-based Waiver(s), Physician/Clinics/Enhanced Services and Pharmacy	SCDHHS policy management team	Network drive	Increased clarity of service benefits and coverage for providers and members	Management/members/provider s/taxpayers	3000.010200.000	The agency successfully completed a comprehensive review and updated nine Medicaid provider manuals (five Behavioral Health manuals, Community Long Term Care, Pharmacy, Physicians, and Clinics).
2.2 Build value-based cost benefit pricing models to ensure payments are consistent with efficiency, economy and quality of care. State Objective: Healthy and Safe Families															
2.2.1	Develop and implement a periodicity schedule for fee-for-service provider reimbursement rates.		0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of a periodicity schedule for FFS provider reimbursement rates	SCDHHS Finance management team, actuaries	Network drive, MMIS, SAS	Ensures payments are consistent with efficiency, economy and quality of care	Management/members/provider s/taxpayers	0100.000000.000	Agency staff developed a periodicity schedule for FFS provider reimbursement that will be implemented in SFY 2023-24.
2.3 Continually evaluate provider network adequacy. State Objective: Healthy and Safe Families															
2.3.1	Align graduate medical education (GME) payments and supplemental teaching physician payments (STP) to match state physician needs.		0%	100%	100%	Percent complete	Complete	State Fiscal Year	Alignment of GME and STP payments	SCDHHS Finance management team, actuaries, other GME consultants, teaching hospitals	Network drive, MMIS, SAS	Ensures GME and STP payments match the state's physician needs	Management/members/provider s/taxpayers	3000.010200.000	To better understand the alignment needs of GME and STP with physician needs, the agency withheld 10% of STP payments for completion of a survey of teaching physicians. More than 3,000 physicians surveyed provided valuable insight into the identified needs of teaching physicians.
3.1 Move South Carolina to a top quartile national ranking in assessments of pediatric health. State Objective: Healthy and Safe Families															
3.1.1	Improve Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening and participant ratios by 5%.	0.57 for screening; 0.46 for participant	0.60 for screening; 0.48 for participant	0.58 for screening; 0.47 for participant	Ratio	Equal to or greater than	State Fiscal Year	Comparative analysis of South Carolina Medicaid data against national benchmarking	CMS 416 EPSDT Report	Network drive, CMS	Provide increased access and better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010523.000;3000.010518.000	While the target ratios were not fully achieved, the agency has developed a tool for tracking EPSDT encounters quarterly. Additionally, the agency has successfully ensured each MCO is engaged in at least one QTIP initiative and continues to develop and initiate a plan to expand QTIP capacity.	
3.1.2	Decrease infant mortality in the South Carolina Medicaid population by 5% within two years (2.5% in year one) and 10% within three years (whole state) by launching targeted regional initiatives.	6.5 out of 1,000 live births	6.34 out of 1,000 live births	6.5 out of 1,000 live births	Count	Equal to or less than	State Fiscal Year	Number of infant deaths / Total number of live births (calculation will be for both Medicaid only and whole state - rate is same for both categories in base year 2020)	SC Revenue and Fiscal Affairs Office; internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	The agency has successfully developed and initiated projects to utilize community health workers (CHWs) in launching targeted regional initiatives. It has also realigned efforts of the Birth Outcomes Initiative to focus on the goal of reducing infant mortality.	
3.1.3	Identify and implement two QTIP initiatives with participating practices.	0	2	2	Count	Equal to or greater than	State Fiscal Year	Number of new QTIP initiatives	Internal reports	Network drive	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000	The agency successfully completed initiatives in oral health and immunizations. To further align with goals related to infant mortality, the agency has also developed a safe sleep workshop that will occur in early SFY 2024.	
3.2 Develop and implement a hospital quality program to address health outcomes for members with co-morbidities. State Objective: Healthy and Safe Families															
3.2.1	Develop a baseline to analyze avoidable emergency department (ED) utilization for members.		0%	100%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports, actuaries	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	Baseline for ED utilization has been developed and data is being further analyzed.
3.2.2	Develop a baseline to analyze maternal care.		0%	100%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000; 3000.010504.000; 3000.010516.000; 3000.010518.000	Baseline for maternal care has been developed and data is being further analyzed.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
3.2.3	Develop a baseline to analyze members with hypertension.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000; 3000.010504.000; 3000.010516.000; 3000.010518.000	Baseline for hypertension has been developed and data is being further analyzed.
3.2.4	Develop a baseline to analyze members with diabetes.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000; 3000.010504.000; 3000.010516.000; 3000.010518.000	Baseline for diabetes has been developed and data is being further analyzed.
4.1	Ensure proper stewardship of financial resources. State Objective: Healthy and Safe Families													
4.1.1	Develop accurate financial projections that ensure agency actual expenditures are within 3% of the budget forecast.	<3%	3%	4%	Percent	Maintain range	State Fiscal Year	(Actual/forecast)*100	Finance management team, internal reports (Business Objects), actuaries	Business Objects	Promotes sound fiscal stewardship and allows the agency to control increases in healthcare spending	Management/members/provider s/taxpayers	0100.000000.000	The agency ended SFY 2022-23 expending 93% of its total budget while general fund expenditures were within 4% of the general fund appropriation.
4.1.2	Establish a process to assess contracts on value and cost benefit prior to renewal.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of contract cost benefit determination process	Finance management team, Contracts management team	Network drive	Promotes sound fiscal stewardship and allows the agency to better assess value of its contracts	Management/members/provider s/taxpayers	3000.010200.000; 3000.010301.000; 3000.010302.000; 3000.010304.000; 3000.010305.000	The agency's Division of Contracts and Vendor Compliance Management team has established contract administration standards, tools, and processes to assess value and cost benefits of contracts.
4.2	Continually assess and identify technology resources that assist the agency in effectively executing its business processes. State Objective: Healthy and Safe Families													
4.2.1	Establish a process to continually improve data governance to ensure the integrity, consistency, security and accessibility of data.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of process for strengthening data governance	IT management team	Network drive	Ensures Medicaid data is protected and secure	Management/members/provider s/taxpayers	0100.000000.000; 3000.010306.000	As part of the data governance effort, the agency reviewed data governance goals to find areas where teams could improve the integrity, consistency, and accessibility of their data. Templates and checklists were created for teams to use to help improve data governance such as data dictionaries, data management objectives, data standards, business glossaries, a data retention plan, and a data framework. A data governance implementation plan and roadmap was created to help the agency refine and prioritize data governance efforts, which included focus areas, timelines, and resources needed to make the implementation successful.
4.2.2	Establish a repository for encounter data and expand the MCO encounter data set to include the full paid encounter data and the addition of rejected encounter data.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of encounter data repository	IT management team, Data Analytics team	Network drive, MMIS, SAS	Ensures management has full access to necessary claims data to make data-driven decisions	Management/members/provider s/taxpayers	0100.000000.000; 3000.010306.000	As part of the agency's business capability and information technology modernization, the agency initiated a CMS re-use project to implement a new encounters processing system (EPS). During the review period, the agency received CMS funding and approval to build out the EPS.
4.3	Improve user experience by connecting applicants, members and providers with resources more efficiently. State Objective: Healthy and Safe Families													
4.3.1	Develop a project plan to replace the agency's website.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of project plan and selection of vendor	Communications team, IT management team	Network drive	Promotes transparency and provides more streamlined information for members, providers, and stakeholders	Management/members/provider s/taxpayers	0100.000000.000	The agency successfully completed a procurement for a website vendor, which included a usability study. The agency launched its new website June 27, 2023.

FY2024

Strategic Plan Development

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

- Goal 1 Ensure a responsive member experience.
- Goal 2 Purchase access to needed health services.
- Goal 3 Improve the health and well-being of members through a continuous quality improvement strategy.
- Goal 4 Efficiently and effectively align the agency's administrative resources.

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Ensure accuracy of member enrollment.													
State Objective: Healthy and Safe Families													
1.1.1	Achieve at least 97% accuracy rate in avoiding adverse errors.	94%	97%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no adverse errors / total number of Medicaid applications audited	Curam/Medicaid Eligibility Determination System (MEDS)	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	
1.1.2	Achieve at least 90% accuracy in avoiding procedural errors for all applications and redeterminations.	87%	90%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no procedural errors / total number of Medicaid applications audited	Curam/MEDS	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	
1.2 Continually improve interaction and communications with members.													
State Objective: Healthy and Safe Families													
1.2.1	Develop a customer enrollment satisfaction survey to establish a baseline measure.	0%	100%	Percent complete	Complete	State Fiscal Year	Development and deployment of survey; baseline establishment	SCDHHS EEMS Management team	Network drive	Agency customers receive quality services from Medicaid offices	Direct customers	3000.015000.000	
2.1 Design and continually improve services to ensure sufficiency in amount, duration and scope to achieve their intended purpose.													
State Objective: Healthy and Safe Families													
2.1.1	Design and implement eight new mental health services (IOP, PHP, (2) intensive in-home therapies, peer support collaborative care, transitional case management, crisis stabilization.)	0	8	Count	Equal to or greater than	State Fiscal Year	Development and implementation of eight new mental health services	SCDHHS management team, behavioral health management team	Network drive, MMIS, SAS	South Carolinians receive increased access to quality mental health services statewide	Management/members/provider s/taxpayers	3000.010532.000; 3000.010518.000	
2.1.2	Design and implement an array of mental health services and payment rates sufficient to create a robust offering of community-based care.	0%	100%	Percent complete	Complete	State Fiscal Year	Design and implementation of robust community-based services and payment rates for mental health services	SCDHHS management team, behavioral health management team	Network drive, MMIS, SAS	South Carolinians receive increased access to quality mental health services statewide	Management/members/provider s/taxpayers	3000.010532.000; 3000.010518.001	
2.1.3	Develop and implement programs to support and strengthen school based mental health counseling services.	0%	100%	Percent complete	Complete	State Fiscal Year	Development and implementation of new programs to strengthen school based mental health services	SCDHHS management team, behavioral health management team	Network drive, MMIS, SAS	South Carolinians receive increased access to quality mental health services within school settings	Management/members/provider s/taxpayers	3000.010532.000; 3000.010518.002	
2.2 Ensure all provider manuals effectively define our intended outcomes.													
State Objective: Healthy and Safe Families													
2.2.1	Perform a comprehensive review of nine provider manuals: RHC, FQHC, TCM, Private Rehabilitation Therapies, Waivers, Enhanced Services, Clinics, Hospitals, RBHS	0	9	Count	Equal to or greater than	State Fiscal Year	Comprehensive review of the following nine provider manuals: RHC, FQHC, TCM, Private Rehabilitation Therapies, Waivers, Enhanced Services, Clinics, Hospitals, RBHS	SCDHHS policy management team	Network drive	Increased clarity of service benefits and coverage for providers and members	Management/members/provider s/taxpayers	3000.010200.000	
2.3 Continually evaluate provider network adequacy.													
State Objective: Healthy and Safe Families													

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
2.3.1	Contract with an independent entity to conduct quarterly "secret shopper surveys" of managed care organizations to ensure the accuracy of advertised information.	0	4	Count	Equal to or greater than	State Fiscal Year	Conduct four (quarterly) secret shopper surveys of MCOs	Contracted entity, SCDHHS MCO management team	Network drive	Ensure accuracy of MCO's advertised information targeted at agency customers	Management/members/provider s/taxpayers	3000.015000.000	
2.4 Routinely review utilization to ensure integrity of services. State Objective: Healthy and Safe Families													
2.4.1	Review a quarterly sample of member records, including person-centered plans as required by section 441.725 for HCBS services, to validate services are rendered as intended.	2	4	Count	Equal to or greater than	State Fiscal Year	Conduct four (quarterly) samples of member records to validate HCBS services	SCDHHS MCO management team, program integrity department	Network drive	Ensure HCBS services are rendered as intended to Medicaid members	Management/members/provider s/taxpayers	3000.015000.000	
2.4.2	Coordinate with program areas to perform targeted reviews of at least three (3) high-risk services.	0	3	Count	Equal to or greater than	State Fiscal Year	Perform targeted reviews of at least three high-risk services	SCDHHS management team, program integrity department	Network drive	Ensure need for high-risk services for Medicaid members	Management/members/provider s/taxpayers	3000.015000.000	
2.5 Reduce fraud, waste and abuse in the South Carolina Medicaid program through increased review of claims. State Objective: Healthy and Safe Families													
2.5.1	Increase the mailing of targeted Beneficiary Explanation of Medicaid Benefits (BEOMB) and other confirmation letters by 10%	6,954 BEOMBs (in SFT 2023)	7,649 BEOMBs (in SFY 2024)	Percent	Equal to or greater than	State Fiscal Year	Number of additional BEOMB letters mailed in SFY2024 / number of BEOMB letters mailed in SFY2023	Program integrity department	Network drive	Detect potential fraud, waste and abuse of Medicaid services	Management/members/provider s/taxpayers	3000.010200.000	
3.1 Move South Carolina to a top quartile national ranking in assessments of pediatric health. State Objective: Healthy and Safe Families													
3.1.1	Decrease infant mortality in the South Carolina Medicaid populations by 5% within two years and 10% within three years (whole state) by launching targeted regional initiatives.	6.5 out of 1,000 live births	6.18 out of 1,000 live births	Count	Equal to or less than	State Fiscal Year	Number of infant deaths / Total number of live births	SC Revenue and Fiscal Affairs Office; internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	
3.2 Identify and implement two QTIP initiatives with participating practices. State Objective: Healthy and Safe Families													
3.2.1	Improve well-child checks for children 7 to 10 years of age with a focus on addressing emerging anxiety disorders.	0%	100%	Percent complete	Complete	State Fiscal Year	Improvement in well-child checks (children 7 to 10 years old) HEDIS measure	HEDIS, SCDHHS Quality management team, managed care organizations	HEDIS	Provide better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	
3.2.2	Screen children 13 to 18 years of age seen in a pediatric office for mental health conditions 75% of the time.	<75%	75%	Percent	Equal to or greater than	State Fiscal Year	Improvement in screenings for mental health conditions (for 13 to 18 year olds)	HEDIS, SCDHHS Quality management team, managed care organizations	HEDIS	Provide better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	
4.1 Re-evaluate the Employee Performance Management System process to better assess how the agency evaluates employees in terms of frequency and context, ensuring that we incorporate agency goals and measures in the process. State Objective: Healthy and Safe Families													
4.1.1	Schedule a quarterly meeting with the state Office of Human Resources to ensure that employees are being evaluated in accordance with established agency goals.	0	4	Count	Equal to or greater than	State Fiscal Year	Conduct four (quarterly) meetings	SCDHHS management team, Department of Human Resources	Network drive	Ensure appropriate and meaningful employee evaluations	Management/employees	0100.000000.000	
4.2 Improve recruitment efforts that strategically identify, attract and hire the most qualified individuals. State Objective: Healthy and Safe Families													

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
4.2.1	Actively engage and participate in a minimum of eight job fairs annually.		6	8	Count	Equal to or greater than	State Fiscal Year	Participate in at least eight job fairs annually	SCDHHS Department of Human Resources	Network drive	Increase advertising and marketing of agency job opportunities	Management/employees/taxpayers	0100.000000.000
4.2.2	Develop four partnerships with state and local educational institutions that offer postbaccalaureate and/or graduate degree programs for the development of the agency's internship program.		1	4	Count	Equal to or greater than	State Fiscal Year	Development of three additional partnerships for continued development of the agency's internship program	SCDHHS management team	Network drive	Increase advertising, marketing and development of agency internship and future job opportunities	Management/employees/taxpayers	0100.000000.000
4.2.3	Increase internship program participation by 35%.		8	11	Count	Equal to or greater than	State Fiscal Year	Increase internship program by offering more opportunities to students	SCDHHS management team	Network drive	Increase advertising, marketing and development of agency internship and future job opportunities	Management/employees/taxpayers	0100.000000.000
4.3 Employ and align technology to meet business strategies and processes.										State Objective: Healthy and Safe Families			
4.3.1	Establish a repository for encounter data and expand the MCO encounter data set to include the full paid encounter data and the addition of rejected encounter data.		0%	100%	Percent complete	Complete	State Fiscal Year	Development of encounter data repository and expand MCO encounter data set	IT management team, Data Analytics team	Network drive, MMIS, SAS	Ensures management has full access to necessary claims data to make data-driven decisions	Management/members/provider s/taxpayers	0100.000000.000; 3000.010306.000
4.3.2	Implement an expedited enrollment process for Medicaid managed care.		0%	100%	Percent complete	Complete	State Fiscal Year	Development of expedited managed care enrollment process	IT management team, Managed care management team	Network drive, MMIS	Ensure expedited enrollment process so that members have access to member benefits quicker	Management/members/provider s/taxpayers	0100.000000.000; 3000.010306.000
4.3.3	Perform an assessment of MMIS operation and agency processes to develop an appropriate strategy for MMIS replacement.		0%	100%	Percent complete	Complete	State Fiscal Year	Development of appropriate strategy for MMIS replacement	IT management team	Network drive, MMIS	Ensure appropriate strategy for replacement of the current MMIS to modernize claims processing	Management/members/provider s/taxpayers	0100.000000.000; 3000.010306.000
4.3.4	Perform an assessment of existing eligibility systems and develop appropriate strategies to increase productivity and efficiency.		0%	100%	Percent complete	Complete	State Fiscal Year	Development of appropriate strategy for increasing productivity and efficiency within eligibility systems	IT management team, EEMS management team	Network drive, Curam, MEDS	Ensure appropriate strategy for increasing productivity and efficiency in processing member applications	Management/members/provider s/taxpayers	0100.000000.000; 3000.010306.000

2023

Budget Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
0100.000000.000	Administration	Provides administrative support and other operating expenses for the agency	\$ 16,587,716.15	\$ 2,587,035.04	\$ 20,652,429.28	\$ 39,827,180.47	\$ 19,756,554.00	\$ 1,161,818.00	\$ 24,069,739.00	\$ 44,988,111.00
3000.010200.000	Medical Administration	Provides administrative support and other operating expenses for the agency	\$ 9,443,873.22	\$ 751,934.26	\$ 16,188,108.42	\$ 26,383,915.90	\$ 9,168,742.00	\$ 954,593.00	\$ 17,145,754.00	\$ 27,269,089.00
3000.010301.000	Provider Support	Provides administrative/contractual support for Medicaid services	\$ 68,638,584.49	\$ 78,128,191.10	\$ 55,701,797.52	\$ 202,468,573.11	\$ 62,616,567.00	\$ 30,599,622.00	\$ 66,927,401.00	\$ 160,143,590.00
3000.010302.000	Nursing Home Contracts	Provides administrative/contractual support for Medicaid services	\$ 1,394,294.12	\$ 2,075,289.95	\$ 3,580,072.11	\$ 7,049,656.18	\$ 2,133,893.00	\$ 2,734,521.00	\$ 4,092,054.00	\$ 8,960,468.00
3000.010304.000	CLTC Contracts	Provides administrative/contractual support for Medicaid services	\$ 1,421,796.20	\$ 497,411.66	\$ 3,037,104.28	\$ 4,956,312.14	\$ 2,313,179.00	\$ 533,237.00	\$ 5,579,965.00	\$ 8,426,381.00
3000.010305.000	Eligibility Contracts	Provides administrative/contractual support for Medicaid services	\$ 17,807,064.81	\$ 268,777.80	\$ 53,956,200.71	\$ 72,032,043.32	\$ 20,013,990.00	\$ 600,000.00	\$ 64,829,940.00	\$ 85,443,930.00
3000.010306.000	MMIS-Medical Mgmt Info	Provides administrative/contractual support for Medicaid services	\$ 19,385,777.00	\$ 1,977,986.69	\$ 41,960,676.87	\$ 63,324,440.56	\$ 26,647,418.00	\$ 1,842,251.00	\$ 28,725,349.00	\$ 57,215,018.00
3000.010310.000	Telemedicine	Payments to programs for development and operation of a statewide, open access South Carolina Telemedicine Network	\$ 6,500,000.00	\$-	\$-	\$ 6,500,000.00	\$ 7,000,000.00	\$-	\$-	\$ 7,000,000.00
3000.010312.000	Rural Health Initiative	Payments to programs to promote the development of a rural medical workforce through (1) additional residencies or fellowships in rural medicine or other related areas and/or (2) efforts that expose resident physicians to rural practice as part of a recruitment strategy for rural and/or underserved communities, including rural rotation programs	\$ 10,739,966.85	\$-	\$-	\$ 10,739,966.85	\$ 8,075,000.00	\$-	\$-	\$ 8,075,000.00
3000.010314.000	Pregnancy Crisis Centers		\$ -	\$-	\$-	\$ -	\$ 2,400,000.00	\$-	\$-	\$ 2,400,000.00
3000.010501.000	Hospital Services	Provides inpatient and outpatient hospital services for our fee for service beneficiaries	\$ 106,663,966.54	\$ 62,042,429.56	\$ 550,782,273.78	\$ 719,488,669.88	\$ 114,644,599.00	\$ 84,173,474.00	\$ 462,840,661.00	\$ 661,658,734.00
3000.010502.000	Nursing Home Services	Provides nursing facility services including complex care and hospice room and board	\$ 163,586,166.78	\$ 3,732,731.94	\$ 545,570,095.66	\$ 712,888,994.38	\$ 210,751,149.00	\$ 5,154,400.00	\$ 496,183,993.00	\$ 712,089,542.00
3000.010504.000	Pharmaceutical Services	Provides prescription medications in the outpatient setting for our fee for service beneficiaries	\$ 17,075,794.62	\$ 13,542,300.27	\$ 99,860,640.36	\$ 130,478,735.25	\$ 24,270,797.00	\$ 13,500,000.00	\$ 90,684,050.00	\$ 128,454,847.00
3000.010505.000	Physician Services	Provides physician services including primary care, preventative care and specialty care for our fee for service beneficiaries	\$ 20,000,287.84	\$ 210,766.33	\$ 67,953,706.28	\$ 88,164,760.45	\$ 25,352,134.00	\$-	\$ 65,576,709.00	\$ 90,928,843.00
3000.010506.000	Dental Services	Provides dental services for our beneficiaries	\$ 36,969,623.83	\$ 65,636.44	\$ 126,518,581.43	\$ 163,553,841.70	\$ 49,425,193.00	\$-	\$ 119,355,682.00	\$ 168,780,875.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
3000.010507.000	CLTC-Community Long Term Care	Provides services in the home and community settings for beneficiaries as an alternative to nursing home placement – includes Community Choices, HIV/AIDS, Mechanical Vent, and Children's Personal Care waivers.	\$ 121,956,256.76	\$-	\$ 368,662,889.32	\$ 490,619,146.08	\$ 126,143,322.00	\$-	\$ 289,047,545.00	\$ 415,190,867.00
3000.010510.000	Premiums Matched	Pays for Medicare premiums for dual eligible individuals who meet certain income requirements	\$ 73,201,049.86	\$-	\$ 264,659,110.23	\$ 337,860,160.09	\$ 99,471,554.00	\$-	\$ 267,294,697.00	\$ 366,766,251.00
3000.010511.000	Premiums 100% State	100% state funded program that covers Medicare premiums for specific Medicaid eligibility categories (Nursing Home, General Hospital, HCBS, ABD, QI, Refugee Assistance)	\$ 25,993,472.10	\$-	\$-	\$ 25,993,472.10	\$ 29,399,651.00	\$-	\$-	\$ 29,399,651.00
3000.010512.000	Hospice	Provides hospice services for terminally ill Medicaid beneficiaries	\$ 4,403,274.64	\$-	\$ 14,432,016.91	\$ 18,835,291.55	\$ 6,354,180.00	\$-	\$ 14,661,898.00	\$ 21,016,078.00
3000.010513.000	Optional State Supplement	Program for those residing in licensed community residential care facilities who meet SSI eligibility requirements except for income (100% state funding)	\$ 19,467,518.29	\$-	\$-	\$ 19,467,518.29	\$ 22,160,118.00	\$-	\$-	\$ 22,160,118.00
3000.010514.000	OSCAP	Entitlement program and state supplement to SSI for enrolled CRCFs to provide room and board for eligible consumers and a degree of personal care (100% state funding)	\$ 5,276,491.95	\$-	\$-	\$ 5,276,491.95	\$ 6,199,576.00	\$-	\$-	\$ 6,199,576.00
3000.010516.000	Clinical Services	Provides services in FOHCs, RHCs, and other clinic settings for our fee for service beneficiaries	\$ 9,433,952.88	\$ 31,254.22	\$ 30,790,564.07	\$ 40,255,771.17	\$ 18,859,191.00	\$-	\$ 48,843,629.00	\$ 67,702,820.00
3000.010517.000	Durable Medical Equipment	Provides durable medical equipment including wheel chairs and oxygen supplies for our fee for service beneficiaries	\$ 12,035,684.16	\$ 3,285.33	\$ 39,367,487.51	\$ 51,406,457.00	\$ 15,965,178.00	\$-	\$ 36,842,217.00	\$ 52,807,395.00
3000.010518.000	Coordinated Care	Provides coordinated services for beneficiaries through managed care organizations which are paid through capitated rates	\$ 724,631,973.47	\$ 199,749,138.61	\$ 3,099,592,030.55	\$ 4,023,973,142.63	\$ 594,886,720.00	\$ 1,079,531,941.00	\$ 4,059,433,527.00	\$ 5,733,852,188.00
3000.010523.000	Transportation Services	Provides non-emergency transportation for the entire Medicaid population and emergency transportation services for our fee for service beneficiaries	\$ 22,340,064.28	\$ 3,684.56	\$ 72,627,657.11	\$ 94,971,405.95	\$ 28,568,979.00	\$-	\$ 65,655,886.00	\$ 94,224,865.00
3000.010524.000	MMA Phased Down Contributions	Federal "clawback" for state's portion of Medicare Part D prescription drug benefit (100% state funding)	\$ 112,681,023.64	\$ 3,354,938.20	\$-	\$ 116,035,961.84	\$ 163,175,900.00	\$ 1,500,000.00	\$-	\$ 164,675,900.00
3000.010525.000	Home Health Services	Provides home health services and incontinence supplies for our fee for service beneficiaries	\$ 4,179,903.56	\$ 4,636.88	\$ 13,635,892.99	\$ 17,820,433.43	\$ 6,026,473.00	\$-	\$ 13,857,511.00	\$ 19,883,984.00
3000.010526.000	EPSDT Services	Provides well-child, comprehensive and preventive health care screenings and services for children under the age of 21	\$ 573,915.74	\$ 6,836.58	\$ 1,904,437.99	\$ 2,485,190.31	\$ 779,416.00	\$-	\$ 1,901,907.00	\$ 2,681,323.00
3000.010527.000	Medical Professional Services	Provides therapy, vision, and other medical professional services to our fee for service beneficiaries	\$ 9,113,600.27	\$ 45,728.15	\$ 29,817,535.12	\$ 38,976,863.54	\$ 11,084,789.00	\$-	\$ 25,567,825.00	\$ 36,652,614.00
3000.010528.000	Lab & X-Ray Services	Provides lab and x-ray services including CT scans and MRIs for our fee for service beneficiaries	\$ 3,302,153.37	\$ 61,433.03	\$ 10,904,337.69	\$ 14,267,924.09	\$ 4,089,520.00	\$-	\$ 9,483,749.00	\$ 13,573,269.00
3000.010529.000	PACE	Provides a comprehensive array of services for beneficiaries in home and community-based settings who would otherwise qualify for nursing home placement	\$ 4,525,502.15	\$-	\$ 14,739,874.72	\$ 19,265,376.87	\$ 7,229,296.00	\$-	\$ 16,614,029.00	\$ 23,843,325.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
3000.010531.000	Children's Community Care	Provides children's nursing services and medically complex children's waiver	\$ 5,667,971.90	\$-	\$ 18,524,288.66	\$ 24,192,260.56	\$ 9,431,770.00	\$-	\$ 21,759,548.00	\$ 31,191,318.00
3000.010532.000	Behavioral Health Services	Provides behavioral health services for beneficiaries including inpatient psych, rehabilitative behavioral health services, targeted case management, private residential treatment facilities, and autism services amongst many others	\$ 10,971,401.80	\$ 1,929,876.40	\$ 42,446,235.67	\$ 55,347,513.87	\$ 22,969,212.00	\$-	\$ 52,953,593.00	\$ 75,922,805.00
3000.010701.000	Mental Health	Medicaid eligible services provided by the SC Department of Mental Health	\$-	\$ 6,876,772.97	\$ 23,511,415.98	\$ 30,388,188.95	\$ 5,249,346.00	\$ 12,935,514.00	\$ 29,759,794.00	\$ 47,944,654.00
3000.010702.000	Disabilities & Special Needs	Medicaid eligible services provided by the SC Department of Disabilities and Special Needs	\$ 157,429,891.93	\$ 41,719,686.89	\$ 641,049,254.27	\$ 840,198,833.09	\$ 221,361,315.00	\$ 249,290,929.00	\$ 657,033,708.00	\$ 1,127,685,952.00
3000.010703.000	DHEC	Medicaid eligible services provided by the SC Department of Health and Environmental Control	\$ 48,833.34	\$ 122,960.70	\$ 540,071.35	\$ 711,865.39	\$-	\$ 405,891.00	\$ 815,774.00	\$ 1,221,665.00
3000.010704.000	MUSC	Medicaid eligible services provided by the Medical University of South Carolina	\$-	\$ 5,238,229.66	\$ 16,232,006.88	\$ 21,470,236.54	\$ 225,086.00	\$ 7,134,659.00	\$ 16,396,852.00	\$ 23,756,597.00
3000.010705.000	USC	Medicaid eligible services provided by the University of South Carolina	\$-	\$ 1,456.49	\$ 4,783.81	\$ 6,240.30	\$-	\$ 3,315.00	\$ 982.00	\$ 4,297.00
3000.010711.000	Dept Of Education	Medicaid eligible services provided by the SC Department of Education	\$-	\$ 7,784,325.48	\$ 26,299,761.31	\$ 34,084,086.79	\$-	\$ 10,400,831.00	\$ 24,969,636.00	\$ 35,370,467.00
3000.011503.000	Other Entities Funding	Medicaid eligible services provided by the Other Non-State Entity Hospitals	\$-	\$ 7,636,406.04	\$ 24,446,804.69	\$ 32,083,210.73	\$-	\$ 1,365,658.00	\$ 3,138,693.00	\$ 4,504,351.00
3000.011506.000	Disproportionate Share	Provides payment to qualifying hospitals for the unreimbursed cost of providing inpatient and outpatient hospital services to Medicaid eligible and uninsured individuals	\$ 3,376,461.00	\$ 139,452,028.22	\$ 444,453,468.78	\$ 587,281,958.00	\$ 18,628,621.00	\$ 174,331,322.00	\$ 400,640,057.00	\$ 593,600,000.00
3000.015000.000	Medicaid Eligibility	Provides administrative support and other operating expenses for the agency	\$ 15,230,313.80	\$ 2,447,353.37	\$ 19,718,297.84	\$ 37,395,965.01	\$ 13,507,235.00	\$ 2,772,146.00	\$ 24,335,651.00	\$ 40,615,032.00
3000.015500.000	BabyNet	Provides interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays	\$ 25,814,438.98	\$ 4,098,404.83	\$ 27,912,389.89	\$ 57,825,233.70	\$ 32,350,804.00	\$ 4,660,090.00	\$ 29,502,172.00	\$ 66,513,066.00
9500.050000.000	State Employer Contributions	Provide fringe & benefits for SCDHHS employees	\$ 11,077,217.18	\$ 1,667,696.98	\$ 16,123,659.12	\$ 28,868,573.28	\$ 9,890,475.00	\$ 1,678,538.00	\$ 17,728,931.00	\$ 29,297,944.00
9800.580200X000	CR NEAL CENTER	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ 300,000.00	\$-	\$-	\$ 300,000.00
9802.010000X000	Medicaid Management Information System	Non-recurring used for MMIS Replacement Project	\$ 6,160,863.29	\$ -	\$ 55,447,769.41	\$ 61,608,632.70	\$ -	\$-	\$-	\$-
9804.610000X000	Mobile Medical Units	Non-Recurring Proviso 118.19	\$ 190,000.00	\$-	\$-	\$ 190,000.00	\$ -	\$-	\$-	\$-
9805.480000X000	Cervical Cancer Awareness	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 100,000.00	\$-	\$-	\$ 100,000.00
9804.860000X000	"SC HIV CENCIL ""TWWC	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ -	\$-	\$-	\$-
9804.930000X000	Marion County Long Term Recovery Group Home Repairs	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ 250,000.00	\$-	\$-	\$ 250,000.00
9805.300000X000	NICHOLTOWN CHILD AND FAMILY COLLABORATIVE	Non-Recurring Proviso 118.19	\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$ -	\$-	\$-	\$-
9805.480000X000	SC CERVICAL CANCER AWARENESS INITIATIVE	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$-	\$-	\$-	\$-

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
9805.830000X000	BRAIN INJURY ASSOCIATION	Non-Recurring Proviso 118.19	\$ 374,500.00	\$-	\$-	\$ 374,500.00	\$ 387,713.00	\$-	\$-	\$ 387,713.00
9805.840000X000	SHORELINE BEHAVIORAL HEALTH SERVICES FACILITY EXP	Non-Recurring Proviso 118.19	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00	\$ -	\$-	\$-	\$-
9805.880000X000	SEA HAVEN FOR YOUTH HEALTH CARE FOR HOMELESS YOUTH	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ -	\$-	\$-	\$-
9805.920000X000	Project NOLA	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$-	\$-	\$-
9806.210000X000	Medical Contracts Non-Recurring	Non-Recurring Proviso 118.19	\$ 14,519.33	\$-	\$-	\$ 14,519.33	\$-	\$-	\$-	\$-
9806.560000X000	The Hive Community Organization	Non-Recurring Proviso 118.19	\$ 150,000.00	\$-	\$-	\$ 150,000.00	\$ -	\$-	\$-	\$-
9806.570000X000	Helping Hands	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$-	\$-	\$-
9806.580000X000	Barksdale Foundation Sickle Cell Unit	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ 100,000.00	\$-	\$-	\$ 100,000.00
9806.600000X000	Abbeville County DSS/DHHS	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ -	\$-	\$-	\$-
9806.620000X000	Dianne's Call	Non-Recurring Proviso 118.19	\$ 150,000.00	\$-	\$-	\$ 150,000.00	\$ -	\$-	\$-	\$-
9806.810000X000	NEW MORNING FOUNDATION	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 2,000,000.00	\$-	\$-	\$ 2,000,000.00
9806.850000X000	VITAL AGING OF WILLIAMSBURG	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 60,000.00	\$-	\$-	\$ 60,000.00
9806.890000X000	Moncks Corner Mental Health Gym	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$-	\$-	\$-
9806.910000X000	Hope Center	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ -	\$-	\$-	\$-
9807.450000X000	PLEASANT VALLEY CONNECTION	Non-Recurring Proviso 118.19	\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$ -	\$-	\$-	\$-
9807.490000X000	MEDICAL MINISTRIES INC.	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$-	\$-	\$-
9807.590000X000	Pregnancy Center and Clinic of the Low Country	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ -	\$-	\$-	\$-
9807.630000X000	Upstate Family Resource Center	Non-Recurring Proviso 118.19	\$ 900,000.00	\$-	\$-	\$ 900,000.00	\$ -	\$-	\$-	\$-
9807.790000X000	CAMP HAPPY DAYS	Non-Recurring Proviso 118.19	\$ 150,000.00	\$-	\$-	\$ 150,000.00	\$ 250,000.00	\$-	\$-	\$ 250,000.00
9807.800000X000	COMMUNITY HEALTH WORKER PILOT PROGRAM	Non-Recurring Proviso 118.19	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00	\$ -	\$-	\$-	\$-
9807.900000X000	Pathways Community Center Fire Suppression	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$-	\$-	\$-
9808.440000X000	OUTSTANDING YOUTH AWARDS	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 50,000.00	\$-	\$-	\$ 50,000.00
9808.690000X000	Connie Maxwell Children's Ministries Healing Center	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ 250,000.00	\$-	\$-	\$ 250,000.00
9809.530000X000	Genesis Health Care, Inc	Non-Recurring Proviso 118.19	\$ 1,500,000.00	\$-	\$-	\$ 1,500,000.00	\$ -	\$-	\$-	\$-
9809.540000X000	Palmetto Men's Center - HopeHealth	Non-Recurring Proviso 118.19	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00	\$ 500,000.00	\$-	\$-	\$ 500,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
9810.350000X000	ANTIOCH SENIOR CENTER	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ 300,000.00	\$-	\$-	\$ 300,000.00
9810.500000X000	Sight Savers Child Vision Screening	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ 250,000.00	\$-	\$-	\$ 250,000.00
9811.370000X000	COMMUNITY MEDICINE FOUNDATION	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ 750,000.00	\$-	\$-	\$ 750,000.00
9811.380000X000	THE MEDI CRC	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ -	\$-	\$-	\$-
9811.520000X000	Forrester Behavioral Health	Non-Recurring Proviso 118.19	\$ 2,000,000.00	\$-	\$-	\$ 2,000,000.00	\$ -	\$-	\$-	\$-
9812.420000X000	EMMA WRIGHT FULLER FOUNDATION	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$-	\$-	\$-
9813.510000X000	SC Cancer Alliance	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$-	\$-	\$-
9817.250000.000	Covid 19 - Lim Benefit	Non-recurring used for COVID limited benefit population	\$-	\$-	\$ 336,535.89	\$ 336,535.89	\$-	\$-	\$-	\$-
9818.110000X000	Palmetto Foundation for Prevention and Recovery - YIP	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$-	\$-	\$-
9819.190000X000	Colorectal Cancer Prevention Network	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$-	\$-	\$-
9820.310000X000	MEDEX ACADEMY	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 100,000.00	\$-	\$-	\$ 100,000.00
9821.120000X000	James R. Clark Memorial Sickle Cell Foundation	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ 200,000.00	\$-	\$-	\$ 200,000.00
9821.160000X000	Digital Literacy Project	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$-	\$-	\$-
9823.150000X000	St. Clare Maternity Home	Non-Recurring Proviso 118.19	\$ 200,000.00	\$-	\$-	\$ 200,000.00	\$ -	\$-	\$-	\$-
9823.170000X000	FoodShare SC	Non-Recurring Proviso 118.19	\$ 200,000.00	\$-	\$-	\$ 200,000.00	\$ -	\$-	\$-	\$-
9824.100000X000	Beyond Basic Lift Skills - Intellectual Disability Assistance	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ -	\$-	\$-	\$-
9824.140000X000	Reedy Fork Center	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ 200,000.00	\$-	\$-	\$ 200,000.00
9825.090000X000	Pregnancy Crisis Center	Non-Recurring Proviso 118.19	\$ 2,400,000.00	\$-	\$-	\$ 2,400,000.00	\$ -	\$-	\$-	\$-
9826.050000X000	Rural Health Network Revitalization	Non-Recurring Proviso 118.19	\$ 120,000.00	\$-	\$-	\$ 120,000.00	\$ 5,000,000.00	\$-	\$-	\$ 5,000,000.00
9826.130000X000	Fresh Start Transitional Project	Non-Recurring Proviso 118.19	\$ 75,000.00	\$-	\$-	\$ 75,000.00	\$ -	\$-	\$-	\$-
9831.030000X000	Behavioral Health Capacity	Non-Recurring Proviso 118.19	\$ 29,600,000.00	\$-	\$-	\$ 29,600,000.00	\$ 14,300,000.00	\$-	\$-	\$ 14,300,000.00
9827.070000X000	Youth PRTFs	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 2,880,000.00	\$-	\$-	\$ 2,880,000.00
9833.060000X000	Healthcare Compliance Programs	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 5,000,000.00	\$-	\$-	\$ 5,000,000.00
9809.550000X000	Women In Unity	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 300,000.00	\$-	\$-	\$ 300,000.00
3811.370000X000	Community Medicine Foundation	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 500,000.00	\$-	\$-	\$ 500,000.00
TBD	ALPHA Behavioral Health Center	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 750,000.00	\$-	\$-	\$ 750,000.00
TBD	Association for the Bline & Visually Impaired	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 250,000.00	\$-	\$-	\$ 250,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
TBD	Bluffton-Jasper County Volunteers in Medicine	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 300,000.00	\$-	\$-	\$ 300,000.00
TBD	Bridge Over Foundation-Bridge Project	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 25,000.00	\$-	\$-	\$ 25,000.00
TBD	Building Better Communities-College Place Healthy Living Project	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Building Better Communities Ambassador Program	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 200,000.00	\$-	\$-	\$ 200,000.00
TBD	Camp Kemo	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	Closing the Gap in Healthcare	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	Falcon Children's Home Turbeville	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	First Impressions of SC Health Initiative	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 50,000.00	\$-	\$-	\$ 50,000.00
TBD	Friends of Fisher House Columbia	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 300,000.00	\$-	\$-	\$ 300,000.00
TBD	Iron Wolf Recovery Fitness	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Kershaw Health District-Health & Recreation Plan	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00
TBD	Medical Experience Academy	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	New Capernaum Life Services	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 300,000.00	\$-	\$-	\$ 300,000.00
TBD	Palmetto Center for Policy Alternatives-SC Cervical Cancer Prevention Initiative	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 175,000.00	\$-	\$-	\$ 175,000.00
TBD	Pee Dee Healthy Start Program Support	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 300,000.00	\$-	\$-	\$ 300,000.00
TBD	Phoenix Center Transition Housing	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 300,000.00	\$-	\$-	\$ 300,000.00
TBD	Project Hope Foundation	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 3,783,269.00	\$-	\$-	\$ 3,783,269.00
TBD	Ronald McDonald House-Charleston	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 9,000,000.00	\$-	\$-	\$ 9,000,000.00
TBD	Safety Blitz Foundation Child ID Program	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 276,250.00	\$-	\$-	\$ 276,250.00
TBD	Smith Medical Clinic	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Sumter Behavioral Health Services	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 550,000.00	\$-	\$-	\$ 550,000.00
TBD	The Holistic Wellness Center	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	The Mitney Project	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 15,000.00	\$-	\$-	\$ 15,000.00
TBD	Town of Eastover Healthy Community Program	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 50,000.00	\$-	\$-	\$ 50,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
TBD	United Way of the Midlands-Young Men United	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Upstate Circle of Friends	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 80,500.00	\$-	\$-	\$ 80,500.00
TBD	Urban League of the Upstate-McClaren Institute for Health & Quality of Life	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 500,000.00	\$-	\$-	\$ 500,000.00
TBD	Wiley Kennedy Foundation	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 50,000.00	\$-	\$-	\$ 50,000.00
TBD	Wiley Kennedy Foundation-Thriving Communities	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 150,000.00	\$-	\$-	\$ 150,000.00
TBD	Alzheimer's Disease Research Center Designation	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 10,000,000.00	\$-	\$-	\$ 10,000,000.00
TBD	Psychiatric Residency Program	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 3,000,000.00	\$-	\$-	\$ 3,000,000.00

2023

Legal Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	FY23-24 Proviso	Establishes the Healthy Outcomes Initiative, increases DSH payments to rural hospitals, and directs expenditures to safety net and other providers.	Requires a manner of delivery		Amended
Proviso 33.21 (Medicaid Healthcare Initiatives Outcomes)	State	FY22-23 Proviso	Requires that the Director of the Department of Health and Human Services present to the House Ways and Means Healthcare Budget Subcommittee on the outcomes of Medicaid healthcare initiatives by February 15th.	Report our agency must/may provide		Suspended
Proviso 33.22 (Rural Health Initiative)	State	FY23-24 Proviso	Requires the Department to partner with certain agencies to implement components of a Rural Health Initiative.	Requires a manner of delivery		Amended
Proviso 33.23 (BabyNet Compliance)	State	FY23-24 Proviso	Requires the agency to report on the status of bringing BabyNet into compliance with federal requirements.	Report our agency must/may provide		Amended
Proviso 33.24 (Personal Emergency Response System)	State	FY22-23 Proviso	Requires the Department to develop one or more Requests for Proposals, to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients pursuant to the Department's Medicaid Home and Community-Based waiver.	Requires a service	Vetoed	Suspended
Proviso 33.25 (Family Planning Funds)	State	FY23-24 Proviso	State law having prevented Planned Parenthood from performing abortions with state funds, once the federal injunction is lifted, the Department of Health and Human Services may not direct any federal funds to Planned Parenthood.	Requires a manner of delivery		No Change
Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	FY23-24 Proviso	Directs the Department to make monthly remittances to the State Auditor's Office to support Medical Assistance audits.	Funding agency deliverable(s)		No Change
Proviso 33.4 (Third Party Liability Collection)	State	FY23-24 Proviso	Allows the Department to fund Third Party Liability and Drug Rebate collection efforts from the monies collected in those efforts.	Funding agency deliverable(s)		No Change
Proviso 33.5 (Medicaid State Plan)	State	FY23-24 Proviso	Establishes the circumstances under which the Department may bill other state agencies for state matching funds.	Funding agency deliverable(s)		No Change
Proviso 33.6 (Medically Indigent Assistance Fund)	State	FY23-24 Proviso	Makes DSH-receiving hospitals liable for any audit exceptions relating to their receipt or expenditure of DSH funds.	Funding agency deliverable(s)		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
Proviso 33.7 (Registration Fees)	State	FY23-24 Proviso	Authorizes the Department to receive and expend registration fees for educational, training, and certification programs.	Funding agency deliverable(s)		No Change
Proviso 33.8 (Fraud and Abuse Collections)	State	FY23-24 Proviso	Authorizes the Department to offset the administrative costs associated with controlling fraud and abuse.	Funding agency deliverable(s)		No Change
Proviso 33.9 (Medicaid Eligibility Transfer)	State	FY23-24 Proviso	Transfers responsibility for Medicaid eligibility from DSS to HHS and requires that counties provide facilities for this work, as they do for DSS.	Requires a manner of delivery		No Change
Reg. 126-125	State	Regulation	Requires the Department to administer its programs without discrimination.	Requires a manner of delivery		No Change
Reg. 126-150	State	Regulation	Establishes definitions for terms used in the Department's Appeals and Hearings regulations	Requires a service	Appeals and Hearings	No Change
Reg. 126-152	State	Regulation	Establishes appeal procedures	Requires a service	Appeals and Hearings	No Change
Reg. 126-154	State	Regulation	Defines authority of Hearing Officer	Requires a service	Appeals and Hearings	No Change
Reg. 126-156	State	Regulation	Describes prehearing conferences	Requires a service	Appeals and Hearings	No Change
Reg. 126-158	State	Regulation	Establishes hearing procedures	Requires a service	Appeals and Hearings	No Change
Reg. 126-170	State	Regulation	Establishes rules for the safeguarding and disclosure of Department-held client information.	Requires a manner of delivery		No Change
Reg. 126-171	State	Regulation	Defines protected information	Requires a manner of delivery		No Change
Reg. 126-172	State	Regulation	Defines purposes directly connected to the administration of programs and grants	Requires a manner of delivery		No Change
Reg. 126-173	State	Regulation	Defines rules under which the Department may release information	Requires a manner of delivery		No Change
Reg. 126-174	State	Regulation	Defines rules under which materials may be distributed to recipients and providers	Requires a manner of delivery		No Change
Reg. 126-175	State	Regulation	Defines penalties related to violations of the Department's safeguarding regulations	Requires a manner of delivery		No Change
Reg. 126-300	State	Regulation	Establishes the scope of the Medicaid program including services available under the program.	Requires a service	Medicaid services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
Reg. 126-301	State	Regulation	List of services covered by Medicaid program	Requires a service	Medicaid services	No Change
Reg. 126-302	State	Regulation	Defines audiology services	Requires a service	Audiology services	No Change
Reg. 126-303	State	Regulation	Describes coverage of certified nurse midwifery services	Requires a service	Nurse-midwifery services	No Change
Reg. 126-304	State	Regulation	Describes Community Long Term Care Home and Community Based Services	Requires a service	CLTC services	No Change
Reg. 126-305	State	Regulation	Defines dental care	Requires a service	Dental services	No Change
Reg. 126-306	State	Regulation	Defines durable medical equipment	Requires a service	DME equipment	No Change
Reg. 126-307	State	Regulation	Describes early and periodic screening, diagnosis and treatment (EPSDT) services	Requires a service	EPSDT	No Change
Reg. 126-308	State	Regulation	Describes where End Stage Renal Disease services are available	Requires a service	End State Renal Disease services	No Change
Reg. 126-309	State	Regulation	Describes purpose of Family Planning Services	Requires a service	Family Planning services	No Change
Reg. 126-310	State	Regulation	Defines hospital services	Requires a service	Hospital services	No Change
Reg. 126-311	State	Regulation	Describes who must order laboratory and x-ray services/tests	Requires a service	Lab and x-ray services	No Change
Reg. 126-312	State	Regulation	Describes Medicaid medical transportation services	Requires a service	Medical transportation services	No Change
Reg. 126-313	State	Regulation	Defines mental health clinic services	Requires a service	Mental health clinic services	No Change
Reg. 126-314	State	Regulation	Describes nursing facility services	Requires a service	Nursing facility services	No Change
Reg. 126-315	State	Regulation	Defines physicians' services	Requires a service	Physicians' services	No Change
Reg. 126-316	State	Regulation	Defines podiatry services	Requires a service	Podiatry services	No Change
Reg. 126-317	State	Regulation	Defines prescribed drugs	Requires a service	Prescriptions	No Change
Reg. 126-318	State	Regulation	Describes the availability of psychiatric facility services	Requires a service	Psychiatric facility services	No Change
Reg. 126-319	State	Regulation	Describes limitations of rehabilitative services	Requires a service	Rehabilitative services	No Change
Reg. 126-320	State	Regulation	Defines rural health clinic services	Requires a service	Rural health clinic services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
Reg. 126-321	State	Regulation	Describes availability of speech pathology services	Requires a service	Speech pathology services	No Change
Reg. 126-322	State	Regulation	Describes limitations of tubercular facility services	Requires a service	Tubercular facility services	No Change
Reg. 126-323	State	Regulation	Defines vision care	Requires a service	Vision care services	No Change
Reg. 126-335	State	Regulation	Describes reimbursement for covered inpatient hospital services	Requires a service	Hospital reimbursement services	No Change
Reg. 126-350	State	Regulation	Establishes definitions for terms used in the Department's Medicaid eligibility regulations.	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-355	State	Regulation	Describes generally the Medicaid application procedures	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-360	State	Regulation	Describes general Medicaid eligibility requirements	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-365	State	Regulation	Describes generally the categorically needy eligible groups	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-370	State	Regulation	Describes redetermination of categorically needy eligibility	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-375	State	Regulation	Describes medical institution vendor payments	Requires a service	Medicaid provider payments	No Change
Reg. 126-380	State	Regulation	Describes denial, termination or reduction of benefits	Requires a manner of delivery		No Change
Reg. 126-399	State	Regulation	Describes that the federal regulations prevail when state and federal are not in agreement	Requires a manner of delivery		No Change
Reg. 126-400	State	Regulation	Establishes definitions for terms used in the Department's Program Evaluation regulations	Requires a manner of delivery		No Change
Reg. 126-401	State	Regulation	Describes provider sanctions	Requires a manner of delivery		No Change
Reg. 126-402	State	Regulation	Describes factors for provider sanctions	Requires a manner of delivery		No Change
Reg. 126-403	State	Regulation	Describes grounds for provider sanction	Requires a manner of delivery		No Change
Reg. 126-404	State	Regulation	Describes provider fair hearings resulting from sanctions	Requires a manner of delivery		No Change
Reg. 126-405	State	Regulation	Describes provider reinstatement	Requires a manner of delivery		No Change
Reg. 126-425	State	Regulation	Program Integrity - Beneficiary Utilization	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
Reg. 126-500	State	Regulation	Establishes definitions for terms used in the Department's Medically Indigent Assistance Program (MIAP) regulations.	Requires a service	MIAP services	No Change
Reg. 126-505	State	Regulation	Describes responsibilities for MIAP eligibility determination	Requires a service	MIAP services	No Change
Reg. 126-510	State	Regulation	Describes the MIAP application process	Requires a service	MIAP services	No Change
Reg. 126-515	State	Regulation	Describes MIAP non-financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-520	State	Regulation	Describes MIAP financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-530	State	Regulation	Describes the services covered by the Medically Indigent Assistance Program (MIAP).	Requires a service	MIAP services	No Change
Reg. 126-535	State	Regulation	Describes sponsorship from the MIAP	Requires a service	MIAP services	No Change
Reg. 126-540	State	Regulation	Describes recovery by MIAP	Requires a service	MIAP services	No Change
Reg. 126-560	State	Regulation	Payment methodology for MIAP	Requires a service	MIAP services	No Change
Reg. 126-570	State	Regulation	Grace period for county assessments in the MIAP	Requires a service	MIAP services	No Change
Reg. 126-800	State	Regulation	Establishes definitions for terms used in the Department's Intermediate Sanctions for Medicaid Certified Nursing Facilities regulations	Requires a manner of delivery		No Change
Reg. 126-810	State	Regulation	Describes the imposition of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-820	State	Regulation	Describes factors for sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-830	State	Regulation	Describes the assessment of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-840	State	Regulation	Describes the schedule of sanctions for Medicaid certifies nursing facilities	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
Reg. 126-850	State	Regulation	Describes the levying of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-910	State	Regulation	Establishes definitions for terms used in the Department's Optional State Supplementation Program regulations.	Requires a service	OSS benefits	No Change
Reg. 126-920	State	Regulation	Describes eligibility requirements for the OSS program	Requires a service	OSS benefits	No Change
Reg. 126-930	State	Regulation	Describes the termination, suspension or reduction of benefits for OSS payments	Requires a service	OSS benefits	No Change
Reg. 126-940	State	Regulation	Describes administration of the OSS program.	Requires a service	OSS benefits	Amended
Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Requires a service	Medicaid services	Amended
Proviso 33.23 (Meals in Emergency Operations)	State	FY23-24 Proviso	The cost of meals may be provided to state employees who are not permitted to leave their stations and are required to work during actual emergencies, emergency situation exercises, and when the Governor declares a state of emergency.	Requires a service		No Change
Proviso 33.27 (Optional State Supplement Adjustments)	State	FY23-24 Proviso	Directs cost-of-living adjustments and one-time OSS payments	Distribute finding to another entity		No Change
Proviso 117.142 (Sickle Cell Disease)	State	FY23-24 Proviso	Directs DHHS to transfer money to MUSC Hospital Authority	Distribute finding to another entity	Old #: 117.157	No Change
Proviso 117.153 (Behavioral Health Capacity)	State	FY23-24 Proviso	Directs the collaboration across agencies regarding behavioral health capacity	Requires a manner of delivery	Old #: 117.177	No Change
Proviso 117.155 (Rare Disease Advisory Council)	State	FY23-24 Proviso	Directs one member appointed by Director of DHHS to serve on the Rare Disease Advisory Council	Board, commission, or committee on which someone from our agency must/may serve	Old#: 117.179	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
Executive Order 2021-38	State	Executive Order	Directive to Cooperate and Assist with Litigation Challenging Vaccine Mandates and Prohibition on Cabinet Agency Vaccine Mandates	Not related to agency deliverable.		Added
Executive Order 2022-02	State	Executive Order	Review of School Mental Health Services Program	Report our agency may/must provide		Added
Executive Order 2022-03	State	Executive Order	IT Shared Services Plan Implementation	Requires a manner of delivery		Added
Executive Order 2022-19	State	Executive Order	Directing Additional Safeguards to Ensure Transparency and Accountability in Appropriations	Requires a manner of delivery		Added
Proviso 33.30 (Broadband and Telehealth Digital Literacy)	State	FY23-24 Proviso	Requires DHHS to establish a \$500,000 pilot program by partnering with a member of the SC Telehealth Alliance.	Distribute finding to another entity		No Change
Proviso 33.32 (Brain Health Initiative)	State	FY23-24 Proviso	From funds appropriated, DHHS is authorized to contract with USC to develop and implement a rural brain health network.	Requires a service		Added
Proviso 33.33 (Pregnancy Crisis Centers)	State	FY23-24 Proviso	For Fiscal Year 2023-24, funding provided to the Department of Health and Human Services for Pregnancy Crisis Centers may only be expended by pregnancy care centers for the purposes of direct care to pregnant women and mothers for related medical care, support, and resources for women and infants.	Distribute finding to another entity		Added
Proviso 33.34 (Healthcare)	State	FY23-24 Proviso	Authorizes DHHS to allocate up to \$7.5M to safety net providers for high quality reproduced health care.	Distribute finding to another entity		Added
Proviso 33.35 (Psychiatric Residency Program)	State	FY23-24 Proviso	Authorizes DHHS to expend funds appropriated for the psychiatric residency program in SC.	Distribute finding to another entity		Added
Proviso 33.36 (Biomedical Research Center)	State	FY23-24 Proviso	Directs DHHS to contract with SC public entities that include health service districts, health authorities, or agencies to develop a biomedical research center for the purpose of analyzing biological pathways, networks and molecular systems.	Distribute finding to another entity		Added
Proviso 117.162 (Palmetto Autism Study Committee)	State	FY23-24 Proviso	Creates Autism Study Committee	Report our agency may/must provide		Amended

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
11-7-40	State	Statute	Establishes that the Department is responsible for fifty percent of the costs incurred by the State Auditor in conducting the medical assistance audit. The amount billed by the State Auditor must include those appropriated salary adjustments and employer contributions allowable under the Medicaid program. The Department must remit the amount billed to the credit of the general fund of the State.	Distribute funding to another entity		No Change
1-1-1035	State	Statute	Establishes that no state funds or Medicaid funds shall be expended to perform abortions, except for those abortions authorized by federal law under the Medicaid program.	Requires a service	Abortions authorized by federal law under the Medicaid program	No Change
11-5-400	State	Statute	Establishes the 'South Carolina ABLE Savings Program'. The purpose of the South Carolina ABLE Savings Program is to authorize the establishment of savings accounts empowering individuals with a disability and their families to save private funds which can be used to provide for disability-related expenses in a way that supplements, but does not supplant, benefits provided through the Medicaid program under Title XIX of the Social Security Act and other insurance.	Requires a manner of delivery		No Change
11-5-440(F)(2)	State	Statute	Describes the treatment of funds in an ABLE account for Medicaid purposes.	Requires a manner of delivery		No Change
12-21-625	State	Statute	Describes the portion of the cigarette tax to be deposited in the South Carolina Medicaid Reserve Fund created pursuant to Section 11-11-230(B).	Funding agency deliverable(s)		No Change
12-23-840	State	Statute	Revenues derived under Article 11 (Indigent Health Care) of Title 12 of Chapter 23 of the Code must be deposited in the Medicaid Expansion Fund created by Section 44-6-155. In addition to the purposes specified in Section 44-6-155, monies in the Medicaid Expansion Fund must be used to provide health care coverage to the Medicaid-eligible and uninsured populations in South Carolina.	Funding agency deliverable(s)		No Change
38-71-2110(B)	State	Statute	Exempts the Department from Article 20, Chapter 71 of Title 38 of the SC Code, which provides procedures governing the maximum allowable cost reimbursements for generic prescription drugs by pharmacy benefit managers.	Requires a manner of delivery		Repealed
40-43-86(H)(6)	State	Statute	A Medicaid recipient whose prescription is reimbursed by the South Carolina Medicaid Program is deemed to have consented to the substitution of a less costly equivalent generic drug product.	Requires a manner of delivery		No Change
43-7-410	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
43-7-420	State	Statute	Establishes that Medicaid applicants and recipients are considered to have assigned their right to recover an amount paid by Medicaid from a third party or private insurer to the department. Also that the receipt of medical assistance by an applicant or recipient creates a rebuttable presumption that the applicant or recipient received information regarding the requirements for and the consequences of assigning his right to recover from a third party or private insurer either from the department, or in the case of an applicant or recipient qualified by the Social Security Administration under Section 1634 of the Social Security Act, from the Social Security Administration. Presumption of receipt of information regarding requirement for consequences or assignment. Establishes that an applicant's and recipient's determination of, and continued eligibility for, medical assistance under Medicaid is contingent on his cooperation with the Department in its efforts to enforce its assignment rights.	Requires a manner of delivery		No Change
43-7-430	State	Statute	Establishes the subrogation of rights to the Department. The Department automatically is subrogated, only to the extent of the amount of medical assistance paid by Medicaid, to the rights an applicant or recipient has to recover an amount paid by Medicaid from a third party or private insurer.	Requires a manner of delivery		No Change
43-7-440	State	Statute	Establishes the enforcement and superiority of the Department's subrogation rights. Requires provider assistance in identification of third parties liable for medical costs. Renders ineffective certain insurance provisions.	Requires a manner of delivery		No Change
43-7-450	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; claims or actions pending or brought before June 11, 1986.	Requires a manner of delivery		No Change
43-7-460	State	Statute	Establishes the Department's obligation to recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from estates of certain individuals.	Requires a manner of delivery		No Change
43-7-465	State	Statute	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.	Not related to agency deliverable		No Change
43-7-50	State	Statute	Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
43-7-60	State	Statute	Establishes that a false claim, statement, or representation by a medical provider is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-70	State	Statute	Establishes that a false statement or representation on application for assistance under the Medicaid program is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-80	State	Statute	Establishes that Medicaid providers are required to keep separate accounts for patient funds and maintain records of such accounts. Declares that a violation is a misdemeanor and sets out penalties for such violations.	Not related to agency deliverable		No Change
44-6-10	State	Statute	There is created the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor, upon the advice and consent of the Senate.	Requires a manner of delivery		No Change
44-6-100	State	Statute	Establishes the Director as the chief administrative officer of the department responsible for executing policies, directives, and actions of the Department either personally or by issuing appropriate directives to the employees. Department employees have such general duties and receive such compensation as determined by the Director. The Director is responsible for administration of state personnel policies and general Department personnel policies. Authorizes the Director to have sole authority to employ and discharge employees subject to such personnel policies and funding available for that purpose. The goal of the provisions of this section is to ensure that the Department's business is conducted according to sound administrative practice, without unnecessary interference with its internal affairs.	Requires a manner of delivery		No Change
44-6-1010	State	Statute	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.	Requires a manner of delivery		No Change
44-6-1020	State	Statute	Requires the P&T Committee to adopt bylaws, elect a chairman and vice chairman; establishes rules regarding compensation, meetings, and public comment on clinical and patient care data from Medicaid providers.	Requires a manner of delivery		No Change
44-6-1030	State	Statute	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
44-6-1040	State	Statute	Establishes certain procedures to be included in any preferred drug list program administered by the Department.	Requires a service	Preferred drug list program	No Change
44-6-1050	State	Statute	Establishes rules regarding the granting of prior authorization for a drug and establishes that a Medicaid recipient who has been denied prior authorization for a prescribed drug is entitled to appeal this decision through the Department's appeals process.	Requires a manner of delivery		No Change
44-6-110	State	Statute	A Medicaid provider, outside of the geographical boundary of South Carolina but within the South Carolina Medicaid Service Area, as defined by R. 126-300(B) of the Code of State Regulations, prior to the effective date of the amendments to Section 1-1-10, which are effective January 1, 2017, shall not lose status as a Medicaid provider as a result of the clarification of the South Carolina - North Carolina border.	Requires a manner of delivery		No Change
44-6-132	State	Statute	Medically Indigent Assistance Act; Legislative Intent and Findings.	Requires a service	MIAP services	No Change
44-6-135	State	Statute	The following sections shall be known and may be cited as the "South Carolina Medically Indigent Assistance Act".	Requires a service	MIAP services	No Change
44-6-140	State	Statute	Establishes the Medicaid hospital prospective payment system and cost containment measures.	Requires a manner of delivery		Amended
44-6-146	State	Statute	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	Requires a manner of delivery		No Change
44-6-150	State	Statute	Creates the Medically Indigent Assistance Program to be administered by the Department. The program is authorized to sponsor inpatient hospital care for which hospitals shall receive no reimbursement.	Requires a service	MIAP services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
44-6-155	State	Statute	Creates the Medicaid Expansion Fund. Monies in the fund must be used to: (1) provide Medicaid coverage to pregnant women and infants with family incomes above one hundred percent but below one hundred eighty-five percent of the federal poverty guidelines; (2) provide Medicaid coverage to children aged one through six with family income below federal poverty guidelines; (3) provide Medicaid coverage to aged and disabled persons with family income below federal poverty guidelines; (4) provide up to two hundred forty thousand dollars to reimburse the Office of Research and Statistics of the Revenue and Fiscal Affairs Office and hospitals for the cost of collecting and reporting data pursuant to Section 44-6-170. Any funds not expended for the purposes specified during a given year are carried forward to the succeeding year for the same purposes.	Requires a service	Medicaid coverage	No Change
44-6-160	State	Statute	Requires the Department, by August first of each year, to compute and publish the annual target rate of increase for net inpatient charges for all general hospitals in the State.	Report our agency must/may provide		No Change
44-6-180	State	Statute	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.	Requires a manner of delivery		No Change
44-6-190	State	Statute	Establishes that the Department may promulgate regulations pursuant to the Administrative Procedures Act and appeals from decisions by the Department are heard pursuant to the APA, Administrative Law Judge, Article 5, Chapter 23 of Title 1 of the 1976 Code. Also requires the Department to promulgate regulations to comply with federal requirements to limit the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the Medicaid program.	Requires a manner of delivery		No Change
44-6-200	State	Statute	Criminal penalties for falsification of information regarding MIAP.	Requires a manner of delivery		No Change
44-6-220	State	Statute	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Not related to agency deliverable		No Change
44-6-30	State	Statute	Establishes DHHS' authority to administer Title XIX of the Social Security Act (Medicaid), including the EPSDT Program and the CLTC System; Designates DHHS as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act; and prohibits DHHS from engaging in the delivery of services.	Requires a service	Administration of Medicaid Program	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
44-6-300	State	Statute	Requires the Department to establish child development services in certain counties.	Requires a service	Child development services	Replaced
44-6-310	State	Statute	Requires the Department to expand child development services in certain counties.	Requires a service	Child development services	Replaced
44-6-320	State	Statute	Requires the establishment and expansion of the child development services to be accomplished within the limits of the appropriations provided by the General Assembly in the annual General Appropriations Act for this purpose and in accordance with the Department's policies for child development services funded through Title XX.	Requires a service	Child development services	Replaced
44-6-35	State	Statute	Establishes Medicaid waiver protections for eligible family members of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is stationed.	Requires a manner of delivery		No Change
44-6-40	State	Statute	Establishes the Department's duties for all health and human services interagency programs.	Requires a manner of delivery		No Change
44-6-400	State	Statute	Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	Requires a manner of delivery		No Change
44-6-420	State	Statute	Authorizes the Department to take certain enforcement action when it is notified by DHEC that a nursing home is in violation of one or more of the requirements for participation in the Medicaid program. Requires coordination with federal authorities if the nursing home is dually certified for participation in both the Medicare and Medicaid programs.	Requires a manner of delivery		No Change
44-6-45	State	Statute	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.	Requires a manner of delivery		No Change
44-6-470	State	Statute	Specifies the use of funds collected by the department as a result of the imposition of civil monetary penalties or other enforcement actions against nursing homes.	Funding agency deliverable(s)		No Change
44-6-5	State	Statute	Establishes the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor and serves at the will and pleasure of the Governor.	Requires a manner of delivery		No Change
44-6-50	State	Statute	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
44-6-530	State	Statute	Before instituting an action against a nursing home, requires the Department to determine if the Secretary of the United States Department of Health and Human Services has jurisdiction under federal law. In such cases, the Department must coordinate its efforts with the Secretary to maintain an action against the nursing home. In an action against a nursing home owned and operated by the State of South Carolina, the Secretary has exclusive jurisdiction.	Requires a manner of delivery		No Change
44-6-540	State	Statute	Authorizes the Department to promulgate regulations, pursuant to the Administrative Procedures Act, to administer sanctions against nursing homes, and to ensure compliance with the requirements for participation in the Medicaid program.	Requires a manner of delivery		No Change
44-6-610	State	Statute	Citation of Article as the "Gap Assistance Pharmacy Program for Seniors (GAPS) Act".	Requires a service	GAPS services (suspended via proviso)	No Change
44-6-620	State	Statute	Definitions of terms in the GAPS Act.	Requires a manner of delivery	Suspended via proviso	No Change
44-6-630	State	Statute	Creates within the Department the Gap Assistance Pharmacy Program for Seniors (GAPS) program. The purpose of this program is to coordinate, beginning January 1, 2006, with Medicare Part D Prescription Drug Plans to provide to low-income seniors in this State assistance with costs for prescription drugs during the annual Medicare Part D coverage gap.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-640	State	Statute	Establishes that the Department may designate, or enter into contracts with, other entities including, but not limited to, other states, other governmental purchasing pools, and nonprofit organizations to assist in the administration of the GAPS program. Authorizes the Department to establish an enrollment fee that must be used to fund the administration of this program.	Not related to agency deliverable		No Change
44-6-650	State	Statute	Establishes the eligibility requirements and benefits available under the GAPS program.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-660	State	Statute	Requires the Department to maintain data to allow evaluation of the cost effectiveness of the GAPS program and to include in its annual report, a report on the GAPS program.	Requires a manner of delivery	Suspended via proviso	No Change
44-6-70	State	Statute	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
44-6-710	State	Statute	Requires the Medicaid application for nursing home care of a person deemed ineligible because of Medicaid qualifying trust to be treated as an undue hardship case.	Requires a manner of delivery		No Change
44-6-720	State	Statute	Establishes requirements for qualifying for undue hardship waiver.	Requires a manner of delivery		No Change
44-6-725	State	Statute	Establishes that certain promissory notes received by a Medicaid applicant or recipient or the spouse of a Medicaid applicant or recipient shall, for Medicaid eligibility purposes, be deemed to be fully negotiable under the laws of this State unless it contains language plainly stating that it is not transferable under any circumstances. A promissory note will be considered valid for Medicaid purposes only if it is actuarially sound, requires monthly installments that fully amortize it over the life of the loan, and is free of any conditional or self-canceling clauses.	Requires a manner of delivery		No Change
44-6-730	State	Statute	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article ("Trusts and Medicaid Eligibility").	Requires a manner of delivery		No Change
44-6-80	State	Statute	Requires the Department to submit to the Governor, the State Budget and Control Board, and the General Assembly an annual report concerning the work of the department including details on improvements in the cost effectiveness achieved since the establishment of the Department and recommended changes for further improvements. Also, interim reports must be submitted as needed to advise the Governor and the General Assembly of substantive issues.	Report our agency must/may provide		No Change
44-6-90	State	Statute	Authorizes the Department to promulgate regulations to carry out its duties. Requires all state and local agencies whose responsibilities include administration or delivery of services which are covered by Title 44, Chapter 6 to cooperate with the Department and comply with its regulations.	Requires a manner of delivery		No Change
44-6-910	State	Statute	Recognition of FQHCs, RHCs and Rural Hospitals.	Requires a manner of delivery		No Change
44-7-80	State	Statute	Establishes the Medicaid Nursing Home Permits rules.	Requires a manner of delivery		No Change
44-7-82	State	Statute	No nursing home may provide care to Medicaid patients without first obtaining a permit in the manner provided in this article.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
44-7-84	State	Statute	Determination and allocation of Medicaid nursing home patient days; application for permit; rules and regulations.	Requires a manner of delivery		No Change
44-7-88	State	Statute	Involuntary discharge or transfer of Medicaid nursing home patients prohibited; request for waiver of permit requirements.	Requires a manner of delivery		No Change
44-7-90	State	Statute	Violations of Article; penalties; relocation of patients; report of daily Medicaid resident census information.	Requires a manner of delivery		No Change
58-23-1610	State	Statute	A transportation network company does not include transportation services provided pursuant to Articles 1 through 15, Chapter 23, Title 58, or arranging nonemergency medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the State or a managed care organization.	Requires a manner of delivery		No Change
59-123-60	State	Statute	Requires certain state appropriations to the Department to be used as match funds for the disproportionate share for the MUSC's federal program. Any excess funding may be used for hospital base rate increases. The Department must pay to the Medical University of South Carolina Hospital Authority an amount equal to the amount appropriated for its disproportionate share to the DHHS. This payment shall be in addition to any other funds that are available to the authority from the Medicaid program inclusive of the disproportionate share for the hospital's federal program.	Funding agency deliverable(s)		No Change
62-7-503	State	Statute	Makes the spendthrift exception unenforceable against a special needs trust, supplemental needs trust, or similar trust established for a disabled person if the applicability of such a provision could invalidate such a trust's exemption from consideration as a countable resource for Medicaid or Supplemental Security Income (SSI) purposes or if the applicability of such a provision has the effect or potential effect of rendering such disabled person ineligible for any program of public benefit, including, but not limited to, Medicaid and SSI.	Requires a manner of delivery		No Change
9-11-315	State	Statute	With one exception, retirees and beneficiaries under the Police Officers Retirement System receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2023
9-1-1870	State	Statute	With one exception, retirees and beneficiaries under the State Retirement Systems receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change
Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Requires a service	Medicaid services	Amended

2023

Services Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2023	Summary of changes to services
Health coverage for members	Low-income and/or disabled residents who meet categorical requirements.	Medicaid Members	Healthcare Providers	Eligibility and Health Services	Medicaid members and/or applicants	Loss of healthcare services for residents in need	No Change	

2023

Partnerships Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Continuum of Care	Continuum manages services for children needing the most intensive behavioral health assistance; these services are often Medicaid-funded.	No Change
State Government	Department of Alcohol and Other Drug Abuse Services	DAODAS receives significant funding from DHHS and the agencies collaborate to discuss/design Medicaid service offerings.	No Change
State Government	Department of Disabilities and Special Needs	DDSN administers certain waiver programs on behalf of DHHS; DHHS finances nearly 91% of the DDSN budget.	No Change
State Government	Department of Education	SCDE has traditionally served as an intermediary between DHHS and the school districts that provide Medicaid-funded services.	No Change
State Government	Department of Health and Environmental Control	DHEC is an important service provider and information source for Medicaid beneficiaries.	No Change
State Government	Department of Mental Health	DMH is a major provider of behavioral health services for Medicaid beneficiaries; DHHS finances approximately 31% of the DMH budget.	No Change
State Government	Department of Social Services	Many Medicaid beneficiaries also receive some form of service through DSS (SNAP, TANF, foster care, etc.). The agencies collaborate on eligibility and serving certain populations.	No Change
State Government	Lt. Governor's Office	The agencies collaborate on enrollment and eligibility data for elderly and vulnerable adults pursuing Medicaid eligibility to receive long-term care or nursing facility services.	No Change
Private Company	Managed Care Organizations	The program's managed care organizations are responsible for coordinating care and controlling costs for most Medicaid beneficiaries.	No Change
State Government	Medical University of South Carolina	MUSC administers the statewide telemedicine system that is funded with resources from DHHS.	No Change
State Government, Private Company, Individuals, Non-profits	Providers	Individuals and organizations are enrolled to provide services to Medicaid beneficiaries, including physicians, dentists, and countless other provider classes.	No Change

2023

Reports Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Agreed Upon Procedures Audit (Hobbs Group)	11-7-20	AUP audit tests the application of agreed upon procedures to the accounting records and internal controls of the agency.	December-21	Annually	Other	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	Per State Auditor's Office, we weren't scheduled for the Agreed Upon Audit for FY 22-23.
BabyNet Compliance	Proviso 33.23	Provide update on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.	December-22	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Bank Account Transparency and Accountability	Proviso 117.80	Provide information on fund balances and accounts not managed through the SCEIS system.	September-22	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
CAFR Audit (Office of State Auditor and CPA Firm)	11-7-20	CAFR Audit reviews a sample of all financial transactions, payables, receivables, payroll, grant expenditures and draws, and is used to assist the state with preparing the State CAFR.	November-22	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Carry Forward Report	Proviso 33.16	Provide additional information on funds carried forward from one fiscal year to the next.	August-22	Annually	Legislative entity or entities	Provided to LSA for posting online	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
CHIP Statistical Enrollment Data Reports	42 CFR 430.30	The 64.21E report collects data on children enrolled in Medicaid expansion CHIP Title XXI funded coverage. The 64.EC report collects data on children enrolled in the Medical assistance program Title XIX, traditional Medicaid.	June-23	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
CMS-R-199 (Survey of Medicaid Payables and Receivables) CMS-10180 (Survey of CHIP Payables & Receivables)	Public Law 103-356, (the Government Management Reform Act of 1994), section 3515	These reports and the accompanying questionnaires identify/estimate the accounts payable for services rendered by both Medicaid and CHIP providers which have not been reported on the quarterly CMS-64/CMS-21. The reports also identify all amounts due to the states from various sources, excluding the federal government.	March-23	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Debt Collection Report	Proviso 117.33	Ensure that agencies recover funds that are due to the state.	February-23	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Discrimination Policy	Proviso 117.13	Ensure that agencies are appropriately applying anti-discrimination laws in their hiring and promotion practices.	October-22	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Federal Budget Reports CMS-37 (Medicaid Program Budget Report), CMS-21B (Children's Health Insurance Program Budget Report)	42 CFR 430.30	These reports provide a statement of the state's Medicaid and CHIP funding requirements for a certified quarter and estimates and underlying assumptions for two fiscal years (FYs).	May-23	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Federal Expenditure Reports CMS-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), CMS-21 (Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI)	42 CFR 430.30	These reports are the State's accounting of actual recorded expenditures for the federal grant programs.	July-23	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Federal Financial Report (FFR)	42 CFR 430.30	This report allows the agency to report cash disbursements back to (i.e., reconcile to) Payment Management System, the central system responsible for paying most Federal assistance grants and contracts.	April-23	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
First Steps/BabyNet	Proviso 117.93	Track BabyNet's progress in implementing various recommendations from past audit reports.	December-22	Quarterly	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
IMD Operations	Proviso 117.70	Monitor the impact of funding changes made by the state in recent years due to changes in federal guidance.	November-22	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Information Technology and Information Security Plans	Proviso 117.112	Track agencies' progress in implementing IT and information security plans; ensure adherence to government-wide initiatives.	August-22	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
MBE Progress Report	11-35-5240	Provide information on agencies' procurement activities.	July-23	Quarterly	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	Amend	
Medicaid Accountability and Quality Improvement Initiative	Proviso 33.20	Monitor the impact of a variety of recently introduced programs.		Quarterly	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	The agency is working to update and streamline these reports.
Medicaid Healthcare Initiatives Outcomes	Proviso 33.21	Ensure the House Ways and Means Healthcare Subcommittee has an opportunity to discuss budget and policy matters with the Department's Director early in each legislative session.	January-23	Annually	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Medicaid Provider Fraud	Proviso 33.17	Confirm the Department is taking appropriate steps to combat waste, fraud, and abuse.	March-23	Annually	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Medicaid Transportation Advisory Committee Reports	Act No. 172, 117th Session, 2007-2008	Ensure the Department's management of transportation services is informed by public comment.	August-23	Quarterly	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Minority Business Utilization Plan	11-35-5240	Provide information on agencies' procurement activities.	August-23	Annually	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	Amend	

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
PAPD/IAPD/IAPD-U/OPAD Reports	42 CFR 433.112	Request enhanced federal funds from Centers for Medicare and Medicaid Services (CMS); update CMS on changes to previously approved planning documents.	June-23	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Schedule of Expenditures of Federal Awards (SEFA/SFFA)	42 CFR 430.30	The schedule is prepared each year and lists the expenditures for each grant during the fiscal year. The schedule is also the basis for the major programs audited in accordance with OMB Circular A-133.	August-22	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
SFAA Audit	11-35-1230 and Reg 19-445.2020	Audit of procurement activity	July-21	Every 3 years	South Carolina state agency or agencies	Available on another website	https://procurement.sc.gov/files/A-3%20DHHS-Final%20Rpt_DCM%206-2-21.pdf	No Change	
Sole Sources and Emergencies	11-35-2440	Monitor use of select source selection methods.	July-23	Quarterly	South Carolina state agency or agencies	Available on another website	https://reporting.procurement.sc.gov/general/tranparency/audit-reports	No Change	
Statewide Single Audit (Office of State Auditor)	11-7-20	Statewide single audit reviews all aspects of DHHHS, covering Eligibility Policy and procedures, Payables, Receivables, and Reporting. Also looks at our Internal audit reports, and policy and procedures.	February-23	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Telemedicine proviso report	Proviso 117.119	Report on how agency intends to broaden their service-based coverage to align with these federal changes and to improve the sustainability of telehealth services.	September-22	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
The Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act	42 CFR 457.750	Measure quality of healthcare for children in Medicaid and CHIP programs.	December-22	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Three-Year Financial Plan	11-11-350	Each state agency receiving over 1% of state's general fund appropriation must provide a projection of its general fund expenditures for next three years	November-21	Every 3 years	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Travel Report	Proviso 117.26	Monitor agency travel expenses.	August-22	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	

AGENCY NAME:	Department of Health and Human Services		
AGENCY CODE:	J020	SECTION:	033

2023
Accountability Report

SUBMISSION FORM

I have reviewed and approved the data submitted by the agency in the following templates:

- Data Template
 - Reorganization and Compliance
 - FY2023 Strategic Plan Results
 - FY2024 Strategic Plan Development
 - Legal
 - Services
 - Partnerships
 - Report or Review
 - Budget
- Discussion Template
- Organizational Template

I have reviewed and approved the financial report summarizing the agency’s budget and actual expenditures, as entered by the agency into the South Carolina Enterprise Information System.

The information submitted is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR <i>(SIGN AND DATE):</i>	SIGNATURE ON FILE	Signature Received: 9/15/2023 3:51 PM
<i>(TYPE/PRINT NAME):</i>	Robert M. Kerr	

BOARD/CMSN CHAIR <i>(SIGN AND DATE):</i>	N/A	
<i>(TYPE/PRINT NAME):</i>		