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September 2, 2021

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RE: Follow-up from the Subcommittee meetings with the agency

Dear Director Kerr:

The Healthcare and Regulatory Subcommittee appreciates the Department of Health and Human Services continued partnership in the oversight process.

The Subcommittee requests the agency provide written responses to questions, or provide additional data to further clarify information provided during the study process. Please provide this information by Friday, September 24, 2021.

Please note the Subcommittee cannot accept any confidential information that cannot be placed online and that all correspondence received from agencies who have been or are currently under study is sworn testimony.

- Please update your Program Evaluation Report (e.g., organizational chart, performance metrics, law change recommendations (include strike and insert of amended language), etc.).
- According to agency staff, approximately \$250 million in recurring state funds are needed to accommodate every person currently on a waiting list.
  - Please identify the applicable date, or window, this figure is considered accurate.
  - Please provide your methodology for determining total state funding.
- What is the average wait time for waivers administered by the agency (i.e., Community Choices; Community Supports; Head and Spinal Cord Injury; HIV/AIDS; Intellectually Disabled and Related Disability; Mechanical Ventilator Dependent; Medical Complex Children; Palmetto Coordinated System of Care for Children Home and Community Based; Pervasive Developmental Disorder; Psychiatric Treatment Facilities; and Alternative Chance)?
  - Provide the total number of people currently on each waiting list.
- For each county, provide the total number of children currently served by the Medically Complex Children waiver program.
- The agency testified that there is one pediatric medical day care serving Medically Complex Children (MCC) waiver participants in the state.
  - Please identify the provider and their location.
  - Provide the total number of Medicaid patients who received care at this facility (FY17-20).
- Provide the total number of Medicaid beneficiaries by chronic disease (see chart).

CHRONIC DISEASES	
Alcohol Abuse	Drug Abuse/ Substance Abuse
Alzheimer’s Disease and Related Dementia	Heart Failure
Arthritis (Osteoarthritis and Rheumatoid)	Hepatitis (Chronic Viral B & C)
Asthma	HIV/AIDS
Atrial Fibrillation	Hyperlipidemia (High cholesterol)
Autism Spectrum Disorders	Hypertension (High blood pressure)
Cancer (Breast, Colorectal, Lung, and Prostate)	Ischemic Heart Disease
Chronic Kidney Disease	Osteoporosis
Chronic Obstructive Pulmonary Disease	Schizophrenia and Other Psychotic Disorders
Depression	Stroke
Diabetes	Sickle Cell Anemia

The identified chronic conditions, with the exception of sickle cell anemia, are defined as such by the Centers for Medicare & Medicaid Services

- Provide updated agency FTE data (see chart)

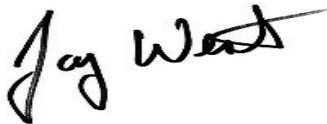
	Authorized	Filled	Vacant	Vacancy %	Vacant in Use
FTEs					
TGEs					

- How much does the agency spend annually to mail enrollment packets?
- Agency personnel reported a total of 7,561 allegations of fraud from FY16-20. Please breakout total allegations by reporting method (see chart). Reference the DHHS letter submitted to the Committee on May 28, 2021 (Question 22).

	Email	Fax	Direct Intake	Mail	Fraud Hotline
FY19-20					
FY18-19					
FY17-18					
FY16-17					

The Subcommittee looks forward to working collaboratively with the Department of Health and Human Services. Thank you and your team for your service to the people of South Carolina.

Sincerely,



John Taliaferro (Jay) West, IV

cc: Healthcare and Regulatory Subcommittee