

<b>AGENCY NAME:</b>	<b>DEPARTMENT OF HEALTH &amp; HUMAN SERVICES</b>		
<b>AGENCY CODE:</b>	<b>J020</b>	<b>SECTION:</b>	<b>033</b>

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## Fiscal Year 2020–2021 Accountability Report

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### SUBMISSION FORM

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

- Reorganization and Compliance
- Strategic Plan Results
- Strategic Plan Development
- Legal
- Services
- Partnerships
- Report or Review

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.

<b>AGENCY DIRECTOR</b> <b>(SIGN AND DATE):</b>	Signature on file.
<b>(TYPE/PRINT NAME):</b>	Robert M. Kerr

<b>BOARD/CMSN CHAIR</b> <b>(SIGN AND DATE):</b>	
<b>(TYPE/PRINT NAME):</b>	

FY 2020-2021 Agency Accountability Report  
**Reorganization and Compliance Responses:**

These responses were submitted for the FY 2020-2021 Accountability Report by the

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Primary Contact:**

First Name	Last Name	Role/Title	Phone	Email Address
Jenny	Stirling		803-898-3965	lynchjen@scdhhs.gov

**Secondary Contact**

First Name	Last Name	Role/Title	Phone	Email Address
Mandy	Williams		803-898-2618	amanda.q.williams@scdhhs.gov

**Agency Mission**

The mission of the South Carolina Department of Health and Human Services is to purchase the most health for our citizens in need at the least possible cost for taxpayers.

**Adopted in:** 2012

**Agency Vision**

The vision of the South Carolina Department of Health and Human Services is to be a responsive and innovative organization that continuously improves the health of South Carolina.

**Adopted in:** 2012

**Recommendations for reorganization requiring legislative change.**

No

**Please list significant events related to the agency that occurred in FY 2020-2021.**

Month Started	Month Ended	Description of Event	Agency Measures Impacted	Other Impacts

**Does the agency intend to make any other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in FY 2021-22?**

**Note: It is not recommended that agencies plan major reorganization projects every year. This section should remain blank unless there is a need for reorganization.**

Yes

SCDHHS is planning to realign some program areas and resources within the agency. This plan does not amount to a major reorganization but will enable the agency to operate more efficiently and improve the flow of information.

**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

**If not, please explain why.**

**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 26-6-210).**

Yes

**Does the law allow the agency to promulgate regulations?**

Yes

**Please list the law number(s) which gives the agency the authority to promulgate regulations.**

S.C. Code Ann. 44-6-90

These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF HEALTH & HUMAN SERVICES

Has the agency promulgated any regulations?

Yes

Is the agency in compliance with S.C. Code Ann. § 1-22-120(J), which requires an agency to conduct a formal review of its regulations every five years?

Yes

## **AGENCY'S DISCUSSION AND ANALYSIS**

The South Carolina Department of Health and Human Services (SCDHHS) is South Carolina's primary health policy and finance agency, and the single state agency that administers the Medicaid, Children's Health Insurance Program (CHIP) and Individuals with Disabilities Education Act (IDEA) Part C programs. Through the operation of these programs that are jointly administered with the federal government, SCDHHS provides healthcare coverage for approximately 1.2 million South Carolinians. This includes covering approximately 60% of births in South Carolina and approximately 60% of the state's children.

In the last year, SCDHHS experienced its first leadership change in more than three years. Director Robert M. (Robby) Kerr joined the agency in April 2021 and is working to establish goals and objectives at every level of the organization that support the agency's strategic direction. The agency's mission and vision have not changed and SCDHHS remains committed to purchasing the most health for our citizens in need at the least possible cost to the taxpayer while being a responsive and innovative organization that continuously improves the overall health of South Carolina. The agency's new leadership established the following principles to achieve its mission and realize its vision:

- Empower decision-making and delegation further down into the organization
- Open up communication to break down "silos"
- Ensure access to integrated information and data across the organization
- Focus on delivering value over function
- Ensure our mission and goals remain the focus throughout the organization
- Foster a spirit of innovation

SCDHHS recently dedicated resources to assess the organization's strengths and weaknesses. This data helped identify successes to build upon and opportunities for the agency to improve. Over the next year, the agency will focus on establishing a solid foundation from which it can develop strategies to improve goals and objectives that are specific to the agency's primary business functions. This dedication to ensuring sound fundamentals and core competencies is evident in the measures SCDHHS has included in this year's accountability report that are described below.

### **Enhance Access to Information and Evaluate Resource Allocation**

SCDHHS' most recent employee engagement survey showed 93% of employees knew what was expected of them within their program area but only 58% understood their role in the context of the broader agency and how it supports success. The agency has committed to increasing this measure to 80% in the next year. To achieve this accountability measure, the agency is working to foster a workforce culture and structure that improves access to information needed to make data-driven decisions. Opening up additional channels of communication will help the agency better consider the full impact of the decisions it makes and will help employees better see how their daily work supports the agency's mission, vision and goals.

To help build this culture of data-driven decision-making, SCDHHS is committed to ensuring 100% of agency data reporting is consistent and uniform. In any large organization it is important to limit the risk of confusion due to information being interpreted inconsistently. Ensuring consistency in the agency's internal methodologies, processes and terminology will help mitigate this risk and further support the agency's desired culture.

The agency's most recent employee engagement survey also found only 42% of employees felt the agency had "the right people in the right job at the right time." In addition to considering changes to the agency's structure as mentioned above, SCDHHS must do more to ensure employees' position descriptions are accurate and demonstrate how the position fits within the broader organization. To achieve this goal, the agency has committed to ensuring 100% of position descriptions are reviewed for accuracy and completeness at least annually.

Together, these measures support the agency's goals to purchase and evaluate care through evidence-based systems and models and to maintain or improve healthcare marketplace stability.

### **Improve Health Outcomes for Traditional Medicaid Populations**

SCDHHS can make the largest impact in pursuing its vision of being a responsive and innovative organization that continuously improves the overall health of South Carolina by setting a greater focus on the agency's largest coverage population: children. Over the next year, the agency will concentrate on specific measures designed to improve health outcomes for the state's youngest residents. This commitment begins with protecting the unborn through healthy pregnancies and deliveries and includes improving access to postpartum care for new mothers as described in proviso 33.22 in the FY 2021-2022 state budget.

The agency included several measures in this year's accountability report that identify specific areas it is tracking to improve health outcomes for South Carolina's children. To support the broader theme of making decisions that are driven by measurable data, SCDHHS also committed to developing a report that tracks service authorizations and utilization for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children.

These measures support the agency's goal to strengthen the health and well-being of South Carolinians across their lifespan.

### **Focus on Customer Service and Access to Resources**

In order for the agency to achieve its goal to limit the burden to provide and receive care, it is important that it make timely and accurate Medicaid eligibility decisions. In support of this goal, the agency has committed to increasing the timeliness rate of its most complex eligibility determinations by 5% in the next year while maintaining its timeliness rate of 95% of Medicaid eligibility determinations for modified adjusted gross income determinations. SCDHHS has also committed to increasing the accuracy rate of eligibility decisions from 93 to 94%. These measures are particularly important as the agency has seen an increase in enrollment due to provisions of the Families First Coronavirus Response Act that required the agency to pause annual eligibility redeterminations during the federal public health emergency.

SCDHHS' commitment to limiting the burden to receiving care will also include a focus on receiving and providing information electronically. Specifically, the agency has committed to increasing the total number of applications it receives online by 5% over the next year. SCDHHS will also continue to identify additional ways to communicate with members and other stakeholders. Over the next year, the agency will launch a new section of its website dedicated to Healthy Connections Medicaid members. Currently, the agency's website has a section designed to reach those interested in applying for Medicaid and a section designed to communicate to healthcare providers but does not have a single place of information for current members. This measure will build on the agency's recent efforts to find new ways to communicate directly with members, which includes the e-newsletter SCDHHS launched during the COVID-19 pandemic.

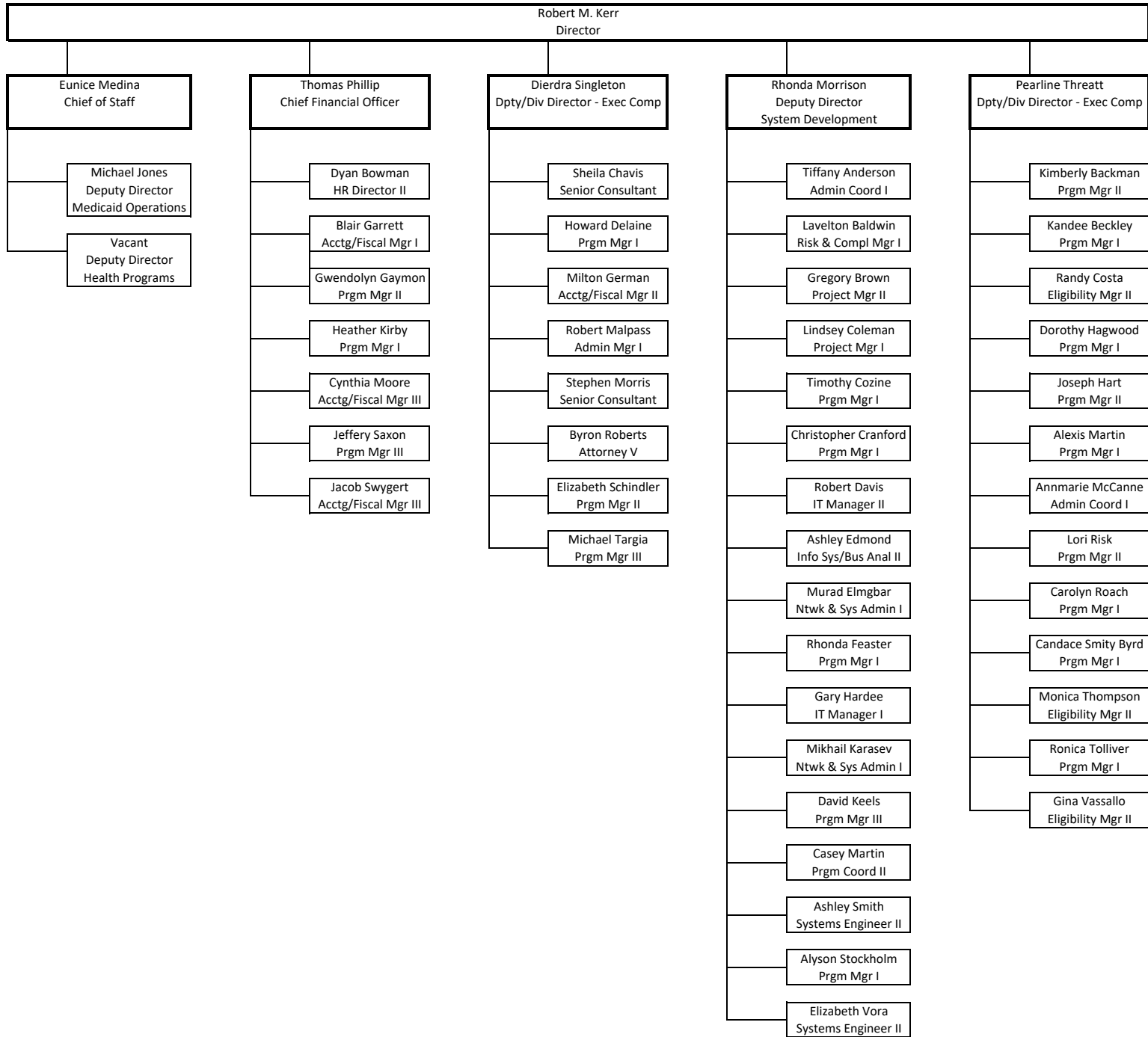
**Protect and Optimize Use of Taxpayer Funds**

Finally, it is imperative to SCDHHS' ability to carry out its mission that it is able to safeguard taxpayer resources from all forms of fraud, waste and abuse; and, ensure taxpayer funds are used as effectively and efficiently as possible. This priority is a critical component of ensuring the agency has a solid foundation from which it is able to build up its core competencies and achieve the measures described in this report. The agency identified several measures that support this effort and the agency's goals to utilize public resources efficiently and effectively and to maintain or improve healthcare marketplace stability.

SCDHHS recognizes that every taxpayer dollar that is lost to fraud, waste, or abuse is one that otherwise could have been used to provide access to quality care for Medicaid members. To help protect taxpayer funds from fraud, waste and abuse, the agency has committed to increasing recoveries of taxpayer funds by its program integrity unit by 10% compared to the amount recovered in state fiscal year 2021.

In addition to preventing fraud, waste and abuse, SCDHHS has committed to several measures to help optimize taxpayer funds expended by the agency. In the next year, the agency will ensure sound internal controls are in place and corrective action plans are issued and implemented when areas for improvement are identified. This includes an emphasis on comprehensive contract management. This emphasis will include the integration of contract management into a single electronic system, a reduction in the number of emergency contracts, an increase in required contract documentation and the development of a uniform contract policy and procedure manual.

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**



FY 2020-2021 Agency Accountability Report  
**FY2020-21 Strategic Plan:**

These responses were submitted for the FY 2020-2021 Accountability Report by the  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Goal** Purchase and evaluate care through evidence-based systems and models

**Strategy** 1.1

**Statewide Enterprise Objective**

Improve performance of Healthcare Effectiveness Data and Information Set (HEDIS) and CMS Core Measure sets

Healthy and Safe Families

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.1.1	Ensure performance at or above the regional average for targeted Healthcare Effectiveness Information Set (HEDIS) measures	83%	100%		0% Percent	Maintain	State Fiscal Year (July 1 - June 30).	Number of measures above 50%/total number of measures	MCO HEDIS submission	HEDIS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010518.000	
1.1.2	Compare South Carolina's results on the Center for Medicare and Medicaid Services (CMS) Core Measure sets to other states in the region, developing strategies to address the top three identified deficiencies	0%	100%		0% Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	CMS Core Measure sets	CMS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010200.000	



Goal Purchase and evaluate care through evidence-based systems and models														
Strategy 1.2										Statewide Enterprise Objective				
Ensure access and engagement in the delivery of preventative care										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.2.1	Increase number of social determinants of health screenings by 5% in high needs communities	7.8%	8.2%	6.8%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of SDOH screens completed/total communities identified	MMIS/SAS	SAS (BIS)	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010518.000; 3000.010505.000	
1.2.2	Maintain pediatric well-care rates at or above the regional Medicaid median	67%	100%	0%	Percent	Maintain	State Fiscal Year (July 1 - June 30).	Number of measures above 50%/total number of measures	NCQA/HEDIS	NCQA/HEDIS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010518.000	

Goal Purchase and evaluate care through evidence-based systems and models														
Strategy 1.3										Statewide Enterprise Objective				
Improve data quality for internal use and federal submission										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.3.1	Maintain 100% monthly production submission to the Centers for Medicare and Medicaid Services (CMS)	100%	100%	100%	Percent	Maintain	State Fiscal Year (July 1 - June 30).	Number of reports submitted monthly/total number of reports due monthly	T-MSIS report	SAS	Management/Members /Providers/Taxpayers	To improve beneficiary quality of care, assess beneficiary to care and enrollment, improve program integrity, and support states, the private market, and other stakeholders with key information	0100.000000.000	
1.3.2	Maintain yellow status or better on monthly Transformed Medicaid Statistical Information System (T-MSIS) report	100%	100%	100%	Percent	Maintain	State Fiscal Year (July 1 - June 30).	Number of months yellow status or better maintained/12 months	T-MSIS report	SAS	Management/Members /Providers/Taxpayers	To improve beneficiary quality of care, assess beneficiary to care and enrollment, improve program integrity, and support states, the private market, and other stakeholders with key information	0100.000000.000	

**Goal** Strengthen the health and well-being of South Carolinians across their lifespan

**Strategy** 2.1

**Statewide Enterprise Objective**

Ensure access to coordinated and collaborative care delivered in appropriate settings

Healthy and Safe Families

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.1.1	Reduce avoidable Emergency Department visits by 5% in one year	292172	278259	235511	Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Actuary (Milliman) updated methodology used for this metric; they now have a specific algorithm they use for rate setting; base and target numbers updated based on new methodology	MMIS/SAS	MMIS/SAS	Members/Providers/Taxpayers	Ensures care is delivered in most appropriate medical setting; provides better health outcomes for Medicaid beneficiaries	3000.010518.000; 3000.010501.000	
2.1.2	Maintain performance at or above the regional Medicaid standard for Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurements of access to care (Child).	74.5%	74.4%	0.0%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Varies and baseline changes each yr	CAHPS	CAHPS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010518.000	
2.1.3	Maintain performance at or above the regional Medicaid standard for Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurements of access to care (Adult).	63.9%	63.9%	0.0%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Varies and baseline changes each yr	CAHPS	CAHPS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010518.000	

Goal Strengthen the health and well-being of South Carolinians across their lifespan														
Strategy 2.2										Statewide Enterprise Objective				
Reduce the harm of the opioid epidemic to the South Carolina Medicaid population										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.2.1	Maintain an opioid prescribing rate for Medicaid beneficiaries of no more than the statewide average	731	709	168.15	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	# of opioid prescriptions per 1000 people	MMIS/SAS/DHEC	MMIS/SAS	Members/Providers/Taxpayers	Provide better health outcomes for Medicaid beneficiaries	3000.010518.000; 3000.010504.000	
2.2.2	Increase the percentage of beneficiaries diagnosed with substance use disorder who are receiving treatment by 10%	58.6%	64.5%	61.7%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	# receiving svc./# diagnosed	MMIS/SAS	MMIS/SAS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010518.000; 3000.010504.000; 3000.010532.000	

Goal														Strengthen the health and well-being of South Carolinians across their lifespan			
Strategy										2.3				Statewide Enterprise Objective			
Establish program-wide measurements of health status determinants										Healthy and Safe Families							
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes			
2.3.1	Establish baseline reports that compare measurement of clinical outcomes, stratified by race/ethnicity, zip code or other geographical marker, gender, and other social determinants of health as identified by z codes, if reliably available. Z codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services.		0%	100%	0% Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	USC IFS	MMIS/SAS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010200.000; 3000.010301.000	Work delayed due to COVID-19			

Goal: Strengthen the health and well-being of South Carolinians across their lifespan														
Strategy: 2.4										Statewide Enterprise Objective				
Implement incentives for providers and managed care plans to bridge health disparities across geography, race, and gender										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
2.4.1	Design and implement a health disparities component to be incorporated into the managed care withhold and bonus structure, providing a direct incentive for health plans to invest in closing disparity gaps	0%	100%	0%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	USC IFS	MMIS/SAS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010200.000; 3000.010301.000	Work delayed due to COVID-19
2.4.2	Improve rates of pediatric immunization to the 50th percentile of the Medicaid population in the southeastern US	50%	50%	0%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Determine after base and target clarified.	NCQA/HEDIS	NCQA/HEDIS	Members/Providers/Taxpayers	Provide better health outcomes and improve access for Medicaid beneficiaries	3000.010518.000	

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
Goal: Limit the burden to provide and receive care Strategy: 3.1 Make timely and accurate eligibility determinations														
										Statewide Enterprise Objective				
										Healthy and Safe Families				
3.1.1	Decrease the number of applications and reviews aged over 180 days by 10%	77785	70007	72220	Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Count of pending reviews/applications on hand that are over 180 days old	MEDS/CURAM	MEDS/CURAM	Members/Providers/Taxpayers	Agency customers have improved access to Medicaid services	3000.015000.000; 3000.010305.000	
3.1.2	Implement the new eligibility system by training and evaluating the Non-Modified Adjusted Gross Income (Non-MAGI) workforce to make timely and accurate eligibility determinations in the Cúram Global Income Support (CGIS) system	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	CGIS	CGIS	Members/Providers/Taxpayers	Ensures training is sufficient for new CGIS implementation; ensures successful transition to new system	3000.015000.000; 3000.010305.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES

Goal: Limit the burden to provide and receive care														
Strategy: 3.2										Statewide Enterprise Objective				
Maintain comprehensive statewide provider networks										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.2.1	Achieve 97% of claims adjudicated without manual intervention	96.0%	97.0%	95.6%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of claims adjudicated without manual intervention/all claims	MMIS	MMIS/SAS	Members/Providers/Taxpayers	Operational key performance indicator to provide efficient and timely reimbursement for properly submitted claims ("clean claims")	3000.010200.000; 3000.010306.000	
3.2.2	Adjudicate 95% of all suspended claims (i.e. those with more than one cycle) within 30 days of receipt	95.5%	95.0%	95.3%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of suspended claims adjudicated within 30 days/all suspended claims	MMIS; Document Direct	MMIS/SAS	Members/Providers/Taxpayers	Operational key performance indicator to provide efficient and timely resolution for suspended claims	3000.010200.000; 3000.010306.000	
3.2.3	Ensure 95% of the calls at the Provider Service Center are resolved to the point no call back is required	98.0%	95.0%	96.0%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Number of calls resolved/all calls	Provider Service Center	Provider Service Center (vendor)	Providers/Taxpayers	Ensures that provider questions are answered as quickly and efficiently as possible	3000.010200.000; 3000.010306.000	
3.2.4	Evaluate and re-base rate structure for at least 20% of annual benefit expenditures	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	MMIS	MMIS	MCOs/Members/Providers/Taxpayers	Ensure provider network adequacy by making sure rates are sufficient	3000.010501.000; 3000.010502.000; 3000.010504.000; 3000.010505.000; 3000.010506.000; 3000.010507.000; 3000.010510.000; 3000.010511.000; 3000.010512.000; 3000.010513.000; 3000.010514.000; 3000.010516.000; 3000.010517.000; 3000.010518.000; 3000.010523.000; 3000.010524.000; 3000.010525.000; 3000.010526.000; 3000.010527.000; 3000.010528.000; 3000.010529.000; 3000.010531.000; 3000.010532.000; 3000.010701.000; 3000.010702.000; 3000.010703.000; 3000.010704.000; 3000.010705.000; 3000.010711.000; 3000.015500.000	
3.2.5	Ensure that at least 90 percent of beneficiaries have primary care access within 30 miles and 45 minute drive time	90%	90%	90%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of beneficiaries receiving services within 10 miles and 15 days	MMIS/SAS	MMIS/SAS	MCOs/Members/Providers/Taxpayers	Ensures provider network adequacy to provide responsive management of health	3000.010518.000; 3000.010312.000; 3000.010505.000	
3.2.6	Ensure that at least 90 percent of beneficiaries have specialist access within 50 miles and 75 minute drive time	90%	90%	90%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of beneficiaries receiving services within 40 miles and 45 days	MMIS/SAS	MMIS/SAS	MCOs/Members/Providers/Taxpayers	Ensures provider network adequacy to provide responsive management of health	3000.010518.000; 3000.010312.000; 3000.010527.000	
3.2.7	Achieve 10% increase in the number of Medicaid independent professional practitioners who are engaged in the delivery of telehealth services	1471	1618.1	1779	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	# of rendering providers billing	MMIS/SAS	MMIS/SAS	Members/Providers/Taxpayers	Ensures provider network adequacy to provide responsive management of health in convenient/virtual settings	3000.010310.000	
3.2.8	Produce a plan to evaluate the current models of medical training and education funding managed by the Department and develop a strategy to ensure alignment with those investments and the state's needs.	0%	100%	50%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	AAMC	AAMC/AHEC	Members/Providers/Taxpayers	Ensures provider network adequacy to provide responsive management of health	3000.010501.000; 3000.010518.000; 3000.010704.000; 3000.010705.000; 3000.011503.000	GME report is partially complete
3.2.9	Implementation of Cúram Global Income Support (CGIS) Non-Modified Adjusted Gross Income (Non-MAGI) eligibility module	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	CGIS	CGIS	Members/Providers/Taxpayers	Agency customers gain access to Medicaid services in a timely manner; improve member service experience	3000.010305.000; 9802.010000X000	



Goal: Limit the burden to provide and receive care														
Strategy: 3.3										Statewide Enterprise Objective				
Implement or improve provider and beneficiary self-service tools										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.3.1	Establish enterprise-level Identity and Access Management (IAM) technology and process within two years to establish unique IDs for all account holders	0%	100%	0%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	N/A	N/A	Members/Providers/Taxpayers	Ensures improvement of provider and beneficiary self-service tools and member/provider experience	3000.010304.000; 3000.010305.000; 3000.010306.000; 9802.010000X000; 9804.750000X000	
3.3.2	Develop and launch beneficiary and provider portals within three years and monitor usage	0%	100%	0%	Percent Complete	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	N/A	N/A	Members/Providers/Taxpayers	Ensures improvement of provider and beneficiary self-service tools and member/provider experience	3000.010304.000; 3000.010305.000; 3000.010306.000; 9802.010000X000; 9804.750000X000	Work in progress, 3 year measure

Goal Utilize public resources efficiently and effectively														
Strategy 4.1										Statewide Enterprise Objective				
Implement policies that promote provision of care in clinically appropriate, cost-effective settings										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
4.1.1	Keep per-member per-month (PMPM) cost increases below national benchmarks	3.8%	4.6%	-2.4%	Percent	equal to or less than	State Fiscal Year (July 1 - June 30).	PMPM - expenses/member months	Expenses from Business Objects, Eligibility from SAS	SAS	Management/Legislature/Taxpayers	Key performance indicator of financial management of agency funds	3000.010501.000; 3000.010502.000; 3000.010504.000; 3000.010505.000; 3000.010506.000; 3000.010507.000; 3000.010510.000; 3000.010511.000; 3000.010512.000; 3000.010513.000; 3000.010514.000; 3000.010516.000; 3000.010517.000; 3000.010518.000; 3000.010523.000; 3000.010524.000; 3000.010525.000; 3000.010526.000; 3000.010527.000; 3000.010528.000; 3000.010529.000; 3000.010531.000; 3000.010532.000; 3000.010701.000; 3000.010702.000; 3000.010703.000; 3000.010704.000; 3000.010705.000; 3000.010711.000; 3000.015500.000	
4.1.2	Increase the relative share of long-term care beneficiaries in community settings by 3%	69.4%	71.5%	74.6%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	# LTC beneficiaries in community/# total LTC beneficiaries	MMIS/SAS	MMIS/SAS	Members/Providers/Taxpayers	Ensures care is delivered in most appropriate medical setting; provides better health outcomes for Medicaid beneficiaries	3000.010507.000; 3000.010702.000; 3000.010502.000; 3000.010512.000; 3000.010513.000; 3000.010514.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Goal		Utilize public resources efficiently and effectively													
Strategy		4.2										Statewide Enterprise Objective			
		Modernize and digitize administrative business functions										Healthy and Safe Families			
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes	
4.2.1	Catalog all existing and required documentation to include agency and provider policies, procedures, and manuals and make available to staff electronically via agency intranet in SFY 2020		0%	100%	0%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	N/A	N/A	Employees/Providers/ Members	Ensures high level of operational performance and accountability	0100.000000.000	

Goal Maintain or improve healthcare marketplace stability															
Strategy 5.1										Statewide Enterprise Objective					
Accurately project annual budgets										Healthy and Safe Families					
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes	
5.1.1	Maintain general fund expenditures within 3% of forecast		1.0%	3.0%	5.4%	Acceptable Range	Maintain	State Fiscal Year (July 1 - June 30).	((Forecast-Actuals)/forecast)*100	Business Objects - Monthly	Business Objects	Management/Legislature/Taxpayers	Key performance indicator of financial management of agency funds	3000.010501.000; 3000.010502.000; 3000.010504.000; 3000.010505.000; 3000.010506.000; 3000.010507.000; 3000.010510.000; 3000.010511.000; 3000.010512.000; 3000.010513.000; 3000.010514.000; 3000.010516.000; 3000.010517.000; 3000.010518.000; 3000.010523.000; 3000.010524.000; 3000.010525.000; 3000.010526.000; 3000.010527.000; 3000.010528.000; 3000.010529.000; 3000.010531.000; 3000.010532.000; 3000.010701.000; 3000.010702.000; 3000.010703.000; 3000.010704.000; 3000.010705.000; 3000.010711.000; 3000.015500.000; 0100.000000.000; 3000.010200.000; 3000.010301.000; 3000.010302.000; 3000.010304.000; 3000.010305.000; 3000.010306.000; 3000.010310.000; 3000.010312.000; 3000.011503.000; 3000.011506.000; 3000.015000.000; 9500.050000.000; 9817.250000.000	

Goal														
Maintain or improve healthcare marketplace stability														
Strategy										Statewide Enterprise Objective				
5.2										Healthy and Safe Families				
Evaluate and monitor managed care outcomes using industry-leading practices														
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
5.2.1	Maintain Centers for Medicare and Medicaid Services (CMS) medical loss ratio (MLR) at or above 86%	0%	86%	0%	Percent	equal to or greater than	Other	Range of MLR for 4 MCOs; calculated per CMS guidelines	Calculated by actuaries; calculation shows range from low to high of 5 MCOs	Actuaries	MCOs/Members/Providers/Taxpayers	Ensures that dollars paid to MCOs are utilized for direct medical care vs administration or direct profit	3000.010518.000	

Goal Maintain or improve healthcare marketplace stability														
Strategy 5.3 Enhance employee accountability										Statewide Enterprise Objective Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
5.3.1	Review the Department's classification of employees both internally and compared to other state agencies in State Fiscal Year 2021, and assess annually thereafter, using internal or external resources	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Other state agencies	Internal files	Management/Legislature/Taxpayers/Employees	Key performance indicator of employee engagement by management	0100.000000.000	
5.3.2	Establish baseline measurement for the employee engagement survey (as the result of a new vendor)	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Results will be provided from vendor selected	Vendor	Management/Legislature/Taxpayers/Employees	Key performance indicator of employee engagement by management	0100.000000.000	

FY 2020-2021 Agency Accountability Report  
**FY2021-22 Strategic Plan:**

These responses were submitted for the FY 2020-2021 Accountability Report by the  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Goal** Purchase and evaluate care through evidence-based systems and models

**Strategy** 1.1 **Statewide Enterprise Objective**

Implement policies that promote provision of care in clinically appropriate, cost-effective settings Healthy and Safe Families

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.1.1	Ensure that 100% of policy decision packets are supported by accurate fiscal impact analyses, with each including an accurate population impact.	0%	100%		Percent	Equal to	State Fiscal Year (July 1 - June 30).	Percentage of packets with fiscal analysis	Agency financial data	Network drive	Management/ legislature/ taxpayers	Key performance indicator of financial management of agency funds.	0100.000000.000	This measure is not currently tracked via the proposed methodology.

These responses were submitted for the FY 2020-2021 Accountability Report by the  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Goal Purchase and evaluate care through evidence-based systems and models														
Strategy 1.2										Statewide Enterprise Objective				
Improve data quality for internal use and federal submission										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.2.1	Develop a data and reporting policy that ensures accuracy and uniformity of agency information and protects data integrity.	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Reporting log	Internal data analytics team	Network drive	Management/members/providers/taxpayers	To improve the accuracy, consistency and quality of agency related reporting	0100.000000.000	This measure is not currently tracked via the proposed methodology.



**Goal** Strengthen the health and well-being of South Carolinians across their lifespan

**Strategy** 2.1 **Statewide Enterprise Objective**

Ensure access and engagement in the delivery of preventative care **Healthy and Safe Families**

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.1.1	Increase the total number of children receiving preventative dental care by 5%.	42.6%	47.6%		Percent	Equal to or greater than	Federal Fiscal Year (Oct 1 - Sept 30).	Comparative analysis of South Carolina Medicaid data against national benchmarking	CMS 416 EPSDT Report	Centers for Medicare and Medicaid Services (CMS), internal	CMS/internal dental program/quality/data analytics/members	To improve beneficiary quality of and access to care	3000.010506.000	
2.1.2	Increase the percentage of children who have received all the recommended "Combo 10" immunizations by 10%.	29.3%	39.3%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of children receiving all recommended vaccinations	Healthcare Effectiveness Data and Information Set (HEDIS)/National Committee for Quality Assurance (NCQA) data	NCQA	Members/providers/management	To improve beneficiary quality of and access to care	3000.010518.000	
2.1.3	Increase the Early Periodic Screening, Diagnosis and Treatment (EPSDT) participant ratio for children 6-9 years old.	0.38	0.55		Ratio	Equal to or greater than	Federal Fiscal Year (Oct 1 - Sept 30).	Comparative analysis of South Carolina Medicaid data against national benchmarking	CMS 416 EPSDT Report	CMS, internal	CMS/internal EPSDT program/quality/data analytics/members	To improve beneficiary quality of and access to care	3000.010518.000; 3000.010526.000	
2.1.4	Develop an EPSDT report that tracks service authorizations and actual occurrences for both fee-for-service and managed care.	0%	100%		Percent Complete	Equal to	State Fiscal Year (July 1 - June 30).	Percent completed	Internal report	Network drive	Members/providers/management	To improve beneficiary quality of and access to care	0100.000000.000; 3000.010518.000; 3000.010526.000	
2.1.5	Increase the percentage of follow up visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the emergency department visit during the measurement year by 2%.	10.9%	12.9%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of members receiving follow up visit	HEDIS/NCQA data	NCQA	Members/providers/management	To improve beneficiary quality of and access to care	3000.010501.000; 3000.010518.000; 3000.010532.000	0

Goal Limit the burden to provide and receive care														
Strategy 3.1										Statewide Enterprise Objective				
Make timely and accurate eligibility determinations										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
3.1.1	Increase the number of online applications by 5%.	12%	17%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of number of applications submitted through Citizens Portal / Total applications submitted (rolling 3-month average)	Member Management Replacement Project (MMRP)	MMRP	Direct customers	Agency customers have improved access to Medicaid services	3000.015000.000; 3000.010305.000	Baseline data includes March-April-May 2021 data as rolling 3 month avg (total applications received online during those 3 months/total applications received during those 3 months). Since volumes can change significantly month-over-month using a 3-month rolling average will mitigate any significant peaks or valleys.
3.1.2	Maintain a minimum of 95% timeliness rate on MAGI eligibility decisions.	95%	95%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of number of MAGI applications completed within 45 days / Total MAGI applications completed (rolling 3-month avg)	Curam/Medicaid Eligibility Determination System (MEDS)	MMRP	Direct customers	Agency customers gain access to Medicaid services in a timely manner	3000.015000.000; 3000.010305.000	Maintain timeliness for MAGI applications (excluding aged, blind or disabled [ABD] due to migration from MEDS to Curam Global Income Support [CGIS] which will be complete by 1Q2022). Agency anticipates serving and processing reviews for the first time in 18 months in 1Q22. Agency anticipates significant new hires due to higher volume of applications/reviews and higher attrition.
3.1.3	Increase the timeliness rate on non-MAGI eligibility decisions by 5%.	67%	72%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of number of non-MAGI applications completed within 90 days / Total non-MAGI applications completed (rolling 3-month avg)	Curam/MEDS	MMRP	Direct customers	Agency customers gain access to Medicaid services in a timely manner	3000.015000.000; 3000.010305.000	Maintain timeliness for Non-MAGI applications. Agency anticipates serving and processing reviews for the first time in 18 months in 1Q22. Agency anticipates significant new hires due to higher volume of applications/reviews and higher attrition. Transition to CGIS from MEDS may impact our standard of promptness.
3.1.4	Increase the accuracy rate of eligibility decisions to 94%.	93%	94%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of number applications audited with accurate eligibility decision / Total number of applications audited (rolling 3-month avg)	Curam/MEDS	EQAT results	Direct customers	Agency customers receive the most Medicaid services as appropriate	3000.015000.000; 3000.010305.000	Maintain accuracy throughout migration from MEDS to CGIS (which will be complete by 1Q2022). Agency anticipates serving and processing reviews for the first time in 18 months in 1Q22. Agency anticipates significant new hires due to higher volume of apps/reviews and higher attrition.

<b>Goal</b>	Limit the burden to provide and receive care
<b>Strategy</b>	3.2
	Statewide Enterprise Objective
Implement or improve provider and beneficiary self-service tools	Healthy and Safe Families

Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
3.2.1	Establish a new section of SCDHHS' main website that is targeted toward Healthy Connections Medicaid members. Increase traffic to the new page by 10% from the baseline period.	0%	10%		Percent Complete	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Data will be baselined and evaluated monthly.	SCDHHS web team	SCDHHS web team	Healthy Connections Medicaid members	Members, authorized representatives	0100.000000.000	SCDHHS does not currently have a web page that is dedicated to members. The agency has a highly utilized tab on how to enroll in Medicaid and a less utilized tab for providers. The agency will add a tab and associated drop down menu to include content that is useful to members once they have enrolled in Medicaid. The baseline is listed as 0% as this page does not currently exist.

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES

Goal Utilize public resources efficiently and effectively														
Strategy 4.1										Statewide Enterprise Objective				
Modernize and improve administrative business functions										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
4.1.1	Increase PI provider recoveries by 10% over the total PI provider recoveries for SFY2021	\$1,963,433.00	\$2,159,777.00		Dollar amount	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Claims data	Surveillance Utilization Review System (SURS)	Medicaid Management Information System (MMIS)	Members/providers/taxpayers	Reduce fraud, waste and abuse in the taxpayer-funded program	0100.000000.000	
4.1.2	Ensure that 90% of all internal audit reports issued will include a CAP that identifies the action to be taken, the time frame for completion, the responsible party, and that the CAP activities are completed.	0%	90%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Final reports with CAP completed/Final reports issued	Internal audit	Network drive	Management/taxpayers	Key performance indicator to aid in agency efficiency and utilization of resources	0100.000000.000	This measure is not currently tracked via the proposed methodology.
4.1.3	Reduce the total number of active emergency contracts by 10% and ensure all emergency documentation is in place.	11	9		Count (whole number)	Equal to or less than	State Fiscal Year (July 1 - June 30).	Count of active emergency contracts	Will be the new contract management system	Will be the new contract management system	Procurement team	Reduce audit findings	0100.000000.000	
4.1.4	Ensure that 100% of contracts are in the electronic contract management system with an identified contract owner.	0%	100%		Percent Complete	Equal to	State Fiscal Year (July 1 - June 30).	Percentage of contracts in system	Will be the new contract management system	Will be the new contract management system	Contracts team	Liability of services being provided without an active contract owner	0100.000000.000	This measure is not currently tracked via the proposed methodology.
4.1.5	Develop a contract management and monitoring P&P manual and training for contract managers.	0%	100%		Percent Complete	Equal to	State Fiscal Year (July 1 - June 30).	Percent completed	Will be the new contract management and monitoring P&P	Will be the new contract management and monitoring P&P	Contracts team	Accurate and consistent contract management and monitoring across the agency	0100.000000.000	This measure is not currently tracked via the proposed methodology.

Goal Maintain or improve healthcare marketplace stability														
Strategy 5.1										Statewide Enterprise Objective				
Enhance employee engagement										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
5.1.1	On the annual employee engagement survey, increase the score of the following question to 80%: I would recommend a friend for a job opening at SCDHHS.	64%	80%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Employee engagement survey results from vendor.	Vendor proprietary survey applications	Reports issued to SCDHHS by vendor	Management/ legislature/ taxpayers/employees	Key performance indicator of employee engagement by management.	0100.000000.000	Surveys, analysis of results, and reports to leadership will have to be timed appropriately for updating the accountability report annually.
5.1.2	On the annual employee engagement survey, increase the score of the following question to 80%: Each individual understands his/her role in SCDHHS and how that supports success.	58%	80%		Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Employee engagement survey results from vendor.	Vendor proprietary survey applications	Reports issued to SCDHHS by vendor	Management/ legislature/ taxpayers/employees	Key performance indicator of employee engagement by management.	0100.000000.000	Surveys, analysis of results, and reports to leadership will have to be timed appropriately for updating the accountability report annually.
5.1.3	Ensure 100% of position descriptions (PDs) are reviewed for accuracy and completeness at least annually for existing employees and within five days of a new hire.	0%	100%		Percent	Equal to	State Fiscal Year (July 1 - June 30).	Percentage of PDs reviewed annually	Agency HR data	Network drive	Management/ legislature/ taxpayers/employees	Key performance indicator of employee engagement by management.	0100.000000.000	This measure is not currently tracked via the proposed methodology.

FY 2020-2021 Agency Accountability Report

**Budget Responses:**

These responses were submitted for the FY 2020-2021 Accountability Report by the

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

			FY 2020-21 Expenditures (Actual)				FY 2021-22 Expenditures (Projected)			
State Funded Program Number	State Funded Program Title	Description of State Funded Program	General	Other	Federal	TOTAL	General	Other	Federal	TOTAL
0100.000000.000	Administration	Provides administrative support and other operating expenses for the agency	\$13,684,988.00	\$1,883,751.00	\$16,878,933.00	<b>\$32,447,672.00</b>	\$19,231,224.00	\$3,410,376.00	\$25,274,714.00	<b>\$47,916,314.00</b>
3000.010200.000	Medical Administration	Provides administrative support and other operating expenses for the agency	\$7,688,507.00	\$391,023.00	\$13,777,949.00	<b>\$21,857,479.00</b>	\$8,888,958.00	\$978,610.00	\$17,169,152.00	<b>\$27,036,720.00</b>
3000.010301.000	Provider Support	Provides administrative/contractual support for Medicaid services	\$24,203,753.00	\$73,713,823.00	\$52,555,947.00	<b>\$150,473,523.00</b>	\$60,182,890.00	\$30,695,265.00	\$46,478,607.00	<b>\$137,356,762.00</b>
3000.010302.000	Nursing Home Contracts	Provides administrative/contractual support for Medicaid services	\$1,016,563.00	\$1,036,801.00	\$3,074,924.00	<b>\$5,128,288.00</b>	\$1,244,711.00	\$2,633,549.00	\$3,242,876.00	<b>\$7,121,136.00</b>
3000.010304.000	CLTC Contracts	Provides administrative/contractual support for Medicaid services	\$1,432,282.00	\$404,456.00	\$3,633,471.00	<b>\$5,470,209.00</b>	\$2,259,953.00	\$398,808.00	\$4,750,271.00	<b>\$7,409,032.00</b>
3000.010305.000	Eligibility Contracts	Provides administrative/contractual support for Medicaid services	\$20,972,244.00	\$326,027.00	\$51,192,670.00	<b>\$72,490,941.00</b>	\$21,138,137.00	\$7,690,981.00	\$68,999,502.00	<b>\$97,828,620.00</b>
3000.010306.000	MMIS-Medical Mgmt Info	Provides administrative/contractual support for Medicaid services	\$21,551,372.00	\$1,692,362.00	\$37,988,210.00	<b>\$61,231,944.00</b>	\$19,406,286.00	\$1,974,512.00	\$48,044,101.00	<b>\$69,424,899.00</b>
3000.010310.000	Telemedicine	Payments to programs for development and operation of a statewide, open access South Carolina Telemedicine Network	\$7,000,000.00			<b>\$7,000,000.00</b>	\$7,000,000.00			<b>\$7,000,000.00</b>
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	\$6,265,000.00			<b>\$6,265,000.00</b>	\$7,500,000.00			<b>\$7,500,000.00</b>
3000.010501.000	Hospital Services	Provides inpatient and outpatient hospital services for our fee for service beneficiaries	\$98,196,381.00	\$50,978,404.00	\$472,248,269.00	<b>\$621,423,054.00</b>	\$70,244,617.00	\$97,975,225.00	\$475,273,980.00	<b>\$643,493,822.00</b>
3000.010502.000	Nursing Home Services	Provides nursing facility services including complex care and hospice room and board	\$140,493,477.00	\$3,050,519.00	\$476,584,887.00	<b>\$620,128,883.00</b>	\$165,420,500.00	\$4,450,600.00	\$478,987,187.00	<b>\$648,858,287.00</b>
3000.010504.000	Pharmaceutical Services	Provides prescription medications in the outpatient setting for our fee for service beneficiaries	\$27,900,471.00	\$15,918.00	\$93,679,384.00	<b>\$121,595,773.00</b>	\$18,747,743.00	\$13,500,000.00	\$95,973,100.00	<b>\$128,220,843.00</b>
3000.010505.000	Physician Services	Provides physician services including primary care, preventative care and specialty care for our fee for service beneficiaries	\$18,658,661.00	\$6,101.00	\$68,156,705.00	<b>\$86,821,467.00</b>	\$23,249,897.00		\$69,677,097.00	<b>\$92,926,994.00</b>
3000.010506.000	Dental Services	Provides dental services for our beneficiaries	\$32,092,383.00	\$6,034.00	\$115,118,238.00	<b>\$147,216,655.00</b>	\$40,914,740.00		\$120,522,972.00	<b>\$161,437,712.00</b>

These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF HEALTH & HUMAN SERVICES

			FY 2020-21 Expenditures (Actual)				FY 2021-22 Expenditures (Projected)			
State Funded Program Number	State Funded Program Title	Description of State Funded Program	General	Other	Federal	TOTAL	General	Other	Federal	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.	\$59,582,411.00		\$198,099,671.00	\$257,682,082.00	\$68,907,285.00		\$194,377,896.00	\$263,285,181.00
3000.010510.000	Premiums Matched	Pays for Medicare premiums for dual eligible individuals who meet certain income requirements	\$58,335,142.00		\$214,356,377.00	\$272,691,519.00	\$71,511,323.00		\$222,797,477.00	\$294,308,800.00
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)	\$23,327,433.00			\$23,327,433.00	\$25,566,905.00			\$25,566,905.00
3000.010512.000	Hospice	Provides hospice services for terminally ill Medicaid beneficiaries	\$4,104,778.00		\$13,710,186.00	\$17,814,964.00	\$4,998,636.00		\$14,097,419.00	\$19,096,055.00
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)	\$17,624,734.00			\$17,624,734.00	\$19,089,185.00			\$19,089,185.00
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)	\$5,640,067.00			\$5,640,067.00	\$6,123,954.00			\$6,123,954.00
3000.010516.000	Clinical Services	Provides services in FQHCs, RHCs, and other clinic settings for our fee for service beneficiaries	\$6,788,879.00	\$9,884.00	\$23,065,153.00	\$29,863,916.00	\$8,824,039.00		\$25,003,071.00	\$33,827,110.00
3000.010517.000	Durable Medical Equipment	Provides durable medical equipment including wheel chairs and oxygen supplies for our fee for service beneficiaries	\$10,111,311.00	\$1,133.00	\$33,708,224.00	\$43,820,668.00	\$11,552,282.00		\$32,629,101.00	\$44,181,383.00
3000.010518.000	Coordinated Care	Provides coordinated services for beneficiaries through managed care organizations which are paid through capitated rates	\$559,068,381.00	\$233,443,174.00	\$2,767,677,461.00	\$3,560,189,016.00	\$704,257,218.00	\$400,611,342.00	\$2,754,732,163.00	\$3,859,600,723.00
3000.010523.000	Transportation Services	Provides non-emergency transportation for the entire Medicaid population and emergency transportation services for our fee for service beneficiaries	\$20,519,045.00		\$68,119,319.00	\$88,638,364.00	\$23,459,837.00		\$66,160,284.00	\$89,620,121.00
3000.010524.000	MMA Phased Down Contributions	Federal “clawback” for state’s portion of Medicare Part D prescription drug benefit (100% state funding)	\$85,825,652.00			\$85,825,652.00	\$115,123,258.00	\$1,500,000.00		\$116,623,258.00
3000.010525.000	Home Health Services	Provides home health services and incontinence supplies for our fee for service beneficiaries	\$3,280,349.00		\$10,937,536.00	\$14,217,885.00	\$3,943,476.00		\$11,123,042.00	\$15,066,518.00

These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF HEALTH & HUMAN SERVICES

			FY 2020-21 Expenditures (Actual)				FY 2021-22 Expenditures (Projected)			
State Funded Program Number	State Funded Program Title	Description of State Funded Program	General	Other	Federal	TOTAL	General	Other	Federal	TOTAL
3000.010526.000	EPSDT Services	Provides well-child, comprehensive and preventive health care screenings and services for children under the age of 21	\$569,737.00		\$1,953,508.00	\$2,523,245.00	\$905,725.00		\$2,611,959.00	\$3,517,684.00
3000.010527.000	Medical Professional Services	Provides therapy, vision, and other medical professional services to our fee for service beneficiaries	\$8,121,320.00	\$1,898.00	\$27,190,332.00	\$35,313,550.00	\$9,291,302.00		\$26,316,848.00	\$35,608,150.00
3000.010528.000	Lab & X-Ray Services	Provides lab and x-ray services including CT scans and MRIs for our fee for service beneficiaries	\$3,001,067.00	\$2,994.00	\$10,098,302.00	\$13,102,363.00	\$3,974,782.00		\$11,253,587.00	\$15,228,369.00
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	\$3,863,699.00		\$12,824,480.00	\$16,688,179.00	\$4,548,786.00		\$12,826,255.00	\$17,375,041.00
3000.010531.000	Children's Community Care	Provides children's nursing services and medically complex children's waiver	\$5,007,131.00		\$16,789,621.00	\$21,796,752.00	\$6,709,869.00		\$19,008,561.00	\$25,718,430.00
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	\$6,288,580.00	\$3,831,942.00	\$34,221,751.00	\$44,342,273.00	\$13,703,149.00		\$34,193,974.00	\$47,897,123.00
3000.010701.000	Mental Health	Medicaid eligible services provided by the SC Department of Mental Health		\$9,326,854.00	\$31,051,490.00	\$40,378,344.00		\$10,854,805.00	\$30,800,957.00	\$41,655,762.00
3000.010702.000	Disabilities & Special Needs	Medicaid eligible services provided by the SC Department of Disabilities and Special Needs	\$6,051.00	\$163,162,882.00	\$534,071,419.00	\$697,240,352.00		\$189,317,050.00	\$534,425,164.00	\$723,742,214.00
3000.010703.000	DHEC	Medicaid eligible services provided by the SC Department of Health and Environmental Control		\$290,473.00	\$967,051.00	\$1,257,524.00		\$333,067.00	\$945,128.00	\$1,278,195.00
3000.010704.000	MUSC	Medicaid eligible services provided by the Medical University of South Carolina		\$5,148,722.00	\$17,073,951.00	\$22,222,673.00	\$225,086.00	\$6,115,586.00	\$17,249,124.00	\$23,589,796.00
3000.010705.000	USC	Medicaid eligible services provided by the University of South Carolina		\$1,612.00	\$5,345.00	\$6,957.00		\$1,668.00	\$4,703.00	\$6,371.00
3000.010711.000	Dept Of Education	Medicaid eligible services provided by the SC Department of Education		\$5,252,895.00	\$18,361,384.00	\$23,614,279.00		\$8,489,376.00	\$25,043,070.00	\$33,532,446.00
3000.011503.000	Other Entities Funding	Medicaid eligible services provided by the Other Non-State Entity Hospitals		\$484,894.00	\$1,702,707.00	\$2,187,601.00		\$1,172,932.00	\$3,307,692.00	\$4,480,624.00
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		\$151,594,061.00	\$395,706,720.00	\$547,300,781.00	\$18,628,621.00	\$148,676,220.00	\$419,223,780.00	\$586,528,621.00
3000.015000.000	Medicaid Eligibility	Provides administrative support and other operating expenses for the agency	\$9,868,773.00	\$3,410,687.00	\$19,110,993.00	\$32,390,453.00	\$16,186,713.00	\$2,772,146.00	\$25,139,215.00	\$44,098,074.00



These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF HEALTH & HUMAN SERVICES

State Funded Program Number	State Funded Program Title	Description of State Funded Program	FY 2020-21 Expenditures (Actual)				FY 2021-22 Expenditures (Projected)			
			General	Other	Federal	TOTAL	General	Other	Federal	TOTAL
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	\$15,705,408.00	\$5,115,071.00	\$24,288,729.00	\$45,109,208.00	\$18,932,319.00	\$4,807,513.00	\$21,717,233.00	\$45,457,065.00
9500.050000.000	State Employer Contributions	Provide fringe & benefits for SCDHHS employees	\$7,076,581.00	\$1,874,703.00	\$14,340,485.00	\$23,291,769.00	\$8,134,392.00	\$1,678,538.00	\$11,728,931.00	\$21,541,861.00
9801.740000X000	International Code of Disease	Non-recurring used for ICD-10 Project	\$398,866.00			\$398,866.00				
9802.010000X000	Medicaid Management Information System	Non-recurring used for MMIS Replacement Project	\$2,978,944.00	\$2,206,439.00	\$42,992,486.00	\$48,177,869.00	\$16,678,434.00		\$100,369,802.00	\$117,048,236.00
9804.020000X000	SC Healthcare Information Referral Network	Non-recurring used for SC Healthcare Information Referral Network	\$119,376.00			\$119,376.00				
9804.750000X000	MMIS Replacement	Non-recurring used for MMIS Replacement Project	\$364,689.00		\$364,689.00	\$729,378.00				
9804.780000X000	Cervical Cancer Awareness	Non-recurring used for Cervical Cancer Awareness	\$150,000.00			\$150,000.00				
9815.240000X000	USC School Of Medicine Rural Health	Non-recurring used for USC School Of Medicine Rural Health	\$235,000.00			\$235,000.00				
9817.250000.000	Covid 19 - Lim Benefit	Non-recurring used for COVID limited benefit population			\$1,122,366.00	\$1,122,366.00				

FY 2020-2021 Agency Accountability Report

Legal Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES

Description	Purpose	Law Number	Jurisdiction	Type	Notes
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	1-1-1035	State	Statute	Abortions authorized by federal law under the Medicaid program
Establishes the 'South Carolina ABLÉ Savings Program'. The purpose of the South Carolina ABLÉ 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	11-5-400	State	Statute	
Describes the treatment of funds in an ABLÉ account for Medicaid purposes.	Requires a manner of delivery	11-5-440(F)(2)	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	11-7-40	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)	12-21-625	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)	12-23-840	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	38-71-2110(B)	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	40-43-86(H)(6)	State	Statute	
Establishes regulations regarding the Medicaid State Plan, federal deferrals and disallowances, reduction of Federal Medicaid payments, and hearings on issues of conformity of State Plan and practice to Federal requirements.	Requires a manner of delivery	42 CFR 430.0 - 430.104	Federal	Regulation	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Establishes regulations regarding State organization and general administration of the Medicaid program including rules on provider relations, appeals and fair hearings, safeguarding of applicant/beneficiary information, relations with Medicare and other state agencies, and quality control.	Requires a manner of delivery	42 CFR 431.1 - 431.1010	Federal	Regulation	
Establishes regulations regarding the Department's personnel administration including available federal financial participation for staffing and training.	Requires a manner of delivery	42 CFR 432.1 - 432.55	Federal	Regulation	
Establishes regulations regarding the Department's fiscal administration of the Medicaid program including matching funds, third party liability, and refunding of federal share of Medicaid overpayment to providers.	Requires a manner of delivery	42 CFR 433.1 - 433.322	Federal	Regulation	
Establishes general provisions regarding Department contracts including conditions for federal financial participation.	Requires a manner of delivery	42 CFR 434.1 - 434.78	Federal	Regulation	
Establishes regulations regarding eligibility to participate in the Medicaid program including mandatory and optional coverage groups, general financial eligibility requirements, certain post-eligibility financial requirements, and federal financial participation available for expenditures in determining eligibility and providing services.	Requires a manner of delivery	42 CFR 435.2 - 435.1205	Federal	Regulation	
Establishes regulations regarding the administration of the Medicaid program through managed care entities.	Requires a manner of delivery	42 CFR 438.1 - 438.930	Federal	Regulation	
Establishes regulations regarding the services available under the Medicaid program including definitions, requirements and limits applicable to all services, and benchmark benefit and benchmark-equivalent coverage.	Requires a service	42 CFR 440.1 - 440.395	Federal	Regulation	Medicaid services
Establishes requirements and limits applicable to specific services.	Requires a manner of delivery	42 CFR 441.1 - 441.745	Federal	Regulation	
Establishes standards for payment to nursing facilities and intermediate care facilities for individuals with intellectual disabilities.	Requires a service	42 CFR 442.1 - 442.119	Federal	Regulation	Medicaid services
Establishes regulations regarding the Department's payment for services including payment methods, payment for inpatient hospital and long term care facility services, payment adjustments for hospitals that serve a disproportionate number of low-income patients, payment methods for other institutional and non-institutional services, payments for primary care services provided by physicians, and payment for drugs.	Requires a service	42 CFR 447.1 - 447.522	Federal	Regulation	Medicaid services
Establishes regulations regarding Medicaid program integrity including the Medicaid agency fraud detection and investigation program, disclosure of financial information by providers and fiscal agents, the scope of the Medicaid integrity program, provider screening and enrollment, and Medicaid recovery audit contractors program.	Requires a manner of delivery	42 CFR 455.1 - 455.518	Federal	Regulation	
Establishes regulations regarding utilization control measures for Medicaid services.	Requires a manner of delivery	42 CFR 456.1 - 456.725	Federal	Regulation	
Establishes regulations for the administration of the Program of All-inclusive Care for the Elderly (PACE).	Requires a service	42 CFR 460.1 - 460.210	Federal	Regulation	PACE services

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	Requires a manner of delivery	43-7-410	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	43-7-420	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	43-7-430	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	43-7-440	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	43-7-450	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	43-7-460	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	43-7-465	State	Statute	
Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	Requires a manner of delivery	43-7-50	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	43-7-60	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	43-7-70	State	Statute	

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DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
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	43-7-80	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	44-6-10	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	44-6-100	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	44-6-1010	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	44-6-1020	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	44-6-1030	State	Statute	
Establishes certain procedures to be included in any preferred drug list program administered by the Department.	Requires a service	44-6-1040	State	Statute	Preferred drug list program
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	44-6-1050	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	44-6-110	State	Statute	
Medically Indigent Assistance Act; Legislative Intent and Findings.	Requires a service	44-6-132	State	Statute	MIAP services
The following sections shall be known and may be cited as the "South Carolina Medically Indigent Assistance Act".	Requires a service	44-6-135	State	Statute	MIAP services

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Description	Purpose	Law Number	Jurisdiction	Type	Notes
Establishes the Medicaid hospital prospective payment system and cost containment measures.	Requires a manner of delivery	44-6-140	State	Statute	
Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	Requires a manner of delivery	44-6-146	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	44-6-150	State	Statute	MIAP services
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	44-6-155	State	Statute	Medicaid coverage
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	44-6-160	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	44-6-180	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	44-6-190	State	Statute	
Criminal penalties for falsification of information regarding MIAP.	Requires a manner of delivery	44-6-200	State	Statute	
Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Not related to agency deliverable	44-6-220	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	44-6-30	State	Statute	Administration of Medicaid Program



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Description	Purpose	Law Number	Jurisdiction	Type	Notes
Requires the Department to establish child development services in certain counties.	Requires a service	44-6-300	State	Statute	Child development services
Requires the Department to expand child development services in certain counties.	Requires a service	44-6-310	State	Statute	Child development services
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	44-6-320	State	Statute	Child development services
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	44-6-35	State	Statute	
Establishes the Department's duties for all health and human services interagency programs.	Requires a manner of delivery	44-6-40	State	Statute	
Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	Requires a manner of delivery	44-6-400	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	44-6-420	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	44-6-45	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)	44-6-470	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	44-6-5	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	44-6-50	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	44-6-530	State	Statute	

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DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
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	44-6-540	State	Statute	
Citation of Article as the "Gap Assistance Pharmacy Program for Seniors (GAPS) Act".	Requires a service	44-6-610	State	Statute	GAPS services (suspended via proviso)
Definitions of terms in the GAPS Act.	Requires a manner of delivery	44-6-620	State	Statute	Sspended via proviso
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	44-6-630	State	Statute	GAPS Program Administration (suspended via proviso)
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	44-6-640	State	Statute	
Establishes the eligibility requirements and benefits available under the GAPS program.	Requires a service	44-6-650	State	Statute	GAPS Program Administration (suspended via proviso)
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	44-6-660	State	Statute	Suspended via proviso
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	44-6-70	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	44-6-710	State	Statute	
Establishes requirements for qualifying for undue hardship waiver.	Requires a manner of delivery	44-6-720	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	44-6-725	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	44-6-730	State	Statute	



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Description	Purpose	Law Number	Jurisdiction	Type	Notes
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	44-6-80	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	44-6-90	State	Statute	
Recognition of FQHCs, RHCs and Rural Hospitals.	Requires a manner of delivery	44-6-910	State	Statute	
Establishes the Medicaid Nursing Home Permits rules.	Requires a manner of delivery	44-7-80	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	44-7-82	State	Statute	
Determination and allocation of Medicaid nursing home patient days; application for permit; rules and regulations.	Requires a manner of delivery	44-7-84	State	Statute	
Involuntary discharge or transfer of Medicaid nursing home patients prohibited; request for waiver of permit requirements.	Requires a manner of delivery	44-7-88	State	Statute	
Violations of Article; penalties; relocation of patients; report of daily Medicaid resident census information.	Requires a manner of delivery	44-7-90	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	58-23-1610	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)	59-123-60	State	Statute	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
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	62-7-503	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	9-11-315	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	9-1-1870	State	Statute	
Allows DSS, DHEC, and HHS to use current-year funds for certain prior-year purposes.	Funding agency deliverable(s)	Proviso 117.10 (Federal Funds - DHEC, DSS, DHHS - Disallowances)	State	FY 2019-20 Proviso	
Creates notification requirements in the event of a data breach.	Requires a manner of delivery	Proviso 117.103 (Data Breach Notification)	State	FY 2019-20 Proviso	
Agencies must file IT and information security plans by August 1st.	Report our agency must/may provide	Proviso 117.110 (Information Technology and Information Security Plans)	State	FY 2019-20 Proviso	
Directs state agencies to provide information/comply with the Statewide Strategic Information Technology Plan Implementation.	Requires a manner of delivery	Proviso 117.117 (Statewide Strategic Information Technology Plan Implementation)	State	FY 2019-20 Proviso	
Replaces previous rules for donating annual and sick leave.	Requires a manner of delivery	Proviso 117.119 (State Employee Leave Donation)	State	FY 2019-20 Proviso	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Provide information upon request to Executive Budget Office	Requires a manner of delivery	Proviso 117.125 (BabyNet)	State	FY 2019-20 Proviso	
Requires DHHS to work with MUSC regarding telehealth initiative and funding provided.	Requires a manner of delivery	Proviso 117.126 (SC Telemedicine Network)	State	FY 2019-20 Proviso	
Agencies must submit employment reports to the State Human Affairs Commission by October 31st.	Report our agency must/may provide	Proviso 117.13 (Discrimination Policy)	State	FY 2019-20 Proviso	
Statewide initiative to combat the opioid epidemic	Requires a service	Proviso 117.133 (Opioid Abuse Prevention and Treatment Plan)	State	FY 2019-20 Proviso	Opiod treatment
Defines the process through which FTEs are tracked and allocated.	Requires a manner of delivery	Proviso 117.14 (FTE Management)	State	FY 2019-20 Proviso	
Allows agencies to carry-forward 10% of their General Fund appropriations; sets procedures for sweeping these accounts, if necessary in a recession.	Requires a manner of delivery	Proviso 117.23 (Carry Forward)	State	FY 2019-20 Proviso	
Directs HHS to amend the State Plan to exercise the TEFRA eligibility option and other agencies to identify potential sources of state match.	Requires a manner of delivery	Proviso 117.24 (TEFRA)	State	FY 2019-20 Proviso	
Requires agencies to provide information on employee travel.	Requires a manner of delivery	Proviso 117.26 (Travel Report)	State	FY 2019-20 Proviso	
Agencies must submit accountability reports by September 15th.	Report our agency must/may provide	Proviso 117.29 (Base Budget Analysis)	State	FY 2019-20 Proviso	
Agencies may collect service charges for payments dishonored for insufficient funds.	Requires a manner of delivery	Proviso 117.30 (Collection on Dishonored Payments)	State	FY 2019-20 Proviso	
Sets parameters through which agencies may establish voluntary separation incentives, subject to DOA approval.	Requires a manner of delivery	Proviso 117.32 (Voluntary Separation Incentive Program)	State	FY 2019-20 Proviso	
Agencies must submit debt collection reports by the end of February.	Report our agency must/may provide	Proviso 117.33 (Debt Collection Reports)	State	FY 2019-20 Proviso	
Agencies may carry-forward Tobacco Settlement Agreement funds.	Funding agency deliverable(s)	Proviso 117.35 (Tobacco Settlement Funds Carry Forward)	State	FY 2019-20 Proviso	

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DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Agencies may not increase or impose new parking fees for employees.	Requires a manner of delivery	Proviso 117.44 (Parking Fees)	State	FY 2019-20 Proviso	
Agencies may use insurance reimbursements to offset expenses related to the claim and may carry-forward these funds.	Funding agency deliverable(s)	Proviso 117.46 (Insurance Claims)	State	FY 2019-20 Proviso	
Agencies must file organization charts by September 1st and when making changes that affect grievance rights.	Report our agency must/may provide	Proviso 117.47 (Organizational Charts)	State	FY 2019-20 Proviso	
Defines the process for making accounting changes when agencies are restructured.	Not related to agency deliverable	Proviso 117.48 (Agencies Affected by Restructuring)	State	FY 2019-20 Proviso	
Agencies should pursue cost savings through shared services efforts.	Funding agency deliverable(s)	Proviso 117.49 (Agency Administrative Support Collaboration)	State	FY 2019-20 Proviso	
Sets limits on employee bonuses and sets reporting requirements.	Report our agency must/may provide	Proviso 117.54 (Employee Bonuses)	State	FY 2019-20 Proviso	
Sets deadlines for agencies to submit financial statements to the Comptroller General.	Report our agency must/may provide	Proviso 117.57 (Year-End Financial Statements - Penalties)	State	FY 2019-20 Proviso	
Agencies that receive incentive rebate premiums for using the purchasing card may retain those funds.	Funding agency deliverable(s)	Proviso 117.58 (Purchase Card Incentive Rebates)	State	FY 2019-20 Proviso	
Agencies employing attorneys may use their funds to pay SC Bar Association dues.	Funding agency deliverable(s)	Proviso 117.63 (Attorney Dues)	State	FY 2019-20 Proviso	
Allows certain agencies to pay bonuses, educational leave, loan repayments, and tuition for healthcare workers under specific conditions.	Requires a manner of delivery	Proviso 117.64 (Critical Employee Recruitment and Retention)	State	FY 2019-20 Proviso	
Agencies may create voluntary furlough programs	Requires a manner of delivery	Proviso 117.67 (Voluntary Furlough)	State	FY 2019-20 Proviso	
Agencies can't discriminate when applying reductions in force.	Requires a manner of delivery	Proviso 117.69 (Reduction in Force Antidiscrimination)	State	FY 2019-20 Proviso	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Agency heads must take a five-day furlough in fiscal years when they apply reductions in force, with certain exceptions.	Requires a manner of delivery	Proviso 117.70 (Reduction in Force/Agency Head Furlough)	State	FY 2019-20 Proviso	
For Fiscal Year 2020-21 the Department of Health and Human Services shall not be required to provide printed copies of the Medicaid Annual Report required pursuant to Section 44-6-80 of the 1976 Code and shall instead only submit the documents electronically.	Requires a manner of delivery	Proviso 117.71 (Printed Report Requirements)	State	FY 2019-20 Proviso	
The Department shall produce an annual report on Medicaid-funded out-of-home placements and associated expenditures which shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November first each year.	Report our agency must/may provide	Proviso 117.72 (IMD Operations)	State	FY 2019-20 Proviso	
Requires agencies to report on the amounts of fines and fees that were charged and collected by the agency in the prior fiscal year.	Report our agency must/may provide	Proviso 117.73 (Fines and Fees Report)	State	FY 2019-20 Proviso	
Defines the rules governing mandatory employee furloughs.	Requires a manner of delivery	Proviso 117.74 (Mandatory Furlough)	State	FY 2019-20 Proviso	
When RIFs occur, agencies should focus on letting contractors, TERI, and post-TERI employees go first.	Requires a manner of delivery	Proviso 117.75 (Reduction in Force)	State	FY 2019-20 Proviso	
Agencies should eliminate 1/4 of the cost associated with positions made vacant by retirement.	Requires a manner of delivery	Proviso 117.76 (Cost Saving When Filling Vacancies Created by Retirements)	State	FY 2019-20 Proviso	
Establishes the intended use of funds awarded to HHS under the HITECH Act.	Requires a manner of delivery	Proviso 117.77 (Information Technology for Health Care)	State	FY 2019-20 Proviso	
Agencies can't discipline or give pay reductions to employees solely for providing sworn testimony to legislative committees.	Requires a manner of delivery	Proviso 117.79 (Reduction in Compensation)	State	FY 2019-20 Proviso	
Defines the Executive Budget Office's quarterly deficit monitoring program.	Funding agency deliverable(s)	Proviso 117.80 (Deficit Monitoring)	State	FY 2019-20 Proviso	
Provides restrictions on the use of state vehicles for employees' commuting purposes.	Requires a manner of delivery	Proviso 117.81 (Commuting Costs)	State	FY 2019-20 Proviso	

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DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Agencies must provide detailed reports on non-SCEIS bank accounts by October 1st.	Report our agency must/may provide	Proviso 117.82 (Bank Account Transparency and Accountability)	State	FY 2019-20 Proviso	
Agency websites must link to another agency's website that posts procurement card spending reports.	Requires a manner of delivery	Proviso 117.83 (Websites)	State	FY 2019-20 Proviso	
Joint Resolutions for regulations that raise or establish fees must state this in their titles.	Requires a manner of delivery	Proviso 117.84 (Regulations)	State	FY 2019-20 Proviso	
Requires state agencies to participate in recovery audit program and cooperate and provide necessary information in a timely manner.	Requires a manner of delivery	Proviso 117.87 (Recovery Audits)	State	FY 2019-20 Proviso	
Agencies providing healthcare services are to apply means tests and report on these criteria and collections by January 1st.	Not related to agency deliverable	Proviso 117.89 (Means Test)	State	FY 2019-20 Proviso	
Sets rules for transferring appropriations within programs.	Funding agency deliverable(s)	Proviso 117.9 (Transfers of Appropriations)	State	FY 2019-20 Proviso	
In the event of a base reduction, agencies are to realize savings through furloughs, reductions in employee compensation, hiring freezes, elimination of administrative overhead, and as a final option, reductions to programmatic funding.	Funding agency deliverable(s)	Proviso 117.90 (Agency Reduction Management)	State	FY 2019-20 Proviso	
The School for the Deaf and Blind, DDSN, SCDHHS, DMH and DSS each must provide on a common template, a quarterly report to the Chairman of the House Ways and Means Committee and the Chairman of Senate Finance outlining all programs provided by them for BabyNet; all federal funds received and expended on BabyNet and all state funds expended on BabyNet. Each entity and agency shall report on its share of the states ongoing maintenance of effort as defined by the US Department of Education under IDEA Part C.	Report our agency must/may provide	Proviso 117.96 (BabyNet Quarterly Reports)	State	FY 2019-20 Proviso	
Sets accounting rules for fiscal year-end.	Funding agency deliverable(s)	Proviso 118.1 (Year End Cutoff)	State	FY 2019-20 Proviso	
Allocates funds received through the Tobacco Master Settlement Agreement.	Funding agency deliverable(s)	Proviso 118.11 (Tobacco Settlement)	State	FY 2019-20 Proviso	
Appropriates non-recurring revenues.	Funding agency deliverable(s)	Proviso 118.16 (Non-recurring Revenue)	State	FY 2019-20 Proviso	
Directs the proceeds of the \$0.50 cigarette surcharge and applies those funds to Medicaid.	Funding agency deliverable(s)	Proviso 118.5 (Health Care Maintenance of Effort Funding)	State	FY 2019-20 Proviso	
Agencies may not use General Funds to pay lobbyists.	Funding agency deliverable(s)	Proviso 118.6 (Prohibits Public Funded Lobbyists)	State	FY 2019-20 Proviso	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Establishes a restricted fund for recoupments and overpayments and specifies the allowable uses of that fund.	Funding agency deliverable(s)	Proviso 33.1 (Recoupment/Restricted Fund)	State	FY 2019-20 Proviso	
Suspends franchise fees imposed on nursing home beds.	Not related to agency deliverable	Proviso 33.10 (Franchise Fees Suspension)	State	FY 2019-20 Proviso	
Directs the Department to expand its program integrity efforts by utilizing resources both within and external to the agency including, but not limited to, the ability to contract with other entities for the purpose of maximizing the Department's ability to detect and eliminate provider fraud.	Requires a manner of delivery	Proviso 33.11 (Program Integrity Efforts)	State	FY 2019-20 Proviso	
Requires post-payment reviews to ensure compliance with the Hyde Amendment.	Requires a manner of delivery	Proviso 33.12 (Post Payment Review)	State	FY 2019-20 Proviso	
Requires that HHS submit its long-term care facility reimbursement state plan amendment to CMS by August 15th each year.	Requires a manner of delivery	Proviso 33.13 (Long Term Care Facility Reimbursement Rates)	State	FY 2019-20 Proviso	
Requires a separate classification and compensation plan for Registered Nurses (RN) and Licensed Practical Nurses (LPN) who provide services to Medically Fragile Children and others.	Requires a manner of delivery	Proviso 33.14 (Nursing Services to High Risk/High Tech Children)	State	FY 2019-20 Proviso	
Directs the Department to enroll and recertify eligible children for the Children's Health Insurance Program (CHIP) using various sources of information from other state agencies.	Requires a manner of delivery	Proviso 33.15 (CHIP Enrollment and Recertification)	State	FY 2019-20 Proviso	
Allows the Department to carry forward funds from earmarked and restricted sources and establishes relevant reporting requirements.	Funding agency deliverable(s)	Proviso 33.16 (Carry Forward)	State	FY 2019-20 Proviso	
Directs the Department to expand and increase its effort to identify, report, and combat Medicaid provider fraud and requires annual reporting.	Report our agency must/may provide	Proviso 33.17 (Medicaid Provider Fraud)	State	FY 2019-20 Proviso	
Suspends the GAPS program.	Not related to agency deliverable	Proviso 33.18 (GAPS)	State	FY 2019-20 Proviso	
Authorizes the Department to contract with community-based not-for-profit organizations for local projects that further the objectives of the Department's programs.	Requires a manner of delivery	Proviso 33.19 (Contract Authority)	State	FY 2019-20 Proviso	
Establishes procedures for calculating reimbursements for long-term care facilities.	Requires a manner of delivery	Proviso 33.2 (Long Term Care Facility Reimbursement Rate)	State	FY 2019-20 Proviso	



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DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
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	Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	FY 2019-20 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	Proviso 33.21 (Medicaid Healthcare Initiatives Outcomes)	State	FY 2019-20 Proviso	
Requires the Department to partner with certain agencies to implement components of a Rural Health Initiative.	Requires a manner of delivery	Proviso 33.22 (Rural Health Initiative)	State	FY 2019-20 Proviso	
Requires the agency to report on the status of bringing BabyNet into compliance with federal requirements.	Report our agency must/may provide	Proviso 33.23 (BabyNet Compliance)	State	FY 2019-20 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	Proviso 33.24 (Personal Emergency Response System)	State	FY 2019-20 Proviso	Personal Emergency Response Systems
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	Proviso 33.25 (Family Planning Funds)	State	FY 2019-20 Proviso	
Directs the Department to make monthly remittances to the State Auditor's Office to support Medical Assistance audits.	Funding agency deliverable(s)	Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	FY 2019-20 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)	Proviso 33.4 (Third Party Liability Collection)	State	FY 2019-20 Proviso	
Establishes the circumstances under which the Department may bill other state agencies for state matching funds.	Funding agency deliverable(s)	Proviso 33.5 (Medicaid State Plan)	State	FY 2019-20 Proviso	
Makes DSH-receiving hospitals liable for any audit exceptions relating to their receipt or expenditure of DSH funds.	Funding agency deliverable(s)	Proviso 33.6 (Medically Indigent Assistance Fund)	State	FY 2019-20 Proviso	



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DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Authorizes the Department to receive and expend registration fees for educational, training, and certification programs.	Funding agency deliverable(s)	Proviso 33.7 (Registration Fees)	State	FY 2019-20 Proviso	
Authorizes the Department to offset the administrative costs associated with controlling fraud and abuse.	Funding agency deliverable(s)	Proviso 33.8 (Fraud and Abuse Collections)	State	FY 2019-20 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	Proviso 33.9 (Medicaid Eligibility Transfer)	State	FY 2019-20 Proviso	
Requires the Department to administer its programs without discrimination.	Requires a manner of delivery	Reg. 126-125	State	Regulation	
Establishes definitions for terms used in the Department's Appeals and Hearings regulations	Requires a service	Reg. 126-150	State	Regulation	Appeals and Hearings
Establishes appeal procedures	Requires a service	Reg. 126-152	State	Regulation	Appeals and Hearings
Defines authority of Hearing Officer	Requires a service	Reg. 126-154	State	Regulation	Appeals and Hearings
Describes prehearing conferences	Requires a service	Reg. 126-156	State	Regulation	Appeals and Hearings
Establishes hearing procedures	Requires a service	Reg. 126-158	State	Regulation	Appeals and Hearings
Establishes rules for the safeguarding and disclosure of Department-held client information.	Requires a manner of delivery	Reg. 126-170	State	Regulation	
Defines protected information	Requires a manner of delivery	Reg. 126-171	State	Regulation	
Defines purposes directly connected to the administration of programs and grants	Requires a manner of delivery	Reg. 126-172	State	Regulation	
Defines rules under which the Department may release information	Requires a manner of delivery	Reg. 126-173	State	Regulation	
Defines rules under which materials may be distributed to recipients and providers	Requires a manner of delivery	Reg. 126-174	State	Regulation	
Defines penalties related to violations of the Department's safeguarding regulations	Requires a manner of delivery	Reg. 126-175	State	Regulation	
Establishes the scope of the Medicaid program including services available under the program.	Requires a service	Reg. 126-300	State	Regulation	Medicaid services
List of services covered by Medicaid program	Requires a service	Reg. 126-301	State	Regulation	Medicaid services
Defines audiology services	Requires a service	Reg. 126-302	State	Regulation	Audiology services
Describes coverage of certified nurse midwifery services	Requires a service	Reg. 126-303	State	Regulation	Nurse-midwifery services
Describes Community Long Term Care Home and Community Based Services	Requires a service	Reg. 126-304	State	Regulation	CLTC services
Defines dental care	Requires a service	Reg. 126-305	State	Regulation	Dental services
Defines durable medical equipment	Requires a service	Reg. 126-306	State	Regulation	DME equipment
Describes early and periodic screening, diagnosis and treatment (EPSDT) services	Requires a service	Reg. 126-307	State	Regulation	EPSDT
Describes where End Stage Renal Disease services are available	Requires a service	Reg. 126-308	State	Regulation	End State Renal Disease services
Describes purpose of Family Planning Services	Requires a service	Reg. 126-309	State	Regulation	Family Planning services

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Defines hospital services	Requires a service	Reg. 126-310	State	Regulation	Hospital services
Describes who must order laboratory and x-ray services/tests	Requires a service	Reg. 126-311	State	Regulation	Lab and x-ray services
Describes Medicaid medical transportation services	Requires a service	Reg. 126-312	State	Regulation	Medical transportation services
Defines mental health clinic services	Requires a service	Reg. 126-313	State	Regulation	Mental health clinic services
Describes nursing facility services	Requires a service	Reg. 126-314	State	Regulation	Nursing facility services
Defines physicians' services	Requires a service	Reg. 126-315	State	Regulation	Physicians' services
Defines podiatry services	Requires a service	Reg. 126-316	State	Regulation	Podiatry services
Defines prescribed drugs	Requires a service	Reg. 126-317	State	Regulation	Prescriptions
Describes the availability of psychiatric facility services	Requires a service	Reg. 126-318	State	Regulation	Psychiatric facility services
Describes limitations of rehabilitative services	Requires a service	Reg. 126-319	State	Regulation	Rehabilitative services
Defines rural health clinic services	Requires a service	Reg. 126-320	State	Regulation	Rural health clinic services
Describes availability of speech pathology services	Requires a service	Reg. 126-321	State	Regulation	Speech pathology services
Describes limitations of tubercular facility services	Requires a service	Reg. 126-322	State	Regulation	Tubercular facility services
Defines vision care	Requires a service	Reg. 126-323	State	Regulation	Vision care services
Describes reimbursement for covered inpatient hospital services	Requires a service	Reg. 126-335	State	Regulation	Hospital reimbursement services
Establishes definitions for terms used in the Department's Medicaid eligibility regulations.	Requires a service	Reg. 126-350	State	Regulation	Medicaid eligibility determination
Describes generally the Medicaid application procedures	Requires a service	Reg. 126-355	State	Regulation	Medicaid eligibility determination
Describes general Medicaid eligibility requirements	Requires a service	Reg. 126-360	State	Regulation	Medicaid eligibility determination
Describes generally the categorically needy eligible groups	Requires a service	Reg. 126-365	State	Regulation	Medicaid eligibility determination
Describes redetermination of categorically needy eligibility	Requires a service	Reg. 126-370	State	Regulation	Medicaid eligibility determination
Describes medical institution vendor payments	Requires a service	Reg. 126-375	State	Regulation	Medicaid provider payments
Describes denial, termination or reduction of benefits	Requires a manner of delivery	Reg. 126-380	State	Regulation	
Describes that the federal regulations prevail when state and federal are not in agreement	Requires a manner of delivery	Reg. 126-399	State	Regulation	
Establishes definitions for terms used in the Department's Program Evaluation regulations	Requires a manner of delivery	Reg. 126-400	State	Regulation	
Describes provider sanctions	Requires a manner of delivery	Reg. 126-401	State	Regulation	
Describes factors for provider sanctions	Requires a manner of delivery	Reg. 126-402	State	Regulation	
Describes grounds for provider sanction	Requires a manner of delivery	Reg. 126-403	State	Regulation	
Describes provider fair hearings resulting from sanctions	Requires a manner of delivery	Reg. 126-404	State	Regulation	
Describes provider reinstatement	Requires a manner of delivery	Reg. 126-405	State	Regulation	
Program Integrity - Beneficiary Utilization	Requires a manner of delivery	Reg. 126-425	State	Regulation	
Establishes definitions for terms used in the Department's Medically Indigent Assistance Program (MIAP) regulations.	Requires a service	Reg. 126-500	State	Regulation	MIAP services
Describes responsibilities for MIAP eligibility determination	Requires a service	Reg. 126-505	State	Regulation	MIAP services
Describes the MIAP application process	Requires a service	Reg. 126-510	State	Regulation	MIAP services
Describes MIAP non-financial eligibility requirements	Requires a service	Reg. 126-515	State	Regulation	MIAP services
Describes MIAP financial eligibility requirements	Requires a service	Reg. 126-520	State	Regulation	MIAP services
Describes the services covered by the Medically Indigent Assistance Program (MIAP).	Requires a service	Reg. 126-530	State	Regulation	MIAP services

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Describes sponsorship from the MIAP	Requires a service	Reg. 126-535	State	Regulation	MIAP services
Describes recovery by MIAP	Requires a service	Reg. 126-540	State	Regulation	MIAP services
Payment methodology for MIAP	Requires a service	Reg. 126-560	State	Regulation	MIAP services
Grace period for county assessments in the MIAP	Requires a service	Reg. 126-570	State	Regulation	MIAP services
Establishes definitions for terms used in the Department's Intermediate Sanctions for Medicaid Certified Nursing Facilities regulations	Requires a manner of delivery	Reg. 126-800	State	Regulation	
Describes the imposition of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery	Reg. 126-810	State	Regulation	
Describes factors for sanctions for Medicaid certified nursing facilities	Requires a manner of delivery	Reg. 126-820	State	Regulation	
Describes the assessment of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery	Reg. 126-830	State	Regulation	
Describes the schedule of sanctions for Medicaid certifies nursing facilities	Requires a manner of delivery	Reg. 126-840	State	Regulation	
Describes the levying of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery	Reg. 126-850	State	Regulation	
Establishes definitions for terms used in the Department's Optional State Supplementation Program regulations.	Requires a service	Reg. 126-910	State	Regulation	OSS benefits
Describes eligibility requirements for the OSS program	Requires a service	Reg. 126-920	State	Regulation	OSS benefits
Describes the termination, suspension or reduction of benefits for OSS payments	Requires a service	Reg. 126-930	State	Regulation	OSS benefits
Describes administration of the OSS program.	Requires a service	Reg. 126-940	State	Regulation	OSS benefits
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	Title XIX and XXI of the Social Security Act	Federal	Statute	Medicaid services

FY 2020-2021 Agency Accountability Report  
**Services Responses:**

These responses were submitted for the FY 2020-2021 Accountability Report by the  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Description of Service	Description of Direct Customer	Customer Name	Others Impacted By the Service	Agency unit providing the service	Description of agency unit	Primary negative impact if service not provided
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

**Agency Partnerships Responses:**

These responses were submitted for the FY 2020-2021 Accountability Report by the  
**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Name of Partner Entity	Type of Partner Entity	Description of Partnership
Department of Disabilities and Special Needs	State Government	DDSN administers certain waiver programs on behalf of DHHS; DHHS finances nearly 90% of the DDSN budget.
Department of Mental Health	State Government	DMH is a major provider of behavioral health services for Medicaid beneficiaries; DHHS finances approximately 33% of the DMH budget.
Department of Education	State Government	SCDE has traditionally served as an intermediary between DHHS and the school districts that provide Medicaid-funded services.
Department of Social Services	State Government	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.
Lt. Governor's Office	State Government	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.
Department of Health and Environmental Control	State Government	DHEC is an important service provider and information source for Medicaid beneficiaries.
Department of Alcohol and Other Drug Abuse Services	State Government	DAODAS receives significant funding from DHHS and the agencies collaborate to discuss/design Medicaid service offerings.
Continuum of Care	State Government	Continuum manages services for children needing the most intensive behavioral health assistance; these services are often Medicaid-funded.
Medical University of South Carolina	State Government	MUSC administers the statewide telemedicine system that is funded with resources from DHHS.
Managed Care Organizations	Private Company	The program's managed care organizations are responsible for coordinating care and controlling costs for most Medicaid beneficiaries.
Providers	State Government, Private Company, Individuals, Non-profits	Individuals and organizations are enrolled to provide services to Medicaid beneficiaries, including physicians, dentists, and countless other provider classes.

**FY 2020-2021 Agency Accountability Report  
Reports Responses:**

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Report Name	Law Number (If required)	Summary of Information Requested in the Report	Most Recent Submission Date	Reporting Frequency	Type of Entity	Method to Access the Report	Direct access hyperlink or agency contact
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.	6/30/21	Annually	Other	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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.	1/5/21	Annually	Legislative entity or entities	Provided to LSA for posting online	
Bank Account Transparency and Accountability	Proviso 117.80	Provide information on fund balances and accounts not managed through the SCEIS system.	9/25/20	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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.	10/31/20	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
Carry Forward Report	Proviso 33.16	Provide additional information on funds carried forward from one fiscal year to the next.	9/3/20	Annually	Legislative entity or entities	Provided to LSA for posting online	
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.		Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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.	3/31/21	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
Debt Collection Report	Proviso 117.33	Ensure that agencies recover funds that are due to the state.	2/23/21	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
Discrimination Policy	Proviso 117.13	Ensure that agencies are appropriately applying anti-discrimination laws in their hiring and promotion practices.	10/20/20	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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).	5/15/21	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov

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Report Name	Law Number (If required)	Summary of Information Requested in the Report	Most Recent Submission Date	Reporting Frequency	Type of Entity	Method to Access the Report	Direct access hyperlink or agency contact
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.	4/30/21	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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.		Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
First Steps/BabyNet	Proviso 117.93	Track BabyNet's progress in implementing various recommendations from past audit reports.		Quarterly	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
IMD Operations	Proviso 117.70	Monitor the impact of funding changes made by the state in recent years due to changes in federal guidance.	12/3/20	Annually	Legislative entity or entities	Provided to LSA for posting online	
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.		Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
MBE Progress Report	11-35-5240	Provide information on agencies' procurement activities.	4/28/21	Quarterly	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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	www.scdhhs.gov
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.	2/3/21	Annually	Legislative entity or entities	Available on agency's website	www.scdhhs.gov
Medicaid Provider Fraud	Proviso 33.17	Confirm the Department is taking appropriate steps to combat waste, fraud, and abuse.	4/1/21	Annually	Legislative entity or entities	Available on agency's website	www.scdhhs.gov
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.	6/24/21	Quarterly	Legislative entity or entities	Available on agency's website	www.scdhhs.gov
Minority Business Utilization Plan	11-35-5240	Provide information on agencies' procurement activities.	8/21/20	Annually	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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.	various	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov



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Report Name	Law Number (If required)	Summary of Information Requested in the Report	Most Recent Submission Date	Reporting Frequency	Type of Entity	Method to Access the Report	Direct access hyperlink or agency contact
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.	4/30/21	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
SFAA Audit	11-35-1230 and Reg 19-445.2020	Audit of procurement activity	6/29/21	Annually	South Carolina state agency or agencies	Available on another website	<a href="https://procurement.sc.gov/agency/audits/audit-reports">https://procurement.sc.gov/agency/audits/audit-reports</a>
Sole Sources and Emergencies	11-35-2440	Monitor use of select source selection methods.	2/1/21	Quarterly	South Carolina state agency or agencies	Available on another website	<a href="https://reporting.procurement.sc.gov/general/transparency/audit-reports">https://reporting.procurement.sc.gov/general/transparency/audit-reports</a>
Statewide Single Audit (Office of State Auditor)	11-7-20	Statewide single audit reviews all aspects of DHHS, covering Eligibility Policy and procedures, Payables, Receivables, and Reporting. Also looks at our Internal audit reports, and policy and procedures.	2/28/21	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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.		Annually	Legislative entity or entities	Provided to LSA for posting online	
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.	12/31/20	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
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	11/9/20	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov
Travel Report	Proviso 117.26	Monitor agency travel expenses.	9/10/20	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov