

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

**2022
Accountability Report**

SUBMISSION FORM

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

- Data Template
 - Reorganization and Compliance
 - FY2022 Strategic Plan Results
 - FY2023 Strategic Plan Development
 - Legal
 - Services
 - Partnerships
 - Report or Review
 - Budget
- Discussion Template
- Organizational Template

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

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

AGENCY DIRECTOR <i>(SIGN AND DATE):</i>	SIGNATURE ON FILE	Signature Received: 9/15/2022 10:08
<i>(TYPE/PRINT NAME):</i>	Robert M. Kerr	

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

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

AGENCY’S DISCUSSION AND ANALYSIS

Through the administration of South Carolina’s Medicaid, Children’s Health Insurance Program (CHIP) and Individuals with Disabilities Education Act (IDEA) Part C programs, the South Carolina Department of Health and Human Services (SCDHHS) provides health care coverage to approximately 1.2 million South Carolinians. This includes approximately 60% of South Carolina’s children and the financing of approximately 60% of the births in the state.

New Leadership

SCDHHS Director Robert M. (Robby) Kerr joined the agency in April 2021. Given the timing of his on-boarding at SCDHHS, Director Kerr established FY 21-22 accountability report measures that fit within the goals and strategies of the agency’s existing strategic plan in consultation with the agency’s executive staff. In his first full year as SCDHHS director, Director Kerr has led SCDHHS through a staff reorganization and developed a new strategic plan. Both efforts seek to leverage the agency’s role as a major public health agency and health care payor to improve outcomes for South Carolinians. This deliberative process, along with Director Kerr’s focus on using available data, have built a strong foundation from which SCDHHS has developed goals, strategies and measures for strategic planning.

SCDHHS’ new strategic plan includes four goals the agency strives to accomplish in achieving its updated agency mission statement: “To be boldly innovative in improving the health and quality of life for South Carolinians.” Each of the agency’s four goals are described below as are many of the strategies and specific measures that support each goal. To operationalize its new strategic plan, Director Kerr will continue to embrace the enduring principals that were described in last year’s accountability report:

- 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

Ensure a Responsive Member Experience

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

At its core, a responsive member experience means improving the accuracy and timeliness of Medicaid eligibility decisions. In support of this goal, SCDHHS has committed to reducing the average number of days it takes to process general Medicaid applications from 36 to 34 days and reducing the average number of days it takes to process disability applications from 89 to 87 days. The agency has also committed to improving its overall eligibility error rate from 5 to 4% and improving its procedural error rate from 15 to 13%. These measures remain particularly important as the agency has continued to see an increase in Medicaid enrollment due to provisions of the Families First Coronavirus Response Act that require the agency to pause annual eligibility redeterminations during the ongoing federal public health emergency.

SCDHHS has also committed to several initiatives that are designed to improve interaction and communication with applicants and members. By connecting applicants, Medicaid members, providers and the public with

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

resources more efficiently, the agency can streamline access to information that will improve the member experience and help the agency operate more efficiently. A key component of this effort will be replacing the agency’s current complex and fragmented accumulation of call centers and customer service resources. Over the next year, the agency will begin the process of implementing a consolidated service center plan.

Purchase Access to Needed Health Services

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

To achieve this balance and SCDHHS’ goal to purchase access to needed health services, the agency has developed strategies to continually evaluate provider network adequacy and build value-based cost benefit pricing models to ensure payments are consistent with efficiency, economy and quality of care. Specific agency measures that support this approach include developing periodicity schedules to evaluate fee-for-service provider reimbursement rates, using available data to develop performance benchmarks and ensuring provider manuals are accurate and clearly support their intended outcomes.

Another way SCDHHS can support long-term access to quality health care services in South Carolina is through supporting the state’s physician workforce development programs. Through its financial support of South Carolina’s graduate medical education and supplemental teaching physician payment programs, SCDHHS has committed to ensuring these programs optimally meet specific physician workforce goals that can align with shortages in the state’s health care system as they are identified. Emphasis on both geographic and provider specialty areas enables, SCDHHS to support better outcomes for all South Carolinians by more wisely investing in the needs of rural and underserved communities.

Finally, SCDHHS was appropriated one-time funds through this year’s state budget to increase behavioral health treatment capacity across South Carolina. The agency is working with a group of stakeholders to strengthen behavioral health services by implementing a delivery system model that networks the existing fragmented system of care. This emphasis on strengthening South Carolina’s behavioral health services also includes the agency’s recently announced school-based mental health services initiative. These efforts are vital as the effects of the COVID-19 pandemic have brought badly needed attention to the need for improvement in the delivery of behavioral and mental health resources in South Carolina and across the country.

Improve the Health and Wellbeing of Members Through a Continuous Quality Improvement Strategy

Over the last year, SCDHHS has launched initiatives and enacted policy changes designed to improve health outcomes for specific populations that are largely served by the agency. As the largest payor for health care services for children in South Carolina and the organization that finances the majority of the births that occur in the state, SCDHHS’ emphasis is on improving the quality of care received by children and new mothers.

SCDHHS has boldly established a strategy to move South Carolina to a top quartile national ranking in assessments of pediatric health. To implement this strategy in support of the agency’s goal to improve the health and wellbeing of members, SCDHHS has established specific measures focused on the state’s pediatric population that it will seek to achieve over the next year. These measures include improving Early and Periodic Screening, Diagnostic and Treatment screening and participant ratios by 5%, decreasing infant mortality in the Medicaid population by 5% within two years and 10% within three years (whole state). SCDHHS is launching

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

targeted regional initiatives and building from the agency’s successful Quality Through Innovation in Pediatrics (QTIP) program by implementing two QTIP initiatives with participating practices.

Over the last year, SCDHHS was able to implement a policy initiative it had pursued since 2019 and extended Medicaid coverage for new mothers who qualify for Medicaid because they are pregnant from 60 days to 12 months postpartum. This policy change is critical to ensuring a healthy start to life for both infants and mothers across the state. Building upon this initiative, SCDHHS has committed to developing a new baseline to analyze maternal care in the state. These baselines will include initial emphases on addressing preterm birth rates and increasing the number of pregnant women who access prenatal care early in their pregnancies and continue to be evaluated based on ongoing analysis.

Beyond financing the majority of births in the state and other funding streams, SCDHHS also plays a major role in financially supporting South Carolina’s hospitals through other programs and services. The agency is developing a new hospital quality program to address health outcomes for Medicaid members with co-morbidities. While this includes the agency’s focus on improving maternal health outcomes, it also includes a focus on co-morbidities that frequently lead to adverse outcomes including developing baselines in order to analyze and improve outcomes for Medicaid members with hypertension and those with diabetes. Finally, while hospitals play a vital role in our healthcare system, hospitals’ emergency departments are the most expensive setting to provide care. In order to prioritize delivering care in the most appropriate and cost-effective setting, the agency’s hospital quality strategy also includes an emphasis on analyzing avoidable emergency department utilization among Medicaid members.

Efficiently and Effectively Align the Agency’s Administrative Resources

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

As a taxpayer-funded entity, proper stewardship of the agency’s financial resources (tax dollars) is a top agency priority. The agency has established a strategy to ensure proper stewardship of the financial resources that have been entrusted to it. This strategy is supported by specific measures that include establishing a process to assess contracts on value and cost benefit prior to renewal and better utilizing the agency’s internal audit team to monitor compliance and improve organization operations. The agency’s ability to properly prioritize topics and initiatives are centered around its ability to correctly forecast its upcoming expenditures; in recognition of this imperative, the agency has established a measure to ensure agency actual expenditures are within 3% of the budget forecast.

The agency’s strategy to continually assess and identify technology resources that assist in effectively executing its business processes is rooted in Director Kerr’s principal of ensuring access to integrated information and data across the organization. In support of this strategy, SCDHHS has established a measure to continually improve data governance to ensure the integrity, consistency, security, and accessibility of data. Director Kerr’s dedication to data-driven decision-making is also evident in its measure expanding the agency’s encounter data sets to include the full paid encounter data and the addition of rejected encounter data.

Over the last year, SCDHHS has increased the amount of data and information it publicly publishes and created several new avenues to communicate with Medicaid members, providers and other stakeholders. These efforts have laid the groundwork for the agency’s new strategy to improve user experience by connecting applicants,

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

members and providers with resources more efficiently. While these efforts have improved the agency’s ability to communicate with the public and the public’s ability to communicate with the agency, SCDHHS’ ability to make bold improvements in this area are hamstrung by an outdated and difficult to navigate website. To make the bold changes necessary to improve how it serves the public, SCDHHS has established a measure to develop a project plan in the next year to replace the agency’s website.

Finally, and most importantly, SCDHHS will not be able to achieve its new mission or carry out its strategic plan if it does not have the right personnel in place. The agency has developed a strategy to attract, train and retain the engaged and productive workforce it needs to implement the goals, strategies and measures it has established. This strategy includes measures related to reducing the agency’s turnover rate and an emphasis on conducting annual employee engagement surveys and reevaluating the EPMS process to better assess how the agency evaluates employees in terms of frequency and context. Consistent with Director Kerr’s principal to ensure the agency’s mission and goals remain the focus throughout the organization, this also includes an emphasis on incorporating agency goals and measures in employees’ EPMS reviews.

Risk Assessment and Mitigation Strategies

SCDHHS currently provides health care coverage for approximately 1.2 million South Carolinians, including the majority of the state’s children and pregnant women and a large portion of the state’s disabled population. While it is extremely unlikely to occur, the greatest potential negative impact that could result from the agency’s failure to accomplish any of its goals and objectives would be a loss of access to vital health care services for some of the state’s most vulnerable individuals. The most likely major threat to the agency’s ability to accomplish its goals and objectives would be the fiscal impact of the next recession. Medicaid, which is a countercyclical program, meaning that more people become financially eligible during economic downturns. This means the combination of declining overall state revenues and increased demand for Medicaid spending just as funding will likely start to be pulled away.

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

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

AGENCY NAME:

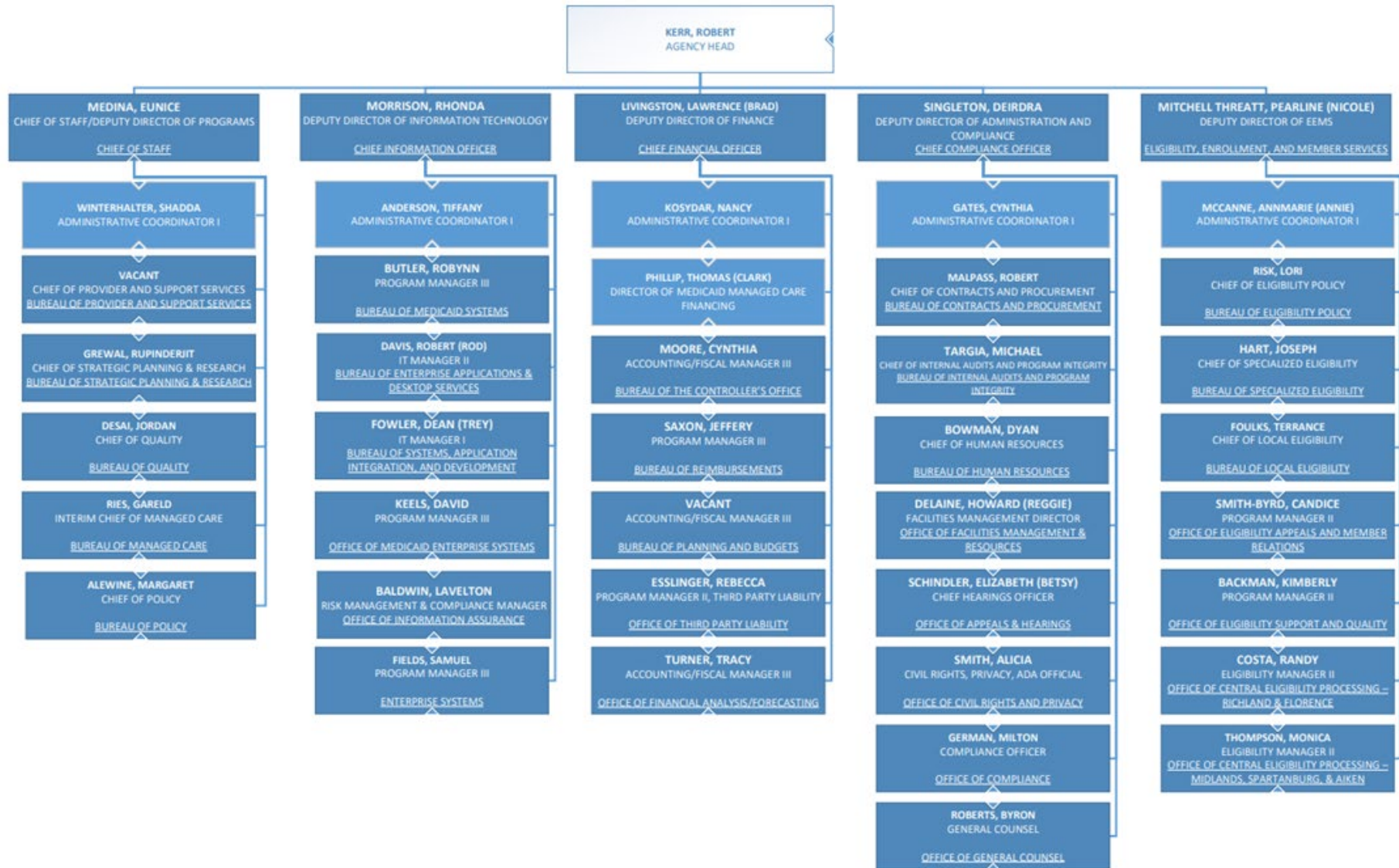
Department of Health and Human Services

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FY2022

Reorganization and Compliance

as submitted for the Accountability Report by:
J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Primary Contact

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

Secondary Contact

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

Agency Mission	Adopted in:
To be boldly innovative in improving the health and quality of life for South Carolinians.	2022

Agency Vision	Adopted in:
N/A	2022

Recommendations for reorganization requiring legislative change:
None

Agency intentions for other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in the succeeding fiscal year:
None

Significant events related to the agency that occurred in FY2022

Description of Event	Start	End	Agency Measures Impacted	Other Impacts
n/a				

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
	Yes

Reason agency is out of compliance: (if applicable)

Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 20-1-10 through 20-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).	Yes
	Yes

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

Law number(s) which gives the agency the authority to promulgate regulations:	S.C. Code Ann. 44-6-90
	S.C. Code Ann. 44-6-90

Has the agency promulgated any regulations?	Yes
	Yes

Is the agency in compliance with S.C. Code Ann. § 1-23-120 (J), which requires an agency to conduct a formal review of its regulations every five years?	Yes
	Yes

(End of Reorganization and Compliance Section)

FY2022

Strategic Plan Results

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

- Goal 1 Purchase and evaluate care through evidence-based systems and models
- Goal 2 Strengthen the health and well-being of South Carolinians across their lifespan
- Goal 3 Limit the burden to provide and receive care
- Goal 4 Utilize public resources efficiently and effectively
- Goal 5 Maintain or improve healthcare marketplace stability

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Implement policies that promote provision of care in clinically appropriate, cost-effective settings														
State Objective: Healthy and Safe Families														
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%	100%	Percent	Equal to	State Fiscal Year (July 1 - June 30).	Percentage of packets with fiscal analysis	Agency financial data	Network drive	Key performance indicator of financial management of agency funds.	Management/ legislature/ taxpayers	0100.000000.000	
1.2 Improve data quality for internal use and federal submission														
State Objective: Healthy and Safe Families														
1.2.1	Develop a data and reporting policy that ensures accuracy and uniformity of agency information and protects data integrity.	0%	100%	100%	Percent Complete	All agency-related reporting is reviewed by data analytics team for accuracy and	State Fiscal Year (July 1 - June 30).	Reporting log	Internal data analytics team	Network drive	To improve the accuracy, consistency and quality of agency related reporting	Management/members/provider s/taxpayers	0100.000000.000	
2.1 Ensure access and engagement in the delivery of preventative care														
State Objective: Healthy and Safe Families														
2.1.1	Increase the total number of children receiving preventative dental care by 5%.	43%	48%	44%	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	To improve beneficiary quality of and access to care	CMS/internal dental program/quality/data analytics/members	3000.010506.000	
2.1.2	Increase the percentage of children who have received all the recommended "Combo 10" immunizations by 10%.	29%	39%	See note	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	To improve beneficiary quality of and access to care	Members/providers/management	3000.010518.000	Data available later in September
2.1.3	Increase the Early Periodic Screening, Diagnosis and Treatment (EPSDT) participant ratio for children 6-9 years old.	0.38	0.55	0.43	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	To improve beneficiary quality of and access to care	CMS/internal EPSDT program/quality/data analytics/members	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%	100%	Percent Complete	Equal to	State Fiscal Year (July 1 - June 30).	Percent completed	Internal report	Network drive	To improve beneficiary quality of and access to care	Members/providers/management	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%.	11%	13%	See note	Percent	Equal to or greater than	State Fiscal Year (July 1 - June 30).	Percentage of members receiving follow up visit	HEDIS/NCQA data	NCQA	To improve beneficiary quality of and access to care	Members/providers/management	3000.010501.000; 3000.010518.000; 3000.010532.000	Data available later in September
2.2 Ensure access to coordinated and collaborative care delivered in appropriate settings														
State Objective: Healthy and Safe Families														

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
2.2.1	Maintain performance at or above the regional Medicaid standard for Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurements of access to care (Child).	75%	74%	75%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Varies and baseline changes each yr	CAHPS	CAHPS	Provide better health outcomes and improve access for Medicaid beneficiaries	Members/Providers/Taxpayers	3000.010518.000	
2.2.2	Maintain performance at or above the regional Medicaid standard for Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurements of access to care (Adult).	64%	64%	64%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Varies and baseline changes each yr	CAHPS	CAHPS	Provide better health outcomes and improve access for Medicaid beneficiaries	Members/Providers/Taxpayers	3000.010518.000	
3.1 Make timely and accurate eligibility determinations State Objective: Healthy and Safe Families														
3.1.1	Increase the number of online applications by 5%.	12%	17%	22%	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	Agency customers have improved access to Medicaid services	Direct customers	3000.015000.000; 3000.010305.000	
3.1.2	Maintain a minimum of 95% timeliness rate on MAGI eligibility decisions.	95%	95%	96%	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	Agency customers gain access to Medicaid services in a timely manner	Direct customers	3000.015000.000; 3000.010305.000	
3.1.3	Increase the timeliness rate on non-MAGI eligibility decisions by 5%.	67%	72%	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	Agency customers gain access to Medicaid services in a timely manner	Direct customers	3000.015000.000; 3000.010305.000	
3.1.4	Increase the accuracy rate of eligibility decisions to 94%.	93%	94%	95%	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	Agency customers receive the most Medicaid services as appropriate	Direct customers	3000.015000.000; 3000.010305.000	
3.2 Implement or improve provider and beneficiary self-service tools State Objective: Healthy and Safe Families														
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%	18%	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	Members, authorized representatives	Healthy Connections Medicaid members	0100.000000.000	
4.1 Modernize and improve administrative business functions State Objective: Healthy and Safe Families														
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	1,355,389.54	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)	Reduce fraud, waste and abuse in the taxpayer-funded program	Members/providers/taxpayers	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%	50%	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	Key performance indicator to aid in agency efficiency and utilization of resources	Management/taxpayers	0100.000000.000	
4.1.3	Reduce the total number of active emergency contracts by 10% and ensure all emergency documentation is in place.	11	9	4	Count	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	Reduce audit findings	Procurement team	0100.000000.000	

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
4.1.4	Ensure that 100% of contracts are in the electronic contract management system with an identified contract owner.	0%	100%	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	Liability of services being provided without an active contract owner	Contracts team	0100.000000.000	
4.1.5	Develop a contract management and monitoring P&P manual and training for contract managers.	0%	100%	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	Accurate and consistent contract management and monitoring across the agency	Contracts team	0100.000000.000	
5.1 Enhance employee engagement												State Objective: Healthy and Safe Families		
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%	65%	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	Key performance indicator of employee engagement by management.	Management/ legislature/ taxpayers/employees	0100.000000.000	
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%	94%	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	Key performance indicator of employee engagement by management.	Management/ legislature/ taxpayers/employees	0100.000000.000	
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%	75%	Percent	Equal to	State Fiscal Year (July 1 - June 30).	Percentage of PDs reviewed annually	Agency HR data	Network drive	Key performance indicator of employee engagement by management.	Management/ legislature/ taxpayers/employees	0100.000000.000	

FY2023

Strategic Plan Development

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

- Goal 1 Ensure a responsive member experience.
- Goal 2 Purchase access to needed health services.
- Goal 3 Improve the health and wellbeing of members through a continuous quality improvement strategy.
- Goal 4 Efficiently and effectively align the agency's administrative resources.
- Goal 5 #N/A
- Goal 6 #N/A
- Goal 7 #N/A
- Goal 8 #N/A

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Fulfill federal timeliness requirements in processing enrollment applications. State Objective: Healthy and Safe Families													
1.1.1	Decrease the average processing days for general applications from 36 to 34.	36	34	Count	Equal to or less than	State Fiscal Year	Average processing days for general Medicaid applications	Curam/Medicaid Eligibility Determination System (MEDS)	MMRP	Agency customers gain access to Medicaid services in a timely manner	Direct customers	3000.015000.000	
1.1.2	Decrease the average processing days for disability applications from 89 to 87.	89	87	Count	Equal to or less than	State Fiscal Year	Average processing days for disability applications	Curam/MEDS	MMRP	Agency customers gain access to Medicaid services in a timely manner	Direct customers	3000.015000.000	
1.2 Improve the accuracy in processing member applications. State Objective: Healthy and Safe Families													
1.2.1	Improve the eligibility error rate from 5% to 4%.	5%	4%	Percent	Equal to or less than	State Fiscal Year	Number of eligibility errors found in audit / total number of Medicaid applications audited	Curam/MEDS	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	
1.2.2	Improve the procedural error rate from 15% to 13%.	15%	13%	Percent	Equal to or less than	State Fiscal Year	Number of procedural errors found in audit / total number of Medicaid applications audited	Curam/MEDS	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	
2.1 Design and continually improve services to ensure they are sufficient in coverage. State Objective: Healthy and Safe Families													
2.1.1	Evaluate utilization and encounter data to develop performance benchmarks to determine if services are achieving intended outcomes.	0%	100%	Percent complete	Complete	State Fiscal Year	Development of benchmarks for service utilization and outcomes	SCDHHS data analytics team	Network drive, MMIS, SAS	Improvement in the accuracy, consistency and quality of agency related reporting and decision making	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	
2.1.2	Strengthen behavioral health services by implementing a delivery system model that networks the existing fragmented system of care.	0%	100%	Percent complete	Complete	State Fiscal Year	Development of statewide integrated behavioral health system	SCDHHS management team, behavioral health management team, internal data analyses	Network drive	South Carolinians receive increased access to quality behavioral health services statewide	Management/members/providers/taxpayers	3000.010532.000; 3000.010518.000	
2.1.3	Ensure all provider manuals effectively define our intended outcomes.	0%	100%	Percent complete	Complete	State Fiscal Year	Comprehensive review of the following six provider manuals: Autism, Behavioral Health, Private Rehabilitative Therapy, Home and Community-based Waiver(s), Physician/Clinics/Enhanced Services and Pharmacy	SCDHHS policy management team	Network drive	Increased clarity of service benefits and coverage for providers and members	Management/members/providers/taxpayers	3000.010200.000	

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes	
2.2 Build value-based cost benefit pricing models to ensure payments are consistent with efficiency, economy and quality of care.													State Objective: Healthy and Safe Families	
2.2.1	Develop and implement a periodicity schedule for fee-for-service provider reimbursement rates.	0%	100%	Percent complete	Complete	State Fiscal Year	Development of a periodicity schedule for FFS provider reimbursement rates	SCDHHS Finance management team, actuaries	Network drive, MMIS, SAS	Ensures payments are consistent with efficiency, economy and quality of care	Management/members/provider s/taxpayers	0100.000000.000		
2.3 Continually evaluate provider network adequacy.													State Objective: Healthy and Safe Families	
2.3.1	Align graduate medical education (GME) payments and supplemental teaching physician payments (STP) to match state physician needs.	0%	100%	Percent complete	Complete	State Fiscal Year	Alignment of GME and STP payments	SCDHHS Finance management team, actuaries, other GME consultants, teaching hospitals	Network drive, MMIS, SAS	Ensures GME and STP payments match the state's physician needs	Management/members/provider s/taxpayers	3000.010200.000		
3.1 Move South Carolina to a top quartile national ranking in assessments of pediatric health.													State Objective: Healthy and Safe Families	
3.1.1	Improve Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening and participant ratios by 5%.	0.57 for screening; 0.46 for participant	0.60 for screening; 0.48 for participant	Ratio	Equal to or greater than	State Fiscal Year	Comparative analysis of South Carolina Medicaid data against national benchmarking	CMS 416 EPSDT Report	Network drive, CMS	Provide increased access and better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010523.000;3000.010518.000		
3.1.2	Decrease infant mortality in the South Carolina Medicaid population by 5% within two years (2.5% in year one) and 10% within three years (whole state) by launching targeted regional initiatives.	6.5 out of 1,000 live births	6.34 out of 1,000 live births	Count	Equal to or less than	State Fiscal Year	Number of infant deaths / Total number of live births (calculation will be for both Medicaid only and whole state - rate is same for both categories in base year 2020)	SC Revenue and Fiscal Affairs Office; internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000		
3.1.3	Identify and implement two QTIP initiatives with participating practices.	0	2	Count	Equal to or greater than	State Fiscal Year	Number of new QTIP initiatives	Internal reports	Network drive	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000		
3.2 Develop and implement a hospital quality program to address health outcomes for members with co-morbidities.													State Objective: Healthy and Safe Families	
3.2.1	Develop a baseline to analyze avoidable emergency department (ED) utilization for members.	0%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports, actuaries	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000		
3.2.2	Develop a baseline to analyze maternal care.	0%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000; 3000.010504.000; 3000.010516.000; 3000.010518.000		
3.2.3	Develop a baseline to analyze members with hypertension.	0%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000; 3000.010504.000; 3000.010516.000; 3000.010518.000		
3.2.4	Develop a baseline to analyze members with diabetes.	0%	100%	Percent complete	Complete	State Fiscal Year	To be determined once data is analyzed	Internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid beneficiaries	Management/members/provider s/taxpayers	3000.010505.000; 3000.010504.000; 3000.010516.000; 3000.010518.000		
4.1 Ensure proper stewardship of financial resources.													State Objective: Healthy and Safe Families	
4.1.1	Develop accurate financial projections that ensure agency actual expenditures are within 3% of the budget forecast.	<3%	3%	Percent	Maintain range	State Fiscal Year	(Actual/forecast)*100	Finance management team, internal reports (Business Objects), actuaries	Business Objects	Promotes sound fiscal stewardship and allows the agency to control increases in healthcare spending	Management/members/provider s/taxpayers	0100.000000.000		

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
4.1.2	Establish a process to assess contracts on value and cost benefit prior to renewal.	0%	100%	Percent complete	Complete	State Fiscal Year	Development of contract cost benefit determination process	Finance management team, Contracts management team	Network drive	Promotes sound fiscal stewardship and allows the agency to better assess value of its contracts	Management/members/providers/taxpayers	3000.010200.000; 3000.010301.000; 3000.010302.000; 3000.010304.000; 3000.010305.000	
4.2 Continually assess and identify technology resources that assist the agency in effectively executing its business processes. State Objective: Healthy and Safe Families													
4.2.1	Establish a process to continually improve data governance to ensure the integrity, consistency, security and accessibility of data.	0%	100%	Percent complete	Complete	State Fiscal Year	Development of process for strengthening data governance	IT management team	Network drive	Ensures Medicaid data is protected and secure	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	
4.2.2	Establish a repository for encounter data and expand the MCO encounter data set to include the full paid encounter data and the addition of rejected encounter data.	0%	100%	Percent complete	Complete	State Fiscal Year	Development of encounter data repository	IT management team, Data Analytics team	Network drive, MMIS, SAS	Ensures management has full access to necessary claims data to make data-driven decisions	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	
4.3 Improve user experience by connecting applicants, members and providers with resources more efficiently. State Objective: Healthy and Safe Families													
4.3.1	Develop a project plan to replace the agency's website.	0%	100%	Percent complete	Complete	State Fiscal Year	Development of project plan and selection of vendor	Communications team, IT management team	Network drive	Promotes transparency and provides more streamlined information for members, providers, and stakeholders	Management/members/providers/taxpayers	0100.000000.000	

FY2022

Budget Data

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
0100.000000.000	Administration	Provides administrative support and other operating expenses for the agency	\$ 16,380,855.24	\$ 1,643,627.45	\$ 18,062,115.66	\$ 36,086,598.35	\$ 19,118,720.60	\$ 1,031,108.43	\$ 22,333,363.33	\$ 42,483,192.36
3000.010200.000	Medical Administration	Provides administrative support and other operating expenses for the agency	\$ 8,253,432.54	\$ 395,706.44	\$ 14,381,586.40	\$ 23,030,725.38	\$ 9,013,322.09	\$ 953,703.50	\$ 17,222,428.62	\$ 27,189,454.21
3000.010301.000	Provider Support	Provides administrative/contractual support for Medicaid services	\$ 29,911,508.98	\$ 58,002,786.29	\$ 51,319,126.37	\$ 139,233,421.64	\$ 60,708,126.28	FALSE	\$ 58,236,518.85	\$ 118,944,645.13
3000.010302.000	Nursing Home Contracts	Provides administrative/contractual support for Medicaid services	\$ 636,599.51	\$ 1,151,940.75	\$ 1,783,358.47	\$ 3,571,898.73	\$ 1,358,107.25	\$ 2,633,549.18	\$ 3,356,272.93	\$ 7,347,929.35
3000.010304.000	CLTC Contracts	Provides administrative/contractual support for Medicaid services	\$ 1,426,096.00	\$ 442,038.58	\$ 2,596,490.20	\$ 4,464,624.78	\$ 2,190,849.82	\$ 498,236.60	\$ 5,366,525.27	\$ 8,055,611.69
3000.010305.000	Eligibility Contracts	Provides administrative/contractual support for Medicaid services	\$ 20,816,159.60	\$ 171,378.00	\$ 47,550,733.13	\$ 68,538,270.73	\$ 23,981,574.14	\$ 600,000.00	\$ 54,838,075.39	\$ 79,419,649.53
3000.010306.000	MMIS-Medical Mgmt Info	Provides administrative/contractual support for Medicaid services	\$ 22,783,958.42	\$ 1,427,601.42	\$ 38,700,112.44	\$ 62,911,672.28	\$ 20,259,289.37	\$ 1,842,251.25	\$ 44,313,273.64	\$ 66,414,814.26
3000.010310.000	Telemedicine	Payments to programs for development and operation of a statewide, open access South Carolina Telemedicine Network	\$ 7,500,000.00	\$-	\$-	\$ 7,500,000.00	\$ 7,000,000.00	\$-	\$-	\$ 7,000,000.00
3000.010312.000	Rural Health Initiative	Payments to programs to promote the development of a rural medical workforce through (1) additional residencies or fellowships in rural medicine or other related areas and/or (2) efforts that expose resident physicians to rural practice as part of a recruitment strategy for rural and/or	\$ 3,615,281.00	\$-	\$-	\$ 3,615,281.00	\$ 7,500,000.00	\$-	\$-	\$ 7,500,000.00
3000.010501.000	Hospital Services	Provides inpatient and outpatient hospital services for our fee for service beneficiaries	\$ 109,297,695.22	\$ 37,324,601.50	\$ 490,773,474.18	\$ 637,395,770.90	\$ 74,341,211.00	\$ 96,846,309.00	\$ 481,890,358.00	\$ 653,077,878.00
3000.010502.000	Nursing Home Services	Provides nursing facility services including complex care and hospice room and board	\$ 157,152,318.16	\$ 2,933,710.62	\$ 534,002,535.53	\$ 694,088,564.31	\$ 184,848,090.00	\$ 4,467,175.00	\$ 531,130,992.00	\$ 720,446,257.00
3000.010504.000	Pharmaceutical Services	Provides prescription medications in the outpatient setting for our fee for service beneficiaries	\$ 14,693,154.00	\$ 14,035,550.69	\$ 96,416,822.47	\$ 125,145,527.16	\$ 19,475,649.00	\$ 13,500,000.00	\$ 96,120,536.00	\$ 129,096,185.00
3000.010505.000	Physician Services	Provides physician services including primary care, preventative care and specialty care for our fee for service beneficiaries	\$ 18,338,178.52	\$ 46,968.49	\$ 65,193,145.93	\$ 83,578,292.94	\$ 22,035,645.00	\$-	\$ 67,367,452.00	\$ 89,403,097.00
3000.010506.000	Dental Services	Provides dental services for our beneficiaries	\$ 33,915,105.76	\$ 10,013.74	\$ 119,059,989.22	\$ 152,985,108.72	\$ 40,403,650.00	\$-	\$ 119,014,467.00	\$ 159,418,117.00
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.	\$ 40,064,971.73	\$-	\$ 247,155,571.85	\$ 287,220,543.58	\$ 90,743,443.00	\$-	\$ 254,797,294.00	\$ 345,540,737.00
3000.010510.000	Premiums Matched	Pays for Medicare premiums for dual eligible individuals who meet certain income requirements	\$ 66,151,887.56	\$-	\$ 244,382,826.11	\$ 310,534,713.67	\$ 83,980,514.00	\$-	\$ 262,642,567.00	\$ 346,623,081.00
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, QL Refugee Assistance)	\$ 24,518,782.60	\$-	\$-	\$ 24,518,782.60	\$ 28,484,022.00	\$-	\$-	\$ 28,484,022.00
3000.010512.000	Hospice	Provides hospice services for terminally ill Medicaid beneficiaries	\$ 4,437,611.43	\$-	\$ 14,898,015.02	\$ 19,335,626.45	\$ 5,409,289.00	\$-	\$ 15,234,987.00	\$ 20,644,276.00
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)	\$ 18,648,943.07	\$-	\$-	\$ 18,648,943.07	\$ 20,774,895.00	\$-	\$-	\$ 20,774,895.00
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)	\$ 4,956,250.10	\$-	\$-	\$ 4,956,250.10	\$ 5,808,842.00	\$-	\$-	\$ 5,808,842.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
3000.010516.000	Clinical Services	Provides services in FQHCs, RHCs, and other clinic settings for our fee for service beneficiaries	\$ 8,084,555.80	\$ 15,445.10	\$ 27,086,897.06	\$ 35,186,897.96	\$ 9,800,131.00	\$-	\$ 27,534,394.00	\$ 37,334,525.00
3000.010517.000	Durable Medical Equipment	Provides durable medical equipment including wheel chairs and oxygen supplies for our fee for service beneficiaries	\$ 10,867,287.09	\$ 1,029.06	\$ 36,398,213.76	\$ 47,266,529.91	\$ 13,321,918.00	\$-	\$ 37,526,946.00	\$ 50,848,864.00
3000.010518.000	Coordinated Care	Provides coordinated services for beneficiaries through managed care organizations which are paid through capitated rates	\$ 575,348,345.07	\$ 281,470,971.93	\$ 2,939,837,414.22	\$ 3,796,656,731.22	\$ 581,964,803.00	\$ 438,261,980.00	\$ 2,929,312,347.00	\$ 3,949,539,130.00
3000.010523.000	Transportation Services	Provides non-emergency transportation for the entire Medicaid population and emergency transportation services for our fee for service beneficiaries	\$ 22,717,532.46	\$ 1,858.50	\$ 75,803,152.05	\$ 98,522,543.01	\$ 26,311,792.00	\$-	\$ 73,824,614.00	\$ 100,136,406.00
3000.010524.000	MMA Phased Down Contributions	Federal "clawback" for state's portion of Medicare Part D prescription drug benefit (100% state funding)	\$ 103,914,777.52	\$-	\$-	\$ 103,914,777.52	\$ 130,368,788.00	\$ 1,500,000.00	\$-	\$ 131,868,788.00
3000.010525.000	Home Health Services	Provides home health services and incontinence supplies for our fee for service beneficiaries	\$ 2,167,431.16	\$ 2,649.39	\$ 13,955,383.18	\$ 16,125,463.73	\$ 5,093,862.00	\$-	\$ 14,298,772.00	\$ 19,392,634.00
3000.010526.000	EPSDT Services	Provides well-child, comprehensive and preventive health care screenings and services for children under the age of 21	\$ 512,410.84	\$ 1,173.10	\$ 1,738,993.46	\$ 2,252,577.40	\$ 594,285.00	\$-	\$ 1,696,857.00	\$ 2,291,142.00
3000.010527.000	Medical Professional Services	Provides therapy, vision, and other medical professional services to our fee for service beneficiaries	\$ 8,234,545.95	\$ 10,622.76	\$ 27,571,376.44	\$ 35,816,545.15	\$ 9,697,909.00	\$-	\$ 27,301,136.00	\$ 36,999,045.00
3000.010528.000	Lab & X-Ray Services	Provides lab and x-ray services including CT scans and MRIs for our fee for service beneficiaries	\$ 2,993,280.67	\$ 11,561.61	\$ 10,108,777.84	\$ 13,113,620.12	\$ 3,534,033.00	\$-	\$ 10,000,274.00	\$ 13,534,307.00
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	\$ 2,745,419.61	\$-	\$ 15,383,324.44	\$ 18,128,744.05	\$ 5,370,473.00	\$-	\$ 15,067,060.00	\$ 20,437,533.00
3000.010531.000	Children's Community Care	Provides children's nursing services and medically complex children's waiver	\$ 3,364,128.39	\$-	\$ 18,892,569.33	\$ 22,256,697.72	\$ 8,385,133.00	\$-	\$ 23,608,706.00	\$ 31,993,839.00
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	\$ 8,831,610.33	\$ 1,648.50	\$ 39,635,098.79	\$ 48,468,357.62	\$ 16,944,842.00	\$-	\$ 47,886,882.00	\$ 64,831,724.00
3000.010701.000	Mental Health	Medicaid eligible services provided by the SC Department of Mental Health	\$-	\$ 7,721,540.38	\$ 26,489,838.31	\$ 34,211,378.69	\$-	\$ 10,275,000.00	\$ 28,858,902.00	\$ 39,133,902.00
3000.010702.000	Disabilities & Special Needs	Medicaid eligible services provided by the SC Department of Disabilities and Special Needs	\$ (30,355,035.01)	\$ 189,243,961.60	\$ 613,946,338.99	\$ 772,835,265.58	\$ 176,205,177.00	\$ 46,517,708.00	\$ 625,601,618.00	\$ 848,324,503.00
3000.010703.000	DHEC	Medicaid eligible services provided by the SC Department of Health and Environmental Control	\$-	\$ 222,046.82	\$ 732,547.52	\$ 954,594.34	\$-	\$ 306,079.00	\$ 859,455.00	\$ 1,165,534.00
3000.010704.000	MUSC	Medicaid eligible services provided by the Medical University of South Carolina	\$-	\$ 4,979,533.28	\$ 16,622,747.57	\$ 21,602,280.85	\$ 225,086.00	\$ 6,178,940.00	\$ 17,335,561.00	\$ 23,739,587.00
3000.010705.000	USC	Medicaid eligible services provided by the University of South Carolina	\$-	\$ 288.43	\$ 959.63	\$ 1,248.06	\$-	\$ 342.00	\$ 960.00	\$ 1,302.00
3000.010711.000	Dept Of Education	Medicaid eligible services provided by the SC Department of Education	\$-	\$ 7,652,408.22	\$ 26,677,633.89	\$ 34,330,042.11	\$-	\$ 8,988,348.00	\$ 26,284,186.00	\$ 35,272,534.00
3000.011503.000	Other Entities Funding	Medicaid eligible services provided by the Other Non-State Entity Hospitals	\$-	\$ 3,006,170.08	\$ 10,173,849.09	\$ 13,180,019.17	\$-	\$ 1,179,794.00	\$ 3,310,158.00	\$ 4,489,952.00
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	\$-	\$ 134,668,644.62	\$ 448,886,469.38	\$ 583,555,114.00	\$ 18,628,621.00	\$ 151,088,104.00	\$ 423,883,275.00	\$ 593,600,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
3000.015000.000	Medicaid Eligibility	Provides administrative support and other operating expenses for the agency	\$ 11,621,017.28	\$ 1,556,869.10	\$ 17,998,783.77	\$ 31,176,670.15	\$ 15,907,176.59	\$ 2,772,146.00	\$ 24,244,137.00	\$ 42,923,459.59
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	\$ 17,989,194.03	\$ 6,335,204.85	\$ 27,161,905.71	\$ 51,486,304.59	\$ 22,499,414.00	\$ 5,974,191.07	\$ 27,385,324.35	\$ 55,858,929.42
9500.050000.000	State Employer Contributions	Provide fringe & benefits for SCDHHS employees	\$ 8,879,419.09	\$ 1,029,896.23	\$ 14,874,939.17	\$ 24,784,254.49	\$ 8,492,219.00	\$ 1,678,538.00	\$ 11,728,931.00	\$ 21,899,688.00
9801.740000X000	International Code of Disease	Non-recurring used for ICD-10 Project	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9802.010000X000	Medicaid Management Information System	Non-recurring used for MMIS Replacement Project	\$ 4,031,589.62	\$ 31,169.52	\$ 36,040,278.59	\$ 40,103,037.73	\$ 8,585,790.69	\$-	\$ 73,281,498.54	\$ 81,867,289.23
9804.020000X000	SC Healthcare Information Referral Network	Non-recurring used for SC Healthcare Information Referral Network	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9804.750000X000	MMIS Replacement	Non-recurring used for MMIS Replacement Project	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9804.780000X000	Cervical Cancer Awareness	Non-recurring used for Cervical Cancer Awareness	\$-	\$-	\$-	\$-	\$ 100,000.00	\$-	\$-	\$ 100,000.00
9815.240000X000	USC School Of Medicine Rural Health	Non-recurring used for USC School Of Medicine Rural Health	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9817.250000.000	Covid 19 - Lim Benefit	Non-recurring used for COVID limited benefit population	\$-	\$-	\$ 2,178,444.48	\$ 2,178,444.48	\$-	\$-	\$ 2,178,444.48	\$ 2,178,444.48
9805.300000X000	NICHOLTOWN CHILD AND FAMILY COLLABORATIVE		\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$ 100,000.00	\$-	\$-	\$ 100,000.00
9805.470000X000	ST. JOHN COMMUNITY HOLISTIC WELLNESS CENTER		\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$-	\$-	\$-	\$-
9805.480000X000	SC CERVICAL CANCER AWARENESS INITIATIVE		\$ 161,000.00	\$-	\$-	\$ 161,000.00	\$-	\$-	\$-	\$-
9805.830000X000	BRAIN INJURY ASSOCIATION		\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ 374,500.00	\$-	\$-	\$ 374,500.00
9805.840000X000	SHORELINE BEHAVIORAL HEALTH SERVICES FACILITY EXP		\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00
9805.870000X000	M.A.D. USA (MEN AGAINST DOMESTIC VIOLENCE)		\$ 330,763.00	\$-	\$-	\$ 330,763.00	\$-	\$-	\$-	\$-
9805.880000X000	SEA HAVEN FOR YOUTH HEALTH CARE FOR HOMELESS YOUTH		\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ 50,000.00	\$-	\$-	\$ 50,000.00
9806.810000X000	NEW MORNING FOUNDATION		\$ 750,000.00	\$-	\$-	\$ 750,000.00	\$-	\$-	\$-	\$-
9806.820000X000	NURSE FAMILY PARTNERSHIP		\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$-	\$-	\$-	\$-
9806.850000X000	VITAL AGING OF WILLIAMSBURG		\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$-	\$-	\$-	\$-
9807.290000X000	CHILDREN'S PLACE		\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$-	\$-	\$-	\$-
9807.450000X000	PLEASANT VALLEY CONNECTION		\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$ 25,000.00	\$-	\$-	\$ 25,000.00
9807.460000X000	COMMUNITY WELLNESS GROUP		\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$-	\$-	\$-	\$-
9807.490000X000	MEDICAL MINISTRIES INC.		\$ 8,000.00	\$-	\$-	\$ 8,000.00	\$ 500,000.00	\$-	\$-	\$ 500,000.00
9807.790000X000	CAMP HAPPY DAYS		\$ 237,500.00	\$-	\$-	\$ 237,500.00	\$ 150,000.00	\$-	\$-	\$ 150,000.00
9807.800000X000	COMMUNITY HEALTH WORKER PILOT PROGRAM		\$ 1,900,000.00	\$-	\$-	\$ 1,900,000.00	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
9808.440000X000	OUTSTANDING YOUTH AWARDS		\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$-	\$-	\$-	\$-
9809.280000X000	A CHILDS HAVEN		\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$-	\$-	\$-	\$-
9810.350000X000	ANTIOCH SENIOR CENTER		\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ 300,000.00	\$-	\$-	\$ 300,000.00
9810.430000X000	CENTER FOR EDUCATIONAL EQUITY		\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$-	\$-	\$-	\$-
9811.270000X000	CAMP COLE		\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$-	\$-	\$-	\$-
9811.370000X000	COMMUNITY MEDICINE FOUNDATION		\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ 500,000.00	\$-	\$-	\$ 500,000.00
9811.380000X000	THE MEDI CRC		\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ 50,000.00	\$-	\$-	\$ 50,000.00
9812.360000X000	CR NEAL CENTER		\$ 200,000.00	\$-	\$-	\$ 200,000.00	\$-	\$-	\$-	\$-
9812.390000X000	RESURRECTION HOMELESS SHELTER		\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$-	\$-	\$-	\$-
9812.420000X000	EMMA WRIGHT FULLER FOUNDATION		\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ 250,000.00	\$-	\$-	\$ 250,000.00
9813.330000X000	SAMARITAN HOUSE HOMELESS SHELTER		\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$-	\$-	\$-	\$-
9813.340000X000	BEAUFORT JASPER HAMPTON COMPREHENSIVE HEALTH SERV		\$ 375,000.00	\$-	\$-	\$ 375,000.00	\$-	\$-	\$-	\$-
9814.260000X000	THE MEN'S CENTER OF THE PEEDEE		\$ 175,000.00	\$-	\$-	\$ 175,000.00	\$-	\$-	\$-	\$-
9814.400000X000	PHILLIS WHEATLEY CENTER		\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$-	\$-	\$-	\$-
9814.410000X000	LISA SCHOOL HOUSE ROCKS		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
9816.320000X000	THE THERAPY PLACE		\$ 150,000.00	\$-	\$-	\$ 150,000.00	\$-	\$-	\$-	\$-
9820.310000X000	MEDEX ACADEMY		\$ 75,000.00	\$-	\$-	\$ 75,000.00	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	Youth PRTFs		\$-	\$-	\$-	\$-	\$ 5,000,000.00	\$-	\$-	\$ 5,000,000.00
TBD	Behavioral Health Capacity		\$-	\$-	\$-	\$-	\$ 61,500,000.00	\$-	\$-	\$ 61,500,000.00
TBD	Rural Health Network Revitalization		\$-	\$-	\$-	\$-	\$ 3,000,000.00	\$-	\$-	\$ 3,000,000.00
TBD	Healthcare Compliance Programs		\$-	\$-	\$-	\$-	\$ 5,000,000.00	\$-	\$-	\$ 5,000,000.00
TBD	Pregnancy Crisis Center		\$-	\$-	\$-	\$-	\$ 2,400,000.00	\$-	\$-	\$ 2,400,000.00
TBD	Beyond Basic Lift Skills - Intellectual Disability Assistance		\$-	\$-	\$-	\$-	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	Palmetto Foundation for Prevention and Recovery - YIP		\$-	\$-	\$-	\$-	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	James R. Clark Memorial Sickle Cell Foundation		\$-	\$-	\$-	\$-	\$ 300,000.00	\$-	\$-	\$ 300,000.00
TBD	Marion County Long Term Recovery Group Home Repairs		\$-	\$-	\$-	\$-	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	Fresh Start Transitional Project		\$-	\$-	\$-	\$-	\$ 75,000.00	\$-	\$-	\$ 75,000.00
TBD	Ready Fork Center		\$-	\$-	\$-	\$-	\$ 100,000.00	\$-	\$-	\$ 100,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
TBD	St. Clare Maternity Home		\$-	\$-	\$-	\$-	\$ 200,000.00	\$-	\$-	\$ 200,000.00
TBD	Digital Literacy Project		\$-	\$-	\$-	\$-	\$ 500,000.00	\$-	\$-	\$ 500,000.00
TBD	FoodShare SC		\$-	\$-	\$-	\$-	\$ 200,000.00	\$-	\$-	\$ 200,000.00
TBD	Colorectal Cancer Prevention Network		\$-	\$-	\$-	\$-	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Sight Savers Child Vision Screening		\$-	\$-	\$-	\$-	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	SC Cancer Alliance		\$-	\$-	\$-	\$-	\$ 500,000.00	\$-	\$-	\$ 500,000.00
TBD	Forrester Behavioral Health		\$-	\$-	\$-	\$-	\$ 2,000,000.00	\$-	\$-	\$ 2,000,000.00
TBD	Genesis Health Care, Inc		\$-	\$-	\$-	\$-	\$ 1,500,000.00	\$-	\$-	\$ 1,500,000.00
TBD	Palmetto Men's Center - HopeHealth		\$-	\$-	\$-	\$-	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00
TBD	Women In Unity		\$-	\$-	\$-	\$-	\$ 300,000.00	\$-	\$-	\$ 300,000.00
TBD	The Hive Community Organization		\$-	\$-	\$-	\$-	\$ 150,000.00	\$-	\$-	\$ 150,000.00
TBD	Helping Hands		\$-	\$-	\$-	\$-	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Barksdale Foundation Sickle Cell Unit		\$-	\$-	\$-	\$-	\$ 500,000.00	\$-	\$-	\$ 500,000.00
TBD	Pregnancy Center and Clinic of the Low Country		\$-	\$-	\$-	\$-	\$ 50,000.00	\$-	\$-	\$ 50,000.00
TBD	Abbeville County DSS/DHHS		\$-	\$-	\$-	\$-	\$ 100,000.00	\$-	\$-	\$ 100,000.00
TBD	Mobile Medical Units		\$-	\$-	\$-	\$-	\$ 190,000.00	\$-	\$-	\$ 190,000.00
TBD	Dianne's Call		\$-	\$-	\$-	\$-	\$ 150,000.00	\$-	\$-	\$ 150,000.00
TBD	Community Medicine Foundation		\$-	\$-	\$-	\$-	\$ 500,000.00	\$-	\$-	\$ 500,000.00
TBD	Upstate Family Resource Center		\$-	\$-	\$-	\$-	\$ 900,000.00	\$-	\$-	\$ 900,000.00
TBD	Connie Maxwell Children's Ministries Healing Center		\$-	\$-	\$-	\$-	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Moncks Corner Mental Health Gym		\$-	\$-	\$-	\$-	\$ 250,000.00	\$-	\$-	\$ 250,000.00
TBD	Pathways Community Center Fire Suppression		\$-	\$-	\$-	\$-	\$ 500,000.00	\$-	\$-	\$ 500,000.00
TBD	Hope Center		\$-	\$-	\$-	\$-	\$ 50,000.00	\$-	\$-	\$ 50,000.00
TBD	Project NOLA		\$-	\$-	\$-	\$-	\$ 250,000.00	\$-	\$-	\$ 250,000.00

FY2022

Legal Data

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
11-7-40	State	Statute	Establishes that the Department is responsible for fifty percent of the costs incurred by the State Auditor in conducting the medical assistance audit. The amount billed by the State Auditor must include those appropriated salary adjustments and employer contributions allowable under the Medicaid program. The Department must remit the amount billed to the credit of the general fund of the State.	Distribute funding to another entity		No Change
1-1-1035	State	Statute	Establishes that no state funds or Medicaid funds shall be expended to perform abortions, except for those abortions authorized by federal law under the Medicaid program.	Requires a service	Abortions authorized by federal law under the Medicaid program	No Change
11-5-400	State	Statute	Establishes the 'South Carolina ABLE Savings Program'. The purpose of the South Carolina ABLE Savings Program is to authorize the establishment of savings accounts empowering individuals with a disability and their families to save private funds which can be used to provide for disability-related expenses in a way that supplements, but does not supplant, benefits provided through the Medicaid program under Title XIX of the Social Security Act and other insurance.	Requires a manner of delivery		No Change
11-5-440(F)(2)	State	Statute	Describes the treatment of funds in an ABLE account for Medicaid purposes.	Requires a manner of delivery		No Change
12-21-625	State	Statute	Describes the portion of the cigarette tax to be deposited in the South Carolina Medicaid Reserve Fund created pursuant to Section 11-11-230(B).	Funding agency deliverable(s)		No Change
12-23-840	State	Statute	Revenues derived under Article 11 (Indigent Health Care) of Title 12 of Chapter 23 of the Code must be deposited in the Medicaid Expansion Fund created by Section 44-6-155. In addition to the purposes specified in Section 44-6-155, monies in the Medicaid Expansion Fund must be used to provide health care coverage to the Medicaid-eligible and uninsured populations in South Carolina.	Funding agency deliverable(s)		No Change
38-71-2110(B)	State	Statute	Exempts the Department from Article 20, Chapter 71 of Title 38 of the SC Code, which provides procedures governing the maximum allowable cost reimbursements for generic prescription drugs by pharmacy benefit managers.	Requires a manner of delivery		Repealed
40-43-86(H)(6)	State	Statute	A Medicaid recipient whose prescription is reimbursed by the South Carolina Medicaid Program is deemed to have consented to the substitution of a less costly equivalent generic drug product.	Requires a manner of delivery		No Change
42 CFR 430.0 - 430.104	Federal	Regulation	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		No Change
42 CFR 431.1 - 431.1010	Federal	Regulation	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		No Change
42 CFR 432.1 - 432.55	Federal	Regulation	Establishes regulations regarding the Department's personnel administration including available federal financial participation for staffing and training.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
42 CFR 433.1 - 433.322	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		No Change
42 CFR 434.1 - 434.78	Federal	Regulation	Establishes general provisions regarding Department contracts including conditions for federal financial participation.	Requires a manner of delivery		No Change
42 CFR 435.2 - 435.1205	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		No Change
42 CFR 438.1 - 438.930	Federal	Regulation	Establishes regulations regarding the administration of the Medicaid program through managed care entities.	Requires a manner of delivery		No Change
42 CFR 440.1 - 440.395	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	Medicaid services	No Change
42 CFR 441.1 - 441.745	Federal	Regulation	Establishes requirements and limits applicable to specific services.	Requires a manner of delivery		Amended
42 CFR 442.1 - 442.119	Federal	Regulation	Establishes standards for payment to nursing facilities and intermediate care facilities for individuals with intellectual disabilities.	Requires a service	Medicaid services	No Change
42 CFR 447.1 - 447.522	Federal	Regulation	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	Medicaid services	Amended
42 CFR 455.1 - 455.518	Federal	Regulation	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		Amended
42 CFR 456.1 - 456.725	Federal	Regulation	Establishes regulations regarding utilization control measures for Medicaid services.	Requires a manner of delivery		No Change
42 CFR 460.1 - 460.210	Federal	Regulation	Establishes regulations for the administration of the Program of All-inclusive Care for the Elderly (PACE).	Requires a service	PACE services	Amended
43-7-410	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
43-7-420	State	Statute	Establishes that Medicaid applicants and recipients are considered to have assigned their right to recover an amount paid by Medicaid from a third party or private insurer to the department. Also that the receipt of medical assistance by an applicant or recipient creates a rebuttable presumption that the applicant or recipient received information regarding the requirements for and the consequences of assigning his right to recover from a third party or private insurer either from the department, or in the case of an applicant or recipient qualified by the Social Security Administration under Section 1634 of the Social Security Act, from the Social Security Administration. Presumption of receipt of information regarding requirement for consequences or assignment. Establishes that an applicant's and recipient's determination of, and continued eligibility for, medical assistance under Medicaid is contingent on his cooperation with the Department in its efforts to enforce its assignment rights.	Requires a manner of delivery		No Change
43-7-430	State	Statute	Establishes the subrogation of rights to the Department. The Department automatically is subrogated, only to the extent of the amount of medical assistance paid by Medicaid, to the rights an applicant or recipient has to recover an amount paid by Medicaid from a third party or private insurer.	Requires a manner of delivery		No Change
43-7-440	State	Statute	Establishes the enforcement and superiority of the Department's subrogation rights. Requires provider assistance in identification of third parties liable for medical costs. Renders ineffective certain insurance provisions.	Requires a manner of delivery		No Change
43-7-450	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; claims or actions pending or brought before June 11, 1986.	Requires a manner of delivery		No Change
43-7-460	State	Statute	Establishes the Department's obligation to recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from estates of certain individuals.	Requires a manner of delivery		No Change
43-7-465	State	Statute	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.	Not related to agency deliverable		No Change
43-7-50	State	Statute	Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	Requires a manner of delivery		No Change
43-7-60	State	Statute	Establishes that a false claim, statement, or representation by a medical provider is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-70	State	Statute	Establishes that a false statement or representation on application for assistance under the Medicaid program is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-80	State	Statute	Establishes that Medicaid providers are required to keep separate accounts for patient funds and maintain records of such accounts. Declares that a violation is a misdemeanor and sets out penalties for such violations.	Not related to agency deliverable		No Change
44-6-10	State	Statute	There is created the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor, upon the advice and consent of the Senate.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
44-6-100	State	Statute	Establishes the Director as the chief administrative officer of the department responsible for executing policies, directives, and actions of the Department either personally or by issuing appropriate directives to the employees. Department employees have such general duties and receive such compensation as determined by the Director. The Director is responsible for administration of state personnel policies and general Department personnel policies. Authorizes the Director to have sole authority to employ and discharge employees subject to such personnel policies and funding available for that purpose. The goal of the provisions of this section is to ensure that the Department's business is conducted according to sound administrative practice, without unnecessary interference with its internal affairs.	Requires a manner of delivery		No Change
44-6-1010	State	Statute	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.	Requires a manner of delivery		No Change
44-6-1020	State	Statute	Requires the P&T Committee to adopt bylaws, elect a chairman and vice chairman; establishes rules regarding compensation, meetings, and public comment on clinical and patient care data from Medicaid providers.	Requires a manner of delivery		No Change
44-6-1030	State	Statute	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.	Requires a manner of delivery		No Change
44-6-1040	State	Statute	Establishes certain procedures to be included in any preferred drug list program administered by the Department.	Requires a service	Preferred drug list program	No Change
44-6-1050	State	Statute	Establishes rules regarding the granting of prior authorization for a drug and establishes that a Medicaid recipient who has been denied prior authorization for a prescribed drug is entitled to appeal this decision through the Department's appeals process.	Requires a manner of delivery		No Change
44-6-110	State	Statute	A Medicaid provider, outside of the geographical boundary of South Carolina but within the South Carolina Medicaid Service Area, as defined by R. 126-300(B) of the Code of State Regulations, prior to the effective date of the amendments to Section 1-1-10, which are effective January 1, 2017, shall not lose status as a Medicaid provider as a result of the clarification of the South Carolina - North Carolina border.	Requires a manner of delivery		No Change
44-6-132	State	Statute	Medically Indigent Assistance Act; Legislative Intent and Findings.	Requires a service	MIAP services	No Change
44-6-135	State	Statute	The following sections shall be known and may be cited as the "South Carolina Medically Indigent Assistance Act".	Requires a service	MIAP services	No Change
44-6-140	State	Statute	Establishes the Medicaid hospital prospective payment system and cost containment measures.	Requires a manner of delivery		Amended
44-6-146	State	Statute	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	Requires a manner of delivery		No Change
44-6-150	State	Statute	Creates the Medically Indigent Assistance Program to be administered by the Department. The program is authorized to sponsor inpatient hospital care for which hospitals shall receive no reimbursement.	Requires a service	MIAP services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
44-6-155	State	Statute	Creates the Medicaid Expansion Fund. Monies in the fund must be used to: (1) provide Medicaid coverage to pregnant women and infants with family incomes above one hundred percent but below one hundred eighty-five percent of the federal poverty guidelines; (2) provide Medicaid coverage to children aged one through six with family income below federal poverty guidelines; (3) provide Medicaid coverage to aged and disabled persons with family income below federal poverty guidelines; (4) provide up to two hundred forty thousand dollars to reimburse the Office of Research and Statistics of the Revenue and Fiscal Affairs Office and hospitals for the cost of collecting and reporting data pursuant to Section 44-6-170. Any funds not expended for the purposes specified during a given year are carried forward to the succeeding year for the same purposes.	Requires a service	Medicaid coverage	No Change
44-6-160	State	Statute	Requires the Department, by August first of each year, to compute and publish the annual target rate of increase for net inpatient charges for all general hospitals in the State.	Report our agency must/may provide		No Change
44-6-180	State	Statute	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.	Requires a manner of delivery		No Change
44-6-190	State	Statute	Establishes that the Department may promulgate regulations pursuant to the Administrative Procedures Act and appeals from decisions by the Department are heard pursuant to the APA, Administrative Law Judge, Article 5, Chapter 23 of Title 1 of the 1976 Code. Also requires the Department to promulgate regulations to comply with federal requirements to limit the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the Medicaid program.	Requires a manner of delivery		No Change
44-6-200	State	Statute	Criminal penalties for falsification of information regarding MIAP.	Requires a manner of delivery		No Change
44-6-220	State	Statute	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Not related to agency deliverable		No Change
44-6-30	State	Statute	Establishes DHHS' authority to administer Title XIX of the Social Security Act (Medicaid), including the EPSDT Program and the CLTC System; Designates DHHS as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act; and prohibits DHHS from engaging in the delivery of services.	Requires a service	Administration of Medicaid Program	No Change
44-6-300	State	Statute	Requires the Department to establish child development services in certain counties.	Requires a service	Child development services	No Change
44-6-310	State	Statute	Requires the Department to expand child development services in certain counties.	Requires a service	Child development services	No Change
44-6-320	State	Statute	Requires the establishment and expansion of the child development services to be accomplished within the limits of the appropriations provided by the General Assembly in the annual General Appropriations Act for this purpose and in accordance with the Department's policies for child development services funded through Title XX.	Requires a service	Child development services	No Change
44-6-35	State	Statute	Establishes Medicaid waiver protections for eligible family members of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is stationed.	Requires a manner of delivery		No Change
44-6-40	State	Statute	Establishes the Department's duties for all health and human services interagency programs.	Requires a manner of delivery		No Change
44-6-400	State	Statute	Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
44-6-420	State	Statute	Authorizes the Department to take certain enforcement action when it is notified by DHEC that a nursing home is in violation of one or more of the requirements for participation in the Medicaid program. Requires coordination with federal authorities if the nursing home is dually certified for participation in both the Medicare and Medicaid programs.	Requires a manner of delivery		No Change
44-6-45	State	Statute	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.	Requires a manner of delivery		No Change
44-6-470	State	Statute	Specifies the use of funds collected by the department as a result of the imposition of civil monetary penalties or other enforcement actions against nursing homes.	Funding agency deliverable(s)		No Change
44-6-5	State	Statute	Establishes the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor and serves at the will and pleasure of the Governor.	Requires a manner of delivery		No Change
44-6-50	State	Statute	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.	Requires a manner of delivery		No Change
44-6-530	State	Statute	Before instituting an action against a nursing home, requires the Department to determine if the Secretary of the United States Department of Health and Human Services has jurisdiction under federal law. In such cases, the Department must coordinate its efforts with the Secretary to maintain an action against the nursing home. In an action against a nursing home owned and operated by the State of South Carolina, the Secretary has exclusive jurisdiction.	Requires a manner of delivery		No Change
44-6-540	State	Statute	Authorizes the Department to promulgate regulations, pursuant to the Administrative Procedures Act, to administer sanctions against nursing homes, and to ensure compliance with the requirements for participation in the Medicaid program.	Requires a manner of delivery		No Change
44-6-610	State	Statute	Citation of Article as the "Gap Assistance Pharmacy Program for Seniors (GAPS) Act".	Requires a service	GAPS services (suspended via proviso)	No Change
44-6-620	State	Statute	Definitions of terms in the GAPS Act.	Requires a manner of delivery	Sspended via proviso	No Change
44-6-630	State	Statute	Creates within the Department the Gap Assistance Pharmacy Program for Seniors (GAPS) program. The purpose of this program is to coordinate, beginning January 1, 2006, with Medicare Part D Prescription Drug Plans to provide to low-income seniors in this State assistance with costs for prescription drugs during the annual Medicare Part D coverage gap.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-640	State	Statute	Establishes that the Department may designate, or enter into contracts with, other entities including, but not limited to, other states, other governmental purchasing pools, and nonprofit organizations to assist in the administration of the GAPS program. Authorizes the Department to establish an enrollment fee that must be used to fund the administration of this program.	Not related to agency deliverable		No Change
44-6-650	State	Statute	Establishes the eligibility requirements and benefits available under the GAPS program.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-660	State	Statute	Requires the Department to maintain data to allow evaluation of the cost effectiveness of the GAPS program and to include in its annual report, a report on the GAPS program.	Requires a manner of delivery	Suspended via proviso	No Change
44-6-70	State	Statute	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.	Requires a manner of delivery		No Change
44-6-710	State	Statute	Requires the Medicaid application for nursing home care of a person deemed ineligible because of Medicaid qualifying trust to be treated as an undue hardship case.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
44-6-720	State	Statute	Establishes requirements for qualifying for undue hardship waiver.	Requires a manner of delivery		No Change
44-6-725	State	Statute	Establishes that certain promissory notes received by a Medicaid applicant or recipient or the spouse of a Medicaid applicant or recipient shall, for Medicaid eligibility purposes, be deemed to be fully negotiable under the laws of this State unless it contains language plainly stating that it is not transferable under any circumstances. A promissory note will be considered valid for Medicaid purposes only if it is actuarially sound, requires monthly installments that fully amortize it over the life of the loan, and is free of any conditional or self-canceling clauses.	Requires a manner of delivery		No Change
44-6-730	State	Statute	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article ("Trusts and Medicaid Eligibility").	Requires a manner of delivery		No Change
44-6-80	State	Statute	Requires the Department to submit to the Governor, the State Budget and Control Board, and the General Assembly an annual report concerning the work of the department including details on improvements in the cost effectiveness achieved since the establishment of the Department and recommended changes for further improvements. Also, interim reports must be submitted as needed to advise the Governor and the General Assembly of substantive issues.	Report our agency must/may provide		No Change
44-6-90	State	Statute	Authorizes the Department to promulgate regulations to carry out its duties. Requires all state and local agencies whose responsibilities include administration or delivery of services which are covered by Title 44, Chapter 6 to cooperate with the Department and comply with its regulations.	Requires a manner of delivery		No Change
44-6-910	State	Statute	Recognition of FQHCs, RHCs and Rural Hospitals.	Requires a manner of delivery		No Change
44-7-80	State	Statute	Establishes the Medicaid Nursing Home Permits rules.	Requires a manner of delivery		No Change
44-7-82	State	Statute	No nursing home may provide care to Medicaid patients without first obtaining a permit in the manner provided in this article.	Requires a manner of delivery		No Change
44-7-84	State	Statute	Determination and allocation of Medicaid nursing home patient days; application for permit; rules and regulations.	Requires a manner of delivery		No Change
44-7-88	State	Statute	Involuntary discharge or transfer of Medicaid nursing home patients prohibited; request for waiver of permit requirements.	Requires a manner of delivery		No Change
44-7-90	State	Statute	Violations of Article; penalties; relocation of patients; report of daily Medicaid resident census information.	Requires a manner of delivery		No Change
58-23-1610	State	Statute	A transportation network company does not include transportation services provided pursuant to Articles 1 through 15, Chapter 23, Title 58, or arranging nonemergency medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the State or a managed care organization.	Requires a manner of delivery		No Change
59-123-60	State	Statute	Requires certain state appropriations to the Department to be used as match funds for the disproportionate share for the MUSC's federal program. Any excess funding may be used for hospital base rate increases. The Department must pay to the Medical University of South Carolina Hospital Authority an amount equal to the amount appropriated for its disproportionate share to the DHHS. This payment shall be in addition to any other funds that are available to the authority from the Medicaid program inclusive of the disproportionate share for the hospital's federal program.	Funding agency deliverable(s)		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
62-7-503	State	Statute	Makes the spendthrift exception unenforceable against a special needs trust, supplemental needs trust, or similar trust established for a disabled person if the applicability of such a provision could invalidate such a trust's exemption from consideration as a countable resource for Medicaid or Supplemental Security Income (SSI) purposes or if the applicability of such a provision has the effect or potential effect of rendering such disabled person ineligible for any program of public benefit, including, but not limited to, Medicaid and SSI.	Requires a manner of delivery		No Change
9-11-315	State	Statute	With one exception, retirees and beneficiaries under the Police Officers Retirement System receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change
9-1-1870	State	Statute	With one exception, retirees and beneficiaries under the State Retirement Systems receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change
Proviso 117.10 (Federal Funds - DHEC, DSS, DHHS - Disallowances)	State	FY22-23 Proviso	Allows DSS, DHEC, and HHS to use current-year funds for certain prior-year purposes.	Funding agency deliverable(s)		No Change
Proviso 117.99 (Data Breach Notification)	State	FY22-23 Proviso	Creates notification requirements in the event of a data breach.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.105 (Information Technology and Information Security Plans)	State	FY22-23 Proviso	Agencies must file IT and information security plans by August 1st.	Report our agency must/may provide		Amended Proviso Number Only
Proviso 117.110 (Statewide Strategic Information Technology Plan Implementation)	State	FY22-23 Proviso	Directs state agencies to provide information/comply with the Statewide Strategic Information Technology Plan Implementation.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.112 (State Employee Leave Donation)	State	FY22-23 Proviso	Replaces previous rules for donating annual and sick leave.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.125 (BabyNet)	State	FY 2019-20 Proviso	Provide information upon request to Executive Budget Office	Requires a manner of delivery		Suspended
Proviso 117.116 (SC Telemedicine Network)	State	FY22-23 Proviso	Requires DHHS to work with MUSC regarding telehealth initiative and funding provided.	Requires a manner of delivery		Amended
Proviso 117.13 (Discrimination Policy)	State	FY22-23 Proviso	Agencies must submit employment reports to the State Human Affairs Commission by October 31st.	Report our agency must/may provide		No Change
Proviso 117.120 (Opioid Abuse Prevention and Treatment Plan)	State	FY22-23 Proviso	Statewide initiative to combat the opioid epidemic	Requires a service		Amended
Proviso 117.14 (FTE Management)	State	FY22-23 Proviso	Defines the process through which FTEs are tracked and allocated.	Requires a manner of delivery		No Change
Proviso 117.23 (Carry Forward)	State	FY22-23 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		No Change
Proviso 117.24 (TEFRA)	State	FY22-23 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		No Change
Proviso 117.26 (Travel Report)	State	FY22-23 Proviso	Requires agencies to provide information on employee travel.	Requires a manner of delivery		No Change
Proviso 117.29 (Base Budget Analysis)	State	FY22-23 Proviso	Agencies must submit accountability reports by September 15th.	Report our agency must/may provide		No Change
Proviso 117.30 (Collection on Dishonored Payments)	State	FY22-23 Proviso	Agencies may collect service charges for payments dishonored for insufficient funds.	Requires a manner of delivery		No Change
Proviso 117.32 (Voluntary Separation Incentive Program)	State	FY22-23 Proviso	Sets parameters through which agencies may establish voluntary separation incentives, subject to DOA approval.	Requires a manner of delivery		No Change
Proviso 117.33 (Debt Collection Reports)	State	FY22-23 Proviso	Agencies must submit debt collection reports by the end of February.	Report our agency must/may provide		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
Proviso 117.35 (Tobacco Settlement Funds Carry Forward)	State	FY22-23 Proviso	Agencies may carry-forward Tobacco Settlement Agreement funds.	Funding agency deliverable(s)		No Change
Proviso 117.42 (Parking Fees)	State	FY22-23 Proviso	Agencies may not increase or impose new parking fees for employees.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.44 (Insurance Claims)	State	FY22-23 Proviso	Agencies may use insurance reimbursements to offset expenses related to the claim and may carry-forward these funds.	Funding agency deliverable(s)		Amended Proviso Number Only
Proviso 117.45 (Organizational Charts)	State	FY22-23 Proviso	Agencies must file organization charts by September 1st and when making changes that affect grievance rights.	Report our agency must/may provide		Amended Proviso Number Only
Proviso 117.46 (Agencies Affected by Restructuring)	State	FY22-23 Proviso	Defines the process for making accounting changes when agencies are restructured.	Not related to agency deliverable		Amended Proviso Number Only
Proviso 117.47 (Agency Administrative Support Collaboration)	State	FY22-23 Proviso	Agencies should pursue cost savings through shared services efforts.	Funding agency deliverable(s)		Amended Proviso Number Only
Proviso 117.52 (Employee Bonuses)	State	FY22-23 Proviso	Sets limits on employee bonuses and sets reporting requirements.	Report our agency must/may provide		Amended Proviso Number Only
Proviso 117.55 (Year-End Financial Statements - Penalties)	State	FY22-23 Proviso	Sets deadlines for agencies to submit financial statements to the Comptroller General.	Report our agency must/may provide		Amended Proviso Number Only
Proviso 117.56 (Purchase Card Incentive Rebates)	State	FY22-23 Proviso	Agencies that receive incentive rebate premiums for using the purchasing card may retain those funds.	Funding agency deliverable(s)		Amended Proviso Number Only
Proviso 117.61 (Attorney Dues)	State	FY22-23 Proviso	Agencies employing attorneys may use their funds to pay SC Bar Association dues.	Funding agency deliverable(s)		Amended Proviso Number Only
Proviso 117.62 (Critical Employee Recruitment and Retention)	State	FY22-23 Proviso	Allows certain agencies to pay bonuses, educational leave, loan repayments, and tuition for healthcare workers under specific conditions.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.64 (Voluntary Furlough)	State	FY22-23 Proviso	Agencies may create voluntary furlough programs	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.66 (Reduction in Force Antidiscrimination)	State	FY22-23 Proviso	Agencies can't discriminate when applying reductions in force.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.67 (Reduction in Force/Agency Head Furlough)	State	FY22-23 Proviso	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		Amended Proviso Number Only
Proviso 117.68 (Printed Report Requirements)	State	FY22-23 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		Amended Proviso Number Only
Proviso 117.69 (IMD Operations)	State	FY22-23 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		Amended Proviso Number Only
Proviso 117.70 (Fines and Fees Report)	State	FY22-23 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		Amended Proviso Number Only
Proviso 117.71 (Mandatory Furlough)	State	FY22-23 Proviso	Defines the rules governing mandatory employee furloughs.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.72 (Reduction in Force)	State	FY22-23 Proviso	When RIFs occur, agencies should focus on letting contractors, TERI, and post-TERI employees go first.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.73 (Cost Saving When Filling Vacancies Created by Retirements)	State	FY22-23 Proviso	Agencies should eliminate 1/4 of the cost associated with positions made vacant by retirement.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.74 (Information Technology for Health Care)	State	FY22-23 Proviso	Establishes the intended use of funds awarded to HHS under the HITECH Act.	Requires a manner of delivery		Amended
Proviso 117.76 (Reduction in Compensation)	State	FY22-23 Proviso	Agencies can't discipline or give pay reductions to employees solely for providing sworn testimony to legislative committees.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.77 (Deficit Monitoring)	State	FY22-23 Proviso	Defines the Executive Budget Office's quarterly deficit monitoring program.	Funding agency deliverable(s)		Amended Proviso Number Only
Proviso 117.78 (Commuting Costs)	State	FY22-23 Proviso	Provides restrictions on the use of state vehicles for employees' commuting purposes.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.79 (Bank Account Transparency and Accountability)	State	FY22-23 Proviso	Agencies must provide detailed reports on non-SCEIS bank accounts by October 1st.	Report our agency must/may provide		Amended Proviso Number Only
Proviso 117.80 (Websites)	State	FY22-23 Proviso	Agency websites must link to another agency's website that posts procurement card spending reports.	Requires a manner of delivery		Amended Proviso Number Only

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
Proviso 117.81 (Regulations)	State	FY22-23 Proviso	Joint Resolutions for regulations that raise or establish fees must state this in their titles.	Requires a manner of delivery		Amended Proviso Number Only
Proviso 117.84 (Recovery Audits)	State	FY22-23 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		Amended Proviso Number Only
Proviso 117.85 (Means Test)	State	FY22-23 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		Amended Proviso Number Only
Proviso 117.9 (Transfers of Appropriations)	State	FY22-23 Proviso	Sets rules for transferring appropriations within programs.	Funding agency deliverable(s)		No Change
Proviso 117.86 (Agency Reduction Management)	State	FY22-23 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)		Amended Proviso Number Only
Proviso 117.92 (BabyNet Quarterly Reports)	State	FY22-23 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	removed DSS	Amended
Proviso 118.1 (Year End Cutoff)	State	FY22-23 Proviso	Sets accounting rules for fiscal year-end.	Funding agency deliverable(s)		No Change
Proviso 118.11 (Tobacco Settlement)	State	FY22-23 Proviso	Allocates funds received through the Tobacco Master Settlement Agreement.	Funding agency deliverable(s)		No Change
Proviso 118.19 (Non-recurring Revenue)	State	FY22-23 Proviso	Appropriates non-recurring revenues.	Funding agency deliverable(s)		Amended
Proviso 118.5 (Health Care Maintenance of Effort Funding)	State	FY22-23 Proviso	Directs the proceeds of the \$0.50 cigarette surcharge and applies those funds to Medicaid.	Funding agency deliverable(s)		No Change
Proviso 118.6 (Prohibits Public Funded Lobbyists)	State	FY22-23 Proviso	Agencies may not use General Funds to pay lobbyists.	Funding agency deliverable(s)		No Change
Proviso 33.1 (Recoupment/Restricted Fund)	State	FY22-23 Proviso	Establishes a restricted fund for recoupments and overpayments and specifies the allowable uses of that fund.	Funding agency deliverable(s)		No Change
Proviso 33.10 (Franchise Fees Suspension)	State	FY22-23 Proviso	Suspends franchise fees imposed on nursing home beds.	Not related to agency deliverable		No Change
Proviso 33.11 (Program Integrity Efforts)	State	FY22-23 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		No Change
Proviso 33.12 (Post Payment Review)	State	FY22-23 Proviso	Requires post-payment reviews to ensure compliance with the Hyde Amendment.	Requires a manner of delivery		No Change
Proviso 33.13 (Long Term Care Facility Reimbursement Rates)	State	FY22-23 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		No Change
Proviso 33.14 (Nursing Services to High Risk/High Tech Children)	State	FY22-23 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		No Change
Proviso 33.15 (CHIP Enrollment and Recertification)	State	FY22-23 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		No Change
Proviso 33.16 (Carry Forward)	State	FY22-23 Proviso	Allows the Department to carry forward funds from earmarked and restricted sources and establishes relevant reporting requirements.	Funding agency deliverable(s)		No Change
Proviso 33.17 (Medicaid Provider Fraud)	State	FY22-23 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		No Change
Proviso 33.18 (GAPS)	State	FY22-23 Proviso	Suspends the GAPS program.	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
Proviso 33.19 (Contract Authority)	State	FY22-23 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		No Change
Proviso 33.2 (Long Term Care Facility Reimbursement Rate)	State	FY 2019-20 Proviso	Establishes procedures for calculating reimbursements for long-term care facilities.	Requires a manner of delivery		No Change
Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	FY22-23 Proviso	Establishes the Healthy Outcomes Initiative, increases DSH payments to rural hospitals, and directs expenditures to safety net and other providers.	Requires a manner of delivery		No Change
Proviso 33.21 (Medicaid Healthcare Initiatives Outcomes)	State	FY22-23 Proviso	Requires that the Director of the Department of Health and Human Services present to the House Ways and Means Healthcare Budget Subcommittee on the outcomes of Medicaid healthcare initiatives by February 15th.	Report our agency must/may provide		No Change
Proviso 33.22 (Rural Health Initiative)	State	FY22-23 Proviso	Requires the Department to partner with certain agencies to implement components of a Rural Health Initiative.	Requires a manner of delivery		Amended
Proviso 33.23 (BabyNet Compliance)	State	FY22-23 Proviso	Requires the agency to report on the status of bringing BabyNet into compliance with federal requirements.	Report our agency must/may provide		Amended
Proviso 33.24 (Personal Emergency Response System)	State	FY22-23 Proviso	Requires the Department to develop one or more Requests for Proposals, to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients pursuant to the Department's Medicaid Home and Community-Based waiver.	Requires a service		Amended
Proviso 33.25 (Family Planning Funds)	State	FY22-23 Proviso	State law having prevented Planned Parenthood from performing abortions with state funds, once the federal injunction is lifted, the Department of Health and Human Services may not direct any federal funds to Planned Parenthood.	Requires a manner of delivery		No Change
Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	FY22-23 Proviso	Directs the Department to make monthly remittances to the State Auditor's Office to support Medical Assistance audits.	Funding agency deliverable(s)		No Change
Proviso 33.4 (Third Party Liability Collection)	State	FY22-23 Proviso	Allows the Department to fund Third Party Liability and Drug Rebate collection efforts from the monies collected in those efforts.	Funding agency deliverable(s)		No Change
Proviso 33.5 (Medicaid State Plan)	State	FY22-23 Proviso	Establishes the circumstances under which the Department may bill other state agencies for state matching funds.	Funding agency deliverable(s)		No Change
Proviso 33.6 (Medically Indigent Assistance Fund)	State	FY22-23 Proviso	Makes DSH-receiving hospitals liable for any audit exceptions relating to their receipt or expenditure of DSH funds.	Funding agency deliverable(s)		No Change
Proviso 33.7 (Registration Fees)	State	FY22-23 Proviso	Authorizes the Department to receive and expend registration fees for educational, training, and certification programs.	Funding agency deliverable(s)		No Change
Proviso 33.8 (Fraud and Abuse Collections)	State	FY22-23 Proviso	Authorizes the Department to offset the administrative costs associated with controlling fraud and abuse.	Funding agency deliverable(s)		No Change
Proviso 33.9 (Medicaid Eligibility Transfer)	State	FY22-23 Proviso	Transfers responsibility for Medicaid eligibility from DSS to HHS and requires that counties provide facilities for this work, as they do for DSS.	Requires a manner of delivery		No Change
Reg. 126-125	State	Regulation	Requires the Department to administer its programs without discrimination.	Requires a manner of delivery		No Change
Reg. 126-150	State	Regulation	Establishes definitions for terms used in the Department's Appeals and Hearings regulations	Requires a service	Appeals and Hearings	No Change
Reg. 126-152	State	Regulation	Establishes appeal procedures	Requires a service	Appeals and Hearings	No Change
Reg. 126-154	State	Regulation	Defines authority of Hearing Officer	Requires a service	Appeals and Hearings	No Change
Reg. 126-156	State	Regulation	Describes prehearing conferences	Requires a service	Appeals and Hearings	No Change
Reg. 126-158	State	Regulation	Establishes hearing procedures	Requires a service	Appeals and Hearings	No Change
Reg. 126-170	State	Regulation	Establishes rules for the safeguarding and disclosure of Department-held client information.	Requires a manner of delivery		No Change
Reg. 126-171	State	Regulation	Defines protected information	Requires a manner of delivery		No Change
Reg. 126-172	State	Regulation	Defines purposes directly connected to the administration of programs and grants	Requires a manner of delivery		No Change
Reg. 126-173	State	Regulation	Defines rules under which the Department may release information	Requires a manner of delivery		No Change
Reg. 126-174	State	Regulation	Defines rules under which materials may be distributed to recipients and providers	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
Reg. 126-175	State	Regulation	Defines penalties related to violations of the Department's safeguarding regulations	Requires a manner of delivery		No Change
Reg. 126-300	State	Regulation	Establishes the scope of the Medicaid program including services available under the program.	Requires a service	Medicaid services	No Change
Reg. 126-301	State	Regulation	List of services covered by Medicaid program	Requires a service	Medicaid services	No Change
Reg. 126-302	State	Regulation	Defines audiology services	Requires a service	Audiology services	No Change
Reg. 126-303	State	Regulation	Describes coverage of certified nurse midwifery services	Requires a service	Nurse-midwifery services	No Change
Reg. 126-304	State	Regulation	Describes Community Long Term Care Home and Community Based Services	Requires a service	CLTC services	No Change
Reg. 126-305	State	Regulation	Defines dental care	Requires a service	Dental services	No Change
Reg. 126-306	State	Regulation	Defines durable medical equipment	Requires a service	DME equipment	No Change
Reg. 126-307	State	Regulation	Describes early and periodic screening, diagnosis and treatment (EPSDT) services	Requires a service	EPSDT	No Change
Reg. 126-308	State	Regulation	Describes where End Stage Renal Disease services are available	Requires a service	End State Renal Disease services	No Change
Reg. 126-309	State	Regulation	Describes purpose of Family Planning Services	Requires a service	Family Planning services	No Change
Reg. 126-310	State	Regulation	Defines hospital services	Requires a service	Hospital services	No Change
Reg. 126-311	State	Regulation	Describes who must order laboratory and x-ray services/tests	Requires a service	Lab and x-ray services	No Change
Reg. 126-312	State	Regulation	Describes Medicaid medical transportation services	Requires a service	Medical transportation services	No Change
Reg. 126-313	State	Regulation	Defines mental health clinic services	Requires a service	Mental health clinic services	No Change
Reg. 126-314	State	Regulation	Describes nursing facility services	Requires a service	Nursing facility services	No Change
Reg. 126-315	State	Regulation	Defines physicians' services	Requires a service	Physicians' services	No Change
Reg. 126-316	State	Regulation	Defines podiatry services	Requires a service	Podiatry services	No Change
Reg. 126-317	State	Regulation	Defines prescribed drugs	Requires a service	Prescriptions	No Change
Reg. 126-318	State	Regulation	Describes the availability of psychiatric facility services	Requires a service	Psychiatric facility services	No Change
Reg. 126-319	State	Regulation	Describes limitations of rehabilitative services	Requires a service	Rehabilitative services	No Change
Reg. 126-320	State	Regulation	Defines rural health clinic services	Requires a service	Rural health clinic services	No Change
Reg. 126-321	State	Regulation	Describes availability of speech pathology services	Requires a service	Speech pathology services	No Change
Reg. 126-322	State	Regulation	Describes limitations of tubercular facility services	Requires a service	Tubercular facility services	No Change
Reg. 126-323	State	Regulation	Defines vision care	Requires a service	Vision care services	No Change
Reg. 126-335	State	Regulation	Describes reimbursement for covered inpatient hospital services	Requires a service	Hospital reimbursement services	No Change
Reg. 126-350	State	Regulation	Establishes definitions for terms used in the Department's Medicaid eligibility regulations.	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-355	State	Regulation	Describes generally the Medicaid application procedures	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-360	State	Regulation	Describes general Medicaid eligibility requirements	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-365	State	Regulation	Describes generally the categorically needy eligible groups	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-370	State	Regulation	Describes redetermination of categorically needy eligibility	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-375	State	Regulation	Describes medical institution vendor payments	Requires a service	Medicaid provider payments	No Change
Reg. 126-380	State	Regulation	Describes denial, termination or reduction of benefits	Requires a manner of delivery		No Change
Reg. 126-399	State	Regulation	Describes that the federal regulations prevail when state and federal are not in agreement	Requires a manner of delivery		No Change
Reg. 126-400	State	Regulation	Establishes definitions for terms used in the Department's Program Evaluation regulations	Requires a manner of delivery		No Change
Reg. 126-401	State	Regulation	Describes provider sanctions	Requires a manner of delivery		No Change
Reg. 126-402	State	Regulation	Describes factors for provider sanctions	Requires a manner of delivery		No Change
Reg. 126-403	State	Regulation	Describes grounds for provider sanction	Requires a manner of delivery		No Change
Reg. 126-404	State	Regulation	Describes provider fair hearings resulting from sanctions	Requires a manner of delivery		No Change
Reg. 126-405	State	Regulation	Describes provider reinstatement	Requires a manner of delivery		No Change
Reg. 126-425	State	Regulation	Program Integrity - Beneficiary Utilization	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
Reg. 126-500	State	Regulation	Establishes definitions for terms used in the Department's Medically Indigent Assistance Program (MIAP) regulations.	Requires a service	MIAP services	No Change
Reg. 126-505	State	Regulation	Describes responsibilities for MIAP eligibility determination	Requires a service	MIAP services	No Change
Reg. 126-510	State	Regulation	Describes the MIAP application process	Requires a service	MIAP services	No Change
Reg. 126-515	State	Regulation	Describes MIAP non-financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-520	State	Regulation	Describes MIAP financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-530	State	Regulation	Describes the services covered by the Medically Indigent Assistance Program (MIAP).	Requires a service	MIAP services	No Change
Reg. 126-535	State	Regulation	Describes sponsorship from the MIAP	Requires a service	MIAP services	No Change
Reg. 126-540	State	Regulation	Describes recovery by MIAP	Requires a service	MIAP services	No Change
Reg. 126-560	State	Regulation	Payment methodology for MIAP	Requires a service	MIAP services	No Change
Reg. 126-570	State	Regulation	Grace period for county assessments in the MIAP	Requires a service	MIAP services	No Change
Reg. 126-800	State	Regulation	Establishes definitions for terms used in the Department's Intermediate Sanctions for Medicaid Certified Nursing Facilities regulations	Requires a manner of delivery		No Change
Reg. 126-810	State	Regulation	Describes the imposition of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-820	State	Regulation	Describes factors for sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-830	State	Regulation	Describes the assessment of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-840	State	Regulation	Describes the schedule of sanctions for Medicaid certifies nursing facilities	Requires a manner of delivery		No Change
Reg. 126-850	State	Regulation	Describes the levying of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-910	State	Regulation	Establishes definitions for terms used in the Department's Optional State Supplementation Program regulations.	Requires a service	OSS benefits	No Change
Reg. 126-920	State	Regulation	Describes eligibility requirements for the OSS program	Requires a service	OSS benefits	No Change
Reg. 126-930	State	Regulation	Describes the termination, suspension or reduction of benefits for OSS payments	Requires a service	OSS benefits	No Change
Reg. 126-940	State	Regulation	Describes administration of the OSS program.	Requires a service	OSS benefits	Amended
Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Requires a service	Medicaid services	Amended
Proviso 33.23 (Meals in Emergency Operations)	State	FY22-23 Proviso	The cost of meals may be provided to state employees who are not permitted to leave their stations and are required to work during actual emergencies, emergency situation exercises, and when the Governor declares a state of emergency.	Requires a service		Added
Proviso 33.27 (Optional State Supplement Adjustments)	State	FY22-23 Proviso	Directs cost-of-living adjustments and one-time OSS payments	Distribute finding to another entity		Added
Proviso 117.157 (Sickle Cell Disease)	State	FY22-23 Proviso	Directs DHHS to transfer money to MUSC Hospital Authority	Distribute finding to another entity		Added
Proviso 117.177 (Behavioral Health Capacity)	State	FY22-23 Proviso	Directs the collaboration across agencies regarding behavioral health capacity	Requires a manner of delivery		Added
Proviso 117.179 (Rare Disease Advisory Council)	State	FY22-23 Proviso	Directs one member appointed by Director of DHHS to serve on the Rare Disease Advisory Council	Board, commission, or committee on which someone from our agency must/may serve		Added
Executive Order 2021-38	State	ExecutiveOrder	Directive to Cooperate and Assist with Litigation Challenging Vaccine Mandates and Prohibition on Cabinet Agency Vaccine Mandates	Not related to agency deliverable.		Added
Executive Order 2022-02	State	ExecutiveOrder	Review of School Mental Health Services Program	Report our agency may/must provide		Added
Executive Order 2022-03	State	ExecutiveOrder	IT Shared Services Plan Implementation	Requires a manner of delivery		Added

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2022
Executive Order 2022-19	State	ExecutiveOrder	Directing Additional Safeguards to Ensure Transparency and Accountability in Appropriations	Requires a manner of delivery		Added

FY2022

Services Data

as submitted for the 2022 Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2022	Summary of changes to services
Health coverage for members	Low-income and/or disabled residents who meet categorical requirements.	Medicaid Members	Healthcare Providers	Eligibility and Health Services	Medicaid members and/or applicants	Loss of healthcare services for residents in need	No Change	

FY2022

Partnerships Data

as submitted for the 2022 Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Continuum of Care	Continuum manages services for children needing the most intensive behavioral health assistance; these services are often Medicaid-funded.	No Change
State Government	Department of Alcohol and Other Drug Abuse Services	DAODAS receives significant funding from DHHS and the agencies collaborate to discuss/design Medicaid service offerings.	No Change
State Government	Department of Disabilities and Special Needs	DDSN administers certain waiver programs on behalf of DHHS; DHHS finances nearly 90% of the DDSN budget.	No Change
State Government	Department of Education	SCDE has traditionally served as an intermediary between DHHS and the school districts that provide Medicaid-funded services.	No Change
State Government	Department of Health and Environmental Control	DHEC is an important service provider and information source for Medicaid beneficiaries.	No Change
State Government	Department of Mental Health	DMH is a major provider of behavioral health services for Medicaid beneficiaries; DHHS finances approximately 33% of the DMH budget.	No Change
State Government	Department of Social Services	Many Medicaid beneficiaries also receive some form of service through DSS (SNAP, TANF, foster care, etc.). The agencies collaborate on eligibility and serving certain populations.	No Change
State Government	Lt. Governor's Office	The agencies collaborate on enrollment and eligibility data for elderly and vulnerable adults pursuing Medicaid eligibility to receive long-term care or nursing facility services.	No Change
Private Company	Managed Care Organizations	The program's managed care organizations are responsible for coordinating care and controlling costs for most Medicaid beneficiaries.	No Change
State Government	Medical University of South Carolina	MUSC administers the statewide telemedicine system that is funded with resources from DHHS.	No Change
State Government, Private Company, Individuals, Non-profits	Providers	Individuals and organizations are enrolled to provide services to Medicaid beneficiaries, including physicians, dentists, and countless other provider classes.	No Change

FY2022

Reports Data

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Agreed Upon Procedures Audit (Hobbs Group)	11-7-20	AUP audit tests the application of agreed upon procedures to the accounting records and internal controls of the agency.	December-21	Annually	Other	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
BabyNet Compliance	Proviso 33.23	Provide update on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.	December-21	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Bank Account Transparency and Accountability	Proviso 117.80	Provide information on fund balances and accounts not managed through the SCEIS system.	September-21	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
CAFR Audit (Office of State Auditor and CPA Firm)	11-7-20	CAFR Audit reviews a sample of all financial transactions, payables, receivables, payroll, grant expenditures and draws, and is used to assist the state with preparing the State CAFR.	November-21	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Carry Forward Report	Proviso 33.16	Provide additional information on funds carried forward from one fiscal year to the next.	August-21	Annually	Legislative entity or entities	Provided to LSA for posting online	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
CHIP Statistical Enrollment Data Reports	42 CFR 430.30	The 64.21E report collects data on children enrolled in Medicaid expansion CHIP Title XXI funded coverage. The 64.2C report collects data on children enrolled in the Medical assistance program Title XIX, traditional Medicaid.	December-21	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
CMS-R-199 (Survey of Medicaid Payables and Receivables) CMS-10180 (Survey of CHIP Payables & Receivables)	Public Law 103-356, (the Government Management Reform Act of 1994), section 3515	These reports and the accompanying questionnaires identify/estimate the accounts payable for services rendered by both Medicaid and CHIP providers which have not been reported on the quarterly CMS-64/CMS-21. The reports also identify all amounts due to the states from various sources, excluding the federal government.	March-22	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Debt Collection Report	Proviso 117.33	Ensure that agencies recover funds that are due to the state.	February-22	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Discrimination Policy	Proviso 117.13	Ensure that agencies are appropriately applying anti-discrimination laws in their hiring and promotion practices.	October-21	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Federal Budget Reports CMS-37 (Medicaid Program Budget Report), CMS-21B (Children's Health Insurance Program Budget Report)	42 CFR 430.30	These reports provide a statement of the state's Medicaid and CHIP funding requirements for a certified quarter and estimates and underlying assumptions for two fiscal years (FYs).	May-22	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Federal 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.	April-22	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Federal Financial Report (FFR)	42 CFR 430.30	This report allows the agency to report cash disbursements back to (i.e., reconcile to) Payment Management System, the central system responsible for paying most Federal assistance grants and contracts.	April-22	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
First Steps/BabyNet	Proviso 117.93	Track BabyNet's progress in implementing various recommendations from past audit reports.		Quarterly	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	The agency is working to update and streamline these reports.
IMD Operations	Proviso 117.70	Monitor the impact of funding changes made by the state in recent years due to changes in federal guidance.	October-21	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Information Technology and Information Security Plans	Proviso 117.112	Track agencies' progress in implementing IT and information security plans; ensure adherence to government-wide initiatives.	August-21	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
MBE Progress Report	11-35-5240	Provide information on agencies' procurement activities.	April-22	Quarterly	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	Amend	
Medicaid Accountability and Quality Improvement Initiative	Proviso 33.20	Monitor the impact of a variety of Quality recently introduced programs.		Quarterly	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	The agency is working to update and streamline these reports.
Medicaid Healthcare Initiatives Outcomes	Proviso 33.21	Ensure the House Ways and Means Healthcare Subcommittee has an opportunity to discuss budget and policy matters with the Department's Director early in each legislative session.	January-22	Annually	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Medicaid Provider Fraud	Proviso 33.17	Confirm the Department is taking appropriate steps to combat waste, fraud, and abuse.	March-22	Annually	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Medicaid Transportation Advisory Committee Reports	Act No. 172, 117th Session, 2007-2008	Ensure the Department's management of transportation services is informed by public comment.	July-21	Quarterly	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Minority Business Utilization Plan	11-35-5240	Provide information on agencies' procurement activities.	July-21	Annually	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	Amend	
PAPD/IAPD/IAPD-U/OPAD Reports	42 CFR 433.112	Request enhanced federal funds from Centers for Medicare and Medicaid Services (CMS); update CMS on changes to previously approved planning documents.	June-22	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Schedule of Expenditures of Federal Awards (SEFA/SFFA)	42 CFR 430.30	The schedule is prepared each year and lists the expenditures for each grant during the fiscal year. The schedule is also the basis for the major programs audited in accordance with OMB Circular A-133.	August-21	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
SFAA Audit	11-35-1230 and Reg 19-445.2020	Audit of procurement activity	July-21	Annually	South Carolina state agency or agencies	Available on another website	https://procurement.sc.gov/files/A-3%20DHHS-Final%20Rpt_DCM%206-2-21.pdf	No Change	This audit is every 3 years, not annual. Last report date was 2/22/2021.
Sole Sources and Emergencies	11-35-2440	Monitor use of select source selection methods.	June-22	Quarterly	South Carolina state agency or agencies	Available on another website	https://reporting.procurement.sc.gov/general/transparency/audit-reports	No Change	Turned in July 22 for reporting of last quarter of 22.
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.	February-22	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Telemedicine proviso report	Proviso 117.119	Report on how agency intends to broaden their service-based coverage to align with these federal changes and to improve the sustainability of telehealth services.	October-21	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
The Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act	42 CFR 457.750	Measure quality of healthcare for children in Medicaid and CHIP programs.	December-21	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Three-Year Financial Plan	11-11-350	Each state agency receiving over 1% of state's general fund appropriation must provide a projection of its general fund expenditures for next three years	November-21	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Travel Report	Proviso 117.26	Monitor agency travel expenses.	September-21	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	