

# Governor's Proviso Recommendations for Healthcare Agencies for FY 12-13

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## Governor's Proviso Recommendations Changes the Base

### SECTION 20 - H73-DEPARTMENT OF VOCATIONAL REHABILITATION

**20.1.** (VR: Production Contracts Revenue) All revenues derived from production contracts earned by ~~the handicapped trainees of the Evaluation and Training Facilities (Workshops)~~ *people with disabilities receiving job readiness training at the agency's Work training Centers* may be retained by the State Agency of Vocational Rehabilitation and used in the facilities for Client Wages and any other production costs; and further, any excess funds derived from these production contracts may be used for other operating expenses and/or permanent improvements of these facilities.

**20.3.** (VR: Basic Support Program Reconciliation) ~~The General Assembly hereby directs the Department of Vocational Rehabilitation to complete a reconciliation of the cost to operate the Basic Support program related to the combination of state and federal funds available following the close of each federal fiscal year. Such reconciliation shall begin with the federal fiscal year ending September 30, 1989. Federal funds participation for that period shall be applied at the maximum allowable percentage and the level of those funds on hand which have resulted from the over participation of state funds shall be remitted to the general fund within one hundred twenty days following the close of the federal fiscal year. This reconciliation and subsequent remission to the general fund shall be reviewed by the State Auditor to ensure that appropriate federal/state percentages are applied. It is the intent of the General Assembly that federal/state percentages budgeted and appropriated shall in no way be construed as authorization for the department to retain the federal funds involved.~~

### SECTION 21 - J02-DEPARTMENT OF HEALTH AND HUMAN SERVICES

**21.2.** (DHHS: Long Term Care Facility Reimbursement Rate) ~~The Department, in calculating a reimbursement rate for long term care facility providers, shall obtain for each contract period an inflation factor, developed by the Budget and Control Board, Division of Budget and Analyses. Data obtained from Medicaid cost reporting records applicable to long term care providers will be supplied to the Budget and Control Board, Division of Budget and Analyses. A composite index, developed by the Budget and Control Board, Division of Budget and Analyses will be used to reflect the respective costs of the components of the Medicaid program expenditures in computing the maximum inflation factor to be used in long term care contractual arrangements involving reimbursement of providers. The Division of Budget and Analyses of the Budget and Control Board shall update the composite index so as to have the index available for each contract renewal.~~

~~The department may apply the inflation factor in calculating the reimbursement rate for the new contract period from zero percent (0%) up to the inflation factor developed by the Division of Budget and Analyses.~~

**21.5.** (DHHS: Medicaid State Plan) Where the Medicaid State Plan has been altered to cover services that previously were provided by one hundred percent state funds, ~~or that have been requested to be added by other state agencies,~~ the department can bill other agencies for the state share of services provided through Medicaid *or the required State General Funds can be diverted by the General Assembly to the Department of Health and Human Services.* In order to comply with Federal regulations regarding allowable sources of matching funds, state agencies are authorized to make appropriation transfers to the Department of Health and Human Services to be used as the state share when certified public expenditures are not allowed for those state agency Medicaid services. The department will keep a record

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of all services affected and submit periodic reports to the Senate Finance and House Ways and Means Committees.

**21.7.** (DHHS: Admin. Days/Swing Beds Reduction Prohibition) Funds appropriated herein for hospital administrative days and swing beds shall not be reduced in the event the agency cuts programs and the services they provide.

**21.8.** (DHHS: Nursing Home Sanctions) The Department of Health and Human Services is authorized to establish an interest bearing restricted fund with the State Treasurer, to deposit fines collected as a result of nursing home sanctions. The department may use these funds consistent with the provision of Section 44-6-470.

**21.14.** (DHHS: Medicaid Cost Savings Suggestion Award Program) The department is authorized to provide cash or honorary awards to employees of Medicaid providers whose suggestion is adopted by the committee administering the Medicaid Cost Savings Suggestion Award Program that will result in savings of state or federal dollars. Employees of the department are not eligible for cash awards. The department is authorized to fund this program from revenue from third party liability collections. The maximum amount of funds that may be used annually for the program is \$20,000.

**21.17.** (DHHS: Long Term Care Facility Reimbursement Rates) The department shall submit its Medicaid State Plan amendment for long term care facility reimbursement rates to the Federal government prior to August first of each year provided the State Appropriations Act has been enacted prior to that date. This provision shall apply only in those years when funds are allocated for rate increases.

**21.19.** (DHHS: Nursing Services to High Risk/High Tech Children) The Department of Health and Human Services shall continue a separate classification and compensation plan for Registered Nurses (RN) and Licensed Practical Nurses (LPN) who provide services to Medically Fragile Children, who are Ventilator dependent, Respirator dependent, Intubated, and Parenteral feeding or any combination of the above. The classification plan shall recognize the skill level that these nurses caring for these Medically Fragile Children must have over and above normal home care or school based nurses.

**21.20.** (DHHS: Pediatric Literacy Program) The department shall coordinate with any pediatric, non-profit early literacy program, upon request of such program, to identify program participants who are also enrolled as Medicaid providers and, to the extent possible based on data available to the department, work with the program to determine potential geographic areas for program expansion.

**21.22.** (DHHS: Modular Ramps) The Department of Health and Human Services is authorized to lease modular ramps in the event the department can foresee demonstrated cost savings to the department.

**21.23.** (DHHS: Medicaid Cost and Quality Effectiveness) The Department of Health and Human Services shall establish a procedure to assess the various forms of managed care (Health Maintenance Organizations and Medical Home Networks, and any other forms authorized by the department) to measure cost effectiveness and quality. These measures must be compiled on an annual basis. The Healthcare Effectiveness Data and Information Set (HEDIS) shall be utilized for quality measurement and must be performed by an independent third party according to HEDIS guidelines. Cost effectiveness shall be determined in an actuarially sound manner and data must be aggregated in a manner to be determined by a third party in order to adequately compare cost effectiveness of the different managed care programs versus Medicaid fee-for-service. The methodology must use appropriate case-mix and actuarial

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adjustments that allow cost comparison of managed care organizations, medical home networks, and fee-for-service. The department shall issue annual healthcare report cards for each participating Medicaid managed care plan and Medical Home Network operating in South Carolina and the Medicaid fee-for-service program. The report card measures shall be developed by the department and the report card shall be formatted in a clear, concise manner in order to be easily understood by Medicaid beneficiaries. The results of the cost effectiveness calculations, quality measures and the report cards shall be made public on the department's website ~~no later than ninety days after the end of each fiscal year~~ *by December 31 for the prior state fiscal year.*

**21.26.** (DHHS: Medicaid Provider Fraud) The department shall expand and increase its effort to identify, report, and combat Medicaid provider fraud. The department shall report to the General Assembly before April 1, ~~2012~~ *2013* on the results of these efforts, funds recuperated or saved, and information pertaining to prosecutions of such actions, including pleas agreements entered into.

**21.28.** (DHHS: Personal Emergency Response System) ~~The Department of Health and Human Services may consider the use of Personal Emergency Response Systems (PERS) units with additional functionality to include the use of a two button system that is UL or ETL certified.~~

**21.29.** (DHHS: GAPS) The requirements of Title 44, Chapter 6-610 through Chapter 6-660 shall be suspended for Fiscal Year ~~2011-12~~ *2012-13*

**21.31.** (DHHS: In-Home Health Care Systems for Medicaid Recipients) ~~The Department of Health and Human Services, during Fiscal Year 2011-12, within the funds appropriated, upon application by the department, may pilot test an in-home health care system. The pilot test must include a statistically valid sample of Medicaid patients within the counties as determined by the Director of the Department of Health and Human Services. This program shall provide a state of the art in-home health care system which provides around the clock access to medical assessment care and additionally provides an emergency response function that gives a Medicaid recipient the ability to contact a local emergency response center.~~

~~The purpose of the program is to reduce the amount of emergency room visits in non-emergency cases and to reduce the amount of visits to other medical care facilities in order to save on the cost of providing this care and in order to provide better health care.~~

~~The in-home health care system option must consist of three main components:~~

- ~~(1) the medical console and wireless transmitter;~~
- ~~(2) the medical triage center; and~~
- ~~(3) the emergency response call center.~~

~~The medical console and wireless transmitter must have the following capabilities:~~

~~(1) the medical console must be capable of communication between two separate call centers, one of which is a monitoring facility to provide certified medical triage care twenty four hours a day and the other of which is a monitoring facility to provide emergency response services twenty four hours a day.~~

~~(2) the wireless transmitter for the medical console must have two buttons, one for transmitting a signal to the console to contact the emergency response monitoring facility, and the second button also must send a wireless signal to the console to trigger contact with the medical triage center.~~

~~(3) the medical console must be able to send a report/event code to the emergency response call center after a medical triage center call has been placed.~~

~~(4) an emergency button on the medical console must include Braille for the sight impaired.~~

~~The medical triage center must have or be:~~

- ~~(1) open twenty four hours a day, three hundred sixty five days a year;~~
- ~~(2) a call center must be located in the United States;~~

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- ~~(3) Utilization Review Accreditation Commission (URAC) accredited;~~
- ~~(4) on call availability of a South Carolina licensed physician, twenty four hours, seven days a week for guidance or review of clinical calls as needed;~~
- ~~(5) registered nurses with a minimum of ten years experience available to answer all calls;~~
- ~~(6) all calls digitally recorded and archived, and a triage report prepared and sent;~~
- ~~(7) daily monitoring of communications with the call center;~~
- ~~(8) fully HIPAA compliant;~~
- ~~(9) bilingual staff in English and Spanish;~~
- ~~(10) a mechanism that ensures that a caller will never receive a busy signal or voice mail when accessing the nurse advice line;~~
- ~~(11) clinical staff able to serve pediatric, adolescent, adult, and senior populations, as well as health care expertise in a variety of clinical areas such as emergency room, pediatrics, critical care, oncology, cardiology, pulmonary, geriatrics, obstetrics/gynecology and general medicine; and~~
- ~~(12) the infrastructure in place to allow the telephone network to digitally communicate with the medical console for incoming call connection, call disconnect, and client file access.~~

~~The emergency response call center must:~~

- ~~(1) be open twenty four hours a day, three hundred sixty five days a year;~~
- ~~(2) be located in South Carolina;~~
- ~~(3) maintain a digital receiver capable of processing two way voice audio using multiple formats.~~

~~Facilities, emergency response and the medical triage center, shall offer all recipients selected by the department unlimited use of services provided by the emergency monitoring and medical triage facilities at no additional cost burden to the State.~~

~~The pilot testing program must be conducted for the current fiscal year. The department in developing and administering this program is authorized to take such actions as may be required, including making requests for Medicaid waivers when necessary.~~

~~The department, in implementing this program on a pilot testing basis, also is authorized to contract with a third party provider or vendor to furnish and operate the program or a physician's office that provides a similar patient service.~~

**21.32. (DHHS: Medicaid Reporting)** Within ninety days of the end of each quarter in Fiscal Year ~~2011-12~~ 2012-13, the department shall report each cost-savings measure implemented. By county, the department shall report the number of enrolled and active providers by provider type, provider specialty and sub-specialty, the number of recipients, the number of recipients by provider type, the expenditures by provider type and specialty, and service level utilization trends. The department shall continue to annually report HEDIS measures, noting where measures improve or decline. Each report shall be submitted to the Chairman of the Senate Finance Committee, the Chairman of the Ways and Means Committee, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives, and be prominently displayed on the department's website.

## **SECTION 22 - J04-DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

**22.5. (DHEC: Cancer/Hemophilia)** ~~Notwithstanding any other provisions of this act, the funds appropriated herein for prevention, detection and surveillance of cancer as well as providing for cancer treatment services, \$545,449 and the hemophilia assistance program, \$1,186,928 shall not be transferred to other programs within the agency and when instructed by the Budget and Control Board or the General Assembly to reduce funds within the department by a certain percentage, the department may not act unilaterally to reduce the funds for any cancer treatment program and hemophilia assistance program provided for herein greater than such stipulated percentage.~~

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**22.6.** (DHEC: Speech & Hearing) ~~The Department of Health and Environmental Control shall utilize so much of the funds appropriated in this section as may be necessary to continue the Speech and Hearing programs.~~

**22.9.** (DHEC: Emergency Medical Services) Funds appropriated herein for Emergency Medical Services, shall be allocated for the purpose of improving and upgrading the EMS system throughout the state. The monies allocated to the Counties are for the purpose of improving or upgrading the local EMS system through the licensed ambulance services, the monies allocated to the EMS Regional Councils are for the administration of training programs and technical assistance to local EMS organizations and county systems. All additional funds are to be allocated as follows: to the counties at the ratio of eighty-one percent of the additional funds appropriated herein, to the EMS Regions at a ratio of twelve percent of the additional funds appropriated herein and to the state EMS Office at the ratio of seven percent of the additional funds appropriated herein. The Department of Health and Environmental Control shall develop criteria and guidelines and administer the system to make allocations to each region and county within the state, based on demonstrated need and local match. ~~Funds appropriated, \$1,234,288, to Emergency Medical Services shall not be transferred to other programs within the department's budget.~~ Unexpended funds appropriated to the program may be carried forward to succeeding fiscal years and expended for administrative and operational support and for temporary and contract employees to assist with duties related to improving and upgrading the EMS system throughout the state, including training of EMS personnel and administration of grants to local EMS providers. ~~In addition, when instructed by the Budget and Control Board or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds appropriated for EMS Regional Councils or Aid to Counties greater than such stipulated percentage.~~

**22.10.** (DHEC: Rape Violence Prevention Contract) Of the amounts appropriated in Rape Violence Prevention, \$403,956 shall be used to support programmatic efforts of the state's rape crisis centers with distribution of these funds based on the Department of Health and Environmental Control Rape Violence Prevention Program service standards and each center's accomplishment of a pre-approved annual action plan. ~~For Fiscal Year 2011-12, the department shall not reduce these contracts below the current funding level.~~

**22.11.** (DHEC: Sickle Cell Blood Sample Analysis) ~~\$16,000 is appropriated in Independent Living for the Sickle Cell Program for Blood Sample Analysis and shall be used by the department to analyze blood samples submitted by the four existing regional programs — Region I, Barksdale Sickle Cell Anemia Foundation in Spartanburg; Region II, Clark Sickle Cell Anemia Foundation in Columbia; Region III, Committee on Better Racial Assurance Hemoglobinopathy Program in Charleston; and the Orangeburg Area Sickle Cell Anemia Foundation.~~

**22.12.** (DHEC: Sickle Cell Programs) ~~\$761,233 is appropriated for Sickle Cell program services and shall be apportioned as follows:~~

~~(1) sixty seven percent is to be divided equitably between the existing Community Based Sickle Cell Programs located in Spartanburg, Columbia, Orangeburg, and Charleston; and~~

~~(2) thirty three percent is for the Community Based Sickle Cell Program at DHEC.~~

~~The funds shall be used for providing prevention programs, educational programs, testing, counseling and newborn screening. The balance of the total appropriation must be used for Sickle Cell Services operated by the Independent Living program of DHEC. The funds appropriated to the community based sickle cell centers shall be reduced to reflect any percent reduction assigned to the Department of Health and Environmental Control by the Budget and Control Board; provided, however, that the department may not act unilaterally to reduce the funds for the Sickle Cell program greater than such stipulated~~

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percentage. The department shall not be required to undertake any treatment, medical management or health care follow up for any person with sickle cell disease identified through any neonatal testing program, beyond the level of services supported by funds now or subsequently appropriated for such services. No funds appropriated for ongoing or newly established sickle cell services may be diverted to other budget categories within the DHEC budget. For Fiscal Year 2011-12, the department shall not reduce these funds below the current funding level.

**22.13. (DHEC: Genetic Services)** The sum of \$104,086 appearing under the Independent Living program of this act shall be appropriated to and administered by the Department of Health and Environmental Control for the purpose of providing appropriate genetic services to medically needy and underserved persons. Such funds shall be used by the department to administer the program and to contract with appropriate providers of genetic services. Such services will include genetic screening, laboratory testing, counseling, and other services as may be deemed beneficial by the department, and these funds shall be divided equally among the three Regional Genetic Centers of South Carolina, composed of units from the Medical University of South Carolina, the University of South Carolina School of Medicine, and the Greenwood Genetic Center.

**22.21. (DHEC: Per Visit Rate)** The SC DHEC is authorized to compensate non-permanent, part-time employees on a fixed rate per visit basis. Compensation on a fixed rate per visit may be paid to employees for whom the department receives per visit reimbursement from other sources. These individuals will provide direct patient care in a home environment. The per visit rate may vary based on the discipline providing the care and the geographical location of services rendered. Management may pay exempt or non-exempt employees as defined by the Fair Labor Standards Act only when they are needed to work. Individuals employed in this category may exceed twelve months, but are not eligible for State benefits except for the option of contributing to the State Retirement System.

**22.25. (DHEC: Health Disparities Study-State Health Plan for Elimination of Health Disparities)** The Department of Health and Environmental Control will provide leadership in the implementation of the State Health Improvement Plan for the elimination of health disparities with specific goals similar to the national Healthy People 2010 goals and targeting health disparities among our state's minority population. The Plan will address the areas of diabetes, heart disease, stroke, cancer, HIV/AIDS, infant mortality and childhood/adult immunizations. Working with public and private health care institutions, state agencies and providers, DHEC will provide leadership in the coordination of services, elimination of duplication and coordination of federal and state funding.

**22.26. (DHEC: Head Lice)** The Department of Health and Environmental Control is authorized to expend \$200,000 in other fund accounts in order to fund the head lice program statewide.

**22.37. (DHEC: Hemophilia Recombinant Factors)** The Department of Health and Environmental Control shall provide patients with Hemophilia the choice of recombinant factors when prescribed by a physician regardless of the patient's past Hemophilia treatment methods.

**22.41. (DHEC: Camp Burnt Gin)** Notwithstanding any other provision of law, the funds appropriated to the department pursuant to Part IA, or funds from any other source, for Camp Burnt Gin must not be reduced in the event the department is required to take a budget reduction.

**22.44. (DHEC: SCHIDS)** From funds appropriated for Chronic Disease Prevention, the department shall establish a South Carolina Health Integrated Data Services (SCHIDS) program to disseminate data about prevalence, treatment and cost of disease from the South Carolina Health and Human Services Data

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~~Warehouse and in particular the Medicaid System. The purpose of the program is to educate communities statewide about improving health and wellness through lifestyle changes.~~

~~The Budget and Control Board, Office of Research and Statistics shall provide data needed by the SCHIDS program to fulfill its mission, and all state agencies and public universities involved in educating South Carolinians through public programs for the purpose of improving health and wellness shall communicate with the program in order to improve collaboration and coordination and the possible use of SCHIDS to assist in the evaluation of program outcomes.~~

~~Medicaid staff shall coordinate with the SCHIDS program staff to target Prevention Partnership Grant awards to those communities demonstrating a prevalence of chronic disease and/or lack of access to care.~~

## SECTION 23 - J12-DEPARTMENT OF MENTAL HEALTH

**23.2.** (DMH: Patient Fee Account) In addition to other payments provided in Part I of this act, the Department of Mental Health is hereby authorized during the current fiscal year, to provide the funds budgeted herein for \$6,214,911 for departmental operations, \$400,000 for the Continuum of Care, ~~\$50,000 for the Alliance for the Mentally Ill, \$250,000 for S.C. SHARE Self Help Association Regarding Emotions,~~ and all fees collected at the Campbell Nursing Home and other veterans facilities for day-to-day operations, from the Patient Fee Account which has been previously designated for capital improvements and debt service under provisions of Act 1276 of 1970. The Department of Mental Health is authorized to fund the cost of Medicare Part B premiums from its Patient Fee Account up to \$150,000. The South Carolina Alliance for the Mentally Ill and the South Carolina Self-Help Association Regarding Emotions shall provide an itemized budget before the receipt of funds and quarterly financial statements to the Department of Mental Health. DMH is authorized to use unobligated Patient Paying Fee Account funds for community transition programs. The funds made available shall be utilized consistently with the Transition Leadership Council's definition of severely mentally ill children and adults. The department shall report their use of these funds to the Senate Finance Committee and the House Ways and Means Committee. This amendment is made notwithstanding other obligations currently set forth in this proviso.

**23.4.** (DMH: Transfer of Patients to DDSN) ~~DMH is authorized to transfer to the Department of Disabilities and Special Needs, state appropriations to cover the state match related to expenditures initiated as a result of the transfer of appropriate patients from DMH to the Department of Disabilities and Special Needs. In addition to other payments as authorized in this act, DMH is also authorized to utilize up to \$500,000 from the Patient Fee Account to help defray costs of these transferees.~~

**23.6.** (DMH: Huntington's Disease) ~~Of funds appropriated, the Department of Mental Health shall designate \$150,000 for administrative and personnel costs for Huntington's Disease clinical services within the Department of Mental Health.~~

**23.7.** (DMH: Alzheimer's Funding) ~~Of the funds appropriated to the Department of Mental Health for Community Mental Health Centers, \$778,706 must be used for contractual services to provide respite care and diagnostic services to those who qualify as determined by the Alzheimer's Disease and Related Disorders Association. The department must maximize, to the extent feasible, federal matching dollars. On or before September thirtieth of each year, the Alzheimer's Disease and Related Disorders Association must submit to the department, Governor, Senate Finance Committee, and House Ways and Means Committee an annual financial statement and outcomes measures attained for the fiscal year just ended. These funds may not be expended or transferred during the current fiscal year until the required reports have been received by the department, Governor, Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee. In addition, when instructed by the Budget and~~

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~~Control Board or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds transferred to the Alzheimer's Disease and Related Disorders Association greater than such stipulated percentage.~~

**23.10. (DMH: Crisis Intervention Training)** ~~Of the funds appropriated to the department, \$85,500 shall be utilized for the National Alliance on Mental Illness (NAMI) SC for Crisis Intervention Training (CIT).~~

**23.15. (DMH: Sexually Violent Predator Program)** *The Department of Mental Health and the Department of Corrections shall prepare a report evaluating the feasibility and desirability of transferring the Sexually Violent Predator Program to the Department of Corrections. This report must include population and cost projections for the next five years, and must also explore and make recommendations regarding opportunities to further expand the private sector's role in operating this program. This report shall be provided to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by December 31, 2012.*

## SECTION 24 - J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**24.5. (DDSN: Medicare Reimbursements)** ~~The department may continue to budget Medicare reimbursements to cover operating expenses of the program providing such services.~~

**24.11. (DDSN: Summer Camps)** ~~The Department of Disabilities and Special Needs cannot remove any summer camps under their purview due to reductions in their budget.~~

**24.14. (DDSN: Traumatic Brain Injury)** ~~Funds appropriated by the agency for Traumatic Brain Injury/Spinal Cord Injury Post Acute Rehabilitation shall be used for that purpose only. In the event the department receives a general fund reduction in the current fiscal year, any funding reductions to the post-acute rehabilitation funding must be in equal proportion to and shall not exceed reductions to other agency services.~~

**24.15. (DDSN: FMAP Extension Carry Forward)** ~~The department is authorized to carry forward the funds received as a result of the January through June 2011 federal extension of the increased FMAP. The department is authorized to use the funds to maintain current service levels, to support Traumatic Brain or Spinal Cord Injury Post Acute Rehabilitation, system enhancements of the assessment process and the monitoring and documentation process for home and community based services in order to increase efficiency and reduce fraud and abuse.~~

## SECTION 25 - J20-DEPARTMENT OF ALCOHOL & OTHER DRUG ABUSE SERVICES

**25.4. (DAODAS: Medicaid Match Transfer)** *At the beginning of the fiscal year, the Department of Alcohol and Other Drug Abuse Services will transfer \$1,915,902 to the Department of Health and Human Services to meet federal Medicaid match participation requirements for the delivery of alcohol and drug abuse services to the Medicaid beneficiary population.*

## SECTION 26 - L04-DEPARTMENT OF SOCIAL SERVICES

**26.13. (DSS: Prevent Welfare Reform Duplication of Services)** ~~The intent of the General Assembly is that the Department of Social Services not duplicate services available at the Department of Employment and Workforce and other state agencies. All state agencies are directed to cooperate with DSS as it implements the Family Independence Act of 1995. Monies appropriated for the purpose of implementing~~

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~~the Family Independence Act of 1995, and used to hire persons or procure services for employment training purposes, shall be reported to the Governor to ensure duplication of services does not occur.~~

**26.23.** (DSS: Day Care Facilities Supervision Ratios) For Fiscal Year ~~2011-12~~ 2012-13, staff-child ratios contained in Regulations 114-504(B), 114-504(C), 114-524(B), and 114-524(C) shall remain at the June 24, 2008 levels.

## SECTION 89 - X90-GENERAL PROVISIONS

**89.92.** (GP: Information Technology for Health Care) ~~From the funds appropriated and awarded to the South Carolina Department of Health and Human Services for the Health Information Technology for Economic and Clinical Health Act of 2009, the department shall advance the use of health information technology and health information exchange to improve quality and efficiency of health care and to decrease the costs of health care. In order to facilitate the qualification of Medicare and/or Medicaid eligible providers and hospitals for incentive payments for meaningful health information technology (HIT) use, a~~ A ~~health care organization participating in the South Carolina Health Information Exchange (SCHIE) or a Regional Health Information Organization (RHIO) or a hospital system health information exchange (HIE) that participates in SCHIE~~ a health information exchange ~~may release patient records and medical information, including the results of any laboratory or other tests ordered or requested by an authorized health care provider within the scope of his or her license or practice act, to another health information care organization that requests the information via a HIE for treatment purposes with or without express written consent or authorization from the patient. A health information care organization that receives or views this information from a patient's electronic health record or incorporates this information into the health information care organization's electronic medical record for the patient in providing treatment is considered an authorized person for purposes of 42 C.F.R. 493.2 and the Clinical Laboratory Improvement Amendments.~~

**89.108.** (GP: Means Test) ~~All agencies providing Healthcare Services are directed to identify standards and criteria for means testing on all programs provided, where allowed by Federal guidelines. Once a consistent criteria has been established within an agency, they shall implement their respective plans. Each agency shall report all criteria and fiscal data to the Chairman of the Senate Finance Committee and to the Chairman of the House Ways and Means Committee no later than January 1, 2012.~~

**89.116.** (GP: Child Care Licensing and Inspections) ~~For the current fiscal year, the directors of the Department of Health and Environmental Control and the Department of Social Services shall collaborate and develop a plan for consolidation of the regulatory and licensing functions for child care centers. The directors shall submit the plan no later than December 1, 2011, to the following committees: Senate General, Senate Medical Affairs, and House Medical, Military, Public and Municipal Affairs.~~

## SECTION 90 - X91-STATEWIDE REVENUE

**90.9.** (SR: Health Care Maintenance of Effort Funding) The source of funds appropriated in this provision is \$157,299,845 from the revenue collected during Fiscal Year ~~2010-11~~ 2011-12 and Fiscal Year 2011-12 2012-13 from the 50 cent cigarette surcharge and deposited into the South Carolina Medicaid Reserve Fund and shall be utilized by the Department of Health and Human Services for the Medicaid Program's maintenance of effort. By this provision these funds are deemed to have been received and are available for appropriation.

The residual funds from the cigarette surcharge shall remain in the South Carolina Medicaid Reserve Fund and may be used by the director of the Department of Health and Human Services to ensure access

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to care in rural and underserved areas of the state, or address unanticipated growth in enrollment. Within ninety days of the start of the fiscal year, the department shall develop methods and criteria for determining how access or unanticipated enrollment growth issues will be identified, assessed and addressed. Any use of these funds shall require thirty days prior notice to the Chairmen of the Senate Finance and House Ways and Means Committees. The department shall provide an assessment of access to care as part of the reporting requirements stipulated in Proviso 21.32, (DHHS: Medicaid Reporting). The director is not authorized to access any of the residual funds prior to January 31, 2012 2013. The director must submit a proposal for any use of the funds to the General Assembly by January 1, 2012 2013. If no action is taken on the proposal by the General Assembly by January 31, 2012 2013, the director may access the residual funds as presented in the proposal.