

RESTRUCTURING & SEVEN-YEAR PLAN

Department of Health and Human Services

Date of Submission: March 31, 2015

Please provide the following for this year's Restructuring and Seven-Year Plan Report.

	Name	Date of Hire	Email
Agency Director	Christian L. Soura	11/20/2014	Christian.Soura@scdhhs.gov
Previous Agency Director	Anthony Keck	01/12/2011	

	Name	Phone	Email
Primary Contact:	Bryan Kost	803-898-2580	kostbr@scdhhs.gov
Secondary Contact:	Jenny Lynch	803-898-3965	lynchjen@scdhhs.gov

Is the agency vested with revenue bonding authority? (re: Section 2-2-60(E))	No
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I have reviewed and approved the enclosed 2015 Restructuring and Seven-Year Plan Report, which are complete and accurate to the extent of my knowledge.

Current Agency Director
(Sign/Date):

(Type/Print Name):

If applicable, Board/Commission Chair
(Sign/Date):

(Type/Print Name):

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Insert the appropriate page numbers once the agency has completed the report.

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EXECUTIVE SUMMARY

I. Executive Summary

A. Historical Perspective

1. Please complete the Historical Perspective Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Historical Perspective." In this chart the Committee is asking the agency to provide a bullet style list of any major changes in the agency's purpose or mission and any restructuring that occurred (i.e., combining with or taking on other agency responsibilities, etc.) during the last ten years.

B. Purpose, Mission and Vision

1. Please complete the Purpose/Mission/Vision Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Purpose, Mission." The other specifics are included in the template.

C. Key Performance Measure Results

1. After completing the Key Performance Measurement Processes Section of this Report, please come back to this question and provide a summary of the results (bullet style results only, explanations should be included in the Key Performance Measurement Processes Section).

Several of the agency's key performance measures are listed below, with results as available:

- The agency is on track to end the fiscal year roughly 1% under Total Funds appropriation. (Goal: Stay within 3% of appropriation)
- Current "Per-Member-Per-Month" cost is \$453.58. (Goal: Maintain PMPM costs below national benchmark growth rate for health care services. This metric will be determined at year-end.)
- Modified Adjusted Gross Income (MAGI) applications/renewals processed within 5 days: Currently difficult to track, as agency transitions to new eligibility system; both the legacy and new systems are currently active. Features of new system should ensure agency meets the goal upon the completed transition. (Goal: 98% processed within 5 days)
- Online Medicaid applications: Q2 cumulative results are 32% of agency goal; this metric will also be impacted by the eligibility system migration this fiscal year. (Goal: 50% improvement over FY 2014)

- Health quality outcomes: See SCDHHS report (Proviso 33.16) entitled “Medicaid Cost and Quality Effectiveness.” (Goal: Improved statewide quality measures to 75% of national benchmarks)
- Member calls answered within 60 seconds: Currently at 60%. (Goal is 70%)
- Provider first call resolution rate: 67%. (Goal: 70%)
- Pending provider claims volume: 585 claims currently pending. (Goal now is less than 750.) Historically thousands have been in pending status.
- Provider “clean” claims issues resolved in less than 14 days: 100%. (Goal: 100%)
- Provider claims issues, involving disputes, resolved in less than 21 days: 99.6%. (Goal is 98%)
- Improve workforce engagement survey results 5%: Next agency-wide engagement survey will be conducted later in 2015; agency met its improvement target last year.
- Improve staff retention by 10%: Agency is developing the methods to achieve this goal
- Employee Performance Management System (EPMS) evaluations: The agency has 94% of EPMS planning documents completed for this reporting period. (Goal: 100%). Note: The agency’s EPMS policy was changed from a 3-point rating scale to a 6-point rating scale to provide a more accurate reflection of each individual’s work performance and support better communication between supervisors and employees.

Note that the Department’s new Director was confirmed by the Senate after these templates were distributed by the House of Representatives, but shortly before they were due to be submitted. The performance measures identified in this report and the accompanying templates are currently undergoing a review, to ensure they are still consistent with the agency’s current vision.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the Similar Information Requested Chart. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

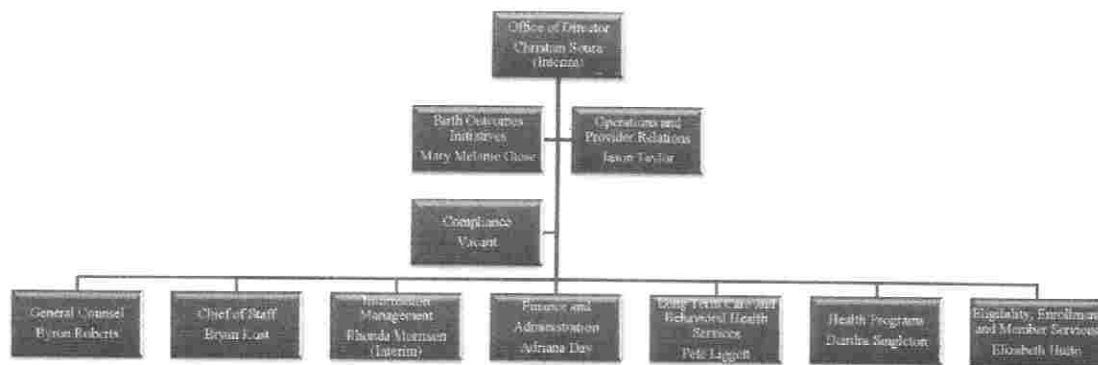
ORGANIZATIONAL PROFILE

II. Organizational Profile

This section asks for a fact based description of the agency. Please provide information in the stated Excel template. If an Excel template is not referenced, provide the information in bullet style.

1. The agency's main deliverables (i.e., products or services) and the primary methods by which these are provided;
 - a. Complete the *Key Deliverables Chart*. In the Excel document attached, there is a template to complete under the tab labeled, "Key Deliverables."
2. The agency's key customers and their requirements and expectations;
 - a. Complete the *Key Customers Chart*. In the Excel document attached, there is a template to complete under the tab labeled, "Key Customers;"
3. The agency's key stakeholders (other than customers);
 - a. Complete the *Key Stakeholders Chart*. In the Excel document attached, there is a template to complete under the tab labeled, "Key Stakeholders;"
4. Other state agencies which have the biggest impact on the agency's mission success;
 - a. Complete the *Key Partner Agency Chart*. In the Excel document attached, there is a template to complete under the tab labeled, "Key Partner Agencies."
5. The agency's performance improvement system(s);
 - The Neogov Perform (PE) Module is the employee evaluation tool used by the Department.
 - The Department's Project Management Office and Policy Management Committee track, review, and implement various agency initiatives. The work of both allows the agency to review past experiences and make improvements as needed.

6. The agency's organizational structure in flow chart format;



7. Details about the body to whom the Agency Head reports;

- a. Complete the Overseeing Body Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Overseeing Body-General" and "Overseeing Body-Individual Member."

8. Please complete the Major Program Areas Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Major Program Areas."

9. Please identify any emerging issues the agency anticipates may have an impact on its operations in the upcoming five years.

- Transition to a new eligibility and enrollment system (ongoing)
- Development of a new claims payment system
- Changes in care models, methods, and healthcare delivery systems, to include the impact of mergers, consolidations, and other changes in the competitive landscape
- Changes in state and federal law, regulation, and/or judicial decision
- Availability of funding to support continued operations of the existing Medicaid program and any additional mandated services
- Next generation of managed care contracts
- Expansion of payment reform initiatives, such as value-based payment requirements
- Risk that changes in the overall economy will have an unforeseen impact on Medicaid enrollment levels
- Possible restructuring of the state's health-related agencies

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ORGANIZATIONAL PROFILE

III. Laws (Statutes, Regulations, Provisos)

This section asks for state and federal statutes, regulations and provisos ("Laws") which apply to the agency.

1. Please complete the Legal Standards Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Legal Standards." In this Chart, please list all state and federal statutes, regulations and provisos that apply to the agency ("Laws"). The other specifics are included in the template.

IV. Reports and Reviews

This section asks for information about reports the agency is required to submit to a legislative entity and the agency's internal review process.

1. Please complete the Agency Reporting Requirements Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Agency Reporting Requirements." In this Chart, please list all reports, if any, the agency is required to make to a legislative entity. The specifics as to each report are included in the template.
2. Please complete the Internal Audit Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Internal Audits."

RESTRUCTURING REPORT

V. Key Performance Measurement Processes

This category examines the agency's performance and improvement in key areas. Performance levels are examined relative to those of competitors and other organizations providing similar programs and services. Information is typically displayed by the use of performance measures. Quantitative measures may be supplemented by a discussion of qualitative measures where appropriate; however, every effort should be made to use appropriate quantitative measures that can be charted to show trends and comparisons to benchmarks.

Address only top-level results showing aggregate measures of agency-wide performance that are reflective of the value added to customers. Please include comparative data as applicable. These results are typically captured in performance goals and planning documents. When determining which processes are "key processes" consider the business impacts, and select those processes that are most important to the customer (both internal and external) to satisfy their requirements and/or those processes with problem areas identified by management.

Note: Results information (i.e., each chart, graph, table) reported for this category should be referenced to the specific question number (Ex. Chart 5.1-1, Graph 5.1-2, Table 5.1-3). The third digit identifies the sequential position of the specific chart, graph or table included in the agency's responses to each questions.

For each performance measurement included in response to the questions on the next page under Subsection A, please provide the following information:

- a. The performance goal(s)/benchmark(s) for the overall process output, and/or critical activities that produce the output.
 - i. Three agency/government entities in other states or non-government entities the agency considers the best in the country in this process or similar process and why.
 - ii. If the agency did not use results from an entity the agency listed in response to "i" as a performance goal/benchmark, why not and why did the agency choose the goal/benchmark it did?
 - iii. Individual(s) who are not employed by the agency (government or non-government, located anywhere in the country) whom the agency considers an expert in the process or similar process and their contact information, or if deceased, name of books authored.
- b. List the senior leaders who review the performance measure, their title and frequency with which they monitor it.
- c. Trends the agency has seen and the method by which it analyzes trends in these results.
- d. Whether the agency has reasonable control over this result (i.e., more than 50% or enough to be able to influence and accurately measure the result).
 - i. If the agency does not have reasonable control over this result, the other one or more agencies, who when combined with the agency, together have reasonable control over the result and names of those other agencies.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the Similar Information Requested Chart. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

RESTRUCTURING REPORT

V. Key Performance Measurement Processes (cont.)

A. Results of Agency's Key Performance Measurements

Mission Effectiveness

1. What are the agency's actual performance levels for two to four of the agency's key performance measurements for mission effectiveness (i.e., a process characteristic indicating the degree to which the process output (work product) conforms to statutory requirements (i.e., is the agency doing the right things?))?

See "Key Performance Measurements" Excel Tab

Mission Efficiency

2. What are the agency's actual performance levels for two to four of the agency's key performance measurements for mission efficiency (i.e., a process characteristic indicating the degree to which the process produces the required output at minimum resource cost (i.e., is the agency doing things right?)) including measures of cost containment, as appropriate?

See "Key Performance Measurements" Excel Tab

Quality (Customer Satisfaction)

3. What are the agency's actual performance levels for two to four of the agency's key performance measurements for quality (i.e., degree to which a deliverable (product or service) meets customer requirements and expectations (a customer is defined as an actual or potential user of the agency's products or services)) for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?

See "Key Performance Measurements" Excel Tab

Workforce Engagement

4. What are the agency's actual performance levels for two to four of the agency's key performance measurements for workforce engagement, satisfaction, retention and development of the agency's workforce, including leaders, for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?

See "Key Performance Measurements" Excel Tab

Operational/Work System Performance

5. What are the agency's actual performance levels for two to four of the agency's key performance measurements for operational efficiency and work system performance (includes measures related to the following: innovation and improvement results; improvements to cycle or wait times; supplier and partner performance; and results related to emergency drills or exercises) for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?

See "Key Performance Measurements" Excel Tab

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the *Similar Information Requested Chart*. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

RESTRUCTURING REPORT

V. Key Performance Measurement Processes (cont.)

B. Most Critical Performance Measures

1. Of the key performance measurement processes listed in Subsection A., which are the three most critical to achieving the overall mission of the agency?
 - Limiting spending to appropriated limits
 - Health quality outcomes
 - Average per-member, per-month costs

C. Databases/Document Management

1. List all electronic databases/document management/business intelligence systems or programs utilized by the agency, including, but not limited to all relational database management systems.

Title	DB Type
Academy	MySQL
Admin Days	SQL
Appeals & Hearings	SQL
Appeals and Hearings System	ONBASE
Bulletins	MySQL
CHANCE	MySQL
Chance Waiver Database	SQL
Check Cancellation	SQL
Chipraqtip	MySQL
Constituent Tracking	SQL
Coordinated Care Improvement Group	MySQL
DHHS Wiki	None
DSH PATIENT ACCOUNT DATA	MySQL
E-Campus	MySQL
E-Learning	MySQL
Executive Log	SQL
FINANCIAL LEDGER	SQL
Foster Care	SQL
HIT	MySQL
Home & Community Based Services	MySQL
Home again	MySQL

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ICD-10 implementation	MySQL
Managed Care	MySQL
Meds Directory	SQL
MSP/ QIONE	SQL
Onbase	SQL
Parking	SQL
Proviso 33.34	MySQL
Qtip	MySQL
QTIP principals	MySQL
QueryReports	MySQL
SC Prime	MySQL
SENIORS	Access
SITCORE	SQL
The Home Again Program	MySQL
Today's Stories	MySQL
Truven Health Analytics	MySQL
WWW Site	MySQL
Internal Sharepoint	Sharepoint
BOBJ (Business Objects)	SQL2
Medicaid Management Information System	IDMS
Medicaid Eligibility Determination System	IMS

D. Recommended Restructuring

Consider the process taken to review the agency's divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report ("Process").

1. Yes or No, based on the information obtained and analysis performed during the Process, does the agency have any recommendations for restructuring (either that it could do internally or that would need the assistance of revised or new legislation) that would merge or eliminate duplicative or unnecessary divisions, programs, or personnel within each department of the agency to provide a more efficient administration of government services?
 - a. If yes, please provide the agency's suggestions.

No. The preparation of this report did not lead to the identification of any redundant divisions of the agency.

SEVEN-YEAR PLAN

VI. Seven-Year Plan

A. General

1. Yes or No, does the agency have a plan that provides initiatives and/or planned actions the agency will take during the next seven fiscal years that implement cost savings and increased efficiencies of services and responsibilities in order to continually improve its ability to respond to the needs of the state's citizens?

Yes.

If yes, go to Current/Recommended Actions Section.

If no, skip Current/Recommended Actions Section and go to Additional Questions.

B. Current/Recommended Actions

1. Describe all of the actions the agency is currently taking and plans it has for initiatives and actions during the next seven fiscal years to work to achieve greater efficiency in its operations in order to continually improve its ability to respond to the needs of the state's citizens? In this description, provide the names of all personnel who are responsible for overseeing the actions and plans.

Eligibility System Upgrade (Beth Hutto, Deputy Director & Rhonda Morrison, Acting CIO)
The Department is in the midst of a multi-year project to replace its eligibility determination system with a system developed by Curam/IBM called ACCESS. The new system is rules-based and will allow for more transactions and eligibility determinations to be executed without manual intervention. The current conversion process from the legacy system to ACCESS is an onerous one involving the eventual conversion of case information for more than one million members. The implementation of the new system has been staggered over time. In 2013, the first phase of the process, ACCESS 1.0 rolled out with an electronic document management system. In November 2014, ACCESS 2.0 was released, converting MAGI-based case files from the legacy MEDS system to ACCESS (those where beneficiaries are eligible based on having low incomes). Periodic upgrades to the system continue every 3-4 weeks. The conversion of the disability-based cases will likely occur in 2016, leaving MEDS to be retired sometime thereafter.

Once these efficiencies are fully realized, more citizens will be able to enroll in and maintain Medicaid coverage without ever setting foot in an eligibility office. Currently,

applicants may initiate the enrollment process at any time via the online application; however, there is some manual effort that must take place on the agency's behalf in order to complete the enrollment process for certain applicants. The annual review process also requires action by the beneficiary, in the majority of cases. As ACCESS becomes fully integrated, the system will allow applicants and beneficiaries to enroll and maintain coverage seamlessly without any need to mail paperwork or visit an office.

The Curam/IBM system was designed to serve as the eligibility system for the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) benefits, as well as Medicaid. Additional efficiencies might be realized if ACCESS were to be used by SCDSS for their SNAP and TANF determinations. This opportunity should be evaluated in light of the successes or failures of other states that are currently using Curam for multiple public benefit programs.

The Department continues to seek internal savings and efficiencies such as sharing administrative support staff and certain administrative functions in field offices amongst the Eligibility and Community Long Term Care (CLTC) staff.

Provider Revalidation (Jason Taylor, Sr. Program Director)

The Centers for Medicare and Medicaid Services (CMS) now require that Medicaid providers be revalidated every 3-5 years, based upon the risks associated with the relevant classes of providers. The first iteration of this new process will begin in 2015.

DOR Data-Sharing and Payment Validation (Adriana Day, Deputy Director & Rhonda Morrison, Acting CIO)

The Department has reached out to and is about to conclude an interagency agreement with the Department of Revenue through which payments will no longer be made to Medicaid providers through the MMIS system until after confirming that each provider has no outstanding liabilities to the state.

Reorganizing for Compliance (TBD)

The Department is reorganizing in order to bring Civil Rights, Internal Audit, Hearings/Appeals, and Information Security under the supervision of a new Chief Compliance Officer (CCO), who will report immediately to the Director. The first CCO will be appointed in 2015. This reorganization will eliminate a number of potential conflicts in existing reporting relationships and will also reaffirm to both internal and external stakeholders that the Department places a high priority on compliance activities.

I/T Contractor Review (Rhonda Morrison, Acting CIO)

The Department has recently carried an average of about 80 Beeline contractors, who are paid hourly for technology services that cost more than \$10 million annually. For many of these positions, SCDHHS is now assessing the incumbents' preferences and the

agency's needs in order to determine whether there is a more appropriate method of obtaining these services.

Care Management (Deirdra Singleton & Pete Liggett, Deputy Directors)

Behavioral Health - The Department continues to pay for the vast majority of services in the behavioral health and long-term care arenas on a Fee-For-Service basis, meaning that providers are typically compensated for each procedure performed or for providing a certain service or therapy for a defined period of time. Recently, the Department has taken steps to bring more members and services into a managed care environment, to improve care and control costs. The Department continues to work with other state agencies and partners to determine whether there are appropriate opportunities to further integrate physical and behavioral care for Medicaid members.

Prime – The Prime initiative is a managed care pilot program for dual-eligible seniors (those eligible for both Medicare and Medicaid). Prime will provide coordinated and integrated Medicare and Medicaid benefits for participants in the pilot, resulting in individualized care plans that better serve these members.

Managed Care Contracts/Admin Costs – The Department has recently begun to explore whether administrative costs could be reduced by limiting the number of managed care plans, changing the procurement method for contracting with these plans, and/or opening the door for regional care organizations or other comparable entities to compete as well. This investigation includes a review of other states' methods of calculating and paying for the plans' administrative costs, whether using South Carolina's current "cost-plus" model, a dollar-denominated capitated rate, or some other hybrid solution. The next generation of these contracts is currently scheduled to take effect on July 1, 2016.

2. What are the anticipated cost savings and/or efficiencies that would be achieved by each action?

Eligibility System Upgrade

The anticipated savings from the full integration of ACCESS have not been quantified at this point. As ACCESS conducts more straight-through processing and annual reviews, the agency will ultimately be able to decrease its eligibility worker staff. At the same time, the caseload and eligibility rules have changed during the transition to ACCESS (due in part to the Affordable Care Act's new mandates), making the calculation of the savings difficult as there is not a pure "apples to apples" comparison of the costs before and after the project. This assessment will continue.

Provider Revalidation

The termination of ineligible providers through this revalidation effort may lead to a very modest reduction in administrative costs for the Department. The greater value may be that it would reduce the risk of paying for improper claims in the future; the potential for avoiding such costs is not currently quantifiable.

DOR Data-Sharing and Payment Validation

The Department has no way to determine how much could potentially be recaptured through this new payment-intercept program. As soon as the data-sharing agreement is completed, we will be able to begin to testing.

Reorganizing for Compliance

This reorganization is not intended to produce direct, immediate savings, but instead, to formalize reporting relationships and promote an agency culture that prioritizes compliance activities and program integrity. This should help the Department avoid inappropriate spending in the future.

I/T Contractor Review

Even a 10% reduction on the existing Beeline contract would be worth about \$1 million per year. There might be also be significant non-cost benefits to pursuing an alternate contracting or employment model for certain key positions. For instance, some units within Information Management are almost entirely staffed by hourly contractors. This presents a significant risk to the agency from a business continuity and knowledge transfer standpoint.

Care Management

Behavioral Health – Currently, behavioral health services are generally not provided through managed care in South Carolina’s Medicaid program. Some savings might be recognized through some version of a “carve-in”, but this could materially change the existing relationships between the state’s health agencies. This would be especially true if a new model (or models) were applied for both children and adults with behavioral health needs. Any such effort would need to be carefully constructed in order to ensure that the appropriate services were provided to each member and that the state continued to possess the necessary resources and qualified staff to manage and refine the overall program.

Prime – This program is primarily designed to ensure better health outcomes, although the growth in spending for Prime members is also expected to be at a lower level than growth for non-Prime members. These anticipated benefits are attributable to a more coordinated use of services, and also the longer period of time that beneficiaries might spend in community settings as opposed to more costly nursing facilities.

Managed Care Contracts/Admin Costs – New approaches to developing and administering the agency’s managed care contracts could yield substantial savings. The next round of managed care contracts will take effect in July 2016. In the meantime, the agency continues to refine the withhold/bonus program that puts 1.5% of managed care payments at-risk based upon Healthcare Effectiveness Data and Information Set (HEDIS) quality scores. The agency’s managed care contracts also require that a rising share of each plan’s payments to providers be “value-oriented,” increasing from at least 5% of provider payments in 2015 to at least 12% in 2016 and 20% in 2017. The agency intends to continue to move away from a reimbursement methodology that is based upon historical costs and move toward one that pays a more normalized set of rates.

3. Is legislative action required to allow the department/agency to implement the current or recommended actions?

None of the current or proposed initiatives in this section would require state legislation. Practically, some of these measures may be supported or defined through proviso activity in the state budget, though. Some actions, like the eligibility system overhaul, require continual approval by CMS, since they are largely supported through federal funds.

4. If legislative action is required, please explain the constitutional, statutory or regulatory changes needed.

N/A

5. Describe the agency actions that will be implemented to generate the desired outcomes for each recommendation.

Eligibility System Upgrade

SCDHHS will continue to work with IBM, Clemson, and other appropriate consultants, contractors, and partners in order to complete the transition from the legacy system to ACCESS. We will also collaborate with CMS on the overall project plan and to obtain those approvals that are required in order to maintain federal financial participation in the project.

Provider Revalidation

The Department must contact approximately 50,000 providers, accept their online re-applications, screen the applicants, verify their credentials as necessary, collect application fees, and then re-enroll or dis-enroll as appropriate. We must also communicate with them on an ongoing basis as this process unfolds.

DOR Data-Sharing and Payment Validation

The Department is about to execute an interagency agreement with DOR to allow this project to continue. The solution will ultimately require a series of process changes and program edits to SCDHHS’s aging payment system.

Organizing for Compliance

The Chief Compliance Officer position has been posted; the transition to the new reporting structure will begin once the position has been filled.

I/T Contractor Review

The agency's HR and IT teams are assessing the appropriateness of any changes in this area, and considering how to sequence any potential changes so that they might properly align with project deadlines, etc.

Care Management

Behavioral Health – The Department will continue to work with state agencies and other partners to determine what delivery system changes might properly be pursued.

Prime

About 1,700 members have enrolled in Prime, surpassing agency expectations and other states' experiences. These members have opted-in and have chosen a managed care plan to coordinate their care. Thousands more members are expected to be enrolled in 2015 and 2016. The agency is working with the managed care plans on the fiscal and operational considerations related to this project's timeline. SCDHHS is also making changes to its payment practices and systems in order to accommodate the Prime program. The Department will continue to inform healthcare providers and current/potential Prime members on changes to the program.

Managed Care Contracts/Admin Costs

As noted earlier, the most significant changes that may be introduced would likely coincide with the commencement of the next contract cycle in July 2016. In the meantime, there is a great deal of research to conduct on the true cost and effectiveness of the existing program and how these compare to the appropriate benchmarks in other states' Medicaid programs. The contract negotiation process will be lengthy and will also require policy and system changes.

6. What is the timeline for implementation of the change and realization of the anticipated benefits for each recommended action/change?

Eligibility System Upgrade

The cases that continue to be processed in the legacy system (MEDS) may not be converted to ACCESS until 2016; MEDS would not be decommissioned until sometime thereafter. Based upon the experiences of other states that made such a transition, eligibility staff would be fully accustomed to the new system after 6-12 months of experience with it.

Provider Revalidation

The first cycle of revalidations should be complete in 2016.

DOR Data-Sharing and Payment Validation

The required process and systems changes are tentatively expected to be completed in the second half of 2015.

Organizing for Compliance

The inaugural Chief Compliance Officer will likely start work in Spring/Summer 2015.

I/T Contractor Review

Contracted workers operate on schedules and for engagement periods that may vary widely, depending on the nature of the project/assignment. Reviews of these arrangements will be ongoing.

Care Management

Behavioral Health – The review of the available options will continue for some time, in coordination with other state agencies and partners. For instance, SCDHHS is now participating (with DMH staff and other public/private partners) in a learning collaborative with the National Academy for State Health Policy, to study opportunities for further integration of behavioral and physical health. These efforts will continue for the foreseeable future.

Prime – Prime began enrolling members in February 2015; this process could not begin earlier due to a budget proviso. The current opt-in enrollment period will be followed by a passive enrollment period that will extend in waves into 2016. It will take additional time for the program to be evaluated as it matures.

Managed Care Contracts/Admin Costs – Any significant changes would likely take effect with the new managed care contracts on July 1, 2016. Those contracts are expected to extend through June 2018.

Staff involved in these all actions include Elizabeth Hutto, Deputy Director for Eligibility, Enrollment, and Member Services; Michael Jones, Program Director for Eligibility, Enrollment, and Member Services; Rhonda Morrison, Acting Chief Information Officer; Lisa Carlyle, Project Manager for Member Management; Robynn Butler, Operations Manager for Member Management; Jason Taylor, Senior Program Director for Operations and Provider Relations; Deirdra Singleton, Deputy Director of Health Programs; Nate Patterson, Program Director for Health Policy; Adriana Day, Chief Financial Officer; Jeff Saxon, Program Director for Reimbursements; Kim Backman, Human Resource Director; Pete Liggett, Deputy Director for Long Term Care and Behavioral Health; Ann-Marie Dwyer, Program Director for Behavioral Health; Byron

Roberts, General Counsel; Stephen Nowell, Program Director for Program Integrity; Bryan Kost, Chief of Staff; Pete Brooks, Deputy Chief of Staff for Communications; Jenny Lynch, Deputy Chief of Staff for Legislative Affairs; Director Christian L. Soura.

Now go to Additional Questions.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the *Similar Information Requested Chart*. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

SEVEN-YEAR PLAN

VI. Seven-Year Plan (cont.)

C. Additional Questions

1. What top three strategic objectives of the agency will have the biggest impact on the agency's effectiveness in accomplishing its mission?
 - Supporting the continued transition toward value-based managed care models
 - Controlling costs (growth below national benchmarks) and maintaining spending levels within authorized limits
 - Completing the migration to a new member eligibility and enrollment system
2. What are the fundamentals required to accomplish the objectives?
 - Productive working relationships and appropriate contractual frameworks with managed care plans, hospitals, provider groups, and other key players in the healthcare system
 - Sound financial management practices and a disciplined approach to evaluating and implementing program and policy changes
 - Effective contracting and project management for systems/support related to new eligibility and claims systems
3. What links on the agency website, if any, would the agency like listed in the report so the public can find more information about the agency?

N/A
4. Is there any additional information the agency would like to provide the Committee or public?

N/A
5. Consider the process taken to review the agency's divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report and Seven-Year Plan ("Process"). State the total amount of time taken to do the following:
 - a. Process - Approximately 20 hours
 - b. Complete the Report - Approximately 20 hours
6. Please complete the Personnel Involved Chart. In the Excel document attached, there is a template to complete under the tab labeled, "Personnel Involved." Please list the

name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in the Restructuring and Seven-Year Plan Report and their title and their specific role in answering the question (i.e., searched the agency documents, asked for information because they are in charge of the department, etc.).

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the *Similar Information Requested Chart*. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

CHARTS APPENDIX

VII. Excel Charts

Please send an electronic copy of the entire Excel Workbook and print hard copies of each of the Charts to attach here. Please print the charts in a format so that all the columns fit on one page. Please insert the page number each chart begins on below.

Similar Information Requested Chart _____	22
Historical Perspective Chart _____	23
Purpose, Mission Chart _____	24
Key Products Chart _____	<i>chart not provided in request</i>
Key Customers Chart _____	25
Key Stakeholders Chart _____	26
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Overseeing Body Chart (General and Individual Member) _____	30
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Key Performance Measurement Chart (agency added) _____	64

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the *Similar Information Requested Chart*. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

Similar Information Requested Chart

INSTRUCTIONS: Please provide details about other reports which investigate the information requested in the Restructuring Report. This information is sought in an effort to avoid duplication in the future. In the columns below, please list the question number in this report, name of the other report in which the same or similar information is requested, section of the other report in which the information is requested, name of the entity that requests the other report and frequency the other report is required. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Restructuring Report Question #	Name of Other Report	Section of Other Report	Entity Requesting Report	Freq. Other Report is Required
Department of Health and Human Services	Many	Senate Oversight Report	Many	S. C. Senate	Annual
Department of Health and Human Services	Many	Agency Accountability Report	Many	Executive Budget Office	Annual

Agency Name: Department of Health and Human Services
Agency Section: J02
Agency Code: 33

Historical Perspective Chart

INSTRUCTIONS: Please provide information about any restructuring or major changes in the agency's purpose or mission **during the last ten years**. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Year	Description of Restructuring that Occurred	Description of Major Change in Agency's Purpose or Mission
Department of Health and Human Services			No major changes since July 2004

Key Partner Agencies Chart

INSTRUCTIONS: List the names of the other state agencies which have the biggest impact on the agency's mission success (list a minimum of three); partnership arrangements established and performance measures routinely reviewed with the other entity. The Major Program Areas Cross References Column should link the Partner Agency to the major program area, in the Major Program Areas Chart, on which it has the biggest impact. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable and a minimum of three.

Agency Submitting Report	Agency w/ Impact on Mission Success	Partnership Arrangement Established	Performance Measures Routinely Reviewed Together	Major Program Areas Cross Reference
Department of Health and Human Services	Department of Disabilities and Special Needs	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Administrative costs, service delivery costs, time required to move individuals off of waiting lists and into services	I.A.4.B.
Department of Health and Human Services	Department of Mental Health	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Access to and cost of behavioral health services; data on the sponsored housing program for chronically mentally ill individuals	I.A.4.A.
Department of Health and Human Services	Department of Education	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Cost, quantity, and quality of services provided in school-based settings or for PreK-12 students	I.A.4.K.
Department of Health and Human Services	Department of Social Services	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Cost/quantity of services authorized for and/or care coordinated for children in therapeutic foster care; metrics tied to Medicaid administrative activities and DSS activities related to carrying out the Medicaid State Plan; capitation rates for foster children	I.A.4.L.
Department of Health and Human Services	Lt. Governor's Office	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Enrollment and eligibility data for elderly and vulnerable adults pursuing Medicaid eligibility to receive long term care or nursing facility services	I.A.6.C.
Department of Health and Human Services	Department of Health and Environmental Control	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Data used in program development and management (obesity, immunizations, etc.)	I.A.4.C.
Department of Health and Human Services	Department of Alcohol and Other Drug Abuse Services	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Cost, quantity, and quality of services provided to D&A clients	I.A.4.F.
Department of Health and Human Services	Continuum of Care	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Cost, quantity, and quality of services provided to children needing the most intensive behavioral health assistance	I.A.4.G.
Department of Health and Human Services	Medical University of SC	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Use of telemedicine treatments and services; cost of Graduate Medical Education/Supplemental Teaching Payments programs	I.A.4.D.
Department of Health and Human Services	University of SC (School of Med)	Contract(s) and/or other reimbursements for Medicaid services to members, etc.	Use of telemedicine treatments and services; cost of Graduate Medical Education/Supplemental Teaching Payments programs	I.A.4.E.

Key Deliverables Chart

Agency Submitting Report	Item #	Deliverable (i.e. product or service)	Three Most Significant (1, 2, 3)	Primary Method of Delivery	What can be done to reduce the general public and/or other agencies' initial need for this deliverable? (i.e. preventive measures before the onset of agency needs to come to the agency)	What can be done to reduce the general public and/or other agencies' need to return for this deliverable? (i.e. preventive measures to ensure they do not need to come back to the agency for this service or product after already receiving it)	If deliverable is identified as one of the three most significant, what would allow the agency to focus on it more?	Major Program Areas Cross Reference
Department of Health and Human Services	1	Health Coverage for Members	1	Manage eligibility and enrollment, manage service package	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger marriages, less drug and alcohol abuse, better education)	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger marriages, less drug and alcohol abuse, better education)	Smarter eligibility systems and processes, effective engagement of members to understand program requirements	II.A.2.A. II.A.7
Department of Health and Human Services	2	Payment to Health Providers	2	Pay for services provided or contract through health plans	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger marriages, less drug and alcohol abuse, better education)	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger marriages, less drug and alcohol abuse, better education)	Effective engagement of providers and stakeholders to ensure appropriate billing	II.A.2.A. II.A.2.E
Department of Health and Human Services	3	Healthy Birth Outcomes Program	3	Manage the statewide collaborative of stakeholders	Increased education during child bearing years, improving social determinants that affect birth outcome, enhanced provider best practices	Increased education during child bearing years, improving social determinants that affect birth outcome, enhanced provider best practices	Effective engagement of providers and stakeholders	II.A.3.A
Department of Health and Human Services	4	Room and Board Payments for Optional State Supplement		State-only funds paid directly to Community Residential Care Facilities	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger family ties, less drug and alcohol abuse, better education)	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger family ties, less drug and alcohol abuse, better education)	N/A	II.A.3.R
Department of Health and Human Services	5	Healthy Outcomes Plan - Intensive Care Program for Chronically Ill		Manage statewide effort to target the state's neediest and most vulnerable adults, pay for health and social service referrals	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger family ties, less drug and alcohol abuse, better education); better relationships among primary care safety net providers	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger family ties, less drug and alcohol abuse, better education); better relationships among primary care safety net providers	N/A	II.A.3.A. II.A.6.F
Department of Health and Human Services	6	Federal Medicaid Related Hospital Payments (DSH/STP/GME)		State recognized pass through entity, leveraging funds to address state-based needs	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger family ties, less drug and alcohol abuse, better education); better relationships among primary care safety net providers	Improved economic environment that enables individuals to obtain private healthcare coverage; improved social determinants of health (stronger family ties, less drug and alcohol abuse, better education); better relationships among primary care safety net providers	N/A	II.A.6.F. II.A.3.A
Department of Health and Human Services	7	Palmetto Coordinates System of Care		In early stages of coordinating a state wide child focused program for behavioral health care needs	A better coordinated statewide child behavioral safety net	A better coordinated statewide child behavioral safety net		II.A.3.Z

Key Customers Chart

INSTRUCTIONS: Provide information about the key customer segments identified by the agency and each segment's key requirements/expectations. A customer is defined as an actual or potential user of the agency's deliverables. Please be as specific as possible in describing the separate customer segments (i.e. do not simply put "public.") The Deliverables Cross References column should link customer groups to the deliverable listed in the Key Deliverables Chart, which they utilize. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Customer Segments	Requirements/Expectations	Deliverables Cross References
Department of Health and Human Services	1	Medicaid Members and/or applicants	Provide accurate and truthful information; appropriately utilize services; expectations are that they will get timely and accurate information from the agency and proper information regarding their enrollment/services	Health Coverage for Members

Key Stakeholder Chart

INSTRUCTIONS: Provide information about the agency's key stakeholder groups and their key requirements and expectations. A stakeholder is defined as a person, group or organization that has interest or concern in an agency. Stakeholders can affect or be affected by the agency's actions, objectives and policies. Please be as specific as possible in describing the separate stakeholder groups (i.e. please do not simply put "the public.") The Deliverables Cross References column should link stakeholder groups to the deliverable, listed in the Key Deliverables Chart, for which they group has the most interest or concern. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Stakeholder Group	Requirements/Expectations	Deliverables Cross References
Department of Health and Human Services	1	Providers/ Managed Care Plans	Bill properly and for appropriate amounts, durations, and scopes of services; timely, accurate payment; competitive rates, communications of program changes	Payment to Health Providers; DSH/STP/GME; Room and Board Payments to OSS
Department of Health and Human Services	2	Health Associations	Keep informed on agency/policy changes; strategy/intentions; communications of Medicaid direction/strategy; partnership regarding high-level programmatic changes	Payment to Health Providers; Healthy Outcomes Plan; Birth Outcomes Initiative; PCSC
Department of Health and Human Services	3	Taxpayers	Efficiently spend the taxpayer dollar; safeguard against fraud and abuse.	Health Coverage for Members; Payment to Health Providers; Healthy Birth Outcomes; Room and Board Payments for OSS; Healthy Outcomes Plan; DSH/STP/GME; Palmetto Coordinated System of Care.

Key Stakeholder Chart

INSTRUCTIONS: Provide information about the agency's key stakeholder groups and their key requirements and expectations. A stakeholder is defined as a person, group or organization that has interest or concern in an agency. Stakeholders can affect or be affected by the agency's actions, objectives and policies. Please be as specific as possible in describing the separate stakeholder groups (i.e. please do not simply put "the public.") The Deliverables Cross References column should link stakeholder groups to the deliverable, listed in the Key Deliverables Chart, for which they group has the most interest or concern. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Stakeholder Group	Requirements/Expectations	Deliverables Cross References
Department of Health and Human Services	4	Legislators	Efficiently spend the taxpayer dollar. Accurate forecasting and budgeting. Safeguard against fraud and abuse. Frequent reporting and updates.	Health Coverage for Members; Payment to Health Providers; Healthy Birth Outcomes; Room and Board Payments for OSS; Healthy Outcomes Plan; DSH/STP/GME; Palmetto Coordinated System of Care.
Department of Health and Human Services	5	CMS	Frequent reporting and communication; timely responses; follow policy, guidelines and law.	Health Coverage for Members; Payment to Health Providers; Healthy Birth Outcomes; Room and Board Payments for OSS; Healthy Outcomes Plan; DSH/STP/GME; Palmetto Coordinated System of Care.

Overseeing Body - General Chart

INSTRUCTIONS: Provide information about the body that oversees the agency and to whom the agency head reports including what the overseeing body is (i.e. board, commission, etc.), total number of individuals on the body, whether the individuals are elected or appointed, who elects or appoints the individuals, the length of term for each individual, whether there are any limitations on the total number of terms an individual can serve, whether there are any limitations on the number of consecutive terms an individual can serve, and any other requirements or nuances about the body which the agency believes is relevant to understanding how the agency performs and its results.

Agency Submitting Report	Type of Body (i.e. Board, Commission, etc.)	# of Times per Year Body Meets	Total # of Individuals on the Body	Are Individuals Elected or Appointed?	Who Elects or Appoints?	Length of Term	Limitations on Total Number of Terms	Limitations on Consecutive Number of Terms	Challenges Imposed or that Agency Staff and the Body have faced based on the structure of the overseeing body	Other Pertinent Information
Department of Health and Human Services	Medical Care Advisory Committee	4	22	Appointed	DHHS	Various	None	None	Attendance problems, risk that the presence of so many providers on the MCAC may affect the tenor of the group's recommendations	More of an advisory body than a truly "overseeing" body

Overseeing Body - Individual Members Chart

INSTRUCTIONS: Provide information about the individual members on the body that oversees the agency including their name, contact information, length of time on the body, profession and whether they are a Senator or House Member. The Major Program Areas Cross References Column should link the individual to the major program area, in the Major Program Areas Chart, in which the individual has a particular influence, if any, by way of serving on a subcommittee within the body, task force, etc. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name of Individual on Body	Contact Information	Profession	Date First Started Serving on the Body	Last Date Served on the Body	Length of Time on the Body (in years)	Senator or House Member? (put Senate or House)	Major Program Areas Cross Reference
Department of Health and Human Services	Sue Berkowitz	803-779-1113, sberk@scjustice.org	Director, SC Applesseed Legal Justice Center	2004	Incumbent	11	No	All
Department of Health and Human Services	Richard D'Alberto	(864) 833-9151, rdalberto@ghs.org	Campus President, Laurens County Health Memorial Hospital (GHS)	2011	Incumbent	4	No	All
Department of Health and Human Services	Diane Flashnick	803-772-5210, diane.flashnick@fedfamsc.org	Director, SC Federation of Families SC	2011	Incumbent	4	No	All
Department of Health and Human Services	Dr. Tom Gailey	864-455-1600, tgailey1.nd@ghs.org	Attending Physician, GHS	2008	Incumbent	7	No	All
Department of Health and Human Services	Dr. Greta Harper	803-296-3196, greta.harper@palmettohealth.org	Physician Executive, Palmetto Health	2006	Incumbent	9	No	All
Department of Health and Human Services	Lea Kerrison	843-606-2242, lea@kerrisonlaw.com	Director, Medicaid Services, SC Alliance of Health Plans	2011	Incumbent	4	No	All
Department of Health and Human Services	James T. McLawhorn	803-799-8150, culsc@aol.com	President and CEO, SC Urban League	2004	Incumbent	11	No	All
Department of Health and Human Services	Melanie Matney	803-744-3505, mmatney@scha.org	Executive Director, Access Health SC	2011	Incumbent	4	No	All
Department of Health and Human Services	Gloria Prevost	803-744-3505, prevost@pandasc.org	Executive Director, Protection and Advocacy for People with Disabilities, Inc.	2011	Incumbent	4	No	All
Department of Health and Human Services	Crystal Ray	803-318-7028, crystal.ray3105@gmail.com	Family Connections Parent	2011	Incumbent	4	No	All
Department of Health and Human Services	Timothy Stuart	864-489-1016, tstuartpac@bellsouth.net	South Carolina Academy of Physician Assistants	2011	Incumbent	4	No	All
Department of Health and Human Services	Lathan Woodward	803-788-2778, lathran@scphca.org	CEO, SC Primary Health Care Assosiation	2011	Incumbent	4	No	All

Overseeing Body - Individual Members Chart

INSTRUCTIONS: Provide information about the individual members on the body that oversees the agency including their name, contact information, length of time on the body, profession and whether they are a Senator or House Member. The Major Program Areas Cross References Column should link the individual to the major program area, in the Major Program Areas Chart, in which the individual has a particular influence, if any, by way of serving on a subcommittee within the body, task force, etc. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name of Individual on Body	Contact Information	Profession	Date First Started Serving on the Body	Last Date Served on the Body	Length of Time on the Body (in years)	Senator or House Member? (put Senate or House)	Major Program Areas Cross Reference
Department of Health and Human Services	Vacancy				N/A	N/A	No	All
Department of Health and Human Services	Vacancy				N/A	N/A	No	All

Key Performance Measures Cross Reference: Column lists major programs in the Key Performance Measurement Processes Section of the Restoring Report. **Legal Standards Cross Reference:** Column lists major programs to the statute, regulations and sections they satisfy when we listed in the Laws Section of the Restoring Report.

Agency Submitting Report	Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Key Performance Measure Cross Reference	Legal Standards Cross Reference
			General	Other	Federal	TOTAL	General	Other	Federal	TOTAL		
Department of Health and Human Services	I/A 3 N Medical Professional Svcs	Provide medical professional services	\$ 6,562,509	\$ 2,259,774	\$ 26,994,016	\$ 37,816,899	\$ 7,127,002	\$ 1,812,637	\$ 22,294,860	\$ 31,245,548	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 L Transportation Svcs	Provide transportation services	\$ 15,380,925	\$ 3,126,461	\$ 44,074,341	\$ 62,591,726	\$ 15,559,790	\$ 4,209,201	\$ 47,355,685	\$ 67,121,676	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 M Lab & X-Ray Svcs	Provide Lab & X-Ray services	\$ 5,822,917	\$ 1,960,774	\$ 18,873,324	\$ 26,657,015	\$ 4,734,026	\$ 1,693,963	\$ 15,193,370	\$ 21,418,358	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 N Family Planning Svcs	Provide family planning services	\$ 2,450,031	\$ 444,720	\$ 18,591,066	\$ 21,886,766	\$ 1,222,193	\$ 1,337,040	\$ 17,012,163	\$ 19,576,397	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 O Premiums Matched	Pay for part of Medicare premiums for dual enrolled along with other services, not covered by 110% state funded program rate	\$ 32,341,441	\$ 11,368,974	\$ 105,846,344	\$ 151,556,760	\$ 37,732,441	\$ 9,330,186	\$ 126,746,720	\$ 172,813,348	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 P Premiums 100% State	Cover Medicare Premiums for eligible Medicaid recipients at General Hospital HCBH, ABD, CL (Delaware Assistance)	\$ 10,790,041	\$ 3,289,047	\$ -	\$ 14,079,988	\$ 13,317,913	\$ 985,721	\$ -	\$ 14,563,634	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 Q Hospice	Provide hospice services	\$ 2,940,974	\$ 830,025	\$ 9,055,599	\$ 12,827,778	\$ 3,347,692	\$ 769,622	\$ 9,919,276	\$ 14,056,499	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 R Optional Rate Supplement	Program for those residing in licensed community residential care facilities who meet SSI eligibility requirements, except for income	\$ 12,710,889	\$ 3,751,427	\$ -	\$ 16,471,316	\$ 18,279,761	\$ 1,095,478	\$ -	\$ 19,871,239	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 S Integrated Personal Care	An integrated program and a waiver support to SSI and Medicaid recipients who are blind and have a degree of physical care	\$ 1,119,690	\$ 297,713	\$ 3,393,325	\$ 4,810,628	\$ 6,764,271	\$ -	\$ -	\$ 6,764,271	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 T Critical Svcs	Provide critical services	\$ 14,422,370	\$ 3,977,031	\$ 45,660,883	\$ 64,269,944	\$ 9,880,419	\$ 3,944,588	\$ 36,153,157	\$ 89,789,365	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 U Durable Medical Equipment	Provide durable medical services	\$ 6,894,463	\$ 2,463,912	\$ 22,435,605	\$ 31,793,980	\$ 6,103,605	\$ 2,104,600	\$ 19,791,621	\$ 27,989,626	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 V Coordinated Care	Provide coordinated services for our beneficiaries in managed care organizations	\$ 310,341,036	\$ 129,933,020	\$ 1,092,810,020	\$ 1,543,234,075	\$ 387,351,651	\$ 195,799,078	\$ 1,459,969,883	\$ 2,043,118,711	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 W PACE	Long term alternative care for our elderly population	\$ 2,806,630	\$ 683,496	\$ 8,394,570	\$ 11,794,696	\$ 2,588,105	\$ 792,320	\$ 9,051,214	\$ 12,831,639	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 X Children's Community Care	Provide children's community services	\$ -	\$ -	\$ -	\$ -	\$ 3,864,456	\$ -	\$ 9,764,145	\$ 13,119,401	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 3 Y MMA Placeholder	Covers Medicare Part D for dual beneficiaries	\$ 80,251,042	\$ 1,577,824	\$ -	\$ 81,828,866	\$ 80,611,346	\$ -	\$ -	\$ 80,613,346	SC Code Title 44 Chapter 6, Title XIX of the Social Security Act	

INSTRUCTIONS: Provide information about the agency's Major Program Areas as those are defined in the Appropriations Act. When completing columns B - K, the agency can copy and paste the information the agency submitted in the Program Template of the FY 2013-14 Accountability Report, just make sure of the following:

- a) Reporting the program that comprise at least 80% of the total budget and include the % of total budget. The remainder of the programs should be "labeled ONLY" in the box labeled "Remainder of Programs", with those program expenditures detailed in the box labeled "Remainder of Expenditures". If the agency has trouble understanding what is required, refer to the 2012-13 Accountability Report, Section II, number 11.
- b) The "Associated Objectives" column in the Program Template of the FY 2013-14 Accountability Report, Section II, number 11, and, regulations and provisions listed in the Laws Section of this report, which they satisfy.
- c) The additional column, titled "Legal Standards Cross Reference", has been added to the end. The Legal Standards Cross Reference column should list major programs to include cross-references, legal standards cross-references or remainder of expenditures, however the agency included below is an example, with a partial list of past Major Program Areas from the Department of Transportation. The example does not represent the agency's actual expenditures, key performance measure cross-references, legal standards cross-references or remainder of expenditures, however the agency must complete these columns when submitting the chart in final form. Please delete the example information before submitting the chart in final form. Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Note:
Key Performance Measure Cross Reference column lists major programs to the chart/graphs in the Key Performance Measurement Processes Section of the Reducing Report.
Legal Standards Cross Reference Column lists major programs to the studies, regulations and provisions which are listed in the Laws Section of the Reducing Report.

Agency Submitting Report	Program/Title	Purpose	FY 2013-13 Expenditures			FY 2013-14 Expenditures			Key Performance Measures Cross Reference	Legal Standards Cross Reference
			General	Other	Federal	TOTAL	General	Other	Federal	TOTAL
Department of Health and Human Services	II.A.3.2 Behavioral Health Svcs	Provide behavioral health services	\$ -	\$ -	\$ -	\$ -	\$ 5,711,785	\$ -	\$ 14,211,722	\$ 19,925,507
Department of Health and Human Services	II.A.4.A Mental Health	Provide mental health services	\$ -	\$ 40,020,347	\$ 96,637,807	\$ 136,658,174	\$ -	\$ 41,688,138	\$ 101,806,422	\$ 143,494,560
Department of Health and Human Services	II.A.4.B Disabilities and Special Needs	Provide services to our disabled and special needs population	\$ -	\$ 152,746,381	\$ 399,738,406	\$ 552,484,877	\$ -	\$ 157,079,241	\$ 373,246,411	\$ 530,325,672
Department of Health and Human Services	II.A.4.C DHEC	Provides programs for child health, chronic disease control, STDs, women's health, and emergency medical services	\$ -	\$ 1,139,318	\$ 13,467,544	\$ 16,596,860	\$ -	\$ 2,041,434	\$ 9,750,044	\$ 11,791,478
Department of Health and Human Services	II.A.4.D MISC	Provide outpatient community mental health, rehabilitative behavioral health, and targeted case management services for children and adolescents in adult and emergency ill adults	\$ -	\$ 7,146,045	\$ 17,187,724	\$ 24,333,768	\$ -	\$ 12,238,238	\$ 29,693,092	\$ 41,931,320
Department of Health and Human Services	II.A.4.E USC	Provides case management and outpatient pediatric AIDS clinics	\$ -	\$ 1,003,010	\$ 2,383,559	\$ 3,386,569	\$ -	\$ 1,262,452	\$ 3,020,811	\$ 4,283,264
Department of Health and Human Services	II.A.4.F DADODAS	Provide alcohol and other drug abuse services	\$ -	\$ 3,182,941	\$ 7,711,860	\$ 10,894,801	\$ -	\$ 3,200,595	\$ 7,971,325	\$ 11,171,920
Department of Health and Human Services	II.A.4.G Continuum of Care	Provides appropriate services to our children beneficiaries with special needs, including dental and their families	\$ -	\$ 1,518,427	\$ 3,711,641	\$ 5,230,068	\$ -	\$ 3,573,687	\$ 8,598,910	\$ 12,172,597
Department of Health and Human Services	II.A.4.H School for Deaf and Blind	Provides target case management, early intervention services, and RHHS	\$ -	\$ 982,941	\$ 2,303,473	\$ 3,286,414	\$ -	\$ 1,013,988	\$ 2,441,581	\$ 3,455,569
Department of Health and Human Services	II.A.4.I Social Services	Provides RHHS to Medicaid children under the age of 21 who meet medical/medicaid criteria who are residing in the community	\$ -	\$ 1,895,661	\$ 4,530,847	\$ 6,417,508	\$ -	\$ 726,188	\$ 1,742,141	\$ 2,468,329
Department of Health and Human Services	II.A.4.J Juvenile Justice	Provide mental health or rehabilitative services to Medicaid beneficiaries in DJJ	\$ -	\$ 1,523,935	\$ 3,653,313	\$ 5,177,248	\$ -	\$ 367,218	\$ 901,180	\$ 1,270,399
Department of Health and Human Services	II.A.4.K Department of Education	Provides school-based rehabilitative therapies, psychological testing and evaluation, adolescent pregnancy and prevention, and array of RHHS	\$ -	\$ 13,590,627	\$ 33,691,521	\$ 47,222,149	\$ -	\$ 14,258,000	\$ 35,593,022	\$ 49,851,022
Department of Health and Human Services	II.A.4.M Vol (ou) Gay	Provides administrative support to the school to ensure rehabilitative and health services are provided to children beneficiaries	\$ -	\$ 6,404	\$ 16,834	\$ 23,238	\$ -	\$ 9,640	\$ 24,102	\$ 34,242
Department of Health and Human Services	II.A.4.N Department of Corrections	Provides robust services to beneficiaries admitted to a medical institution	\$ -	\$ 796,043	\$ 1,890,718	\$ 2,686,761	\$ -	\$ 1,131,926	\$ 2,709,739	\$ 3,841,665
Total Funds Expenditures										

Note
Key Performance Measures Cross-Reference Column lists major programs to the charts/graphs in the Key Performance Measurement Processes Section of the Restructuring Report
Legal Standards Cross-Reference Column lists major programs to the statutes, regulations and policies they apply which are listed in the Laws Section of the Restructuring Report

Agency/Shortlisting Report	Program/Title	Purpose	FY 2012-13 Expenditures			TOTAL	FY 2013-14 Expenditures			TOTAL	Key Performance Measures Cross Reference	Legal Standards Cross Reference
			General	Other	Federal		General	Other	Federal			
Department of Health and Human Services	I/A 4 P SC State House	Pay for home repairs for CLTC waiver recipients	\$ -	\$ 125,740	\$ 299,536	\$ 425,276	\$ -	\$ 92,328	\$ 212,708	\$ 325,686	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 4 Q SC First Steps	Provide services to our children beneficiaries to help prepare them for school	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 5 Emotionally Disturbed Children	Provides appropriate services to our children beneficiaries with severe emotional disturbance under the care of DSS	\$ -	\$ 7,261,326	\$ 17,318,033	\$ 24,581,359	\$ -	\$ 6,996,184	\$ 16,658,277	\$ 23,614,460	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 6 B MISC Medicaid	Provides oral and maxillofacial	\$ 225,086	\$ -	\$ -	\$ 225,086	\$ 225,086	\$ -	\$ -	\$ 225,086	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 6 C Other Entities	Services provided by our other teaching hospitals	\$ 512,757	\$ 2,639,359	\$ 7,682,451	\$ 11,134,566	\$ -	\$ 6,299,969	\$ 16,446,062	\$ 23,246,032	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 6 F Outpatient/Inpatient Skilled Nursing	Remuneration Hospital for the uncompensated care cost for uninsured patients insured	\$ -	\$ 134,728,653	\$ 320,132,382	\$ 454,861,035	\$ -	\$ 139,088,619	\$ 332,909,441	\$ 471,999,062	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 7 Medicaid Eligibility	Provides administrative support and other operating expenses for the agency	\$ 5,218,973	\$ 2,446,327	\$ 9,193,001	\$ 17,378,301	\$ 3,276,245	\$ 2,611,569	\$ 8,870,090	\$ 16,757,843	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	I/A 8 State Employee Contributions	Provide fringe & benefits for SCDHHS employees	\$ 4,640,768	\$ 1,282,377	\$ 8,312,207	\$ 14,235,352	\$ 5,184,229	\$ 1,318,418	\$ 9,037,764	\$ 15,540,411	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	Medicaid Management		\$ 3,091,975	\$ -	\$ 11,073,526	\$ 16,165,501	\$ -	\$ -	\$ -	\$ -	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	SC Healthcare Information		\$ 306,624	\$ -	\$ 225,616	\$ 306,240	\$ -	\$ -	\$ -	\$ -	Section 44 Chapter 6 Title XIX of the Social Security Act	
Department of Health and Human Services	Total		\$ 910,434,043	\$ 760,714,405	\$ 3,753,970,587	\$ 5,425,119,016	\$ 1,033,724,513	\$ 310,891,081	\$ 4,171,236,375	\$ 6,017,873,374	Total Funds Expenditures	

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them; please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	1	44-6-10	State	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.
Dept. of Health and Human Services	2	44-6-30	State	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.
Dept. of Health and Human Services	3	44-6-35	State	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.
Dept. of Health and Human Services	4	44-6-40	State	Establishes the Department's duties for all health and human services interagency programs.
Dept. of Health and Human Services	5	44-6-45	State	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.
Dept. of Health and Human Services	6	44-6-50	State	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.
Dept. of Health and Human Services	7	44-6-70	State	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.
Dept. of Health and Human Services	8	44-6-80	State	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.
Dept. of Health and Human Services	9	44-6-90	State	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.
Dept. of Health and Human Services	10	44-6-100	State	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.

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Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	10	44-6-140	State	Establishes the Medicaid hospital prospective payment system and cost containment measures.
Dept. of Health and Human Services	11	44-6-146	State	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.
Dept. of Health and Human Services	12	44-6-150	State	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.
Dept. of Health and Human Services	13	44-6-155	State	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.
Dept. of Health and Human Services	14	44-6-160	State	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.
Dept. of Health and Human Services	15	44-6-180	State	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.
Dept. of Health and Human Services	16	44-6-190	State	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.
Dept. of Health and Human Services	17	44-6-220	State	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.
Dept. of Health and Human Services	18	44-6-300	State	Requires the Department to establish child development services in certain counties.
Dept. of Health and Human Services	20	44-6-310	State	Requires the Department to expand child development services in certain counties.

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Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	21	44-6-320	State	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.
Dept. of Health and Human Services	22	44-6-420	State	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.
Dept. of Health and Human Services	23	44-6-470	State	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.
Dept. of Health and Human Services	24	44-6-530	State	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.
Dept. of Health and Human Services	25	44-6-540	State	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.
Dept. of Health and Human Services	26	44-6-630	State	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.
Dept. of Health and Human Services	27	44-6-640	State	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.
Dept. of Health and Human Services	28	44-6-650	State	Establishes the eligibility requirements and benefits available under the GAPS program.
Dept. of Health and Human Services	29	44-6-660	State	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.
Dept. of Health and Human Services	30	44-6-710	State	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.
Dept. of Health and Human Services	31	44-6-720	State	Establishes requirements for qualifying for undue hardship waiver.

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Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	32	44-6-725	State	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.
Dept. of Health and Human Services	33	44-6-730	State	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article.
Dept. of Health and Human Services	34	44-6-1010	State	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.
Dept. of Health and Human Services	35	44-6-1020	State	Requires the P&T Committee to adopt bylaws, elect chairman and vice chairman, establishes rules regarding compensation, meetings, and public comment on clinical and patient care data from Medicaid providers.
Dept. of Health and Human Services	36	44-6-1030	State	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.
Dept. of Health and Human Services	37	44-6-1040	State	Establishes certain procedures to be included in any preferred drug list program administered by the Department.
Dept. of Health and Human Services	38	44-6-1050	State	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.
Dept. of Health and Human Services	39	43-7-50	State	Establishes that payments for professional services under State Medicaid Program shall be uniform within the State.
Dept. of Health and Human Services	40	43-7-60	State	Establishes that a false claim, statement, or representation by a medical provider is prohibited. That such a violation is a misdemeanor and sets out penalties for violations.
Dept. of Health and Human Services	41	43-7-70	State	Establishes that a false statement or representation on application for assistance under the Medicaid program is prohibited. That such a violation is a misdemeanor and sets out penalties for violations.
Dept. of Health and Human Services	42	43-7-80	State	Establishes that Medicaid providers are required to keep separate accounts for patient funds and maintain records of such accounts. That violation is a misdemeanor and sets out penalties for such violations.

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Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	43	43-7-420	State	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.
Dept. of Health and Human Services	44	43-7-430	State	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.
Dept. of Health and Human Services	45	43-7-440	State	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.
Dept. of Health and Human Services	46	43-7-460	State	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.
Dept. of Health and Human Services	47	43-7-465	State	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.
Dept. of Health and Human Services	48	44-7-80 through 44-7-90	State	Establishes the Medicaid Nursing Home Permits rules.
Dept. of Health and Human Services	49	1-1-1035	State	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.
Dept. of Health and Human Services	50	12-23-840	State	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.
Dept. of Health and Human Services	51	9-1-1870	State	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.

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Dept. of Health and Human Services	52	9-11-315	State	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.
Dept. of Health and Human Services	53	40-43-86	State	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.
Dept. of Health and Human Services	54	62-7-503	State	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.
Dept. of Health and Human Services	55	11/7/1940	State	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.
Dept. of Health and Human Services	56	12-21-625	State	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)
Dept. of Health and Human Services	57	59-123-60	State	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.
Dept. of Health and Human Services	58	Reg 126-125	State	Requires the Department to administer its programs without discrimination.
Dept. of Health and Human Services	59	Regs. 126-150 through 126-158	State	Establishes rules for the Department's appeals and hearings.
Dept. of Health and Human Services	60	Regs. 126-170 through 126-175	State	Establishes rules for the safeguarding and disclosure of Department held client information.
Dept. of Health and Human Services	61	Regs. 126-300 through 126-335	State	Establishes the scope of the Medicaid program including services available under the program

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Dept. of Health and Human Services	62	Regs. 126-350 through 126-399	State	Establishes the application procedures and the general requirements for Medicaid eligibility
Dept. of Health and Human Services	63	Regs. 126-400 through 126-405	State	Describes the administrative sanctions that may be invoked by the Department against Medicaid providers
Dept. of Health and Human Services	64	Reg 126-425	State	Establishes program integrity rules designed to safeguard against unnecessary, harmful, wasteful, and uncoordinated utilization of services by Medicaid eligible recipients and health care providers.
Dept. of Health and Human Services	65	Regs. 126-500 through 126-515	State	Describes eligibility requirements for the Medically Indigent Assistance Program (MIAP)
Dept. of Health and Human Services	66	Regs. 126-530 through 126-540	State	Describes the services covered by the Medically Indigent Assistance Program (MIAP)
Dept. of Health and Human Services	67	Reg 126-560	State	Establishes the payment process to reimburse hospitals for inpatient services provided to Medically Indigent recipients.
Dept. of Health and Human Services	68	Reg 126-570	State	Establishes the grace period for County assessments for indigent medical care in accordance with the provisions of 44-6-146(c)
Dept. of Health and Human Services	69	Regs 126-710 through 126-799	State	Establishes rules regarding the administration of Social Services Block Grants under Title XX of the Social Security Act
Dept. of Health and Human Services	70	Regs. 126-800 through 126-850	State	Establishes intermediate sanctions for Medicaid certified nursing facilities. Establishes that the Administrator, or his designee, of the State Medicaid Agency may invoke certain sanctions against a Medicaid nursing facility which has failed to correct deficiencies or make acceptable progress toward correction of deficiencies.
Dept. of Health and Human Services	71	Regs. 126-910 through 126-940	State	Establishes eligibility rules for individuals to participate in the Optional State Supplementation (OSS) program as well as rules for the Department in administering the OSS program.
Dept. of Health and Human Services	72	Proviso 33.1 (Recoupment/Restricted Fund)	State	The Department of Health and Human Services shall recoup all refunds and identified program overpayments and all such overpayments shall be recouped in accordance with established collection policy. Further, the Department of Health and Human Services is authorized to maintain a restricted fund, on deposit with the State Treasurer, to be used to pay for liabilities and improvements related to enhancing accountability for future audits. The restricted fund will derive from prior year program refunds. The restricted fund shall not exceed one percent of the total appropriation authorization for the current year. Amounts in excess of one percent will be remitted to the general fund.

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Dept. of Health and Human Services	73	Proviso 33.2 (Long Term Care Facility Reimbursement Rate)	State	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 Revenue and Fiscal Affairs Office. Data obtained from Medicaid cost reporting records applicable to long term care providers will be supplied to the Revenue and Fiscal Affairs Office. A composite index, developed by the Revenue and Fiscal Affairs Office 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 Revenue and Fiscal Affairs Office shall update the composite index so as to have the index available for each contract renewal.
Dept. of Health and Human Services	74	Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	The Department of Health and Human Services shall remit to the State Auditor's Office an amount representing fifty percent (allowable Federal Financial Participation) of the cost of the Medical Assistance Audit Program as established in the State Auditor's Office of the Budget and Control Board Section 102. Such amount shall also include appropriated salary adjustments and employer contributions allocable to the Medical Assistance Audit Program. Such remittance to the State Auditor's Office shall be made monthly and based on invoices as provided by the State Auditor's Office of the Budget and Control Board.
Dept. of Health and Human Services	75	Proviso 33.4 (Third Party Liability Collection)	State	The Department of Health and Human Services is allowed to fund the net costs of any Third Party Liability and Drug Rebate collection efforts from the monies collected in that effort.
Dept. of Health and Human Services	76	Proviso 33.5 (Medicaid State Plan)	State	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. 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 of all services affected and submit periodic reports to the Senate Finance and House Ways and Means Committees.
Dept. of Health and Human Services	77	Proviso 33.6 (Medically Indigent Assistance Fund)	State	The department is authorized to expend disproportionate share funds to all eligible hospitals with the condition that all audit exceptions through the receipt and expenditures of these funds are the liability of the hospital receiving the funds.
Dept. of Health and Human Services	78	Proviso 33.7 (Registration Fees)	State	The department is authorized to receive and expend registration fees for educational, training, and certification programs.
Dept. of Health and Human Services	79	Proviso 33.8 (Fraud and Abuse Collections)	State	The Department of Health and Human Services may offset the administrative costs associated with controlling fraud and abuse.
Dept. of Health and Human Services	80	Proviso 33.10 (Medicaid Eligibility Transfer)	State	The South Carolina Department of Health and Human Services (DHHS) is hereby authorized to determine the eligibility of applicants for the South Carolina Medicaid Program in accordance with the State Plan Under Title XIX of The Social Security Act Medical Assistance Program. The governing authority of each county shall provide office space and facility service for this function as they do for DDS functions under Section 43-3-65.
Dept. of Health and Human Services	81	Proviso 33.11 (Franchise Fees Suspension)	State	Franchise fees imposed on nursing home beds and enacted by the General Assembly during the 2002 session are suspended.

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	82	Proviso 33.12 (Program Integrity Efforts)	State	The Department of Health and Human Services is instructed 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.
Dept. of Health and Human Services	83	Proviso 33.13 (Post Payment Review)	State	The department is directed to perform post payment reviews as permitted under Medicaid regulations to ensure compliance with the Hyde Amendment provisions as it relates to the performance of medically necessary services under the Medicaid program. The results of such reviews shall be available to the General Assembly upon request in a format that meets the requirements of the Health Insurance Accountability and Portability Act (HIPAA) and Medicaid confidentiality regulations.
Dept. of Health and Human Services	84	Proviso 33.14 (Long Term Care Facility Reimbursement Rates)	State	The department shall direct staff to complete and submit its Medicaid State Plan Amendment for long term care facility reimbursement rates to the Director of the Department of Health and Human Services by August first of each year. The Director shall review the plan and submit to the Federal Government on or before August fifteenth of each year provided the State Appropriations Act has been enacted by that date. All additional requests for information from CMS concerning the plan shall be promptly submitted to CMS by the Department of Health and Human Services.
Dept. of Health and Human Services	85	Proviso 33.15 (Nursing Services to High Risk/High Tech Children)	State	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 carry for these Medically Fragile Children must have over and above normal home-care or school-based nurses.
Dept. of Health and Human Services	86	Proviso 33.16 (Medicaid Cost and Quality Effectiveness)	State	The Department of Health and Human Services shall establish a procedure to assess the various forms of health care delivery systems to measure cost effectiveness and quality. These measures must be compiled on an annual basis on identifiable benchmarks. These measures must broadly address agency program areas and initiatives using national and state measures. 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. The methodology must use appropriate case-mix and actuarial adjustments. The department shall issue an annual healthcare report of statewide measures deemed appropriate by the department required under state and federal guidelines. The report shall be formatted in a clear, concise manner in order to be easily understood by Medicaid beneficiaries and other stakeholders. The annual results of the cost effectiveness calculations, quality measures and the report cards shall be made public on the department's website by December thirty-first for the prior state fiscal year.
Dept. of Health and Human Services	87	Proviso 33.17 (SCHIP Enrollment and Recertification)	State	The Department of Health and Human Services shall enroll and recertify eligible children to the State Children's Health Insurance Program (SCHIP) and must use available state agency program data housed in the Revenue and Fiscal Affairs Office, to include the Department of Social Services' Food Stamp Program and the Department of Education's Free and Reduced Meal eligibility data. Use of this data and cooperative efforts between state agencies reduces the cost of outreach and maintenance of eligibility for SCHIP.

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/ Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	88	Proviso 33.18 (Carry Forward)	State	The Department of Health and Human Services is authorized to carry forward cash balances from the prior fiscal year into the current fiscal year for any earmarked or restricted trust and agency, or special revenue account or sub fund. The department shall submit a comprehensive reporting of all cash balances brought forward from the prior fiscal year. The report shall, at a minimum, for each account or sub fund include the following: the statutory authority that allows the funds to be carried forward, the maximum authorized amount that can be carried forward, the general purpose or need for the carry forward, the specific source(s) of funding or revenue that generated the carry forward, and a detailed description of any pending obligations against the carry forward. The report must be submitted to the President Pro Tempore of the Senate, Chairman of the Senate Finance Committee, Speaker of the House of Representatives, and Chairman of the House Ways and Means Committee, within fifteen days after the Comptroller General closes the fiscal year.
Dept. of Health and Human Services	89	Proviso 33.19 (Medicaid Provider Fraud)	State	The department shall expand and increase its effort to identify, report, and combat Medicaid provider fraud. The department shall publish on its agency homepage by April first, of the current fiscal year, the results of these efforts, the funds recovered, and information pertaining to prosecutions of such cases, including pleas agreements entered into.
Dept. of Health and Human Services	90	Proviso 33.21 (GAPs)	State	The requirements of Title 44, Chapter 6-610 through Chapter 6-660 shall be suspended for the current state fiscal year.
Dept. of Health and Human Services	91	Proviso 33.22 (Disproportionate Share - DMH)	State	For the current fiscal year, the department is directed to transfer funds to the Department of Mental Health to make up any shortfall in disproportionate share funding due to rule changes from the Center for Medicare and Medicaid Services from the latest federal fiscal year amount. The department must also take any necessary action, including the submission of an amendment to the State Medicaid Plan, to minimize the impact of disproportionate share funding redistribution to the Department of Mental Health in future years.
Dept. of Health and Human Services	92	Proviso 33.24 (Contract Authority)	State	The Department of Health and Human Services is authorized to contract with community-based not-for-profit organizations for local projects that further the objectives of department programs. The department shall develop policies and procedures and may promulgate regulations to assure compliance with state and federal requirements associated with the funds used for the contracts and to assure fairness and accountability in the award and administration of these contracts. The department may require a match from contract recipients. The department shall report to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committees on the contracts administered.
Dept. of Health and Human Services	93	Proviso 33.26 (Medicaid Accountability and Quality Improvement Initiative)	State	Provides funds that may only be accessed if hospitals and clinics serving the uninsured work together and adhere to health improvement initiatives outlined in the proviso. The Medicaid Accountability & Quality Improvement Initiative is a plan to increase value and transparency in the current system, invest in hotspots of poor health, reduce per capita costs and improve health outcomes. Through managing care for the chronically ill uninsured and ensuring access, SCDHHS will collaborate with other providers and health organizations to improve health care value in SC by improving outcomes and reducing per capita costs.

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them; please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	94	Proviso 33.27 (Medicaid Healthcare Initiatives Outcomes)	State	Prior to February 15 of the current fiscal year, the Director of the Department of Health and Human Services shall make a presentation to the House Ways and Means Healthcare Budget Subcommittee on the outcomes of Medicaid healthcare initiatives enacted during the current fiscal year to improve the well being of persons enrolled in the Medicaid program and receiving services from Medicaid providers.
Dept. of Health and Human Services	95	Proviso 33.28 (Medicaid Non-Emergency Medicaid Transportation)	State	The Department of Health and Human Services (department) shall procure transportation services upon the expiration of the current Medicaid non-emergency medical transportation contracts using a service model that maximizes efficiencies and cost effectiveness; improves health care outcomes; and improves member experience regarding quality and satisfaction in the Medicaid transportation program while using qualified transportation providers. The department shall develop the policies, procedures and transportation provider performance standards with input from stakeholders. The department shall provide oversight of the implementation and operation. The department shall collect financial and utilization data and any other data necessary to continually monitor and evaluate the cost effectiveness and productivity of the transportation services provided.
Dept. of Health and Human Services	96	Proviso 33.29 (Carry Forward Authorization)	State	For the current fiscal year, the Department of Health and Human Services is authorized to carry forward and expend any General Fund balances for the Medicaid program. Within thirty days after the close of the fiscal year, the department shall report the balance carried forward to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee.
Dept. of Health and Human Services	97	Proviso 33.30 (Healthy Connections Prime)	State	The Department of Health and Human Services is instructed to request from the Centers for Medicare and Medicaid Services, a delay in the July 1, 2014 implementation of its demonstration for dual eligible (Medicare/Medicaid) beneficiaries known as Healthy Connections Prime. The requested date to begin enrollment will be no earlier than January 1, 2015.
Dept. of Health and Human Services	98	Proviso 33.33 (Hospital Transformation Plans)	State	The Department of Health and Human Services shall develop and manage a program to help qualifying hospitals transition to more sustainable models of service delivery that meet the needs of their community and reduce reliance on inpatient admissions, surgery or high-tech diagnostics. This includes encouraging new long-term partnerships between rural hospitals and community, tertiary and teaching facilities to ensure seamless, timely and high quality clinical care for patients in rural areas of the state. Notwithstanding the provisions in its existing regulations, for the current fiscal year, the Department of Health and Environmental Control, may in its discretion, make exceptions to applicable licensing standards and regulations where it is determined that the exception will assist in the successful implementation and operation of the plans developed by the Department of Health and Human Services pursuant to this provision; the health, safety, and well-being of the community will not be compromised by the exception; and provided that the standard is not specifically required by statute. The program shall provide funding that fully or partially offsets the one-time costs of these transitions. The department shall develop the methodology for funding award amounts.
Dept. of Health and Human Services	99	Proviso 33.34 (Armed Services Home and Community Based Waiver)	State	In administering home and community-based waiver programs, the department shall, to the extent possible, maintain the waiver status of an eligible family member of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is stationed. Consequently, a person on a waiver waiting list would return to the same place on the waiting list when the family returns to South Carolina. Furthermore, the eligible family member previously enrolled in a waiver program and who received active services would be reinstated into the waiver program once Medicaid eligibility is established, upon their return to South Carolina. It is not the intent of this provision to authorize services provided outside the South Carolina Medicaid Service Area. These provisions are contingent upon the department receiving federal approval.

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them; please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	100	Proviso 33.35 (Child Support Enforcement System)	State	The department shall transfer up to three million dollars to the Department of Social Services for the development of the Child Support Enforcement System. These funds cannot be used to pay any litigation cost associated with the development of this system.
Dept. of Health and Human Services	101	Proviso 117.9 (Transfers of Appropriations)	State	Agencies and institutions shall be authorized to transfer appropriations within programs and within the agency with notification to the Executive Budget Office and Comptroller General. No such transfer may exceed twenty percent of the program budget. Upon request, details of such transfers may be provided to members of the General Assembly on an agency by agency basis. Transfers of appropriations from personal service accounts to other operating accounts or from other operating accounts to personal service accounts may be restricted to any established standard level set by the Budget and Control Board upon formal approval by a majority of the members of the Budget and Control Board.
Dept. of Health and Human Services	102	Proviso 117.10 (Federal Funds - DHEC, DSS, DHHS - Disallowances)	State	Amounts appropriated to the Department of Health and Environmental Control, Department of Social Services and Department of Health and Human Services may be expended to cover program operations of prior fiscal years where adjustment of such prior years are necessary under federal regulations or audit exceptions. All disallowances or notices of disallowances by any federal agency of any costs claimed by these agencies shall be submitted to the State Auditor, the Senate Finance Committee and the House Ways and Means Committee, within five days of receipt of such actions.
Dept. of Health and Human Services	103	Proviso 117.14 (Discrimination Policy)	State	Each state agency shall submit to the State Human Affairs Commission employment and filled vacancy data by race and sex by October thirty-first, of each year.
Dept. of Health and Human Services	104	Proviso 117.15 (Personal Service Reconciliation)	State	That within thirty days of the passage of the Appropriation Act or by August first, whichever comes later, each agency of the State must have established on the Executive Budget Office records all positions authorized in the Act.
Dept. of Health and Human Services	105	Proviso 117.19 (Business Expense Reimbursement)	State	Agency heads and deputy commissioners or deputy directors designated by agency heads may receive reimbursements for business expenses incurred while performing their official duties, provided that receipts are presented when seeking reimbursement and justification is submitted to document the time, place, and purpose of the expense as well as the names of the individuals involved. The Budget and Control Board shall promulgate regulations governing these expenses.
Dept. of Health and Human Services	106	Proviso 117.21 (Travel - Subsistence Expenses and Mileage)	State	Outlines state employee travel reimbursement
Dept. of Health and Human Services	107	Proviso 117.24 (Carry Forward)	State	Each agency is authorized to carry forward unspent general fund appropriations from the prior fiscal year into the current fiscal year, up to a maximum of ten percent of its original general fund appropriations less any appropriation reductions for the current fiscal year. Agencies shall not withhold services in order to carry forward general funds...

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

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Dept. of Health and Human Services	108	Proviso 117.25 (TEFRA)	State	It is the intent of the General Assembly that the State Medicaid Plan be amended to provide benefits for disabled children as allowed by the Tax Equity and Fiscal Responsibility Act (TEFRA) option. State agencies, including but not limited to, the Department of Social Services - the Continuum of Care, the Department of Health and Environmental Control, the Department of Mental Health, the Department of Disabilities and Special Needs, and the Department of Health and Human Services shall collectively review and identify existing state appropriations within their respective budgets that can be used as state match to serve these children. Such funds shall be used effective January 1, 1995 to implement TEFRA option benefits. Agencies providing services under the provisions of this paragraph must not spend less in the current fiscal year than expended in the previous fiscal year.
Dept. of Health and Human Services	109	Proviso 117.31 (Base Budget Analysis)	State	Agencies' annual accountability reports for the prior fiscal year, as required in Section 1-1-810, must be accessible to the Governor, Senate Finance Committee, House Ways and Means Committee, and to the public on or before September fifteenth, for the purpose of a zero-base budget analysis and in order to ensure that the Agency Head Salary Commission has the accountability reports for use in a timely manner. Accountability Report guidelines shall require agencies to identify key program area descriptions and expenditures and link these to key financial and performance results measures. The Executive Budget Office is directed to develop a process for training agency leaders on the annual agency accountability report and its use in financial, organizational, and accountability improvement. Until performance-based funding is fully implemented and reported annually, the state supported colleges, universities and technical schools shall report in accordance with Section 59-101-350.
Dept. of Health and Human Services	110	Proviso 117.32 (Collection on Dishonored Payments)	State	In lieu of any other provision of law, any state agency may collect a service charge as provided in Section 34-11-70 to cover the costs associated with the processing and collection of dishonored instruments or electronic payments where any amount is not paid by the drawee due to insufficient funds on deposit with the bank or the person upon which it was drawn when presented, or the instrument has an incorrect or insufficient signature on it. Such funds shall be retained and expended by the agency in accordance with this purpose and any unused amount shall carry forward to the following fiscal year.
Dept. of Health and Human Services	111	Proviso 117.35 (Voluntary Separation Incentive Program)	State	State agencies may implement, in consultation with the Human Resources Division of the Budget and Control Board, a program to realign resources to include provisions for a separation incentive payment for employees which may include the employer portion of health and dental benefits not to exceed one year. Employees participating in such program shall not be eligible to participate in the Teacher and Employee Retention Incentive (TERI) program. Employees participating in such program shall be considered to have voluntarily quit their employment without good cause and be subject to the provisions of Section 41-35-120(1) of the South Carolina Employment Security Law. Any program developed under this provision will involve voluntary participation from employees and will be funded within existing appropriations. The program must be approved by the agency head and the Director of the Human Resources Division based on ability to demonstrate recurring cost savings for realignment and/or permanent downsizing. State agencies shall report the prior year's results to the Budget and Control Board by August fifteenth, of the current fiscal year. The Budget and Control Board, upon request, shall report to the Senate Finance Committee and the

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/ Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	112	Proviso 117.37 (Debt Collection Reports)	State	Each state agency shall provide to the Chairmen of the Senate Finance and House of Representatives Ways and Means Committees and the Inspector General a report detailing the amount of its outstanding debt and all methods it has used to collect that debt. This report is due by the last day of February for the previous calendar year. For purposes of this provision, outstanding debt means a sum remaining due and owed to a state agency by a non-governmental entity for more than sixty calendar days.
Dept. of Health and Human Services	113	Proviso 117.39 (Tobacco Settlement Funds Carry Forward)	State	State agencies are hereby authorized to retain and carry forward any unexpended Tobacco Settlement Agreement funds from the prior fiscal year into the current fiscal year and to expend such funds for the same purpose.
Dept. of Health and Human Services	114	Proviso 117.48 (Parking Fees)	State	State agencies shall not impose additional parking fees or increases in current fees for state employees during the current fiscal year. This provision does not apply to any college or university.
Dept. of Health and Human Services	115	Proviso 117.49 (Tobacco Funds)	State	The Tobacco Settlement Revenue Management Authority may determine by resolution that some or all of the amounts on deposit in the Healthcare Tobacco Settlement Trust Fund established pursuant to Section 11-11-170, whether in the form of principal or interest, may be used to refund bonds issued pursuant to Chapter 49, Title 11, to purchase such bonds, directly or indirectly, and/or to secure bonds issued to refund such bonds. Any amounts received by the Authority pursuant to the preceding clause in excess of the amount required to refund or purchase such bonds and all tobacco settlement receipts received by the State pursuant to Section 11-49-130 must be deposited directly with the Department of Health and Human Services for health care expenditures to achieve the maximum Medicaid match.
Dept. of Health and Human Services	116	Proviso 117.51 (Insurance Claims)	State	Any insurance reimbursement to an agency may be used to offset expenses related to the claim. These funds may be retained, expended, and carried forward.
Dept. of Health and Human Services	117	Proviso 117.52 (Organizational Charts)	State	All agencies, departments and institutions of state government shall furnish to the Human Resources Division (1) a current personnel organizational chart annually no later than September first of the current fiscal year, or upon the request of the Division and (2) notification of any change to the agency's organizational structure which impacts an employee's grievance rights within thirty days of such change. The organizational chart shall be in a form prescribed by the Human Resources Division showing all authorized positions, class title, class code, position number and indications as to whether such positions are filled or vacant. In addition, the organizational chart shall clearly identify those employees who are exempt from the State Employee Grievance Procedure Act.

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	118	Proviso 117.53 (Agencies Affected by Restructuring)	State	Upon restructuring of state agencies by the General Assembly the Budget and Control Board is directed to work with affected State agencies in order to phase-in operations of restructured organizations during the current fiscal year. Restructured organizations should be operating entirely under the revised structure no later than December thirty-first, of the current fiscal year, unless otherwise directed by law. The Board is further directed to work with the affected agencies in order to identify and facilitate the transfer of any portion of their operations, including transfer of funds during the current fiscal year, which is affected by the restructured organization adopted by the General Assembly, but which has not already been accomplished herein. Until sufficient changes can be made to the State's accounting system and the appointment of appropriate agency heads, the Comptroller General and the State Treasurer shall allow those agencies affected by restructuring to continue processing documents within the account structure existing on June thirtieth, of the prior fiscal year. Restructured agencies shall make all the necessary accounting adjustments to complete the transition to the new account structure as soon as possible, but no later than December
Dept. of Health and Human Services	119	Proviso 117.54 (Agency Administrative Support Collaboration)	State	It is the intent of the General Assembly that state agencies continue to actively pursue cost savings measures through collaborative efforts and where feasible may combine administrative support functions with other agencies in order to maximize efficiency and effectiveness.
Dept. of Health and Human Services	120	Proviso 117.59 (Employee Bonuses)	State	State agencies and institutions are allowed to spend state, federal, and other sources of revenue to provide selected employees lump sum bonuses, not to exceed three thousand dollars per year, based on objective guidelines established by the Budget and Control Board. Payment of these bonuses is not a part of the employee's base salary and is not earnable compensation for purposes of employee and employer contributions to respective retirement systems. Employees earning \$100,000 or more shall not be eligible to receive bonuses under this provision.
Dept. of Health and Human Services	121	Proviso 117.63 (Purchase Card Incentives)	State	In addition to the Purchase Card Rebate deposited in the general fund, any incentive rebate premium received by an agency from the Purchase Card Program may be retained and used by the agency to support its operations
Dept. of Health and Human Services	122	Proviso 117.70 (Healthcare Employee Recruitment and Retention)	State	The Department of Corrections, Department of Disabilities and Special Needs, Department of Health and Environmental Control, Department of Health and Human Services, Department of Juvenile Justice, Department of Mental Health, and Department of Vocational Rehabilitation are allowed to spend state, federal, and other sources of revenue to provide lump sum bonuses to aid in recruiting and retaining healthcare workers in critical needs healthcare jobs based on objective guidelines established by the Budget and Control Board. The employee bonus amount shall be approved by the State Human Resources Director and shall not exceed \$10,000 per year. Payment of these bonuses is not a part of the employee's base salary and is not earnable compensation for purposes of employee and employer contributions to respective retirement systems....

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	123	Proviso 117.73 (Voluntary Furlough)	State	Agency heads may institute a voluntary employee furlough program of not more than ninety days per fiscal year. During this voluntary furlough, the state employees shall be entitled to participate in the same state benefits as otherwise available to them except for receiving their salaries. As to those benefits which require employer and employee contributions, the state agencies, institutions and departments will be responsible for making both employer and employee contributions if coverage would otherwise be interrupted; and as to those benefits which require only employee contributions, the employee remains solely responsible for making those contributions. In the event an agency's reduction is due solely to the General Assembly transferring or deleting a program, this provision does not apply.
Dept. of Health and Human Services	124	Proviso 117.75 (Reduction in Force Antidiscrimination)	State	In the event of a reduction in force implemented by a state agency or institution, the state agency or institution must comply with Title VII of the Civil Rights Act of 1964 or any other applicable federal or state antidiscrimination laws.
Dept. of Health and Human Services	125	Proviso 117.76 (Reduction in Force/Agency Head Furlough)	State	In the event a reduction in force is implemented by a state agency or institution of higher learning, the agency head shall be required to take five days furlough in the current fiscal year. If more than one reduction in force plan is implemented in a fiscal year, the mandatory agency head furlough is only required for the initial plan. The agency head will retain all responsibilities and authority during the furlough. All monies saved from this furlough may be retained by that agency and expended at the discretion of the agency head. During this furlough, the agency head shall be entitled to participate in the same state benefits as otherwise available to them except for receiving their salaries. As to those benefits which require employer and employee contributions, the state agency will be responsible for making both employer and employee contributions if coverage would otherwise be interrupted; and as to those benefits which require only employee contributions, the agency head remains solely responsible for making those contributions...
Dept. of Health and Human Services	126	Proviso 117.78 (IMD Operations)	State	All funds received by the Department of Education, the Department of Juvenile Justice, the Department of Disabilities and Special Needs, the Department of Mental Health, the Department of Social Services, and the Governor's Office of Executive Policy and Programs-Continuum of Care as State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate residential, or treatment programs. An annual report by each state child placing agency shall be made on the expenditures of all IMD transition funds and 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. The Department of Health and Human Services shall review the numbers of out of home placements by type and by agency each year and make recommendations to the General Assembly.

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them; please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	127	Proviso 117.80 (Mandatory Furlough)	State	In a fiscal year in which the general funds appropriated for a state agency are less than the general funds appropriated for that agency in the prior fiscal year, or whenever the General Assembly or the Budget and Control Board implements a midyear across-the-board budget reduction, and agency heads institute a mandatory employee furlough program, in determining which employees must participate in the program, agency heads should give consideration to furloughs for contract employees, post-TERI employees, and TERI employees before other employees. During this mandatory furlough, the state employees shall be entitled to participate in the same state benefits as otherwise available to them except for receiving their salaries. As to those benefits which require employer and employee contributions, the state agencies, institutions, and departments will be responsible for making both employer and employee contributions if coverage would otherwise be interrupted, and as to those benefits which require only employee contributions, the employee remains solely responsible for making those contributions. In the event an agency's reduction is due solely to the General Assembly transferring or deleting a program, this provision
Dept. of Health and Human Services	128	Proviso 117.81 (Reduction in Force)	State	In a fiscal year in which the general funds appropriated for a state agency are less than the general funds appropriated for that agency in the prior fiscal year, or whenever the General Assembly or the Budget and Control Board implements a midyear across-the-board budget reduction, and agency heads must make reductions in force, agency heads should give consideration to reductions of contract employees, post-TERI employees, and TERI employees before other employees. In the event an agency's reduction is due solely to the General Assembly transferring or deleting a program, this provision does not apply.
Dept. of Health and Human Services	129	Proviso 117.82 (Cost Saving when filling vacancies created by retirements)	State	During the current fiscal year, whenever classified FTEs become vacant because of employee retirements, it is the intent of the General Assembly that state agencies should realize personnel costs savings of at least twenty-five percent in the aggregate when managing these vacant positions. Prior to filling a classified FTE which has become vacant because of a retirement, an agency must review and determine the appropriate salary for the position as well as determine whether the agency can manage without filling the position or by delay in filling the position. Prior to filling the vacant FTE, agencies must follow all laws and regulations concerning posting and competitive solicitation and consideration of applicants. No agency shall enter into any agreement with any employee that violates the terms of this proviso.
Dept. of Health and Human Services	130	Proviso 117.83 (Information Technology for Health Care)	State	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 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 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 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 organization that receives or views this

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	131	Proviso 117.85 (Reduction in Compensation)	State	For the current fiscal year, no state agency or political subdivision of this state may decrease the compensation of an employee, including dismissal, suspension, or demotion, solely because the employee gave sworn testimony regarding alleged wrongdoing to a standing committee, subcommittee of a standing committee, or study committee of the Senate or the House of Representatives. This proviso shall apply regardless of when the alleged wrongdoing occurred.
Dept. of Health and Human Services	132	Proviso 117.86 (Deficit Monitoring)	State	It is the responsibility of each state agency, department, and institution to operate within the limits of its authorized appropriations. All agencies, departments, and institutions are to budget, allocate and manage its authorized appropriations in a way to avoid an operating deficit for the fiscal year. If at the end of each quarterly deficit monitoring review by the Executive Budget Office, it is determined by either the Executive Budget Office or an agency that the likelihood of a deficit for the current fiscal year exists, the agency shall submit to the Executive Budget Office within fourteen days, a plan to minimize or eliminate the projected deficit. After submission of the plan, if it is determined that the deficit cannot be eliminated by the agency on its own, the agency is required to officially notify the Budget and Control Board within thirty days of such determination that the agency is requesting that a deficit be recognized. Once a deficit has been recognized by the Budget and Control Board, the agency shall limit travel and conference attendance to the minimum required to perform the core mission of the agency. In addition, the board when recognizing a deficit may
Dept. of Health and Human Services	133	Proviso 117.87 (Commuting Costs)	State	State government employees who use a permanently assigned agency or state owned vehicle to commute from their permanently assigned work location to and from the employee's home must reimburse the agency in which they are employed for commuting use in accordance with IRS regulations based on guidance from the Office of Comptroller General which must use the Cents per mile Rule, unless they are exempted from such reimbursement by applicable IRS regulations. These permanently assigned vehicles must be clearly marked as a state or agency vehicle through the use of permanent state-government license plates and either state or agency seal decals unless the vehicle is used primarily in undercover operations. This requirement does not apply to a vehicle used by an employee for the purpose of a special travel assignment, for active certified law enforcement officers authorized to carry firearms, execute warrants, and make arrests, for Constitutional Officers, or for Department of Transportation employees on call for emergency maintenance.
Dept. of Health and Human Services	134	Proviso 117.88 (Bank Account Transparency and Accountability)	State	Each state agency, except state institutions of higher learning, which has composite reservoir bank accounts or any other accounts containing public funds which are not included in the Comptroller General's Statewide Accounting and Reporting System or the South Carolina Enterprise Information System shall prepare a report for each account disclosing every transaction of the account in the prior fiscal year. The report shall be submitted to the Budget and Control Board by October first of each fiscal year.

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	135	Proviso 117.89 (Websites)	State	All agencies, departments, and institutions of state government shall be responsible for providing on its Internet website a link to the Internet website of any agency, other than the individual agency, department, or institution, that posts on its Internet website that agency, department, or institution's monthly state procurement card statements or monthly reports containing all or substantially all the same information contained in the monthly state procurement card statements. The link must be to the specific webpage or section on the website of the agency where the state procurement card information for the state agency, department, or institution can be found. The information posted may not contain the state procurement card number. Any information that is expressly prohibited from public disclosure by federal or state law or regulation must be redacted from any posting required by this section.
Dept. of Health and Human Services	136	Proviso 117.90 (Regulations)	State	For the current fiscal year, if a state agency proposes a regulation that levies or increases a fee, fine, or that otherwise generates revenues, the title to the Joint Resolution which proposes the regulation must indicate that a fee, fine, or revenue source is being proposed.
Dept. of Health and Human Services	137	Proviso 117.95 (Opt out of Affordable Care Act)	State	If federal law permits, the State of South Carolina opts out of the following provisions in the federal Patient Protection and Affordable Care Act (Public Law 111-148):...
Dept. of Health and Human Services	138	Proviso 117.96 (Means Test)	State	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, 2014.
Dept. of Health and Human Services	139	Proviso 117.97 (Agency Reduction Management)	State	The General Assembly encourages state agencies, in the event agencies are assessed a base reduction, to endeavor to realize savings through: (1) payroll management, including, but not limited to, furloughs, reductions in employee compensation, and instituting a hiring freeze; (2) eliminate administrative overhead cost that does not directly impact the agency's mission; and as a final option (3) reductions to programmatic funding.
Dept. of Health and Human Services	140	Proviso 117.104 (First Steps - Baby Net)	State	In addition to the statutory duties assigned to South Carolina First Steps to School Readiness Board of Trustees, the board shall ensure the state's compliance with the Individuals with Disabilities Act, Part C and the First Steps full implementation of recommendations contained in the 2011 audit report of the LAC regarding the BabyNet Program. First Steps shall submit any necessary statutory changes to the Chairman of the House Education and Public Works Committee and the Chairman of the Senate Education Committee and any budget recommendations in the agency's budget request as submitted to the Governor. Until completion, First Steps shall post on its website a quarterly report on the timelines of its progress in implementing the recommendations of the LAC. The Board of Trustees will be kept informed monthly of all activities related to this requirement and those progress reports must be recorded in the minutes for each meeting of the Board of Trustees. When First Steps has implemented all of the recommendations enumerated above, a final report shall be submitted to the Board of Trustees for its adoption. Upon approval by the Board of Trustees, the final report shall be published on First Steps' homepage. First Steps
Dept. of Health and Human Services	141	Proviso 117.105 (Single Audit Schedule of Federal Expenditures)	State	To ensure timely completion of the of the Statewide Single Audit, state agencies which do not receive a separate audit of federal expenditures, must submit to the Office of the State Auditor a schedule of federal program expenditures in a format prescribed by the Office of the State Auditor, no later than August fifteenth of each year.

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	142	Proviso 117.117 (Data Breach Notification)	State	An agency of this State owning or licensing computerized data or other data that includes personal identifying information shall disclose any breach of the security of the system following discovery or notification of the breach in the security of the data to any resident of this State whose personal identifying information was, or is reasonably believed to have been, acquired by an unauthorized person. In determining whether information has been acquired, or is reasonably believed to have been acquired, by an unauthorized person or a person without valid authorization, the agency may consider the following factors, among others...
Dept. of Health and Human Services	143	Proviso 117.132 (Information Technology and Information Security Plans)	State	By October 1, 2014, all state agencies must submit an information technology plan and an information security plan for Fiscal Year 2014-15 to the Budget and Control Board's Division of Technology. State agencies must submit updates to their plans if there are changes following initial submission. Changes that would necessitate an updated plan include, but are not limited to, changes in response to technological advancements, changes in legislation, regulation or compliance requirements, newly identified funding sources, or new issues relating to information technology management or business requirements...
Dept. of Health and Human Services	144	Proviso 118.1 (Year End Expenditures)	State	Unless specifically authorized herein, the appropriations provided in Part 1A of this act as ordinary expenses of the State Government shall lapse on July 31, 2015. State agencies are required to submit all current fiscal year input documents and all electronic workflow for accounts payable transactions to the Office of Comptroller General by July 14, 2015. Appropriations for Permanent Improvements, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the Budget and Control Board and Joint Bond Review Committee, toward the accomplishment of the purposes for which the appropriations were provided. Appropriations for other specific purposes aside from ordinary operating expenses, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the Budget and Control Board, toward the accomplishment of the purposes for which the appropriations were provided.
Dept. of Health and Human Services	145	Proviso 118.7 (Health Care Maintenance of Effort Funding)	State	The revenue collected from the fifty 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. By this provision these funds are deemed to have been received and are available for appropriation. Unexpended funds appropriated pursuant to this provision may be carried forward to succeeding fiscal years and expended for the same purposes.
Dept. of Health and Human Services	146	Proviso 118.8 (Prohibits Public Funded Lobbyists)	State	All state agencies and institutions are prohibited from using general fund appropriations to compensate employees who engage in lobbying on behalf of the state agency or institution. The State Ethics Commission shall require state agencies and institutions that report lobbying activities to the commission to certify that the lobbying activities were not funded by general fund appropriations.

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	147	Proviso 118.15 (Tobacco Settlement)	State	A) To the extent funds are available from payments received on behalf of the State by the Tobacco Settlement Revenue Management Authority from the Tobacco Master Settlement Agreement ("MSA") during Fiscal Year 2014-15, the State Treasurer is authorized and directed, after transferring funds sufficient to cover the operating expenses of the Authority, to transfer the remaining funds as follows: (1) \$1,253,000 to the Attorney General's Office for Diligent Enforcement and Arbitration Litigation; \$450,000 to the State Law Enforcement Division for Diligent Enforcement; and \$325,000 to the Department of Revenue for Diligent Enforcement, all to enforce Chapter 47 of Title 11, the Tobacco Escrow Fund Act; (2) \$1,500,000 to the Department of Agriculture pursuant to Section 11-49-55 of the 1976 Code; and (3) The remaining balance shall be transferred to the Department of Health and Human Services for the Medicaid program. (B) The requirements of Section 11-11-170 of the 1976 Code shall be suspended for Fiscal Year 2014-15.
Dept. of Health and Human Services	148	Proviso 118.16 (Non-recurring Revenue)	State	(36) J02 - Department of Health and Human Services a) Medicaid Program (MOE) \$22,000,000 b) Medical Contracts \$650,000 c) Palmetto Project \$100,000
Dept. of Health and Human Services	149	Title XIX of the Social Security Act	Federal	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.
Dept. of Health and Human Services	150	42 CFR 430.0 - 430.104	Federal	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.
Dept. of Health and Human Services	151	42 CFR 431.1 - 431.1002	Federal	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
Dept. of Health and Human Services	152	42 CFR 432.1 - 432.55	Federal	Establishes regulations regarding the Department's personnel administration including available federal financial participation for staffing and training.
Dept. of Health and Human Services	153	42 CFR 433.1 - 433.322	Federal	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.
Dept. of Health and Human Services	154	42 CFR 434.1 - 434.78	Federal	Establishes general provisions regarding Department contracts including conditions for federal financial participation
Dept. of Health and Human Services	155	42 CFR 435.2 - 435.1205	Federal	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
Dept. of Health and Human Services	156	42 CFR 438.1 - 438.812	Federal	Establishes regulations regarding the administration of the Medicaid program through managed care entities.

INSTRUCTIONS: List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Health and Human Services	157	42 CFR 440.1 - 440.390	Federal	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
Dept. of Health and Human Services	158	42 CFR 441.1 - 441.745	Federal	Establishes requirements and limits applicable to specific services
Dept. of Health and Human Services	159	42 CFR 442.1 - 442.119	Federal	Establishes standards for payment to nursing facilities and intermediate care facilities for individuals with intellectual disabilities
Dept. of Health and Human Services	160	42 CFR 447.1 - 447.520	Federal	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.
Dept. of Health and Human Services	161	42 CFR 455.1 - 455.516	Federal	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.
Dept. of Health and Human Services	162	42 CFR 456.1 - 456.725	Federal	Establishes regulations regarding utilization control measures for Medicaid services
Dept. of Health and Human Services	163	42 CFR 460.1 - 460.210	Federal	Establishes regulations for the administration of the Program of All-Inclusive Care for the Elderly (PACE).

The number of rows below that have borders around them, please see all that are applicable

Agency Submitting Report	Item #	Report Name	Legislative Entity Requesting Report	Law Requiring Report	Stated Intent of Report	Year First Required to Complete Report	Reporting Freq.	# of Days in which Report to be Completed	Month Report is Received by Agency	Month Report is Required to be Submitted	# of Staff Needed to Complete Report	Approx. Total Amount of Time to Complete Report	Approx. Total Cost to Agency to Complete (considering staff time, etc.)	Positive Results of Reporting	Method in which Report Template is Sent to Agency (i.e., via email, etc.)	Format in which Report Template is Sent to Agency	Method in which Agency Submits Completed Report (i.e., email, mail, click submit on web based form, etc.)	Format in which Agency Submits Completed Report
Department of Health and Human Services	1	Restructuring Report	House Legislative Oversight Committee	1-30-10(G)(1)	Increased Efficiency	2015	Annually	30	February	March	15	40 hours	staff salaries	TEO	Email and Handcopy	Word and Excel	Email and Handcopy	Word and Excel
Department of Health and Human Services	2	Restructuring Report	Senate Legislative Oversight Committee	1-30-10(G)	Increased Efficiency	2015	Annually	60	November	January	10	20 hours	staff salaries	TEO	Email	Word and Excel	Email and Handcopy	Word
Department of Health and Human Services	3	Program 33.16 (Medical Cost and Quality Effectiveness)	General Assembly	Program 33.16	The Department of Health and Human Services shall establish a procedure to assess the various forms of health care delivery systems to measure cost effectiveness and quality. These measures must be compiled on an annual basis on identifiable benchmarks. The reporting process must be designed to identify program areas and reductions using national and state measures. 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. The methodology must use appropriate criteria and actuarial adjustments. The department shall assess an annual cost effectiveness report and develop measures deemed appropriate by the department required under state and federal guidelines. The report shall be formatted in a clear, concise manner in order to be easily understood by Medicaid beneficiaries and other stakeholders. The annual results of the cost effectiveness calculations, quality measures and the report cards shall be made public and be displayed on the department's website by December thirty-first for the prior state fiscal year.	50-10	Yearly	90 days	N/A	December	4 staff and contractor	3 months	\$8,000	Helps the agency track and monitor quality outcomes and hold plans accountable	N/A	N/A	post on website	word, excel
Department of Health and Human Services	4	Program 33.10 Carry Forward	General Assembly	Program 33.18	The Department of Health and Human Services is authorized to carry forward unspent balances from the prior fiscal year into the current fiscal year for any unexpended or restricted trust and agency, or special revenue account or end fund. The department shall submit a comprehensive reporting of all cash balances brought forward from the prior fiscal year. The report shall, at a minimum, for each account be submitted to the department's statutory authority that allows the funds to be carried forward. The maximum authorized amount that can be carried forward, the general purpose or need for the carry forward, the specific source(s) of funding or revenue that generated the carry forward, and a detailed description of any pending disbursements against the carry forward. The report must be submitted to the department by the end of the fiscal year. The Speaker of the House of Representatives, and Chairman of the House Ways and Means Committee, within fifteen days after the Comptroller General closes the fiscal year.	50-10	Yearly	approx 15 days	N/A	15 days after CG closes fiscal year	3	12 hours	staff salary	Gives legislators and public transparency regarding agency financial position	N/A	N/A	email	word

INSTRUCTIONS: List all reports if any the agency is or plans to acquire. Please enter each request in the following under the appropriate column. (Name of the report, to Legislative only that requires the report (D) Law) that require the agency to provide the report (D) Statist required input from legislative only, statute, regulation or other source in providing the report (D) Frequency with which the report is acquired (i.e. annually, monthly, etc.) (Approximate) Next the agency has started providing the report (D) Approximate cost to complete the report and any positive results from completing and submitting the report. (i.e.) Method by which the agency receives, completes and submits the report (i.e. receive via e-mailed word document, log into or open program, enter data and click submit, etc.) Includes below are examples of reports the agency may have to submit. The examples does not include information on the columns under of staff needed to complete the report, agency, total amount of time to complete the report and approx. total cost to complete the report, however the agency must complete these columns when submitting this chart in final form. Please delete the example figures before submitting this chart in final form. Responses are not limited to the number of rows below that have borders and then, please list all that are applicable.

Agency Submitting Report	Item #	Report Name	Legislative Entity Requesting Report	Law Requiring Report	Stated Intent of Report	Year First Report Required to be Completed	Reporting Freq.	# of Days to which Report is to be Completed	Month Report is Received by Agency	Month Report is Required to be Submitted to the Agency	# of Staff Members Needed to Complete Report	Approx. Total Amount of Time to Complete Report	Approx. Total Cost to Agency to Complete Report (if a staff time, enter 1)	Positive Results of Reporting	Method in which Report Template is Sent to Agency (i.e. via email, letter)	Format in which Report Template is Sent to Agency	Method in which Agency Submits Report (i.e. email, mail, click submit on web based form, etc.)	Format in which Agency Submits Report
Department of Health and Human Services	5	Proviso 33.19 Medicaid Provider Fraud	General Assembly	Proviso 33.19	The department shall expand and increase its effort to identify, report and control Medicaid provider fraud and abuse. The department shall submit a report to the General Assembly by April 1st of the current fiscal year, the results of these efforts, the funds recovered, and information pertaining to prosecutions of such cases, including plea agreements entered into.	09-10	Yearly	2 weeks	N/A	April	3	7.5 hours	staff salaries	Provides transparency regarding the Medicaid provider fraud recoveries	N/A	N/A	post on website	word
Department of Health and Human Services	6	Proviso 33.20 City Forward Authorization	General Assembly	Proviso 33.20	For the current fiscal year, the Department of Health and Human Services is authorized to carry forward the balance of the Medicaid program within thirty days after the close of the fiscal year. The department shall report the balance carried forward to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee	13-14	Yearly	approx 15 days	N/A	30 days after the close of the fiscal year	3	12 hours	staff salaries	Green legislation and public transparency regarding agency financial position	N/A	N/A	email	word
Department of Health and Human Services	7	Proviso 33.26 Medicaid Accountability and Quality Improvement Initiative	General Assembly	Proviso 33.26	The department shall publish quarterly reports on the progress made in improving the department's programs in meeting the goals established by the Healthy Outcomes plan	13-14	quarterly	60 days	N/A	quarterly	5	5 days	staff salaries	highlighting statewide intensive chronic care efforts and successes	N/A	N/A	post on website	word
Department of Health and Human Services	8	Proviso 33.33 Hospital Transformation Plans	General Assembly	Proviso 33.33	The department shall provide reports detailing progress on transformation efforts to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by January 1, 2015 and by June 1, 2015	14-15	twice per year	1	N/A	January and June	3	3 days	staff salaries	Transparency regarding hospital plans received and progress	N/A	N/A	email	word
Department of Health and Human Services	9	Proviso 117.14 Discrimination Policy	General Assembly	Proviso 117.14	Each state agency shall submit to the State Human Affairs Commission employment and labor vacancy data by race and sex by October thirty-first of each year		yearly	2 days	N/A	October	2	7 hours	staff salaries	Transparency and proactive management of staff demographics	N/A	N/A	email	excel
Department of Health and Human Services	10	Proviso 117.31 Basic Budget Analysis	General Assembly	Proviso 117.31	Agency annual accountability report for the period of January 1-1-10 must be accessible to the Governor, Senate Finance Committee, House Ways and Means Committee, and to the public on or before September threeth, for the purpose of a zero-base budget analysis and in order to ensure that the Agency Head/State Commission has the accountability reports for use in their annual accountability report. The report shall include descriptions and expenditures and link those to key financial and performance results measures. The Executive Budget Office is directed to develop a process for training agency leaders on the annual agency accountability report and its use in financial, organizational and accountability management. All agencies shall base funding at fully implemented and reported annually. The state supported colleges, universities and technical schools shall report in accordance with Section 56-101-350	The proposed report shall be submitted to the Governor, Senate Finance Committee, and to the public on or before September threeth, for the purpose of a zero-base budget analysis and in order to ensure that the Agency Head/State Commission has the accountability reports for use in their annual accountability report. The report shall include descriptions and expenditures and link those to key financial and performance results measures. The Executive Budget Office is directed to develop a process for training agency leaders on the annual agency accountability report and its use in financial, organizational and accountability management. All agencies shall base funding at fully implemented and reported annually. The state supported colleges, universities and technical schools shall report in accordance with Section 56-101-350	Yearly	approx 60 days	July	September 20	40 hours	staff salaries	Provide transparency and review of agency performance measurements and goals	email	word and excel	email, hard copy	Word and Excel	

INSTRUCTIONS: List all reports, if any, the agency is required to submit to a legislative entity. Base each entry on the following under the appropriate column: a) Name of the report; b) Legislative entity that requires the report; c) Law(s) that require the agency to provide the report; d) Stated legislative intent (from legislative entity statute, regulation or other source) in providing the report; e) Frequency with which the report is required (i.e. annually, monthly, etc.); f) Approximate cost to complete the report and any positive results from compiling and submitting the report; g) Approximate cost to complete the report, approx. total amount of time to complete the report and any positive results from compiling and submitting the report; h) Method by which the agency receives, completes and submits the report; i) Whether the report is submitted by electronic means (e.g. email, web-based, etc.) or by other means (e.g. hard copy, etc.). Indicate below are examples of reports the agency may have to submit. The example does not include information in the columns under # of staff needed to complete the report, approx. total amount of time to complete the report and any positive results from compiling and submitting the report, which case ensure the information about those reports is complete. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item # Report Name	Legislative Entity Requesting Report	Law Requiring Report	Stated Intent of Report	Year First Required to Complete Report	Reporting Freq.	# of Days in which Complete Report	Month Report Template is Received by Agency	Month Agency is Required to Submit Complete Report	# of Staff Members Needed to Complete Report	Approx. Total Amount of Time to Complete Report	Approx. Total Cost to Agency to Complete Report (excluding staff salaries, etc.)	Positive Results of Reporting	Method in which Report Template is Sent to Agency (e.g. email, web-based, etc.)	Format in which Report Template is Sent to Agency	Method in which Agency Submits Completed Report (e.g. email, web-based, etc.)	Format in which Agency Submits Completed Report
Department of Health and Human Services	11 Cancer Reports	General Assembly	Proviso 117.37	Each state agency shall provide to the Chairman of the Senate Finance and Means Committee and the Inspector General a report detailing the amount of its outstanding debt and all methods it has used to collect that debt. This report is due by the last day of February of each fiscal year. For purposes of this provision, outstanding debt means a sum remaining due and owed to a state agency by a non-governmental entity for more than sixty calendar days.	The amount has been around many years prior to current staff	Yearly	2	N/A	N/A	2	4 hours	staff salaries	Transparency regarding debt owed to the agency	N/A	N/A	email	Word
Department of Health and Human Services	12 117.78 JMD Operations	General Assembly	117.78	The Department of Health and Human Services shall review the numbers of out of home placements by type and by agency, by year and by county, and report the results to the General Assembly.	13-14	yearly	2 weeks	N/A	not provided	4	12 hours	staff salaries	To provide transparency to the General Assembly regarding out of home placements	N/A	N/A	email, hard copy	word
Department of Health and Human Services	13 Proviso 117.88 Bank Account Transparency and Accountability	General Assembly	Proviso 117.88	Each state agency, except state institutions of higher learning, which has composite reservoir bank accounts or any other accounts containing public funds which are not included in the Computer Generated Accounting System of the South Carolina Enterprise Information System shall prepare a report for each account detailing every transaction of the account in the prior fiscal year. The report shall be submitted to the Budget and Control Board by October first of each fiscal year.	09-10	yearly	2	N/A	October	2	12 hours	staff salaries	Transparency regarding agency bank account transactions	N/A	N/A	email, hard copy	excel
Department of Health and Human Services	14 117.80 Means Test	General Assembly	Proviso 117.80	All agencies providing healthcare services are required to comply with the means test for services 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, 2014.	11-12	yearly	1	N/A	January	1	1 hour	staff salary	Transparency regarding income eligibility categories	N/A	N/A	email	Word

INSTRUCTIONS: List all reports, if any, the agency is required to submit to a legislative entity. Provide each report the following under the appropriate column: a) Name of the report; b) Legislative entity that requires the report; c) Law(s) that require the agency to provide the report; d) Source legislative entity that requires the report; e) Frequency with which the report is required; f) Status, recently, old; g) Approximate year the agency first started providing the report; h) Approximate date to complete the report; i) Positive results from completing and submitting the report; and j) Method by which the agency receives, completes and submits the report. i) Review an attached word document, for info on report program, enter date and doc number. ii) Attached describe the examples of research the agency may have to submit. The examples describe the results from completing and submitting the report, appear total amount of time to complete the report and appear total cost to complete the report. However the agency must complete these columns when submitting this chart in final form. Please observe the example figures before submitting this chart in final form. Unless it applies to the agency, in which case remove the information about those reports is curtable. **NOTE:** Responses are not limited to the number of rows below that have boxes around them. Please list all that are applicable.

Agency/ Submitting Report	Item #	Report Name	Legislative Entity Requesting Report	Law Requiring Report	Stated Intent of Report	Year First Required	Reporting Frequency	# of Days to which Report is Complete	Month Report is Received by Agency	Month Agency is to Submit Report	# of Staff Needed to Complete Report	Approx. Total Amount of Time to Complete Report	Approx. Total Cost to Agency to Complete (considering staff time, etc.)	Positive Results of Reporting	Method in which Report Template is Sent to Agency (i.e. via email, meeting, etc.)	Format in which Report Template is Sent to Agency	Method in which Agency Submits Report (i.e. completed Report (i.e. email; mail; on web based form; etc.)	Format in which Agency Submits Report (word, excel, etc.)	
Department of Health and Human Services	15	Promiss 117 104 First Steps/BabyNet	General Assembly	Promiss 117 104	In addition to the statutory duties assigned to South Carolina First Steps to School Readiness Board of Trustees, the board shall ensure the state's compliance with the federalism with the Department of Health and Human Services' recommendations contained in the 2011 audit report of the LAC regarding the BabyNet Program. First Steps shall submit any necessary statutory changes to the Chairman of the House Education and Public Works Committee and the Chairman of the Senate Education Committee and any budget recommendations in the agency's budget request as submitted to the Governor. When the Board of Trustees is notified of the recommendations, it shall submit a quarterly report on the findings of its progress in implementing the recommendations of the LAC. The Board of Trustees will be kept informed monthly of all activities related to the requirement and those progress reports must be recorded in the minutes for each meeting of the Board of Trustees. When First Steps has implemented all of the recommendations enumerated above, it shall submit a final report to the Board of Trustees by its	12/13	quarterly	90	N/A	quarterly	1	4	staff salary	Transparency regarding programs provided by BabyNet; all federal funds received and expended on BabyNet and all state funds expended on BabyNet	N/A	N/A	Method in which Report Template is Sent to Agency	Completed Report (i.e. email; mail; on web based form; etc.)	Word
Department of Health and Human Services	16	Mockand Transportation Advisory Committee	General Assembly	Joint Resolution, Act 112	Costs necessary to cover the for Mockand Transportation to resolve issues and complaints.	07/08	quarterly	90	N/A	quarterly	1	3 hours	staff salary	N/A	N/A	email	Word		
Department of Health and Human Services	17	Promiss 117 132 (information technology and information Security Plans)	General Assembly	Promiss 117 132	By October 1, 2014, all state agencies must submit an information technology plan and an information security plan for Fiscal Year 2014-15 to the Budget and Control Board's Division of Technology. State agencies must submit updates to these plans if there are changes causing initial submission. Changes and updates must be submitted to the Division of Technology, but are not subject to changes in response to technological advancements, changes in legislation, regulation or compliance requirements, newly identified funding sources, or new issues relating to information technology management or business requirements.	14/15	yearly	90 days	N/A	October	7	3 months	staff salaries	Transparency regarding agency information technology and security plans	N/A	N/A	email	word	

INSTRUCTIONS: Identify the agency's internal audit system and policies during the past five fiscal years including the date the agency first started performing audits, individuals responsible for hiring the internal auditors, individuals to whom internal auditors report, the head internal auditor, general subject matters audited, the individual or body that makes decision of when internal audits are conducted, information considered when determining whether to conduct an internal audit, total number of audits performed in the last five fiscal years, # of months it took for started audit, # of months for longest audit, average number of months to complete an internal audit, and title of the most recent Peer Review of Self-Assessment by SAC State Internal Auditors Association or other entity (if other entity, name of that entity)

Note: All audits are not the result of suspicious activity or adopted improper actions. Often times regular audits are required by statute, regulator or an agency's standard operating procedure (snip), as a method of ensuring operations are staying on track.

Agency Submitting Report	Does agency have internal auditors? Y/N	Date Internal Audits Began	Individuals responsible for hiring internal auditors	Individuals to whom internal auditors report	Name and contact information for head internal auditor	General subject matters audited	Who makes decision of when an internal audit is conducted	Information considered when determining whether to conduct an internal audit	Do internal auditors conduct an agency wide risk assessment routinely? Y/N	Do internal auditors routinely evaluate the agency's performance measurement and improvement systems? Y/N	Total Number of Audits performed in last five fiscal years	# of months for shortest audit	# of months for longest audit	Avs. # of months needed to conduct audit (to conduct audit of that entity)	Date of most recent Peer Review of Self-Assessment by SACSAA or other entity (if other entity, name of that entity)
Department of Health and Human Services	Yes	1984	Stephen Nowell	Stephen Nowell, Division Director	Stephen Nowell, Division Director, 803.899.2527 or nowell@scchis.gov	Medicaid Programs, Contracts, State Agencies, School Districts, Hospitals, Providers, Transportation Provider(s), Internal Audits (State Vehicle and Rental), Residential Care Facilities, and any program or area required by statute for regulation	Stephen Nowell, Division Director with approval from his direct supervisor	Audits are based on contracts in place, funds that are expended for various Medicaid programs. Also, any variances in Medicaid billings that are picked up during reviews for reports that are created from data from the MMS system (Medicaid billing system). Concerns from D-HHS management and program staff, any regulations that require an audit and/or review are also taken into consideration. Also, a special request may come from the Director or Deputy Director based on legislative concerns, etc.	No	Yes	27	1	13.5	Varies with scope of audit, but would like to keep audits at 5 months	21-Sep-10

Personnel Involved Chart

INSTRUCTIONS: List the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e. searched the agency documents, asked for information because they are in charge of the department, etc.) Please delete the example information and instructions row before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name	Phone	Email	Department/Division	Title	Question	Role in Answering Question
Dept. of Health and Human Services	Christian Soura	803-898-2580	christian.soura@scdhs.gov	Office of the Director	Director	All	Final overview/review of all responses
Dept. of Health and Human Services	Bryan Kost	803-898-2580	bkostbr@scdhs.gov	Office of the Director	Chief of Staff	All	Draft overview/review of all responses
Dept. of Health and Human Services	Jenny Lynch	803-898-2580	lynchjen@scdhs.gov	Office of the Director	Deputy Chief of Staff for Legislative Affairs	III; IV, 1	Provided proviso and reporting information
Dept. of Health and Human Services	Jason Taylor	803-898-2580	jason.taylor@scdhs.gov	Operations & Provider Relations	Senior Program Director	V.A	Provided performance measurement values/results
Dept. of Health and Human Services	Beth Hutto	803-898-2580	huttoB@scdhs.gov	Eligibility, Enrollment and Member Services	Deputy Director	VI B; C 5-6	Provided key program information
Dept. of Health and Human Services	Michael Jones	803-898-2580	michael.jones@scdhs.gov	Eligibility, Enrollment and Member Services	Program Director	V	Provided information for performance measurement values/results
Dept. of Health and Human Services	Rhonda Morrison	803-898-2580	rhonda.morrison@scdhs.gov	Information Management	Interim Chief Information Officer	II, 5; V, C; VI, B	Provided key program information
Dept. of Health and Human Services	Lisa Carlyle	803-898-2580	lcarlyle@scdhs.gov	Member Management	Project Manager	V	Provided input regarding Member Management
Dept. of Health and Human Services	Robynn Butler	803-898-2580	mackech@scdhs.gov	Member Management	Operations Manager	V	Provided input regarding Member Management
Dept. of Health and Human Services	Deirdra Singleton	803-898-2580	singleton@scdhs.gov	Health Programs	Deputy Director	V	Provided performance measurement values/results
Dept. of Health and Human Services	Nate Patterson	803-898-2580	patnat@scdhs.gov	Health Programs	Program Director	V	Provided performance measurement values/results
Dept. of Health and Human Services	Adriana Day	803-898-2580	adriana.day@scdhs.gov	Finance and Administration	Deputy Director	II, 5, 8; VI, A, C 5-6; V, B	Provided key program information
Dept. of Health and Human Services	Jeff Saxon	803-898-2580	saxon@scdhs.gov	Finance and Administration	Reimbursements	V	Provided performance measurement values/results
Dept. of Health and Human Services	Kim Backman	803-898-2580	backman@scdhs.gov	Finance and Administration	Human Resource Director	V	Provided performance measurement values/results
Dept. of Health and Human Services	Dr. Pete Liggett	803-898-2580	liggett@scdhs.gov	Behavioral Health and Long-Term Care	Deputy Director	V	Provided performance measurement values/results
Dept. of Health and Human Services	Ann-Marie Dwyer	803-898-2580	annmarie.dwyer@scdhs.gov	Behavioral Health and Long-Term Care	Behavioral Health Director	V	Provided performance measurement values/results
Dept. of Health and Human Services	Byron Roberts	803-898-2580	robertsb@scdhs.gov	General Counsel	General Counsel	III; IV,	Provided information regarding reports, laws and regulations
Dept. of Health and Human Services	Stephen Nowell	803-898-2580	nowells@scdhs.gov	General Counsel	Program Integrity	IV	Provided information regarding internal audits

Personnel Involved Chart

INSTRUCTIONS: List the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e. searched the agency documents, asked for information because they are in charge of the department, etc.) Please delete the example information and instructions row before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name	Phone	Email	Department/Division	Title	Question	Role in Answering Question
Dept. of Health and Human Services	Heather Tucker	803-898-2580	heather.tucker@scdhhs.gov	Finance and Administration	Office of Planning and Budgets	II, 6 and 8; V, VI	Provided key program information
Dept. of Health and Human Services	January Stewart	803-898-2580	stewjan@scdhhs.gov	Information Management	Senior Consultant	V	Provided information regarding performance measurement values/results
Dept. of Health and Human Services	Janina Johnson	803-898-2580	johnsonj@scdhhs.gov	Information Management	Interim PMO Director	V	Provided information regarding performance measurement values/results

V. Key Performance Measurement Processes										
				I. Three agency/government entities in other states or non-government entities that produce the output	II. If the agency did not use results from an entity the agency listed in response to "I" as a performance goal/benchmark, why not and why did the agency consider an	III. See column E	b. List the senior leaders who review the performance measure, their title and frequency with which they monitor it.	c. Trends the agency has seen and the method by which it analyzes trends in these results.	d. Whether the agency has reasonable control over this result (i.e., more than 50% or enough to be able to influence and accurately measure the result).	I. If the agency does not have reasonable control over this result, the other one or more agencies who when combined with the agency, together have
V.A. Results	Performance Measurement	Actual Performance Level				See column E				
Mission Effectiveness	Total online applications received	SF Y15 Q1: 18,476 of target (11,156) SF Y15 Q2 (cumulative): 32,284 of target (19,447)	50% increase from SF Y14 to SF Y15 (40,259 to 60,389)	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices.	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Beth Hutto, Deputy of Eligibility, Enrollment and Member Services - Weekly	The agency started accepting online applications in October of 2013. The agency expects that over time that online applications will continue to increase.	Partially	Midlevel applicant preferences and access to the Internet influence the number of applicants
Mission Effectiveness	Pending claims volume	As of 3/18/15: 585	Rolling 3 month average less than 750	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Jason Taylor, Senior Program Director - Daily	The agency has vastly improved this performance indicator in the past year from an average of 4,000 claims	Yes	N/A
Mission Efficiency	Total funds expenditures	Expect to end FY15 approximately 1% under total funds appropriation	Within 0% to -3% of appropriation	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Christian Sour, Director - Adrienne Day, CFO - Monthly	The agency is improving in its ability to forecast expenditures. The gap between projected and actual has been closing over the last three years	Yes	N/A
Mission Efficiency	PAPM growth	Actual PAPM - Current YTD PAPM is \$463.50	Maintain growth due to health care cost increases that is lower than the national health care cost growth	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Christian Sour, Director - Adrienne Day, CFO - Monthly	The agency has been maintaining PAPM growth lower than the national health care growth and intends to sustain this trend	Partially	Midlevel beneficiary utilization of healthcare services impacts the agency's ability to control per member per month spend
Quality (Customer Satisfaction)	Member calls answered in 60 seconds or less	The call center answered 368,843 calls from July 1, 2014 to March 23, 2015 - 60% of the calls (221,303) were answered within 60 seconds	80% of calls answered	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Michael Jones, Eligibility Policy Operations Manager	The agency has experienced high call volume with the implementation of the new eligibility system, which has resulted in performance less than targeted. The agency expects to see the indicator improve as the call center adds capacity and as the eligibility system functionality is improved	Yes	N/A
Quality (Customer Satisfaction)	MACI application processing time	In November 2014, the agency implemented a new eligibility determination system for children and family cases. The legacy eligibility system (MEDS) remains active for additional cases. For FY15 YTD, the median processing time for applications processed in the legacy system is 5 days. SCCHHS expects to report processing time from the new system within the coming months	Ensure median processing time for 100% of MACI applications occurs within 5 business days	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Beth Hutto, Deputy Director of Eligibility, Enrollment and Member Services; Michele Jones, Eligibility Policy Operations Manager - Weekly	As the eligibility system functionality improves and as more applications are processed through the system with minimal worker interaction, we expect to see performance improve	Yes	N/A
Quality (Customer Satisfaction)	First call resolution (Provider)	Week ending 3/13/15: 67% of calls were resolved on the first call	65% of calls	Industry benchmark is approximately 80%; therefore in the long-term we will target this standard	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Jason Taylor, Senior Program Director, Weekly	Since December 2013, the agency has seen vast improvement in first call resolution and is working towards reaching the industry average	Yes	N/A
Workforce Engagement	Overall workforce engagement score	9% increase (SF Y13: 58, SF Y14: 47)	5% improvement from baseline	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices	These are internal benchmarks outlined in our Balanced Scorecard	The agency has engaged Leadership 360, to help improve our engagement scores	Tonya Chambers, Director of People Investment	The agency's engagement score increased in SF Y14 and we anticipate with continued efforts that the score will continue to improve	Yes	N/A
Workforce Engagement	Timely and metric-driven EPMS evaluations	The EPMS process will be completed in June	100% of EPMS evaluations meet timeliness and content standards	The agency is working with NAAAD to benchmark our performance against other states and identify states with best practices	These are internal benchmarks outlined in our Balanced Scorecard	See column E	Kim Backman, Director of Human Resources	As the agency continues to put emphasis on metric-driven and timely EPMS evaluations, we expect performance in this area to continue to improve	Yes	N/A

V. Key Performance Measurement Processes

V. Key Performance Measurement Processes										
V.A. Results	Measurement	Actual Performance level	a. The performance goal(s)/benchmark(s) for the overall process output, and/or critical activities that produce the output	i. Three agency/government entities in other states, or non-government entities the agency considers the best in the country in this process	ii. If the agency did not use results from an entity the agency listed in response to "i" as a performance goal/benchmark, why not and why did the agency consider an	iii. Individual(s) who are not employed by the agency/government or non-government, located anywhere in the country whom the agency considers an	b. List the senior leaders who review the performance measure, their title and frequency with which they monitor in these results	c. Trends the agency has seen and the method by which it analyzes trends in these results	d. Whether the agency has reasonable control over this result (i.e., more than 50% or enough to be able to influence and accurately measure the result).	e. If the agency does not have reasonable control over this result, the other one or more agencies, who when combined with the agency, together have
Operational/Work System Performance	Performance Provider claims issues resolution	SFY15 Q1: 98.7% SFY15 Q2: 99.6%	Maintain average resolution aging less than 14 days and provider resolution for 98% of disputes within 21 days	The industry standard is to complete 95% of claims processing within 21 days	There are internal benchmarks outlined in our Balanced Scorecard	See column E	Jason Taylor, Senior Program Director, monthly	The agency has reached the target level and intends to maintain high performance in this area	Yes	N/A
Operational/Work System Performance	Implement internal controls to avoid third party audit findings	Ongoing process to evaluate internal processes to avoid audit findings	Assess and document deficiencies that could relate to a third party audit finding. Develop and implement related internal controls.	The agency is observing and implementing best practices learned from the private sector, CMS and advice from auditors on maintaining appropriate internal controls.	There are internal benchmarks outlined in our Balanced Scorecard	See column E	Adriana Day, CFO	The agency has implemented procedure changes and system changes to address previous year audit findings during this fiscal year to reduce or eliminate future audit findings	Yes	N/A