

## Annual RFI Checklist

Agency Responding	Department of Health and Human Services
Date of Submission	12/8/2016

INSTRUCTIONS: For all agencies under study which have had a full Committee report issued, the agency's information is posted on the Oversight Committee's website in a new format. To ensure this information stays current, please check whether the agency has reviewed online each of the items in this tab, as well as provide any additional explanation needed. If this information is not online for the agency, type "Not Online."

(1) Has the agency reviewed the following information about the agency on the House Oversight webpages? (Y/N)	
History	Not Online
Governing Body	Not Online
Internal Audit Process	Not Online
External Audit Process	Not Online
Contact this Agency page	Not Online

(2) Are any changes needed to update the following information? (Y/N)	
History	Not Online
Governing Body	Not Online
Internal Audit Process	Not Online
External Audit Process	Not Online
Contact this Agency page	Not Online

(3) If the agency indicated changes are needed, has the agency provided information about the changes needed with its submission of this Request for Information? (Y/N)	
History	Not Online
Governing Body	Not Online
Internal Audit Process	Not Online
External Audit Process	Not Online
Contact this Agency page	Not Online

(4) How many of the following did the agency undergo this past year? Please attach a copy of each report.	
Internal Audit	
External Audit	

## Strategic Plan

<b>Agency Responding</b>	Department of Health and Human Services
<b>Date of Submission</b>	12/8/2016

**INSTRUCTIONS:** In this Chart, please provide information, similar to how the agency provided in the previous year's Restructuring Report. However, ensure the information is current for 2016-17. Highlight any cells where changes are made from the last Restructuring Report. If the information for 2016-17 is the same as the agency reported in 2015-16, please type "Same as 2015-16" in the first row and move on to the next tab.

<b>Mission: To purchase the most health for our citizens in need at the least possible cost for taxpayers.</b>		<b>Legal Basis:</b>	
<b>Vision: To be a responsive and innovative organization that continuously improves the health of South Carolina.</b>		<b>Legal Basis:</b>	

Strategic Plan Part and Description	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome	Responsible Employee (Name, Position, Responsible more/less than 3 years)	Office Address:	Department or Division:	Department or Division Summary:
Provide better health outcomes for Medicaid beneficiaries. (Same as 2015-16)	Healthier Medicaid beneficiaries.	Deirdra Singleton, Deputy Director of Health Programs (+3 years)	1801 Main Street, Columbia, SC 29202	Health Programs	Includes both the managed care and the medical services sections of the agency including physicians, hospitals, pharmacy, durable medical equipment, dental, transportation, managed care and medical support services. This team focuses on health outcomes, quality patient care, contract management and the development of innovative programs and policies that improve the overall health of our beneficiaries and the citizens of South Carolina.
Provide Outstanding member services. (Same as 2015-16)	Lower processing times and more satisfied applicants.	Beth Hutto, Deputy Director for Eligibility, Enrollment and Member Services (-3 years)	1801 Main Street, Columbia, SC 29202	Eligibility, Enrollment and Member Services	This division focuses on enrolling and providing member services (annual reviews, eligibility changes, etc.) for the program's million-plus members. The focus is on creating a consumer-centered environment for our beneficiaries and applicants through a streamlined application processes that removes unnecessary barriers and waiting periods for applicants. This group is also responsible for providing excellent customer service and increasing access to member services to improve the health of our beneficiaries.
Promote sound fiscal stewardship. (Same as 2015-16)	Maintenance of an appropriate fund balance; avoidance of a deficit.	Kathy Bass, Deputy Director for Finance and Administration - Chief Financial Officer (-3 years)	1801 Main Street, Columbia, SC 29202	Finance and Administration	Responsible for the financial, budget and administrative operations for South Carolina's almost \$7 billion Medicaid program. Ensures the strategic planning and budgeting process is performance-driven and prioritizes the purchasing of value instead of just quantity. Focused on improving the accuracy of budget forecasting, increasing the transparency of the agency's budget, improving efficiencies within the finance area and evaluating economic factors that impact the agency's financial performance.
Provide responsive and responsible management of health and human services programs. (Same as 2015-16)	Timely and accurately paid providers and an engaged workforce.	Timely and accurately paid providers: Jim Coursey, Deputy Director for Information Management - Chief Information Officer (-3 years)  Engaged workforce: Kathy Bass, Deputy Director for Finance and Administration (-3 years)	1801 Main Street, Columbia, SC 29202	Information Management  Finance and Administration	This division is responsible for the design, development, release, and maintenance of all technology systems and services for the agency. This includes designing and executing an information technology (IT) modernization plan that targets the most-pressing information management challenges of the agency and delivers agile, secure, integrated, and responsive solutions to SCDHHS and its stakeholders. The CIO's organization follows an enterprise approach to transforming SCDHHS' legacy IT systems, focusing on robust, reusable technologies that provide reliable service to the citizens of South Carolina at the best possible value.  Finance and Administration - see above summary

## Performance Measures

Agency Responding	Department of Health and Human Services		
Date of Submission	12/8/2016		

**INSTRUCTIONS:** In the first two columns of this Chart, please copy the information for the Performance Measure Item Number and Performance Measure from the agency's Accountability Report submission this year. Next, fill in the information requested by the remaining columns. Please note, the "Type of Measure" column and "Required by" column include drop downs. Therefore, the agency will need to drag this column down for as many performance measures it has to ensure the drop down is available for each performance measure.

Performance Measure Item Number	Performance Measure	Type of Measure (i.e. outcome, efficiency, output, input/activity)	Required by (State, Federal, Agency only)	Why was this performance measure chosen?	What was considered when determining the level to set the future target value?
1	Maintain General Fund Expenditures within 3% of forecast	Outcome	Agency only	To measure accuracy of forecasting and avoid deficit spending.	A variation of up to 3% for forecast versus actual performance is a reasonable target for a health payer of the agency's size.
2	Keep per-member cost increases below national benchmarks	Outcome	Agency only	This metric was chosen to ensure Medicaid program growth is maintained at levels at or below national health care growth.	National benchmarks serve as good indicators of health care utilization patterns and inflation patterns that affect the Medicaid program.
3	Increase the percentage of expenditures analyzed for third-party liability by 5%	Outcome	Agency only	The metric was chosen to maintain our federal obligation to ensure Medicaid is the payer of last resort as well as reduce the state's financial burden.	The improvement target was chosen as an attainable and meaningful goal.
4	Provide at least X% of managed care payments using value-based approach (percentage increases annually)	Outcome	Agency only	The need to transform healthcare payment mechanisms to move from volume-based to value-based care is broadly accepted as a necessary step toward increasing quality and reducing costs in healthcare. This method of measurement is consistent with guidance from "Catalyst for Payment Reform" (CPR), a nationally recognized organization that is supporting these efforts for many healthcare purchasers across the United States. The transition toward value-based payments has also been enshrined in the Department's contracts with its managed care plans.	This level is consistent with those set by other Medicaid programs and with the goals set forth by national organizations providing guidance for healthcare payment reform.

## Performance Measures

5	Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually	Outcome	Agency only	HEDIS measures are universally accepted as a mechanism to measure the quality of care delivered by health plans. Specific clinical conditions that are relevant to the SC Medicaid population were chosen after consultation with clinical, quality, and policy staff at SCDHHS.	Continued steady improvement is the most reasonable expectation for healthcare quality improvement. While large gains were realized last year, continuing to steadily improve care delivery to at least the national average should remain the focus of SCDHHS.
6	Reduce the rate of low birth weight babies by 3%	Outcome	Agency only	Reducing the number of low birth weight babies improves health outcomes of babies and reduces cost to the state.	3% improvement was considered an attainable and meaningful target based on prior year trends and continued statewide efforts.
7	Increase the rate of single-touch case resolutions for applications and reviews by 10%	Outcome	Agency only	Increasing the rate of one-hour resolutions would reduce the Department's subsequent processing efforts and would also suggest that more applicants are receiving prompt responses.	The improvement target was chosen as an attainable and meaningful goal. There is significant uncertainty in this target this year, since the Department is currently in the midst of an eligibility system replacement project.
8	Increase the number of online applications by 10%	Efficiency	Agency only	Increasing the number of online applications would reduce the Department's subsequent processing efforts and would also suggest that more applicants are completing applications in a place of their choosing.	The improvement target was chosen as an attainable and meaningful goal. There is significant uncertainty in this target this year, since the Department is currently in the midst of an eligibility system replacement project.
9	Increase rate of one-hour resolution for walk-in services by 10%	Outcome	Agency only	Increasing the rate of one-hour resolutions would reduce the Department's subsequent processing efforts and would also suggest that more applicants are receiving prompt responses.	The improvement target was chosen as an attainable and meaningful goal. There is significant uncertainty in this target this year, since the Department is currently in the midst of an eligibility system replacement project.
10	Process 99% of electronic claims submissions within 14 days	Efficiency	Agency only	Prompt claims payment is important to maintaining an adequate network to serve Medicaid beneficiaries.	Existing operational service level capabilities and continuation of existing services.
11	Process 99% of provider applications within 30 days	Efficiency	Agency only	This measure was chosen to maintain necessary provider access for members and increase customer-service to providers.	Existing operational service level requirements and continuation of contracted services.
12	Improve employee engagement scores by 5%	Outcome	Agency only	Higher levels of employee engagement interpret to higher levels of employee performance and productivity and decreases costly turnover.	The ultimate goal is to move the index to above 50; 5% was determined to be an attainable annual increase.

### Strategic Spending in Fiscal Year 2015-16

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	<b>Totals</b>	<i>1001 General Fund</i>	<i>1001 General Fund</i>	<i>3441 State Agency Medicaid Allocation</i>	<i>3442 Special Grants</i>	<i>4275 HHS Healthcare Trust Earnings</i>	<i>4479 Medicaid Expansion MIAA</i>	<i>46K5 Tobacco Surcharge</i>	<i>3000/4000 Other Funds</i>	<i>5000 Federal</i>
State, other or federal funding?	n/a	State	State	Other	Other	Other	Other	Other	Other	Federal
Recurring or one-time?	n/a	Recurring	Non-Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
<b>\$ From Last Year Available to Spend this Year</b>										
Amount available at end of previous fiscal year	\$584,068,976	\$174,310,340	\$0	\$47,983,019	\$28,119,062	\$13,814,867	\$41,794,757	\$23,787,051	\$254,259,880	\$0
Amount available at end of previous fiscal year that agency can actually use this fiscal year:	\$584,068,976	\$174,310,340	\$0	\$47,983,019	\$28,119,062	\$13,814,867	\$41,794,757	\$23,787,051	\$254,259,880	\$0
If the amounts in the two rows above are not the same, explain why :	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>\$ Received this Year</b>										
Amount budgeted to receive in this fiscal year:	\$7,026,006,221	\$1,136,447,857	\$5,151,277	\$106,905,551	\$65,000,000	\$67,972,000	\$264,000,000	\$115,000,000	\$393,015,089	\$4,872,514,447
Amount actually received this fiscal year: Revenue	\$6,640,790,590	\$1,136,447,857	\$5,151,277	\$130,484,300	\$80,351,505	\$115,186	\$273,721,946	\$110,979,026	\$180,735,390	\$4,722,804,102
Amount actually received this fiscal year: Transfers In	\$152,812,399	\$7,037,422	\$0	\$912,429	\$272,852	\$69,090,801	\$25,346,239	\$0	\$41,332,816	\$8,819,840
<b>Total</b>	<b>\$6,793,602,989</b>	<b>\$1,143,485,279</b>	<b>\$5,151,277</b>	<b>\$131,396,729</b>	<b>\$80,624,357</b>	<b>\$69,205,987</b>	<b>\$299,068,185</b>	<b>\$110,979,026</b>	<b>\$222,068,206</b>	<b>\$4,731,623,942</b>
If the amounts in the two rows above (rows 16 & 19) are not the same, explain why :	\$232,403,232	-\$7,037,422	\$0	-\$24,491,178	-\$15,624,357	-\$1,233,987	-\$35,068,185	\$4,020,974	\$170,946,883	\$140,890,505
		Pay Plan Allocation	One time DSS transfer that was made permanent in FY17	Money billed in June for July - advances for state agencies	Additional rebates due to Pharmacy spend.	Interest earned for the year	Receipts from DOR collected in June for July assessments	Receipts did not meet budget	Underspend in Admin and STP as well as originally budgeted to spend from reserve account but instead spent general funds carryforward	
<b>Total Actually Available this Year</b>										
Total amount available to spend this fiscal year (i.e. Amount available at end of previous fiscal year that agency can actually use in this fiscal year PLUS Amount budgeted/estimated to receive this fiscal year):	\$7,377,671,965	\$1,317,795,619	\$5,151,277	\$179,379,748	\$108,743,419	\$83,020,854	\$340,862,942	\$134,766,077	\$476,328,086	\$4,731,623,942

Additional Explanations regarding Part A: *Balances include funds that are committed but not yet expended, including funds payable to other agencies.*

#### **PART B - Funds Spent this past Fiscal Year (2015-16)**

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	<b>Totals</b>	<b>1001 General Fund</b>	<b>1001 General Fund</b>	<b>3441 State Agency Medicaid Allocation</b>	<b>3442 Special Grants</b>	<b>4275 HHS Healthcare Trust Earnings</b>	<b>4479 Medicaid Expansion MIAA</b>	<b>46K5 Tobacco Surcharge</b>	<b>3000/4000 Other Funds</b>	<b>5000 Federal</b>
State, other or federal funding?	n/a	State	State	Other	Other	Other	Other	Other	Other	Federal
Recurring or one-time?	n/a	Recurring	Non-Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
What are the external restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency was able to spend the funds from this source:	n/a	N/A	Towards capital improvement	Towards other state agencies' Medicaid expenditures	N/A	N/A	Must initially cover DSH	N/A	N/A	N/A
Were expenditure of funds tracked through SCEIS? (if no, state the system through which they are recorded so the total amount of expenditures could be verified, if needed)	n/a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>FY 2015-16 Expenditures</b>	-\$6,775,953,999	-\$1,187,355,259	-\$3,532,482	-\$120,643,057	-\$74,134,577	-\$83,020,854	-\$264,000,000	-\$134,766,077	-\$197,875,035	-\$4,710,626,658
<b>FY 2015-16 Transfers Out</b>	-\$84,005,322	-\$23,105,385	\$0	-\$10,937,429	-\$14,582	\$0	-\$20,571,196	\$0	-\$20,297,626	-\$9,079,104
<b>Total amount available to spend</b>	-\$78,274,512	-\$66,975,365	\$1,618,795	-\$183,757	\$6,475,198	-\$13,814,867	\$14,496,989	-\$23,787,051	\$3,895,545	
<b>Where Agency Spent Money - Current Objectives</b>										
Provide better health outcomes for Medicaid beneficiaries.	\$6,516,961,355	\$1,149,937,612	\$3,355,858	\$125,001,462	\$70,441,701	\$78,869,811	\$270,342,636	\$128,027,773	\$207,264,028	\$4,483,720,474
Provide Outstanding member services.	\$137,199,186	\$24,209,213	\$70,650	\$2,631,610	\$1,482,983	\$1,660,417	\$5,691,424	\$2,695,322	\$4,363,453	\$94,394,115

**Strategic Spending in Fiscal Year 2015-16**

Promote sound fiscal stewardship.	\$68,599,593	\$12,104,606	\$35,325	\$1,315,805	\$741,492	\$830,209	\$2,845,712	\$1,347,661	\$2,181,727	\$47,197,058
Provide responsive and responsible management of health and human services programs.	\$137,199,186	\$24,209,213	\$70,650	\$2,631,610	\$1,482,983	\$1,660,417	\$5,691,424	\$2,695,322	\$4,363,453	\$94,394,115
<b>Total Spent on Current Objectives:</b>	\$6,859,959,321	\$1,210,460,644	\$3,532,482	\$131,580,486	\$74,149,159	\$83,020,854	\$284,571,196	\$134,766,077	\$218,172,661	\$4,719,705,762

**Strategic Budgeting for Fiscal Year 2016-17**  
(Note: Funds from General Appropriation Act for 2016-17 set in Summer 2016)

<b>Agency Responding</b>	Department of Health and Human Services
<b>Date of Submission</b>	12/8/2016

Disclaimer: The Committee understand the amount the agency budgeted and spent per goal and objective are estimates from the agency. The Committee requests that the estimates have a logical basis, which the agency can explain, as to how it determined the amounts provided.

**INSTRUCTIONS:**

This tab requests the same information as Strategic Spending (last FY), but looks at the current year fiscal year, 2016-17, as opposed to the past fiscal year, 2015-16. Please ensure this information is provided with the funds available for 2016-17 and the strategic plan the agency intends to follow in 2016-17.

**PART A - Funds Available Fiscal Year (2016-17)**

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid Allocation	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal
State, other or federal funding?	N/A	State	State	Other	Other	Other	Other	Other	Other	Federal
Recurring or one-time?	N/A	Recurring	Non-Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
<b>\$ From Last Year Available to Spend this Year</b>										
Amount available at end of previous fiscal year	\$505,794,463	\$107,334,975	\$1,618,795	\$47,799,262	\$34,594,259	\$0	\$56,291,746	\$0	\$258,155,426	\$0
Amount available at end of previous fiscal year that agency can actually use this fiscal year:	\$505,794,463	\$107,334,975	\$1,618,795	\$47,799,262	\$34,594,259	\$0	\$56,291,746	\$0	\$258,155,426	\$0
If the amounts in the two rows above are not the same, explain why :	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>\$ Estimated to Receive this Year</b>										
Amount <u>requested</u> to <u>receive</u> this fiscal year:	\$7,370,435,732	\$1,271,015,600	\$16,158,579	\$162,711,566	\$66,500,000	\$65,000,000	\$264,000,000	\$115,000,000	\$300,931,150	\$5,109,118,837
Amount <u>actually received</u> this fiscal year:	\$7,370,435,732	\$1,271,015,600	\$16,158,579	\$162,711,566	\$66,500,000	\$65,000,000	\$264,000,000	\$115,000,000	\$300,931,150	\$5,109,118,837
If the amounts in the two rows above are not the same, explain why :	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Available if amounts requested are received</b>										
Amount estimated to have available to spend this fiscal year (i.e. Amount available at end of previous fiscal year that agency can actually use in this fiscal year PLUS Amount requested to receive this fiscal year):	\$7,876,230,195	\$1,378,350,575	\$17,777,374	\$210,510,828	\$101,094,259	\$65,000,000	\$320,291,746	\$115,000,000	\$559,086,576	\$5,109,118,837

Additional Explanations regarding Part A:	<i>Balances include funds that are committed but not yet expended, including funds payable to other agencies.</i>
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**PART B - How Agency Plans to Budget Funds in 2016-17**

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid Allocation	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal
State, other or federal funding?	n/a	State	State	Other	Other	Other	Other	Other	Other	Federal
Recurring or one-time?	n/a	Recurring	Non-Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
What are the external restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency can spend the funds from this source:	n/a	N/A	Towards capital improvement	Towards other state agencies' Medicaid expenditures	N/A	N/A	Must initially cover DSH	N/A	N/A	N/A
Will expenditure of funds be tracked through SCEIS? (if no, state the system through which they are recorded so the total amount of expenditures could be verified, if needed)	n/a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Total amount estimated to have available to spend</b>	\$7,876,230,195	\$1,378,350,575	\$17,777,374	\$210,510,828	\$101,094,259	\$65,000,000	\$320,291,746	\$115,000,000	\$559,086,576	\$5,109,118,837

(Note: Funds from General Appropriation Act for 2016-17 set in Summer 2016)

[illegible]



## Strategic Requests for Fiscal Year 2017-18

<b>Agency Responding</b>	Department of Health and Human Services
<b>Date of Submission</b>	12/8/2016

Disclaimer: The Committee understand the amount the agency budgeted and spent per goal and objective are estimates from the agency. The Committee requests that the estimates have a logical basis, which the agency can explain, as to how it determined the amounts provided.

### INSTRUCTIONS:

This tab requests the same information as Strategic Budgeting (current FY), but looks at the requests for the upcoming year, 2017-18, as opposed to funds already approved for the current fiscal year, 2016-17. Please ensure this information is provided with the funds the agency is requesting for 2017-18 and the strategic plan the agency intends to follow in 2017-18.

### PART A - Funds Available Fiscal Year (2017-18)

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid Allocation	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal
State, other or federal funding?	N/A	State	State	Other	Other	Other	Other	Other	Other	Federal
Recurring or one-time?	N/A	Recurring	Non-recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
<b>\$ Available from Previous FY</b>										
Amount anticipated to have available at end of current fiscal year	\$505,794,463	\$107,334,975	\$1,618,795	\$47,799,262	\$34,594,259	\$0	\$56,291,746	\$0	\$258,155,426	\$0
If agency anticipates having funds available at the end of the current fiscal year, explain why :	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>\$ Estimated to Receive this Year</b>										
Amount <u>received</u> to spend in current fiscal year:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount <u>requesting to receive</u> next fiscal year:	\$7,649,580,339	\$1,322,312,357	\$8,832,619	\$180,387,989	\$88,000,000	\$65,000,000	\$264,000,000	\$115,000,000	\$283,230,881	\$5,322,816,493
If the amounts in the two rows above are not the same, explain why :	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
If none of the amounts the agency is requesting to receive next fiscal year are lower than amounts received in current fiscal year, explain why the same amount is needed for each fund.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Available if amounts requested are received Amount estimated to have available to spend next fiscal year (i.e. Amount anticipated to have available at end of current fiscal year PLUS Amount requesting to receive next fiscal year):	\$8,155,374,802	\$1,429,647,332	\$10,451,414	\$228,187,251	\$122,594,259	\$65,000,000	\$320,291,746	\$115,000,000	\$541,386,307	\$5,322,816,493

Additional Explanations regarding Part A:

Balances include funds that are committed but not yet expended, including funds payable to other agencies.

### PART B - How Agency Plans to Budget Funds in 2017-18

What is the source of funds? (insert as many columns as needed, just make sure to total everything in the last column)	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal		
State, other or federal funding?	n/a	State	State	Other	Other	Other	Other	Other	Other	Federal		
Recurring or one-time?	n/a	Recurring	Non-Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring		
What are the external restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency can spend the funds from this source:	n/a	N/A	Towards capital improvement	Towards other state agencies' Medicaid expenditures	N/A	N/A	Must initially cover DSH	N/A	N/A	N/A		
Will expenditure of funds be tracked through SCEIS? (if no, state the system through which they are recorded so the total amount of expenditures could be verified, if needed)	n/a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Total amount estimated to have available to spend:		\$8,155,374,802	\$1,429,647,332	\$10,451,414	\$228,187,251	\$122,594,259	\$65,000,000	\$320,291,746	\$115,000,000	\$541,386,307	\$5,322,816,493	
Where Agency Plans to Spend Money - Current Objectives	Responsible Employee (Name, Position, Responsible more/less than 3 years)	Associated Performance Measure Item #s	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid Allocation	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal
Provide better health outcomes for Medicaid beneficiaries.	Deirdra Singleton, Deputy Director of Health Programs (+3 years)		\$7,267,101,322	\$1,256,196,739	\$8,390,988	\$171,368,590	\$83,600,000	\$61,750,000	\$250,800,000	\$109,250,000	\$269,069,337	\$5,056,675,668
Provide Outstanding member services.	Beth Hutto, Deputy Director for Eligibility, Enrollment and Member Services (-3 years)		\$152,991,607	\$26,446,247	\$176,652	\$3,607,760	\$1,760,000	\$1,300,000	\$5,280,000	\$2,300,000	\$5,664,618	\$106,456,330

### Strategic Requests for Fiscal Year 2017-18

Promote sound fiscal stewardship.	Kathy Bass, Deputy Director for Finance and Administration - Chief Financial Officer (-3 years)		\$76,495,803	\$13,223,124	\$88,326	\$1,803,880	\$880,000	\$650,000	\$2,640,000	\$1,150,000	\$2,832,309	\$53,228,165
Provide responsive and responsible management of health and human services programs.	Timely and accurately paid providers: Jim Coursey, Deputy Director for Information Management - Chief Information Officer (-3 years)  Engaged workforce: Kathy Bass, Deputy Director for Finance and Administration (-3 years)		\$152,991,607	\$26,446,247	\$176,652	\$3,607,760	\$1,760,000	\$1,300,000	\$5,280,000	\$2,300,000	\$5,664,618	\$106,456,330
Total Agency Plans to Spend on Objectives:												
Where Agency Plans to Spend Money - Money previously committed for multiple years	Responsible Employee (Name, Position, Responsible more/less than 3 years)	Associated Performance Measure Item #s	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid Allocation	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal
Example - Continental Tire Recruitment Grant (agreement requires State pay income taxes for the company until 2020)			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Agency Plans to Spend on previous multiple year commitments:			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Where Agency Plans to Spend Money - Unrelated Purpose (pass through or other purpose unrelated to agency's strategic plan)	Responsible Entity (i.e. entity who determines how the money is spent)	Associated Performance Measure Item #s	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal
Unrelated Purpose #1 - insert description:			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Unrelated Purpose #1 - insert description:			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Unrelated Purpose #2 - insert description:			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insert any additional unrelated purposes			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Agency Plans to Spend on Unrelated Purposes:			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Agency Plans to Spend ((Total on Objectives + Total on previous multiple year commitments + Total on Unrelated Purposes):			\$7,649,580,339	\$1,322,312,357	\$8,832,619	\$180,387,989	\$88,000,000	\$65,000,000	\$264,000,000	\$115,000,000	\$283,230,881	\$5,322,816,493
Amount Remaining:			\$505,794,463	\$107,334,975	\$1,618,795	\$47,799,262	\$34,594,259	\$0	\$56,291,746	\$0	\$258,155,426	\$0
Funds budgeted for use in subsequent years (i.e. when grant or other money received all at once, but intended to be spent over multiple years)	Responsible Employee (Name, Position, Responsible more/less than 3 years)	Associated Performance Measure Item #s	Totals	1001 General Fund	1001 General Fund	3441 State Agency Medicaid Allocation	3442 Special Grants	4275 HHS Healthcare Trust Earnings	4479 Medicaid Expansion MIAA	46K5 Tobacco Surcharge	3000/4000 Other Funds	5000 Federal
Example - WIOA 3 year funds budgeted for use in next two fiscal years			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insert any additional funds budgeted for use in subsequent years			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Funds budgeted for use in subsequent years:			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cash Balance Remaining, minus funds budgeted for use in subsequent years:			\$505,794,463	\$107,334,975	\$1,618,795	\$47,799,262	\$34,594,259	\$0	\$56,291,746	\$0	\$258,155,426	\$0
Additional Explanations regarding Part B:			Remaining funds are not budgeted for discrete purposes in future fiscal years, but are retained to ensure the continued solvency of the Medicaid program.									