

2026 Annual Accountability Report

Department of Health & Human Services

Agency Code: J020

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Agency Name:	Department of Health and Human Services		
Agency Code:	J020	Section:	033

AGENCY'S DISCUSSION AND ANALYSIS

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

Leadership

SCDHHS Director Eunice Medina has served as the agency's director since 2024. Director Medina first joined SCDHHS as the agency's chief of staff and deputy director of programs in June 2021. She previously served as SCDHHS' interim director from her nomination on Nov. 6, 2024, until she was unanimously confirmed to serve as the director of the agency by the South Carolina Senate on Feb. 27, 2025.

Director Medina and agency leadership have continued working to advance the agency's strategic plan, promoting a broader strategy to leverage the agency's role as a major public health agency and health care payor to improve outcomes for South Carolinians. The plan remains centered around the agency's mission statement, "to be boldly innovative in improving the health and quality of life for South Carolinians." While SCDHHS intentionally created a lasting strategic plan to guide the agency for several years, leadership continues to refine the approach, as evidenced by the agency's newly adopted vision statement, "Turning thought into action through evidence-based decision-making." The strategic plan includes three goals, each of which the agency continues to pursue strategies and objectives it uses to accomplish its mission. Each objective has a series of measures that are specific, measurable, achievable, relevant and timebound (SMART).

There were 16 performance measures for SFY 2025-2026 that were tracked in SCDHHS' accountability report. Each performance measure aligns with one of the agency's three strategic goals. During the reporting period, SCDHHS successfully completed 11 of its 16 performance measures. The agency's strategic goals – provide a responsive member experience, purchase access to needed health services and properly align resources to enable success – are included as the section titles in the report below.

Provide a Responsive Member Experience

SCDHHS has established strategies and objectives to continue improving how Healthy Connections Medicaid members interact with the agency. Over the last three years, this has included increasing the modalities through which the agency engages with Medicaid members as they apply for and seek to renew their Healthy Connections Medicaid coverage and improving the agency's public-facing website to allow for increased interactivity.

In SFY 2025-2026, SCDHHS sought to improve Healthy Connections Medicaid members' experience through further modernization and automation of the Medicaid enrollment and redetermination

process. This effort includes improving ex parte rates (redeterminations which occur when a Medicaid member's eligibility can be renewed using information available to SCDHHS) by including additional data sources, as well as implementing eligibility system and process improvements. These enhancements seek to reduce administrative burden for Medicaid members by removing the need to submit the same information to multiple government agencies; while also reducing burden for state employees, as administrative tasks become more automated. In SFY 2026, SCDHHS:

- Initiated a procurement for qualified vendors to propose innovative solutions for integration and automation of electronic data sources for resource and income verification in the eligibility system.
- Entered into an agreement with the Department of the Treasury, Bureau of the Fiscal Services Fraud Prevention and Financial Integrity (FPFI), Do Not Pay (DNP) analytics services to receive date of death data, including Social Security Administration Death Master File data, to validate the eligibility of Medicaid members. This data is used along with South Carolina's vital statistics data to identify and disenroll deceased members.
- Implemented a technical change that pulls in resource information from our Asset Verification System (AVS) to further automate non-modified adjusted gross income (MAGI) reviews. This removes administrative burden from our members and ensures good stewardship of state tax dollars.
- Updated the address validation programming through the United States Postal Service.
- Conducted an eligibility system current state business analysis to identify prioritization for a system functionality procurement that will increase automation for processing Medicaid applications and redeterminations.

Improving the accuracy of Medicaid member enrollment is a continuous key component of the agency's effort to provide a responsive member experience. For this reporting period, SCDHHS had an objective to improve accuracy in avoiding adverse errors and procedural errors for all Medicaid applications and redeterminations by 2%. The agency accomplished the goal of improving accuracy in avoiding procedural errors, reaching its 89% target. The agency maintained a 90% accuracy rate for SFY26 but did not see the 2% improvement in avoiding adverse errors as targeted. Adverse errors are typically typographical or similar human errors, and are often highest with new eligibility workers. The agency is working to combat this by continuing to strive toward reducing turnover and incentivizing low error rates, while also automating processes to reduce opportunities for errors.

The agency continues to increase the number of Medicaid cases completed through the ex parte process using data matching when possible to reduce the opportunities for human processing errors while also reducing the administrative burden for our members. The agency also expanded the incentive program launched at the end of SFY 2024, which is designed to reduce adverse and procedural errors and promote workforce retention among the agency's eligibility specialists by rewarding high performers. For SFY 2026, 14% of eligibility specialists received an incentive.

Purchase Access to Needed Health Services

SCDHHS must prioritize careful financial stewardship in order to provide health care coverage to approximately one million South Carolinians, including many of the state's most vulnerable populations. SCDHHS has a responsibility to make data-driven decisions that balance its obligation to provide access to quality care that improves health outcomes and responsibly steward taxpayer funds. Achieving this balance is particularly important and challenging given the unprecedented inflationary pressures that continue to persist across the health care industry.

Over the past several years, SCDHHS has established strategies and objectives to analyze the services covered by the Healthy Connections Medicaid program compared to services covered by other state Medicaid programs, other health payors and clinical recommendations regarding health care coverage design. In addition, the agency has developed data-driven models and systems to monitor utilization and quality health outcomes. Guided by this analysis and monitoring, the agency sought and received funding from the General Assembly to extend coverage to additional services and implement targeted provider reimbursement rate increases to ensure sufficient access to Medicaid-covered services. During SFY 2025-2026, SCDHHS successfully implemented several strategies over the last year, enabling us to achieve several performance measures. This includes:

- Implementing targeted provider rate increases for a behavioral health service
    - SCDHHS increased reimbursement rates for numerous Medicaid State Plan-covered services rendered by rehabilitative behavioral health services providers, Office of Substance Use Services-affiliated organizations and licensed independent practitioners.
- Removing barriers to care by updating behavioral health diagnosis policies
    - SCDHHS updated the medical necessity requirements for autism spectrum disorder treatment services for eligible Medicaid members, reflected in the Autism Spectrum Disorder Services Provider Manual.
- Implementing provider rate increases for a targeted medical service category
    - SCDHHS updated reimbursement rates for services delivered in a Pediatric HIV Clinic, previously known as an Outpatient Pediatric AIDS Clinic.
- Implementing a new medical service
    - SCDHHS added coverage of transcervical fibroid ablation.
- Extending coverage of medical service categories
    - SCDHHS extended coverage of two categories:
        - In the dental category, added codes for general anesthesia and moderate sedation services; added coverage for orthodontic services
        - Added codes for audiology services
- Identifying and implementing two Quality Through Innovation in Pediatrics (QTIP) initiatives with participating practices
    - SCDHHS improved developmental screening and early intervention for children up to 36 months of age and improved behavioral health and substance abuse screening in adolescents ages 11 and up.

Properly Align Resources to Enable Success

The agency's third strategic goal is largely focused on administrative functions, which do not typically involve direct interaction with Medicaid members or Medicaid-enrolled health care providers. Proper stewardship of taxpayer dollars is a key priority of the agency, and efficiently and effectively aligning administrative, support and oversight functions is critical to the agency's ability to provide health coverage to beneficiaries.

Under this goal, the agency has established strategies and objectives specifically to save taxpayer funds by better leveraging its role as a major health care payor and increasing efforts to monitor, identify and investigate waste, fraud and abuse in the Medicaid program. During SFY 2025-2026, SCDHHS achieved its performance measure targets directly related to saving taxpayer funds through its operation of the Healthy Connections Medicaid program. The agency has realized cost savings and improved stewardship through continued refinement of the agency's state-directed preferred drug list, resulting in enhanced supplemental and federal rebates for prescription drugs.

During SFY 2025-2026, SCDHHS also implemented several new initiatives to reduce fraud, waste and abuse in the Healthy Connections Medicaid program. The agency has successfully issued a solicitation to procure a new Recovery Audit Contractor (RAC) with artificial intelligence/machine learning-enabled analytics and a provider portal to strengthen payment integrity (Awarded August 2026). Additionally, SCDHHS plans to expand its Verification of Rendering Service Provider letters to all high-risk rendering providers bi-annually, to alert them to any billing occurring under their National Provider Identifier (NPI), helping prevent credential misuse. SCDHHS implemented a more streamlined fraud case reviews shortening record submission deadlines, reducing review periods and sample sizes and targeting high-risk claims. This enables the Program Integrity unit to quickly establish a credible allegation of fraud for referral to the Attorney General's Office for investigation and prosecution.

SCDHHS established ongoing strategies to better-align technology to modernize and gain operational efficiency. One way the agency is in-process of accomplishing this is by implementing capabilities that support our managed care business strategy. During this period, the Agency completed its Modernization Roadmap and hosted a vendor day to assist potential vendors in identifying which upcoming procurements best fit the services they could offer to SCDHHS and its Medicaid population. Additional Progress toward this goal is ongoing. The implementation advance policy document which was drafted and submitted to the Centers for Medicare and Medicaid was approved July 2026. Additionally, phase I of our managed care carve-in process was completed January 2026. During this phase, dual eligible members, waiver participants and members receiving long-term care were transitioned to managed care. This project is well-underway, with a target go-live date for phase II of July 1, 2027. Phase II includes carving additional services into the managed care delivery model and consolidating multiple home and community-based services waivers while maintaining coverage of the services covered by the waiver programs.

The goal of supporting the eligibility, enrollment and member services workforce by completing three systems enhancements to increased worker productivity was significantly exceeded, with a total of 10 systems enhancements now in place. These include:

- Supporting accurate fee-for-service pricing by correctly classifying independent pharmacies using South Carolina Labor Licensing and Registration license permit types
- Establishing a centralized data intake and reconciliation process for Gainwell – Health Management Systems files, enabling continuous oversight of National Correct Coding Initiative editing
- Creating an automated Power BI report to calculate managed care capitation dates, eliminating manual spreadsheet calculations and reducing human error
- Building centralized Power BI reports which allow staff members to view all necessary reports in a single location
- Embedding the DocID directly into case descriptions so employees can immediately identify the tasks tied to a specific document
- Enhancing Workload Pro (WLP) by pulling data into the respective work lanes and enabling employees to process tasks within the program instead of navigating separate systems
- Corrected routing for specialty Curam cases so they now reach the correct specialists in a timely manner
- Developing a new report which allows eligibility workers to view claims and work cases that do not automatically surface in WLP, improving case coverage and reducing backlog
- Improving the system of record pending applications routing, resolving timing issues and improving workflow
- Implementing a technical workaround that pulls in resource information to further automate review of non-MAGI reviews

Lastly, a well-trained workforce is critical to the agency's ability to achieve its mission. One of the agency's goals is to embrace a nurturing environment that allows the right people to find their right place within SCDHHS. Medicaid University, a training program designed to broaden team members' knowledge about South Carolina Healthy Connections Medicaid and SCDHHS was launched July 1, 2025. It covers the agency's structure and details its operations and processes. All 25 courses have been developed and 16 of the 25 (64%) of total courses are currently available to employees. As of June 30, 2026, there have been 1,564 course completions for the 16 available classes. Additionally, the Office of Human Resources is in the process of updating several policies and procedures to align them with identified best practices for state agencies. The policies have been reviewed and are at different stages of approval for distribution.

Risk Assessment and Mitigation Strategies

SCDHHS provides health care coverage for approximately one million South Carolinians, including the majority of the state's children and pregnant women and a large portion of the state's disabled population. While it is extremely unlikely to occur, the greatest potential negative impact that could result from the agency's failure to accomplish any of its goals and objectives would be a loss of access to vital health care services for some of the state's most vulnerable individuals. The most likely major

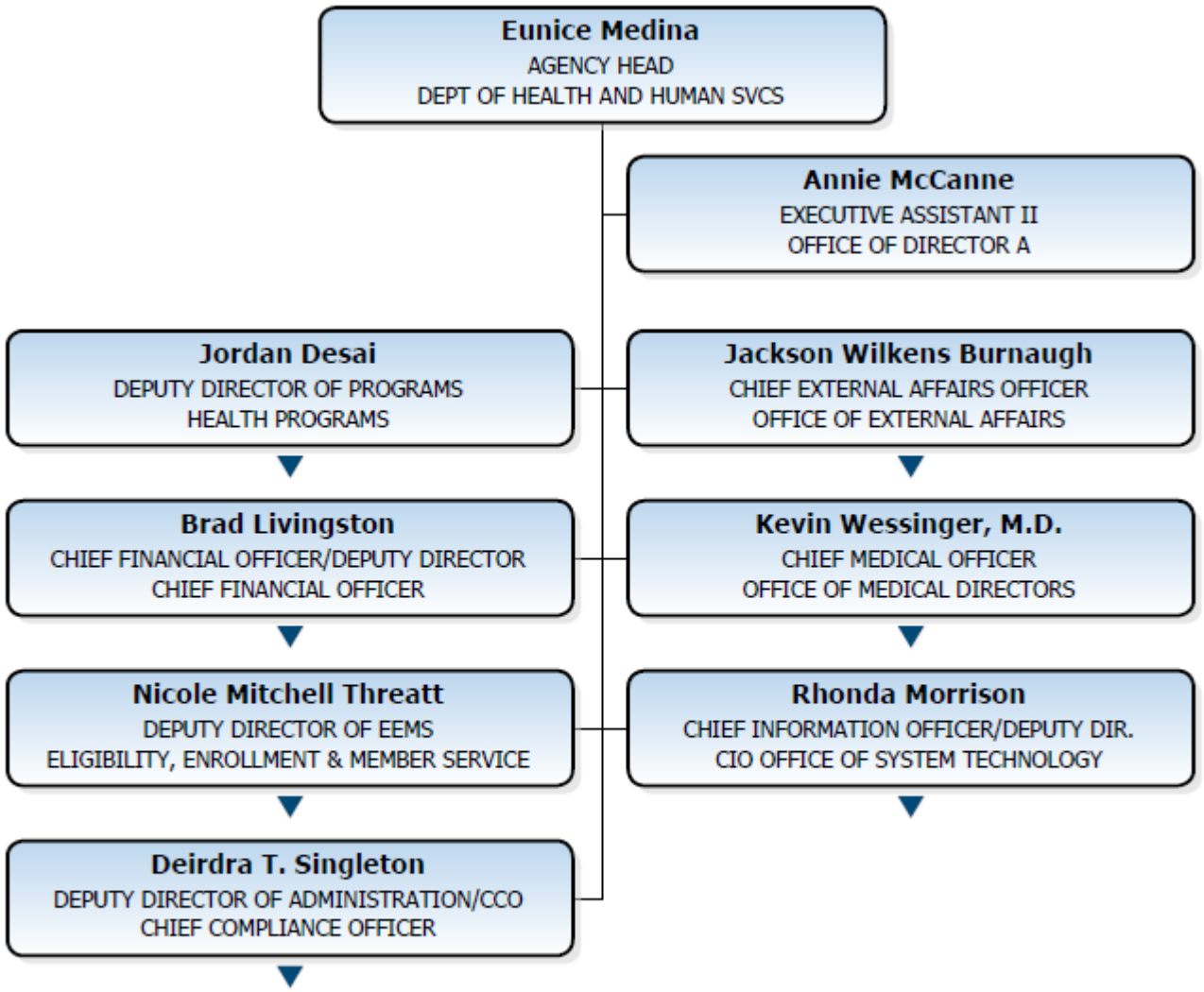
threat to the agency's ability to accomplish its goals and objectives would be the fiscal impact of the next recession. Medicaid is a countercyclical program, meaning more people become financially eligible during economic downturns. This means the combination of declining overall state revenues and increased demand for Medicaid spending would begin just as funding would likely start to be pulled away.

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

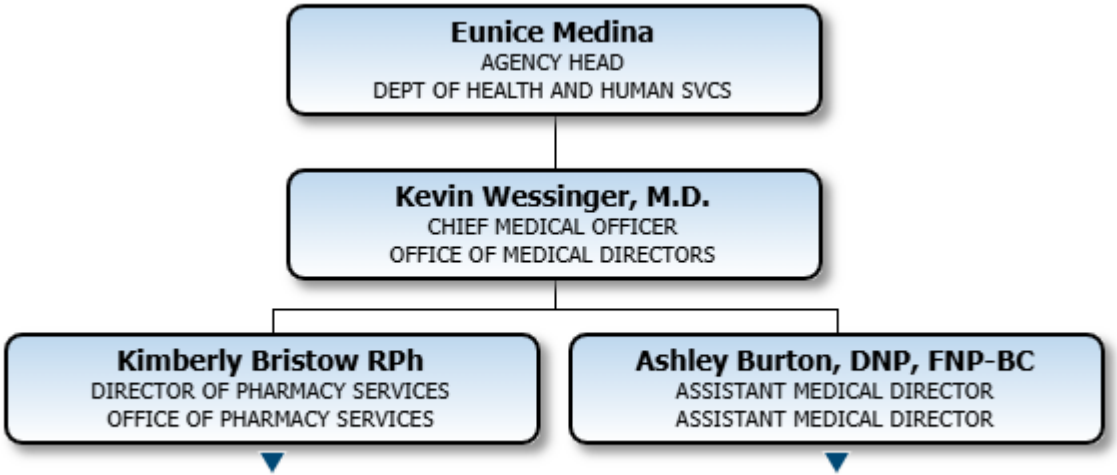
Finally, the General Assembly has already taken important steps to help avoid a crisis. Key provisos have been amended in recent years to allow the agency to maintain a responsible reserve balance and protect SCDHHS' ability to retain those funds. The deficit monitoring mechanism has been tightened to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

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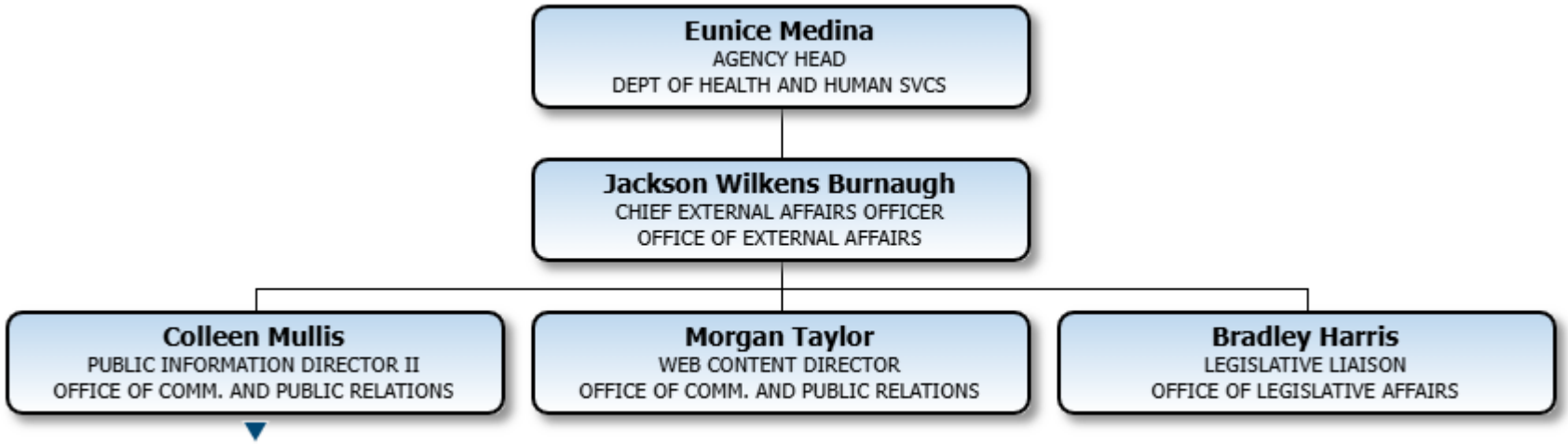
AGENCY ORGANIZATIONAL CHART



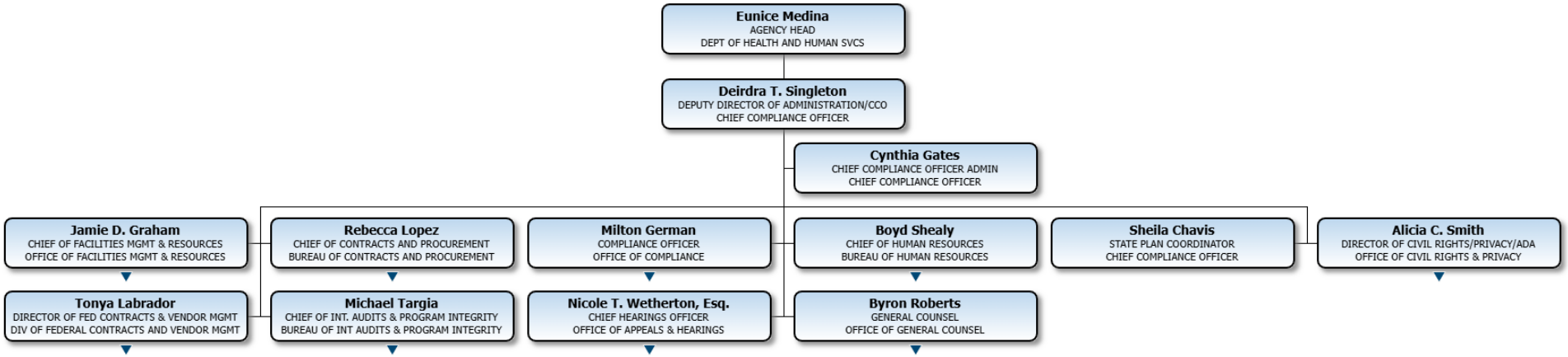
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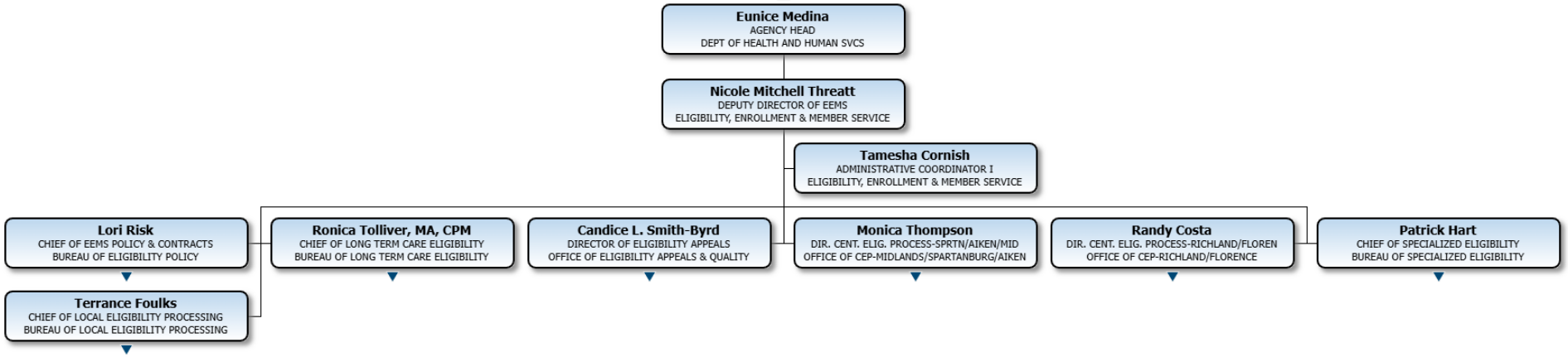
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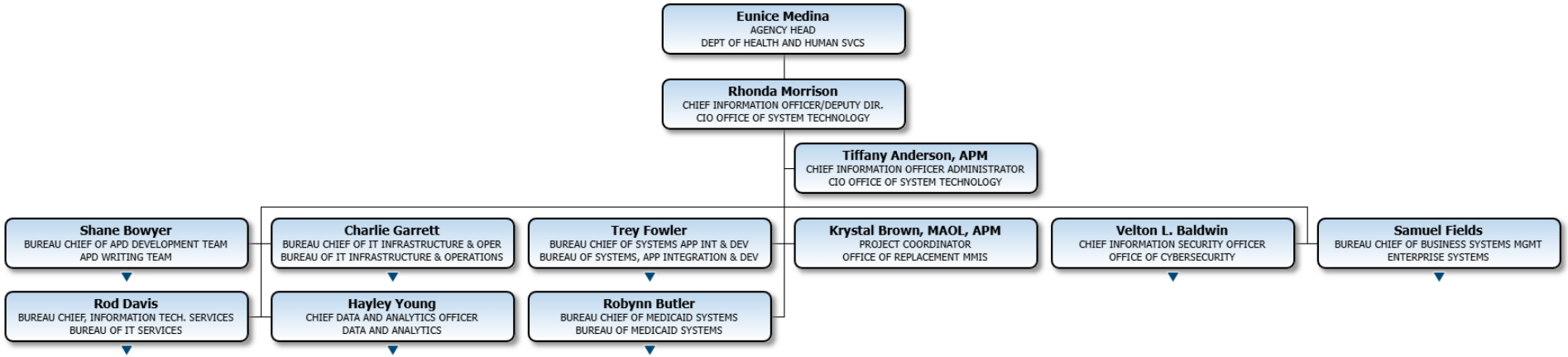
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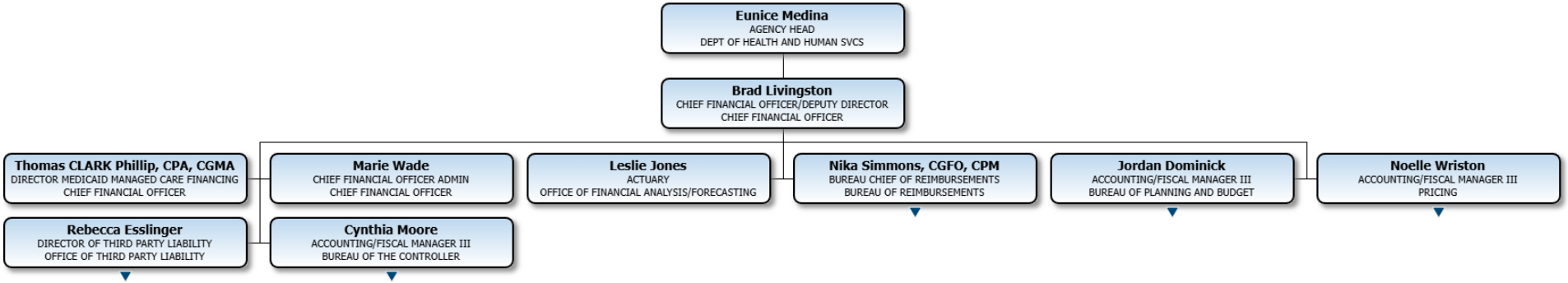
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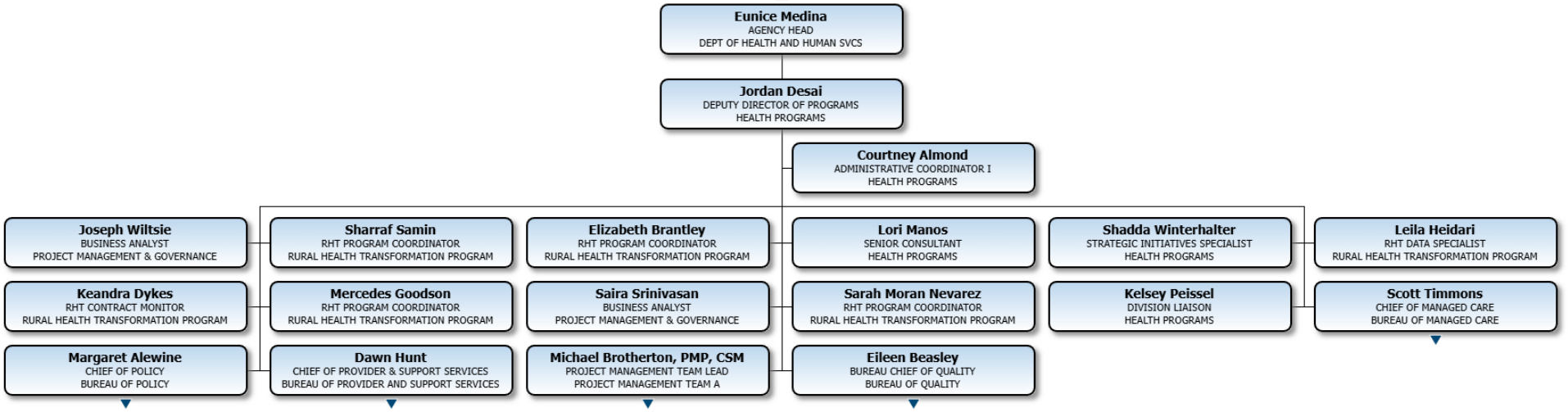
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2026

Reorganization and Compliance

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Primary Contact

First Name	Last Name	Role/Title	Email Address	Phone
Jackson	Wilkens Burnaugh	Chief External Affairs Officer	jackson.wilkens@scdhhs.gov	(803) 876-8700

Secondary Contact

First Name	Last Name	Role/Title	Email Address	Phone
Karamie	Sullivan	Public Information Director I	karamie.sullivan@scdhhs.gov	(803) 898-1914

Agency Mission	Adopted in:	2022

To be boldly innovative in improving the health and quality of life for South Carolinians.

Agency Vision	Adopted in:	2025

Turning thought into action through evidence-based decision making.

Recommendations for reorganization requiring legislative change:

None

Agency intentions for other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in the succeeding fiscal year:

None

Significant events related to the agency that occurred in FY2026

Description of Event	Start	End	Agency Measures Impacted	Other Impacts
No significant events affected performance measures.				

Is the agency in compliance with S.C. Code Ann. § 2-1-220, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? (See also S.C. Code Ann. § 60-2-20).	Yes
Reason agency is out of compliance: (if applicable)	
Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 30-1-10 through 30-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).	Yes
Does the law allow the agency to promulgate regulations?	Yes
Law number(s) which gives the agency the authority to promulgate regulations:	**SC Code Section 44-6-90**
Has the agency promulgated any regulations?	Yes
Is the agency in compliance with S.C. Code Ann. § 1-23-120 (J), which requires an agency to conduct a formal review of its regulations every five years?	Yes
(End of Reorganization and Compliance Section)	

FY2026

Strategic Plan Results

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Goal 1 Provide a responsive member experience.

Goal 2 Purchase access to needed health services.

Goal 3 Properly align resources to enable success.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1	**Ensure accuracy of member enrollment.**										**State Objective: Healthy and Safe Families**			
1.1.1	Improve accuracy rate in avoiding adverse errors by 2%.	90%	92%	90%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no adverse errors / total number of Medicaid applications audited	Curam	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct Customers	3000.015000.000	Eligibility experienced consistent staff turnover, which affected performance as new employees required onboarding, training, and support before reaching full productivity. In addition, reliance on manual processes contributed to the metric not being met.
1.1.2	Improve accuracy rate in avoiding procedural errors for all applications and redeterminations by 2%.	87%	89%	89%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no procedural errors / total number of Medicaid applications audited	Curam	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct Customers	3000.015000.000	
1.2	**Continually enhance exparte renewal capabilities.**										**State Objective: Healthy and Safe Families**			
1.2.1	Implement use of new data sources and processes that improve exparte rate for renewals.	0%	100%	100%	Percent	Complete	State Fiscal Year	Complete implementation of new process	MMS/EEMS	Eligibility System/Eligibility Policy	Agency customers receive access to Medicaid services as appropriate	Direct Customers	3000.015000.000	
2.1	**Establish services adequate to achieve their intended purpose.**										**State Objective: Healthy and Safe Families**			
2.1.1	Implement provider rate increases for targeted behavioral health services.	0%	100%	100%	Count	Complete	State Fiscal Year	Count of provider rate increases in behavioral health services	Bureau of Policy	Provider Fee Schedules	Reimbursement rates are sufficient for agency customers to access services.	Members and providers	3000.010532.000; 3000.010518.000	
2.1.2	Implement new behavioral health service(s).	0	1	1	Count	Complete	State Fiscal Year	Count of additional behavioral health services covered	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	
2.1.3	Remove barriers to care by updating behavioral health diagnosis policies.	0	1	1	Count	Complete	State Fiscal Year	Count of enhanced behavioral health services	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
2.1.4	Implement provider rate increases for targeted medical service categories.	0	1	1	Count	Complete	State Fiscal Year	Count of provider rate increases in medical services	Bureau of Policy	Provider Bulletins and Provider Manuals	Reimbursement rates are sufficient for agency customers to access services.	Members and providers	3000.010518.000	
2.1.5	Implement a new medical service	0	1	1	Count	Complete	State Fiscal Year	Count of additional medical services covered	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed medical services	Members and providers	3000.010518.000	
2.1.6	Extend coverage of medical service category(s).	0	1	2	Count	Complete	State Fiscal Year	Count of enhanced medical service categories	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed medical services	Members and providers	3000.010518.000	
2.2	**Promote quality outcomes to improve the well-being of members.**										**State Objective: Healthy and Safe Families**			
2.2.1	Identify and implement two QTIP initiatives with participating practices.	0	2	2	Count	Complete	State Fiscal Year	Count of implemented QTIP initiatives	Bureau of Quality	QTIP Reporting	Provide better health outcomes for Medicaid members	Members and providers	3000.010505.000; 3000.010518.000	
3.1	**Make financial decisions that support strategies and objectives.**										**State Objective: Healthy and Safe Families**			
3.1.1	Realize cost savings and improved stewardship through implementing state-directed preferred drug list.	0%	100%	100%	Percent	Equal to or greater than	State Fiscal Year	Increase in rebate dollars	Magellan - now Prime	Rebate Invoices/Finance Department	Operational efficiency and cost savings	Members and providers	3000.010504.000; 3000.010518.000	
3.2	**Embrace a nurturing environment that allows the right people to find their right place.**										**State Objective: Healthy and Safe Families**			
3.2.1	Implement modular comprehensive training curriculum based on the Code of Federal Regulations to provide team members the foundational knowledge to be successful.	0%	100%	100%	Percent	Equal to or greater than	State Fiscal Year	n/a	Office of Training Development	Office of Training Development	Provide team members with foundational knowledge of applicable federal regulations	DHHS Employees	0100.000000.000; 3000.010200.000	
3.2.2	Review and update human resources policies and procedures based on identified best practices for state agencies	0%	100%	100%	Percent	Equal to or greater than	State Fiscal Year	n/a	Bureau of Human Resources	Bureau of Human Resources	Modernize and gain operational efficiency	DHHS Employees	0100.000000.000	
3.3	**Monitor service integrity and compliance.**										**State Objective: Healthy and Safe Families**			
3.3.1	Reduce fraud, waste and abuse in the South Carolina Medicaid program through increased review of claims.	0%	100%	100%	Percent	Equal to or greater than	State Fiscal Year	n/a	Program Integrity SURS Unit	Program Integrity SURS Unit	Protect taxpayer funds from waste, fraud and abuse	Taxpayers	3000.010301.000	

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
3.4	**Strategically integrate technology to modernize and gain operational efficiency.**									**State Objective: Healthy and Safe Families**				
3.4.1	Implement capabilities that support SCDHHS's managed care business strategy.	0%	100%	100%	Percent	Equal to or greater than	State Fiscal Year	Complete implementation of capabilities	Systems and Technology	DASH	Modernize and gain operational efficiency	Taxpayers and DHHS Employees	9802.010000X000	
3.4.2	Support eligibility, enrollment and member services workforce by completing three systems enhancements that will enable increased worker productivity	0	3	10	Count	Equal to or greater than	State Fiscal Year	Complete three system enhancements	Bureau of Medicaid Systems	Bureau of Medicaid Systems	Modernize and gain operational efficiency	Taxpayers and DHHS Employees	3000.010306.000	

FY2027

Strategic Plan Development

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Goal 1 Provide a responsive member experience.

Goal 2 Purchase access to needed health services.

Goal 3 Properly align resources to enable success.

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1	**Ensure accuracy of member enrollment.**								**State Objective: Healthy and Safe Families**				
1.1.1	Improve accuracy rate in avoiding adverse errors by 2%.	90%	92%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no adverse errors / total number of Medicaid applications audited	Curam	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct Customers	3000.015000.000	
1.1.2	Improve accuracy rate in avoiding procedural errors for all applications and redeterminations by 2%.	89%	91%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no procedural errors / total number of Medicaid applications audited	Curam	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct Customers	3000.015000.000	
1.2	**Continually enhance exparte renewal capabilities.**								**State Objective: Healthy and Safe Families**				
1.2.1	Implement use of new data sources and processes that improve exparte rate for renewals.	0	1	Count	Complete	State Fiscal Year	Complete implementation of new process	MMS/EEMS	Eligibility System/Eligibility Policy	Agency customers receive access to Medicaid services as appropriate	Direct Customers	3000.015000.000	
2.1	**Establish services adequate to achieve their intended purpose.**								**State Objective: Healthy and Safe Families**				
2.1.1	Implement provider rate increases for targeted behavioral health services.	0	1	Count	Complete	State Fiscal Year	Count of provider rate increases in behavioral health services	Bureau of Policy	Provider Fee Schedules	Reimbursement rates are sufficient for agency customers to access services.	Members and providers	3000.010532.000; 3000.010518.000	

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
2.1.2	Implement new or update behavioral health service(s).	0	1	Count	Complete	State Fiscal Year	Count of additional behavioral health services covered	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	
2.1.3	Remove barriers to care by updating behavioral health diagnosis policies.	0	1	Count	Complete	State Fiscal Year	Count of enhanced behavioral health services	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	
2.1.4	Implement provider rate increases for targeted medical service categories.	0	1	Count	Complete	State Fiscal Year	Count of provider rate increases in medical services	Bureau of Policy	Provider Bulletins and Provider Manuals	Reimbursement rates are sufficient for agency customers to access services.	Members and providers	3000.010518.000	
2.1.5	Implement a new medical service	0	1	Count	Complete	State Fiscal Year	Count of additional medical services covered	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed medical services	Members and providers	3000.010518.000	
2.1.6	Extend coverage of medical service category(s).	0	1	Count	Complete	State Fiscal Year	Count of enhanced medical service categories	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed medical services	Members and providers	3000.010518.000	
2.2	**Promote quality outcomes to improve the well-being of members.**								**State Objective: Healthy and Safe Families**				
2.2.1	Identify and implement two QTIP initiatives with participating practices.	0	1	Count	Complete	State Fiscal Year	Count of implemented QTIP initiatives	Bureau of Quality	QTIP Reporting	Provide better health outcomes for Medicaid members	Members and providers	3000.010505.000; 3000.010518.000	
3.1	**Make financial decisions that support strategies and objectives.**								**State Objective: Healthy and Safe Families**				
3.1.1	Increase cost savings and improved stewardship by adding additional drugs to state-directed preferred drug list.	0	5	Count	Equal to or greater than	State Fiscal Year	Increase in rebate dollars	Magellan - now Prime	Rebate Invoices/Finance Department	Operational efficiency and cost savings	Members and providers	3000.010504.000; 3000.010518.000	
3.2	**Embrace a nurturing environment that allows the right people to find their right place.**								**State Objective: Healthy and Safe Families**				

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
3.2.1	Implement modular comprehensive training curriculum course based on the Code of Federal Regulations to provide team members the foundational knowledge	0	1	Count	Equal to or greater than	State Fiscal Year	Increase count of available coursework	Office of Training Development	Office of Training Development	Provide team members with foundational knowledge of applicable federal regulations	DHHS Employees	0100.000000.000; 3000.010200.000	
3.2.2	Review and update, as needed, human resources policies and procedures based on identified best practices for state agencies	0	3	Count	Equal to or greater than	State Fiscal Year	Complete three policy reviews with necessary updates	Bureau of Human Resources	Bureau of Human Resources	Modernize and gain operational efficiency	DHHS Employees	0100.000000.000	
3.3	**Monitor service integrity and compliance.**								**State Objective: Healthy and Safe Families**				
3.3.1	Reduce fraud, waste and abuse in the South Carolina Medicaid program through increased review of claims.	0	1	Count	Equal to or greater than	State Fiscal Year	Complete a process improvement	Program Integrity SURS Unit	Program Integrity SURS Unit	Protect taxpayer funds from waste, fraud and abuse	Taxpayers	3000.010301.000	
3.4	**Strategically integrate technology to modernize and gain operational efficiency.**								**State Objective: Healthy and Safe Families**				
3.4.1	Implement a component of the SCDHHS's managed care business strategy.	0	1	Count	Equal to or greater than	State Fiscal Year	Complete implementation of capabilities	Systems and Technology	DASH	Modernize and gain operational efficiency	Taxpayers and DHHS Employees	9802.010000X000	
3.4.2	Support eligibility, enrollment and member services workforce by completing three systems enhancements that will enable increased worker productivity	0	3	Count	Equal to or greater than	State Fiscal Year	Complete three system enhancements	Bureau of Medicaid Systems	Bureau of Medicaid Systems	Modernize and gain operational efficiency	Taxpayers and DHHS Employees	3000.010306.000	

Budget Data

2026

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
0100.000000.000	Administration	Provides administrative support and other operating expenses for the agency	$ 21,536,077.07	$ 2,709,192.88	$ 25,168,174.84	$ 49,413,444.79	$ 36,805,946.00	$ 2,508,632.00	$ 38,573,915.00	$ 77,888,493.00
3000.010200.000	Medical Administration	Provides administrative support and other operating expenses for the agency	$ 12,275,356.49	$ 539,353.89	$ 21,999,872.54	$ 34,814,582.92	$ 10,190,094.00	$ 1,529,969.00	$ 17,807,733.00	$ 29,527,796.00
3000.010301.000	Provider Support	Provides administrative/contractual support for Medicaid services	$ 50,375,193.58	$ 118,643,761.13	$ 55,056,498.75	$ 224,075,453.46	$ 69,197,254.00	$ 33,191,371.00	$ 58,847,703.00	$ 161,236,328.00
3000.010302.000	Nursing Home Contracts	Provides administrative/contractual support for Medicaid services	$ 1,269,517.21	$ 449,117.35	$ 3,249,075.68	$ 4,967,710.24	$ 2,133,893.00	$ 2,734,521.00	$ 4,092,054.00	$ 8,960,468.00
3000.010304.000	CLTC Contracts	Provides administrative/contractual support for Medicaid services	$ 1,624,241.69	$ 569,275.73	$ 3,208,825.36	$ 5,402,342.78	$ 2,313,179.00	$ 555,913.00	$ 5,579,965.00	$ 8,449,057.00
3000.010305.000	Eligibility Contracts	Provides administrative/contractual support for Medicaid services	$ 32,696,650.61	$ 10,533,056.05	$ 103,752,838.72	$ 146,982,545.38	$ 26,678,283.00	$ 600,000.00	$ 136,022,721.00	$ 163,301,004.00
3000.010306.000	MMIS-Medical Mgmt Info	Provides administrative/contractual support for Medicaid services	$ 21,604,502.80	$ 1,957,813.96	$ 75,793,452.42	$ 99,355,769.18	$ 26,788,130.00	$ 1,842,251.00	$ 117,750,280.00	$ 146,380,661.00
3000.010310.000	Telemedicine	Payments to programs for development and operation of a statewide, open access South Carolina Telemedicine Network	$ 13,500,000.00	$ -	$ -	$ 13,500,000.00	$ 7,000,000.00	$ -	$ -	$ 7,000,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
3000.010312.000	Rural Health Initiative	Payments to programs to promote the development of a rural medical workforce through (1) additional residencies or fellowships in rural medicine or other related areas and/or (2) efforts that expose resident physicians to rural practice as part of a recruitment strategy for rural and/or underserved communities, including rural rotation programs	$ 14,648,260.78	$ -	$ -	$ 14,648,260.78	$ 8,075,000.00	$ -	$ -	$ 8,075,000.00
3000.010314.000	Pregnancy Crisis Centers	Provides administrative/contractual support for Medicaid services	$ 2,400,000.00	$ -	$ -	$ 2,400,000.00	$ 2,400,000.00	$ -	$ -	$ 2,400,000.00
3000.010501.000	Hospital Services	Provides inpatient and outpatient hospital services for our fee for service beneficiaries	$ 151,776,067.37	$ 96,712,925.45	$ 568,934,795.18	$ 817,423,788.00	$ 81,681,893.00	$ 104,416,486.00	$ 581,311,342.00	$ 767,409,721.00
3000.010502.000	Nursing Home Services	Provides nursing facility services including complex care and hospice room and board	$ 281,050,342.59	$ 3,519,682.93	$ 650,171,407.27	$ 934,741,432.79	$ 273,501,319.00	$ 3,364,029.00	$ 628,179,672.00	$ 905,045,020.00
3000.010504.000	Pharmaceutical Services	Provides prescription medications in the outpatient setting for our fee for service beneficiaries	$ 39,826,247.47	$ 265,378.17	$ 91,959,556.76	$ 132,051,182.40	$ 47,955,070.00	$ 899,500.00	$ 109,764,851.00	$ 158,619,421.00
3000.010505.000	Physician Services	Provides physician services including primary care, preventative care and specialty care for our fee for service beneficiaries	$ 26,636,235.40	$ 91,414.44	$ 63,389,424.67	$ 90,117,074.51	$ 32,750,818.00	$ 262,506.00	$ 77,180,624.00	$ 110,193,948.00
3000.010506.000	Dental Services	Provides dental services for our beneficiaries	$ 50,103,595.17	$ 29,716.12	$ 124,517,101.95	$ 174,650,413.24	$ 54,449,628.00	$ 88,983.00	$ 132,784,834.00	$ 187,323,445.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
3000.010507.000	CLTC-Community Long Term Care	Provides services in the home and community settings for beneficiaries as an alternative to nursing home placement – includes Community Choices, HIV/AIDS, Mechanical Vent, and Children's Personal Care waivers.	$ 185,341,368.31	$ -	$ 423,963,241.56	$ 609,304,609.87	$ 189,846,265.00	$ 25,269.00	$ 478,225,160.00	$ 668,096,694.00
3000.010510.000	Premiums Matched	Pays for Medicare premiums for dual eligible individuals who meet certain income requirements	$ 108,981,198.02	$ -	$ 279,056,357.19	$ 388,037,555.21	$ 132,875,706.00	$ -	$ 339,024,293.00	$ 471,899,999.00
3000.010511.000	Premiums 100% State	100% state funded program that covers Medicare premiums for specific Medicaid eligibility categories (Nursing Home, General Hospital, HCBS, ABD, QI, Refugee Assistance)	$ 31,099,978.00	$ -	$ -	$ 31,099,978.00	$ 38,000,000.00	$ -	$ -	$ 38,000,000.00
3000.010512.000	Hospice	Provides hospice services for terminally ill Medicaid beneficiaries	$ 7,345,981.40	$ -	$ 16,840,835.63	$ 24,186,817.03	$ 7,635,174.00	$ -	$ 17,433,460.00	$ 25,068,634.00
3000.010513.000	Optional State Supplement	Program for those residing in licensed community residential care facilities who meet SSI eligibility requirements except for income (100% state funding)	$ 17,976,684.75	$ -	$ -	$ 17,976,684.75	$ 18,036,128.00	$ -	$ -	$ 18,036,128.00
3000.010514.000	OSCAP	Entitlement program and state supplement to SSI for enrolled CRCFs to provide room and board for eligible consumers and a degree of personal care (100% state funding)	$ 3,766,350.62	$ -	$ -	$ 3,766,350.62	$ 3,984,353.00	$ -	$ -	$ 3,984,353.00
3000.010516.000	Clinical Services	Provides services in FQHCs, RHCs, and other clinic settings for our fee for service beneficiaries	$ 16,438,003.41	$ 121,572.67	$ 37,737,195.47	$ 54,296,771.55	$ 19,820,168.00	$ 149,120.00	$ 44,578,000.00	$ 64,547,288.00
3000.010517.000	Durable Medical Equipment	Provides durable medical equipment including wheel chairs and oxygen supplies for our fee for service beneficiaries	$ 18,528,238.48	$ 2,023.06	$ 42,533,180.77	$ 61,063,442.31	$ 22,324,122.00	$ 53,699.00	$ 50,862,346.00	$ 73,240,167.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
3000.010518.000	Coordinated Care	Provides coordinated services for beneficiaries through managed care organizations which are paid through capitated rates	$ 522,199,644.34	$ 1,364,304,571.01	$ 4,416,750,329.59	$ 6,303,254,544.94	$ 675,028,183.00	$ 1,825,341,431.00	$ 4,717,408,141.00	$ 7,217,777,755.00
3000.010523.000	Transportation Services	Provides non-emergency transportation for the entire Medicaid population and emergency transportation services for our fee for service beneficiaries	$ 39,539,557.83	$ 2,976.11	$ 90,344,992.09	$ 129,887,526.03	$ 39,753,312.00	$ 6,292.00	$ 90,240,396.00	$ 130,000,000.00
3000.010524.000	MMA Phased Down Contributions	Federal “clawback” for state’s portion of Medicare Part D prescription drug benefit (100% state funding)	$ 181,800,845.31	$ -	$ -	$ 181,800,845.31	$ 208,844,000.00	$ -	$ -	$ 208,844,000.00
3000.010525.000	Home Health Services	Provides home health services and incontinence supplies for our fee for service beneficiaries	$ 4,786,110.97	$ 372.66	$ 10,964,819.28	$ 15,751,302.91	$ 6,469,558.00	$ 11,712.00	$ 14,696,485.00	$ 21,177,755.00
3000.010526.000	EPSDT Services	Provides well-child, comprehensive and preventive health care screenings and services for children under the age of 21	$ 1,163,536.08	$ 2,166.09	$ 2,724,028.86	$ 3,889,731.03	$ 1,247,103.00	$ 6,964.00	$ 2,907,685.00	$ 4,161,752.00
3000.010527.000	Medical Professional Services	Provides therapy, vision, and other medical professional services to our fee for service beneficiaries	$ 15,728,522.44	$ 21,980.12	$ 36,121,429.42	$ 51,871,931.98	$ 17,453,095.00	$ 62,224.00	$ 39,823,634.00	$ 57,338,953.00
3000.010528.000	Lab & X-Ray Services	Provides lab and x-ray services including CT scans and MRIs for our fee for service beneficiaries	$ 5,107,549.76	$ 36,807.82	$ 11,752,752.53	$ 16,897,110.11	$ 6,048,310.00	$ 103,240.00	$ 13,905,649.00	$ 20,057,199.00
3000.010529.000	PACE	Provides a comprehensive array of services for beneficiaries in home and community-based settings who would otherwise qualify for nursing home placement	$ 9,559,277.33	$ -	$ 21,846,411.82	$ 31,405,689.15	$ 8,720,751.00	$ -	$ 19,787,698.00	$ 28,508,449.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
3000.010531.000	Children's Community Care	Provides children's nursing services and medically complex children's waiver	$ 12,337,219.98	$ -	$ 28,520,349.75	$ 40,857,569.73	$ 21,486,199.00	$ 88,137.00	$ 54,068,733.00	$ 75,643,069.00
3000.010532.000	Behavioral Health Services	Provides behavioral health services for beneficiaries including inpatient psych, rehabilitative behavioral health services, targeted case management, private residential treatment facilities, and autism services amongst many others	$ 23,010,472.63	$ 3,265.49	$ 52,823,637.08	$ 75,837,375.20	$ 28,797,903.00	$ 12,353.00	$ 61,043,600.00	$ 89,853,856.00
3000.010701.000	Mental Health	Medicaid eligible services provided by the SC Department of Mental Health (re: OMH)	$ -	$ 7,830,980.92	$ 17,954,489.50	$ 25,785,470.42	$ -	$ 10,455,696.00	$ 23,840,489.00	$ 34,296,185.00
3000.010702.000	Disabilities & Special Needs	Medicaid eligible services provided by the SC Department of Disabilities and Special Needs (re: OIDD)	$ 260,145,641.82	$ 54,001,532.74	$ 713,055,889.70	$ 1,027,203,064.26	$ 260,897,881.00	$ 61,437,504.00	$ 714,343,525.00	$ 1,036,678,910.00
3000.010703.000	DPH	Medicaid eligible services provided by the SC Department of Public Health	$ -	$ 289,658.58	$ 636,183.20	$ 925,841.78	$ 140,698.00	$ 388,123.00	$ 783,669.00	$ 1,312,490.00
3000.010704.000	MUSC	Medicaid eligible services provided by the Medical University of South Carolina	$ -	$ 20,544,022.23	$ 47,044,053.73	$ 67,588,075.96	$ 225,086.00	$ 10,942,748.00	$ 24,711,549.00	$ 35,879,383.00
3000.010705.000	USC	Medicaid eligible services provided by the University of South Carolina	$ -	$ 1,279.79	$ 2,926.21	$ 4,206.00	$ -	$ 3,047.00	$ 6,903.00	$ 9,950.00
3000.010711.000	Dept Of Education	Medicaid eligible services provided by the SC Department of Education	$ -	$ 11,118,870.91	$ 27,011,257.95	$ 38,130,128.86	$ -	$ 11,985,824.00	$ 28,812,220.00	$ 40,798,044.00
3000.011503.000	Other Entities Funding	Medicaid eligible services provided by the Other Non-State Entity Hospitals	$ -	$ 14,568,103.57	$ 33,345,019.14	$ 47,913,122.71	$ -	$ 6,028,998.00	$ 16,976,898.00	$ 23,005,896.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
3000.011506.000	Disproportionate Share	Provides payment to qualifying hospitals for the unreimbursed cost of providing inpatient and outpatient hospital services to Medicaid eligible and uninsured individuals	$ -	$ 37,281,241.41	$ 85,316,496.59	$ 122,597,738.00	$ 18,628,621.00	$ 43,567,748.00	$ 56,432,253.00	$ 118,628,622.00
3000.015000.000	Medicaid Eligibility	Provides administrative support and other operating expenses for the agency	$ 13,423,727.10	$ 2,636,156.48	$ 23,175,544.82	$ 39,235,428.40	$ 15,453,317.00	$ 2,772,146.00	$ 24,807,696.00	$ 43,033,159.00
3000.015500.000	BabyNet	Provides interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays	$ 36,678,157.02	$ 3,926,492.67	$ 26,279,842.52	$ 66,884,492.21	$ 39,074,931.00	$ 4,968,595.00	$ 26,513,261.00	$ 70,556,787.00
9500.050000.000	State Employer Contributions	Provide fringe & benefits for SCDHHS employees	$ 13,457,572.52	$ 1,768,685.57	$ 22,559,767.68	$ 37,786,025.77	$ 12,952,182.00	$ 2,407,259.00	$ 24,451,633.00	$ 39,811,074.00
9802.010000X000	Medicaid Management Information System	MMIS Replacement Project	$ 778,727.57	$ -	$ 7,008,490.78	$ 7,787,218.35	$ -	$ -	$ -	$ -
9804.200100X000	PsychResiden Prog	Non-Recurring Proviso	$ -	$ -	$ -	$ -	$ 482,270.13	$ -	$ -	$ 482,270.13
9806.950000X000	Alzheimer's Disease Research Center Designation	Non-Recurring Proviso	$ 213,776.38	$ -	$ -	$ 213,776.38	$ 5,793.80	$ -	$ -	$ 5,793.80
9803.360100X000	Children's Hospital Collaborative	Non-Recurring Proviso	$ 2,000,000.00	$ -	$ -	$ 2,000,000.00	$ 6,000,000.00	$ -	$ -	$ 6,000,000.00
9833.060000X000	Healthcare Compliance	Non-Recurring Proviso	$ 5,000,000.00	$ -	$ -	$ 5,000,000.00	$ -	$ -	$ -	$ -
9826.050000X000	Rural Health Network	Non-Recurring Proviso	$ 960,000.00	$ -	$ -	$ 960,000.00	$ -	$ -	$ -	$ -

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
9802.610100X000	Statewide Pediatric Bed Enhancements	Non-Recurring Proviso	$ 2,000,000.00	$ -	$ -	$ 2,000,000.00	$ -	$ -	$ -	$ -
9802.620100X000	Neurological Critical Care and Rehab Services	Non-Recurring Proviso	$ -	$ 150,000,000.00	$ -	$ 150,000,000.00	$ -	$ 190,000,000.00	$ -	$ 190,000,000.00
9820.310000X000	Medex Academy	Non-Recurring Proviso	$ 100,000.00	$ -	$ -	$ 100,000.00	$ -	$ -	$ -	$ -

2026

Legal Data

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	FY26-27 Proviso	Establishes the Healthy Outcomes Initiative, increases DSH payments to rural hospitals, and directs expenditures to safety net and other providers.	Requires a manner of delivery		Amended
Proviso 33.21 (Rural Health Initiative)	State	FY26-27 Proviso	Requires the Department to partner with certain agencies to implement components of a Rural Health Initiative.	Requires a manner of delivery		Reenacted
Proviso 33.23 (BabyNet Compliance)	State	FY23-24 Proviso	Requires the agency to report on the status of bringing BabyNet into compliance with federal requirements.	Report our agency must/may provide		No Change
Proviso 33.22 (Family Planning Funds)	State	FY26-27 Proviso	State law having prevented Planned Parenthood from performing abortions with state funds, once the federal injunction is lifted, the Department of Health and Human Services may not direct any federal funds to Planned Parenthood.	Requires a manner of delivery		Reenacted
Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	FY26-27 Proviso	Directs the Department to make monthly remittances to the State Auditor's Office to support Medical Assistance audits.	Funding agency deliverable(s)		Reenacted
Proviso 33.4 (Third Party Liability Collection)	State	FY26-27 Proviso	Allows the Department to fund Third Party Liability and Drug Rebate collection efforts from the monies collected in those efforts.	Funding agency deliverable(s)		Reenacted

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 33.5 (Medicaid State Plan)	State	FY26-27 Proviso	Establishes the circumstances under which the Department may bill other state agencies for state matching funds.	Funding agency deliverable(s)		Reenacted
Proviso 33.6 (Medically Indigent Assistance Fund)	State	FY26-27 Proviso	Makes DSH-receiving hospitals liable for any audit exceptions relating to their receipt or expenditure of DSH funds.	Funding agency deliverable(s)		Reenacted
Proviso 33.7 (Registration Fees)	State	FY26-27 Proviso	Authorizes the Department to receive and expend registration fees for educational, training, and certification programs.	Funding agency deliverable(s)		Reenacted
Proviso 33.8 (Fraud and Abuse Collections)	State	FY26-27 Proviso	Authorizes the Department to offset the administrative costs associated with controlling fraud and abuse.	Funding agency deliverable(s)		Reenacted
Proviso 33.9 (Medicaid Eligibility Transfer)	State	FY26-27 Proviso	Transfers responsibility for Medicaid eligibility from DSS to HHS and requires that counties provide facilities for this work, as they do for DSS.	Requires a manner of delivery		Reenacted
Reg. 126-125	State	Regulation	Requires the Department to administer its programs without discrimination.	Requires a manner of delivery		No Change
Reg. 126-150	State	Regulation	Establishes definitions for terms used in the Department's Appeals and Hearings regulations	Requires a service	Appeals and Hearings	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-152	State	Regulation	Establishes appeal procedures	Requires a service	Appeals and Hearings	No Change
Reg. 126-154	State	Regulation	Defines authority of Hearing Officer	Requires a service	Appeals and Hearings	No Change
Reg. 126-156	State	Regulation	Describes prehearing conferences	Requires a service	Appeals and Hearings	No Change
Reg. 126-158	State	Regulation	Establishes hearing procedures	Requires a service	Appeals and Hearings	No Change
Reg. 126-170	State	Regulation	Establishes rules for the safeguarding and disclosure of Department-held client information.	Requires a manner of delivery		No Change
Reg. 126-171	State	Regulation	Defines protected information	Requires a manner of delivery		No Change
Reg. 126-172	State	Regulation	Defines purposes directly connected to the administration of programs and grants	Requires a manner of delivery		No Change
Reg. 126-173	State	Regulation	Defines rules under which the Department may release information	Requires a manner of delivery		No Change
Reg. 126-174	State	Regulation	Defines rules under which materials may be distributed to recipients and providers	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-175	State	Regulation	Defines penalties related to violations of the Department's safeguarding regulations	Requires a manner of delivery		No Change
Reg. 126-300	State	Regulation	Establishes the scope of the Medicaid program including services available under the program.	Requires a service	Medicaid services	No Change
Reg. 126-301	State	Regulation	List of services covered by Medicaid program	Requires a service	Medicaid services	No Change
Reg. 126-302	State	Regulation	Defines audiology services	Requires a service	Audiology services	No Change
Reg. 126-303	State	Regulation	Describes coverage of certified nurse midwifery services	Requires a service	Nurse-midwifery services	No Change
Reg. 126-304	State	Regulation	Describes Community Long Term Care Home and Community Based Services	Requires a service	CLTC services	No Change
Reg. 126-305	State	Regulation	Defines dental care	Requires a service	Dental services	No Change
Reg. 126-306	State	Regulation	Defines durable medical equipment	Requires a service	DME equipment	No Change
Reg. 126-307	State	Regulation	Describes early and periodic screening, diagnosis and treatment (EPSDT) services	Requires a service	EPSDT	No Change
Reg. 126-308	State	Regulation	Describes where End Stage Renal Disease services are available	Requires a service	End State Renal Disease services	No Change
Reg. 126-309	State	Regulation	Describes purpose of Family Planning Services	Requires a service	Family Planning services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-310	State	Regulation	Defines hospital services	Requires a service	Hospital services	No Change
Reg. 126-311	State	Regulation	Describes who must order laboratory and x-ray services/tests	Requires a service	Lab and x-ray services	No Change
Reg. 126-312	State	Regulation	Describes Medicaid medical transportation services	Requires a service	Medical transportation services	No Change
Reg. 126-313	State	Regulation	Defines mental health clinic services	Requires a service	Mental health clinic services	No Change
Reg. 126-314	State	Regulation	Describes nursing facility services	Requires a service	Nursing facility services	No Change
Reg. 126-315	State	Regulation	Defines physicians' services	Requires a service	Physicians' services	No Change
Reg. 126-316	State	Regulation	Defines podiatry services	Requires a service	Podiatry services	No Change
Reg. 126-317	State	Regulation	Defines prescribed drugs	Requires a service	Prescriptions	No Change
Reg. 126-318	State	Regulation	Describes the availability of psychiatric facility services	Requires a service	Psychiatric facility services	No Change
Reg. 126-319	State	Regulation	Describes limitations of rehabilitative services	Requires a service	Rehabilitative services	No Change
Reg. 126-320	State	Regulation	Defines rural health clinic services	Requires a service	Rural health clinic services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-321	State	Regulation	Describes availability of speech pathology services	Requires a service	Speech pathology services	No Change
Reg. 126-322	State	Regulation	Describes limitations of tubercular facility services	Requires a service	Tubercular facility services	No Change
Reg. 126-323	State	Regulation	Defines vision care	Requires a service	Vision care services	No Change
Reg. 126-335	State	Regulation	Describes reimbursement for covered inpatient hospital services	Requires a service	Hospital reimbursement services	No Change
Reg. 126-350	State	Regulation	Establishes definitions for terms used in the Department's Medicaid eligibility regulations.	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-355	State	Regulation	Describes generally the Medicaid application procedures	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-360	State	Regulation	Describes general Medicaid eligibility requirements	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-365	State	Regulation	Describes generally the categorically needy eligible groups	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-370	State	Regulation	Describes redetermination of categorically needy eligibility	Requires a service	Medicaid eligibility determination	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-375	State	Regulation	Describes medical institution vendor payments	Requires a service	Medicaid provider payments	No Change
Reg. 126-380	State	Regulation	Describes denial, termination or reduction of benefits	Requires a manner of delivery		No Change
Reg. 126-399	State	Regulation	Describes that the federal regulations prevail when state and federal are not in agreement	Requires a manner of delivery		No Change
Reg. 126-400	State	Regulation	Establishes definitions for terms used in the Department's Program Evaluation regulations	Requires a manner of delivery		No Change
Reg. 126-401	State	Regulation	Describes provider sanctions	Requires a manner of delivery		No Change
Reg. 126-402	State	Regulation	Describes factors for provider sanctions	Requires a manner of delivery		No Change
Reg. 126-403	State	Regulation	Describes grounds for provider sanction	Requires a manner of delivery		No Change
Reg. 126-404	State	Regulation	Describes provider fair hearings resulting from sanctions	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-405	State	Regulation	Describes provider reinstatement	Requires a manner of delivery		No Change
Reg. 126-425	State	Regulation	Program Integrity - Beneficiary Utilization	Requires a manner of delivery		No Change
Reg. 126-500	State	Regulation	Establishes definitions for terms used in the Department's Medically Indigent Assistance Program (MIAP) regulations.	Requires a service	MIAP services	No Change
Reg. 126-505	State	Regulation	Describes responsibilities for MIAP eligibility determination	Requires a service	MIAP services	No Change
Reg. 126-510	State	Regulation	Describes the MIAP application process	Requires a service	MIAP services	No Change
Reg. 126-515	State	Regulation	Describes MIAP non-financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-520	State	Regulation	Describes MIAP financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-530	State	Regulation	Describes the services covered by the Medically Indigent Assistance Program (MIAP).	Requires a service	MIAP services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-535	State	Regulation	Describes sponsorship from the MIAP	Requires a service	MIAP services	No Change
Reg. 126-540	State	Regulation	Describes recovery by MIAP	Requires a service	MIAP services	No Change
Reg. 126-560	State	Regulation	Payment methodology for MIAP	Requires a service	MIAP services	No Change
Reg. 126-570	State	Regulation	Grace period for county assessments in the MIAP	Requires a service	MIAP services	No Change
Reg. 126-800	State	Regulation	Establishes definitions for terms used in the Department's Intermediate Sanctions for Medicaid Certified Nursing Facilities regulations	Requires a manner of delivery		No Change
Reg. 126-810	State	Regulation	Describes the imposition of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-820	State	Regulation	Describes factors for sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-830	State	Regulation	Describes the assessment of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-840	State	Regulation	Describes the schedule of sanctions for Medicaid certifies nursing facilities	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Reg. 126-850	State	Regulation	Describes the levying of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-910	State	Regulation	Establishes definitions for terms used in the Department's Optional State Supplementation Program regulations.	Requires a service	OSS benefits	No Change
Reg. 126-920	State	Regulation	Describes eligibility requirements for the OSS program	Requires a service	OSS benefits	No Change
Reg. 126-930	State	Regulation	Describes the termination, suspension or reduction of benefits for OSS payments	Requires a service	OSS benefits	No Change
11-7-40	State	Statute	Establishes that the Department is responsible for fifty percent of the costs incurred by the State Auditor in conducting the medical assistance audit. The amount billed by the State Auditor must include those appropriated salary adjustments and employer contributions allowable under the Medicaid program. The Department must remit the amount billed to the credit of the general fund of the State.	Distribute funding to another entity		No Change
1-1-1035	State	Statute	Establishes that no state funds or Medicaid funds shall be expended to perform abortions, except for those abortions authorized by federal law under the Medicaid program.	Requires a service	Abortions authorized by federal law under the Medicaid program	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
11-5-400	State	Statute	Establishes the 'South Carolina ABLE Savings Program'. The purpose of the South Carolina ABLE Savings Program is to authorize the establishment of savings accounts empowering individuals with a disability and their families to save private funds which can be used to provide for disability-related expenses in a way that supplements, but does not supplant, benefits provided through the Medicaid program under Title XIX of the Social Security Act and other insurance.	Requires a manner of delivery		No Change
11-5-440(F)(2)	State	Statute	Describes the treatment of funds in an ABLE account for Medicaid purposes.	Requires a manner of delivery		No Change
12-21-625	State	Statute	Describes the portion of the cigarette tax to be deposited in the South Carolina Medicaid Reserve Fund created pursuant to Section 11-11-230(B).	Funding agency deliverable(s)		No Change
12-23-840	State	Statute	Revenues derived under Article 11 (Indigent Health Care) of Title 12 of Chapter 23 of the Code must be deposited in the Medicaid Expansion Fund created by Section 44-6-155. In addition to the purposes specified in Section 44-6-155, monies in the Medicaid Expansion Fund must be used to provide health care coverage to the Medicaid-eligible and uninsured populations in South Carolina.	Funding agency deliverable(s)		No Change
40-43-86(H)(6)	State	Statute	A Medicaid recipient whose prescription is reimbursed by the South Carolina Medicaid Program is deemed to have consented to the substitution of a less costly equivalent generic drug product.	Requires a manner of delivery		No Change
43-7-410	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
43-7-420	State	Statute	Establishes that Medicaid applicants and recipients are considered to have assigned their right to recover an amount paid by Medicaid from a third party or private insurer to the department. Also that the receipt of medical assistance by an applicant or recipient creates a rebuttable presumption that the applicant or recipient received information regarding the requirements for and the consequences of assigning his right to recover from a third party or private insurer either from the department, or in the case of an applicant or recipient qualified by the Social Security Administration under Section 1634 of the Social Security Act, from the Social Security Administration. Presumption of receipt of information regarding requirement for consequences or assignment. Establishes that an applicant's and recipient's determination of, and continued eligibility for, medical assistance under Medicaid is contingent on his cooperation with the Department in its efforts to enforce its assignment rights.	Requires a manner of delivery		No Change
43-7-430	State	Statute	Establishes the subrogation of rights to the Department. The Department automatically is subrogated, only to the extent of the amount of medical assistance paid by Medicaid, to the rights an applicant or recipient has to recover an amount paid by Medicaid from a third party or private insurer.	Requires a manner of delivery		No Change
43-7-440	State	Statute	Establishes the enforcement and superiority of the Department's subrogation rights. Requires provider assistance in identification of third parties liable for medical costs. Renders ineffective certain insurance provisions.	Requires a manner of delivery		No Change
43-7-450	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; claims or actions pending or brought before June 11, 1986.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
43-7-460	State	Statute	Establishes the Department's obligation to recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from estates of certain individuals.	Requires a manner of delivery		No Change
43-7-465	State	Statute	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.	Not related to agency deliverable		No Change
43-7-50	State	Statute	Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	Requires a manner of delivery		No Change
43-7-60	State	Statute	Establishes that a false claim, statement, or representation by a medical provider is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-70	State	Statute	Establishes that a false statement or representation on application for assistance under the Medicaid program is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-80	State	Statute	Establishes that Medicaid providers are required to keep separate accounts for patient funds and maintain records of such accounts. Declares that a violation is a misdemeanor and sets out penalties for such violations.	Not related to agency deliverable		No Change
44-6-10	State	Statute	There is created the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor, upon the advice and consent of the Senate.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-100	State	Statute	Establishes the Director as the chief administrative officer of the department responsible for executing policies, directives, and actions of the Department either personally or by issuing appropriate directives to the employees. Department employees have such general duties and receive such compensation as determined by the Director. The Director is responsible for administration of state personnel policies and general Department personnel policies. Authorizes the Director to have sole authority to employ and discharge employees subject to such personnel policies and funding available for that purpose. The goal of the provisions of this section is to ensure that the Department's business is conducted according to sound administrative practice, without unnecessary interference with its internal affairs.	Requires a manner of delivery		No Change
44-6-1010	State	Statute	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.	Requires a manner of delivery		No Change
44-6-1020	State	Statute	Requires the P&T Committee to adopt bylaws, elect a chairman and vice chairman; establishes rules regarding compensation, meetings, and public comment on clinical and patient care data from Medicaid providers.	Requires a manner of delivery		No Change
44-6-1030	State	Statute	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.	Requires a manner of delivery		No Change
44-6-1040	State	Statute	Establishes certain procedures to be included in any preferred drug list program administered by the Department.	Requires a service	Preferred drug list program	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-1050	State	Statute	Establishes rules regarding the granting of prior authorization for a drug and establishes that a Medicaid recipient who has been denied prior authorization for a prescribed drug is entitled to appeal this decision through the Department's appeals process.	Requires a manner of delivery		No Change
44-6-110	State	Statute	A Medicaid provider, outside of the geographical boundary of South Carolina but within the South Carolina Medicaid Service Area, as defined by R. 126-300(B) of the Code of State Regulations, prior to the effective date of the amendments to Section 1-1-10, which are effective January 1, 2017, shall not lose status as a Medicaid provider as a result of the clarification of the South Carolina - North Carolina border.	Requires a manner of delivery		No Change
44-6-132	State	Statute	Medically Indigent Assistance Act; Legislative Intent and Findings.	Requires a service	MIAP services	No Change
44-6-135	State	Statute	The following sections shall be known and may be cited as the "South Carolina Medically Indigent Assistance Act".	Requires a service	MIAP services	No Change
44-6-146	State	Statute	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	Requires a manner of delivery		No Change
44-6-150	State	Statute	Creates the Medically Indigent Assistance Program to be administered by the Department. The program is authorized to sponsor inpatient hospital care for which hospitals shall receive no reimbursement.	Requires a service	MIAP services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-155	State	Statute	Creates the Medicaid Expansion Fund. Monies in the fund must be used to: (1) provide Medicaid coverage to pregnant women and infants with family incomes above one hundred percent but below one hundred eighty-five percent of the federal poverty guidelines; (2) provide Medicaid coverage to children aged one through six with family income below federal poverty guidelines; (3) provide Medicaid coverage to aged and disabled persons with family income below federal poverty guidelines; (4) provide up to two hundred forty thousand dollars to reimburse the Office of Research and Statistics of the Revenue and Fiscal Affairs Office and hospitals for the cost of collecting and reporting data pursuant to Section 44-6-170. Any funds not expended for the purposes specified during a given year are carried forward to the succeeding year for the same purposes.	Requires a service	Medicaid coverage	No Change
44-6-160	State	Statute	Requires the Department, by August first of each year, to compute and publish the annual target rate of increase for net inpatient charges for all general hospitals in the State.	Report our agency must/may provide		No Change
44-6-180	State	Statute	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-190	State	Statute	Establishes that the Department may promulgate regulations pursuant to the Administrative Procedures Act and appeals from decisions by the Department are heard pursuant to the APA, Administrative Law Judge, Article 5, Chapter 23 of Title 1 of the 1976 Code. Also requires the Department to promulgate regulations to comply with federal requirements to limit the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the Medicaid program.	Requires a manner of delivery		No Change
44-6-200	State	Statute	Criminal penalties for falsification of information regarding MIAP.	Requires a manner of delivery		No Change
44-6-220	State	Statute	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Not related to agency deliverable		No Change
44-6-30	State	Statute	Establishes DHHS' authority to administer Title XIX of the Social Security Act (Medicaid), including the EPSDT Program and the CLTC System; Designates DHHS as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act; and prohibits DHHS from engaging in the delivery of services.	Requires a service	Administration of Medicaid Program	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-35	State	Statute	Establishes Medicaid waiver protections for eligible family members of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is stationed.	Requires a manner of delivery		No Change
44-6-40	State	Statute	Establishes the Department's duties for all health and human services interagency programs.	Requires a manner of delivery		No Change
44-6-400	State	Statute	Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	Requires a manner of delivery		No Change
44-6-420	State	Statute	Authorizes the Department to take certain enforcement action when it is notified by DHEC that a nursing home is in violation of one or more of the requirements for participation in the Medicaid program. Requires coordination with federal authorities if the nursing home is dually certified for participation in both the Medicare and Medicaid programs.	Requires a manner of delivery		No Change
44-6-45	State	Statute	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.	Requires a manner of delivery		No Change
44-6-470	State	Statute	Specifies the use of funds collected by the department as a result of the imposition of civil monetary penalties or other enforcement actions against nursing homes.	Funding agency deliverable(s)		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-5	State	Statute	Establishes the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor and serves at the will and pleasure of the Governor.	Requires a manner of delivery		No Change
44-6-50	State	Statute	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.	Requires a manner of delivery		No Change
44-6-530	State	Statute	Before instituting an action against a nursing home, requires the Department to determine if the Secretary of the United States Department of Health and Human Services has jurisdiction under federal law. In such cases, the Department must coordinate its efforts with the Secretary to maintain an action against the nursing home. In an action against a nursing home owned and operated by the State of South Carolina, the Secretary has exclusive jurisdiction.	Requires a manner of delivery		No Change
44-6-540	State	Statute	Authorizes the Department to promulgate regulations, pursuant to the Administrative Procedures Act, to administer sanctions against nursing homes, and to ensure compliance with the requirements for participation in the Medicaid program.	Requires a manner of delivery		No Change
44-6-610	State	Statute	Citation of Article as the "Gap Assistance Pharmacy Program for Seniors (GAPS) Act".	Requires a service	GAPS services (suspended via proviso)	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-620	State	Statute	Definitions of terms in the GAPS Act.	Requires a manner of delivery	Suspended via proviso	No Change
44-6-630	State	Statute	Creates within the Department the Gap Assistance Pharmacy Program for Seniors (GAPS) program. The purpose of this program is to coordinate, beginning January 1, 2006, with Medicare Part D Prescription Drug Plans to provide to low-income seniors in this State assistance with costs for prescription drugs during the annual Medicare Part D coverage gap.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-640	State	Statute	Establishes that the Department may designate, or enter into contracts with, other entities including, but not limited to, other states, other governmental purchasing pools, and nonprofit organizations to assist in the administration of the GAPS program. Authorizes the Department to establish an enrollment fee that must be used to fund the administration of this program.	Not related to agency deliverable		No Change
44-6-650	State	Statute	Establishes the eligibility requirements and benefits available under the GAPS program.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-660	State	Statute	Requires the Department to maintain data to allow evaluation of the cost effectiveness of the GAPS program and to include in its annual report, a report on the GAPS program.	Requires a manner of delivery	Suspended via proviso	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-70	State	Statute	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.	Requires a manner of delivery		No Change
44-6-710	State	Statute	Requires the Medicaid application for nursing home care of a person deemed ineligible because of Medicaid qualifying trust to be treated as an undue hardship case.	Requires a manner of delivery		No Change
44-6-720	State	Statute	Establishes requirements for qualifying for undue hardship waiver.	Requires a manner of delivery		No Change
44-6-725	State	Statute	Establishes that certain promissory notes received by a Medicaid applicant or recipient or the spouse of a Medicaid applicant or recipient shall, for Medicaid eligibility purposes, be deemed to be fully negotiable under the laws of this State unless it contains language plainly stating that it is not transferable under any circumstances. A promissory note will be considered valid for Medicaid purposes only if it is actuarially sound, requires monthly installments that fully amortize it over the life of the loan, and is free of any conditional or self-canceling clauses.	Requires a manner of delivery		No Change
44-6-730	State	Statute	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article ("Trusts and Medicaid Eligibility").	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-6-80	State	Statute	Requires the Department to submit to the Governor, the State Budget and Control Board, and the General Assembly an annual report concerning the work of the department including details on improvements in the cost effectiveness achieved since the establishment of the Department and recommended changes for further improvements. Also, interim reports must be submitted as needed to advise the Governor and the General Assembly of substantive issues.	Report our agency must/may provide		No Change
44-6-90	State	Statute	Authorizes the Department to promulgate regulations to carry out its duties. Requires all state and local agencies whose responsibilities include administration or delivery of services which are covered by Title 44, Chapter 6 to cooperate with the Department and comply with its regulations.	Requires a manner of delivery		No Change
44-6-910	State	Statute	Recognition of FQHCs, RHCs and Rural Hospitals.	Requires a manner of delivery		No Change
44-7-80	State	Statute	Establishes the Medicaid Nursing Home Permits rules.	Requires a manner of delivery		No Change
44-7-82	State	Statute	No nursing home may provide care to Medicaid patients without first obtaining a permit in the manner provided in this article.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
44-7-84	State	Statute	Determination and allocation of Medicaid nursing home patient days; application for permit; rules and regulations.	Requires a manner of delivery		No Change
44-7-88	State	Statute	Involuntary discharge or transfer of Medicaid nursing home patients prohibited; request for waiver of permit requirements.	Requires a manner of delivery		No Change
44-7-90	State	Statute	Violations of Article; penalties; relocation of patients; report of daily Medicaid resident census information.	Requires a manner of delivery		No Change
58-23-1610	State	Statute	A transportation network company does not include transportation services provided pursuant to Articles 1 through 15, Chapter 23, Title 58, or arranging nonemergency medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the State or a managed care organization.	Requires a manner of delivery		No Change
59-123-60	State	Statute	Requires certain state appropriations to the Department to be used as match funds for the disproportionate share for the MUSC's federal program. Any excess funding may be used for hospital base rate increases. The Department must pay to the Medical University of South Carolina Hospital Authority an amount equal to the amount appropriated for its disproportionate share to the DHHS. This payment shall be in addition to any other funds that are available to the authority from the Medicaid program inclusive of the disproportionate share for the hospital's federal program.	Funding agency deliverable(s)		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
62-7-503	State	Statute	Makes the spendthrift exception unenforceable against a special needs trust, supplemental needs trust, or similar trust established for a disabled person if the applicability of such a provision could invalidate such a trust's exemption from consideration as a countable resource for Medicaid or Supplemental Security Income (SSI) purposes or if the applicability of such a provision has the effect or potential effect of rendering such disabled person ineligible for any program of public benefit, including, but not limited to, Medicaid and SSI.	Requires a manner of delivery		No Change
9-11-315	State	Statute	With one exception, retirees and beneficiaries under the Police Officers Retirement System receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change
9-1-1870	State	Statute	With one exception, retirees and beneficiaries under the State Retirement Systems receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 33.1 (Recoupment/Restricted Fund)	State	FY26-27 Proviso	Recoup all refunds and identified program overpayments.	Requires a manner of delivery		Reenacted
Proviso 33.2 (Long term Care Facility Reimbursement Rate)	State	FY26-27 Proviso	LTC facility rate requirements	Requires a manner of delivery		Reenacted
Proviso 33.10 (Franchise Fees Suspension)	State	FY26-27 Proviso	Suspends franchise fees imposed on nursing home beds enacted during 2022 session	Requires a manner of delivery		Reenacted
Proviso 33.11 (Program Integrity Efforts)	State	FY26-27 Proviso	Directs agency to expand program integrity efforts	Not related to agency deliverable.		Reenacted
Proviso 33.12 (Post Payment Review)	State	FY26-27 Proviso	Requires post payment review to ensure hyde amendment provisions are met	Report our agency may/must provide		Reenacted
Proviso 33.13 (Long Term Care Facility Reimbursement Rates)	State	FY26-27 Proviso	Submit State Plan Amendment for long term care facility reimbursement rates by August 1st of each year	Report our agency may/must provide		Reenacted
Proviso 33.14 (Nursing Services to High Risk/High Tech Children)	State	FY26-27 Proviso	Agency must provide separate compensation plan for RN and LPN who provide services to certain medically fragile children.	Requires a manner of delivery		Reenacted

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 33.15 (CHIP Enrollment and Recertification)	State	FY26-27 Proviso	The agency shall enroll and recertify eligible children and households to CHIP and/or Medicaid, ect.	Requires a manner of delivery		Reenacted
Proviso 33.16 (Carry Forward)	State	FY26-27 Proviso	Requires agency to carry forward and expend any GF balance and any 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 subfund	Requires a manner of delivery		Reenacted
Proviso 33.17 (Medicaid Provider Fraud)	State	FY26-27 Proviso	Publish fraud report on agency website by April 1st.	Report our agency may/must provide		Reenacted
Proviso 33.18 (GAPS)	State	FY26-27 Proviso	Suspends GAPS	Requires a manner of delivery		Reenacted
Proviso 33.19 (Contract Authority)	State	FY26-27 Proviso	Agency is authorized to contract with community-based not-for-profit organizations for local projects that further department programs	Distribute finding to another entity		Reenacted
Proviso 117.132 (Sickle Cell Disease)	State	FY26-27 Proviso	Provisions regarding sickle cell funding, ect.	Requires a manner of delivery	Old #117.135	Amended Proviso Number Only

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	FY26-27 Proviso	Implementation of accountability and quality improvement initiatives.	Requires a manner of delivery		Amended
Proviso 33.21 (Rural Health Initiative)	State	FY26-27 Proviso	Implement Rural Health Initiative	Requires a manner of delivery		Reenacted
Proviso 33.22 (Family Planning Funds)	State	FY26-27 Proviso	Prohibits state funds from being utilized by Planned Parenthood for abortion services.	Requires a manner of delivery		Reenacted
Proviso 33.23 (Meals in Emergency Operations)	State	FY26-27 Proviso	Allows payment for cost of meals for employees during emergency operations.	Requires a manner of delivery		Reenacted
Proviso 33.24 (Optional State Supplement Adjustments)	State	FY26-27 Proviso	Requires Department to adjust the OSS net income limitation, the OSS facility rate, and the personal needs allowance to ensure that payment amounts are not reduced.	Requires a manner of delivery		Reenacted
Proviso 33.25 (Broadband and Telehealth Digital Literacy)	State	FY26-27 Proviso	Establishment of a pilot program that leverages telehealth capabilities to improve the health status for rural and other underserved segments of the Medicaid population.	Requires a manner of delivery		Reenacted

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 33.26 (Brain Health Initiative)	State	FY26-27 Proviso	The Department is authorized to continue to collaborate with the University of South Carolina, MUSC, and Clemson University in advancing the clinical care of dementia, improving cardiovascular and brain health, and expanding and improving the Alzheimer's Disease Registry.	Requires a manner of delivery		Reenacted
Proviso 33.27 (Pregnancy Crisis Centers)	State	FY26-27 Proviso	Funding provided for the purposes of direct care to pregnant women and mothers for related medical care, support, and resources for women and infants.	Requires a manner of delivery		Reenacted
Proviso 33.28 (Healthcare)	State	FY26-27 Proviso	Requires the Department to partner with safety net providers to ensure that high quality reproductive healthcare is incorporated into primary care services and practice and available to all safety net patients.	Requires a manner of delivery		Reenacted
Proviso 33.29 (Biomedical Research Center)	State	FY26-27 Proviso	The Department shall contract with South Carolina public entities that include health service districts, health authorities, or agencies to develop a biomedical research center for the purpose of analyzing pathways, networks, and molecular systems.	Requires a manner of delivery		Reenacted
Proviso 33.30 (Local Provider Rate Review)	State	FY26-27 Proviso	Requires the Department to conduct an annual rate review of the local health care providers of the Department of Disabilities and Special Needs.	Requires a manner of delivery		Reenacted

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 33.31 (Children's Hospital and Healthcare Innovation)	State	FY26-27 Proviso	Requires Department to establish the South Carolina Children's Hospital and Healthcare Innovation Program.	Requires a manner of delivery		Amended
Proviso 117.10 (Federal Funds - DPH, DES, DSS, DHHS)	State	FY26-27 Proviso	Amounts appropriated to DHHS may be used to cover program operations of prior fiscal years where adjustment of such prior years are necessary under federal regulations or audit exceptions.	Requires a manner of delivery		Reenacted
Proviso 117.24 (TEFRA)	State	FY26-27 Proviso	Department must include in the State Medicaid Plan benefits for disabled children as allowed by TEFRA.	Requires a manner of delivery		Reenacted
Proviso 117.67 (Printed Report Requirements)	State	FY26-27 Proviso	Department is not required to submit printed copies of the Medicaid Annual Report and shall instead only submit documents electronically.	Report our agency may/must provide		Reenacted
Proviso 117.68 (IMD Operations)	State	FY26-27 Proviso	Department must submit annual report on Medicaid-funded out-of-home placements and associated expenditures.	Report our agency may/must provide		Reenacted
Proviso 117.73 (Information Technology for Health Care)	State	FY26-27 Proviso	The Department must advance the use of health information technology and health information exchange to improve quality and efficiency of health care by creating the capability of moving clinical information among different health care information systems.	Requires a manner of delivery		Reenacted

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Proviso 117.90 (BabyNet Quarterly Reports)	State	FY26-27 Proviso	The Department must submit a quarterly report on the BabyNet program to the Chairman of the House Ways and Means Committee and the Chairman of Senate Finance.	Report our agency may/must provide	Old #117.91	Amended Proviso Number Only
Proviso 117.112 (South Carolina Telemedicine Network)	State	FY26-27 Proviso	Provides funds for the continued development of the South Carolina Telemedicine Network in collaboration with MUSC.	Requires a manner of delivery	Old #117.113	Amended
Proviso 117.116 (Opioid Abuse Prevention and Treatment Plan)	State	FY26-27 Proviso	Requires the Department to collaborate with the Department of Alcohol and Other Drug Abuse Services to establish a coalition of state agencies, providers and other related entities to combat the opioid epidemic and ensure that appropriate services and treatment are made available statewide.	Requires a manner of delivery	Old #117.117	Amended Proviso Number Only
Proviso 117.140 (Behavioral Health Capacity)	State	FY26-27 Proviso	Requires the Department to work with the Department of Mental Health, the Department of Public Health, the Department of Alcohol and Other Drug Abuse Services, and other agencies to examine the existing statewide system for the delivery of Medicaid and non-Medicaid behavioral health services.	Requires a manner of delivery	Old #117.144	Amended Proviso Number Only
Proviso 117.141 (Rare Disease Advisory Council)	State	FY26-27 Proviso	Requires that the Director of the Department appoint a member to the South Carolina Rare Disease Advisory Council.	Board, commission, or committee on which someone from our agency must/may serve	Old #117.146	Amended Proviso Number Only

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Requires a service		Amended
Executive Order 2017-15	State	Executive Order	Directed DHHS and other agencies to cease providing State or local funds to any physician or professional medical practice affiliated with an abortion clinic and operating concurrently with and in the same physical, geographic location or footprint as an abortion clinic.	Requires a manner of delivery		No Change
Executive Order 2018-21	State	Executive Order	Directed DHHS to deem abortion clinics and any affiliated physicians or professional medical practices that are enrolled in the Medicaid program as unqualified to provide family planning services and, therefore, to immediately terminate them.	Requires a manner of delivery		No Change
Executive Order 2022-19	State	Executive Order	Orders executive branch agencies to take certain actions associated with earmarks.	Report our agency may/must provide		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2026
Executive Order 2025-23	State	Executive Order	Orders executive branch agencies to provide the Office of the Governor with names of emergency or acting successors in the absence of the Director.	Funding agency deliverable(s)		Added
Executive Order 2025-24	State	Executive Order	Orders executive branch agencies to take additional steps associated with earmarks or unrequested or pass-through appropriations.	Funding agency deliverable(s)		Added
Proviso 33.32 (Prohibit Funding to Abortion Providers)	State	FY26-27 Proviso	Requires the Director of the SCDHHS to withhold funding to abortion providers to the fullest extent of the law.	Requires a manner of delivery		Reenacted
Proviso 33.33 (Youth Behavioral Health Beds)	State	FY26-27 Proviso	Requires the Department to conduct a review of youth behavioral health treatment capacity in the State.	Report our agency may/must provide		Added
Proviso 117.190 (Interim Neurological and Critical Care Hospital Board)	State	FY26-27 Proviso	Creates the Interim Neurological and Critical Care Hospital Board at the University of South Carolina. SCDHHS is authorized to transfer no more than an additional $200,000,000 of agency funds to the University of South Carolina for the same purposes.	Distribute finding to another entity		Reenacted

2026

Services Data

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2026	Summary of changes to services
Health coverage for members	Low-income and/or disabled residents who meet categorical requirements.	Medicaid Members	Healthcare Providers	Eligibility and Health Services	Medicaid members and/or applicants	Loss of healthcare services for residents in need	No Change	

2026

Partnerships Data

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Continuum of Care	Continuum manages services for children needing the most intensive behavioral health assistance; these services are often Medicaid-funded.	No Change
State Government	Department of Behavioral Health and Developmental Disabilities	Both the OSUD and OIDD, part of BHHD, receive funding from DHHS to fund services and administer waiver programs, respectively, to Medicaid members. DHHS finances nearly 82% of the services operated by OIDD.	No Change
State Government	Department of Education	SCDE has traditionally served as an intermediary between DHHS and the school districts that provide Medicaid-funded services.	No Change
State Government	Department of Public Health	DPH is an important service provider and information source for Medicaid beneficiaries.	No Change
State Government	Department of Mental Health	DMH is a major provider of behavioral health services for Medicaid beneficiaries; DHHS finances approximately 26% of the DMH budget.	No Change
State Government	Department of Social Services	Many Medicaid beneficiaries also receive some form of service through DSS (SNAP, TANF, foster care, etc.). The agencies collaborate on eligibility and serving certain populations.	No Change

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Department on Aging	The agencies collaborate on enrollment and eligibility data for elderly and vulnerable adults pursuing Medicaid eligibility to receive long-term care or nursing facility services.	No Change
Private Company	Managed Care Organizations	The program's managed care organizations are responsible for coordinating care and controlling costs for most Medicaid beneficiaries.	No Change
State Government	Medical University of South Carolina	MUSC administers the statewide telemedicine system that is funded with resources from DHHS.	No Change
State Government, Private Company, Individuals, Non-profits	Providers	Individuals and organizations are enrolled to provide services to Medicaid beneficiaries, including physicians, dentists, and countless other provider classes.	No Change

2026

Reports Data

as submitted for the Accountability Report by:

J020 - DEPARTMENT OF HEALTH & HUMAN SERVICES

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
ACFR Audit (Office of State Auditor and CPA Firm)	11/7/2020	ACFR audit reviews a sample of all financial transactions, payables, receivables, payroll, grant expenditures and draws, and is used to assist the state with preparing the State CAFR.	January-26	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Agreed Upon Procedures Audit (Office of State Auditor)	11/7/2020	AUP audit tests the application of agreed upon procedures to the accounting records and internal controls of the agency.	June-26	Annually	Other	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Bank Account Transparency and Accountability	Proviso 117.78	Provide information on fund balances and accounts not managed through the SCEIS system.	September-25	Annually	Legislative entity or entities	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Biomedical Research Center	Proviso 33.32	Report on the distribution of funds and progress made	December-25	Other	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	Add	
Carry Forward Report	Proviso 33.16	Provide additional information on funds carried forward from one fiscal year to the next.	August-25	Annually	Legislative entity or entities	Provided to LSA for posting online	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Children's Hospital and Healthcare Innovation	Proviso 33.36	Annual report on the disposition of the funds and progress made on identified priorities.	December-25	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	Add	
CHIP Statistical Enrollment Data Reports	42 CFR 430.30	The 64.21E report collects data on children enrolled in Medicaid expansion CHIP Title XXI funded coverage. The 64.EC report collects data on children enrolled in the Medical assistance program Title XIX, traditional Medicaid.	June-26	Quarterly	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
CMS-R-199 (Survey of Medicaid Payables and Receivables) CMS-10180 (Survey of CHIP Payables & Receivables)	Public Law 103-356, (the Government Management Reform Act of 1994), section 3515	These reports and the accompanying questionnaires identify/estimate the accounts payable for services rendered by both Medicaid and CHIP providers which have not been reported on the quarterly CMS-64/CMS-21. The reports also identify all amounts due to the states from various sources, excluding the federal government.	March-26	Annually	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Debt Collection Report	Proviso 117.33	Ensure that agencies recover funds that are due to the state.	February-26	Annually	Legislative entity or entities	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Discrimination Policy	Proviso 117.13	Ensure that agencies are appropriately applying anti-discrimination laws in their hiring and promotion practices.	October-25	Annually	Legislative entity or entities	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Federal Budget Reports CMS-37 (Medicaid Program Budget Report), CMS-21B (Children's Health Insurance Program Budget Report)	42 CFR 430.30	These reports provide a statement of the state's Medicaid and CHIP funding requirements for a certified quarter and estimates and underlying assumptions for two fiscal years (FYs).	May-26	Quarterly	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Federal Expenditure Reports CMS-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), CMS-21 (Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI)	42 CFR 430.30	These reports are the State's accounting of actual recorded expenditures for the federal grant programs.	June-26	Quarterly	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Federal Financial Report (FFR)	42 CFR 430.30	This report allows the agency to report cash disbursements back to (i.e., reconcile to) Payment Management System, the central system responsible for paying most Federal assistance grants and contracts.	June-26	Quarterly	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
First Steps/BabyNet	Proviso 117.91	These reports provide a statement of the state's Medicaid and CHIP funding requirements for a certified quarter and estimates and underlying assumptions for two fiscal years (FYs).		Quarterly	Legislative entity or entities	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	The agency is working to update and streamline these reports.
IMD Operations	Proviso 117.68	Monitor the impact of funding changes made by the state in recent years due to changes in federal guidance.	December-25	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Information Technology and Information Security Plans	Proviso 117.102	Track agencies' progress in implementing IT and information security plans; ensure adherence to government-wide initiatives.	July-25	Annually	Legislative entity or entities	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
MBE Progress Report	11-35-5240	Provide information on agencies' procurement activities.	July-25	Quarterly	Governor or Lt. Governor	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Medicaid Accountability and Quality Improvement Initiative	Proviso 33.20	Monitor the impact of a variety of recently introduced programs.		Annually	Legislative entity or entities	Available on agency's website	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	The agency is working to update and streamline these reports.
Medicaid Provider Fraud	Proviso 33.17	Confirm the Department is taking appropriate steps to combat waste, fraud, and abuse.	April-26	Annually	Legislative entity or entities	Available on agency's website	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Medicaid Transportation Advisory Committee Reports	Act No. 172, 117th Session, 2007-2008	Ensure the Department's management of transportation services is informed by public comment.	February-26	Quarterly	Legislative entity or entities	Available on agency's website	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Minority Business Utilization Plan	11-35-5240	Provide information on agencies' procurement activities.	August-25	Annually	Governor or Lt. Governor	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
PAPD/IAPD/IAPD-U/OPAD Reports	42 CFR 433.112	Request enhanced federal funds from Centers for Medicare and Medicaid Services (CMS); update CMS on changes to previously approved planning documents.	June-25	Annually	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Rural Health Initiative	Proviso 33.21	Evaluation of the state's safety-net providers	October-25	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Schedule of Expenditures of Federal Awards (SEFA/SFFA)	42 CFR 430.30	The schedule is prepared each year and lists the expenditures for each grant during the fiscal year. The schedule is also the basis for the major programs audited in accordance with OMB Circular A-133.	August-25	Annually	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
SFAA Audit	11-35-1230 and Reg 19-445.2020	Audit of procurement activity	July of 2021	Every 3 years	South Carolina state agency or agencies	Available on another website	https://procurement.sc.gov/files/A-3%20DHHS-Final%20Rpt_DCM%206-2-21.pdf	No Change	Audit initiated by SFAA. Last time we had to respond to SFAA audit was July 2021.
Sickle Cell Disease	Proviso 117.136	Annual Sickle Cell report for implementation of items within proviso	January-26	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Sole Sources and Emergencies	11-35-2440	Monitor use of select source selection methods.	July-25	Quarterly	South Carolina state agency or agencies	Available on another website	https://reporting.procurement.sc.gov/general/transparency/audit-reports	No Change	
Statewide Single Audit (Office of State Auditor)	11/7/2020	Statewide single audit reviews all aspects of DHHS, covering Eligibility Policy and procedures, Payables, Receivables, and Reporting. Also looks at our Internal audit reports, and policy and procedures.	March-25	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Telemedicine proviso report	Proviso 117.113	Report on how agency intends to broaden their service-based coverage to align with these federal changes and to improve the sustainability of telehealth services.	October-25	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
The Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act	42 CFR 457.750	Measure quality of healthcare for children in Medicaid and CHIP programs.	April-25	Annually	Entity within federal government	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Three-Year Financial Plan	11-11-350	Each state agency receiving over 1% of state's general fund appropriation must provide a projection of its general fund expenditures for next three years	October-24	Every 3 years	South Carolina state agency or agencies	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	
Travel Report	Proviso 117.26	Monitor agency travel expenses.	August-25	Annually	Legislative entity or entities	Electronic copy available upon request	Jackson Wilkens Burnaugh, jackson.wilkens@scdhhs.gov	No Change	

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

2026
Accountability Report

SUBMISSION FORM

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

- Data Template
  - Reorganization and Compliance
  - FY2026 Strategic Plan Results
  - FY2027 Strategic Plan Development
  - Legal
  - Services
  - Partnerships
  - Report or Review
  - Budget
- Discussion Template
- Organizational Template

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

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

AGENCY DIRECTOR *(SIGN AND DATE)*:	**SIGNATURE ON FILE**	**Signature Received:** 09/15/2026
(TYPE/PRINT NAME):	Eunice Medina, Director	

BOARD/CMSN CHAIR *(SIGN AND DATE)*:	**N/A**
(TYPE/PRINT NAME):	