

**Legislative Oversight Committee**  
South Carolina House of Representatives  
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# 2016 Annual Restructuring Report Guidelines

## PLEASE NOTE:

**The information included in the agency's report will appear online for all legislators and the public to view.**

Agency Name:  
Date Report Submitted:  
Agency Head  
First Name  
Last Name:  
Email Address:  
Phone Number:

**Department of Health and Human Services**

**January 12, 2016**

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# General Instructions

SUBMISSIONS	
What to submit?	Please submit this document in electronically only in both the original format (Excel) as well as in a PDF document. Save the document as "2016 - Agency ARR ( <i>insert date agency submits report</i> )."
When to submit?	The deadline for submission is by the first day of session, January 12, 2016.
Where to submit?	Email all electronic copies to HCommLegOv@schouse.gov.

**NOTE:** If the agency enters its Name and the Date of Submission in the "Cover Page" tab, it should automatically populate at the top of each tab in this report.

WHERE INFORMATION WILL APPEAR	
Where will submissions appear?	The information included in the agency's report will appear online for all legislators and the public to view. On the South Carolina Statehouse Website it will appear on the Publications page as well as on the individual agency page, which can be accessed from the House Legislative Oversight Page.

QUESTIONS	
Who to contact?	House Legislative Oversight at 803-212-6810.

OTHER INFORMATION	
<i>House Legislative Oversight</i>	
Mailing	Post Office Box 11867
Phone	803-212-6810
Fax	803-212-6811
Email	<a href="mailto:HCommLegOv@schouse.gov">HCommLegOv@schouse.gov</a>
Web	The agency may visit the South Carolina General Assembly Home Page ( <a href="http://www.scstatehouse.gov">http://www.scstatehouse.gov</a> ) and click on "Citizens' Interest" then click on "House Legislative Oversight Committee Postings and Reports."

# Legal Standards

This is the first chart in the report because the legal standards which apply to the agency should serve as the basis for the agency's mission, vision and

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016

*Instructions :* List all state and federal statutes, regulations and provisions that apply to the agency ("Laws") and a summary of the statutory requirement and/

Item #	Statute, Regulation, or Proviso Number	State or Federal	Summary of Statutory Requirement and/or Authority Granted	Is the law a Statute, Proviso or Regulation?
1	44-6-5; 44-6-10	State	Establishes the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor and serves at the will and pleasure of the Governor.	Statute
2	44-6-30	State	Establishes DHHS' authority to administer Title XIX of the Social Security Act (Medicaid), including the EPSDT Program, and the CLTC System; Designates DHHS as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act; and prohibits DHHS from engaging in the delivery of services.	Statute
3	44-6-35	State	Establishes Medicaid waiver protections for eligible family members of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is stationed.	Statute
4	44-6-40	State	Establishes the Department's duties for all health and human services interagency programs.	Statute
5	44-6-45	State	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.	Statute
6	44-6-50	State	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.	Statute
7	44-6-70	State	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.	Statute
8	44-6-80	State	Requires the Department to submit to the Governor, the State Budget and Control Board, and the General Assembly an annual report concerning the work of the department including details on improvements in the cost effectiveness achieved since the establishment of the Department and recommended changes for further improvements. Also, interim reports must be submitted as needed to advise the Governor and the General Assembly of substantive issues.	Statute
9	44-6-90	State	Authorizes the Department to promulgate regulations to carry out its duties. Requires all state and local agencies whose responsibilities include administration or delivery of services which are covered by Title 44, Chapter 6 to cooperate with the Department and comply with its regulations.	Statute
10	44-6-100	State	Establishes the Director as the chief administrative officer of the department responsible for executing policies, directives, and actions of the Department either personally or by issuing appropriate directives to the employees. Department employees have such general duties and receive such compensation as determined by the Director. The Director is responsible for administration of state personnel policies and general Department personnel policies. Authorizes the Director to have sole authority to employ and discharge employees subject to such personnel policies and funding available for that purpose. The goal of the provisions of this section is to ensure that the Department's business is conducted according to sound administrative practice, without unnecessary interference with its internal affairs.	Statute
11	44-6-132; 44-6-135	State	Medically Indigent Assistance Act; Legislative Intent and Findings.	Statute
12	44-6-140	State	Establishes the Medicaid hospital prospective payment system and cost containment measures.	Statute
13	44-6-146	State	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	Statute
14	44-6-150	State	Creates the Medically Indigent Assistance Program to be administered by the Department. The program is authorized to sponsor inpatient hospital care for which hospitals shall receive no reimbursement.	Statute

# Legal Standards

15	44-6-155	State	Creates the Medicaid Expansion Fund. Monies in the fund must be used to: (1) provide Medicaid coverage to pregnant women and infants with family incomes above one hundred percent but below one hundred eighty-five percent of the federal poverty guidelines; (2) provide Medicaid coverage to children aged one through six with family income below federal poverty guidelines; (3) provide Medicaid coverage to aged and disabled persons with family income below federal poverty guidelines; (4) provide up to two hundred forty thousand dollars to reimburse the Office of Research and Statistics of the Revenue and Fiscal Affairs Office and hospitals for the cost of collecting and reporting data pursuant to Section 44-6-170. Any funds not expended for the purposes specified during a given year are carried forward to the succeeding year for the same purposes.	Statute
16	44-6-160	State	Requires the Department, by August first of each year, to compute and publish the annual target rate of increase for net inpatient charges for all general hospitals in the State.	Statute
17	44-6-180	State	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.	Statute
18	44-6-190	State	Establishes that the Department may promulgate regulations pursuant to the Administrative Procedures Act and appeals from decisions by the Department are heard pursuant to the APA, Administrative Law Judge, Article 5, Chapter 23 of Title 1 of the 1976 Code. Also requires the Department to promulgate regulations to comply with federal requirements to limit the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the Medicaid program.	Statute
19	44-6-200	State	Criminal penalties for falsification of information regarding MIAP.	Statute
20	44-6-220	State	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Statute
21	44-6-300	State	Requires the Department to establish child development services in certain counties.	Statute
22	44-6-310	State	Requires the Department to expand child development services in certain counties.	Statute
23	44-6-320	State	Requires the establishment and expansion of the child development services to be accomplished within the limits of the appropriations provided by the General Assembly in the annual General Appropriations Act for this purpose and in accordance with the Department's policies for child development services funded through Title XX.	Statute
24	44-6-400	State	Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	Statute
25	44-6-420	State	Authorizes the Department to take certain enforcement action when it is notified by DHEC that a nursing home is in violation of one or more of the requirements for participation in the Medicaid program. Requires coordination with federal authorities if the nursing home is dually certified for participation in both the Medicare and Medicaid programs.	Statute
26	44-6-470	State	Specifies the use of funds collected by the department as a result of the imposition of civil monetary penalties or other enforcement actions against nursing homes.	Statute
27	44-6-530	State	Before instituting an action against a nursing home, requires the Department to determine if the Secretary of the United States Department of Health and Human Services has jurisdiction under federal law. In such cases, the Department must coordinate its efforts with the Secretary to maintain an action against the nursing home. In an action against a nursing home owned and operated by the State of South Carolina, the Secretary has exclusive jurisdiction.	Statute
28	44-6-540	State	Authorizes the Department to promulgate regulations, pursuant to the Administrative Procedures Act, to administer sanctions against nursing homes, and to ensure compliance with the requirements for participation in the Medicaid program.	Statute
29	44-6-630	State	Creates within the Department the Gap Assistance Pharmacy Program for Seniors (GAPS) program. The purpose of this program is to coordinate, beginning January 1, 2006, with Medicare Part D Prescription Drug Plans to provide to low-income seniors in this State assistance with costs for prescription drugs during the annual Medicare Part D coverage gap.	Statute
30	44-6-640	State	Establishes that the Department may designate, or enter into contracts with, other entities including, but not limited to, other states, other governmental purchasing pools, and nonprofit organizations to assist in the administration of the GAPS program. Authorizes the Department to establish an enrollment fee that must be used to fund the administration of this program.	Statute

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31	44-6-650	State	Establishes the eligibility requirements and benefits available under the GAPS program.	Stature
32	44-6-660	State	Requires the Department to maintain data to allow evaluation of the cost effectiveness of the GAPS program and to include in its annual report, a report on the GAPS program.	Stature
33	44-6-710	State	Requires the Medicaid application for nursing home care of a person deemed ineligible because of Medicaid qualifying trust to be treated as an undue hardship case.	Stature
34	44-6-720	State	Establishes requirements for qualifying for undue hardship waiver.	Stature
35	44-6-725	State	Establishes that certain promissory notes received by a Medicaid applicant or recipient or the spouse of a Medicaid applicant or recipient shall, for Medicaid eligibility purposes, be deemed to be fully negotiable under the laws of this State unless it contains language plainly stating that it is not transferable under any circumstances. A promissory note will be considered valid for Medicaid purposes only if it is actuarially sound, requires monthly installments that fully amortize it over the life of the loan, and is free of any conditional or self-canceling clauses.	Stature
36	44-6-730	State	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article	Stature
37	44-6-610 to 630	State	Definitions and creation of the GAPS program.	Stature
38	44-6-910	State	Recognition of FOHCS, RHGs and Rural Hospitals.	Stature
39	44-6-1010	State	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.	Stature
40	44-6-1020	State	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.	Stature
41	44-6-1030	State	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.	Stature
42	44-6-1040	State	Establishes certain procedures to be included in any preferred drug list program administered by the Department.	Stature
43	44-6-1050	State	Establishes rules regarding the granting of prior authorization for a drug and establishes that a Medicaid recipient who has been denied prior authorization for a prescribed drug is entitled to appeal this decision through the Department's appeals process.	Stature
44	43-7-50	State	Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	Stature
45	43-7-60	State	Establishes that a false claim, statement, or representation by a medical provider is a misdemeanor and sets out penalties for violations.	Stature
46	43-7-70	State	Establishes that a false statement or representation on application for assistance under the Medicaid program is a misdemeanor and sets out penalties for violations.	Stature
47	43-7-80	State	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.	Stature
48	43-7-410	State	Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	Stature
49	43-7-420	State	Establishes that Medicaid applicants and recipients are considered to have assigned their right to recover an amount paid by Medicaid from a third party or private insurer to the department. Also that the receipt of medical assistance by an applicant or recipient creates a rebuttable presumption that the applicant or recipient received information regarding the requirements for and the consequences of assigning his right to recover from a third party or private insurer either from the department, or in the case of an applicant or recipient qualified by the Social Security Administration under Section 1634 of the Social Security Act, from the Social Security Administration. Presumption of receipt of information regarding requirement for consequences or assignment. Establishes that an applicant's and recipient's determination of, and continued eligibility for, medical assistance under Medicaid is contingent on his cooperation with the Department in its efforts to enforce its assignment rights.	Stature
50	43-7-430	State	Establishes the subrogation of rights to the Department. The Department automatically is subrogated, only to the extent of the amount of medical assistance paid by Medicaid, to the rights an applicant or recipient has to recover an amount paid by Medicaid from a third party or private insurer.	Stature

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51	43-7-440	State	Establishes the enforcement and superiority of the Department's subrogation rights. Requires provider assistance in identification of third parties liable for medical costs.	Statute
52	43-7-450	State	Assignment and subrogation of claims for reimbursement for Medicaid services; claims or actions pending or brought before June 11, 1986.	Statute
53	43-7-460	State	Establishes the Department's obligation to recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from estates of certain individuals.	Statute
54	43-7-465	State	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.	Statute
55	44-7-80 through 44-7-90	State	Establishes the Medicaid Nursing Home Permits rules.	Statute
56	1-1-1035	State	Establishes that no state funds or Medicaid funds shall be expended to perform abortions, except for those abortions authorized by federal law under the Medicaid program.	Statute
57	12-23-840	State	Revenues derived under Article 11 (Indigent Health Care) of Title 12 of Chapter 23 of the Code must be deposited in the Medicaid Expansion Fund created by Section 44-6-155. In addition to the purposes specified in Section 44-6-155, monies in the Medicaid Expansion Fund must be used to provide health care coverage to the Medicaid-eligible and uninsured populations in South Carolina.	Statute
58	9-1-1870	State	With one exception, retirees and beneficiaries under the State Retirement Systems receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Statute
59	9-1-315	State	With one exception, retirees and beneficiaries under the Police Officers Retirement System receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Statute
60	40-43-86(H)(6)	State	A Medicaid recipient whose prescription is reimbursed by the South Carolina Medicaid Program is deemed to have consented to the substitution of a less costly equivalent generic drug product.	Statute
61	62-7-503	State	Makes the spendthrift exception unenforceable against a special needs trust, supplemental needs trust, or similar trust established for a disabled person if the applicability of such a provision could invalidate such a trust's exemption from consideration as a countable resource for Medicaid or Supplemental Security Income (SSI) purposes or if the applicability of such a provision has the effect or potential effect of rendering such disabled person ineligible for any program of public benefit, including, but not limited to, Medicaid and SSI.	Statute
62	11-7-40	State	Establishes that the Department is responsible for fifty percent of the costs incurred by the State Auditor in conducting the medical assistance audit. The amount billed by the State Auditor must include those appropriated salary adjustments and employer contributions allowable under the Medicaid program. The Department must remit the amount billed to the credit of the general fund of the State.	Statute
63	12-21-625	State	Describes the portion of the cigarette tax to be deposited in the South Carolina Medicaid Reserve Fund created pursuant to Section 11-11-230(B).	Statute
64	59-123-60	State	Requires certain state appropriations to the Department to be used as match funds for the disproportionate share for the MUSC's federal program. Any excess funding may be used for hospital base rate increases. The Department must pay to the Medical University of South Carolina Hospital Authority an amount equal to the amount appropriated for its disproportionate share to the DHHS. This payment shall be in addition to any other funds that are available to the authority from the Medicaid program inclusive of the disproportionate share for the hospital's federal program.	Statute
65	Reg. 126-125	State	Requires the Department to administer its programs without discrimination.	Regulation
66	Regs 126-150 through 126-158	State	Establishes rules for the Department's appeals and hearings.	Regulation
67	Regs 126-170 through 126-175	State	Establishes rules for the safeguarding and disclosure of Department-held client information.	Regulation
68	Regs 126-300 through 126-335	State	Establishes the scope of the Medicaid program including services available under the program.	Regulation

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69	Regs. 126-350 through 126-399	State	Establishes the application procedures and the general requirements for Medicaid eligibility.	Regulation
70	Regs. 126-400 through 126-405	State	Describes the administrative sanctions that may be invoked by the Department against Medicaid providers.	Regulation
71	Reg. 126-425	State	Establishes program integrity rules designed to safeguard against unnecessary, harmful, wasteful, and uncoordinated utilization of services by Medicaid eligible recipients and health care providers.	Regulation
72	Regs. 126-500 through 126-515	State	Describes eligibility requirements for the Medically Indigent Assistance Program (MIAP).	Regulation
73	Regs. 126-530 through 126-540	State	Describes the services covered by the Medically Indigent Assistance Program (MIAP).	Regulation
74	Reg. 126-560	State	Establishes the payment process to reimburse hospitals for inpatient services provided to Medically Indigent recipients.	Regulation
75	Reg. 126-570	State	Establishes the grace period for County assessments for indigent medical care in accordance with the provisions of 44-6-146(C).	Regulation
76	Regs. 126-710 through 126-799	State	Establishes rules regarding the administration of Social Services Block Grants under Title XX of the Social Security Act.	Regulation
77	Regs. 126-800 through 126-850	State	Establishes intermediate sanctions for Medicaid certified nursing facilities. Establishes that the Administrator, or his designee, of the State Medicaid Agency may invoke certain sanctions against a Medicaid nursing facility which has failed to correct deficiencies or make acceptable progress toward correction of deficiencies.	Regulation
78	Regs. 126-910 through 126-940	State	Establishes eligibility rules for individuals to participate in the Optional State Supplemental (OSS) program as well as rules for the Department in administering the OSS program.	Regulation
79	Proviso 33.1 (Recoupment/Restricted Fund)	State	The Department of Health and Human Services shall recoup all refunds and identified program overpayments and all such overpayments shall be recouped in accordance with established collection policy. Further, the Department of Health and Human Services is authorized to maintain a restricted fund, on deposit with the State Treasurer, to be used to pay for liabilities and improvements related to enhancing accountability for future audits. The restricted fund will derive from prior year program refunds. The restricted fund shall not exceed one percent of the total appropriation authorization for the current year. Amounts in excess of one percent will be remitted to the general fund.	Proviso
80	Proviso 33.2 (Long Term Care Facility Reimbursement Rate)	State	The Department, in calculating a reimbursement rate for long term care facility providers, shall obtain for each contract period an inflation factor, developed by the Revenue and Fiscal Affairs Office. Data obtained from Medicaid cost reporting records applicable to long term care providers will be supplied to the Revenue and Fiscal Affairs Office. A composite index, developed by the Revenue and Fiscal Affairs Office will be used to reflect the respective costs of the components of the Medicaid program expenditures in computing the maximum inflation factor to be used in long term care contractual arrangements involving reimbursement of providers. The Revenue and Fiscal Affairs Office shall update the composite index so as to have the index available for each contract renewal.	Proviso
81	Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	The Department of Health and Human Services shall remit to the State Auditor's Office an amount representing fifty percent (allowable Federal Financial Participation) of the cost of the Medical Assistance Audit Program as established in the State Auditor's Office of the Budget and Control Board Section 102. Such amount shall also include appropriated salary adjustments and employer contributions allocable to the Medical Assistance Audit Program. Such remittance to the State Auditor's Office shall be made monthly and based on invoices as provided by the State Auditor's Office of the Budget and Control Board.	Proviso
82	Proviso 33.4 (Third Party Liability Collection)	State	The Department of Health and Human Services is allowed to fund the net costs of any Third Party Liability and Drug Rebate collection efforts from the monies collected in that effort.	Proviso

# Legal Standards

83	Proviso 33.5 (Medicaid State Plan)	State	Where the Medicaid State Plan has been altered to cover services that previously were provided by one hundred percent state funds, or that have been requested to be added by other state agencies, the department can bill other agencies for the state share of services provided through Medicaid. In order to comply with Federal regulations regarding allowable sources of matching funds, state agencies are authorized to make appropriation transfers to the Department of Health and Human Services to be used as the state share when certified public expenditures are not allowed for those state agency Medicaid services. The department will keep a record of all services affected and submit periodic reports to the Senate Finance and House Ways and Means Committees.	Proviso
84	Proviso 33.6 (Medically Indigent Assistance Fund)	State	The Department is authorized to expend disproportionate share funds to all eligible hospitals with the condition that all audit exceptions through the receipt and expenditures of these funds are the liability of the hospital receiving the funds.	Proviso
85	Proviso 33.7 (Registration Fees)	State	The Department is authorized to receive and expend registration fees for educational, training, and certification programs.	Proviso
86	Proviso 33.8 (Fraud and Abuse Collections)	State	The Department of Health and Human Services may offset the administrative costs associated with controlling fraud and abuse.	Proviso
87	Proviso 33.9 (Medicaid Eligibility Transfer)	State	The South Carolina Department of Health and Human Services (DHHS) is hereby authorized to determine the eligibility of applicants for the South Carolina Medicaid Program in accordance with the State Plan Under Title XIX of The Social Security Act Medical Assistance Program. The governing authority of each county shall provide office space and facility service for this function as they do for DSS functions under Section 43-3-65.	Proviso
88	Proviso 33.10 (Franchise Fees Suspension)	State	Franchise fees imposed on nursing home beds and enacted by the General Assembly during the 2002 session are suspended.	Proviso
89	Proviso 33.11 (Pre-program Integrity Efforts)	State	The Department of Health and Human Services is instructed to expand its program integrity efforts by utilizing resources both within and external to the agency including, but not limited to, the ability to contract with other entities for the purpose of maximizing the department's ability to detect and eliminate provider fraud.	Proviso
90	Proviso 33.12 (Post Payment Review)	State	The department is directed to perform post payment reviews as permitted under Medicaid regulations to ensure compliance with the Hyde Amendment provisions as it relates to the performance of medically necessary services under the Medicaid program. The results of such reviews shall be available to the General Assembly upon request in a format that meets the requirements of the Health Insurance Accountability and Portability Act (HIPAA) and Medicaid confidentiality regulations.	Proviso
91	Proviso 33.13 (Long Term Care Facility Reimbursement Rates)	State	The Department shall direct staff to complete and submit its Medicaid State Plan Amendment for long term care facility reimbursement rates to the Director of the Department of Health and Human Services by August first of each year. The Director shall review the plan and submit to the Federal Government on or before August fifteenth of each year provided the State Appropriations Act has been enacted by that date. All additional requests for information from CMS concerning the plan shall be promptly submitted to CMS by the Department of Health and Human Services.	Proviso
92	Proviso 33.14 (Nursing Services to High Risk/High Tech Children)	State	The Department of Health and Human Services shall continue a separate classification and compensation plan for Registered Nurses (RN) and Licensed Practical Nurses (LPN) who provide services to Medically Fragile Children, who are Ventilator dependent, Respirator dependent, Intubated, and Parenteral feeding or any combination of the above. The classification plan shall recognize the skill level that these nurses caring for these Medically Fragile Children must have over and above normal home-care or school-based nurses.	Proviso
93	Proviso 33.16 (SCHIP Enrollment and Recertification)	State	The Department of Health and Human Services shall enroll and recertify eligible children to the State Children's Health Insurance Program (SCHIP) and must use available state agency program data housed in the Revenue and Fiscal Affairs Office, to include the Department of Social Services' Food Stamp program and the Department of Education's Free and Reduced Meal eligibility data. Use of this data and cooperative efforts between state agencies reduces the cost of outreach and maintenance of eligibility for SCHIP.	Proviso



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94	Proviso 33.17 (Carry Forward)	State	The Department of Health and Human Services is authorized to carry forward cash balances from the prior fiscal year into the current fiscal year for any earmarked or restricted trust and agency, or special revenue account or sub fund. The department shall submit a comprehensive reporting of all cash balances brought forward from the prior fiscal year. The report shall, at a minimum, for each account or sub fund include the following: the statutory authority that allows the funds to be carried forward, the maximum authorized amount that can be carried forward, the general purpose or need for the carry forward, the specific source(s) of funding or revenue that generated the carry forward, and a detailed description of any pending obligations against the carry forward. The report must be submitted to the President Pro Tempore of the Senate, Chairman of the Senate Finance Committee, Speaker of the House of Representatives, and Chairman of the House Ways and Means Committee, within fifteen days after the Comptroller General closes the fiscal year.	Proviso
95	Proviso 33.18 (Medicaid Provider Fraud)	State	The Department shall expand and increase its effort to identify, report, and combat Medicaid provider fraud. The Department shall publish on its' agency homepage by April first, of the current fiscal year, the results of these efforts, the funds recovered, and information pertaining to prosecutions of such cases, including pleas agreements entered into.	Proviso
96	Proviso 33.19 (GAPS)	State	The requirements of Title 44, Chapter 6-610 through Chapter 6-660 shall be suspended for the current state fiscal year.	Proviso
97	Proviso 33.20 (Disproportionate Share - DMH)	State	For the current fiscal year, the department is directed to transfer funds to the Department of Mental Health to make up any shortfall in disproportionate share funding due to rule changes from the Center for Medicare and Medicaid Services from the latest federal fiscal year amount. The department must also take any necessary action, including the submission of an amendment to the State Medicaid Plan, to minimize the impact of disproportionate share funding redistribution to the Department of Mental Health in future years.	Proviso
98	Proviso 33.21 (Contract Authority)	State	The Department of Health and Human Services is authorized to contract with community-based not-for-profit organizations for local projects that further the objectives of department programs. The department shall develop policies and procedures and may promulgate regulations to assure compliance with state and federal requirements associated with the funds used for the contracts and to assure fairness and accountability in the award and administration of these contracts. The department may require a match from contract recipients. The department shall report to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committees on the contracts administered.	Proviso
99	Proviso 33.22 (Medicaid Accountability and Quality Improvement Initiative)	State	Provides funds that may only be accessed if hospitals and clinics serving the uninsured work together and adhere to health improvement initiatives outlined in the proviso. The Medicaid Accountability & Quality Improvement Initiative is a plan to increase value and transparency in the current system, invest in hotspots of poor health, reduce per capita costs and improve health outcomes. Through managing care for the chronically ill uninsured and ensuring access, SCDHHS will collaborate with other providers and health organizations to improve health care value in SC by improving outcomes and reducing per capita costs.	Proviso
100	Proviso 33.23 (Medicaid Healthcare Initiatives Outcomes)	State	Prior to February 15 of the current fiscal year, the Director of the Department of Health and Human Services shall make a presentation to the House Ways and Means Healthcare Budget Subcommittee on the outcomes of Medicaid healthcare initiatives enacted during the current fiscal year to improve the well being of persons enrolled in the Medicaid program and receiving services from Medicaid providers.	Proviso
101	Proviso 33.25 (Carry Forward Authorization)	State	For the current fiscal year, the Department of Health and Human Services is authorized to carry forward and expend any General Fund balances for the Medicaid program. Within thirty days after the close of the fiscal year, the department shall report the balance carried forward to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee.	Proviso

# Legal Standards

102	Proviso 33.27 (Hospital Transformation Plans)	State	The Department of Health and Human Services shall develop and manage a program to help qualifying hospitals transition to more sustainable models of service delivery that meet the needs of their community and reduce reliance on inpatient admissions, surgery or high-tech diagnostics. This includes encouraging new long-term partnerships between rural hospitals and community, tertiary and teaching facilities to ensure seamless, timely and high quality clinical care for patients in rural areas of the state. Notwithstanding the provisions in its existing regulations, for the current fiscal year, the Department of Health and Environmental Control, may in its discretion, make exceptions to applicable licensing standards and regulations where it is determined that the exception will assist in the successful implementation and operation of the plans developed by the Department of Health and Human Services pursuant to this provision; the health, safety, and well-being of the community will not be compromised by the exception; and provided that the standard is not specifically required by statute. The program shall provide funding that fully or partially offsets the one-time costs of these transitions. The department shall develop the methodology for funding award amounts and distribution and may prioritize funding to target hotspots of poor health and/or limited health care access. Total state funds available statewide for transition funding shall not exceed \$15,000,000 and the department shall leverage federal funds or other funding mechanisms to maximize resources as appropriate and approved by CMS. The department shall provide reports detailing progress on transformation efforts to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by January 1, 2015 and by June 1, 2015.	Proviso
103	Proviso 33.30 (Healthcare Workforce Analysis)	State	Requires DHHS to transfer \$200,000 to AHEC.	Proviso
104	Proviso 33.32 (Healthy Connections Prime Participation)	State	Directs DHHS to begin Prime enrollment no earlier than April 1, 2016.	Proviso
105	Proviso 117.9 (Transfers of Appropriations)	State	Agencies and institutions shall be authorized to transfer appropriations within programs and within the agency with notification to the Executive Budget Office and Comptroller General. No such transfer may exceed twenty percent of the program budget. Upon request, details of such transfers may be provided to members of the General Assembly on an agency by agency basis. Transfers of appropriations from personal service accounts to other operating accounts or from other operating accounts to personal service accounts may be restricted to any established standard level set by the Budget and Control Board upon formal approval by a majority of the members of the Budget and Control Board.	Proviso
106	Proviso 117.10 (Federal Funds - DHEC, DSS, DHHS - Disallowances)	State	Amounts appropriated to the Department of Health and Environmental Control, Department of Social Services and Department of Health and Human Services may be expended to cover program operations of prior fiscal years where adjustment of such prior years are necessary under federal regulations or audit exceptions. All disallowances or notices of disallowances by any federal agency of any costs claimed by these agencies shall be submitted to the State Auditor, the Senate Finance Committee and the House Ways and Means Committee, within five days of receipt of such actions.	Proviso
107	Proviso 117.13 (Discrimination Policy)	State	Each state agency shall submit to the State Human Affairs Commission employment and filled vacancy data by race and sex by October thirty-first, of each year.	Proviso
108	Proviso 117.14 (Personal Service Reconciliation)	State	That within thirty days of the passage of the Appropriation Act or by August first, whichever comes later, each agency of the State must have established on the Executive Budget Office records all positions authorized in the Act.	Proviso
109	Proviso 117.18 (Business Expense Reimbursement)	State	Agency heads and deputy commissioners or deputy directors designated by agency heads may receive reimbursements for business expenses incurred while performing their official duties, provided that receipts are presented when seeking reimbursement and justification is submitted to document the time, place, and purpose of the expense as well as the names of the individuals involved. The Budget and Control Board shall promulgate regulations governing these expenses.	Proviso

# Legal Standards

110	Proviso 117.20 (Travel - Subsistence Expenses and Mileage)	State	Outlines state <b>employee travel reimbursement policies.</b>	Proviso
111	Proviso 117.23 (Carry Forward)	State	Each agency is authorized to carry forward unspent general fund appropriations from the prior fiscal year into the current fiscal year, up to a maximum of ten percent of its original general fund appropriations less any appropriation reductions for the current fiscal year. Agencies shall not withhold services in order to carry forward general funds.	Proviso
112	Proviso 117.24 (TEFRA)	State	It is the intent of the General Assembly that the State Medicaid Plan be amended to provide benefits for disabled children as allowed by the Tax Equity and Fiscal Responsibility Act (TEFRA) option. State agencies, including but not limited to, the Department of Social Services - the Continuum of Care, the Department of Health and Environmental Control, the Department of Mental Health, the Department of Disabilities and Special Needs and the Department of Health and Human Services shall collectively review and identify existing state appropriations within their respective budgets that can be used as state match to serve these children. Such funds shall be used effective January 1, 1995 to implement TEFRA option benefits. Agencies providing services under the provisions of this paragraph must not spend less in the current fiscal year than expended in the previous fiscal year.	Proviso
113	Proviso 117.29 (Base Budget Analysis)	State	Agencies' annual accountability reports for the prior fiscal year, as required in Section 1-1-810, must be accessible to the Governor, Senate Finance Committee, House Ways and Means Committee, and to the public on or before September fifteenth, for the purpose of a zero-base budget analysis and in order to ensure that the Agency Head Salary Commission has the accountability reports for use in a timely manner. Accountability Report guidelines shall require agencies to identify key program area descriptions and expenditures and link these to key financial and performance results measures. The Executive Budget Office is directed to develop a process for training agency leaders on the annual agency accountability report and its use in financial, organizational, and accountability improvement. Until performance-based funding is fully implemented and reported annually, the state supported colleges, universities and technical schools shall report in accordance with Section 59-101-350.	Proviso
114	Proviso 117.30 (Collection on Dishonored Payments)	State	In lieu of any other provision of law, any state agency may collect a service charge as provided in Section 34-11-.70 to cover the costs associated with the processing and collection of dishonored instruments or electronic payments where any amount is not paid by the drawee due to insufficient funds on deposit with the bank or the person upon which it was drawn when presented, or the instrument has an incorrect or insufficient signature on it. Such funds shall be retained and expended by the agency in accordance with this purpose and any unused amount shall carry forward to the following fiscal year.	Proviso
115	Proviso 117.32 (Voluntary Separation Incentive Program)	State	State agencies may implement, in consultation with the Human Resources Division of the Budget and Control Board, a program to realign resources to include provisions for a separation incentive payment for employees which may include the employer portion of health and dental benefits not to exceed one year. Employees participating in such program shall not be eligible to participate in the Teacher and Employee Retention Incentive (TERI) program. Employees participating in such program shall be considered to have voluntarily quit their employment without good cause and be subject to the provisions of Section 41-35-120(1) of the South Carolina Employment Security Law. Any program developed under this provision will involve voluntary participation from employees and will be funded within existing appropriations. The program must be approved by the agency head and the Director of the Human Resources Division based on ability to demonstrate recurring cost savings for realignment and/or permanent downsizing. State agencies shall report the prior year's results to the Budget and Control Board by August fifteenth, of the current fiscal year. The Budget and Control Board, upon request, shall report to the Senate Finance Committee and the House Ways and Means Committee on these results.	Proviso

# Legal Standards

116	Proviso 117.34 (Debt Collection Reports)	State	Each state agency shall provide to the Chairmen of the Senate Finance and House of Representatives Ways and Means Committees and the Inspector General a report detailing the amount of its outstanding debt and all methods it has used to collect that debt. This report is due by the last day of February for the previous calendar year. For purposes of this provision, outstanding debt means a sum remaining due and owed to a state agency by a non-governmental entity for more than sixty calendar days.	Proviso
117	Proviso 117.36 (Tobacco Settlement Funds Carry Forward)	State	State agencies are hereby authorized to retain and carry forward any unexpended Tobacco Settlement Agreement funds from the prior fiscal year into the current fiscal year and to expend such funds for the same purpose.	Proviso
118	Proviso 117.45 (Parking Fees)	State	State agencies shall not impose additional parking fees or increases in current fees for state employees during the current fiscal year. This provision does not apply to any college or university.	Proviso
119	Proviso 117.47 (Insurance Claims)	State	Any insurance reimbursement to an agency may be used to offset expenses related to the claim. These funds may be retained, expended, and carried forward.	Proviso
120	Proviso 117.48 (Organizational Charts)	State	All agencies, departments and institutions of state government shall furnish to the Human Resources Division (1) a current personnel organizational chart annually no later than September first of the current fiscal year, or upon the request of the Division and (2) notification of any change to the agency's organizational structure which impacts an employee's grievance rights within thirty days of such change. The organizational chart shall be in a form prescribed by the Human Resources Division showing all authorized positions, class title, class code, position number and indications as to whether such positions are filled or vacant. In addition, the organizational chart shall clearly identify those employees who are exempt from the State Employee Grievance Procedure Act.	Proviso
121	Proviso 117.49 (Agencies Affected by Restructuring)	State	Upon restructuring of state agencies by the General Assembly the Budget and Control Board is directed to work with affected State agencies in order to phase-in operations of restructured organizations during the current fiscal year. Restructured organizations should be operating entirely under the revised structure no later than December thirty-first, of the current fiscal year, unless otherwise directed by law. The Board is further directed to work with the affected agencies in order to identify and facilitate the transfer of any portion of their operations, including transfer of funds during the current fiscal year, which is affected by the restructured organization adopted by the General Assembly, but which has not already been accomplished herein. Until sufficient changes can be made to the State's accounting system and the appointment of appropriate agency heads, the Comptroller General and the State Treasurer shall allow those agencies affected by restructuring to continue processing documents within the account structure existing on June thirtieth, of the prior fiscal year. Restructured agencies shall make all the necessary accounting adjustments to complete the transition to the new account structure as soon as possible, but no later than December thirty-first, of the current fiscal year, unless otherwise directed by law. The Executive Budget Office is directed to prepare the subsequent detail budget to conform Part 1A and corresponding provisos in this act to any restructuring changes that are ratified.	Proviso
122	Proviso 117.50 (Agency Administrative Support Collaboration)	State	It is the intent of the General Assembly that state agencies continue to actively pursue cost savings measures through collaborative efforts and where feasible may combine administrative support functions with other agencies in order to maximize efficiency and effectiveness.	Proviso
123	Proviso 117.55 (Employee Bonuses)	State	State agencies and institutions are allowed to spend state, federal, and other sources of revenue to provide selected employees lump sum bonuses, not to exceed three thousand dollars per year, based on objective guidelines established by the Budget and Control Board. Payment of these bonuses is not a part of the employee's base salary and is not earnable compensation for purposes of employee and employer contributions to respective retirement systems. Employees earning \$100,000 or more shall not be eligible to receive bonuses under this provision.	Proviso
124	Proviso 117.59 (Purchase Card Incentives)	State	In addition to the Purchase Card Rebate deposited in the general fund, any incentive rebate premium received by an agency from the Purchase Card Program may be retained and used by the agency to support its operations	Proviso

# Legal Standards

125  Proviso 117.66 (Healthcare Employee Recruitment and Retention)	State	The Department of Corrections, Department of Disabilities and Special Needs, Department of Health and Environmental Control, Department of Health and Human Services, Department of Juvenile Justice, Department of Mental Health, and Department of Vocational Rehabilitation are allowed to spend state, federal, and other sources of revenue to provide lump sum bonuses to aid in recruiting and retaining healthcare workers in critical needs healthcare jobs based on objective guidelines established by the Budget and Control Board. The employee bonus amount shall be approved by the State Human Resources Director and shall not exceed \$10,000 per year. Payment of these bonuses is not a part of the employee's base salary and is not earnable compensation for purposes of employee and employer contributions to respective retirement systems.	Proviso
126  Proviso 117.69 (Voluntary Furlough)	State	Agency heads may institute a voluntary employee furlough program of not more than ninety days per fiscal year. During this voluntary furlough, the state employees shall be entitled to participate in the same state benefits as otherwise available to them except for receiving their salaries. As to those benefits which require employer and employee contributions, the state agencies, institutions and departments will be responsible for making both employer and employee contributions if coverage would otherwise be interrupted; and as to those benefits which require only employee contributions, the employee remains solely responsible for making those contributions. In the event an agency's reduction is due solely to the General Assembly transferring or deleting a program, this provision does not apply.	Proviso
127  Proviso 117.71 (Reduction in Force Antidiscrimination)	State	In the event of a reduction in force implemented by a state agency or institution, the state agency or institution must comply with Title VII of the Civil Rights Act of 1964 or any other applicable federal or state antidiscrimination laws.	Proviso
128  Proviso 117.72 (Reduction in Force/Agency Head Furlough)	State	In the event a reduction in force is implemented by a state agency or institution of higher learning, the agency head shall be required to take five days furlough in the current fiscal year. If more than one reduction in force plan is implemented in a fiscal year, the mandatory agency head furlough is only required for the initial plan. The agency head will retain all responsibilities and authority during the furlough. All monies saved from this furlough may be retained by that agency and expended at the discretion of the agency head. During this furlough, the agency head shall be entitled to participate in the same state benefits as otherwise available to them except for receiving their salaries. As to those benefits which require employer and employee contributions, the state agency will be responsible for making both employer and employee contributions if coverage would otherwise be interrupted; and as to those benefits which require only employee contributions, the agency head remains solely responsible for making those contributions.	Proviso
129  Proviso 117.74 (IMD Operations)	State	All funds received by the Department of Education, the Department of Juvenile Justice, the Department of Disabilities and Special Needs, the Department of Mental Health, the Department of Social Services, and the Governor's Office of Executive Policy and Programs-Continuum of Care as State child placing agencies for the Institution for Mental Diseases-Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or Department of Health and Environmental Control licensed institutional, residential, or treatment programs. An annual report by each state child placing agency shall be made on the expenditures of all IMD transition funds and shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November first each year. The Department of Health and Human Services shall review the numbers of out of home placements by type and by agency each year and make recommendations to the General Assembly.	Proviso

# Legal Standards

130	Provviso 117.76 (Mandatory Furlough)	State	In a fiscal year in which the general funds appropriated for a state agency are less than the general funds appropriated for that agency in the prior fiscal year, or whenever the General Assembly or the Budget and Control Board implements a midyear across-the-board budget reduction, and agency heads institute a mandatory employee furlough program, in determining which employees must participate in the program, agency heads should give consideration to furloughs for contract employees, post-TERI employees, and TERI employees before other employees. During this mandatory furlough, the state employees shall be entitled to participate in the same state benefits as otherwise available to them except for receiving their salaries. As to those benefits which require employer and employee contributions, the state agencies, institution, and departments will be responsible for making both employer and employee contributions if coverage would otherwise be interrupted; and as to those benefits which require only employee contributions, the employee remains solely responsible for making those contributions. In the event an agency's reduction is due solely to the General Assembly transferring or deleting a program, this provision does not apply.	Provviso
131	Provviso 117.77 (Reduction in Force)	State	In a fiscal year in which the general funds appropriated for a state agency are less than the general funds appropriated for that agency in the prior fiscal year, or whenever the General Assembly or the Budget and Control Board implements a midyear across-the-board budget reduction, and agency heads must make reductions in force, agency heads should give consideration to reductions of contract employees, post-TERI employees, and TERI employees before other employees. In the event an agency's reduction is due solely to the General Assembly transferring or deleting a program, this provision does not apply.	Provviso
132	Provviso 117.78 (Cost Saving when filling vacancies created by retirements)	State	During the current fiscal year, whenever classified FTEs become vacant because of employee retirements, it is the intent of the General Assembly that state agencies should realize personnel costs savings of at least twenty-five percent in the aggregate when managing these vacant positions. Prior to filling a classified FTE which has become vacant because of a retirement, an agency must review and determine the appropriate salary for the position as well as determine whether the agency can manage without filling the position or by delay in filling the position. Prior to filling the vacant FTE, agencies must follow all laws and regulations concerning posting and competitive solicitation and consideration of applicants. No agency shall enter into any agreement with any employee that violates the terms of this proviso.	Provviso
133	Provviso 117.79 (Information Technology for Health Care)	State	From the funds appropriated and awarded to the South Carolina Department of Health and Human Services for the Health Information Technology for Economic and Clinical Health Act of 2009, the department shall advance the use of health information technology and health information exchange to improve quality and efficiency of health care and to decrease the costs of health care. In order to facilitate the qualification of Medicare and/or Medicaid eligible providers and hospitals for incentive payments for meaningful health information technology (HIT) use, a health care organization participating in the South Carolina Health Information Exchange (SCHIE) or a Regional Health Information Organization (RHIO) or a hospital system health information exchange (HIE) that participates in SCHIE may release patient records and medical information, including the results of any laboratory or other tests ordered or requested by an authorized health care provider within the scope of his or her license or practice act, to another health information organization that requests the information via a HIE for treatment purposes with or without express written consent or authorization from the patient. A health information organization that receives or views this information from a patient's electronic health record or incorporates this information into the health information organization's electronic medical record for the patient in providing treatment is considered an authorized person for purposes of 42 C.F.R. 493.2 and the Clinical Laboratory Improvement Amendments.	Provviso
134	Provviso 117.81 (Reduction in Compensation)	State	For the current fiscal year, no state agency or political subdivision of this state may decrease the compensation of an employee, including dismissal, suspension, or demotion, solely because the employee gave sworn testimony regarding alleged wrongdoing to a standing committee, subcommittee of a standing committee, or study committee of the Senate or the House of Representatives. This proviso shall apply regardless of when the alleged wrongdoing occurred.	Provviso

# Legal Standards

135	Proviso 117.82 (Deficit Monitoring)	State	It is the responsibility of each state agency, department, and institution to operate within the limits of its authorized appropriations. All agencies, departments, and institutions are to budget, allocate and manage its authorized appropriations in a way to avoid an operating deficit for the fiscal year. If at the end of each quarterly deficit monitoring review by the Executive Budget Office, it is determined by either the Executive Budget Office or an agency that the likelihood of a deficit for the current fiscal year exists, the agency shall submit to the Executive Budget Office within fourteen days, a plan to minimize or eliminate the projected deficit. After submission of the plan, if it is determined that the deficit cannot be eliminated by the agency on its own, the agency is required to officially notify the Budget and Control Board within thirty days of such determination that the agency is requesting that a deficit be recognized. Once a deficit has been recognized by the Budget and Control Board, the agency shall limit travel and conference attendance to the minimum required to perform the core mission of the agency. In addition, the board when recognizing a deficit may direct that any pay increases and purchases of equipment and vehicles shall be approved by the Executive Budget Office.	Proviso
136	Proviso 117.83 (Commuting Costs)	State	State government employees who use a permanently assigned agency or state owned vehicle to commute from their permanently assigned work location to and from the employee's home must reimburse the agency in which they are employed for commuting use in accordance with IRS regulations based on guidance from the Office of Comptroller General which must use the Cents per mile Rule, unless they are exempted from such reimbursement by applicable IRS regulations. These permanently assigned vehicles must be clearly marked as a state or agency vehicle through the use of permanent state-government license plates and either state or agency seal decals unless the vehicle is used primarily in undercover operations. This requirement does not apply to a vehicle used by an employee for the purpose of a special travel assignment, for active certified law enforcement officers authorized to carry firearms, execute warrants, and make arrests, for Constitutional Officers, or for Department of Transportation employees on call for emergency maintenance.	Proviso
137	Proviso 117.84 (Bank Account Transparency and Accountability)	State	Each state agency, except state institutions of higher learning, which has composite reservoir bank accounts or any other accounts containing public funds which are not included in the Comptroller General's Statewide Accounting and Reporting System or the South Carolina Enterprise Information System shall prepare a report for each account disclosing every transaction of the account in the prior fiscal year. The report shall be submitted to the Budget and Control Board by October first of each fiscal year.	Proviso
138	Proviso 117.85 (Websites)	State	All agencies, departments, and institutions of state government shall be responsible for providing on its Internet website a link to the Internet website of any agency, other than the individual agency, department, or institution, that posts on its Internet website that agency, department, or institution's monthly state procurement card statements or monthly reports containing all or substantially all the same information contained in the monthly state procurement card statements. The link must be to the specific webpage or section on the website of the agency where the state procurement card information for the state agency, department, or institution can be found. The information posted may not contain the state procurement card number. Any information that is expressly prohibited from public disclosure by Federal or state law or regulation must be redacted from any posting required by this section.	Proviso
139	Proviso 117.86 (Regulations)	State	For the current fiscal year, if a state agency proposes a regulation that levies or increases a fee, fine, or that otherwise generates revenues, the title to the Joint Resolution which proposes the regulation must indicate that a fee, fine, or revenue source is being proposed.	Proviso
140	Proviso 118.89 (Recovery Audits)	State	Requires state agencies to participate in recovery audit program and cooperate and provide necessary information in a timely manner.	Proviso
141	Proviso 117.91 (Opt out of Affordable Care Act)	State	If federal law permits, the State of South Carolina opts out of the following provisions in the federal Patient Protection and Affordable Care Act (Public Law 111-148)...	Proviso

# Legal Standards

142	Proviso 117.92 (Means Test)	State	All agencies providing Health-care Services are directed to identify standards and criteria for means testing on all programs provided, where allowed by Federal guidelines. Once a consistent criteria has been established within an agency, they shall implement their respective plans. Each agency shall report all criteria and fiscal data to the Chairman of the Senate Finance Committee and to the Chairman of the House Ways and Means Committee no later than January 1, 2014.	Proviso
143	Proviso 117.93 (Agency Reduction Management)	State	The General Assembly encourages state agencies, in the event agencies are assessed a base reduction, to endeavor to realize savings through: (1) payroll management, including, but not limited to, furloughs, reductions in employee compensation, and instituting a hiring freeze; (2) eliminate administrative overhead cost that does not directly impact the agency's mission; and as a final option (3) reductions to programmatic funding.	Proviso
144	Proviso 117.99 (First Steps - Baby Net)	State	In addition to the statutory duties assigned to South Carolina First Steps to School Readiness Board of Trustees, the board shall ensure the state's compliance with the Individuals with Disabilities Act, Part C and the First Steps' full implementation of recommendations contained in the 2011 audit report of the LAC regarding the BabyNet Program. First Steps shall submit any necessary statutory changes to the Chairman of the House Education and Public Works Committee and the Chairman of the Senate Education Committee and any budget recommendations in the agency's budget request as submitted to the Governor. Until completion, First Steps shall post on its website a quarterly report on the timelines of its progress in implementing the recommendations of the LAC. The Board of Trustees will be kept informed monthly of all activities related to this requirement and those progress reports must be recorded in the minutes for each meeting of the Board of Trustees. When First Steps has implemented all of the recommendations enumerated above, a final report shall be submitted to the Board of Trustees for its' adoption. Upon approval by the Board of Trustees, the final report shall be published on First Steps' homepage. First Steps to School Readiness, the School for the Deaf and Blind, the Department of Disabilities and Special Needs, the Department of Health and Human Services, the Department of Mental Health and the Department of Social Services shall each provide on a common template developed by the agencies, a quarterly report to the Chairman of the House Ways and Means Committee and the Chairman of Senate Finance outlining all programs provided by them for BabyNet; all federal funds received and expended on BabyNet and all state funds expended on BabyNet. Each entity and agency shall report on its share of the state's ongoing maintenance of effort as defined by the US Department of Education under IDEA Part C.	Proviso
145	Proviso 117.100 (Single Audit Schedule of Federal Expenditures)	State	To ensure timely completion of the of the Statewide Single Audit, state agencies which do not receive a separate audit of federal expenditures, must submit to the Office of the State Auditor a schedule of federal program expenditures in a format prescribed by the Office of the State Auditor, no later than August fifteenth of each year.	Proviso
146	Proviso 117.110 (Data Breach Notification)	State	An agency of this State owning or licensing computerized data or other data that includes personal identifying information shall disclose any breach of the security of the system following discovery or notification of the breach in the security of the data to any resident of this State whose personal identifying information was, or is reasonably believed to have been, acquired by an unauthorized person. In determining whether information has been acquired, or is reasonably believed to have been acquired, by an unauthorized person or a person without valid authorization, the agency may consider the following factors, among others.	Proviso
147	Proviso 117.118 (Information Technology and Information Security Plans)	State	By October 1, 2014, all state agencies must submit an information technology plan and an information security plan for Fiscal Year 2014-15 to the Budget and Control Board's Division of Technology. State agencies must submit updates to their plans if there are changes following initial submission. Changes that would necessitate an updated plan include, but are not limited to, changes in response to technological advancements, changes in legislation, regulation or compliance requirements, newly identified funding sources, or new issues relating to information technology management or business requirements.	Proviso
148	Proviso 117.126 (Sickle Cell Disease Study Committee)	State	Requires DHHS to be part of the Sickle Cell Disease Study Committee.	Proviso



# Legal Standards

149	Proviso 118.1 (Year End Expenditures)	State	Unless specifically authorized herein, the appropriations provided in Part IA of this act as ordinary expenses of the State Government shall lapse on July 31, 2015. State agencies are required to submit all current fiscal year input documents and all electronic workflow for accounts payable transactions to the Office of Comptroller General by July 14, 2015. Appropriations for Permanent Improvements, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the Budget and Control Board and Joint Bond Review Committee, toward the accomplishment of the purposes for which the appropriations were provided. Appropriations for other specific purposes aside from ordinary operating expenses, now outstanding or hereafter provided, shall lapse at the end of the second fiscal year in which such appropriations were provided, unless definite commitments shall have been made, with the approval of the Budget and Control Board, toward the accomplishment of the purposes for which the appropriations were provided.	Proviso
150	Proviso 118.6 (Health Care Maintenance of Effort Funding)	State	The revenue collected from the fifty cent cigarette surcharge and deposited into the South Carolina Medicaid Reserve Fund and shall be utilized by the Department of Health and Human Services for the Medicaid program. By this provision these funds are deemed to have been received and are available for appropriation. Unexpended funds appropriated pursuant to this provision may be carried forward to succeeding fiscal years and expended for the same purposes.	Proviso
151	Proviso 118.7 (Prohibits Public Funded Lobbyists)	State	All state agencies and institutions are prohibited from using general fund appropriations to compensate employees who engage in lobbying on behalf of the state agency or institution. The State Ethics Commission shall require state agencies and institutions that report lobbying activities to the commission to certify that the lobbying activities were not funded by general fund appropriations.	Proviso
152	Proviso 118.12 (Tobacco Settlement)	State	A) To the extent funds are available from payments received on behalf of the State by the Tobacco Settlement Revenue Management Authority from the Tobacco Master Settlement Agreement ("MSA") during Fiscal Year 2014-15, the State Treasurer is authorized and directed, after transferring funds sufficient to cover the operating expenses of the Authority, to transfer the remaining funds as follows: (1) \$1,253,000 to the Attorney General's Office for Diligent Enforcement and Arbitration Litigation; \$450,000 to the State Law Enforcement Division for Diligent Enforcement; and \$325,000 to the Department of Revenue for Diligent Enforcement, all to enforce Chapter 47 of Title 11, the Tobacco Escrow Fund Act; (2) \$1,500,000 to the Department of Agriculture pursuant to Section 11-49-55 of the 1976 Code; and (3) The remaining balance shall be transferred to the Department of Health and Human Services for the Medicaid program. (B) The requirements of Section 11-11-170 of the 1976 Code shall be suspended for Fiscal Year 2014-15.	Proviso
153	Proviso 118.14 (Non-recurring Revenue)	State	Department of Health and Human Services: a) Medicaid Eligibility System Replacement \$2,689,449 b) ICD-10 \$561,828 c) Medical Contracts \$1,700,000 d) Osprey Village \$200,000	Proviso
154	Title XIX and XXI of the Social Security Act	Federal	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Statute
155	42 CFR 430.0 - 430.104	Federal	Establishes regulations regarding the Medicaid State Plan, federal deferrals and disallowances, reduction of Federal Medicaid payments, and hearings on issues of conformity of State Plan and practice to Federal requirements.	Regulation
156	42 CFR 431.1 - 431.1002	Federal	Establishes regulations regarding State organization and general administration of the Medicaid program including rules on provider relations, appeals and fair hearings, safeguarding of applicant/beneficiary information, relations with Medicare and other state agencies, and quality control.	Regulation
157	42 CFR 432.1 - 432.55	Federal	Establishes regulations regarding the Department's personnel administration including available federal financial participation for staffing and training.	Regulation

# Legal Standards

158	42 CFR 433.1 - 433.322	Federal	Establishes regulations regarding the Department's fiscal administration of the Medicaid program including matching funds, third party liability, and refunding of federal share of Medicaid overpayment to providers.	Regulation
159	42 CFR 434.1 - 434.78	Federal	Establishes general provisions regarding Department contracts including conditions for federal financial participation.	Regulation
160	42 CFR 435.2 - 435.1205	Federal	Establishes regulations regarding eligibility to participate in the Medicaid program including mandatory and optional coverage groups, general financial eligibility requirements, certain post-eligibility financial requirements, and federal financial participation available for expenditures in determining eligibility and providing services.	Regulation
161	42 CFR 438.1 - 438.812	Federal	Establishes regulations regarding the administration of the Medicaid program through managed care entities.	Regulation
162	42 CFR 440.1 - 440.390	Federal	Establishes regulations regarding the services available under the Medicaid program including definitions, requirements and limits applicable to all services, and benchmark benefit and benchmark-equivalent coverage.	Regulation
163	42 CFR 441.1 - 441.745	Federal	Establishes requirements and limits applicable to specific services.	Regulation
164	42 CFR 442.1 - 442.119	Federal	Establishes standards for payment to nursing facilities and intermediate care facilities for individuals with intellectual disabilities.	Regulation
165	42 CFR 447.1 - 447.520	Federal	Establishes regulations regarding the Department's payment for services including payment methods, payment for inpatient hospital and long term care facility services, payment adjustments for hospitals that serve a disproportionate number of low-income patients, payment methods for other institutional and non-institutional services, payments for primary care services provided by physicians, and payment for drugs.	Regulation
166	42 CFR 455.1 - 455.516	Federal	Establishes regulations regarding Medicaid program integrity including the Medicaid agency fraud detection and investigation program, disclosure of financial information by providers and fiscal agents, the scope of the Medicaid integrity program, provider screening and enrollment, and Medicaid recovery audit contractors program.	Regulation
167	42 CFR 456.1 - 456.725	Federal	Establishes regulations regarding utilization control measures for Medicaid services.	Regulation
168	42 CFR 460.1 - 460.210	Federal	Establishes regulations for the administration of the Program of All-Inclusive Care for the Elderly (PACE).	Regulation

Mission, Vision and Goals

This is the second chart because the agency's mission and vision should have a basis in the legal standards, which the agency provided in the previous chart. After the agency knows the laws it must satisfy, along with its mission and vision, it can then set goals to satisfy those laws and achieve that vision (and the strategy and objectives to accomplish each goal - see next chart). To ensure accountability, one person below the head of the agency should be responsible for each goal. The same person is not required to be responsible for all of the goals.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information pertains	2015-16

Instructions: Provide the agency's mission, vision and laws (i.e. state and/or federal statutes) which serve as the basis for the agency's mission and vision.

Mission	To purchase the most health for all citizens in need at the least possible cost in the recovery.
Legal Basis for agency's mission	Title 44, Chapter 6.
Vision	To be a responsive and innovative organization that continuously improves the health of South Carolina.
Legal Basis for agency's vision	Title 44, Chapter 6.

Instructions:

- Under the "Legal Responsibilities Satisfied" column, enter the legal responsibilities (i.e. state and/or federal statutes and provisions) the goal is satisfying. All of the laws mentioned in the previous chart (i.e. Legal Standards Chart) should be included next to one of the agency's goals. When listing the Legal Responsibilities Satisfied, the agency can group the standards together when applicable (i.e. SC Code 63-19-320 thru 63-19-450). Make sure it is clear whether the agency is referencing state or federal laws and whether it is a proviso or statute.
- Under the "Goals and Description" column, enter the number and description of the goal which will help the agency achieve its vision (i.e. Goal 1 - Increase the number of job opportunities available to juveniles to 20 per juvenile within the next 2 years). The agency should have 3-4 high level goals.
- Under the "Describe how the Goal is S.M.A.R.T." column, enter the information which shows the goal is 5 specific, Measurable, Attainable, Relevant and Time-bound.
- Under the "Public Benefit/Intended Outcome" column, enter the intended outcome of accomplishing the goal.
- Under the "Responsible Person" columns, provide information about the individual who has primary responsibility/accountability for each goal. The Responsible Person has different teams of employees beneath him/her to help accomplish the goal. The Responsible Person is the person who, in conjunction with his/her team(s) and approval from higher level superiors, determines the strategy and objectives to accomplish the goal. In addition, this is the person who monitors the progress and makes any changes needed to the strategies and objectives to ensure the goal is accomplished. Under the "Position" column, enter the Responsible Person's position/title at the agency.

Legal Responsibilities Satisfied	Goals & Description	Describe how the Goal is S.M.A.R.T.	Public Benefit/Intended Outcome	Responsible Person Name:	Number of months person has been responsible for the goal or objective	Position
(i.e. state and federal statutes or provisions the goal is satisfying)	(i.e. Goal 1 - insert description)	Specific Measurable Attainable Relevant Time-bound	(E - Output = number strips are installed on the sides of a road; Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome			
44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-130, 44-6-135, 44-6-150, 44-6-155, 44-6-300, 44-6-310, 44-6-320, 44-6-330, 44-6-340, 44-6-350, 44-6-360, 44-6-370, 44-6-380, 44-6-390, 44-6-400, 44-6-410, 44-6-420, 44-6-430, 44-6-440, 44-6-450, 44-6-460, 44-6-470, 44-6-480, 44-6-490, 44-6-500, 44-6-510, 44-6-520, 44-6-530, 44-6-540, 44-6-550, 44-6-560, 44-6-570, 44-6-580, 44-6-590, 44-6-600, 44-6-610, 44-6-620, 44-6-630, 44-6-640, 44-6-650, 44-6-660, 44-6-670, 44-6-680, 44-6-690, 44-6-700, 44-6-710, 44-6-720, 44-6-730, 44-6-740, 44-6-750, 44-6-760, 44-6-770, 44-6-780, 44-6-790, 44-6-800, 44-6-810, 44-6-820, 44-6-830, 44-6-840, 44-6-850, 44-6-860, 44-6-870, 44-6-880, 44-6-890, 44-6-900, 44-6-910, 44-6-920, 44-6-930, 44-6-940, 44-6-950, 44-6-960, 44-6-970, 44-6-980, 44-6-990, 44-7-100, 44-7-110, 44-7-120, 44-7-130, 44-7-140, 44-7-150, 44-7-160, 44-7-170, 44-7-180, 44-7-190, 44-7-200, 44-7-210, 44-7-220, 44-7-230, 44-7-240, 44-7-250, 44-7-260, 44-7-270, 44-7-280, 44-7-290, 44-7-300, 44-7-310, 44-7-320, 44-7-330, 44-7-340, 44-7-350, 44-7-360, 44-7-370, 44-7-380, 44-7-390, 44-7-400, 44-7-410, 44-7-420, 44-7-430, 44-7-440, 44-7-450, 44-7-460, 44-7-470, 44-7-480, 44-7-490, 44-7-500, 44-7-510, 44-7-520, 44-7-530, 44-7-540, 44-7-550, 44-7-560, 44-7-570, 44-7-580, 44-7-590, 44-7-600, 44-7-610, 44-7-620, 44-7-630, 44-7-640, 44-7-650, 44-7-660, 44-7-670, 44-7-680, 44-7-690, 44-7-700, 44-7-710, 44-7-720, 44-7-730, 44-7-740, 44-7-750, 44-7-760, 44-7-770, 44-7-780, 44-7-790, 44-7-800, 44-7-810, 44-7-820, 44-7-830, 44-7-840, 44-7-850, 44-7-860, 44-7-870, 44-7-880, 44-7-890, 44-7-900, 44-7-910, 44-7-920, 44-7-930, 44-7-940, 44-7-950, 44-7-960, 44-7-970, 44-7-980, 44-7-990, 44-8-100, 44-8-110, 44-8-120, 44-8-130, 44-8-140, 44-8-150, 44-8-160, 44-8-170, 44-8-180, 44-8-190, 44-8-200, 44-8-210, 44-8-220, 44-8-230, 44-8-240, 44-8-250, 44-8-260, 44-8-270, 44-8-280, 44-8-290, 44-8-300, 44-8-310, 44-8-320, 44-8-330, 44-8-340, 44-8-350, 44-8-360, 44-8-370, 44-8-380, 44-8-390, 44-8-400, 44-8-410, 44-8-420, 44-8-430, 44-8-440, 44-8-450, 44-8-460, 44-8-470, 44-8-480, 44-8-490, 44-8-500, 44-8-510, 44-8-520, 44-8-530, 44-8-540, 44-8-550, 44-8-560, 44-8-570, 44-8-580, 44-8-590, 44-8-600, 44-8-610, 44-8-620, 44-8-630, 44-8-640, 44-8-650, 44-8-660, 44-8-670, 44-8-680, 44-8-690, 44-8-700, 44-8-710, 44-8-720, 44-8-730, 44-8-740, 44-8-750, 44-8-760, 44-8-770, 44-8-780, 44-8-790, 44-8-800, 44-8-810, 44-8-820, 44-8-830, 44-8-840, 44-8-850, 44-8-860, 44-8-870, 44-8-880, 44-8-890, 44-8-900, 44-8-910, 44-8-920, 44-8-930, 44-8-940, 44-8-950, 44-8-960, 44-8-970, 44-8-980, 44-8-990, 44-9-100, 44-9-110, 44-9-120, 44-9-130, 44-9-140, 44-9-150, 44-9-160, 44-9-170, 44-9-180, 44-9-190, 44-9-200, 44-9-210, 44-9-220, 44-9-230, 44-9-240, 44-9-250, 44-9-260, 44-9-270, 44-9-280, 44-9-290, 44-9-300, 44-9-310, 44-9-320, 44-9-330, 44-9-340, 44-9-350, 44-9-360, 44-9-370, 44-9-380, 44-9-390, 44-9-400, 44-9-410, 44-9-420, 44-9-430, 44-9-440, 44-9-450, 44-9-460, 44-9-470, 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44-15-580, 44-15-590, 44-15-600, 44-15-610, 44-15-620, 44-15-630, 44-15-640, 44-15-650, 44-15-660, 44-15-670, 44-15-680, 44-15-690, 44-15-700, 44-15-710, 44-15-720, 44-15-730, 44-15-740, 44-15-750, 44-15-760, 44-15-770, 44-15-780, 44-15-790, 44-15-800, 44-15-810, 44-15-820, 44-15-830, 44-15-840, 44-15-850, 44-15-860, 44-15-870, 44-15-880, 44-15-890, 44-15-900, 44-15-910, 44-15-920, 44-15-930, 44-15-940, 44-15-950, 44-15-960, 44-15-970, 44-15-980, 44-15-990, 44-16-100, 44-16-110, 44-16-120, 44-16-130, 44-16-140, 44-16-150, 44-16-160, 44-16-170, 44-16-180, 44-16-190, 44-16-200, 44-16-210, 44-16-220, 44-16-230, 44-16-240, 44-16-250, 44-16-260, 44-16-270, 44-16-280, 44-16-290, 44-16-300, 44-16-310, 44-16-320, 44-16-330, 44-16-340, 44-16-350, 44-16-360, 44-16-370, 44-16-380, 44-16-390, 44-16-400, 44-16-410, 44-16-420, 44-16-430, 44-16-440, 44-16-450, 44-16-460, 44-16-470, 44-16-480, 44-16-490, 44-16-500, 44-16-510, 44-16-520, 44-16-530, 44-16-540, 44-16-550, 44-16-560, 44-16-570, 44-16-580, 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44-17-600, 44-17-610, 44-17-620, 44-17-630, 44-17-640, 44-17-650, 44-17-660, 44-17-670, 4						









## Associated Programs

This is the next chart because once the agency has determined its goals, strategies and objectives, the agency needs to determine which of its programs will help achieve those objectives and goals and which programs may need to be curtailed or eliminated. If one program is helping accomplish an objective that a lot of other programs are also helping accomplish, the agency should consider whether the resources needed for that program could be better utilized (i.e. so the agency can most effectively and efficiently accomplish all of its goals and objectives) if they were distributed among the other programs that are helping accomplish the same objective or among programs that are helping accomplish other objectives.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

### Instructions :

- 1) Under the "Name of Agency Program" column, enter the name of every program at the agency on a separate row.
- 2) Under the "Description of Program" column, enter a 1-3 sentence description of the agency program.
- 3) Under the "Legal Statute Requiring Program" column, enter the legal statute which requires (this is different than allows) the program, if the program is required by a state or federal statute or proviso. Make sure it is clear whether the agency is referencing state or federal laws and whether it is a proviso or statute. If the program is not required by a state or federal statute or proviso, enter "none."
- 3) Under the "Objective the Program Helps Accomplish" column, enter the strategic plan objective number and description. The agency can copy the Objective number and description from the first column of the Strategy, Objective and Responsibility Chart. Enter ONLY ONE objective per row. If an agency program helps accomplish multiple objectives, insert additional rows with that agency program information and enter each different objective it helps accomplish on a separate row.

Name of Agency Program	Description of Program	Legal Statute or Proviso Requiring the Program	Objective the Program Helps Accomplish (The agency can copy the Objective number and description from the first column of the Strategy, Objective and Responsibility Chart)  <b>List ONLY ONE strategic objective per row.</b>
I. Administration	Provides administrative support and other shared operating services for the agency.	SC Code Sections 44-6-30, 40, 100; 42 CFR 431.10, 431.11, 431.15	Objective 3.1.1 - Maintain General Fund expenditures within 3% of forecast
I. Administration	Provides administrative support and other shared operating services for the agency.	SC Code Sections 44-6-30, 40, 100; 42 CFR 431.10, 431.11, 431.15	Objective 3.2.1 - Keep per-member cost increases below national benchmarks
I. Administration	Provides administrative support and other shared operating services for the agency.	SC Code Sections 44-6-30, 40, 100; 42 CFR 431.10, 431.11, 431.15	Objective 3.3.1 - Increase the percentage of expenditures analyzed for third-party liability by 5%
I. Administration	Provides administrative support and other shared operating services for the agency.	SC Code Sections 44-6-30, 40, 100; 42 CFR 431.10, 431.11, 431.15	Objective 4.2.1 - Improve employee engagement scores by 5%
II. Programs and Services A. Health Services 1. Medical Administration	Provides administrative support and other shared operating services for the agency.	SC Code Sections 44-6-30, 40, 100; 42 CFR 431.10, 431.11, 431.15	Objective 3.1.1 - Maintain General Fund expenditures within 3% of forecast
II. Programs and Services A. Health Services 1. Medical Administration	Provides administrative support and other shared operating services for the agency.	SC Code Sections 44-6-30, 40, 100; 42 CFR 431.10, 431.11, 431.15	Objective 3.2.1 - Keep per-member cost increases below national benchmarks



## Associated Programs

<p>II. Programs and Services A. Health Services 2. Medical Contracts</p>	<p>Provides contract development and management services for the Department's nursing home, Community Long Term Care, eligibility, telemedicine, clams payment, and other provider-facing programs.</p>	<p>SC Code Sections 44-6-30, 40, 50(1), 50(2), 100; 42 CFR 431.10, 431.11, 431.15; SC Reg 126-304, 106-314; 42 CFR 431.107</p>	<p>Objective 2.2.1 - Increase the rate of one-hour resolution for walk-in services by 10%</p>
<p>II. Programs and Services A. Health Services 2. Medical Contracts</p>	<p>Provides contract development and management services for the Department's nursing home, Community Long Term Care, eligibility, telemedicine, clams payment, and other provider-facing programs.</p>	<p>SC Code Sections 44-6-30, 40, 50(1), 100; 42 CFR 431.10, 431.11, 431.15; SC Reg 126-304, 106-314; 42 CFR 431.107</p>	<p>Objective 2.2.2 - Increase the rates of single-touch case resolutions for applications and reviews by 10%</p>
<p>II. Programs and Services A. Health Services 2. Medical Contracts</p>	<p>Provides contract development and management services for the Department's nursing home, Community Long Term Care, eligibility, telemedicine, clams payment, and other provider-facing programs.</p>	<p>SC Code Sections 44-6-30, 40, 50(1), 100; 42 CFR 431.10, 431.11, 431.15; SC Reg 126-304, 106-314; 42 CFR 431.107</p>	<p>Objective 4.1.1 - Process 99% of provider applications within 30 days</p>
<p>II. Programs and Services A. Health Services 2. Medical Contracts</p>	<p>Provides contract development and management services for the Department's nursing home, Community Long Term Care, eligibility, telemedicine, clams payment, and other provider-facing programs.</p>	<p>SC Code Sections 44-6-30, 40, 50(1), 100; 42 CFR 431.10, 431.11, 431.15; SC Reg 126-304, 106-314; 42 CFR 431.107</p>	<p>Objective 4.1.2 - Process 99% of electronic claims submissions within 14 days</p>
<p>II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services</p>	<p>Finances a broad range of inpatient and outpatient services through both the fee-for-service and managed care programs, including for nursing homes, pharmaceuticals, hospital and physician services, dental, Community Long Term Care, home health, EPSDT, medical professionals, transportation, laboratory and radiology, family planning, Medicare premium matching/payments, hospice, clinical, durable medical equipment, behavioral health, and other related services.</p>	<p>SC Reg 126-301 (A); SC Reg 126-304, 126-305, 126-306, 106-307, 126-309, 126-310, 126-311, 126-312, 126-314, 126-315, 126-317, 126-319, 126-360(D), 126-910 through 126-940; 42 CFR 423.910, 431.53, 431.625, 438.1-438.812, 440.10, 440.20, 440.30, 440.40, 440.50, 440.60, 440.70, 440.100, 440.115, 440.120, 440.130, 440.170, 440.180, 460.1-460.210; Social Security Act Sections 1905(a)(18) and 1905(o)</p>	<p>Objective 1.1.1 - Provide at least 12% of managed care payments using a value-based approach</p>

## Associated Programs

<p>II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services</p>	<p>Finances a broad range of inpatient and outpatient services through both the fee-for-service and managed care programs, including for nursing homes, pharmaceuticals, hospital and physician services, dental, Community Long Term Care, home health, EPSDT, medical professionals, transportation, laboratory and radiology, family planning, Medicare premium matching/payments, hospice, clinical, durable medical equipment, behavioral health, and other related services.</p>	<p>SC Reg 126-301 (A); SC Reg 126-304, 126-305, 126-306, 106-307, 126-309, 126-310, 126-311, 126-312, 126-314, 126-315, 126-317, 126-319, 126-360(D), 126-910 through 126-940; 42 CFR 423.910, 431.53, 431.625, 438.1-438.812, 440.10, 440.20, 440.30, 440.40, 440.50, 440.60, 440.70, 440.100, 440.115, 440.120, 440.130, 440.170, 440.180, 460.1-460.210; Social Security Act Sections 1905(a)(18) and 1905(o)</p>	<p>Objective 1.1.2 - Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually</p>
<p>II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services</p>	<p>Finances a broad range of inpatient and outpatient services through both the fee-for-service and managed care programs, including for nursing homes, pharmaceuticals, hospital and physician services, dental, Community Long Term Care, home health, EPSDT, medical professionals, transportation, laboratory and radiology, family planning, Medicare premium matching/payments, hospice, clinical, durable medical equipment, behavioral health, and other related services.</p>	<p>SC Reg 126-301 (A); SC Reg 126-304, 126-305, 126-306, 106-307, 126-309, 126-310, 126-311, 126-312, 126-314, 126-315, 126-317, 126-319, 126-360(D), 126-910 through 126-940; 42 CFR 423.910, 431.53, 431.625, 438.1-438.812, 440.10, 440.20, 440.30, 440.40, 440.50, 440.60, 440.70, 440.100, 440.115, 440.120, 440.130, 440.170, 440.180, 460.1-460.210; Social Security Act Sections 1905(a)(18) and 1905(o)</p>	<p>Objective 1.2.1 - Reduce the rate of low birth weight babies by 3%</p>
<p>II. Programs and Services A. Health Services 4. Assistance Payments - State Agencies</p>	<p>Finances services that are provided by or through other state agencies, such as to the disabled and special needs population, for child health, chronic disease control, STI treatment, women's health, emergency medical services, outpatient and rehabilitative behavioral health, case management and clinical services, alcohol and other substance use treatment, school-based services, etc.</p>	<p>SC Reg 126-301 (A)(12)&amp;(17); SC Reg 126-313 &amp; 318; 42 CFR 440.160</p>	<p>Objective 1.2.1 - Reduce the rate of low birth weight babies by 3%</p>
<p>II. Programs and Services A. Health Services 6. Other Entities - Assistance Payments</p>	<p>Provides payment to qualifying hospitals for the unreimbursed cost of providing inpatient and outpatient hospital services to Medicaid eligible and uninsured individuals (DSH Program).</p>	<p>42 CFR 447.294 – 299</p>	<p>None</p>
<p>II. Programs and Services A. Health Services 7. Medicaid Eligibility</p>	<p>Process applications, annual reviews, and other eligibility changes and member services for the program's applicants and beneficiaries.</p>	<p>42 CFR Part 435; SC Regulations Article 3, Subarticle 2</p>	<p>Objective 2.1.1 - Increase the number of online applications by 10%</p>
<p>II. Programs and Services A. Health Services 7. Medicaid Eligibility</p>	<p>Process applications, annual reviews, and other eligibility changes and member services for the program's applicants and beneficiaries.</p>	<p>42 CFR Part 435; SC Regulations Article 3, Subarticle 2</p>	<p>Objective 2.2.1 - Increase the rate of one-hour resolution for walk-in services by 10%</p>

## Associated Programs

II. Programs and Services A. Health Services 7. Medicaid Eligibility	Process applications, annual reviews, and other eligibility changes and member services for the program's applicants and beneficiaries.	42 CFR Part 435; SC Regulations Article 3, Subarticle 2	Objective 2.2.2 - Increase the rates of single-touch case resolutions for applications and reviews by 10%
III. Employee Benefits C. State Employer Contributions	Provide fringe & benefits for SCDHHS employees	SC Code Title 8, Chapter 11	Objective 4.2.1 - Improve employee engagement scores by 5%

# Strategic Budgeting

This is the next chart because once the agency determines its goals, strategies and objectives, as well as the programs that will best allow the agency to accomplish its objectives, the agency needs to determine how to allocate its funds to most effectively and efficiently accomplish the objectives. After allocating the funds to the objectives, the agency may decide to go back and revise which associated programs it will continue, curtail or eliminate in order to most effectively and efficiently accomplish its goals and objectives.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

IMPORTANT TIME SAVING NOTE: Please note that only one year of budgeted funds is requested. Once an agency is under study with the House Legislative Oversight Committee, the Committee may request information on how the agency budgeted and spent money for the previous five years. If an agency is chosen for study five years from now, the agency can quickly and easily combine the information from this chart for each of the last five years.

**Part A Instructions: Estimated Funds Available this Fiscal Year (2015-16)**

1) Please enter each source of funds for the agency in a separate column. Group the funding sources however is best for the agency (i.e. general appropriation programs, proviso 18.2, proviso 19.3, grant ABC, grant XYZ, Motor Vehicle User Fees, License Fees, etc.) to provide the information requested below each source (i.e. state, other or federal funding; recurring or one-time funding, etc.). The agency is not restricted by the number of columns below so please delete or add as many as needed. However the agency chooses to group its funding sources, it should be clear through Part A and B, how much the agency estimates it has available to spend and where the agency has budgeted the funds it has available to spend.

**Part B Instructions: How Agency Budgeted Funds this Fiscal Year (2015-16)**

- 1) Enter each agency objective and description (i.e. Objective 1.1.1 - insert description of objective). The agency can insert as many rows as necessary so that all objectives are included.
- 2) After entering all of the objectives, enter each "unrelated purpose" for which money received by the agency will go (i.e. Unrelated Purpose #1 - insert description of unrelated purpose) on a separate row. An "unrelated purpose" is money the agency is legislatively directed to spend on something that is not related to an agency objective (i.e. pass through, carry forward, etc.).
- 3) Enter how much money from each source of funds the agency budgets to spend on each objective and unrelated purpose. The "Total budgeted to spend on objectives and unrelated purposes" for each source of funds in Part B should equal the "Amount estimated to have available to spend this fiscal year" in Part A.

**Explanations from the Agency regarding Part A:**

*Insert any additional explanations the agency would like to provide related to the information it provides below.*

**PART A  
Estimated Funds  
Available this Fiscal Year  
(2015-16)**

Source of Funds:	Totals	General Funds	HHS - Healthcare Trust Earn	Tobacco Surcharge	Medicaid Expansion MIAA	Special Grants	State Agency (IGT or CPE)	All Other	Federal	Non-recurring General Funds
Is the source state, other or federal funding:	Totals	State	Other	Other	Other	Other	Other	Other	Federal	State
Is funding recurring or one-time?	Totals	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Non-recurring
<b>\$ From Last Year Available to Spend this Year</b>										
Amount available at end of previous fiscal year	\$584,914,660	\$174,307,600	\$13,814,867	\$23,787,051	\$41,794,757	\$28,119,062	\$47,983,019	\$255,108,304	\$0	\$0
Amount available at end of previous fiscal year that agency can actually use this fiscal year:	\$584,914,660	174,307,600	\$13,814,867	\$23,787,051	\$41,794,757	\$28,119,062	\$47,983,019	\$255,108,304	\$0	0
If the amounts in the two rows above are not the same, explain why:	Enter explanation for each fund to the right									
<b>\$ Estimated to Receive this Year</b>										
Amount budgeted/estimated to receive in this fiscal year:	\$6,779,066,614	\$ 1,136,447,854	\$ 67,972,000	\$ 115,000,000	\$ 264,000,000	\$ 65,000,000	\$ 246,891,847	\$ 750,000	\$ 4,872,514,447	\$ 10,490,466
<b>Total Actually Available this Year</b>										
Amount estimated to have available to spend this fiscal year (i.e. Amount available at end of previous fiscal year that agency can actually use in this fiscal year PLUS Amount budgeted/estimated to receive this fiscal year):	\$7,363,901,274	1,310,755,454	81,786,867	138,787,051	305,794,757	93,119,062	294,874,866	255,858,304	4,872,514,447	10,490,466

# Strategic Budgeting

**PART B**  
How Agency Budgeted  
Funds this Fiscal Year  
(2015-16)

Explanations from the Agency regarding Part B:		Insert any additional explanations the agency would like to provide related to the information it provides below.									
Source of Funds: (the rows to the left should populate automatically from what the agency entered in Part A)	Totals	General Funds	HHS - Healthcare Trust Earn	Tobacco Surcharge	Medicaid Expansion MIAA	Special Grants	State Agency (IGT or CPE)	All Other	Federal	Non-recurring General Funds	
Is source state, other or federal funding: (the rows to the left should populate automatically from what the agency entered in Part A)	Totals	State	Other	Other	Other	Other	Other	Other	Federal	State	
Restrictions on how agency is able to spend the funds from this source:	n/a	n/a	n/a	n/a	Must cover DSH initially	n/a	Towards other state agencies' Medicaid expenditures	n/a	n/a	Towards capital improvement	
Amount estimated to have available to spend this fiscal year: (the rows to the left should populate automatically from what the agency entered in Part A)	\$7,363,981,274	\$1,310,755,454	\$81,786,867	\$138,787,051	\$305,794,757	\$93,119,062	\$294,874,866	\$255,858,304	\$4,872,514,447	\$10,490,466	
Are expenditure of funds tracked through SCEIS? (if no, state the system through which they are recorded so the total amount of expenditures could be verified, if needed)	n/a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Where Agency Budgeted to Spend Money this Year</b>											
<i>Goal 1 - Provide better health outcomes for Medicaid beneficiaries</i>	\$7,044,327,313	1,245,217,682	\$81,786,867	\$138,787,051	\$305,794,757	\$93,119,062	\$294,874,866	\$255,858,304	\$4,628,888,724.65		
<i>Goal 2 - Provide outstanding member services</i>	\$128,910,631	\$25,215,109.09							\$97,450,288.94	\$5,245,233	
<i>Goal 3 - Promote sound fiscal stewardship</i>	\$61,832,699	\$13,107,554.54							\$48,725,144.47		
<i>Goal 4 - Provide responsive and responsible management of health and human service programs</i>	\$128,910,631	\$26,215,109.09							\$97,450,288.94	\$5,245,233	
<b>Total Budgeted to Spend on Objectives and Unrelated Purposes: (this should be the same as Amount estimated to have available to spend this fiscal year)</b>	<b>\$7,363,981,274</b>	<b>\$1,310,755,454</b>	<b>\$81,786,867</b>	<b>\$138,787,051</b>	<b>\$305,794,757</b>	<b>\$93,119,062</b>	<b>\$294,874,866</b>	<b>\$255,858,304</b>	<b>\$4,872,514,447</b>	<b>\$10,490,466</b>	

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to **complete for each Objective** listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 1 - Provide better health outcomes for Medicaid beneficiaries	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-132, 44-6-135, 44-6-150, 44-6-155, 44-6-300, 44-6-310, 44-6-320, 44-6-630, 44-6-640, 44-6-650, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-465, 12-23-840, 40-43-89(H)(6), Regs 126-300 through 126-335, Regs 126-500 through 126-515, Regs 126-530 through 126-540, Regs 126-710 through 126-799, Regs 126-910 through 126-940, Proviso 33.14, Proviso 33.16, Proviso 33.21, Proviso 33.22, Proviso 33.23, Proviso 117.66, Proviso 117.74, Proviso 117.99, Proviso 117.126, 42 CFR 440.1-440.390, 42 CFR 441.1-441.745, 42 CFR 456.1-456.725, 42 CFR 460.1-460.210	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 1.1 - Expand the use of value-based payment methodologies	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Objective		
Objective # and Description:	Objective 1.1.1- Provide at least 12% of managed care payments using a value-based approach.	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-132, 44-6-135, 44-6-150, 44-6-155, 44-6-300, 44-6-310, 44-6-320, 44-6-630, 44-6-640, 44-6-650, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-465, 12-23-840, 40-43-89(H)(6), Regs 126-300 through 126-335, Regs 126-500 through 126-515, Regs 126-530 through 126-540, Regs 126-710 through 126-799, Regs 126-910 through 126-940, Proviso 33.14, Proviso 33.16, Proviso 33.21, Proviso 33.22, Proviso 33.23, Proviso 117.66, Proviso 117.74, Proviso 117.99, Proviso 117.126, 42 CFR 440.1-440.390, 42 CFR 441.1-441.745, 42 CFR 456.1-456.725, 42 CFR 460.1-460.210	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Health outcomes improve as plans and providers are given incentives to improve those outcomes instead of merely billing for more units of service.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
Agency Programs Associated with Objective		
Program Names:	II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
Responsible Person		
Name:	Bryan Amick	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	32	
Position:	Director, Office of Quality and Population Health	
Office Address:	1801 Main Street, Columbia, SC	
Department or Division:	Office of Quality and Population Health	

# Objective Details

Department or Division Summary:	This area oversees and coordinates pharmacy programs in the agency's fee-for-service and managed care program and drives clinical and quality aspects of the program. * Ensures the Department's management of the Medicaid program prioritizes health outcomes instead of the provision of more units of service. * Develops and implements operational strategies that promote optimal health and safe, effective, efficient, high-quality medical care and overall health outcomes.
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Amount Budgeted and Spent To Accomplish Objective	
Total Budgeted for this fiscal year:	\$7,044,327,313
Total Actually Spent:	Agency will provide next year

Copy and paste this information from the Strategic Budgeting Chart

**PERFORMANCE MEASURES**

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

**Types of Performance Measures:**

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

**How the Agency is Measuring its Performance**

Objective Number and Description	Objective 1.1.1- Provide at least 12% of managed care payments using a value-based approach
Performance Measure:	Provide at least 12% of managed care payments using value-based approach
Type of Measure:	Outcome
<b>Results</b>	
2013-14 Actual Results (as of 6/30/14):	N/A. This was not a selected measure in FY 2013-14.
2014-15 Target Results:	5%
2014-15 Actual Results (as of 6/30/15):	Not yet known - This metric is measured retrospectively and reported by the MCOs to SCDHHS. Final FY 2014-15 values should be available in April 2016.
2015-16 Minimum Acceptable Results:	12%
2015-16 Target Results:	12%
<b>Details</b>	
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	No. <span style="float: right;">Insert any further explanation, if needed</span>
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Deirdra Singleton, Deputy Director for Health Programs
Why was this performance measure chosen?	The need to transform healthcare payment mechanisms to move from volume-based to value-based care is broadly accepted as a necessary step toward increasing quality and reducing costs in healthcare. This method of measurement is consistent with guidance from "Catalyst for Payment Reform" (CPR), a nationally recognized organization that is supporting these efforts for many healthcare purchasers across the United States. The transition toward value-based payments has also been enshrined in the Department's contracts with its managed care plans.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A. This was not a selected measure in FY 2013-14.
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Deirdra Singleton, Deputy Director for Health Programs
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	This level is consistent with those set by other Medicaid programs and with the goals set forth by national organizations providing guidance for healthcare payment reform.

## Objective Details

Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Based on interim measurements and status updates provided by the MCOs and the number of value-oriented contracts that have been approved by SCDHHS, it appears that the target for FY 2015-16 will be reached.
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	<i>Inefficient healthcare purchasing for the Medicaid program.</i>
Level Requires Outside Help	<i>None required. SCDHHS is already working with national experts on this matter.</i>
Outside Help to Request	<i>N/A</i>
Level Requires Inform General Assembly	<i>N/A</i>
3 General Assembly Options	<i>N/A</i>

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
<i>Managed Care Contract Monitoring Process</i>	<i>Discussions between SCDHHS and OIG, plus follow-up from earlier studies of other related areas.</i>	<i>S.C. Office of the Inspector General</i>	<i>12/16/2014- 06/04/2015</i>

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
<i>Medicaid Managed Care Organizations</i>	<i>Medicaid MCOs are contractually required to produce the results required of this objective.</i>	<i>Business, Association or Individual</i>
<i>Catalyst for Payment Reform (CPR)</i>	<i>SCDHHS participates as a member of this consortium that brings together healthcare purchasers to explore methods of accelerating payment reform adoption and provides technical assistance for specific reform parameters.</i>	<i>Business, Association or Individual</i>



## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to complete for each Objective listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 1 - Provide better health outcomes for Medicaid beneficiaries	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-132, 44-6-135, 44-6-150, 44-6-155, 44-6-300, 44-6-310, 44-6-320, 44-6-630, 44-6-640, 44-6-650, 44-5-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-465, 12-23-840, 40-43-89(H)(6), Regs 126-300 through 126-335, Regs 126-500 through 126-515, Regs 126-530 through 126-540, Regs 126-710 through 126-799, Regs 126-910 through 126-940, Proviso 33.14, Proviso 33.16, Proviso 33.21, Proviso 33.22, Proviso 33.23, Proviso 117.65, Proviso 117.74, Proviso 117.99, Proviso 117.126, 42 CFR 440.1-440.390, 42 CFR 441.1-441.745, 42 CFR 456.1-456.725, 42 CFR 460.1-460.210	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 1.1 - Expand the use of value-based payment methodologies	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
<b>Objective</b>		
Objective # and Description:	Objective 1.1.2 - Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-132, 44-6-135, 44-6-150, 44-6-155, 44-6-300, 44-6-310, 44-6-320, 44-6-630, 44-6-640, 44-6-650, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-465, 12-23-840, 40-43-89(H)(6), Regs 126-300 through 126-335, Regs 126-500 through 126-515, Regs 126-530 through 126-540, Regs 126-710 through 126-799, Regs 126-910 through 126-940, Proviso 33.14, Proviso 33.16, Proviso 33.21, Proviso 33.22, Proviso 33.23, Proviso 117.66, Proviso 117.74, Proviso 117.99, Proviso 117.126, 42 CFR 440.1-440.390, 42 CFR 441.1-441.745, 42 CFR 456.1-456.725, 42 CFR 460.1-460.210	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Improvement of health outcomes for Medicaid beneficiaries.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
<b>Agency Programs Associated with Objective</b>		
Program Names:	II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
<b>Responsible Person</b>		
Name:	Bryan Amick	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	32	
Position:	Director, Office of Quality and Population Health	
Office Address:	1801 Main Street, Columbia, SC	
Department or Division:	Office of Quality and Population Health	
Department or Division Summary:	This area oversees and coordinates pharmacy programs in the agency's fee-for-service and managed care program and drives clinical and quality aspects of the program. * Ensures the Department's management of the Medicaid program prioritizes health outcomes instead of the provision of more units of service. * Develops and implements operational strategies that promote optimal health and safe, effective, efficient, high-quality medical care and overall health outcomes.	
<b>Amount Budgeted and Spent To Accomplish Objective</b>		
Total Budgeted for this fiscal year:	\$7,044,327,313	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	

# Objective Details

## PERFORMANCE MEASURES

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

### Types of Performance Measures:

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

### How the Agency is Measuring its Performance

Objective Number and Description	Objective 1.1.2 - Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually	
Performance Measure:	Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually	
Type of Measure:	Outcome	
Results		
2013-14 Actual Results (as of 6/30/14):	38 percent of withhold measures were at or above the 50th percentile.	
2014-15 Target Results:	39 percent of measures at or above the 50th percentile	
2014-15 Actual Results (as of 6/30/15):	41 percent of metrics at or above the 50th percentile, representing an increase of 125 percent.	
2015-16 Minimum Acceptable Results:	42 percent of withhold metrics will be at or above the 50th percentile	
2015-16 Target Results:	42 percent of withhold metrics will be at or above the 50th percentile	
Details		
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected	While quality of care measurement is a federal requirement, this particular measurement scheme is specific to SCDHHS.
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Deirdra Singleton, Deputy Director for Health Programs	
Why was this performance measure chosen?	HEDIS measures are universally accepted as a mechanism to measure the quality of care delivered by health plans. Specific clinical conditions that are relevant to the SC Medicaid population were chosen after consultation with clinical, quality, and policy staff at SCDHHS.	
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A	
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Deirdra Singleton, Deputy Director for Health Programs	
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	Continued steady improvement is the most reasonable expectation for healthcare quality improvement. While large gains were realized last year, continuing to steadily improve care delivery to at least the national average should remain the focus of SCDHHS.	
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes.	
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A	

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	Quality of care for Medicaid members that is lower than the national average.
Level Requires Outside Help	N/A. SCDHHS has the contractual authority allowing the agency to take necessary action if metrics fall to unacceptable levels.
Outside Help to Request	N/A
Level Requires Inform General Assembly	N/A
3 General Assembly Options	N/A

### REVIEWS/AUDITS

**Instructions:** Below please list all external or Internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)

## Objective Details

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
Medicaid Managed Care Organizations	MCOs have contractual thresholds regarding the quality of care delivery that align with this objective.	Business, Association or Individual

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2015
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to complete for each Objective listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 1 - Provide better health outcomes for Medicaid beneficiaries	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-132, 44-6-135, 44-6-150, 44-6-155, 44-6-300, 44-6-310, 44-6-320, 44-6-630, 44-6-640, 44-6-650, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-465, 12-23-840, 40-43-89(H)(6), Regs 126-300 through 126-335, Regs 126-500 through 126-515, Regs 126-530 through 126-540, Regs 126-710 through 126-799, Regs 126-910 through 126-940, Proviso 33.14, Proviso 33.16, Proviso 33.21, Proviso 33.22, Proviso 33.23, Proviso 117.66, Proviso 117.74, Proviso 117.99, Proviso 117.126, 42 CFR 440.1-440.390, 42 CFR 441.1-441.745, 42 CFR 456.1-456.725, 42 CFR 460.1-460.210	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 1.2 - Build upon the success of the Birth Outcomes Initiative	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Objective		
Objective # and Description:	Objective 1.2.1 - Reduce the rate of low birth weight babies by 3%	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-155, 44-6-300, 44-6-310, 44-6-320, 12-23-840, Title XIX of the Social Security Act, 42 CFR 440.1-440.390, 42 CFR 441.1-441.745, 42 CFR 456.1-456.725	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Improve the health of infants and reduce healthcare costs associated with low birth weight babies	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
Agency Programs Associated with Objective		
Program Names:	II. Programs and Services A. Health Services 3. Medical Assistance Payment - Case Services; II. Programs and Services A. Health Services 4. Assistance Payments - State Agencies	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
Responsible Person		
Name:	Melanie Giese	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	26	
Position:	Director, Birth Outcomes Initiative	

# Objective Details

Office Address:	1801 Main Street, Columbia, SC 29201
Department or Division:	Birth Outcomes Initiative
Department or Division Summary:	SCBOI's goal is to reduce health care costs while improving the health outcomes of moms and babies in South Carolina. This multi-stakeholder collaborative is led by SCDHHS and has allowed the state to be recognized as a national leader in birth outcomes while reducing the number of low birth weight infants. SCBOI programs include: Early Elective Deliveries (EED), Screening Brief Intervention and Referral to Treatment (SBIRT), Baby-Friendly USA certification, Centering Pregnancy, long-acting reversible contraceptives (LARCs) and Supporting Vaginal Birth (SVB).

### Amount Budgeted and Spent To Accomplish Objective

Total Budgeted for this fiscal year:	\$7,044,327,313
Total Actually Spent:	Agency will provide next year

Copy and paste this information from the Strategic Budgeting Chart

### PERFORMANCE MEASURES

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

### Types of Performance Measures:

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

### How the Agency is Measuring its Performance

Objective Number and Description	Objective 1.2.1 - Reduce the rate of low birth weight babies by 3%
Performance Measure:	Reduce the rate of low birth weight babies by 3%
Type of Measure:	Outcome
<b>Results</b>	
2013-14 Actual Results (as of 6/30/14):	11.05%
2014-15 Target Results:	N/A. Not a selected measure in FY 2014-15.
2014-15 Actual Results (as of 6/30/15):	10.91%
2015-16 Minimum Acceptable Results:	10.91%
2015-16 Target Results:	10.58%
<b>Details</b>	
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and BZ Glese, BOI Director
Why was this performance measure chosen?	Reducing the number of low birth weight babies improves health outcomes of babies and reduces cost to the state.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and BZ Glese, BOI Director

Insert any further explanation if needed.

## Objective Details

What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	3% Improvement was considered an attainable and meaningful target based on prior year trends and continued statewide efforts.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	Health outcomes of babies are negatively affected.
Level Requires Outside Help	N/A. BOI exists as a multi-stakeholder collaborative at all performance levels.
Outside Help to Request	SCHA, March of Dimes, Neonatology Consortium, SCACOG, MFM Consortium, DHEC
Level Requires Inform General Assembly	N/A
3 General Assembly Options	N/A

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
SCBOI Annual Report	Internal Request	USC's Institute for Families in Society	Annually

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
March of Dimes	SCBOI Monthly Meetings	Business, Association or Individual
South Carolina Hospital Association	SCBOI Monthly Meetings	Business, Association or Individual
OB/GYNs and Maternal Fetal Medicine Specialists	SCBOI Monthly Meetings	Business, Association or Individual
Neonatology Consortium	Quarterly Meeting	Business, Association or Individual
South Carolina Birthing Hospitals	SCBOI Monthly Meetings	Business, Association or Individual
USC School of Medicine	Meetings as needed	College/University
Palmetto Health	Meetings as needed	Business, Association or Individual
MUSC	Meetings as needed	College/University
Palmetto - USC School of Medicine Simulation Center	Monthly Meetings	Business, Association or Individual
DHEC	SCBOI Monthly Meetings	State/Local Government Entity
Various nonprofits	SCBOI Monthly Meetings	Business, Association or Individual

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to **complete for each Objective** listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_#" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

### Strategic Plan Context

# and description of Goal the Objective is helping accomplish:	Goal 2 - Provide outstanding member services	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-35, 44-6-180, 44-6-190, 44-6-220, 44-6-300, 44-6-310, 44-6-320, 44-6-710, 44-6-720, 44-6-725, 43-7-50, 43-7-60, 43-7-70, 43-7-80, 43-7-410, 43-7-420, 62-7-503, Regs 126-150 through 126-158, Regs 126-170 through 126-175, Regs 126-350 through 126-335, Regs 126-350 through 126-399, Regs 126-910 through 126-940, Proviso 33.9, Proviso 33.32, Proviso 117.24, Proviso 117.92, Proviso 117.110, 42 CFR 431.1-431.1002, Title XIX of the Social Security Act, 42 CFR 435.2-435.1205	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 2.1 - Use new technologies to improve the member service experience	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart

### Objective

Objective # and Description:	Objective 2.1.1 - Increase the number of online applications by 10%	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-35, 44-6-180, 44-6-190, 44-6-220, 44-6-300, 44-6-310, 44-6-320, 44-6-710, 44-6-720, 44-6-725, 43-7-50, 43-7-60, 43-7-70, 43-7-80, 43-7-410, 43-7-420, 62-7-503, Regs 126-150 through 126-158, Regs 126-170 through 126-175, Regs 126-350 through 126-335, Regs 126-350 through 126-399, Regs 126-910 through 126-940, Proviso 33.9, Proviso 33.32, Proviso 117.24, Proviso 117.92, Proviso 117.110, 42 CFR 431.1-431.1002, Title XIX of the Social Security Act, 42 CFR 435.2-435.1205	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Lower processing times and more satisfied applicants.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart

### Agency Programs Associated with Objective

Program Names:	<ul style="list-style-type: none"> <li>II. Programs and Services</li> <li>    A. Health Services</li> <li>        2. Medical Contracts;</li> <li>    II. Programs and Services</li> <li>        A. Health Services</li> <li>        7. Medicaid Eligibility</li> </ul>	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
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### Responsible Person

Name:	Beth Hutto	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	21	

# Objective Details

Position:	Deputy Director for Eligibility, Enrollment & Member Services
Office Address:	1801 Main Street, Columbia, SC 29202
Department or Division:	Eligibility, Enrollment, and Member Services
Department or Division Summary:	This division focuses on enrolling and providing member services (annual reviews, eligibility changes, etc.) for the program's million-plus members. The focus is on creating a consumer-centered environment for our beneficiaries and applicants through a streamlined application processes that removes unnecessary barriers and waiting periods for applicants. This group is also responsible for providing excellent customer service and increasing access to member services to improve the health of our beneficiaries.

### Amount Budgeted and Spent To Accomplish Objective

Total Budgeted for this fiscal year:	\$128,910,631	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	

### PERFORMANCE MEASURES

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

#### Types of Performance Measures:

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

#### How the Agency is Measuring its Performance

Objective Number and Description	Objective 2.1.1 - Increase the number of online applications by 10%	
Performance Measure:	Increase the number of online applications by 10%	
Type of Measure:	Efficiency	
<b>Results</b>		
2013-14 Actual Results (as of 6/30/14):	45,675	
2014-15 Target Results:	60,389	
2014-15 Actual Results (as of 6/30/15):	61,014	
2015-16 Minimum Acceptable Results:	61,014	
2015-16 Target Results:	67,115	
<b>Details</b>		
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected	Insert any further explanation, if needed
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Beth Hutto, Deputy Director	
Why was this performance measure chosen?	Increasing the number of online applications would reduce the Department's subsequent processing efforts and would also suggest that more applicants are completing applications in a place of their choosing.	



## Objective Details

If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Beth Hutto, Deputy Director
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	The improvement target was chosen as an attainable and meaningful goal. There is significant uncertainty in this target this year, since the Department is currently in the midst of an eligibility system replacement project.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	<i>Negative impact on customer service and choice of application method.</i>
Level Requires Outside Help	<i>SCDHHS is already working with outside partners to improve the application experience.</i>
Outside Help to Request	<i>N/A</i>
Level Requires Inform General Assembly	<i>N/A</i>
3 General Assembly Options	<i>N/A</i>

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
<i>N/A</i>			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
<b>Clemson University</b>	Clemson does much of the hosting and integration/development work for the Department's eligibility systems.	<i>College/University</i>
<b>IBM</b>	IBM is the licensor of the Curam eligibility system and also provides related consulting services.	<i>Business, Association or Individual</i>
<b>Change and Innovation Agency</b>	This organization has helped to redesign the Department's eligibility processes and has also provided a reporting tool that tracks the productivity of the Department's eligibility workers.	<i>Business, Association or Individual</i>

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to **complete for each Objective** listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 2 - Provide outstanding member services	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-35, 44-6-180, 44-6-190, 44-6-220, 44-6-300, 44-6-310, 44-6-320, 44-6-710, 44-6-720, 44-6-725, 43-7-50, 43-7-60, 43-7-70, 43-7-80, 43-7-410, 43-7-420, 62-7-503, Regs 126-150 through 126-158, Regs 126-170 through 126-175, Regs 126-350 through 126-335, Regs 126-350 through 126-399, Regs 126-910 through 126-940, Proviso 33.9, Proviso 33.32, Proviso 117.24, Proviso 117.92, Proviso 117.110, 42 CFR 431.1-431.1002, Title XIX of the Social Security Act, 42 CFR 435.2-435.1205	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 2.2 - Improve processing time and resolution rates for applications and reviews	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Objective		
Objective # and Description:	Objective 2.2.1 - Increase the rate of one-hour resolution for walk-in services by 10%	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-35, 44-6-180, 44-6-190, 44-6-220, 44-6-300, 44-6-310, 44-6-320, 44-6-710, 44-6-720, 44-6-725, 43-7-50, 43-7-60, 43-7-70, 43-7-80, 43-7-410, 43-7-420, 62-7-503, Regs 126-150 through 126-158, Regs 126-170 through 126-175, Regs 126-350 through 126-335, Regs 126-350 through 126-399, Regs 126-910 through 126-940, Proviso 33.9, Proviso 33.32, Proviso 117.24, Proviso 117.92, Proviso 117.110, 42 CFR 431.1-431.1002, Title XIX of the Social Security Act, 42 CFR 435.2-435.1205	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Lower processing times and more satisfied applicants.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
Agency Programs Associated with Objective		
Program Names:	II. Programs and Services A. Health Services 2. Medical Contracts; II. Programs and Services A. Health Services 7. Medicaid Eligibility	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
Responsible Person		
Name:	Beth Hutto	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	21	

## Objective Details

Position:	Deputy Director for Eligibility, Enrollment & Member Services
Office Address:	1801 Main Street, Columbia, SC 29202
Department or Division:	Eligibility, Enrollment, and Member Services
Department or Division Summary:	This division focuses on enrolling and providing member services (annual reviews, eligibility changes, etc.) for the program's million-plus members. The focus is on creating a consumer-centered environment for our beneficiaries and applicants through a streamlined application processes that removes unnecessary barriers and waiting periods for applicants. This group is also responsible for providing excellent customer service and increasing access to member services to improve the health of our beneficiaries.

### Amount Budgeted and Spent To Accomplish Objective

Total Budgeted for this fiscal year:	\$128,910,631	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	

### PERFORMANCE MEASURES

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

#### Types of Performance Measures:

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

#### How the Agency is Measuring its Performance

Objective Number and Description	Objective 2.2.1 - Increase the rate of one-hour resolution for walk-in services by 10%	
Performance Measure:	Increase the rate of one-hour resolution for walk-in services by 10%	
Type of Measure:	Outcome	
<b>Results</b>		
2013-14 Actual Results (as of 6/30/14):	N/A. This was not a selected measure in FY 2013-14.	
2014-15 Target Results:	N/A. Only an initial pilot in FY 2014-15.	
2014-15 Actual Results (as of 6/30/15):	The Department piloted same day service in FY 2014-15 at two county offices. Since the program was not statewide, actual results are not reported for this metric for FY 2014-15.	
2015-16 Minimum Acceptable Results:	5% improvement	
2015-16 Target Results:	10% improvement	
<b>Details</b>		
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected	Insert any further explanation, if needed
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Beth Hutto, Deputy Director	

## Objective Details

Why was this performance measure chosen?	Increasing the rate of one-hour resolutions would reduce the Department's subsequent processing efforts and would also suggest that more applicants are receiving prompt responses.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Beth Hutto, Deputy Director
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	The improvement target was chosen as an attainable and meaningful goal. There is significant uncertainty in this target this year, since the Department is currently in the midst of an eligibility system replacement project.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	<i>Deficient customer service and longer wait times for customers.</i>
Level Requires Outside Help	<i>SCDHHS is already working with outside partners to improve the application experience.</i>
Outside Help to Request	<i>N/A</i>
Level Requires Inform General Assembly	<i>N/A</i>
3 General Assembly Options	<i>N/A</i>

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
<i>N/A</i>			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
Clemson University	Clemson does much of the hosting and integration/development work for the Department's eligibility systems.	<i>College/University</i>
IBM	IBM is the licensor of the Curam eligibility system and also provides related consulting services.	<i>Business, Association or Individual</i>
Change and Innovation Agency	This organization has helped to redesign the Department's eligibility processes and has also provided a reporting tool that tracks the productivity of the Department's eligibility workers.	<i>Business, Association or Individual</i>

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to **complete for each Objective** listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 2 - Provide outstanding member services	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-35, 44-6-180, 44-6-190, 44-6-220, 44-6-300, 44-6-310, 44-6-320, 44-6-710, 44-6-720, 44-6-725, 43-7-50, 43-7-60, 43-7-70, 43-7-80, 43-7-410, 43-7-420, 62-7-503, Regs 126-150 through 126-158, Regs 126-170 through 126-175, Regs 126-350 through 126-335, Regs 126-350 through 126-399, Regs 126-910 through 126-940, Proviso 33.9, Proviso 33.32, Proviso 117.24, Proviso 117.92, Proviso 117.110, 42 CFR 431.1-431.1002, Title XIX of the Social Security Act, 42 CFR 435.2-435.1205	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 2.2 - Improve processing time and resolution rates for applications and reviews	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Objective		
Objective # and Description:	Objective 2.2.2 - Increase the rates of single-touch case resolutions for applications and reviews by 10%	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-35, 44-6-180, 44-6-190, 44-6-220, 44-6-300, 44-6-310, 44-6-320, 44-6-710, 44-6-720, 44-6-725, 43-7-50, 43-7-60, 43-7-70, 43-7-80, 43-7-410, 43-7-420, 62-7-503, Regs 126-150 through 126-158, Regs 126-170 through 126-175, Regs 126-350 through 126-335, Regs 126-350 through 126-399, Regs 126-910 through 126-940, Proviso 33.9, Proviso 33.32, Proviso 117.24, Proviso 117.92, Proviso 117.110, 42 CFR 431.1-431.1002, Title XIX of the Social Security Act, 42 CFR 435.2-435.1205	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Lower processing times and more satisfied applicants.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
Agency Programs Associated with Objective		
Program Names:	II. Programs and Services A. Health Services Z. Medical Contracts; II. Programs and Services A. Health Services 7. Medicaid Eligibility	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
Responsible Person		
Name:	Beth Hutto	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart

# Objective Details

Number of Months Responsible:	21
Position:	Deputy Director for Eligibility, Enrollment & Member Services
Office Address:	1801 Main Street, Columbia, SC 29202
Department or Division:	Eligibility, Enrollment, and Member Services
Department or Division Summary:	This division focuses on enrolling and providing member services (annual reviews, eligibility changes, etc.) for the program's million-plus members. The focus is on creating a consumer-centered environment for our beneficiaries and applicants through a streamlined application processes that removes unnecessary barriers and waiting periods for applicants. This group is also responsible for providing excellent customer service and increasing access to member services to improve the health of our beneficiaries.

### Amount Budgeted and Spent To Accomplish Objective

Total Budgeted for this fiscal year:	\$128,910,631	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	

### PERFORMANCE MEASURES

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

### Types of Performance Measures:

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

### How the Agency is Measuring its Performance

Objective Number and Description	Objective 2.2.2 - Increase the rates of single-touch case resolutions for applications and reviews by 10%
Performance Measure:	Increase the rates of single-touch case resolutions for applications and reviews by 10%
Type of Measure:	Outcome
<b>Results</b>	
2013-14 Actual Results (as of 6/30/14):	N/A. This was not a selected measure in FY 2013-14.
2014-15 Target Results:	N/A. This was not a selected measure in FY 2014-15.
2014-15 Actual Results (as of 6/30/15):	N/A
2015-16 Minimum Acceptable Results:	5%
2015-16 Target Results:	10%

<b>Details</b>		
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected	Insert any further explanation, if needed
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Beth Hutto, Deputy Director	

## Objective Details

Why was this performance measure chosen?	Increasing the rate of first-touch resolutions would reduce the Department's subsequent processing efforts and would also suggest that more applicants are receiving prompt responses.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Beth Hutto, Deputy Director
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	The improvement target was chosen as an attainable and meaningful goal. There is significant uncertainty in this target this year, since the Department is currently in the midst of an eligibility system replacement project.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	<i>Deficient customer service and longer wait times for customers.</i>
Level Requires Outside Help	<i>SCDHHS is already working with outside partners to improve the application experience.</i>
Outside Help to Request	N/A
Level Requires Inform General Assembly	N/A
3 General Assembly Options	N/A

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
N/A			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
Clemson University	Clemson does much of the hosting and integration/development work for the Department's eligibility systems.	College/University
IBM	IBM is the licensor of the Curam eligibility system and also provides related consulting services.	Business, Association or Individual
Change and Innovation Agency	This organization has helped to redesign the Department's eligibility processes and has also provided a reporting tool that tracks the productivity of the Department's eligibility workers.	Business, Association or Individual

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to **complete for each Objective** listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 3 - Promote sound fiscal stewardship	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-45, 44-6-50, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-140, 44-6-146, 44-6-150, 44-6-155, 44-6-160, 44-6-200, 44-6-400, 44-6-420, 44-6-470, 44-6-530, 44-6-540, 44-6-640, 44-6-650, 44-6-660, 44-6-710, 44-6-720, 44-6-725, 44-6-730, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-420, 43-7-430, 43-7-440, 43-7-450, 43-7-460, 43-7-465, 44-7-80 to 44-7-90, 1-1-1035, 12-23-840, 9-1-1870, 9-11-315, 40-43-86(H)(6), 62-7-503, SC Code 11-7-40, 12-21-625, 59-123-60, Reg 126-125, Regs 126-150 through 126-158, Regs 126-300 through 126-335, Regs 126-400 through 126-405, Reg 126-570, Regs 126-800 through 126-850, Proviso 33.1, Proviso 33.2, Proviso 33.3, Proviso 33.4, Proviso 33.5, Proviso 33.6, Proviso 33.7, Proviso 33.8, Proviso 33.10, Proviso 33.11, Proviso 33.12, Proviso 33.17, Proviso 33.18, Proviso 33.19, Proviso 33.20, Proviso 33.25, Proviso 33.27, Proviso 33.30, Proviso 117.9, Proviso 117.10, Proviso 117.13, Proviso 117.14, Proviso 117.18, Proviso 117.20, Proviso 117.23, Proviso 117.29, Proviso 117.30, Proviso 117.32, Proviso 117.34, Proviso 117.36, Proviso 117.45, Proviso 117.47, Proviso 117.48, Proviso 117.49, Proviso 117.50, Proviso 117.55, Proviso 117.59, Proviso 117.66,	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 3.1 - Develop reliable budget forecasts and mid-year correction mechanisms	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
<b>Objective</b>		
Objective # and Description:	Objective 3.1.1 - Maintain General Fund expenditures within 3% of forecast	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart



# Objective Details

Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-45, 44-6-50, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-140, 44-6-146, 44-6-150, 44-6-155, 44-6-150, 44-6-200, 44-6-400, 44-6-420, 44-6-470, 44-6-530, 44-6-540, 44-6-540, 44-6-650, 44-6-660, 44-6-710, 44-6-720, 44-6-725, 44-6-730, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-420, 43-7-430, 43-7-440, 43-7-450, 43-7-460, 43-7-465, 44-7-80 to 44-7-90, 1-1-1035, 12-23-840, 9-1-1870, 9-11-315, 40-43-86(H)(6), 62-7-503, SC Code 11-7-40, 12-21-625, 59-123-60, Reg 126-125, Regs 126-150 through 126-158, Regs 126-300 through 126-335, Regs 126-400 through 126-405, Reg 126-570, Regs 126-800 through 126-850, Proviso 33.1, Proviso 33.2, Proviso 33.3, Proviso 33.4, Proviso 33.5, Proviso 33.6, Proviso 33.7, Proviso 33.8, Proviso 33.10, Proviso 33.11, Proviso 33.12, Proviso 33.17, Proviso 33.18, Proviso 33.19, Proviso 33.20, Proviso 33.25, Proviso 33.27, Proviso 33.30, Proviso 117.9, Proviso 117.10, Proviso 117.13, Proviso 117.14, Proviso 117.18, Proviso 117.20, Proviso 117.23, Proviso 117.29, Proviso 117.30, Proviso 117.32, Proviso 117.34, Proviso 117.36, Proviso 117.45, Proviso 117.47, Proviso 117.48, Proviso 117.49, Proviso 117.50, Proviso 117.55, Proviso 117.59, Proviso 117.66,
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Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart

Public Benefit/Intended Outcome:	Maintenance of an appropriate fund balance; avoidance of a deficit.
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Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart

**Agency Programs Associated with Objective**

Program Names:	I. Administration; II. Programs and Services A. Health Services 1. Medical Administration
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Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column

**Responsible Person**

Name:	Adriana Day
Number of Months Responsible:	21
Position:	Deputy Director for Finance and Administration (Chief Financial Officer)
Office Address:	1801 Main Street Columbia, SC 29201
Department or Division:	Finance & Administration
Department or Division Summary:	Responsible for the financial, budget and administrative operations for South Carolina's almost \$7 billion Medicaid program. Ensures the strategic planning and budgeting process is performance-driven and prioritizes the purchasing of value instead of just quantity. Focused on improving the accuracy of budget forecasting, increasing the transparency of the agency's budget, improving efficiencies within the finance area and evaluating economic factors that impact the agency's financial performance.

Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart

**Amount Budgeted and Spent To Accomplish Objective**

Total Budgeted for this fiscal year:	\$61,832,699
Total Actually Spent:	Agency will provide next year

Copy and paste this information from the Strategic Budgeting Chart

**PERFORMANCE MEASURES**

# Objective Details

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

**Types of Performance Measures:**

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

**How the Agency is Measuring its Performance**

Objective Number and Description	Objective 3.1.1 - Maintain General Fund expenditures within 3% of forecast.
Performance Measure:	Maintain General Fund expenditures within 3% of forecast
Type of Measure:	Outcome
<b>Results</b>	
2013-14 Actual Results (as of 6/30/14):	7.2% under forecast
2014-15 Target Results:	within 3% of forecast
2014-15 Actual Results (as of 6/30/15):	2.31% under forecast
2015-16 Minimum Acceptable Results:	within 3% of forecast
2015-16 Target Results:	within 3% of forecast
<b>Details</b>	
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected <span style="float: right;">insert any further explanation, if needed</span>
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Adriana Day, Deputy Director/CFO
Why was this performance measure chosen?	To measure accuracy of forecasting and avoid deficit spending.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Adriana Day, Deputy Director/CFO
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	A variation of up to 3% for forecast versus actual performance is a reasonable target for a health payer of the agency's size.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

**POTENTIAL NEGATIVE IMPACT**

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	<i>If General Fund expenditures exceed forecast, the Department would need to access reserves, scale back services and/or reduce Medicaid provider reimbursements.</i>
Level Requires Outside Help	N/A
Outside Help to Request	N/A
Level Requires Inform General Assembly	<i>The Department must notify the General Assembly within 15 days of determining on its own or receiving notice from the Executive Budget Office (EBO) that EBO believes the Department is on track to run a year-end deficit (Title 2, Chapter 79).</i>
3 General Assembly Options	<i>The legislative options are established by law; essentially the General Assembly either recognizes the deficit or refuses to do so (Title 2, Chapter 79).</i>

## Objective Details

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
N/A			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
N/A		

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to complete for each Objective listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context	
# and description of Goal the Objective is helping accomplish:	Goal 3 - Promote sound fiscal stewardship
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-45, 44-6-50, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-140, 44-6-146, 44-6-150, 44-6-155, 44-6-160, 44-6-200, 44-6-400, 44-6-420, 44-6-470, 44-6-530, 44-6-540, 44-6-640, 44-6-650, 44-6-660, 44-6-710, 44-6-720 44-6-725, 44-6-730, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-420, 43-7-430, 43-7-440, 43-7-450, 43-7-460, 43-7-465, 44-7-80 to 44-7-90, 1-1-1035, 12-23-840, 9-1-1870, 9-11-315, 40-43-86(H)(6), 62-7-503, SC Code 11-7-40, 12-21-625, 59-123-60, Reg 126-125, Regs 126-150 through 126-158, Regs 126-300 through 126-335, Regs 126-400 through 126-405, Reg 126-570, Regs 126-800 through 126-850, Proviso 33.1, Proviso 33.2, Proviso 33.3, Proviso 33.4, Proviso 33.5, Proviso 33.6, Proviso 33.7, Proviso 33.8, Proviso 33.10, Proviso 33.11, Proviso 33.12, Proviso 33.17, Proviso 33.18, Proviso 33.19, Proviso 33.20, Proviso 33.25, Proviso 33.27, Proviso 33.30, Proviso 117.9, Proviso 117.10, Proviso 117.13, Proviso 117.14, Proviso 117.18, Proviso 117.20, Proviso 117.23, Proviso 117.29, Proviso 117.30, Proviso 117.32, Proviso 117.34, Proviso 117.36, Proviso 117.45, Proviso 117.47, Proviso 117.48, Proviso 117.49, Proviso 117.50, Proviso 117.55, Proviso 117.59, Proviso 117.66,
# and description of Strategy the Objective is under:	Strategy 3.2 - Control increases in healthcare spending
Objective	
Objective # and Description:	Objective 3.2.1 - Keep per-member cost increases below national benchmarks

Copy and paste this from the second column of the Mission, Vision and Goals Chart

Copy and paste this from the first column of the Mission, Vision and Goals Chart

Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart

Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart

## Objective Details

Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-45, 44-6-50, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-140, 44-6-146, 44-6-150, 44-6-155, 44-6-160, 44-6-200, 44-6-400, 44-6-420, 44-6-470, 44-6-530, 44-6-540, 44-6-640, 44-6-650, 44-6-660, 44-6-710, 44-6-720, 44-6-725, 44-6-730, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-420, 43-7-430, 43-7-440, 43-7-450, 43-7-460, 43-7-465, 44-7-80 to 44-7-90, 1-1-1035, 12-23-840, 9-1-1870, 9-11-315, 40-43-86(H)(6), 62-7-503, SC Code 11-7-40, 12-21-625, 59-123-60, Reg 126-125, Regs 126-150 through 126-158, Regs 126-300 through 126-335, Regs 126-400 through 126-405, Reg 126-570, Regs 126-800 through 126-850, Proviso 33.1, Proviso 33.2, Proviso 33.3, Proviso 33.4, Proviso 33.5, Proviso 33.6, Proviso 33.7, Proviso 33.8, Proviso 33.10, Proviso 33.11, Proviso 33.12, Proviso 33.17, Proviso 33.18, Proviso 33.19, Proviso 33.20, Proviso 33.25, Proviso 33.27, Proviso 33.30, Proviso 117.9, Proviso 117.10, Proviso 117.13, Proviso 117.14, Proviso 117.18, Proviso 117.20, Proviso 117.23, Proviso 117.29, Proviso 117.30, Proviso 117.32, Proviso 117.34, Proviso 117.36, Proviso 117.45, Proviso 117.47, Proviso 117.48, Proviso 117.49, Proviso 117.50, Proviso 117.55, Proviso 117.59, Proviso 117.66,
Public Benefit/Intended Outcome:	Maintenance of an appropriate fund balance; avoidance of a deficit.

Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart

Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart

### Agency Programs Associated with Objective

Program Names:	I. Administration; II. Programs and Services A. Health Services 1. Medical Administration
----------------	--

Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column

### Responsible Person

Name:	Adriana Day
Number of Months Responsible:	21
Position:	Deputy Director for Finance and Administration (Chief Financial Officer)
Office Address:	1801 Main Street Columbia, SC 29201
Department or Division:	Finance & Administration
Department or Division Summary:	Responsible for the financial, budget and administrative operations for South Carolina's almost \$7 billion Medicaid program. Ensures the strategic planning and budgeting process is performance-driven and prioritizes the purchasing of value instead of just quantity. Focused on improving the accuracy of budget forecasting, increasing the transparency of the agency's budget, improving efficiencies within the finance area and evaluating economic factors that impact the agency's financial performance.

Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart

### Amount Budgeted and Spent To Accomplish Objective

Total Budgeted for this fiscal year:	\$61,832,699
Total Actually Spent:	Agency will provide next year

Copy and paste this information from the Strategic Budgeting Chart

PERFORMANCE MEASURES

# Objective Details

**Instructions** : Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

**Types of Performance Measures:**

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

**How the Agency is Measuring its Performance**

Objective Number and Description	Objective 3.2.1 - Keep per-member cost increases below national benchmarks	
Performance Measure:	Keep per-member cost increases below national benchmarks	
Type of Measure:	Outcome	
<b>Results</b>		
2013-14 Actual Results (as of 6/30/14):	Per-member cost increased by 3.8%	
2014-15 Target Results:	Per-member cost increases below health care consumer price index (actual HC CPI growth was 2.5%)	
2014-15 Actual Results (as of 6/30/15):	Per-member cost increased by 4%	
2015-16 Minimum Acceptable Results:	Keep per-member cost increases below national benchmarks	
2015-16 Target Results:	Keep per-member cost increases below national benchmarks	
<b>Details</b>		
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected	Insert any further explanation, if needed
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Adriana Day, Deputy Director/CFO	
Why was this performance measure chosen?	This metric was chosen to ensure Medicaid program growth is maintained at levels at or below national health care growth.	
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	Normalized hospital reimbursement; implemented rate and policy changes to control rehabilitative behavioral health spending; cancelled new services that were scheduled to launch, etc.	
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Adriana Day, Deputy Director/CFO	
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	National benchmarks serve as good indicators of health care utilization patterns and inflation patterns that affect the Medicaid program.	
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes	
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A	

**POTENTIAL NEGATIVE IMPACT**

**Instructions** : Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	If per-member cost increases become unsustainable, the Department would need to access reserves, scale back services and/or reduce Medicaid provider reimbursements.
Level Requires Outside Help	N/A

## Objective Details

Outside Help to Request	<i>There is not a specific growth-rate threshold at which specific action must be taken, but the Department occasionally engages consultants to help develop responses to specific spending or other policy problems.</i>
Level Requires Inform General Assembly	<i>N/A</i>
3 General Assembly Options	<i>N/A</i>

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
<i>N/A</i>			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
<b>Consultants</b>	Various consultants are employed on a short-term or more durable basis to help SCDHHS manage spending related to pharmacy, behavioral health, and other services.	<i>Business, Association or Individual</i>

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2015
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to **complete for each Objective** listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 3 - Promote sound fiscal stewardship	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-6-40, 44-6-45, 44-6-50, 44-6-70, 44-6-80, 44-6-90, 44-6-100, 44-6-140, 44-6-145, 44-6-150, 44-6-155, 44-6-160, 44-6-200, 44-6-400, 44-6-420, 44-6-470, 44-6-530, 44-6-540, 44-6-560, 44-6-650, 44-6-660, 44-6-710, 44-6-720, 44-6-725, 44-6-730, 44-6-610 to 630, 44-6-910, 44-6-1010, 44-6-1020, 44-6-1030, 44-6-1040, 44-6-1050, 43-7-420, 43-7-430, 43-7-440, 43-7-450, 43-7-460, 43-7-465, 44-7-80 to 44-7-90, 1-1-1035, 12-23-840, 9-1-1870, 9-11-315, 40-43-86(H)(6), 62-7-503, SC Code 11-7-40, 12-21-625, 59-123-60, Reg 126-125, Regs 126-130 through 126-158, Regs 126-300 through 126-335, Regs 126-400 through 126-405, Reg 126-570, Regs 126-800 through 126-850, Proviso 33.1, Proviso 33.2, Proviso 33.3, Proviso 33.4, Proviso 33.5, Proviso 33.6, Proviso 33.7, Proviso 33.8, Proviso 33.10, Proviso 33.11, Proviso 33.12, Proviso 33.17, Proviso 33.18, Proviso 33.19, Proviso 33.20, Proviso 33.25, Proviso 33.27, Proviso 33.30, Proviso 117.9, Proviso 117.10, Proviso 117.13, Proviso 117.14, Proviso 117.18, Proviso 117.20, Proviso 117.23, Proviso 117.29, Proviso 117.30, Proviso 117.32, Proviso 117.34, Proviso 117.36, Proviso 117.45, Proviso 117.47, Proviso 117.48, Proviso 117.49, Proviso 117.50, Proviso 117.55, Proviso 117.59, Proviso 117.66,	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 3.3 - Prevent waste, fraud and abuse	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
<b>Objective</b>		
Objective # and Description:	Objective 3.3.1 - Increase the percentage of expenditures analyzed for third-party liability by 5%	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5, 44-6-10, 44-6-30, 44-6-40, 44-6-70, 44-6-90, 44-6-100, 44-6-140, 44-6-155, 44-6-910, 43-7-410, 43-7-420, 43-7-440, 43-7-450, 43-7-460, 43-7-465, Proviso 33.1, Proviso 33.4, Proviso 33.5, Proviso 117.47, Title XIX of the Social Security Act, 42 CFR 431.1-431.1002, 42 CFR 433.1-433.322, 42 CFR 435.2-435.1205,	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart



## Objective Details

Public Benefit/Intended Outcome:	Compliance with various statutes and regulations; avoidance of fraud and abuse.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
<b>Agency Programs Associated with Objective</b>		
Program Names:	J. Administration	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
<b>Responsible Person</b>		
Name:	Beth Hutto	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	35	
Position:	Deputy Director for Eligibility, Enrollment & Member Services	
Office Address:	1801 Main Street, Columbia, SC 29202	
Department or Division:	Third Party Liability Services	
Department or Division Summary:	This unit focuses on ensuring that Medicaid is the payer of last resort as mandated by federal law. The TPL group seeks out payers and other programs that have primary responsibility for payment of claims for Medicaid beneficiaries, reducing the financial burden to the state and federal government.	
<b>Amount Budgeted and Spent To Accomplish Objective</b>		
Total Budgeted for this fiscal year:	\$61,832,699	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	

### PERFORMANCE MEASURES

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

#### Types of Performance Measures:

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

#### How the Agency is Measuring its Performance

Objective Number and Description	Objective 3.3.1 - Increase the percentage of expenditures analyzed for third-party liability by 5%	
Performance Measure:	Increase the percentage of expenditures analyzed for third-party liability by 5%	
Type of Measure:	Outcome	
<b>Results</b>		
2013-14 Actual Results (as of 6/30/14):	88%	
2014-15 Target Results:	N/A. This was not a selected measure in FY 2014-15.	
2014-15 Actual Results (as of 6/30/15):	86%	
2015-16 Minimum Acceptable Results:	86%	
2015-16 Target Results:	91%	
<b>Details</b>		
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected	Insert any further explanation, if needed

## Objective Details

What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Beth Hutto, Deputy Director
Why was this performance measure chosen?	The metric was chosen to maintain our federal obligation to ensure Medicaid is the payer of last resort as well as reduce the state's financial burden.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A. This was not a selected measure in FY 2014-15.
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Beth Hutto, Deputy Director
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	The improvement target was chosen as an attainable and meaningful goal.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Questionable
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	The Department is working on system changes to require that claims for service codes that have been traditionally excluded now begin to go through analysis for third-party liability.

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	<i>The Department pays for claims that another payer or program is responsible for.</i>
Level Requires Outside Help	<i>N/A</i>
Outside Help to Request	<i>N/A</i>
Level Requires Inform General Assembly	<i>N/A</i>
3 General Assembly Options	<i>N/A</i>

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
<i>N/A</i>			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
Blue Cross Blue Shield of South Carolina	Blue Cross provides functions to support the TPI division including insurance policy identification, verification and maintenance, health insurance premium payment management, benefit recovery, and casualty and estate recovery.	<i>Business, Association or Individual</i>

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to complete for each Objective listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 4 - Provide responsive and responsible management of health and human service programs	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-7-80 to 44-7-90, 59-123-60, Regs 126-150 through 126-158, Reg 126-560, Proviso 33.2, Proviso 33.6, Proviso 33.7, Proviso 33.13, Proviso 118.14, Title XIX of the Social Security Act, 42 CFR 431.1-431.1002, 42 CFR 433.1-433.322, 42 CFR 434.1-434.78, 42 CFR 438.1-438.812, 42 CFR 447.1-447.520	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 4.1 - Ensure timely handling of provider applications and electronic claims submissions	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Objective		
Objective # and Description:	Objective 4.1.1 - Process 99% of provider applications within 30 days	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-7-80 to 44-7-90, 59-123-60, Regs 126-150 through 126-158, Reg 126-560, Proviso 33.2, Proviso 33.6, Proviso 33.7, Proviso 33.13, Proviso 118.14, Title XIX of the Social Security Act, 42 CFR 431.1-431.1002, 42 CFR 433.1-433.322, 42 CFR 434.1-434.78, 42 CFR 438.1-438.812, 42 CFR 447.1-447.520	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Timely and accurately paid providers and an engaged workforce	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
Agency Programs Associated with Objective		
Program Names:	<ul style="list-style-type: none"> <li>1. Programs and Services</li> <li>A. Health Services</li> <li>2. Medical Contracts</li> </ul>	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
Responsible Person		
Name:	Jim Coursey	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	7	
Position:	Deputy Director for Information Management (Chief Information Officer)	
Office Address:	1801 Main Street, Columbia, SC 29202	
Department or Division:	Information Management and CIO	

# Objective Details

<b>Department or Division Summary:</b>	This division is responsible for the design, development, release, and maintenance of all technology systems and services for the agency. This includes designing and executing an information technology (IT) modernization plan that targets the most-pressing information management challenges of the agency and delivers agile, secure, integrated, and responsive solutions to SCDHHS and its stakeholders. The CIO's organization follows an enterprise approach to transforming SCDHHS' legacy IT systems, focusing on robust, reusable technologies that provide reliable service to the citizens of South Carolina at the best possible value.
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**Amount Budgeted and Spent To Accomplish Objective**

Total Budgeted for this fiscal year:	\$128,910,631	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	

**PERFORMANCE MEASURES**

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

**Types of Performance Measures:**

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

**How the Agency is Measuring its Performance**

Objective Number and Description	Objective 4.1.1 - Process 99% of provider applications within 30 days
Performance Measure:	Process 99% of provider applications within 30 days
Type of Measure:	Efficiency
<b>Results</b>	
2013-14 Actual Results (as of 6/30/14):	N/A. This was not a selected measure in FY 2013-14.
2014-15 Target Results:	N/A
2014-15 Actual Results (as of 6/30/15):	98%
2015-16 Minimum Acceptable Results:	99%
2015-16 Target Results:	99%
<b>Details</b>	
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Saura, Director and Jim Coursey, Deputy Director/CIO
Why was this performance measure chosen?	This measure was chosen to maintain necessary provider access for members and increase customer-service to providers.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Saura, Director and Jim Coursey, Deputy Director/CIO

Insert any further explanation, if needed

## Objective Details

What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	Existing operational service level requirements and continuation of contracted services.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	Provider enrollment requirements are defined by CMS in 42 CFR 455 subpart E. Inability to meet these requirements will negatively impact health service delivery.
Level Requires Outside Help	N/A. SCDHHS has the contractual authority allowing the agency to take necessary action if metrics fail to unacceptable levels.
Outside Help to Request	N/A
Level Requires Inform General Assembly	N/A
3 General Assembly Options	N/A

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
N/A			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity, College, University, or Other Business, Association, or Individual?
Blue Cross Blue Shield of South Carolina	Blue Cross is the contracted entity that manages provider enrollment and the provider call center.	Business, Association or Individual

## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to complete for each Objective listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

<b>Strategic Plan Context</b>		
# and description of Goal the Objective is helping accomplish:	Goal 4 - Provide responsive and responsible management of health and human service programs	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-7-80 to 44-7-90, 59-123-60, Regs 126-150 through 126-158, Reg 126-560, Proviso 33.2, Proviso 33.6, Proviso 33.7, Proviso 33.13, Proviso 118.14, Title XIX of the Social Security Act, 42 CFR 431.1-431.1002, 42 CFR 433.1-433.322, 42 CFR 434.1-434.78, 42 CFR 438.1-438.812, 42 CFR 447.1-447.520	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 4.1 - Ensure timely handling of provider applications and electronic claims submissions	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
<b>Objective</b>		
Objective # and Description:	Objective 4.1.2 - Process 99% of electronic claims submissions within 14 days	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5; 44-6-10, 44-6-30, 44-7-80 to 44-7-90, 59-123-60, Regs 126-150 through 126-158, Reg 126-560, Proviso 33.2, Proviso 33.6, Proviso 33.7, Proviso 33.13, Proviso 118.14, Title XIX of the Social Security Act, 42 CFR 431.1-431.1002, 42 CFR 433.1-433.322, 42 CFR 434.1-434.78, 42 CFR 438.1-438.812, 42 CFR 447.1-447.520	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	Timely and accurately paid providers.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
<b>Agency Programs Associated with Objective</b>		
Program Names:	II. Programs and Services A. Health Services 2. Medical Contracts	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
<b>Responsible Person</b>		
Name:	Jim Coursey	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	7	
Position:	Deputy Director for Information Management (Chief Information Officer)	
Office Address:	1801 Main Street, Columbia, SC 29202	
Department or Division:	Information Management and CIO	

# Objective Details

Department or Division Summary:	This division is responsible for the design, development, release, and maintenance of all technology systems and services for the agency. This includes designing and executing an information technology (IT) modernization plan that targets the most-pressing information management challenges of the agency and delivers agile, secure, integrated, and responsive solutions to SCDHHS and its stakeholders. The CIO's organization follows an enterprise approach to transforming SCDHHS' legacy IT systems, focusing on robust, reusable technologies that provide reliable service to the citizens of South Carolina at the best possible value.
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**Amount Budgeted and Spent To Accomplish Objective**

Total Budgeted for this fiscal year:	\$128,910,631	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	

**PERFORMANCE MEASURES**

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

**Types of Performance Measures:**

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

**How the Agency Is Measuring its Performance**

Objective Number and Description	Objective 4.1.2 - Process 99% of electronic claims submissions within 14 days	
Performance Measure:	Process 99% of electronic claims submissions within 14 days	
Type of Measure:	Efficiency	
<b>Results</b>		
	2013-14 Actual Results (as of 6/30/14):	99.7%
	2014-15 Target Results:	98%
	2014-15 Actual Results (as of 6/30/15):	99.8%
	2015-16 Minimum Acceptable Results:	99%
	2015-16 Target Results:	99%
<b>Details</b>		
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected	Insert any further explanation, if needed
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director and Jim Coursey, Deputy Director/CIO	
Why was this performance measure chosen?	Prompt claims payment is important to maintaining an adequate network to serve Medicaid beneficiaries.	
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A	
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director and Jim Coursey, Deputy Director/CIO	

## Objective Details

What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	Existing operational service level capabilities and continuation of existing services.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	Inability to meet identified performance metrics will negatively impact health service delivery by providers.
Level Requires Outside Help	N/A
Outside Help to Request	N/A
Level Requires Inform General Assembly	N/A
3 General Assembly Options	N/A

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
N/A			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
Clemson University	Clemson is largely responsible for the operation of the Department's claims processing system.	College/University



## Objective Details

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

**Instructions:** Below is a template to complete for each Objective listed in the Strategy, Objectives and Responsibility Chart. It is recommended that the agency copy and paste the data in this tab into multiple other tabs, while it is still blank. The agency will then have a blank version to complete for each separate Objective. The agency needs to provide information in all the cells that are highlighted. Please save the information related to each Objective as a separate tab in the excel document. Label each Tab, "O\_\_" and insert the applicable numbers in the blanks (For example "O1.1.1"). NOTE: Call House Staff if the agency has any questions or needs any assistance in completing the information below.

Strategic Plan Context		
# and description of Goal the Objective is helping accomplish:	Goal 4 - Provide responsive and responsible management of health and human service programs	Copy and paste this from the second column of the Mission, Vision and Goals Chart
Legal responsibilities satisfied by Goal:	44-6-5; 44-6-10, 44-6-30, 44-7-80 to 44-7-90, 59-123-60, Regs 126-150 through 126-158, Reg 126-560, Proviso 33.2, Proviso 33.6, Proviso 33.7, Proviso 33.13, Proviso 118.14, Title XIX of the Social Security Act, 42 CFR 431.1-431.1002, 42 CFR 433.1-433.322, 42 CFR 434.1-434.78, 42 CFR 438.1-438.812, 42 CFR 447.1-447.520	Copy and paste this from the first column of the Mission, Vision and Goals Chart
# and description of Strategy the Objective is under:	Strategy 4.2 - Develop and maintain a committed and engaged workforce	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Objective		
Objective # and Description:	Objective 4.2.1 - Improve employee engagement scores by 5%	Copy and paste this from the second column of the Strategy, Objectives and Responsibility Chart
Legal responsibilities satisfied by Objective:	44-6-5, 44-6-10, 44-6-30, 42 CFR 431.1-431.1002	Copy and paste this from the first column of the Strategy, Objectives and Responsibility Chart
Public Benefit/Intended Outcome:	An engaged workforce that is more satisfied and more productive.	Copy and paste this from the fourth column of the Strategy, Objectives and Responsibility Chart
Agency Programs Associated with Objective		
Program Names:	I. Administration; III. Employee Benefits C. State Employer Contributions	Enter all the agency programs which are helping accomplish this objective. The agency can determine this by sorting the Associated Programs Chart by the "Objective the Program Helps Accomplish" column
Responsible Person		
Name:	Tonya Chambers	Copy and paste this information from the fifth column of the Strategy, Objectives and Responsibility Chart
Number of Months Responsible:	48	
Position:	HR Director II	
Office Address:	1801 Main St., Columbia, SC	
Department or Division:	Office of Organizational Development	
Department or Division Summary:	The mission of the Office of Organizational Development is to enhance the agency's workforce effectiveness.	
Amount Budgeted and Spent To Accomplish Objective		
Total Budgeted for this fiscal year:	\$128,910,631	Copy and paste this information from the Strategic Budgeting Chart
Total Actually Spent:	Agency will provide next year	
PERFORMANCE MEASURES		

## Objective Details

**Instructions:** Please copy and paste the chart and questions below as many times as needed so the agency can provide this information for each Performance Measure that applies to this objective.

- 1) In the cell next to, "Performance Measure," enter the performance measure just like the agency did in the accountability report.
- 2) In the cell next to, "Type of Measure," pick the type of measure that best fits the performance measure from the drop down box (see Types of Performance Measures explained below).
- 3) In the next set of cells enter the actual and target results for each year. Next to "Actual Results," enter the actual value the agency had for that performance measure at the end of that year. Next to "Target Results," enter the target value the agency wanted to reach for the performance measure for that year. Next to "Minimum acceptable level," enter the minimum level for this performance measure that the agency would find acceptable. Including a minimum acceptable level and target level will hopefully encourage the agency to continually set challenging targets each year. If the agency did not utilize a particular performance measure during certain years, then enter the following next to the applicable "Actual Results" and "Target Results," - "Agency did not use PM during this year."
- 4) In the last set of cells, answer the questions to provide Details about each measure. In the cell next to, "Is agency required to keep track of this by the state or federal government," pick State from the drop down menu if an entity in state government requires the agency to track this information, Federal if an entity in the federal government requires the agency to track this information, or Only Agency Selected if there is no state or federal entity that requires the agency to track this information and the agency selected it.

### Types of Performance Measures:

**Outcome Measure** - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

**Efficiency Measure** - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

**Output Measure** - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

**Input/Explanatory/Activity Measure** - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received

### How the Agency is Measuring its Performance

Objective Number and Description	Objective 4.2.1 - Improve employee engagement scores by 5%
Performance Measure:	Improve employee engagement scores by 5%
Type of Measure:	Outcome
<b>Results</b>	
2013-14 Actual Results (as of 6/30/14):	38 (Baseline Results Engagement Index)
2014-15 Target Results:	43
2014-15 Actual Results (as of 6/30/15):	47
2015-16 Minimum Acceptable Results:	47
2015-16 Target Results:	49.4
<b>Details</b>	
Does the state or federal government require the agency to track this? (provide any additional explanation needed, two cells over)	Only Agency Selected <span style="float: right;">insert any further explanation, if needed</span>
What are the names and titles of the individuals who chose this as a performance measure?	Christian L. Soura, Director; Adriana Day, Deputy Director/CFO; Tonya Chambers, HR Director II
Why was this performance measure chosen?	Higher levels of employee engagement interpret to higher levels of employee performance and productivity and decreases costly turnover.
If the target value was not reached in 2014-15, what changes were made to try and ensure it was reached?	N/A
What are the names and titles of the individuals who chose the target value for 2015-16?	Christian L. Soura, Director; Adriana Day, Deputy Director/CFO; Tonya Chambers, HR Director II
What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?	The ultimate goal is to move the index to above 50; 5% was determined to be an attainable annual increase.
Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16?	Yes
If the answer to the question above is "questionable" or "no," what changes are being made to try and ensure it is reached or what resources are being diverted to ensure performance measures more likely to be reached, are reached?	N/A

### POTENTIAL NEGATIVE IMPACT

**Instructions:** Please list what the agency considers the most potential negative impact to the public that may occur as a result of the agency not accomplishing this objective. Next to, "Most Potential Negative Impact," enter the most potential negative impact to the public that may occur as a result of the agency not accomplishing the objective. Next to, "Level Requires Outside Help," enter the level at which the agency believes it needs outside help. Next to, "Outside Help to Request," enter the entities to whom the agency would reach out if the potential negative impact rises to that level. Next to, "Level Requires Inform General Assembly," enter the level at which the agency thinks the General Assembly should be put on notice of the level at which the potential negative impact has risen. Next to, "3 General Assembly Options," enter three options for what the General Assembly could do to help resolve the issue before it became a crisis. The House Legislative Oversight Committee will provide this information to all other House standing committees, but will not address it itself until the agency is under study.

Most Potential Negative Impact	High employee turnover rates and lower employee performance or productivity; all of which negatively impacts the services we provide to Medicaid beneficiaries and service providers.
Level Requires Outside Help	As discussed below, SCDHHS has already engaged an outside firm to conduct the survey and help the Department to interpret the results and follow-up as appropriate.

## Objective Details

Outside Help to Request	<i>The Randall Wade Group</i>
Level Requires Inform General Assembly	<i>N/A</i>
3 General Assembly Options	<i>N/A</i>

### REVIEWS/AUDITS

**Instructions:** Below please list all external or internal reviews, audits, investigations or studies ("Reviews") of the agency which occurred during the past fiscal year that relates/impacts this objective. Please remember to maintain an electronic copy of each Review and any other information generated by the entity performing the Review as copies may be requested when the agency is under study. NOTE: Responses are not limited to the number of rows below that have borders around them, please insert as many rows as needed.

Matter(s) or Issue(s) Under Review	Reason Review was Initiated (outside request, internal policy, etc.)	Entity Performing the Review and Whether Reviewing Entity External or Internal	Date Review Began (MM/DD/YYYY) and Date Review Ended (MM/DD/YYYY)
<i>N/A</i>			

### PARTNERS

**Instructions:** Under the column labeled, "Current Partner Entities" list all entities the agency is currently working with that help the agency accomplish this objective. Under the "Ways Agency works with Current Partners," enter the ways the agency works with the entity (names of projects, initiatives, etc.) which helps the agency accomplish this objective. List only one partner per row and insert as many rows as necessary to list all of the partners. Note, if there is a large list of partners that all fit within a certain group, the agency can list the group instead of each partner individually. For example, if the agency works with every middle school in the state, the agency can list SC Middle Schools, instead of listing each middle school separately. As another example, if the agency works with every high school in Lexington county, the agency can list Lexington County High Schools, instead of listing each high school in the county separately.

Current Partner Entity	Ways Agency Works with Current Partner	Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?
<i>The Randall Wade Group</i>	<i>This organization conducts the annual engagement survey on behalf of the Department and provides advice on interpreting and acting upon the results.</i>	<i>Business, Association or Individual</i>

Reporting Requirements

Reporting Requirement	Reporting Period	Reporting Frequency	Reporting Method	Reporting Location	Reporting Authority	Reporting Contact	Reporting Details	Reporting Format	Reporting Language	Reporting Currency	Reporting Units	Reporting Metrics	Reporting Indicators	Reporting Notes
Annual Financial Statements	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Financial Officer	Financial performance, assets, liabilities, equity, and cash flows.	PDF, Excel	English	USD	Millions	Revenue, Profit, Assets, Liabilities	Return on Equity, Debt to Equity Ratio	Subject to audit by independent auditors.
Quarterly Financial Statements	Quarterly	Four times per year	Written Report	Headquarters	Board of Directors	Chief Financial Officer	Financial performance, assets, liabilities, equity, and cash flows.	PDF, Excel	English	USD	Millions	Revenue, Profit, Assets, Liabilities	Return on Equity, Debt to Equity Ratio	Subject to audit by independent auditors.
Monthly Financial Statements	Monthly	Twelve times per year	Written Report	Headquarters	Board of Directors	Chief Financial Officer	Financial performance, assets, liabilities, equity, and cash flows.	PDF, Excel	English	USD	Millions	Revenue, Profit, Assets, Liabilities	Return on Equity, Debt to Equity Ratio	Subject to audit by independent auditors.
Annual Sustainability Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Sustainability Officer	Environmental, social, and governance (ESG) performance.	PDF	English	USD	Millions	Carbon Footprint, Employee Satisfaction, Diversity	ESG Score, Carbon Intensity	Subject to external review by third-party organizations.
Annual Compliance Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Compliance Officer	Compliance with applicable laws and regulations.	PDF	English	USD	Millions	Number of Violations, Fines, Penalties	Compliance Score, Audit Findings	Subject to audit by regulatory authorities.
Annual Risk Management Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Risk Officer	Identification and assessment of risks to the organization.	PDF	English	USD	Millions	Risk Rating, Risk Exposure	Risk Score, Risk Mitigation Rate	Subject to audit by independent auditors.
Annual Human Resources Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Human Resources Officer	Human resources management, including recruitment, training, and compensation.	PDF	English	USD	Millions	Employee Turnover, Training Hours, Compensation	Employee Satisfaction, Training Effectiveness	Subject to audit by independent auditors.
Annual Environmental Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Environmental Officer	Environmental management, including emissions, waste, and water usage.	PDF	English	USD	Millions	CO2 Emissions, Water Usage, Waste Generation	Environmental Score, Carbon Intensity	Subject to audit by independent auditors.
Annual Safety Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Safety Officer	Safety management, including accidents, injuries, and lost time.	PDF	English	USD	Millions	Number of Accidents, Injuries, Lost Time	Safety Score, Incident Rate	Subject to audit by independent auditors.
Annual Quality Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Quality Officer	Quality management, including product quality, customer satisfaction, and process efficiency.	PDF	English	USD	Millions	Customer Satisfaction, Product Defects, Process Efficiency	Quality Score, Customer Retention	Subject to audit by independent auditors.
Annual Information Security Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Information Security Officer	Information security management, including data protection, cyber security, and privacy.	PDF	English	USD	Millions	Data Breaches, Cyber Incidents, Privacy Violations	Information Security Score, Incident Response Time	Subject to audit by independent auditors.
Annual Governance Report	Annual	Once per year	Written Report	Headquarters	Board of Directors	Chief Governance Officer	Corporate governance, including board composition, executive compensation, and shareholder rights.	PDF	English	USD	Millions	Board Composition, Executive Compensation, Shareholder Rights	Governance Score, Board Effectiveness	Subject to audit by independent auditors.

# Restructuring Recommendations and Feedback

Agency Responding	Department of Health and Human Services
Date of Submission	January 12, 2016
Fiscal Year for which information below pertains	2015-16

## RESTRUCTURING RECOMMENDATIONS

*Instructions:* Please answer the questions below and add as many rows as needed.

Does the agency have any recommendations, minor or major, for restructuring?

Yes

If the agency has recommendations for restructuring, list each one on a separate row in the chart below. Add as many rows as needed.

Does the agency recommendation require legislative action?	Recommendation for restructuring
Yes	We believe the General Assembly should explore a merger of SCDHHS and DAODAS. During the past several years, SCDHHS has financed many of DAODAS' service enhancements. We have also worked together to begin transitioning some substance use treatment services into the managed care model. The two agencies have a great deal in common, in the sense that they are both healthcare policy and financing organizations. A formal merger would help us to ensure that Medicaid participants may benefit from a carefully designed integrated care model that addresses both their physical and behavioral health needs. It would also streamline the process of evaluating and launching appropriate substance use treatment services.

## FEEDBACK (Optional)

*Instructions:* Please answer the questions below to provide feedback on this Annual Restructuring Report ("Report").

Please list 1-3 benefits the agency sees in the public having access to the information requested in the Report, in the format it was requested.	Please list 1-3 benefits to agency management and employees in having all of this information available in one document.	Now that the agency has completed the Report, please list 1-3 things the agency could do differently next year (or it could advise other agencies to do) to complete the Report in less time and at a lower cost to the agency.
1. See the "Reporting Requirements" tab - explanation is largely provided there.	1	1 We don't see much that we could do to reduce our costs of completing this report. That said, much of the information gathering that was required this year was "one-time" research that wouldn't need to be started again from scratch next year. For instance, that would include the tabs that focus on authorizing statutes, reporting requirements, etc. Those areas would need to be reviewed annually, but not built from the ground-up, like this year.
2	2	2
3	3	3

Does the agency believe this year's Restructuring Report was less burdensome than last year's?	Please list 1-3 changes to the Report questions, format, etc. the agency recommends to ensure the Report provides the best information to the public and General Assembly, in the least burdensome way to the agency.	Please add any other feedback the agency would like to provide (add as many additional rows as necessary)

## Restructuring Recommendations and Feedback

No	1. This is largely addressed in the next column.	<p>The "Strategic Budgeting" tab is unlikely to provide meaningful insight into the agency's finances for two key reasons. First, we don't account for our revenues or expenditures based upon the goal/strategy/objective framework. We've tried to complete this tab, but it's quite debatable as to what is and what is not relevant spending for any particular goal or objective. Second, the agency's four goals are neither exhaustive nor mutually exclusive with respect to our expenditures. Some of our spending relates to two or more goals; conversely, we also spend money for entirely legitimate purposes that are not directly related to any of those four goals. This means that summing up spending associated with our four headline goals wouldn't necessarily equate to the agency's total expenditures. We appreciate the intent of this tab, but have trouble seeing how it could be used to associate spending with agency goals in a way that would be truly illuminating.</p>
Why or why not?	2.	<p>As a general comment, you might want to reconsider the appropriateness of using Excel for such an exhaustive information gathering exercise, especially when so much of the information being requested is narrative and not figures that will be used in some kind of calculation. In many places, agencies are asked to enter paragraphs of text into a single cell - this can make it hard to enter but also hard to print or read after submission. Also, before releasing an Excel file as a reporting template, you should confirm that the formatting for each cell is correct and that the frames are frozen where appropriate so that the report will be accessible and look as it should. We tried not to interfere with the "look" of the template, but did have to make a number of formatting changes to fix date cells ("January 12, 2016" instead of "42381") or to get text cells to stop showing "#####". There are other places where we're asked to rekey information that appears on the same tab - in those cases, there could be a formula entered that would automatically pick up those values. This would also reduce the likelihood of keying/consistency errors.</p>
We essentially had to start from scratch this year. Tracking down some of the detail on reporting requirements, trying to develop figures to enter in the "Strategic Budgeting" tab, and running down the full list of federal and state statutory and regulatory items took an enormous amount of time.	3	<p>Much of what we had to manually enter here is already available through the Accountability Report and other publicly available sources. If in some areas, you're just looking for a little additional information on those same goals, strategies, and objectives, then why not use the Accountability Report as the foundational source? For instance, you could have us resubmit that form to you and just add additional tabs or fields to that document. It might save us all a fair amount of effort and also help us to keep these reports and those submissions aligned. We don't want all of our feedback to sound negative - we definitely agree that you're right to use those goals/strategies/objectives as the jumping-off point for your efforts. The more we can do to keep these reports aligned, the better.</p>

## Restructuring Recommendations and Feedback

The individual objective tabs were perhaps a little too "micro" level in detail. A number of those questions felt like they were appropriate to be discussed when legislative and executive staff/officials are in a room together and there can be discussion/give-and-take, but especially for the "Potential Negative Impact" questions, there's a great deal of nuance and context that is important to convey. It's hard to do that in the rigid format of an Excel spreadsheet. We're concerned that much may be lost in translation. These are the kinds of items that just don't lend themselves well to the "3 options" kind of format. Also, for most matters, there won't be a clear, specific threshold at which point the General Assembly must be notified. The agency typically has to make a determination on a subjective basis - you can't get much insight into the agency's decision-making process through a spreadsheet. Practically speaking, this is a subject that probably requires conversation.