



2024 Annual Accountability Report

Department of Health & Human Services

Agency Code: J020

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AGENCY’S DISCUSSION AND ANALYSIS

Through the administration of South Carolina’s Medicaid, Children’s Health Insurance Program (CHIP) and Individuals with Disabilities Education Act (IDEA) Part C programs, the South Carolina Department of Health and Human Services (SCDHHS) provides health care coverage to approximately 1.1 million South Carolinians. This includes approximately 60% of South Carolina’s children and the financing of approximately 60% of the births in the state.

Leadership

SCDHHS Director Robert M. (Robby) Kerr joined the agency in April 2021. Upon joining the agency, Director Kerr led the agency’s efforts to revitalize and streamline its strategic plan and accountability metrics. The 2024 Accountability Report reporting period coincides with the second full year of the agency’s new strategic plan, which was launched in September 2022. SCDHHS’ strategic plan seeks to leverage the agency’s role as a major public health agency and health care payor to improve outcomes for South Carolinians. The plan is centered around the agency’s mission statement, “to be boldly innovative in improving the health and quality of life for South Carolinians,” and four strategic goals that support the mission statement. Each goal includes strategies the agency uses to accomplish its mission. Each strategy has a series of measures that are specific, measurable, relevant and timebound (SMART).

From the first year of the agency’s strategic plan to the second, SCDHHS remained committed to largely the same strategies to achieve its goals. The agency made adjustments to the measures that support these strategies to track progress against baselines that were established in the previous year, measure progress against multi-year strategies and maintain measurable progress toward implementing the strategies that help it achieve its goals.

The agency’s four strategic goals are included as the section titles in the below report.

Ensure a Responsive Member Experience

SCDHHS has established specific strategies and measures to improve how Healthy Connections Medicaid members interact with the agency.

SCDHHS began SFY 2023-2024 with a brand-new website. The agency completely overhauled its then 12-year-old public-facing website during fiscal year 2023 culminating in the launch of the new site in June 2023.

The new site is a critical component of the agency’s strategy to continually improve interaction and communications with members. While the new site was being built, the agency’s web vendor completed a usability study, which laid the baseline for SCDHHS to solicit and receive stakeholder feedback prior to the successful launch. Soliciting feedback during the development of the site has opened new communications channels that SCDHHS used during the 2024 Accountability Report reporting period to continue to receive feedback to improve navigation, ease of finding materials and the overall end-user experience. This continued

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improvement in end-user experience is particularly important as traffic to www.SCDHHS.gov has continued to increase with 17% more active users and 27% more page views in SFY 2023-2024 than in SFY 2022-2023.

The agency intended to develop a customer enrollment satisfaction survey to establish a baseline measure of customer satisfaction during the reporting period, however, a new federal requirement related to enrollment satisfaction surveys was introduced. The new federal requirement has a different timeline than the 2024 Accountability Report reporting period. Given the similarities in the measure SCDHHS had self-identified and the federal Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey requirement, the agency opted to delay launching the survey until it can procure a vendor, which is currently in progress, needed to comply with this federal requirement. Once a vendor is procured, the agency will work with the vendor and the communications channels it established for feedback on its new website, to conduct this survey.

Another key component of SCDHHS' goal to ensure a responsive member experience is improving the accuracy of Medicaid member enrollment. The agency sought ambitious measures during the reporting period to improve its accuracy in avoiding adverse errors and procedural errors in processing Medicaid applications and redeterminations. These measures coincided with the agency resuming annual eligibility reviews for its Medicaid members. This function is a long-standing federal requirement that was paused for approximately three years during the COVID-19 public health emergency (PHE). The requirement was reinstated by the *Consolidated Appropriations Act, 2023*, which was passed by Congress and signed into law by President Joe Biden on Dec. 23, 2022. The restart of this process is frequently referred to as "unwinding" from the COVID-19 PHE and lasted throughout the reporting period.

While the annual eligibility review requirement is not new, the agency needed to retrain a large portion of its eligibility and enrollment workforce due to the time that had elapsed since the pause; and continued to experience a high turnover rate among its eligibility specialists. Additionally, SCDHHS launched a robust Medicaid member and public communications and outreach campaign to raise public awareness of the need to again review Medicaid members' eligibility annually and improve response rates from Medicaid members. These efforts produced a 70% increase in new Medicaid applications from the one-year period ending in June 2023 to the one-year period ending in June 2024. This somewhat unexpected increase in applications created an additional workload on the agency's eligibility and enrollment workforce that forced the agency to reallocate staffing resources within its eligibility and enrollment workforce during the same period it was being retrained. These factors contributed to the agency's failure to meet its targeted measures of improving its accuracy rate in avoiding adverse errors to 97% and improving its accuracy in avoiding procedural errors for all applications and redeterminations (which are the result of annual eligibility reviews) to 90% during the reporting period.

Finally, during the last quarter of the performance period, the agency created a new incentive pilot program for its eligibility and enrollment workforce. This new program was designed to reduce adverse and procedural errors discussed above and promote workforce retention among the agency's eligibility specialists.

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Purchase Access to Needed Health Services

As a publicly funded agency that also plays a major role in the health outcomes of so many South Carolinians, SCDHHS has a responsibility to make accurate and data-driven decisions. Developing data-driven models and systems that continually monitor access to covered services and health outcomes will allow the agency to balance its obligation to wisely spend taxpayer funds while ensuring access to quality care for Medicaid members. Achieving this balance is particularly important and challenging given the unprecedented inflationary wage pressures that continue to persist across the healthcare industry.

To achieve this balance and SCDHHS’ goal to purchase access to needed health services, the agency successfully implemented several strategies over the last year. Specific agency strategies and SMART measures that support this approach include:

- Designing and continually improving services to ensure sufficiency in amount, duration and scope to achieve their intended purpose. The measures the agency achieved in support of this strategy include:
 - Designing and implementing an array of mental health services and payment rates sufficient to create a robust offering of community-based care; and
 - Developing and implementing programs to support and strengthen school based mental health counseling services. Through this multiyear initiative, South Carolina has doubled the number of school-based mental health counselors available through South Carolina’s public schools from approximately 600 in January 2022 to more than 1,200 as of September 2023.
- Ensuring all provider manuals effectively define the agency’s intended outcomes.
 - In support of this strategy, the agency performed a comprehensive review of nine of its provider manuals during the reporting period.
- Routinely reviewing utilization to ensure integrity of services. The measures the agency achieved in support of this strategy include:
 - Reviewing a quarterly sample of member records, including person-centered plans as required by federal regulation for home and community-based services, to validate services are rendered as intended; and
 - Coordinating between agency program areas to perform targeted reviews of at least three high-risk services.
- Reducing fraud, waste and abuse in the South Carolina Medicaid program through increased review of claims.
 - In support of this strategy, the agency increased the mailing of targeted Beneficiary Explanation of Medicaid Benefits and other confirmation letters by 12% during the reporting period.

SCDHHS also made progress toward achieving its performance targets on two other measures that support two of the agency’s strategies to purchase access to needed health services. These include:

- SCDHHS’ strategy to design and continually improve services to ensure sufficiency in amount, duration and scope to achieve their intended purpose.

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- In support of this strategy, the agency sought to design and implement eight new mental health services during the reporting period. SCDHHS successfully designed and implemented five of the eight proposed new mental health services during the performance period. The agency plans on successfully implementing the remaining three services by the start of the second quarter of the current state fiscal year (SFY).
- SCDHHS' strategy to continually evaluate provider network adequacy.
 - In support of this strategy, the agency sought to contract with an independent entity to conduct quarterly "secret shopper surveys" of managed care organizations to ensure the accuracy of advertised information. The agency was unable to procure a vendor to complete this measure during the performance period. However, it did complete three secret shopper surveys and delivered the results to its managed care plans during the performance period. The agency currently has a request for proposals posted to procure an external vendor to conduct these quarterly reviews in the future.

Improve the Health and Well-being of Members Through a Continuous Quality Improvement Strategy

To achieve its mission to be boldly innovative in improving the health and quality of life for South Carolinians, it is critical that the agency have the ability to track and measure improvement in health outcomes. During the previous reporting period, the agency established baselines that allowed it to track metrics related to the quality of the care available for Healthy Connections Medicaid members and their health outcomes. Establishing baselines is fundamental to the agency's ability to better evaluate performance and make data-driven decisions.

SCDHHS' commitment to data-driven decision-making allows it to target funding, staff resources and efforts in areas where the state's Medicaid program can enact intentional change. For example, the majority of South Carolina children receive health care coverage through the Healthy Connections Medicaid program. Similarly, Medicaid finances approximately 60% of the births that occur in the state. This places SCDHHS in a unique position to play a role in improving health outcomes for children and new mothers.

In support of its goal to improve the health and well-being of members through a continuous quality improvement strategy, the agency successfully implemented strategies over the last year specifically designed to improve outcomes for this target population: children and new mothers. Specific agency strategies and SMART measures that support this approach include:

- Moving South Carolina to a top quartile national ranking in assessments of pediatric health.
 - In support of this strategy, the agency sought to decrease infant mortality in the South Carolina Medicaid population by 5% within two years and 10% within three years (whole state) by launching targeted regional initiatives. The agency was able to exceed its goal of reducing the infant mortality rate from 6.5 to 6.18 out of 1,000 births among Medicaid members and reduced the rate to 6.1 out of 1,000 births among Medicaid members. This improvement is especially significant because South Carolina's infant mortality and maternal morbidity rates remain among the highest in the country. To continue to build on this progress, the agency has realigned the efforts of the South Carolina Birth Outcomes Initiative to focus solely on the goals

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of reducing infant mortality and maternal morbidity. SCDHHS has also successfully developed and projects to utilize community health workers across the state and launched other targeted regional initiatives. Both initiatives support the agency’s efforts to improve these rates both overall and specific to the Medicaid program.

- Identifying and implementing two Quality through Technology and Innovation in Pediatrics (QTIP) initiatives with participating practices. QTIP is an agency program that works with Medicaid-enrolled pediatric practices across the state to collaborate on specific measures and foster quality improvement projects at each practice site. The measures the agency achieved in support of this strategy include:
 - Improving well-child checks for children seven to 10 years of age with a focus on addressing emerging anxiety disorders; and
 - Screening children 13 to 18 years of age seen in a pediatric office for mental health conditions 97% of the time in QTIP practices, far exceeding the agency’s performance target of screening 75% of the time.

Efficiently and Effectively Align the Agency’s Administrative Resources

Administrative and support functions are critical to any organization’s ability to accomplish its mission. While these functions do not typically involve direct interaction with Medicaid members or Medicaid-enrolled health care providers, they have a direct impact on the agency’s abilities to achieve its other three strategic goals. Furthermore, as a taxpayer-funded entity, proper stewardship of the agency’s financial resources (tax dollars) is a top agency priority. To reflect this priority and the impact administrative functions have on the agency’s ability to achieve its mission, SCDHHS’ fourth strategic goal is to efficiently and effectively align the agency’s administrative resources.

In support of the agency’s goal, the agency successfully implemented several efficiency and oversight-related strategies over the last year. Specific agency strategies and SMART measures that support this approach include:

- Re-evaluating the Employee Performance Management System process to better assess how the agency evaluates employees in terms of frequency and context, ensuring that we incorporate agency goals and measures in the process.
 - In support of this strategy, agency leadership scheduled a quarterly meeting with the state Office of Human Resources to ensure employees are being evaluated in accordance with established agency goals.
- Improving recruitment efforts that strategically identify, attract and hire the most qualified individuals. The measures the agency achieved in support of this strategy include:
 - Actively engaging and participating in a minimum of eight job fairs annually. This is an increase from participating in six job fairs during the previous reporting period;
 - Developing four partnerships with state and local educational institutions that offer postbaccalaureate and/or graduate degree programs for the development of the agency's internship program. This represents an increase from one such partnership during the previous reporting period; and

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- Increasing internship program participation by 35%. The agency exceeded its target measurement of 35% on this measure and doubled its internship program participation from the previous reporting period.
- Employing and aligning technology to meet business strategies and processes. The measures the agency achieved in support of this strategy include:
 - Performing an assessment of Medicaid Management Information System (MMIS) operation and agency processes to develop an appropriate strategy for MMIS replacement; and
 - Performing an assessment of existing eligibility systems and developing appropriate strategies to increase productivity and efficiency.

Finally, the agency made progress toward achieving its performance targets on two other measures that support the agency’s strategy to achieve its goal to efficiently and effectively align the agency’s administrative resources by employing and aligning technology to meet business strategies and processes. These include:

- Establishing a repository for encounter data and expand the managed care organization (MCO) encounter data set to include the full paid encounter data and the addition of rejected encounter data. In pursuing this measure, the agency successfully created a repository for encounter data that expands the MCO encounter data set to include the full paid encounter data during the performance period; however, it is still working to incorporate denied encounters into this repository.
- Implementing an expedited enrollment process for Medicaid managed care. During the reporting period, the agency developed a business case with its contracted vendors to achieve this measure. However, the impact of the unwinding on agency staffing and vendor resources have extended the timeline for this project to be completed.

Risk Assessment and Mitigation Strategies

SCDHHS currently provides health care coverage for approximately 1.1 million South Carolinians, including the majority of the state’s children and pregnant women and a large portion of the state’s disabled population. While it is extremely unlikely to occur, the greatest potential negative impact that could result from the agency’s failure to accomplish any of its goals and objectives would be a loss of access to vital health care services for some of the state’s most vulnerable individuals. The most likely major threat to the agency’s ability to accomplish its goals and objectives would be the fiscal impact of the next recession. Medicaid is a countercyclical program, meaning that more people become financially eligible during economic downturns. This means the combination of declining overall state revenues and increased demand for Medicaid spending will begin just as funding will likely start to be pulled away.

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

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certain consultants and increasing collaboration with the Department of Administration’s technology and information security staff.

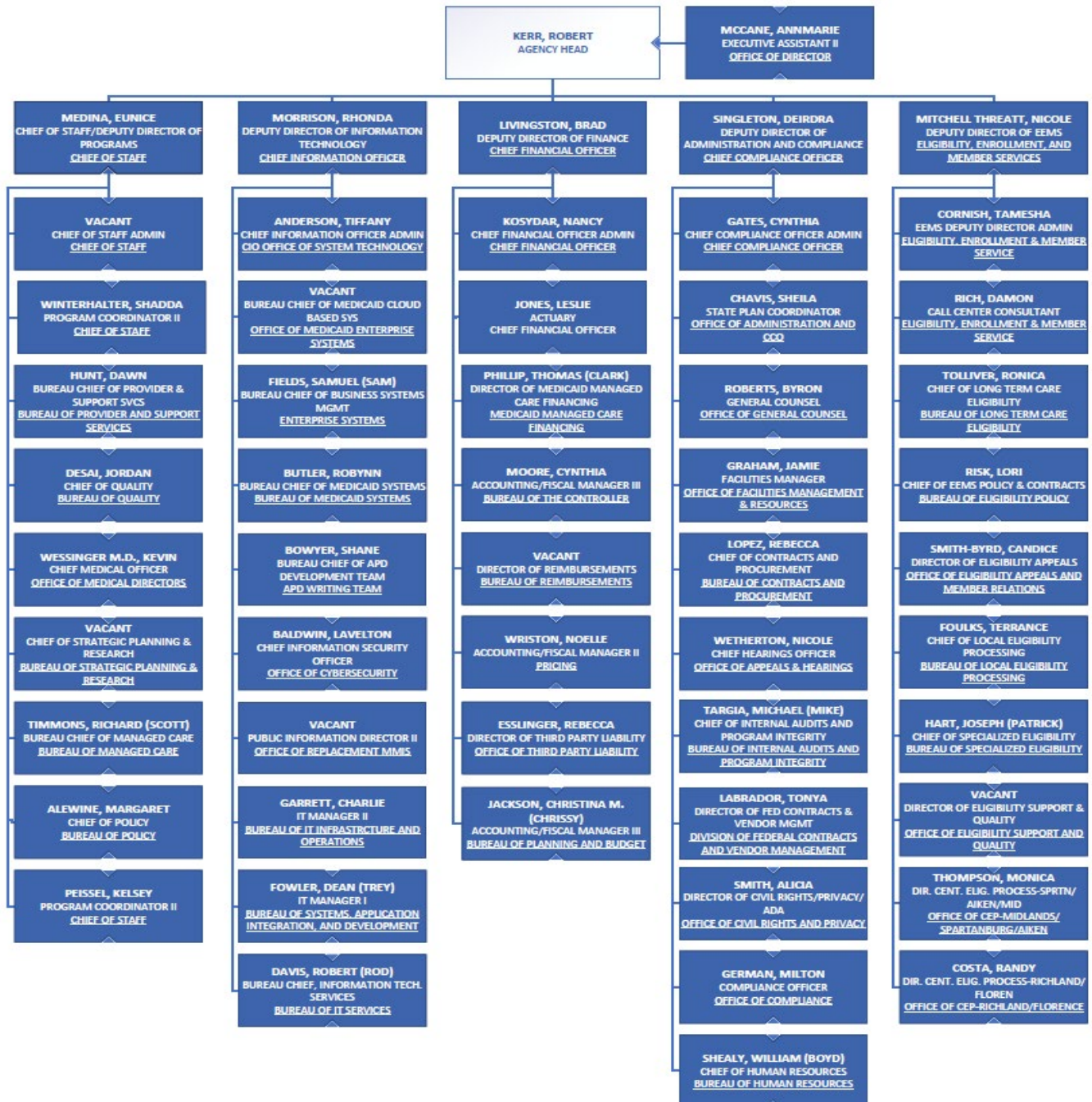
Finally, the General Assembly has already taken important steps to help avoid a crisis. Key provisos have been amended in recent years to allow the agency to maintain a responsible reserve balance and protect SCDHHS’ ability to retain those funds. The deficit monitoring mechanism has been tightened to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

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AGENCY ORGANIZATIONAL CHART



2024

Reorganization and Compliance

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Primary Contact

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Agency Mission

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

Adopted in: 2022

Agency Vision

N/A

Adopted in: N/A

Recommendations for reorganization requiring legislative change:

None

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

None

Significant events related to the agency that occurred in FY2024

Description of Event	Start	End	Agency Measures Impacted	Other Impacts
Beginning April 2023, all state Medicaid agencies were required to resume annual eligibility reviews for their Medicaid members. This function is a long-standing federal requirement that was paused for approximately three years during the COVID-19 public health emergency (PHE). The requirement was reinstated by the Consolidated Appropriations Act, 2023, which was passed by Congress and signed into law by President Joe Biden on Dec. 23, 2022. The restart of this process is frequently referred to as "unwinding" from the COVID-19 PHE and lasted throughout the reporting period. This "unwinding" period impacted work across the South Carolina Department of Health and Human Services with most direct impact on the agency's eligibility and enrollment workforce. During the prohibition on removing Medicaid members based on an annual eligibility review during the COVID-19 PHE, Medicaid enrollment increased by about 30% from February 2020 to May 2023. This increase in enrollment occurred across the country where Medicaid enrollment grew nationally by 32% from February 2020 to May 2023. The agency expects its Medicaid enrollment to return to around its February 2020 levels when unwinding is complete; however, the financial impact associated with the downstream increased enrollment continued through 2024 Accountability Report reporting period.	July	June	Achieve at least 97% accuracy rate in avoiding adverse errors.	

Unwinding and associated increased volume of applications and redeterminations.	July	June	Achieve at least 90% accuracy in avoiding procedural errors for all applications and redeterminations.	
Unwinding and associated disruption within the health care system during the reporting period.	July	June	Decrease infant mortality in the South Carolina Medicaid populations by 5% within two years and 10% within three years (whole state) by launching targeted regional initiatives.	
Unwinding and associated impact on agency staffing and vendor resources.	July	June	Implement an expedited enrollment process for Medicaid managed care.	
Is the agency in compliance with S.C. Code Ann. § 2-1-220, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? (See also S.C. Code Ann. § 60-2-20).				Yes
Reason agency is out of compliance: (if applicable)				
Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 30-1-10 through 30-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).				Yes
Does the law allow the agency to promulgate regulations?				Yes
Law number(s) which gives the agency the authority to promulgate regulations:	SC Code Section 44-6-90			
Has the agency promulgated any regulations?				Yes
Is the agency in compliance with S.C. Code Ann. § 1-23-120 (J), which requires an agency to conduct a formal review of its regulations every five years?				Yes
(End of Reorganization and Compliance Section)				

FY2024

Strategic Plan Results

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

- Goal 1 Ensure a responsive member experience.
- Goal 2 Purchase access to needed health services.
- Goal 3 Improve the health and well-being of members through a continuous quality improvement strategy.
- Goal 4 Efficiently and effectively align the agency's administrative resources.

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Ensure accuracy of member enrollment.		State Objective: Healthy and Safe Families												
1.1.1	Achieve at least 97% accuracy rate in avoiding adverse errors.	94%	97%	9200%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no adverse errors / total number of Medicaid applications audited	Curam/Medicaid Eligibility Determination System (MEDS)	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	The accuracy rate declined from the previous year. During the performance period, eligibility, enrollment, and member services (EEMS) staff were tasked with a higher than anticipated work load due to the restart of required annual eligibility reviews, commonly referred to as the public health emergency (PHE) unwinding. The agency also continued to see a high turnover in eligibility specialists. During the last quarter of the performance period, a new incentive program was piloted. This new program was designed to reduce adverse and procedural errors in eligibility application determinations and reduce turnover among eligibility specialists.
1.1.2	Achieve at least 90% accuracy in avoiding procedural errors for all applications and redeterminations.	87%	90%	8800%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no procedural errors / total number of Medicaid applications audited	Curam/MEDS	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	The agency did not achieve its performance measure; however, it did see an increase in accuracy. During the performance period, EEMS staff were tasked with a higher than anticipated work load due to the restart of required annual eligibility reviews, commonly referred to as the PHE unwinding. The agency also continued to see a high turnover in eligibility specialists. During the last quarter of the performance period, a new incentive program was piloted. This new program was designed to reduce adverse and procedural errors in eligibility application determinations and reduce turnover among eligibility specialists.
1.2 Continually improve interaction and communications with members.		State Objective: Healthy and Safe Families												

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.2.1	Develop a customer enrollment satisfaction survey to establish a baseline measure.	0%	100%	0%	Percent complete	Complete	State Fiscal Year	Development and deployment of survey; baseline establishment	SCDHHS EEMS Management team	Network drive	Agency customers receive quality services from Medicaid offices	Direct customers	3000.015000.000	During the performance period, a new federal requirement related to enrollment satisfaction surveys was introduced. The agency plans to incorporate this measure into this federal Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey requirement. The federally required survey has a different timeline and the agency is currently in the process of procuring a vendor needed to comply with this requirement.
2.1 Design and continually improve services to ensure sufficiency in amount, duration and scope to achieve their intended purpose. State Objective: Healthy and Safe Families														
2.1.1	Design and implement eight new mental health services (IOP, PHP, (2) intensive in-home therapies, peer support collaborative care, transitional case management, crisis stabilization.)	0	8	5	Count	Equal to or greater than	State Fiscal Year	Development and implementation of eight new mental health services	SCDHHS management team, behavioral health management team	Network drive, MMIS, SAS	South Carolinians receive increased access to quality mental health services statewide	Management/members/provider s/taxpayers	3000.010532.000; 3000.010518.000	The agency successfully designed and implemented five of the eight proposed new mental health services during the performance period. The agency plans on successfully implementing the remaining 3 services by the start of the second quarter of the current state fiscal year.
2.1.2	Design and implement an array of mental health services and payment rates sufficient to create a robust offering of community-based care.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Design and implementation of robust community-based services and payment rates for mental health services	SCDHHS management team, behavioral health management team	Network drive, MMIS, SAS	South Carolinians receive increased access to quality mental health services statewide	Management/members/provider s/taxpayers	3000.010532.000; 3000.010518.001	Met
2.1.3	Develop and implement programs to support and strengthen school based mental health counseling services.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development and implementation of new programs to strengthen school based mental health services	SCDHHS management team, behavioral health management team	Network drive, MMIS, SAS	South Carolinians receive increased access to quality mental health services within school settings	Management/members/provider s/taxpayers	3000.010532.000; 3000.010518.002	Met
2.2 Ensure all provider manuals effectively define our intended outcomes. State Objective: Healthy and Safe Families														
2.2.1	Perform a comprehensive review of nine provider manuals: RHC, FQHC, TCM, Private Rehabilitation Therapies, Waivers, Enhanced Services, Clinics, Hospitals, RBHS	0	9	9	Count	Equal to or greater than	State Fiscal Year	Comprehensive review of the following nine provider manuals: RHC, FQHC, TCM, Private Rehabilitation Therapies, Waivers, Enhanced Services, Clinics, Hospitals, RBHS	SCDHHS policy management team	Network drive	Increased clarity of service benefits and coverage for providers and members	Management/members/provider s/taxpayers	3000.010200.000	Met
2.3 Continually evaluate provider network adequacy. State Objective: Healthy and Safe Families														
2.3.1	Contract with an independent entity to conduct quarterly "secret shopper surveys" of managed care organizations (MCOs) to ensure the accuracy of advertised information.	0	4	3	Count	Equal to or greater than	State Fiscal Year	Conduct four (quarterly) secret shopper surveys of MCOs	Contracted entity, SCDHHS MCO management team	Network drive	Ensure accuracy of MCO's advertised information targeted at agency customers	Management/members/provider s/taxpayers	3000.015000.000	The agency was unable to procure a vendor to complete this measure during the performance period. However, the agency did complete three secret shopper surveys and delivered the results to its managed care plans during the performance period. The agency currently has a request for proposals posted to procure an external vendor to conduct these quarterly reviews in the future.
2.4 Routinely review utilization to ensure integrity of services. State Objective: Healthy and Safe Families														

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes	
2.4.1	Review a quarterly sample of member records, including person-centered plans as required by section 441.725 for HCBS services, to validate services are rendered as intended.		2	4	4	Count	Equal to or greater than	State Fiscal Year	Conduct four (quarterly) samples of member records to validate HCBS services	SCDHHS MCO management team, program integrity department	Network drive	Ensure HCBS services are rendered as intended to Medicaid members	Management/members/provider s/taxpayers	3000.015000.000	Met
2.4.2	Coordinate with program areas to perform targeted reviews of at least three (3) high-risk services.		0	3	3	Count	Equal to or greater than	State Fiscal Year	Perform targeted reviews of at least three high-risk services	SCDHHS management team, program integrity department	Network drive	Ensure need for high-risk services for Medicaid members	Management/members/provider s/taxpayers	3000.015000.000	Met
2.5 Reduce fraud, waste and abuse in the South Carolina Medicaid program through increased review of claims.														State Objective: Healthy and Safe Families	
2.5.1	Increase the mailing of targeted Beneficiary Explanation of Medicaid Benefits (BEOMB) and other confirmation letters by 10%	6,954 BEOMBs (in SFT 2023)	7,169 BEOMBs (in SFY 2024)	17% (Number = 7,322)	Percent	Equal to or greater than	State Fiscal Year	Number of additional targeted BEOMB letters mailed in SFY2024 / number of targeted BEOMB letters mailed in SFY2023	Program integrity department	Network drive	Detect potential fraud, waste and abuse of Medicaid services	Management/members/provider s/taxpayers	3000.010200.000	Met	
3.1 Move South Carolina to a top quartile national ranking in assessments of pediatric health.														State Objective: Healthy and Safe Families	
3.1.1	Decrease infant mortality in the South Carolina Medicaid populations by 5% within two years and 10% within three years (whole state) by launching targeted regional initiatives.	6.5 out of 1,000 live births	6.18 out of 1,000 live births	6.1 per 1,000 live births	Count	Equal to or less than	State Fiscal Year	Number of infant deaths / Total number of live births	SC Revenue and Fiscal Affairs Office; internal reports	Network drive, MMIS, SAS	Provide better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	Met	
3.2 Identify and implement two QTIP initiatives with participating practices.														State Objective: Healthy and Safe Families	
3.2.1	Improve well-child checks for children 7 to 10 years of age with a focus on addressing emerging anxiety disorders.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Improvement in well-child checks (children 7 to 10 years old) HEDIS measure	HEDIS, SCDHHS Quality management team, managed care organizations	HEDIS	Provide better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	Met	
3.2.2	Screen children 13 to 18 years of age seen in a pediatric office for mental health conditions 75% of the time.	<75%	75%	97%	Percent	Equal to or greater than	State Fiscal Year	Improvement in screenings for mental health conditions (for 13 to 18 year olds)	HEDIS, SCDHHS Quality management team, managed care organizations	HEDIS	Provide better health outcomes for Medicaid members	Management/members/provider s/taxpayers	3000.010501.000; 3000.010518.000	Met	
4.1 Re-evaluate the Employee Performance Management System process to better assess how the agency evaluates employees in terms of frequency and context, ensuring that we incorporate agency goals and measures in the process.														State Objective: Healthy and Safe Families	
4.1.1	Schedule a quarterly meeting with the state Office of Human Resources to ensure that employees are being evaluated in accordance with established agency goals.		0	4	4	Count	Equal to or greater than	State Fiscal Year	Conduct four (quarterly) meetings	SCDHHS management team, Department of Human Resources	Network drive	Ensure appropriate and meaningful employee evaluations	Management/employees	0100.000000.000	Met
4.2 Improve recruitment efforts that strategically identify, attract and hire the most qualified individuals.														State Objective: Healthy and Safe Families	
4.2.1	Actively engage and participate in a minimum of eight job fairs annually.		6	8	8	Count	Equal to or greater than	State Fiscal Year	Participate in at least eight job fairs annually	SCDHHS Department of Human Resources	Network drive	Increase advertising and marketing of agency job opportunities	Management/employees/taxpayers	0100.000000.000	Met
4.2.2	Develop four partnerships with state and local educational institutions that offer postbaccalaureate and/or graduate degree programs for the development of the agency's internship program.		1	4	4	Count	Equal to or greater than	State Fiscal Year	Development of three additional partnerships for continued development of the agency's internship program	SCDHHS management team	Network drive	Increase advertising, marketing and development of agency internship and future job opportunities	Management/employees/taxpayers	0100.000000.000	Met

Perf. Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
4.2.3	Increase internship program participation by 35%.	8	11	16	Count	Equal to or greater than	State Fiscal Year	Increase internship program by offering more opportunities to students	SCDHHS management team	Network drive	Increase advertising, marketing and development of agency internship and future job opportunities	Management/employees/taxpayers	0100.000000.000	Met
4.3 Employ and align technology to meet business strategies and processes. State Objective: Healthy and Safe Families														
4.3.1	Establish a repository for encounter data and expand the MCO encounter data set to include the full paid encounter data and the addition of rejected encounter data.	0%	100%	50%	Percent complete	Complete	State Fiscal Year	Development of encounter data repository and expand MCO encounter data set	IT management team, Data Analytics team	Network drive, MMIS, SAS	Ensures management has full access to necessary claims data to make data-driven decisions	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	The agency successfully created a repository for encounter data that expands the MCO encounter data set to include the full paid encounter data during the performance period. The agency is still working to incorporate denied encounters into this repository.
4.3.2	Implement an expedited enrollment process for Medicaid managed care.	0%	100%	50%	Percent complete	Complete	State Fiscal Year	Development of expedited managed care enrollment process	IT management team, Managed care management team	Network drive, MMIS	Ensure expedited enrollment process so that members have access to member benefits quicker	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	The agency has developed a business case with its contracted vendors to achieve this measure. However, the impact of the unwinding on the agency staffing and vendor resources have extended the timeline for this project to be completed.
4.3.3	Perform an assessment of MMIS operation and agency processes to develop an appropriate strategy for MMIS replacement.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of appropriate strategy for MMIS replacement	IT management team	Network drive, MMIS	Ensure appropriate strategy for replacement of the current MMIS to modernize claims processing	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	Met
4.3.4	Perform an assessment of existing eligibility systems and develop appropriate strategies to increase productivity and efficiency.	0%	100%	100%	Percent complete	Complete	State Fiscal Year	Development of appropriate strategy for increasing productivity and efficiency within eligibility systems	IT management team, EEMS management team	Network drive, Curam, MEDS	Ensure appropriate strategy for increasing productivity and efficiency in processing member applications	Management/members/providers/taxpayers	0100.000000.000; 3000.010306.000	Met

FY2025

Strategic Plan Development

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

- Goal 1 Provide a responsive member experience.
- Goal 2 Purchase access to needed health services.
- Goal 3 Properly align resources to enable success.

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
1.1 Ensure accuracy of member enrollment.													
State Objective: Healthy and Safe Families													
1.1.1	Achieve at least 97% accuracy rate in avoiding adverse errors.	92%	97%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no adverse errors / total number of Medicaid applications audited	Curam/Medicaid Eligibility Determination System (MEDS)	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	
1.1.2	Achieve at least 90% accuracy in avoiding procedural errors for all applications and redeterminations.	88%	90%	Percent	Equal to or greater than	State Fiscal Year	Number of eligibility applications audited with no procedural errors / total number of Medicaid applications audited	Curam/MEDS	EQAT results	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	
1.2 Continually enhance exparte renewal capabilities.													
State Objective: Healthy and Safe Families													
1.2.1	Implement use of new data sources and processes that improve exparte rate for renewals.	0%	100%	Percent complete	Complete	State Fiscal Year	Complete implementation of new process	MMS/EEMS	Eligibility System/Eligibility Policy	Agency customers receive access to Medicaid services as appropriate	Direct customers	3000.015000.000	
2.1 Establish services adequate to achieve their intended purpose.													
State Objective: Healthy and Safe Families													
2.1.1	Implement targeted provider rate increases for at least three behavioral health services.	0	3	Count	Equal to or greater than	State Fiscal Year	Count of provider rate increases in behavioral health services	Bureau of Policy	Provider Fee Schedules	Reimbursement rates are sufficient for agency customers to access services.	Members and providers	3000.010532.000; 3000.010518.000	
2.1.2	Implement four new behavioral health services.	0	4	Count	Equal to or greater than	State Fiscal Year	Count of additional behavioral health services covered	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	
2.1.3	Extend coverage of two behavioral health services.	0	2	Count	Equal to or greater than	State Fiscal Year	Count of enhanced behavioral health services	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	
2.1.4	Implement targeted provider rate increases for at least seven medical service categories.	0	7	Count	Equal to or greater than	State Fiscal Year	Count of provider rate increases in medical services	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	
2.1.5	Implement a new medical service.	0	1	Count	Equal to or greater than	State Fiscal Year	Count of additional medical services covered	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	
2.1.6	Extend coverage of three medical service categories.	0	3	Count	Equal to or greater than	State Fiscal Year	Count of enhanced medical service categories	Bureau of Policy	Provider Bulletins and Provider Manuals	Increased access to needed behavioral services	Members and providers	3000.010532.000; 3000.010518.000	

Perf. Measure Number	Description	Base	Target	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Stakeholder Need Satisfied	Primary Stakeholder	State Funded Program Number Responsible	Notes
2.2 Promote quality outcomes to improve the well-being of members.													State Objective: Healthy and Safe Families
2.2.1	Identify and implement two QTIP initiatives with participating practices.	0	2	Count	Equal to or greater than	State Fiscal Year	Count of additional QTIP initiatives	Bureau of Quality	HEDIS	Provide better health outcomes for Medicaid members	Members and providers	3000.010301.000	
3.1 Make financial decisions that support strategies and objectives.													State Objective: Healthy and Safe Families
3.1.1	Realize cost savings and improved stewardship through implementing state-directed preferred drug list.	0%	100%	Percent complete	Complete	State Fiscal Year	Implementation of state-directed preferred drug list	Magellan	Office of Pharmacy Services; Magellan	Operational efficiency and cost savings	Members and providers	3000.010306.000	
3.2 Embrace a nurturing environment that allows the right people to find their right place.													State Objective: Healthy and Safe Families
3.2.1	Develop and implement a comprehensive training curriculum based on the Code of Federal Regulations to provide team members the foundational knowledge to be successful.	0%	100%	Percent complete	Complete	State Fiscal Year	Development and implementation of comprehensive training curriculum	Office of Training and Development	Office of Training and Development	Provide team members with foundational knowledge of applicable federal regulations	DHHS employees	3000.010301.000	
3.2.2	Implementation of visual organizational directory	0%	100%	Percent complete	Complete	State Fiscal Year	Development of visual organizational directory	Bureau of Human Resources	Bureau of Human Resources	Improve communication and cohesiveness of agency team members	DHHS employees	0100.000000.000	
3.3 Monitor service integrity and compliance.													State Objective: Healthy and Safe Families
3.3.1	Reduce fraud, waste and abuse in the South Carolina Medicaid program through increased review of claims.	0%	100%	Percent complete	Complete	State Fiscal Year	Increased targeted BEOMB and focused reviews	Program Integrity SURS Unit	Program Integrity SURS Unit	Protect taxpayer funds from waste, fraud and abuse	Taxpayers	3000.010301.000	
3.4 Strategically integrate technology to modernize and gain operational efficiency.													State Objective: Healthy and Safe Families
3.4.1	Implement capabilities that support SCDHHS's managed care business strategy and enable the decommissioning of the legacy MMIS.	0%	100%	Percent complete	Complete	State Fiscal Year	MES Modernization Roadmap activities	Systems and Technology	Systems and Technology	Modernize and gain operational efficiency	Taxpayers and DHHS employees	9802.010000X000	
3.4.2	Convert all member cases out of the legacy Medicaid Eligibility Determination System (MEDS) and into the Curam Member Management System.	0%	100%	Percent complete	Complete	State Fiscal Year	Number of cases remaining in MEDS	Bureau of Medicaid Systems	Bureau of Medicaid Systems	Modernize and gain operational efficiency	Taxpayers and DHHS employees	3000.010306.000	

2024

Budget Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General	(Projected) Other	(Projected) Federal	(Projected) Total
0100.000000.000	Administration	Provides administrative support and other operating expenses for the agency	\$ 19,845,447.41	\$ 4,873,352.32	\$ 25,801,207.17	\$ 50,520,006.90	\$ 15,285,445.20	\$ 2,080,378.84	\$ 19,028,089.90	\$ 36,393,913.94
3000.010200.000	Medical Administration	Provides administrative support and other operating expenses for the agency	\$ 10,855,373.76	\$ 634,780.03	\$ 17,609,549.49	\$ 29,099,703.28	\$ 847,420.54	\$ 703,000.00	\$ 2,565,521.66	\$ 4,115,942.20
3000.010301.000	Provider Support	Provides administrative/contractual support for Medicaid services	\$ 55,086,432.95	\$ 127,408,181.72	\$ 45,528,097.60	\$ 228,022,712.27	\$ 60,410,433.50	\$ 76,811,620.09	\$ 66,473,924.09	\$ 203,695,977.68
3000.010302.000	Nursing Home Contracts	Provides administrative/contractual support for Medicaid services	\$ 1,943,835.94	\$ 1,374,010.76	\$ 5,178,970.09	\$ 8,496,816.79	\$ 1,170,461.52	\$ 2,734,521.00	\$ 3,416,845.55	\$ 7,321,828.07
3000.010304.000	CLTC Contracts	Provides administrative/contractual support for Medicaid services	\$ 1,865,378.10	\$ 501,081.71	\$ 4,292,135.17	\$ 6,658,594.98	\$ 2,092,574.31	\$ 555,913.44	\$ 4,860,018.25	\$ 7,508,506.00
3000.010305.000	Eligibility Contracts	Provides administrative/contractual support for Medicaid services	\$ 22,475,860.94	\$ 15,297,276.07	\$ 91,702,567.17	\$ 129,475,704.18	\$ 29,532,287.00	\$ 600,000.00	\$ 64,387,030.72	\$ 94,519,317.72
3000.010306.000	MMIS-Medical Mgmt Info	Provides administrative/contractual support for Medicaid services	\$ 18,579,471.51	\$ 1,719,330.87	\$ 42,887,603.71	\$ 63,186,406.09	\$ 19,755,744.52	\$ 1,775,428.00	\$ 43,009,894.80	\$ 64,541,067.32
3000.010310.000	Telemedicine	Payments to programs for development and operation of a statewide, open access South Carolina Telemedicine Network	\$ 7,000,000.00	\$ -	\$ -	\$ 7,000,000.00	\$ 7,000,000.00	\$ -	\$ -	\$ 7,000,000.00
3000.010312.000	Rural Health Initiative	Payments to programs to promote the development of a rural medical workforce through (1) additional residencies or fellowships in rural medicine or other related areas and/or (2) efforts that expose resident physicians to rural practice as part of a recruitment strategy for rural and/or underserved communities, including rural rotation programs	\$ 24,222,375.10	\$ -	\$ -	\$ 24,222,375.10	\$ 8,075,000.00	\$ -	\$ -	\$ 8,075,000.00
3000.010314.000	Pregnancy Crisis Centers		\$ -	\$ -	\$ -	\$ -	\$ 2,400,000.00	\$ -	\$ -	\$ 2,400,000.00
3000.010501.000	Hospital Services	Provides inpatient and outpatient hospital services for our fee for service beneficiaries	\$ 160,026,650.40	\$ 23,776,242.89	\$ 443,994,434.10	\$ 627,797,327.39	\$ 131,083,466.00	\$ 84,173,474.00	\$ 488,919,653.00	\$ 704,176,593.00
3000.010502.000	Nursing Home Services	Provides nursing facility services including complex care and hospice room and board	\$ 230,361,915.33	\$ 10,997,403.68	\$ 557,079,323.13	\$ 798,438,642.14	\$ 236,533,745.00	\$ 5,130,600.00	\$ 559,079,012.00	\$ 800,743,357.00
3000.010504.000	Pharmaceutical Services	Provides prescription medications in the outpatient setting for our fee for service beneficiaries	\$ (5,051,260.92)	\$ 46,105,609.84	\$ 98,658,748.06	\$ 139,713,096.98	\$ 28,835,283.00	\$ 13,500,000.00	\$ 101,243,771.00	\$ 143,579,054.00
3000.010505.000	Physician Services	Provides physician services including primary care, preventative care and specialty care for our fee for service beneficiaries	\$ 24,676,909.69	\$ 1,195,883.42	\$ 61,033,730.45	\$ 86,906,523.56	\$ 28,175,606.00	\$ -	\$ 72,108,671.00	\$ 100,284,277.00
3000.010506.000	Dental Services	Provides dental services for our beneficiaries	\$ 46,386,102.81	\$ 90,039.13	\$ 118,835,876.29	\$ 165,312,018.23	\$ 57,422,220.00	\$ -	\$ 138,482,168.00	\$ 195,904,388.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
3000.010507.000	CLTC-Community Long Term Care	Provides services in the home and community settings for beneficiaries as an alternative to nursing home placement – includes Community Choices, HIV/AIDS, Mechanical Vent, and Children’s Personal Care waivers.	\$ 137,063,354.31	\$-	\$ 348,709,652.76	\$ 485,773,007.07	\$ 129,061,075.00	\$ -	\$ 295,013,571.00	\$ 424,074,646.00
3000.010510.000	Premiums Matched	Pays for Medicare premiums for dual eligible individuals who meet certain income requirements	\$ 93,739,044.31	\$-	\$ 253,621,958.25	\$ 347,361,002.56	\$ 110,901,161.39	\$ -	\$ 285,921,628.61	\$ 396,822,790.00
3000.010511.000	Premiums 100% State	100% state funded program that covers Medicare premiums for specific Medicaid eligibility categories (Nursing Home, General Hospital, HCBS, ABD, QI, Refugee Assistance)	\$ 27,181,799.60	\$-	\$-	\$ 27,181,799.60	\$ 29,627,800.00	\$ -	\$ -	\$ 29,627,800.00
3000.010512.000	Hospice	Provides hospice services for terminally ill Medicaid beneficiaries	\$ 5,736,218.10	\$-	\$ 14,008,727.91	\$ 19,744,946.01	\$ 6,148,630.00	\$ -	\$ 14,186,367.00	\$ 20,334,997.00
3000.010513.000	Optional State Supplement	Program for those residing in licensed community residential care facilities who meet SSI eligibility requirements except for income (100% state funding)	\$ 19,399,554.17	\$-	\$-	\$ 19,399,554.17	\$ 21,817,937.00	\$ -	\$ -	\$ 21,817,937.00
3000.010514.000	OSCAP	Entitlement program and state supplement to SSI for enrolled CRCFs to provide room and board for eligible consumers and a degree of personal care (100% state funding)	\$ 5,109,665.43	\$-	\$-	\$ 5,109,665.43	\$ 6,451,070.00	\$ -	\$ -	\$ 6,451,070.00
3000.010516.000	Clinical Services	Provides services in FOHCs, RHCs, and other clinic settings for our fee for service beneficiaries	\$ 13,883,086.76	\$ 114,830.82	\$ 33,633,327.22	\$ 47,631,244.80	\$ 21,158,191.00	\$ -	\$ 50,549,649.00	\$ 71,707,840.00
3000.010517.000	Durable Medical Equipment	Provides durable medical equipment including wheel chairs and oxygen supplies for our fee for service beneficiaries	\$ 15,344,060.22	\$ 10,074.01	\$ 37,221,414.16	\$ 52,575,548.39	\$ 16,898,812.00	\$ -	\$ 39,002,135.00	\$ 55,900,947.00
3000.010518.000	Coordinated Care	Provides coordinated services for beneficiaries through managed care organizations which are paid through capitated rates	\$ 654,733,919.27	\$ 1,105,102,253.36	\$ 4,349,986,423.98	\$ 6,109,822,596.61	\$ 595,167,615.00	\$ -	\$ 4,067,159,805.00	\$ 5,741,859,361.00
3000.010523.000	Transportation Services	Provides non-emergency transportation for the entire Medicaid population and emergency transportation services for our fee for service beneficiaries	\$ 35,251,784.08	\$ 7,440.90	\$ 85,603,547.47	\$ 120,862,772.45	\$ 34,691,056.00	\$ -	\$ 79,819,021.00	\$ 114,510,077.00
3000.010524.000	MMA Phased Down Contributions	Federal “clawback” for state’s portion of Medicare Part D prescription drug benefit (100% state funding)	\$ 153,940,910.81	\$ -	\$-	\$ 153,940,910.81	\$ 178,433,989.00	\$ 1,500,000.00	\$ -	\$ 179,933,989.00
3000.010525.000	Home Health Services	Provides home health services and incontinence supplies for our fee for service beneficiaries	\$ 4,798,486.42	\$ 1,803.45	\$ 12,561,521.21	\$ 17,361,811.08	\$ 5,894,939.00	\$ -	\$ 13,553,212.00	\$ 19,448,151.00
3000.010526.000	EPSDT Services	Provides well-child, comprehensive and preventive health care screenings and services for children under the age of 21	\$ 989,137.87	\$ 9,226.23	\$ 2,441,149.59	\$ 3,439,513.69	\$ 770,807.00	\$ -	\$ 1,812,678.00	\$ 2,583,485.00
3000.010527.000	Medical Professional Services	Provides therapy, vision, and other medical professional services to our fee for service beneficiaries	\$ 12,790,752.07	\$ 85,566.74	\$ 30,968,624.28	\$ 43,844,943.09	\$ 12,622,469.00	\$ -	\$ 29,125,174.00	\$ 41,747,643.00
3000.010528.000	Lab & X-Ray Services	Provides lab and x-ray services including CT scans and MRIs for our fee for service beneficiaries	\$ 5,055,487.87	\$ 131,883.44	\$ 12,389,632.74	\$ 17,577,004.05	\$ 4,476,128.00	\$ -	\$ 10,396,933.00	\$ 14,873,061.00
3000.010529.000	PACE	Provides a comprehensive array of services for beneficiaries in home and community-based settings who would otherwise qualify for nursing home placement	\$ 6,235,518.66	\$-	\$ 16,081,897.00	\$ 22,317,415.66	\$ 7,447,458.00	\$ -	\$ 17,152,179.00	\$ 24,599,637.00
3000.010531.000	Children’s Community Care	Provides children’s nursing services and medically complex children’s waiver	\$ 7,686,593.95	\$ -	\$ 19,965,221.72	\$ 27,651,815.67	\$ 9,937,516.00	\$ -	\$ 22,973,023.00	\$ 32,910,539.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
3000.010532.000	Behavioral Health Services	Provides behavioral health services for beneficiaries including inpatient psych, rehabilitative behavioral health services, targeted case management, private residential treatment facilities, and autism services amongst many others	\$ 16,316,444.77	\$ 1,926,312.66	\$ 46,484,421.76	\$ 64,727,179.19	\$ 24,744,907.00	\$ -	\$ 57,061,575.00	\$ 81,806,482.00
3000.010701.000	Mental Health	Medicaid eligible services provided by the SC Department of Mental Health	\$ -	\$ 9,377,340.54	\$ 23,075,300.03	\$ 32,452,640.57	\$ -	\$ 12,935,514.00	\$ 29,819,486.00	\$ 42,755,000.00
3000.010702.000	Disabilities & Special Needs	Medicaid eligible services provided by the SC Department of Disabilities and Special Needs	\$ 198,328,865.71	\$ 47,133,719.78	\$ 614,258,248.33	\$ 859,720,833.82	\$ 231,738,352.00	\$ 249,290,929.00	\$ 681,040,495.00	\$ 1,162,069,776.00
3000.010703.000	DHEC	Medicaid eligible services provided by the SC Department of Health and Environmental Control	\$ -	\$ 227,263.82	\$ 527,064.58	\$ 754,328.40	\$ 140,698.00	\$ 405,891.00	\$ 668,043.00	\$ 1,214,632.00
3000.010704.000	MUSC	Medicaid eligible services provided by the Medical University of South Carolina	\$ -	\$ 148,387.09	\$ 359,394.09	\$ 507,781.18	\$ 225,086.00	\$ 7,134,069.00	\$ 16,239,954.00	\$ 23,599,109.00
3000.010705.000	USC	Medicaid eligible services provided by the University of South Carolina	\$ -	\$ 2,453.40	\$ 5,976.49	\$ 8,429.89	\$ -	\$ 3,315.00	\$ 3,901.00	\$ 7,216.00
3000.010711.000	Dept Of Education	Medicaid eligible services provided by the SC Department of Education	\$ -	\$ 11,498,707.73	\$ 28,487,785.03	\$ 39,986,492.76	\$ -	\$ 10,975,419.00	\$ 27,028,603.00	\$ 38,004,022.00
3000.011503.000	Other Entities Funding	Medicaid eligible services provided by the Other Non-State Entity Hospitals	\$ -	\$ 10,715,422.87	\$ 24,473,801.29	\$ 35,189,224.16	\$ -	\$ 1,365,658.00	\$ 6,025,592.00	\$ 7,391,250.00
3000.011506.000	Disproportionate Share	Provides payment to qualifying hospitals for the unreimbursed cost of providing inpatient and outpatient hospital services to Medicaid eligible and uninsured individuals	\$ -	\$ 90,629,253.18	\$ 228,052,238.82	\$ 318,681,492.00	\$ 18,628,621.00	\$ 174,331,322.00	\$ 407,036,613.00	\$ 599,996,556.00
3000.015000.000	Medicaid Eligibility	Provides administrative support and other operating expenses for the agency	\$ 15,239,903.55	\$ 3,377,483.76	\$ 25,856,420.66	\$ 44,473,807.97	\$ 7,087,326.07	\$ -	\$ 8,253,565.99	\$ 15,340,892.06
3000.015500.000	BabyNet	Provides interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays	\$ 27,190,909.92	\$ 3,248,410.19	\$ 30,168,078.19	\$ 60,607,398.30	\$ 30,948,928.07	\$ 3,654,546.01	\$ 30,053,074.35	\$ 64,656,548.43
9500.050000.000	State Employer Contributions	Provide fringe & benefits for SCDHHS employees	\$ 12,223,350.63	\$ 2,122,687.62	\$ 20,319,383.93	\$ 34,665,422.18	\$ 12,223,360.63	\$ 2,122,687.62	\$ 20,319,383.93	\$ 34,665,432.18
9802.010000X000	Medicaid Management Information System	Non-recurring used for MMS Replacement Project	\$ 5,419,825.66	\$ -	\$ 47,516,864.41	\$ 52,936,690.07	\$ 5,835,423.00	\$ -	\$ 40,866,414.00	\$ 46,701,837.00
9802.300100X000	Mobile Medical Units	Non-Recurring Proviso 118.19	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
9802.340100X000	Wiley Kennedy Foundation	Non-Recurring Proviso 118.19	\$ 150,000.00	\$ -	\$ -	\$ 150,000.00	\$ -	\$ -	\$ -	\$ -
9802.960000X000	Association for the Blind & Visually Impaired	Non-Recurring Proviso 118.19	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00	\$ 350,000.00	\$ -	\$ -	\$ 350,000.00
9802.990000X000	Building Better Communities-College Place Healthy Living Project	Non-Recurring Proviso 118.19	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
9803.260100X000	Sumter Behavioral Health Services	Non-Recurring Proviso 118.19	\$ 550,000.00	\$-	\$ -	\$ 550,000.00	\$ -	\$ -	\$ -	\$ -
9803.270100X000	The Holistic Wellness Center	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ -	\$ -	\$ -	\$ -	\$ -
9803.280100X000	The Mitney Project	Non-Recurring Proviso 118.19	\$ 15,000.00	\$-	\$-	\$ 15,000.00	\$ -	\$ -	\$ -	\$ -
9803.290100X000	Town of Eastover Healthy Community Program	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -
9803.310100X000	Upstate Circle of Friends	Non-Recurring Proviso 118.19	\$ 80,500.00	\$-	\$-	\$ 80,500.00	\$ -	\$ -	\$ -	\$ -
9803.320100X000	Urban League of the Upstate-McClaren Institute for Health and Quality of Life	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$ -	\$ -	\$ -
9803.330100X000	Wiley Kennedy Foundation-Thriving Communities	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -
9803.350100X000	Connie Maxwell Children's Ministry-Children's Healing Center	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
9803.98000X000	Bridge Over Foundation-Project Bridge	Non-Recurring Proviso 118.19	\$ 25,000.00	\$-	\$-	\$ 25,000.00	\$ -	\$ -	\$ -	\$ -
9804.010100X000	Building Better Communities Ambassador Program	Non-Recurring Proviso 118.19	\$ 200,000.00	\$-	\$-	\$ 200,000.00	\$ -	\$ -	\$ -	\$ -
9804.020100X000	Camp Kemo	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ -	\$ -	\$ -	\$ -
9804.030100X000	Closing the Gap in Healthcare	Non-Recurring Proviso 118.19	\$ 100,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9804.040100X000	Community Medicine Foundation-Sickle Cell Program	Non-Recurring Proviso 118.19	\$ 750,000.00	\$ -	\$ -	\$ -	\$ 750,000.00	\$ -	\$ -	\$ 750,000.00
9804.050100X000	CR Neal Dream Center	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ -	\$ -	\$ -	\$ -
9804.060100X000	Falcon Children's Home Turbeville	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ -	\$ -	\$ -	\$ -
9804.070100X000	First Impressions of SC Health Initiative	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -
9804.080100X000	Friends of Fisher House Columbia	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ -	\$ -	\$ -	\$ -

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
9804.090100X000	HopeHealth Community Health-The Men's Center	Non-Recurring Proviso 118.19	\$ 500,000.00	\$-	\$-	\$ 500,000.00	\$ -	\$ -	\$ -	\$ -
9804.100100X000	Iron Wolf Recovery Fitness	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
9804.110100X000	Kershaw Health District-Health & Recreation Plan	Non-Recurring Proviso 118.19	\$ 1,000,000.00	\$-	\$-	\$ 1,000,000.00	\$ -	\$ -	\$ -	\$ -
9804.120100X000	Louvenic D Barksdale Sickle Cell Foundation-Project Hope	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ -	\$ -	\$ -	\$ -
9804.130100X000	Marion County Long Term Recovery Group	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
9804.140100X000	New Capernaum Life Services	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ -	\$ -	\$ -	\$ -
9804.150100X000	Outstanding Youth Awards	Non-Recurring Proviso 118.19	\$ 50,000.00	\$-	\$-	\$ 50,000.00	\$ 100,000.00	\$ -	\$ -	\$ 100,000.00
9804.170100X000	Pee Dee Healthy Start Program Support	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ -	\$ -	\$ -	\$ -
9804.180100X000	Phoenix Center Transition Housing	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ -	\$ -	\$ -	\$ -
9804.190100X000	Project Hope Foundation	Non-Recurring Proviso 118.19	\$ 3,783,269.00	\$-	\$-	\$ 3,783,269.00	\$ 2,850,000.00	\$ -	\$ -	\$ 2,850,000.00
9804.200100X000	PsychResiden Prog	Non-Recurring Proviso 118.19	\$ 2,517,729.87	\$-	\$-	\$ 2,517,729.87	\$ -	\$ -	\$ -	\$ -
9804.210100X000	Reedy Fork Development Center Technology	Non-Recurring Proviso 118.19	\$ 200,000.00	\$-	\$-	\$ 200,000.00	\$ -	\$ -	\$ -	\$ -
9804.220100X000	Ronald McDonald House-Charleston	Non-Recurring Proviso 118.19	\$ 9,000,000.00	\$-	\$-	\$ 9,000,000.00	\$ -	\$ -	\$ -	\$ -
9804.240100X000	Sight Savers America-Vision Screenings	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
9804.250100X000	Smith Medical Clinic	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
9804.970000X000	Bluffton-Jasper County Volunteers in Medicine	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ 300,000.00	\$ -	\$ -	\$ 300,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
9805.830000X000	Brain Injury Assoc of SC-Brain Injury Outreach and Education Initiative	Non-Recurring Proviso 118.19	\$ 387,713.00	\$-	\$-	\$ 387,713.00	\$ -	\$ -	\$ -	\$ -
9805.940000X000	ALPHA Behavioral Health Center	Non-Recurring Proviso 118.19	\$ 750,000.00	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9806.810000X000	New Morning Foundation	Non-Recurring Proviso 118.19	\$ 2,000,000.00	\$-	\$-	\$ 2,000,000.00	\$ -	\$ -	\$ -	\$ -
9806.850000X000	Vital Aging of Williamsburg County	Non-Recurring Proviso 118.19	\$ 60,000.00	\$-	\$-	\$ 60,000.00	\$ 2,000,000.00	\$ -	\$ -	\$ 2,000,000.00
9806.950000X000	Alzheimer's Disease Research Center Designation	Non-Recurring Proviso 118.19	\$ 6,971,342.77	\$-	\$-	\$ 6,971,342.77	\$ -	\$ -	\$ -	\$ -
9807.790000X000	Camp Happy Days	Non-Recurring Proviso 118.19	\$ 250,000.00	\$-	\$-	\$ 250,000.00	\$ -	\$ -	\$ -	\$ -
9810.350000X000	Antioch Senior Center	Non-Recurring Proviso 118.19	\$ 300,000.00	\$-	\$-	\$ 300,000.00	\$ -	\$ -	\$ -	\$ -
9820.310000X000	Medical Experience Academy	Non-Recurring Proviso 118.19	\$ 100,000.00	\$-	\$-	\$ 100,000.00	\$ -	\$ -	\$ -	\$ -
9821.120000X000	James R Clark Sickle Cell Foundations	Non-Recurring Proviso 118.19	\$ 200,000.00	\$-	\$-	\$ 200,000.00	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00
9826.050000X000	YOUTH PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ -	\$ -	\$ -	\$ -
9827.070000X000	RURAL HEALTH NETWORK REVITALIZATION	Non-Recurring Proviso 118.19	\$ 960,000.00	\$-	\$-	\$ 960,000.00	\$ -	\$ -	\$ -	\$ -
9831.030000X000	BEHAVIORAL HEALTH	Non-Recurring Proviso 118.19	\$ 31,900,000.00	\$-	\$-	\$ 31,900,000.00	\$ -	\$ -	\$ -	\$ -
TBD	Children's Hospital Collaborative	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 5,000,000.00	\$ -	\$ -	\$ 5,000,000.00
TBD	Oconee Memorial Hospital Foundation	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 150,000.00	\$ -	\$ -	\$ 150,000.00
9805.920000X000	Nola Network	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 300,000.00	\$ -	\$ -	\$ 300,000.00
TBD	Wiley Kennedy Foundation-Institute for Innovation	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 50,000.00	\$ -	\$ -	\$ 50,000.00
TBD	Wiley Kennedy Foundation-Coalition of Community Fellows and Safer Communities	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 75,000.00	\$ -	\$ -	\$ 75,000.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
TBD	Anderson County	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 100,000.00	\$ -	\$ -	\$ 100,000.00
TBD	Cancer Association of Anderson	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 850,000.00	\$ -	\$ -	\$ 850,000.00
TBD	United Way of Kershaw County	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 146,000.00	\$ -	\$ -	\$ 146,000.00
TBD	Boys & Girls Club at Teen Jackson Center	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 95,000.00	\$ -	\$ -	\$ 95,000.00
9805.880000X000	Sea Haven	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 65,000.00	\$ -	\$ -	\$ 65,000.00
TBD	North Strand Housing Shelter	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 330,000.00	\$ -	\$ -	\$ 330,000.00
TBD	Jeffrey and Harriet Lampkin Foundation	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 300,000.00	\$ -	\$ -	\$ 300,000.00
TBD	Clarendon Behavioral Health Services	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 296,081.00	\$ -	\$ -	\$ 296,081.00
TBD	Eau Clair Cooperative Health Center	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 500,000.00	\$ -	\$ -	\$ 500,000.00
TBD	Children's Trust of SC	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00
TBD	Our Place of Hope	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 175,000.00	\$ -	\$ -	\$ 175,000.00
TBD	Pace Center for Girls	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 650,000.00	\$ -	\$ -	\$ 650,000.00
TBD	House of Champions	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00
TBD	Middle Tyger Resource Center	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 3,500,000.00	\$ -	\$ -	\$ 3,500,000.00
TBD	My Sister's House	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 300,000.00	\$ -	\$ -	\$ 300,000.00
TBD	Meals on Wheels of Greenville	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 2,000,000.00	\$ -	\$ -	\$ 2,000,000.00
TBD	Generations Group Home	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 35,025.00	\$ -	\$ -	\$ 35,025.00

State Funded Program No.	State Funded Program Title	Description of State Funded Program	(Actual) General	(Actual) Other	(Actual) Federal	(Actual) Total	(Projected) General2	(Projected) Other	(Projected) Federal4	(Projected) Total
TBD	Safe Harbor	Non-Recurring Proviso 118.19	\$ -	\$-	\$-	\$ -	\$ 2,000,000.00	\$ -	\$ -	\$ 2,000,000.00
9807.460000X000	Community Wellness Outreach	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 300,000.00	\$ -	\$ -	\$ 300,000.00
TBD	Rural Health Center	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 500,000.00	\$ -	\$ -	\$ 500,000.00
9807.590000X000	Pregnancy Center & Clinic of the Low Country	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 100,000.00	\$ -	\$ -	\$ 100,000.00
TBD	ALS Association	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 500,000.00	\$ -	\$ -	\$ 500,000.00
TBD	Town of McClellanville	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 750,000.00	\$ -	\$ -	\$ 750,000.00
TBD	The Kollock Alumni Association	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 156,000.00	\$ -	\$ -	\$ 156,000.00
TBD	SC Association of Pregnancy Care Centers	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 3,000,000.00	\$ -	\$ -	\$ 3,000,000.00
9802.300100X000	united Way of the Midlands	Non-Recurring Proviso 118.19	\$-	\$-	\$-	\$ -	\$ 250,000.00	\$ -	\$ -	\$ 250,000.00

2024

Legal Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Proviso 33.20 (Medicaid Accountability and Quality Improvement Initiative)	State	FY23-24 Proviso	Establishes the Healthy Outcomes Initiative, increases DSH payments to rural hospitals, and directs expenditures to safety net and other providers.	Requires a manner of delivery		Amended
Proviso 33.22 (Rural Health Initiative)	State	FY23-24 Proviso	Requires the Department to partner with certain agencies to implement components of a Rural Health Initiative.	Requires a manner of delivery		Amended
Proviso 33.23 (BabyNet Compliance)	State	FY23-24 Proviso	Requires the agency to report on the status of bringing BabyNet into compliance with federal requirements.	Report our agency must/may provide		Amended
Proviso 33.25 (Family Planning Funds)	State	FY23-24 Proviso	State law having prevented Planned Parenthood from performing abortions with state funds, once the federal injunction is lifted, the Department of Health and Human Services may not direct any federal funds to Planned Parenthood.	Requires a manner of delivery		No Change
Proviso 33.3 (Medical Assistance Audit Program Remittance)	State	FY23-24 Proviso	Directs the Department to make monthly remittances to the State Auditor's Office to support Medical Assistance audits.	Funding agency deliverable(s)		No Change
Proviso 33.4 (Third Party Liability Collection)	State	FY23-24 Proviso	Allows the Department to fund Third Party Liability and Drug Rebate collection efforts from the monies collected in those efforts.	Funding agency deliverable(s)		No Change
Proviso 33.5 (Medicaid State Plan)	State	FY23-24 Proviso	Establishes the circumstances under which the Department may bill other state agencies for state matching funds.	Funding agency deliverable(s)		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Proviso 33.6 (Medically Indigent Assistance Fund)	State	FY23-24 Proviso	Makes DSH-receiving hospitals liable for any audit exceptions relating to their receipt or expenditure of DSH funds.	Funding agency deliverable(s)		No Change
Proviso 33.7 (Registration Fees)	State	FY23-24 Proviso	Authorizes the Department to receive and expend registration fees for educational, training, and certification programs.	Funding agency deliverable(s)		No Change
Proviso 33.8 (Fraud and Abuse Collections)	State	FY23-24 Proviso	Authorizes the Department to offset the administrative costs associated with controlling fraud and abuse.	Funding agency deliverable(s)		No Change
Proviso 33.9 (Medicaid Eligibility Transfer)	State	FY23-24 Proviso	Transfers responsibility for Medicaid eligibility from DSS to HHS and requires that counties provide facilities for this work, as they do for DSS.	Requires a manner of delivery		No Change
Reg. 126-125	State	Regulation	Requires the Department to administer its programs without discrimination.	Requires a manner of delivery		No Change
Reg. 126-150	State	Regulation	Establishes definitions for terms used in the Department's Appeals and Hearings regulations	Requires a service	Appeals and Hearings	No Change
Reg. 126-152	State	Regulation	Establishes appeal procedures	Requires a service	Appeals and Hearings	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-154	State	Regulation	Defines authority of Hearing Officer	Requires a service	Appeals and Hearings	No Change
Reg. 126-156	State	Regulation	Describes prehearing conferences	Requires a service	Appeals and Hearings	No Change
Reg. 126-158	State	Regulation	Establishes hearing procedures	Requires a service	Appeals and Hearings	No Change
Reg. 126-170	State	Regulation	Establishes rules for the safeguarding and disclosure of Department-held client information.	Requires a manner of delivery		No Change
Reg. 126-171	State	Regulation	Defines protected information	Requires a manner of delivery		No Change
Reg. 126-172	State	Regulation	Defines purposes directly connected to the administration of programs and grants	Requires a manner of delivery		No Change
Reg. 126-173	State	Regulation	Defines rules under which the Department may release information	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-174	State	Regulation	Defines rules under which materials may be distributed to recipients and providers	Requires a manner of delivery		No Change
Reg. 126-175	State	Regulation	Defines penalties related to violations of the Department's safeguarding regulations	Requires a manner of delivery		No Change
Reg. 126-300	State	Regulation	Establishes the scope of the Medicaid program including services available under the program.	Requires a service	Medicaid services	No Change
Reg. 126-301	State	Regulation	List of services covered by Medicaid program	Requires a service	Medicaid services	No Change
Reg. 126-302	State	Regulation	Defines audiology services	Requires a service	Audiology services	No Change
Reg. 126-303	State	Regulation	Describes coverage of certified nurse midwifery services	Requires a service	Nurse-midwifery services	No Change
Reg. 126-304	State	Regulation	Describes Community Long Term Care Home and Community Based Services	Requires a service	CLTC services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-305	State	Regulation	Defines dental care	Requires a service	Dental services	No Change
Reg. 126-306	State	Regulation	Defines durable medical equipment	Requires a service	DME equipment	No Change
Reg. 126-307	State	Regulation	Describes early and periodic screening, diagnosis and treatment (EPSDT) services	Requires a service	EPSDT	No Change
Reg. 126-308	State	Regulation	Describes where End Stage Renal Disease services are available	Requires a service	End State Renal Disease services	No Change
Reg. 126-309	State	Regulation	Describes purpose of Family Planning Services	Requires a service	Family Planning services	No Change
Reg. 126-310	State	Regulation	Defines hospital services	Requires a service	Hospital services	No Change
Reg. 126-311	State	Regulation	Describes who must order laboratory and x-ray services/tests	Requires a service	Lab and x-ray services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-312	State	Regulation	Describes Medicaid medical transportation services	Requires a service	Medical transportation services	No Change
Reg. 126-313	State	Regulation	Defines mental health clinic services	Requires a service	Mental health clinic services	No Change
Reg. 126-314	State	Regulation	Describes nursing facility services	Requires a service	Nursing facility services	No Change
Reg. 126-315	State	Regulation	Defines physicians' services	Requires a service	Physicians' services	No Change
Reg. 126-316	State	Regulation	Defines podiatry services	Requires a service	Podiatry services	No Change
Reg. 126-317	State	Regulation	Defines prescribed drugs	Requires a service	Prescriptions	No Change
Reg. 126-318	State	Regulation	Describes the availability of psychiatric facility services	Requires a service	Psychiatric facility services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-319	State	Regulation	Describes limitations of rehabilitative services	Requires a service	Rehabilitative services	No Change
Reg. 126-320	State	Regulation	Defines rural health clinic services	Requires a service	Rural health clinic services	No Change
Reg. 126-321	State	Regulation	Describes availability of speech pathology services	Requires a service	Speech pathology services	No Change
Reg. 126-322	State	Regulation	Describes limitations of tubercular facility services	Requires a service	Tubercular facility services	No Change
Reg. 126-323	State	Regulation	Defines vision care	Requires a service	Vision care services	No Change
Reg. 126-335	State	Regulation	Describes reimbursement for covered inpatient hospital services	Requires a service	Hospital reimbursement services	No Change
Reg. 126-350	State	Regulation	Establishes definitions for terms used in the Department's Medicaid eligibility regulations.	Requires a service	Medicaid eligibility determination	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-355	State	Regulation	Describes generally the Medicaid application procedures	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-360	State	Regulation	Describes general Medicaid eligibility requirements	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-365	State	Regulation	Describes generally the categorically needy eligible groups	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-370	State	Regulation	Describes redetermination of categorically needy eligibility	Requires a service	Medicaid eligibility determination	No Change
Reg. 126-375	State	Regulation	Describes medical institution vendor payments	Requires a service	Medicaid provider payments	No Change
Reg. 126-380	State	Regulation	Describes denial, termination or reduction of benefits	Requires a manner of delivery		No Change
Reg. 126-399	State	Regulation	Describes that the federal regulations prevail when state and federal are not in agreement	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-400	State	Regulation	Establishes definitions for terms used in the Department's Program Evaluation regulations	Requires a manner of delivery		No Change
Reg. 126-401	State	Regulation	Describes provider sanctions	Requires a manner of delivery		No Change
Reg. 126-402	State	Regulation	Describes factors for provider sanctions	Requires a manner of delivery		No Change
Reg. 126-403	State	Regulation	Describes grounds for provider sanction	Requires a manner of delivery		No Change
Reg. 126-404	State	Regulation	Describes provider fair hearings resulting from sanctions	Requires a manner of delivery		No Change
Reg. 126-405	State	Regulation	Describes provider reinstatement	Requires a manner of delivery		No Change
Reg. 126-425	State	Regulation	Program Integrity - Beneficiary Utilization	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-500	State	Regulation	Establishes definitions for terms used in the Department's Medically Indigent Assistance Program (MIAP) regulations.	Requires a service	MIAP services	No Change
Reg. 126-505	State	Regulation	Describes responsibilities for MIAP eligibility determination	Requires a service	MIAP services	No Change
Reg. 126-510	State	Regulation	Describes the MIAP application process	Requires a service	MIAP services	No Change
Reg. 126-515	State	Regulation	Describes MIAP non-financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-520	State	Regulation	Describes MIAP financial eligibility requirements	Requires a service	MIAP services	No Change
Reg. 126-530	State	Regulation	Describes the services covered by the Medically Indigent Assistance Program (MIAP).	Requires a service	MIAP services	No Change
Reg. 126-535	State	Regulation	Describes sponsorship from the MIAP	Requires a service	MIAP services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-540	State	Regulation	Describes recovery by MIAP	Requires a service	MIAP services	No Change
Reg. 126-560	State	Regulation	Payment methodology for MIAP	Requires a service	MIAP services	No Change
Reg. 126-570	State	Regulation	Grace period for county assessments in the MIAP	Requires a service	MIAP services	No Change
Reg. 126-800	State	Regulation	Establishes definitions for terms used in the Department's Intermediate Sanctions for Medicaid Certified Nursing Facilities regulations	Requires a manner of delivery		No Change
Reg. 126-810	State	Regulation	Describes the imposition of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-820	State	Regulation	Describes factors for sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-830	State	Regulation	Describes the assessment of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Reg. 126-840	State	Regulation	Describes the schedule of sanctions for Medicaid certifies nursing facilities	Requires a manner of delivery		No Change
Reg. 126-850	State	Regulation	Describes the levying of sanctions for Medicaid certified nursing facilities	Requires a manner of delivery		No Change
Reg. 126-910	State	Regulation	Establishes definitions for terms used in the Department's Optional State Supplementation Program regulations.	Requires a service	OSS benefits	No Change
Reg. 126-920	State	Regulation	Describes eligibility requirements for the OSS program	Requires a service	OSS benefits	No Change
Reg. 126-930	State	Regulation	Describes the termination, suspension or reduction of benefits for OSS payments	Requires a service	OSS benefits	No Change
Reg. 126-940	State	Regulation	Describes administration of the OSS program.	Requires a service	OSS benefits	Amended
Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Requires a service	Medicaid services	Amended

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Proviso 33.26 (Meals in Emergency Operations)	State	FY23-24 Proviso	The cost of meals may be provided to state employees who are not permitted to leave their stations and are required to work during actual emergencies, emergency situation exercises, and when the Governor declares a state of emergency.	Requires a service	33.23	No Change
Proviso 33.27 (Optional State Supplement Adjustments)	State	FY23-24 Proviso	Directs cost-of-living adjustments and one-time OSS payments	Distribute finding to another entity		No Change
Proviso 117.138 (Sickle Cell Disease)	State	FY23-24 Proviso	Directs DHHS to transfer money to MUSC Hospital Authority	Distribute finding to another entity	Old #: 117.142	No Change
Proviso 117.146 (Behavioral Health Capacity)	State	FY23-24 Proviso	Directs the collaboration across agencies regarding behavioral health capacity	Requires a manner of delivery	Old #: 117.153	No Change
Proviso 117.148 (Rare Disease Advisory Council)	State	FY23-24 Proviso	Directs one member appointed by Director of DHHS to serve on the Rare Disease Advisory Council	Board, commission, or committee on which someone from our agency must/may serve	Old#: 117.155	No Change
Executive Order 2021-38	State	Executive Order	Directive to Cooperate and Assist with Litigation Challenging Vaccine Mandates and Prohibition on Cabinet Agency Vaccine Mandates	Not related to agency deliverable.		Added
Executive Order 2022-02	State	Executive Order	Review of School Mental Health Services Program	Report our agency may/must provide		Added
Executive Order 2022-03	State	Executive Order	IT Shared Services Plan Implementation	Requires a manner of delivery		Added

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Executive Order 2022-19	State	Executive Order	Directing Additional Safeguards to Ensure Transparency and Accountability in Appropriations	Requires a manner of delivery		Added
Proviso 33.30 (Broadband and Telehealth Digital Literacy)	State	FY23-24 Proviso	Requires DHHS to establish a \$500,000 pilot program by partnering with a member of the SC Telehealth Alliance.	Distribute finding to another entity		No Change
Proviso 33.32 (Brain Health Initiative)	State	FY23-24 Proviso	From funds appropriated, DHHS is authorized to contract with USC to develop and implement a rural brain health network.	Requires a service		Added
Proviso 33.33 (Pregnancy Crisis Centers)	State	FY23-24 Proviso	For Fiscal Year 2023-24, funding provided to the Department of Health and Human Services for Pregnancy Crisis Centers may only be expended by pregnancy care centers for the purposes of direct care to pregnant women and mothers for related medical care, support, and resources for women and infants.	Distribute finding to another entity		Added
Proviso 33.34 (Healthcare)	State	FY23-24 Proviso	Authorizes DHHS to allocate up to \$7.5M to safety net providers for high quality reproduced health care.	Distribute finding to another entity		Added
Proviso 33.35 (Psychiatric Residency Program)	State	FY23-24 Proviso	Authorizes DHHS to expend funds appropriated for the psychiatric residency program in SC.	Distribute finding to another entity		Added
Proviso 33.36 (Biomedical Research Center)	State	FY23-24 Proviso	Directs DHHS to contract with SC public entities that include health service districts, health authorities, or agencies to develop a biomedical research center for the purpose of analyzing biological pathways, networks and molecular systems.	Distribute finding to another entity		Added

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Proviso 117.162 (Palmetto Autism Study Committee)	State	FY23-24 Proviso	Creates Autism Study Committee	Report our agency may/must provide		Amended
11-7-40	State	Statute	Establishes that the Department is responsible for fifty percent of the costs incurred by the State Auditor in conducting the medical assistance audit. The amount billed by the State Auditor must include those appropriated salary adjustments and employer contributions allowable under the Medicaid program. The Department must remit the amount billed to the credit of the general fund of the State.	Distribute funding to another entity		No Change
1-1-1035	State	Statute	Establishes that no state funds or Medicaid funds shall be expended to perform abortions, except for those abortions authorized by federal law under the Medicaid program.	Requires a service	Abortions authorized by federal law under the Medicaid program	No Change
11-5-400	State	Statute	Establishes the 'South Carolina ABLÉ Savings Program'. The purpose of the South Carolina ABLÉ Savings Program is to authorize the establishment of savings accounts empowering individuals with a disability and their families to save private funds which can be used to provide for disability-related expenses in a way that supplements, but does not supplant, benefits provided through the Medicaid program under Title XIX of the Social Security Act and other insurance.	Requires a manner of delivery		No Change
11-5-440(F)(2)	State	Statute	Describes the treatment of funds in an ABLÉ account for Medicaid purposes.	Requires a manner of delivery		No Change
12-21-625	State	Statute	Describes the portion of the cigarette tax to be deposited in the South Carolina Medicaid Reserve Fund created pursuant to Section 11-11-230(B).	Funding agency deliverable(s)		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
12-23-840	State	Statute	Revenues derived under Article 11 (Indigent Health Care) of Title 12 of Chapter 23 of the Code must be deposited in the Medicaid Expansion Fund created by Section 44-6-155. In addition to the purposes specified in Section 44-6-155, monies in the Medicaid Expansion Fund must be used to provide health care coverage to the Medicaid-eligible and uninsured populations in South Carolina.	Funding agency deliverable(s)		No Change
40-43-86(H)(6)	State	Statute	A Medicaid recipient whose prescription is reimbursed by the South Carolina Medicaid Program is deemed to have consented to the substitution of a less costly equivalent generic drug product.	Requires a manner of delivery		No Change
43-7-410	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; definitions.	Requires a manner of delivery		No Change
43-7-420	State	Statute	Establishes that Medicaid applicants and recipients are considered to have assigned their right to recover an amount paid by Medicaid from a third party or private insurer to the department. Also that the receipt of medical assistance by an applicant or recipient creates a rebuttable presumption that the applicant or recipient received information regarding the requirements for and the consequences of assigning his right to recover from a third party or private insurer either from the department, or in the case of an applicant or recipient qualified by the Social Security Administration under Section 1634 of the Social Security Act, from the Social Security Administration. Presumption of receipt of information regarding requirement for consequences or assignment. Establishes that an applicant's and recipient's determination of, and continued eligibility for, medical assistance under Medicaid is contingent on his cooperation with the Department in its efforts to enforce its assignment rights.	Requires a manner of delivery		No Change
43-7-430	State	Statute	Establishes the subrogation of rights to the Department. The Department automatically is subrogated, only to the extent of the amount of medical assistance paid by Medicaid, to the rights an applicant or recipient has to recover an amount paid by Medicaid from a third party or private insurer.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
43-7-440	State	Statute	Establishes the enforcement and superiority of the Department's subrogation rights. Requires provider assistance in identification of third parties liable for medical costs. Renders ineffective certain insurance provisions.	Requires a manner of delivery		No Change
43-7-450	State	Statute	Assignment and subrogation of claims for reimbursement for Medicaid services; claims or actions pending or brought before June 11, 1986.	Requires a manner of delivery		No Change
43-7-460	State	Statute	Establishes the Department's obligation to recovery of medical assistance paid under the Title XIX State Plan for Medical Assistance from estates of certain individuals.	Requires a manner of delivery		No Change
43-7-465	State	Statute	Establishes requirements for insurers doing business in the State that provide coverage to persons receiving Medicaid regarding the provision of information to the Department.	Not related to agency deliverable		No Change
43-7-50	State	Statute	Establishes that payments for professional services under the State Medicaid Program shall be uniform within the State.	Requires a manner of delivery		No Change
43-7-60	State	Statute	Establishes that a false claim, statement, or representation by a medical provider is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-70	State	Statute	Establishes that a false statement or representation on application for assistance under the Medicaid program is a misdemeanor and sets out penalties for violations.	Not related to agency deliverable		No Change
43-7-80	State	Statute	Establishes that Medicaid providers are required to keep separate accounts for patient funds and maintain records of such accounts. Declares that a violation is a misdemeanor and sets out penalties for such violations.	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-6-10	State	Statute	There is created the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor, upon the advice and consent of the Senate.	Requires a manner of delivery		No Change
44-6-100	State	Statute	Establishes the Director as the chief administrative officer of the department responsible for executing policies, directives, and actions of the Department either personally or by issuing appropriate directives to the employees. Department employees have such general duties and receive such compensation as determined by the Director. The Director is responsible for administration of state personnel policies and general Department personnel policies. Authorizes the Director to have sole authority to employ and discharge employees subject to such personnel policies and funding available for that purpose. The goal of the provisions of this section is to ensure that the Department's business is conducted according to sound administrative practice, without unnecessary interference with its internal affairs.	Requires a manner of delivery		No Change
44-6-1010	State	Statute	Establishes the Pharmacy and Therapeutics Committee within the Department of Health and Human Services and describes the membership.	Requires a manner of delivery		No Change
44-6-1020	State	Statute	Requires the P&T Committee to adopt bylaws, elect a chairman and vice chairman; establishes rules regarding compensation, meetings, and public comment on clinical and patient care data from Medicaid providers.	Requires a manner of delivery		No Change
44-6-1030	State	Statute	Requires the P&T committee to recommend to the Department therapeutic classes of drugs that should be included on a preferred drug list.	Requires a manner of delivery		No Change
44-6-1040	State	Statute	Establishes certain procedures to be included in any preferred drug list program administered by the Department.	Requires a service	Preferred drug list program	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-6-1050	State	Statute	Establishes rules regarding the granting of prior authorization for a drug and establishes that a Medicaid recipient who has been denied prior authorization for a prescribed drug is entitled to appeal this decision through the Department's appeals process.	Requires a manner of delivery		No Change
44-6-110	State	Statute	A Medicaid provider, outside of the geographical boundary of South Carolina but within the South Carolina Medicaid Service Area, as defined by R. 126-300(B) of the Code of State Regulations, prior to the effective date of the amendments to Section 1-1-10, which are effective January 1, 2017, shall not lose status as a Medicaid provider as a result of the clarification of the South Carolina - North Carolina border.	Requires a manner of delivery		No Change
44-6-132	State	Statute	Medically Indigent Assistance Act; Legislative Intent and Findings.	Requires a service	MIAP services	No Change
44-6-135	State	Statute	The following sections shall be known and may be cited as the "South Carolina Medically Indigent Assistance Act".	Requires a service	MIAP services	No Change
44-6-140	State	Statute	Establishes the Medicaid hospital prospective payment system and cost containment measures.	Requires a manner of delivery		Amended
44-6-146	State	Statute	Establishes County assessments for indigent medical care and penalties for failure to pay assessments in timely manner.	Requires a manner of delivery		No Change
44-6-150	State	Statute	Creates the Medically Indigent Assistance Program to be administered by the Department. The program is authorized to sponsor inpatient hospital care for which hospitals shall receive no reimbursement.	Requires a service	MIAP services	No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-6-155	State	Statute	Creates the Medicaid Expansion Fund. Monies in the fund must be used to: (1) provide Medicaid coverage to pregnant women and infants with family incomes above one hundred percent but below one hundred eighty-five percent of the federal poverty guidelines; (2) provide Medicaid coverage to children aged one through six with family income below federal poverty guidelines; (3) provide Medicaid coverage to aged and disabled persons with family income below federal poverty guidelines; (4) provide up to two hundred forty thousand dollars to reimburse the Office of Research and Statistics of the Revenue and Fiscal Affairs Office and hospitals for the cost of collecting and reporting data pursuant to Section 44-6-170. Any funds not expended for the purposes specified during a given year are carried forward to the succeeding year for the same purposes.	Requires a service	Medicaid coverage	No Change
44-6-160	State	Statute	Requires the Department, by August first of each year, to compute and publish the annual target rate of increase for net inpatient charges for all general hospitals in the State.	Report our agency must/may provide		No Change
44-6-180	State	Statute	Patient records received by the Department, as well as counties and other entities involved in the administration of the MIAP, are confidential.	Requires a manner of delivery		No Change
44-6-190	State	Statute	Establishes that the Department may promulgate regulations pursuant to the Administrative Procedures Act and appeals from decisions by the Department are heard pursuant to the APA, Administrative Law Judge, Article 5, Chapter 23 of Title 1 of the 1976 Code. Also requires the Department to promulgate regulations to comply with federal requirements to limit the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the Medicaid program.	Requires a manner of delivery		No Change
44-6-200	State	Statute	Criminal penalties for falsification of information regarding MIAP.	Requires a manner of delivery		No Change
44-6-220	State	Statute	Establishes notice requirements on nursing home admission applications regarding eligibility for Medicaid-sponsored long-term care services.	Not related to agency deliverable		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-6-30	State	Statute	Establishes DHHS' authority to administer Title XIX of the Social Security Act (Medicaid), including the EPSDT Program and the CLTC System; Designates DHHS as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act; and prohibits DHHS from engaging in the delivery of services.	Requires a service	Administration of Medicaid Program	No Change
44-6-300	State	Statute	Requires the Department to establish child development services in certain counties.	Requires a service	Child development services	Replaced
44-6-310	State	Statute	Requires the Department to expand child development services in certain counties.	Requires a service	Child development services	Replaced
44-6-320	State	Statute	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.	Requires a service	Child development services	Replaced
44-6-35	State	Statute	Establishes Medicaid waiver protections for eligible family members of a member of the armed services who maintains his South Carolina state residence, regardless of where the service member is stationed.	Requires a manner of delivery		No Change
44-6-40	State	Statute	Establishes the Department's duties for all health and human services interagency programs.	Requires a manner of delivery		No Change
44-6-400	State	Statute	Definitions for the Intermediate Sanctions For Medicaid Certified Nursing Home Act.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-6-420	State	Statute	Authorizes the Department to take certain enforcement action when it is notified by DHEC that a nursing home is in violation of one or more of the requirements for participation in the Medicaid program. Requires coordination with federal authorities if the nursing home is dually certified for participation in both the Medicare and Medicaid programs.	Requires a manner of delivery		No Change
44-6-45	State	Statute	Establishes the authority of DHHS to collect administrative fees associated with accounts receivable for those individuals or entities which negotiate repayment to agency.	Requires a manner of delivery		No Change
44-6-470	State	Statute	Specifies the use of funds collected by the department as a result of the imposition of civil monetary penalties or other enforcement actions against nursing homes.	Funding agency deliverable(s)		No Change
44-6-5	State	Statute	Establishes the State Department of Health and Human Services which shall be headed by a Director appointed by the Governor and serves at the will and pleasure of the Governor.	Requires a manner of delivery		No Change
44-6-50	State	Statute	Establishes that the Department will carry out certain duties through contracts in accordance with the South Carolina Consolidated Procurement Code.	Requires a manner of delivery		No Change
44-6-530	State	Statute	Before instituting an action against a nursing home, requires the Department to determine if the Secretary of the United States Department of Health and Human Services has jurisdiction under federal law. In such cases, the Department must coordinate its efforts with the Secretary to maintain an action against the nursing home. In an action against a nursing home owned and operated by the State of South Carolina, the Secretary has exclusive jurisdiction.	Requires a manner of delivery		No Change
44-6-540	State	Statute	Authorizes the Department to promulgate regulations, pursuant to the Administrative Procedures Act, to administer sanctions against nursing homes, and to ensure compliance with the requirements for participation in the Medicaid program.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-6-610	State	Statute	Citation of Article as the "Gap Assistance Pharmacy Program for Seniors (GAPS) Act".	Requires a service	GAPS services (suspended via proviso)	No Change
44-6-620	State	Statute	Definitions of terms in the GAPS Act.	Requires a manner of delivery	Suspended via proviso	No Change
44-6-630	State	Statute	Creates within the Department the Gap Assistance Pharmacy Program for Seniors (GAPS) program. The purpose of this program is to coordinate, beginning January 1, 2006, with Medicare Part D Prescription Drug Plans to provide to low-income seniors in this State assistance with costs for prescription drugs during the annual Medicare Part D coverage gap.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-640	State	Statute	Establishes that the Department may designate, or enter into contracts with, other entities including, but not limited to, other states, other governmental purchasing pools, and nonprofit organizations to assist in the administration of the GAPS program. Authorizes the Department to establish an enrollment fee that must be used to fund the administration of this program.	Not related to agency deliverable		No Change
44-6-650	State	Statute	Establishes the eligibility requirements and benefits available under the GAPS program.	Requires a service	GAPS Program Administration (suspended via proviso)	No Change
44-6-660	State	Statute	Requires the Department to maintain data to allow evaluation of the cost effectiveness of the GAPS program and to include in its annual report, a report on the GAPS program.	Requires a manner of delivery	Suspended via proviso	No Change
44-6-70	State	Statute	Requires DHHS to prepare a state plan for each program assigned to it and prepare resource allocation recommendations based on such plans.	Requires a manner of delivery		No Change
44-6-710	State	Statute	Requires the Medicaid application for nursing home care of a person deemed ineligible because of Medicaid qualifying trust to be treated as an undue hardship case.	Requires a manner of delivery		No Change
44-6-720	State	Statute	Establishes requirements for qualifying for undue hardship waiver.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-6-725	State	Statute	Establishes that certain promissory notes received by a Medicaid applicant or recipient or the spouse of a Medicaid applicant or recipient shall, for Medicaid eligibility purposes, be deemed to be fully negotiable under the laws of this State unless it contains language plainly stating that it is not transferable under any circumstances. A promissory note will be considered valid for Medicaid purposes only if it is actuarially sound, requires monthly installments that fully amortize it over the life of the loan, and is free of any conditional or self-canceling clauses.	Requires a manner of delivery		No Change
44-6-730	State	Statute	Authorizes the Department to promulgate regulations to implement the article and comply with federal law and amend the state Medicaid plan consistent with article ("Trusts and Medicaid Eligibility").	Requires a manner of delivery		No Change
44-6-80	State	Statute	Requires the Department to submit to the Governor, the State Budget and Control Board, and the General Assembly an annual report concerning the work of the department including details on improvements in the cost effectiveness achieved since the establishment of the Department and recommended changes for further improvements. Also, interim reports must be submitted as needed to advise the Governor and the General Assembly of substantive issues.	Report our agency must/may provide		No Change
44-6-90	State	Statute	Authorizes the Department to promulgate regulations to carry out its duties. Requires all state and local agencies whose responsibilities include administration or delivery of services which are covered by Title 44, Chapter 6 to cooperate with the Department and comply with its regulations.	Requires a manner of delivery		No Change
44-6-910	State	Statute	Recognition of FQHCs, RHCs and Rural Hospitals.	Requires a manner of delivery		No Change
44-7-80	State	Statute	Establishes the Medicaid Nursing Home Permits rules.	Requires a manner of delivery		No Change
44-7-82	State	Statute	No nursing home may provide care to Medicaid patients without first obtaining a permit in the manner provided in this article.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-7-84	State	Statute	Determination and allocation of Medicaid nursing home patient days; application for permit; rules and regulations.	Requires a manner of delivery		No Change
44-7-88	State	Statute	Involuntary discharge or transfer of Medicaid nursing home patients prohibited; request for waiver of permit requirements.	Requires a manner of delivery		No Change
44-7-90	State	Statute	Violations of Article; penalties; relocation of patients; report of daily Medicaid resident census information.	Requires a manner of delivery		No Change
58-23-1610	State	Statute	A transportation network company does not include transportation services provided pursuant to Articles 1 through 15, Chapter 23, Title 58, or arranging nonemergency medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the State or a managed care organization.	Requires a manner of delivery		No Change
59-123-60	State	Statute	Requires certain state appropriations to the Department to be used as match funds for the disproportionate share for the MUSC's federal program. Any excess funding may be used for hospital base rate increases. The Department must pay to the Medical University of South Carolina Hospital Authority an amount equal to the amount appropriated for its disproportionate share to the DHHS. This payment shall be in addition to any other funds that are available to the authority from the Medicaid program inclusive of the disproportionate share for the hospital's federal program.	Funding agency deliverable(s)		No Change
62-7-503	State	Statute	Makes the spendthrift exception unenforceable against a special needs trust, supplemental needs trust, or similar trust established for a disabled person if the applicability of such a provision could invalidate such a trust's exemption from consideration as a countable resource for Medicaid or Supplemental Security Income (SSI) purposes or if the applicability of such a provision has the effect or potential effect of rendering such disabled person ineligible for any program of public benefit, including, but not limited to, Medicaid and SSI.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
9-11-315	State	Statute	With one exception, retirees and beneficiaries under the Police Officers Retirement System receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change
9-1-1870	State	Statute	With one exception, retirees and beneficiaries under the State Retirement Systems receiving Medicaid (Title XIX) sponsored nursing home care as of June thirtieth of the prior fiscal year shall receive no increase in retirement benefits during the current fiscal year. The exception is for a retired employee who is discharged from the nursing home and does not require admission to a hospital or nursing home within six months.	Requires a manner of delivery		No Change
Title XIX and XXI of the Social Security Act	Federal	Statute	Authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad federal rules, South Carolina decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Title XXI governs the CHIP program.	Requires a service	Medicaid services	Amended
Proviso 33.1 (Recoupment/Restricted Fund)	State	FY22-23 Proviso	Recoup all refunds and identified program overpayments.	Requires a manner of delivery		No Change
Proviso 33.2 (Long term Care Facility Reimbursement Rate)	State	FY22-23 Proviso	LTC facility rate requirements	Requires a manner of delivery		No Change
Proviso 33.10 (Franchise Fees Suspension)	State	FY22-23 Proviso	Suspends franchise fees imposed on nursing home beds enacted during 2022 session	Requires a manner of delivery		No Change
Proviso 33.11 (Program Integrity Efforts)	State	FY22-23 Proviso	Directs agency to expand program integrity efforts	Not related to agency deliverable.		No Change
Proviso 33.12 (Post Payment Review)	State	FY22-23 Proviso	Requires post payment review to ensure hyde amendment provisions are met	Report our agency may/must provide		No Change
Proviso 33.13 (Long Term Care Facility Reimbursement Rates)	State	FY22-23 Proviso	Submit State Plan Amendment for long term care facility reimbursement rates by August 1st of each year	Report our agency may/must provide		No Change
Proviso 33.14 (Nursing Services to High Risk/High Tech Children)	State	FY22-23 Proviso	Agency must provide separate copensation plan for RN and LPN who provide services to certain medically fragile children.	Requires a manner of delivery		No Change

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
Proviso 33.15 (CHIP Enrollment and Recertification)	State	FY22-23 Proviso	The agency shall enroll and recertify eligible children and households to CHIP and/or Medicaid, ect.	Requires a manner of delivery		No Change
Proviso 33.16 (Carry Forward)	State	FY22-23 Proviso	Requires agency to carry forward and expend any GF balance and any cash balances from the prior fiscal year into the current fiscal year for any earmarked or restricted trust and agency, or special revenue account or subfund	Requires a manner of delivery		No Change
Proviso 33.17 (Medicaid Provider Fraud)	State	FY22-23 Proviso	Publish fraud report on agency website by April 1st.	Report our agency may/must provide		No Change
Proviso 33.18 (GAPS)	State	FY22-23 Proviso	Suspends GAPS	Requires a manner of delivery		No Change
Proviso 33.19 (Contract Authority)	State	FY22-23 Proviso	Agency is authorized to contract with community-based not-for-profit organizations for local projects that further department programs	Distribute finding to another entity		No Change
Proviso 117.69 (IMD Operations)	State	FY22-23 Proviso	Agency must report on Medicaid-funded out-of-home placements and associated expenditures.	Report our agency may/must provide		No Change
Proviso 117.92 (BabyNet Quarterly Reporting)	State	FY22-23 Proviso	Reporting of federal and state funding spent on BabyNet	Report our agency may/must provide		No Change
Proviso 117.115 (Telemedicine)	State	FY22-23 Proviso	Provisions regarding telemedicine funding, ect.	Requires a manner of delivery		No Change
Proviso 117.138 (Sickle Cell Disease)	State	FY22-23 Proviso	Provisions regarding sickle cell funding, ect.	Requires a manner of delivery		No Change
43-7-465	State	Statute	Bars responsible third-party payers from refusing payment for an item or service rendered to a Medicaid beneficiary on the basis that the item or service did not receive prior authorization from the third-party payer; and requires responsible third-parties to respond to a state inquiry regarding claims submitted within sixty (60) days of receiving the inquiry from the state.	Requires a manner of delivery		Added
44-6-50(2)	State	Statute	Relates to responsibilities of the Department of Health and Human Services so as to make certain changes concerning Medicaid claims processing contracts	Requires a manner of delivery		Added
44-42-340	State	Statute	Public funds may not be used directly or indirectly for gender transition procedures.	Requires a manner of delivery		Added

Law number	Jurisdiction	Type	Description	Purpose the law serves:	Notes:	Changes made during FY2024
44-42-350	State	Statute	Prohibits SCDHHS from reimbursing or providing coverage for gender transition procedures.	Requires a manner of delivery		Added
44-6-1110 through 1155	State	Statute	Creates an ambulance assessment fee for private ambulance services; Requires SCDHHS to establish and charge ambulance services a uniform fee; Establishes an ambulance fee trust fund and provides for the authorized uses of the fund; Allows SCDHHS to impose penalties against ambulance services that fail to pay assessed fees.	Requires a manner of delivery		Added

2024

Services Data

as submitted for the Accountability Report by:
J020 - Department of Health & Human Services

Description of Service	Description of Direct Customer	Customer Name	Others Impacted by Service	Division or major organizational unit providing the service.	Description of division or major organizational unit providing the service.	Primary negative impact if service not provided.	Changes made to services during FY2024	Summary of changes to services
Health coverage for members	Low-income and/or disabled residents who meet categorical requirements.	Medicaid Members	Healthcare Providers	Eligibility and Health Services	Medicaid members and/or applicants	Loss of healthcare services for residents in need	No Change	

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Partnerships Data

as submitted for the Accountability Report by:
J020 - Department of Health & Human Services

Type of Partner Entity	Name of Partner Entity	Description of Partnership	Change to the partnership during the past fiscal year
State Government	Continuum of Care	Continuum manages services for children needing the most intensive behavioral health assistance; these services are often Medicaid-funded.	No Change
State Government	Department of Alcohol and Other Drug Abuse Services	DAODAS receives significant funding from DHHS and the agencies collaborate to discuss/design Medicaid service offerings.	No Change
State Government	Department of Disabilities and Special Needs	DDSN administers certain waiver programs on behalf of DHHS; DHHS finances nearly 82% of the DDSN budget.	No Change
State Government	Department of Education	SCDE has traditionally served as an intermediary between DHHS and the school districts that provide Medicaid-funded services.	No Change
State Government	Department of Public Health	DPH is an important service provider and information source for Medicaid beneficiaries.	No Change
State Government	Department of Mental Health	DMH is a major provider of behavioral health services for Medicaid beneficiaries; DHHS finances approximately 27% of the DMH budget.	No Change
State Government	Department of Social Services	Many Medicaid beneficiaries also receive some form of service through DSS (SNAP, TANF, foster care, etc.). The agencies collaborate on eligibility and serving certain populations.	No Change
State Government	Lt. Governor's Office	The agencies collaborate on enrollment and eligibility data for elderly and vulnerable adults pursuing Medicaid eligibility to receive long-term care or nursing facility services.	No Change
Private Company	Managed Care Organizations	The program's managed care organizations are responsible for coordinating care and controlling costs for most Medicaid beneficiaries.	No Change
State Government	Medical University of South Carolina	MUSC administers the statewide telemedicine system that is funded with resources from DHHS.	No Change
State Government, Private Company, Individuals, Non-profits	Providers	Individuals and organizations are enrolled to provide services to Medicaid beneficiaries, including physicians, dentists, and countless other provider classes.	No Change

2024

Reports Data

as submitted for the Accountability Report by:

J020 - Department of Health & Human Services

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
Agreed Upon Procedures Audit (Office of State Auditor)	11-7-20	AUP audit tests the application of agreed upon procedures to the accounting records and internal controls of the agency.	February 2024	Annually	Other	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
BabyNet Compliance	Proviso 33.23	Provide update on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.	December 2023	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Bank Account Transparency and Accountability	Proviso 117.79	Provide information on fund balances and accounts not managed through the SCEIS system.	September 2023	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
ACFR Audit (Office of State Auditor and CPA Firm)	11-7-20	ACFR audit reviews a sample of all financial transactions, payables, receivables, payroll, grant expenditures and draws, and is used to assist the state with preparing the State CAFR.	February 2024	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Carry Forward Report	Proviso 33.16	Provide additional information on funds carried forward from one fiscal year to the next.	August 2023	Annually	Legislative entity or entities	Provided to LSA for posting online	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
CHIP Statistical Enrollment Data Reports	42 CFR 430.30	The 64.21E report collects data on children enrolled in Medicaid expansion CHIP Title XXI funded coverage. The 64.EC report collects data on children enrolled in the Medical assistance program Title XIX, traditional Medicaid.	April 2024	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	

Report Name	Law Number (if applicable)	Summary of information requested in the report	Date of most recent submission DURING the past fiscal year	Reporting Frequency	Type of entity/entities	Method to access the report	Direct access hyperlink or agency contact (if not provided to LSA for posting online)	Changes to this report during the past fiscal year	Explanation why a report wasn't submitted
CMS-R-199 (Survey of Medicaid Payables and Receivables) CMS-10180 (Survey of CHIP Payables & Receivables)	Public Law 103-356, (the Government Management Reform Act of 1994), section 3515	These reports and the accompanying questionnaires identify/estimate the accounts payable for services rendered by both Medicaid and CHIP providers which have not been reported on the quarterly CMS-64/CMS-21. The reports also identify all amounts due to the states from various sources, excluding the federal government.	March 2024	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Debt Collection Report	Proviso 117.33	Ensure that agencies recover funds that are due to the state.	February 2024	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Discrimination Policy	Proviso 117.13	Ensure that agencies are appropriately applying anti-discrimination laws in their hiring and promotion practices.	November 2023	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Federal Budget Reports CMS-37 (Medicaid Program Budget Report), CMS-21B (Children's Health Insurance Program Budget Report)	42 CFR 430.30	These reports provide a statement of the state's Medicaid and CHIP funding requirements for a certified quarter and estimates and underlying assumptions for two fiscal years (FYs).	May 2024	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Federal Expenditure Reports CMS-64 (Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program), CMS-21 (Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI)	42 CFR 430.30	These reports are the State's accounting of actual recorded expenditures for the federal grant programs.	April 2024	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Federal Financial Report (FFR)	42 CFR 430.30	This report allows the agency to report cash disbursements back to (i.e., reconcile to) Payment Management System, the central system responsible for paying most Federal assistance grants and contracts.	February 2024	Quarterly	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	

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First Steps/BabyNet	Proviso 117.92	Track BabyNet's progress in implementing various recommendations from past audit reports.	December-22	Quarterly	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
IMD Operations	Proviso 117.69	Monitor the impact of funding changes made by the state in recent years due to changes in federal guidance.	November 2023	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Information Technology and Information Security Plans	Proviso 117.104	Track agencies' progress in implementing IT and information security plans; ensure adherence to government-wide initiatives.	August 2023	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
MBE Progress Report	11-35-5240	Provide information on agencies' procurement activities.	April 2024	Quarterly	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	Last quarter FY 24 was reported July 24.
Medicaid Accountability and Quality Improvement Initiative	Proviso 33.20	Monitor the impact of a variety of recently introduced programs.	March 2024	Annually	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Medicaid Healthcare Initiatives Outcomes	Proviso 33.21	Ensure the House Ways and Means Healthcare Subcommittee has an opportunity to discuss budget and policy matters with the Department's Director early in each legislative session.	March 2024	Annually	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	Remove	Was combined into proviso 33.20
Medicaid Provider Fraud	Proviso 33.17	Confirm the Department is taking appropriate steps to combat waste, fraud, and abuse.	March 2024	Annually	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Medicaid Transportation Advisory Committee Reports	Aet No. 172, 117th Session, 2007-2008	Ensure the Department's management of transportation services is informed by public comment.	May 2024	Quarterly	Legislative entity or entities	Available on agency's website	Jenny Stirling, lynchjen@scdhhs.gov	No Change	

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Minority Business Utilization Plan	11-35-5240	Provide information on agencies' procurement activities.	August-23	Annually	Governor or Lt. Governor	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
PAPD/IAPD/IAPD-U/OPAD Reports	42 CFR 433.112	Request enhanced federal funds from Centers for Medicare and Medicaid Services (CMS); update CMS on changes to previously approved planning documents.	June 2024	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Schedule of Expenditures of Federal Awards (SEFA/SFFA)	42 CFR 430.30	The schedule is prepared each year and lists the expenditures for each grant during the fiscal year. The schedule is also the basis for the major programs audited in accordance with OMB Circular A-133.	August 2023	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
SFAA Audit	11-35-1230 and Reg 19-445.2020	Audit of procurement activity	July-21	Every 3 years	South Carolina state agency or agencies	Available on another website	https://procurement.sc.gov/files/A-3%20DHHS-Final%20Rpt_DCM%206-2-21.pdf	No Change	
Sole Sources and Emergencies	11-35-2440	Monitor use of select source selection methods.	April 2024	Quarterly	South Carolina state agency or agencies	Available on another website	https://reporting.procurement.sc.gov/general/transparency/audit-reports	No Change	Last quarter FY 24 was reported July 24.
Statewide Single Audit (Office of State Auditor)	11-7-20	Statewide single audit reviews all aspects of DHHS, covering Eligibility Policy and procedures, Payables, Receivables, and Reporting. Also looks at our Internal audit reports, and policy and procedures.	February 2024	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Telemedicine proviso report	Proviso 117.115	Report on how agency intends to broaden their service-based coverage to align with these federal changes and to improve the sustainability of telehealth services.	September 2023	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	

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The Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act	42 CFR 457.750	Measure quality of healthcare for children in Medicaid and CHIP programs.	December 2023	Annually	Entity within federal government	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Three-Year Financial Plan	11-11-350	Each state agency receiving over 1% of state's general fund appropriation must provide a projection of its general fund expenditures for next three years	November-21	Every 3 years	South Carolina state agency or agencies	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Travel Report	Proviso 117.26	Monitor agency travel expenses.	August 2023	Annually	Legislative entity or entities	Electronic copy available upon request	Jenny Stirling, lynchjen@scdhhs.gov	No Change	
Sickle Cell Disease	Proviso 117.138	Annual Sickle Cell report for implementation of items within proviso	January 2024	Annually	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	No Change	
Psychiatric Residency Program	Proviso 33.35	Report on the disposition of funds and progress of the residency program	December 2023	Other	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	Add	
Biomedical Research Center	Proviso 33.36	Report on the distribution of funds and progress made	December 2023	Other	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	Add	
Palmetto Autism Study Committee	Proviso 117.162	Report on the Palmetto Autism Committee Recommendations	January 2024	Other	Legislative entity or entities	Provided to LSA for posting online	LSA for posting	Add	

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

2024
Accountability Report

SUBMISSION FORM

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

- Data Template
 - Reorganization and Compliance
 - FY2024 Strategic Plan Results
 - FY2025 Strategic Plan Development
 - Legal
 - Services
 - Partnerships
 - Report or Review
 - Budget
- Discussion Template
- Organizational Template

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

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

AGENCY DIRECTOR <i>(SIGN AND DATE):</i>	SIGNATURE ON FILE	Signature Received: 09/13/2024
<i>(TYPE/PRINT NAME):</i>	Robert M. Kerr	

BOARD/CMSN CHAIR <i>(SIGN AND DATE):</i>	N/A	
<i>(TYPE/PRINT NAME):</i>		