

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**887 Integrated Personal Care Administration**

Provides support to participating Community Residential Care Facilities through policy development and communication, claims processing and claims resolution, monitoring of inspection reports and compliance with program requirements.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide timely and effective interventions when safety is compromised in the home or family.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$419,967 | \$126,242        | \$271,932        | \$0                       | \$0                      | \$21,793       | 6.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$4,084; 3442 - State Agencies - Special Grants - \$13,194; 35B4 - Medicaid Sponsored Workers - \$4,515

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Contracted facilities will meet program requirements, payments will be accurate and policy will be communicated clearly. Maintenance of provider base. Increase in enrollment. Contract Enforcement to ensure quality care.

**Outcome Measures:**

The number of providers will increase and provide more statewide geographical coverage. Providers: 74

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**Functional Group:** Health

**888 Clinic Services**

The End Stage Renal Disease (ESRD) program provides dialysis (removal of toxic wastes from the blood) to sustain life for patients who are in renal failure. Ambulatory Surgery Centers (ASC) operates exclusively for the purpose of providing surgical services to patients who are scheduled to arrive, receive surgery, and be discharged on the same day. Infusion centers were developed by SCDHHS to allow Medicaid beneficiaries to receive various types of infusion therapy in a facility setting other than a physician's office or outpatient hospital. Genetics Education Services are directed at children who have disabilities and/or developmental delays for the purpose of identifying children with or at risk of genetic disorders. Only Rural Health Clinics, Federally Qualified Health Clinics, and children's coverage are considered mandatory. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

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**Strategy:** Provide disease prevention and disease management.

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| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$73,290,131 | \$17,454,740     | \$53,678,707     | \$2,156,684               | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. T.

**Expected Results:**

Decrease in further medical care and hospitalization. Increase patient education and disease management to improve quality of life.

**Outcome Measures:**

Increase access to care, provide early detection, increase beneficiary utilization, and provide a medical home to RHC and FQHC recipients. Total Recipients 113,959 Total Transactions 421,212

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**Functional Group:** Health

**889 Clinic Services Administration**

(1) Support to providers including Outpatient Pediatric AIDS Clinics, End Stage Renal Disease Clinics, Infusion Centers, Ambulatory Surgical Centers, x-ray providers and laboratories through claims resolution & processing, policy development, interpretation & clarification, rate setting, and assisting with budget management. (2) Provide support and oversight to the Medically Fragile Children's Program (MFCP) which serves Medicaid eligible children with complex ongoing medical needs. This program provides a medical home with primary care services, care coordination, and case management services. It is currently offered in only three urban areas: Columbia, Greenville/Easley, and Charleston. (3) Provide support to providers of Preventive/Rehabilitative Services for Primary Care Enhancement (P/RSPCE) to assist clients in need of reinforcement of the medical plan of care. Provide support to providers of Infant Home Visits. (4) Provide support to Diabetes Management Providers who work with beneficiaries who have diabetes.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$927,427 | \$278,785        | \$600,516        | \$0                       | \$0                      | \$48,126       | 13.25 |

**Other Fund - Subfund No. & Title:**

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3441 - State Agencies - Medicaid Allocation - \$9,018; 3442 - State Agencies - Special Grants - \$29,137; 35B4 - Medicaid Sponsored Workers - \$9,971

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries. Increase in quality of life and life span of MFCP beneficiaries through comprehensive, coordinated services. Increased compliance with medical treatment plan.

**Outcome Measures:**

Program policy development, prompt payment of claims, assuring adequate networks/provider enrollment, utilization management and rebasing of rates. ESRD Transactions 276,521, Recipients, 5,382, Cost per recipient \$3,110, Transaction per recip 51; ASC Transaction 17,330, Recipients, 7,213, Cost per recip \$590, Transaction per recip 2.4; Infusion Centers Transactions 13,176, Recipients 415, Cost per recipient \$9,152, Transactions per recipient 32. P/RSPCE will increase the number of members with a medical home and decrease the number of emergency room visits. Diabetes Management Services: Education of the members will decrease the number of medical complications associated with diabetes.

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**Functional Group:** Health

**890 Durable Medical Equipment**

Reimburse providers for services. This is an optional service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide opportunities for employment and independence.

**FY 2010-11**

| Total        | General Funds | Federal Funds | Non-Recurring Provisos | Part III (ARRA Funds) | Other Funds | FTEs |
|--------------|---------------|---------------|------------------------|-----------------------|-------------|------|
| \$52,005,420 | \$11,833,121  | \$38,641,953  | \$1,530,346            | \$0                   | \$0         | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. U.

**Expected Results:**

Medicaid eligible persons have access to services.

**Outcome Measures:**

A total of 642,117 transactions were processed providing services for 69,842 beneficiaries. Total cost for the

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program as stated in the 8500 report was \$46,617,400. All numbers reflect Fee for Service.

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**Functional Group:** Health

**891 Durable Medical Equipment Administration**

Sets policies, procedures & guidelines for provision of durable medical equipment (DME) and supplies. Conducts prior authorization for equipment/services. Supports provider base through claims resolution & processing, policy development, interpretation & clarification.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide opportunities for employment and independence.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$349,973 | \$105,202        | \$226,610        | \$0                       | \$0                      | \$18,161       | 5.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$3,403; 3442 - State Agencies - Special Grants - \$10,995; 35B4 - Medicaid Sponsored Workers - \$3,763

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Increase in enrollment. Provide appropriate DME for Medicaid beneficiaries.

**Outcome Measures:**

Program policy development, prompt payment of claims, assuring adequate networks/provider enrollment, utilization management and rebasing of rates.

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**Functional Group:** Health

**892 Coordinated Care**

Provide Managed Care options for enrollable Medicaid beneficiaries. The State reimburses Managed Care Organizations (MCOs) an actuarially certified capitated rate for enrolled members. MCOs provide a coordinated system of primary care with the goal of establishing them in a stable medical home. Additionally, the MCOs provide disease management, care coordination, and other enhanced services to improve health outcomes and reduce unnecessary higher cost services such as

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Emergency Room and hospitalizations. The State reimburses Care Coordination Services Organizations (CSOs) a Per Member Per Month (PMPM) fee to assist Primary Care Physicians (PCPs) in the delivery of coordinated care within a stable medical home. The goals of increasing preventative care while reducing unnecessary hospitalizations and Emergency Room usage are the same as with the MCOs. The State also reimburses the Medically Complex Children's Waiver Programs an actuarially certified capitated rate for the delivery of a prepaid ambulatory health plan.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$442,396,426 | \$95,919,218     | \$303,458,956    | \$13,018,252              | \$0                      | \$30,000,000   | 0.00 |

**Other Fund - Subfund No. & Title:**

4479 - Indigent Care - \$30,000,000

**Budgetary Program No.:** II. A. 3. V.

**Expected Results:**

Cost savings resulting from more beneficiaries being established with a stable medical home so that preventative care and routine primary care are provided so that more complex problems/illnesses can be avoided. Improved access to specialists and Medicaid-sponsored services. Improved health status of beneficiaries. With SC Healthy Connections Choices we expect a reduction in number of beneficiaries receiving services in a fee-for-service environment and increase in the number of beneficiaries in a stable medical home either through a Managed Care Organization or a Medical Homes Network.

**Outcome Measures:**

Currently, there are over 475,000 beneficiaries who have voluntarily enrolled or been assigned to one of 5 managed care plans approved by SCDHHS. The managed care rate for MCOs has a built in cost saving factor. Studies of the managed care population are showing a cost savings within the in-patient hospital category, as compared to the Fee-For-Service (FFS) population. Managed care members also had significantly fewer emergency room visits as compared to the general Medicaid population for the same time period. Once a shift from FFS is completed, the cost saving is anticipated to significantly increase. Of additional benefit will be the impact of disease and care management services provided by MCOs. As diseases are managed at an earlier age, with preventative measures, chronic illness should have a less severe impact on the Medicaid population. However, cost savings are significantly impacted by national factors, such as medical inflation and Medicare rate and policy changes.

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**Functional Group:** Health

**893 Coordinated Care Administration**

Provides oversight and support to current Medicaid Managed Care Organization (MCO), Primary Care Case Management

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(PCCM) Networks, and the Medically Complex Children's Wavier Program (MFCP).

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$1,434,886 | \$431,325        | \$929,102        | \$0                       | \$0                      | \$74,459       | 20.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$13,953; 3442 - State Agencies - Special Grants - \$45,080; 35B4 - Medicaid Sponsored Workers - \$15,426

**Budgetary Program No.:** II. A. 1. A

**Expected Results:**

Provides oversight and support to current Medicaid Managed Care Organization (MCO), Primary Care Case Management (PCCM) Networks, and the Medically Complex Children's Wavier Program (MFCP). Provides technical assistance to MCOs wanting to operate in SC and to physicians/Administrative Service Organizations (ASO) wanting to develop physician networks in SC. Develops new managed care initiatives to Medicaid program. 42CFR Part 438. in SC. Develops new managed care initiatives for Medicaid program.

**Outcome Measures:**

All managed care organizations must complete an extensive application process and Readiness Review Evaluation. Currently there are 4 Managed Care Organizations (MCO) and 1 Medical Homes Network (MHN). Services are available in all 46 counties. In accordance with Federal regulations (42 CFR 438), a continual quality improvement initiative is conducted under the auspices of SCDHHS. Healthcare outcomes based on current HEDIS measures are a required deliverable to DHHS, both for MCOs and MHNs. Also, all 5 entities are evaluated for appropriateness of services by a Quality Improvement Organization (QIO).

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**Functional Group:** Health

**894 DMH Medicaid Services**

Provides financial support for community mental health treatment services to severely emotionally disturbed children and chronically mentally ill adults.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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## Agency Activity Inventory by Agency

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| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$213,730,027 | \$0              | \$152,703,934    | \$6,289,392               | \$0                      | \$54,736,701   | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$3,388,202 ; 3476 - Matching Funds - \$51,348,499

**Budgetary Program No.:** II. A. 4.a.

**Expected Results:**

The development of an individualized plan of care for every adult with a serious mental illness and every child with a serious emotional disturbance to enhance individual living skills and to help prevent children, adolescents and their families from being institutionalized or hospitalized. Services emphasize the acquisition, development and expansion of rehabilitative skills needed to move forward in recovery, resulting in an improved quality of life for clients and their families.

**Outcome Measures:**

Improved functioning and safety for seriously emotionally disturbed children and for mentally ill adults. In addition to improving quality of life, this should lead to a reduction in the costs associated with the treatment of these conditions by increasing community tenure. The occurrence and severity of disabilities will be reduced where possible. Clients will function at an optimal level in the least restrictive level of care. Outcomes include a reduction in hospitalizations and emergency room visits for this population. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 921,998 Cost per Transaction: \$178.30 Total Recipients: 47,248 Cost per Recipient: \$3,479

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Commission

**Functional Group:** Health

**895 DDSN Medicaid Services**

Intermediate Care Facilities for the Mentally Retarded (ICFs/MR): Provide active treatment, health and rehabilitative services to persons with mental retardation or related conditions at the intermediate level. Services are provided by licensed, certified and contracted institutional facility and include 24-hour supervision, evaluation and coordination of services to help individuals function optimally. DDSN provides home and community-based services to Medicaid eligible recipients who have disabilities and at-risk for institutional placement. There are four different waiver programs operated by DDSN: 1) Community Supports waiver; 2) Head and Spinal Cord Injury (HASCI) waiver; 3) Mental Retardation and Related Disabilities (MR/RD) waiver; and 4) Pervasive Developmental Disorder (PDD) waiver.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$544,684,572 | \$0              | \$389,161,456    | \$16,028,252              | \$0                      | \$139,494,864  | 0.00 |

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**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$37,496,219; 3476 - Matching Funds - \$101,998,645

**Budgetary Program No.:** II. A. 4.b.

**Expected Results:**

To provide quality appropriate level of care 24 hours a day to beneficiaries. Rate Setting - To develop fair and equitable Medicaid reimbursement rates for intermediate care facilities for the mentally retarded (ICF/MRs) participating in the South Carolina Medicaid Program based upon a federally approved rate setting methodology. The expected result for all programs is that the combination of home and community-based services will allow individuals the freedom to remain at home in their chosen environment without endangering their health and safety. In addition, this care should be provided at a lower cost to the taxpayers than nursing facility or ICF/MR institutional care.

**Outcome Measures:**

Rate Setting - Reviewed 35 intermediate care facility for the mentally retarded (ICF/MR) cost reports for 131 facilities to determine the total allowable Medicaid costs to be reimbursed to the providers for the cost reporting period being reviewed. Total Transactions: 1,910,946 Cost per Transaction: \$256.44 Total Recipients: 20,484 Cost per Recipient: \$23,924 Annual CMS 372 reports will document cost effectiveness for all waiver programs. Satisfaction surveys will show high levels of program satisfaction across waiver programs. Service packages are individualized to meet participant needs and reflect assessed and identified needs.

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**Functional Group:** Health

**896 DHEC Medicaid Services**

Early Intervention (EI) Services are medically necessary services provided for the purpose of facilitating correction or amelioration of developmental delay and/or disability. Conditions left untreated, would negatively impact the health and quality of life of the child. EI Services consist of the provision of Family Training and Service Coordination Services to children with developmental delay and/or disability, age 0-6 and their families. Nursing Services for Children under 21 involves the provision of specialized health care services to children needing primary health care services. Dental: DHEC's Children's Rehabilitative Services (CRS Ortho) Program provides orthodontic services for Medicaid beneficiaries that have severe birth defects which result in craniofacial anomalies such as Cleft Lip and/or Cleft Palate, Prognathism, Crouzon's Syndrome, Apert's Syndrome, Mid-face and Growth Related Skeletal Deficiencies.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total        | General Funds | Federal Funds | Non-Recurring Provisos | Part III (ARRA Funds) | Other Funds  | FTEs |
|--------------|---------------|---------------|------------------------|-----------------------|--------------|------|
| \$65,671,545 | \$0           | \$51,417,146  | \$1,932,495            | \$0                   | \$12,321,904 | 0.00 |

**Other Fund - Subfund No. & Title:**



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3441 - St Agencies Medicaid Allocation - \$2,144,011; 3476 - Matching Funds - \$10,177,893

**Budgetary Program No.:** II. A. 4.c.

**Expected Results:**

EI: Will provide assurance of timely access to community services and programs that can best meet the individual needs of the child. Coordinating transition from one milestone service to another (e.g. from EI to public school. Head Start, Early Head Start and child care in the community). giving parents information on health care, assisting with keeping appointments and etc. Family Training, trains parents/caregivers in the use of developmentally appropriate activities to enhance their child's development and family support. Nursing Services, will identify, coordinate and treat medical condition to increase level of functioning. Dental Providing access to care for treatment of these severe birth defects through the CRS program will lead to improved quality and longevity of life through the ability of the patient to eat, drink and communicate normally as well as present a normal appearance.

**Outcome Measures:**

Dental: Cost containment through improvement of beneficiaries' overall health by improving their ability to eat, swallow, talk and have normal oral functions. Repairing the dental anomalies resulting from birth defects and syndromes provides beneficiaries the ability to thrive and grow and decrease their health risks and future medical treatments. EI: Increase access to care, provide early detection, increase beneficiary utilization of prevention services. Total Transactions: 292,822 Cost per Transaction: \$42.85 Total Recipients: 62,523 Cost per Recipient: \$201

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**Functional Group:** Health

**897 MUSC Medicaid Services**

Behavioral Health Services: Provides financial support for an array of outpatient community mental health treatment services to severely emotionally disturbed children and chronically mentally ill adults. Early Intervention: Developmental Evaluation Center (DEC), Sickie Cell Case Management, Gastroenterology, Asthma, and Genetics Education services are a part of community service provision at MUSC. DEC services are comprehensive assessments performed for the purpose of identifying genetic disorders. Sickie Cell Case Management Services include counseling and case management services to patients with Sickie Cell Disease. Genetics Education Services are directed at children who have disabilities and/or developmental delays for the purpose of identifying children with or at risk of genetic disorders. Dental: MUSC operates a Maxillofacial Prosthodontic Clinic that serves the needs of patients with severe Oral and Maxillofacial disfigurement as a result of cancer or trauma (gunshot wounds, fire, accidents, etc.).

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$68,402,345 | \$0              | \$48,521,849     | \$2,012,853               | \$0                      | \$17,867,643   | 0.00 |

**Other Fund - Subfund No. & Title:**

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3441 - St Agencies Medicaid Allocation - \$14,247,659; 3476 - Matching Funds - \$3,619,984

**Budgetary Program No.:** II. A. 4.d.

**Expected Results:**

BHS: The development of an individualized plan of care for every adult with a serious mental illness and every child with a serious emotional disturbance to enhance individual living skills and to help prevent children, adolescents and their families from being institutionalized or hospitalized. Services emphasize the acquisition, development and expansion of rehabilitative skills needed to move forward in recovery, resulting in an improved quality of life for clients and their families. EI: These array of services will reduce costly hospitalization and provide access to community based services. To improve and restore functional abilities. Early detection of disease and treatment. Services provided for the purpose of facilitating correction or amelioration of developmental delay and/or disability. Conditions left untreated, would negatively impact the health and quality of life of the child. Dental: Medicaid beneficiaries that have suffered from cancer or trauma to the maxillofacial area are provided access to treatment that can repair and restore normal function.

**Outcome Measures:**

Dental: Cost containment through improvement of beneficiaries' overall health by improving their ability to eat, swallow, talk and have normal oral functions, resulting in beneficiaries' ability to obtain employment, regain independence and function as a productive member of society. HS: Improved functioning and security for seriously emotionally disturbed children and for mentally ill adults. In addition to improving quality of life, this should lead to a reduction in the costs associated with the treatment of these conditions by increasing community tenure. The occurrence and severity of disabilities will be reduced where possible. Clients will function at an optimal level in the least restrictive level of care. Outcomes include a reduction in hospitalizations and emergency room visits for this populations. Another measure is the extent to which coordination of care exists between public and private providers. Dental: Comparison reports on the number of unduplicated recipients, transactions and expenditures for the Prosthodontic program for previous fiscal years. Beneficiaries will regain the ability to eat, hear, breathe, communicate and return to as normal a life as possible. EI: Recipients will have access to a medical home and more likelihood to obtain medical care. Early detection of genetic disorders will enhance treatment modalities for increased quality of life for Medicaid recipients. Coordination of services and care with public and provide providers. Decrease in hospitalizations and emergency room visits. Total Transactions: 45,416 Cost per Transaction: \$756.49 Total Recipients: 4,932 Cost per Recipient: \$6,966

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**Functional Group:** Health

**898 USC Medicaid Services**

Early Intervention: Developmental Evaluation Center (DEC), Sickle Cell Case Management and Neuro Developmental Disorders are a part of community service provision at USC. DEC services are comprehensive assessments performed for the purpose of identifying genetic disorders. Sickle Cell Case Management Services include counseling and case management services to patients with Sickle Cell Disease.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$13,871,264 | \$0              | \$9,910,619      | \$408,185                 | \$0                      | \$3,552,460    | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$2,732,552; 3476 - Matching Funds - \$819,908

**Budgetary Program No.:** II. A. 4.e.

**Expected Results:**

EI: These array of services will reduce costly hospitalization and provide access to community based services. To improve and restore functional abilities. Early detection of disease and treatment. Services provided for the purpose of facilitating correction or amelioration of developmental delay and/or disability. Conditions left untreated, would negatively impact the health and quality of life of the child.

**Outcome Measures:**

EI: Recipients will have access to a medical home and more likelihood to obtain medical care. Early detection of genetic disorders will enhance treatment modalities for increased quality of life for Medicaid recipients. Coordination of services and care with public and private providers. Decrease in hospitalizations and emergency room visits. Total Transactions: 4,001 Cost per Transaction: \$1,612.76 Total Recipients: 1,610 Cost per Recipient: \$4,008

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**Functional Group:** Health

**899 DAODAS Medicaid Services**

Provides financial support for alcohol and other drug abuse rehabilitative services to enable DAODAS to ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$18,794,383 | \$0              | \$13,428,046     | \$553,056                 | \$0                      | \$4,813,281    | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$4,813,281

**Budgetary Program No.:** II. A. 4.f.

**Expected Results:**

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DAODAS partners with public, private and social sector organizations to provide quality prevention, intervention and treatment services for the Medicaid clients. The ultimate goal of the program is recovery and long-term abstinence from drugs and alcohol.

**Outcome Measures:**

Clients are treated so they may re-enter society and lead responsible, successful drug and alcohol free lives by using the tools of recovery they receive during treatment. Outcomes include reducing involvement with the criminal justice system, reducing client emergency room visitation. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 161,732 Cost per Transaction: \$113.05 Total Recipients: 10,139 Cost per Recipient: \$1,803

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**Functional Group:** Health

**900 Continuum of Care**

Case Management Services and Wraparound Services are available to Medicaid eligible recipients. These services provide for coordination of care so that all CCEDC clients have planned access to the full array of medically necessary services specifically for emotionally disturbed children.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total        | General Funds | Federal Funds | Non-Recurring Provisos | Part III (ARRA Funds) | Other Funds | FTEs |
|--------------|---------------|---------------|------------------------|-----------------------|-------------|------|
| \$12,325,252 | \$0           | \$8,806,038   | \$362,691              | \$0                   | \$3,156,523 | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$1,534,701; 3476 - Matching Funds - \$1,621,822

**Budgetary Program No.:** II. A. 4.g.

**Expected Results:**

Targeted Case Management services are provided to these children to ensure that their medical, developmental and safety needs are met through coordinated, comprehensive and integrated service delivery. Each client's case manager works to ensure that all needed services are delivered. Wraparound Services are provided to children under 21 years of age who have special emotional/behavioral needs and their families. Specifically, assessment, care planning, referral and linkage and monitoring and follow-up may be provided. These services are provided in order to stabilize or strengthen the child's current placement or prevent out-of-home care. Wrap-Around Services are treatment oriented and goal directed. Without the provision of Wrap-Around Services, such as counseling, therapy, temporary de-escalation care/crisis stabilization, behavioral intervention, or independent living skills, the child may be in jeopardy of placement disruption. Public and private providers provide this service.

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**Outcome Measures:**

Youth will function better at home, at school and in the community. Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 43,683 Cost per Transaction: \$164.23 Total Recipients: 571 Cost per Recipient: \$12,564

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**901 Hospital Services**

Provides inpatient hospital care to individuals who require specialized institutional and professional services on a continuous basis, generally a 24 hour period. Provides outpatient hospital services that are diagnostic, therapeutic, rehabilitative or palliative items or services generally not to exceed a 24 hour period. This is a mandatory service. Authority for all HHS activities: Federal Law 42CFR Parts 430-498 SC Code 44-6-5 thru 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total           | General Funds | Federal Funds | Non-Recurring Provisos | Part III (ARRA Funds) | Other Funds   | FTEs |
|-----------------|---------------|---------------|------------------------|-----------------------|---------------|------|
| \$1,095,648,333 | \$132,356,406 | \$813,769,789 | \$41,947,012           | \$0                   | \$107,575,126 | 0.00 |

**Other Fund - Subfund No. & Title:**

3440 - Med Care Program (\$0.50/Capa) - \$2,000,000; 3442 - St Agency Special Grants - \$5,500,000; 4479 - Indigent Care - \$100,075,126

**Budgetary Program No.:** II. A. 3. A.

**Expected Results:**

Provide quality care for individuals requiring acute care or outpatient services based on the severity of the illness.

**Outcome Measures:**

Inpatient Hospital Expenditures \$605,659,943, Recipients 75,672, Transactions 95,584, Cost per recipient \$8,598; Outpatient Expenditures \$208,343,466, Recipients 268,040, Transactions 796,774, Cost per recipient \$8,001.

**Agency:** J02 - Health & Human Services Finance

**Functional Group:** Health

**Agency Activity Inventory**  
by Agency  
**Appropriation Period: FY 2010-11**

Commission

**902 Hospital Services Administration**

Sets policies, procedures & guidelines for delivery of services in acute care hospitals. Conducts prior authorization/prepayment medical review for a variety of services. Supports provider base through claims resolution & processing, policy development, interpretation & clarification. This Department also manages the contract for the Quality Improvement Organization (QIO) activities that include inpatient DRG validation; validity of the admission and quality of care issues.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$944,926 | \$284,045        | \$611,847        | \$0                       | \$0                      | \$49,034       | 13.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$9,189; 3442 - State Agencies - Special Grants - \$29,686; 35B4 - Medicaid Sponsored Workers - \$10,159

**Budgetary Program No.:** II. A. 1.A

**Expected Results:**

To develop fair and equitable Medicaid reimbursement for inpatient and outpatient services for hospitals contracting with the South Carolina Medicaid Program based upon a federally approved rate setting methodology. Maintenance of acute care hospital provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Reviewed 73 fiscal year 2007 hospital cost reports to determine Medicaid inpatient and outpatient cost to charge ratios and issued 62 Medicaid inpatient and outpatient retrospective cost settlements for SC general acute care DSH hospitals and burn intensive care unit hospitals for the fiscal year ending 2007 cost reporting period. Reviewed 67 fiscal year 2008 hospital cost reports to determine Medicaid inpatient and outpatient cost to charge ratios. Updated inpatient and outpatient hospital rates effective October 1, 2009 based upon the FY 2008 hospital cost report data trended forward to the payment period beginning October 1, 2009 to more closely approximate cost so that most of their reimbursement is received through claims payments and the cost settlement portion is less. This will indirectly increase managed care payments to hospitals.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**903 Nursing Facility Services**

Provides nursing, therapy, and personal care services to individuals who do not require acute hospital care, but whose mental and physical condition requires services that are above the level of room and board and can be made available through licensed,

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certified, and contracted institutional facilities. This service is mandatory for skilled nursing care only. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$536,160,339 | \$114,660,572    | \$401,948,106    | \$15,777,412              | \$0                      | \$3,774,249    | 0.00 |

**Other Fund - Subfund No. & Title:**

4479 - Indigent Care - \$3,774,249

**Budgetary Program No.:** II. A. 3. B.

**Expected Results:**

To provide quality appropriate level of care 24 hours a day to beneficiaries in nursing facilities.

**Outcome Measures:**

Beneficiaries assessed must meet skilled or intermediate level of care. Ongoing medical assessment is conducted by nursing facility staff. SCDHHS must be notified of beneficiaries not meeting level of care.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**904 Nursing Facility Administration**

Support nursing facility providers participating in the Medicaid program through the following activities: Preadmission Screening and Resident Review, Nurse aide competency, evaluation & monitoring; paid feeding assistant programs; claims resolution & processing; policy development; interpretation & clarification of regulations; monitor and maintain sanction report; and administers nursing facility contracts. Ensure proper rate setting.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$8,498,251 | \$535,206        | \$5,143,280      | \$226,904                 | \$0                      | \$2,592,861    | 11.25 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$1,067,656 3442 - State Agencies - Special Grants - \$24,739; 35B4 -

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Medicaid Sponsored Workers - \$8,466; 4176 - Nursing Home Sanctions - \$1,492,000

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

To maintain a professional relationship with provider base that will promote quality skilled nursing services to beneficiaries. To develop fair and equitable Medicaid reimbursement rates for nursing facilities participating in the South Carolina Medicaid Program based upon a federally approved rate setting methodology.

**Outcome Measures:**

Performed sanction activities for nursing facilities; Reviewed Nurse Aide Training programs for certification and/or continued compliance; Reviewed compliance material for Paid Feeding Assistant Programs; Monitored activities of the State Quality Improvement Organization; and Participated in Best Practices Activities. Rate Setting - Reviewed 147 FY 2008 nursing facility cost reports and 29 FY 2008 home office cost reports to determine Medicaid nursing facility rates effective October 1, 2009 through September 30, 2010. Established 106 account receivables and 29 account payables relating to the Office of the State Auditor's audit activities of nursing facilities.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**905 Pharmaceutical Services**

Provides needed pharmaceuticals for the purpose of saving lives in emergency situations or during short-term illness, to sustain life in chronic or long term illness, or to limit the need for hospitalization. Covered pharmacy services include the provision of most rebated prescription and over-the-counter generic pharmaceuticals. Pharmacy services for institutional care and children are required, all other pharmacy services are optional. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$399,492,572 | \$17,831,014     | \$299,783,609    | \$11,755,735              | \$0                      | \$70,122,214   | 0.00 |

**Other Fund - Subfund No. & Title:**

3442 - St Agency Special Grants - \$50,432,000; 4479 - Indigent Care - \$19,690,214

**Budgetary Program No.:** II. A. 3. D.

**Expected Results:**

Pharmaceutical coverage for Medicaid eligible beneficiaries. Dual eligible now participate in Medicaid Part D plans for their pharmacy benefit. Prior authorization is required for certain drugs according to established criteria in both Medicaid and Medicare programs.



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**Outcome Measures:**

341,132 beneficiaries were provided service receiving 3,902,924 prescriptions. The total prescription costs (state and federal \$) as reported in the Mars 8500 form equals \$251,994,600. All numbers reflect Fee for Service.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**906 Pharmaceutical Services Administration**

Provides support to Pharmacy providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification. Administers the Pharmacy Benefits Manager contract. Supports the Pharmacy and Therapeutics Committee.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$297,475 | \$89,421         | \$192,618        | \$0                       | \$0                      | \$15,436       | 4.25 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$2,892; 3442 - State Agencies - Special Grants - \$9,346; 35B4 - Medicaid Sponsored Workers - \$3,198

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of Pharmacy professional base. Increase in enrollment of pharmacies. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Program policy development, prompt payment of claims, assuring adequate networks/provider enrollment, utilization management and rebasing of rates.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**907 Physician Services**

**Agency Activity Inventory**  
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Reimburse physicians enrolled in the Medicaid program for services. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$281,525,763 | \$57,287,067     | \$210,761,218    | \$8,284,365               | \$0                      | \$5,193,113    | 0.00 |

**Other Fund - Subfund No. & Title:**

4479 - Indigent Care - \$5,193,113

**Budgetary Program No.:** II. A. 3. E.

**Expected Results:**

Medicaid eligible persons have access to physician services.

**Outcome Measures:**

Increase access to care, provide early detection, increase beneficiary utilization, and provide a medical home  
 Total Recipients 426,657 Total Transactions 4,136,559 All numbers reflect Fee for Service.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**908 Physician Services Administration**

Provides support to primary care physicians & over 40 different practice specialty physicians and associated health groups participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification, rate setting, and assisting with budget management. This department also manages contracts and programs designed to provide/encourage immunizations, rural health care, and health screenings for children.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$699,945 | \$210,404        | \$453,220        | \$0                       | \$0                      | \$36,321       | 10.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$6,806; 3442 - State Agencies - Special Grants - \$21,990; 35B4 -

**Agency Activity Inventory**  
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Medicaid Sponsored Workers - \$7,525

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of Physicians and other professionals base. Increase in enrollment of physicians. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Program policy development, prompt payment of claims, assuring adequate networks/provider enrollment, utilization management and rebasing of rates.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**909 Dental Services**

Children under the age of 21 are provided a range of preventive and restorative dental services, including a complete dental examination every 6 months. Education for establishing and maintaining good oral health as the preventive aspect of dental services. Adults, age 21 and over, are provided emergency and catastrophic health related dental services. Services for children are mandatory, for adults, only medical and surgical services are mandatory. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$99,550,099 | \$16,217,024     | \$75,792,014     | \$2,929,428               | \$0                      | \$4,611,633    | 0.00 |

**Other Fund - Subfund No. & Title:**

4479 - Indigent Care - \$4,611,633

**Budgetary Program No.:** II. A. 3. F.

**Expected Results:**

Increase in access to educational measures for the prevention of dental disease, restoration of teeth and maintenance of dental health for Medicaid beneficiaries.

**Outcome Measures:**

Cost savings resulting from more beneficiaries being established with a dental home to provide educational measures and consistent preventive care resulting in the reduction of preventable restorative and surgical treatments. Improved access to Medicaid-sponsored dental services resulting in improved health status of beneficiaries. Provide access to care for adults to relieve pain and infection which can affect their overall health status.

**Agency Activity Inventory**  
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**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**910 Dental Services Administration**

Provides support to dentists participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$332,474 | \$99,942         | \$215,279        | \$0                       | \$0                      | \$17,253       | 4.75 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$3,234; 3442 - State Agencies - Special Grants - \$10,445; 35B4 - Medicaid Sponsored Workers - \$3,574

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of Dentists base. Increase in enrollment of dentists. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Increased access to dental services in an established dental home which results in prevention or early intervention of dental disease. The early intervention of treatment of dental disease results in cost containment by requiring less extensive and less costly dental treatment.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**911 Community Long Term Care**

The Community Long Term Care program provides home and community-based services to Medicaid eligible recipients who are frail and at-risk for institutional placement. There are three different waiver programs that are part of CLTC: 1) Community Choices; 2) HIV/AIDS waiver; and 3) Mechanical Ventilation Waiver. In addition, in-home personal care services for children are available as a state plan service. The CLTC staff members in the regional offices are responsible for providing medical eligibility determinations for waiver and nursing home applicants. This is a SPMP allowable activity at

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75/25 federal share. In addition, CLTC provides PASAAR and TEFRA screenings, also at the 75/25 match rate. Finally, staff members perform case management activities, which are considered to be Medicaid services and reimbursable at FMAP rate. The Medically Complex Children's (MCC) HCB waiver serves children who meet the NF or ICF/MR level of care and have a chronic physical/health condition that is expected to last longer than 12 months and must meet medical criteria defined by the State which makes the child dependent upon comprehensive medical, nursing, and health supervision or intervention. Nursing Services for Children under 21 involves the provision of specialized health care services to children needing primary health care services

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide opportunities for employment and independence.

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| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs   |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|--------|
| \$150,119,797 | \$30,092,645     | \$115,331,309    | \$4,052,958               | \$0                      | \$642,885      | 177.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$120,471; 3442 - State Agencies - Special Grants - \$389,220;  
35B4 - Medicaid Sponsored Worker - \$133,194

**Budgetary Program No.:** II. A. 3. G.

**Expected Results:**

The expected result for all programs is that the combination of home and community-based services will allow individuals the freedom to remain at home in their chosen environment without endangering their health and safety. In addition, this care should be provided at a lower cost to the taxpayers than nursing home and other institutional care. MCC Waiver will serve children statewide with medically complex needs in a cost effective manner. Nursing Services, will identify, coordinate and treat medical condition to increase level of functioning.

**Outcome Measures:**

Annual CMS 372 reports will document cost effectiveness for all waiver programs. Satisfaction surveys will show high levels of program satisfaction across waiver programs. Service packages are individualized to meet participant needs and reflect assessed and identified needs. Children receive appropriate care in the community.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

### 912 Community Long Term Care Administration

Provides support to CLTC and waiver services providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide opportunities for employment and independence.

**Agency Activity Inventory**  
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| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$4,894,082 | \$954,080        | \$3,288,386      | \$84,285                  | \$0                      | \$567,331      | 29.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$19,738; 3442 - State Agencies - Special Grants - \$263,770; 35B4 - Medicaid Sponsored Workers - \$21,823; 3476 - Matching Funds - \$262,000

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Increase in enrollment of providers. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

There are sufficient providers in all geographical areas to meet service needs. Providers are reviewed and meet contractual requirements. Sanctions are imposed upon providers when quality measures are not met in a satisfactory manner. All potential providers are able to apply and meet all qualifications before contracts are completed.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**913 Home Health Services**

Services provided to eligible Medicaid only recipients, affected by illness or disability at his/her place of residence, based on physician's orders and/or a specific plan of care. These services provide part-time or intermittent nursing, aide services and Medical Social Services therapies (i.e., physical, speech, or occupational) and supplies, which are ordered by the physician and used during the course of a visit. These services are limited to seventy-five (75) visits per fiscal year. This is a mandatory service. 42CFR Part 484, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide opportunities for employment and independence.

FY 2010-11

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$13,339,050 | \$1,962,972      | \$10,983,554     | \$392,524                 | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. I.

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**Expected Results:**

Reduce the total number of hospital and nursing facility admissions by allowing the patient to receive home health services. To improve the patient's level of functioning, to relieve pain, and prevent regression of the patient's stable condition. The plan of care should restrict such care to the minimum number of visits necessary to meet these objectives. Children under the age of 14 are served by either licensed Pediatric Home Health Providers or regular Home Health Providers

**Outcome Measures:**

Reduction in hospital visits and nursing home admissions compared to admissions prior to receiving Home Health.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**914 Home Health Services Administration**

Provides support to Home Health Services providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide opportunities for employment and independence.

**FY 2010-11**

| <b>Total</b> | <b>General<br/>Funds</b> | <b>Federal<br/>Funds</b> | <b>Non-Recurring<br/>Provisos</b> | <b>Part III<br/>(ARRA Funds)</b> | <b>Other<br/>Funds</b> | <b>FTEs</b> |
|--------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|------------------------|-------------|
| \$174,986    | \$52,601                 | \$113,305                | \$0                               | \$0                              | \$9,080                | 2.50        |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$1,702; 3442 - State Agencies - Special Grants - \$5,497 35B4 - Medicaid Sponsored Workers - \$1,881

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

1) Reimbursement for services will be adequate for the recipient to remain in the home. 2) All contracted providers will maintain compliance with the Medicaid program guidelines, educated in correct billing practices.

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**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**915 EPSDT Screening**

The Early and Periodic Screening, Diagnostic, and Treatment service (EPSDT) is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. It assures the availability and accessibility of required health care resources and helps Medicaid recipients and their parents or guardians effectively use these resources. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$19,812,280 | \$4,781,439      | \$14,447,832     | \$583,009                 | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. J.

**Expected Results:**

Increased services to children. Decrease in overall costs due to early screening and identification of health issues.

**Outcome Measures:**

Parents follow the EPSDT screening schedule as outlined in the Physicians Services Manual. FY2009 EPSDT screening report shows that 85% of periodic screens are being conducted as indicated. Total Transactions 41,599 Total Recipients 88,477 All numbers reflect Fee for Service.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**916 EPSDT Screening Administration**

Provide support and assistance to physicians who participate in the Early and Periodic Screening, Diagnostic, and Treatment service (EPSDT).

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

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| Total    | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$34,997 | \$10,520         | \$22,661         | \$0                       | \$0                      | \$1,816        | 0.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$341; 3442 - State Agencies - Special Grants - \$1,099; 35B4 - Medicaid Sponsored Workers - \$376

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Increase in provider enrollment. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Program policy development, prompt payment of claims, assuring adequate networks/provider enrollment, utilization management and rebasing of rates.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

### 917 Medical Professional Services.

Reimburse optometrists, opticians, podiatrists, audiologists, chiropractors, speech therapists, physical and occupational therapists participating in the Medicaid program for services. Only services of nurse practitioners and midwives are mandatory, all other practitioner services in this category are optional. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$36,053,633 | \$5,964,652      | \$29,028,043     | \$1,060,938               | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. K.

**Expected Results:**

Medicaid eligible persons have access to services.

**Agency Activity Inventory**  
by Agency  
**Appropriation Period: FY 2010-11**

**Outcome Measures:**

Maintain current provider base and work to increase provider enrollment in hard to fill provider specialties. Also, enhance quality health care for Medicaid beneficiaries. Total Recipients 187,944 Total Transactions 932,541 All numbers reflect Fee for Service. Ensure that children receive appropriate speech, physical, and occupational therapy to enhance developmental growth.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**918 Medical Professional Services. Administration**

Supports optometrists, opticians, podiatrists, audiologists, chiropractors, speech therapists, physical and occupational therapists participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$139,989 | \$42,081         | \$90,644         | \$0                       | \$0                      | \$7,264        | 2.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$1,361; 3442 - State Agencies - Special Grants - \$4,398; 35B4 - Medicaid Sponsored Workers - \$1,505

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Increase in provider enrollment. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Program policy development, prompt payment of claims, assuring adequate networks/provider enrollment, utilization management and rebasing of rates. Monitor and audit providers to ensure technical assistance is provided as needed. Providers will be able to provide an increased level of service due to ease of policy interpretation.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**Agency Activity Inventory**  
by Agency  
Appropriation Period: FY 2010-11

**919 Transportation Services**

Reimburse transportation providers participating in the Medicaid program for services. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide for an increased number of providers in underserved areas.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$66,658,338 | \$15,366,521     | \$49,330,284     | \$1,961,533               | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. L.**Expected Results:**

Medicaid eligible persons have access to services.

**Outcome Measures:**

Increased utilization of transportation services will provide greater access to medical care and decrease the number of additional medical complications.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**920 Transportation Services Administration**

Medicaid Transportation Program provides support for emergency and non-emergency transportation to and from medical services to eligible beneficiaries. The transportation program assures the delivery of and reimbursement for transportation services including disabled persons by Ambulance, Individual, Contractual and Out-of-State arrangements during regular, after hour and for emergency services.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide for an increased number of providers in underserved areas.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$489,961 | \$147,282        | \$317,254        | \$0                       | \$0                      | \$25,425       | 7.00 |

**Other Fund - Subfund No. & Title:**

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

3441 - State Agencies - Medicaid Allocation - \$4,764; 3442 - State Agencies - Special Grants - \$15,393; 35B4 - Medicaid Sponsored Workers - \$5,268

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

All transportation except emergencies must be prior authorized, if it is provided by an enrolled provider, and must be the least expensive and most appropriate method of transportation available. DHHS contracts with two (2) Broker companies to maximize the beneficiaries access to transportation services and minimize the beneficiaries waiting and riding times.

**Outcome Measures:**

Monitor and audit Brokers and their provider network to ensure quality services are provided. Corrective action will be required as deficiencies are cited.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**921 Lab and X-Ray Services**

Reimburse providers for lab and x-ray services. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$45,543,935 | \$10,004,829     | \$34,198,900     | \$1,340,206               | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. M.

**Expected Results:**

Medicaid eligibles have access to services.

**Outcome Measures:**

Increase access to care by providing coverage for procedures proven to be best practice for the detection and prevention of disease.

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**922 Lab and X-Ray Services Administration**

Provides support to lab and x-ray providers participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$104,992 | \$31,561         | \$67,983         | \$0                       | \$0                      | \$5,448        | 1.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$1,021; 3442 - State Agencies - Special Grants - \$3,298; 35B4 - Medicaid Sponsored Workers - \$1,129

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Program policy development, prompt payment of claims, assuring adequate networks/provider enrollment, utilization management and rebasing of rates.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**923 Family Planning Services**

Family planning services are available to all Medicaid recipients and include all medical and counseling services related to alternatives of birth control and pregnancy prevention services prescribed and rendered by physicians, hospitals, clinics, pharmacies and other practitioners and other Medicaid providers. Family planning services are a mandatory service. Authority for this activity is contained in 42CFR Parts 430 498, State Law Title 44,44-6-5 - 44-6-910. The State also participates in a Research and Demonstration Project with the Centers for Medicare and Medicaid that is referred to as the family Planning Waiver (FPW). Under The FPW, the state reimburses providers for Family Planning Services for women of reproductive age with income at or below 185% of the Federal Poverty Level (PVL). The FPW targets two population groups: (1) postpartum

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

women who transition to the waiver from the Optional Coverage for Women and Infants (OCWI) may receive 12 months of family planning eligibility. (2) females of child bearing age who do not qualify for an eligibility category with the full range of Medicaid benefits.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide for greater incentives to promote healthy lifestyles.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$24,334,651 | \$2,019,319      | \$21,581,244     | \$716,088                 | \$0                      | \$18,000       | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - \$18,000

**Budgetary Program No.:** II. A. 3. N.

**Expected Results:**

Medicaid eligible persons have access to services that will reduce the number of unintended and unwanted pregnancies resulting in births reimbursed under the SC Medicaid program. The goals are as follows: 1. Assure that all women who want and need publicly supported family planning services receive such services. 2. Increase the age at first birth among all women eligible for family planning services under the waiver. 3. Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid. 4. Reduce Medicaid expenditures for unintended and unwanted pregnancies by investing in family planning preventative services for women at or below 185% of poverty. 5. Promote partnership with community health centers for primary medical care homes for waiver participants.

**Outcome Measures:**

An increase in the number of family planning recipients and family planning services will decrease the number of unwanted/unplanned pregnancies.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**924 Family Planning Services Administration**

Provides support to family planning providers, including Adolescent Pregnancy Prevention Services, participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide for greater incentives to promote healthy lifestyles.

**FY 2010-11**

## Agency Activity Inventory by Agency

**Appropriation Period: FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$139,989 | \$42,081         | \$90,644         | \$0                       | \$0                      | \$7,264        | 2.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$1,361; 3442 - State Agencies - Special Grants - \$4,398; 35B4 - Medicaid Sponsored Workers - \$1,505

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Maintenance of provider base. Providers will outreach to members to increase enrollment. Quality health care for Medicaid beneficiaries. Decreased number of unplanned/mistimed pregnancies. Increased use of appropriate family planning.

**Outcome Measures:**

Monitor and audit providers to ensure technical assistance is provided as needed. Providers will be able to provide an increased level of service due to ease of policy interpretation.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

### 925 Medicare Premium Payments

Medicaid pays the Medicare premiums for recipients identified by Medicare. Medicare sends a tape with the recipients information, which is then interfaced through Automated Claims Processing. Medicaid also pays premiums, deductibles, and co-insurance for recipients eligible for enrollment in employer-based group health plans. This is a mandatory service. Authority for this activity is contained in 42CFR Parts 430-498, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$187,862,900 | \$48,689,270     | \$128,979,842    | \$5,528,179               | \$0                      | \$4,665,609    | 0.00 |

**Other Fund - Subfund No. & Title:**

4479 - Indigent Care - \$4,665,609

**Budgetary Program No.:** II. A. 3. O. & P.

**Expected Results:**

Reduction in expenditures due to payment of premiums rather than medical claims.

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Outcome Measures:**

Payment of all Part B and appropriate Part A claims with an average of 90 days from notification.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**926 Hospice Care**

Services provided to eligible Medicaid only recipients who have been certified as being terminally ill. An individual is considered to be terminal if the individual has a medical prognosis that his/her life expectancy is six (6) months or less if the disease runs its normal course. Services provided will include nursing, Chaplain, medical social services, physician, counseling, medical appliances including drugs and biologicals, aide, homemakers and therapy services. Continuous home care is provided only during a period of crisis. This is an optional service. 42CFR Part 418, State Law Title 44, 44-6-5 - 44-6-910.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$17,883,047 | \$3,261,390      | \$14,095,419     | \$526,238                 | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. Q.

**Expected Results:**

Services are provided only to Medicaid only patients who meet the medical criteria. Dual eligibles are carried under Medicare.

**Outcome Measures:**

Reduction in hospital visits and nursing home admission compared to admissions prior to receiving Hospice.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**927 Hospice Care Administration**

Program staff provide oversight to the Hospice program claims resolution & processing, policy development, interpretation



**Agency Activity Inventory**  
**by Agency**  
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&clarification. Administrative staff enters hospice election, discharge, and revocation data into the Medicaid Management Information System (MMIS) and Recipient Special Program (RSP) in order for providers to receive timely payment. Staff provide programmatic technical assistance for newly contracted providers and annually determine reimbursement rates. Staff collect annual Medicaid Client Data Summaries from each provider to analyze and compile for a statewide utilization report.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$104,992 | \$31,561         | \$67,983         | \$0                       | \$0                      | \$5,448        | 1.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$1,021; 3442 - State Agencies - Special Grants - \$3,298; 35B4 - Medicaid Sponsored Workers - \$1,129

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

The Medicaid Hospice program, through analytical review of Federal Regulations, will reimburse hospice providers. Hospice provider claims are paid appropriately and correctly. Maintenance of provider base. Prior authorization is required prior to election of the benefits by the program staff.

**Outcome Measures:**

All contracted providers will maintain compliance with the Medicaid program guidelines, educated in correct billing practices. Providers will be reimbursed for Medicaid only patients in the community and Medicaid R&B payments will be reimburses for dual eligibles and Medicaid only in NFs.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**928 Optional State Supplemental**

Optional State Supplementation is designed to provide a monthly entitlement payment on behalf of an eligible aged, blind, or disabled individual who lives in a licensed community residential care facility that is enrolled with SCDHHS to participate in the OSS program. Regulatory authority for this program is found at Title XVI, Section 1616(a) of the Social Security Act, 42 CFR Part 435.230, SC State Regulations, Chapter 114, Article 19.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

## Agency Activity Inventory by Agency

**Appropriation Period: FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$18,371,059 | \$17,830,460     | \$0              | \$540,599                 | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. R.

**Expected Results:**

A monthly payment is made to the CRCF for the actual number of days that the resident received room and board from the facility as indicated on the monthly billing document submitted by the facility.

**Outcome Measures:**

Appropriated funds will be monitored to ensure number of residents funded does not exceed recipient maximum count.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

### 929 Optional State Supplemental Administration

Provides support to Residential Care Facilities participating in the OSS program through claims resolution & processing, policy development, interpretation clarification and sanctioning.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$227,481 | \$68,381         | \$147,296        | \$0                       | \$0                      | \$11,804       | 3.25 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$2,211; 3442 - State Agencies - Special Grants - \$7,147; 35B4 - Medicaid Sponsored Workers - \$2,446

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

To determine the aggregate annual cost increase incurred by providers rendering services under the South Carolina Optional State Supplement Program. Maintenance of provider base. Increase in enrollment. Quality health care for Medicaid beneficiaries. Sanctioning to ensure quality facilities provide quality care.

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Outcome Measures:**

A monthly payment is made to the CRCF for the actual number of days that the resident received room and board from the facility as indicated on the monthly billing document submitted by the facility. Rate Setting - Reviewed 268 FY 2009 residential care facility cost reports to determine the aggregate annual cost increase incurred by the providers participating in the Optional State Supplementation Program.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**930 Integrated Personal Care**

SCDHHS/IPC nurses conduct medical assessments, review and approve appropriate care plans, monitor provision of personal care and provide support to the nurse employed by contracted facilities.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$2,426,732 | \$568,917        | \$1,786,404      | \$71,411                  | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. S.

**Expected Results:**

Care plans will meet the needs of residents; aides trained and determined competent to provide personal care services will deliver appropriate services. Unlicensed staff will be trained and monitored by licensed nurses employed by contracted facilities.

**Outcome Measures:**

Eligible residents will receive additional assistance with personal care from facility staff.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**931 School for the Deaf and Blind**

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

SBS/EI: The services are delivered based on medical necessity and individual treatment plans. These services include physical therapy, audiology, occupational therapy, speech therapy, nursing services, targeted case management services, and family training for the purpose of evaluating and treating disorders in children with the optimal goal of improving function. BHS: Financial support is provided for the provision of Wraparound services provided to deaf and blind children who are emotionally/behaviorally disturbed.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$5,738,144 | \$0              | \$4,099,739      | \$168,854                 | \$0                      | \$1,469,551    | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$1,469,551

**Budgetary Program No.:** II. A. 4. H.

**Expected Results:**

SBS: Identifying, coordinating and treating of medical conditions to increase level of functioning. EI: Early Intervention: Will provide assurance of timely access to community services and programs that can best meet the individuals needs. Family Training, trains parents/caregivers in the use of developmentally appropriate activities to enhance their child's development and family supports assure that each person receives needed services in a supportive, effective, efficient, and cost effective manner. BHS: Wraparound Services are provided to children under 21 years of age who have special emotional/behavioral needs and their families. Specifically assessment, care planning, referral and linkage and monitoring and follow-up may be provided. These services are provided in order to stabilize or strengthen the child's current placement or prevent out of home care. Wraparound services are treatment oriented and goal directed. Without Wraparound Services, such as counseling, therapy, behavioral intervention, or independent living skills, the child may be in risk of placement disruption.

**Outcome Measures:**

SBS: Increase access to care, provide early detection, increase beneficiary utilization of prevention services and early detection. Another measure is the extent to which coordination of care exists between public and private providers. EI: Early detection of genetic disorders will enhance treatment modalities for increased quality of life for Medicaid recipients. Coordination of services and care with public and private providers. Outcomes are developed in conjunction with the families based on mutually identified needs. BHS: youth will function better at home, at school and in the community. Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 49,440 Cost per Transaction: \$64.52 Total Recipients: 883 Cost per Recipient: \$3,612

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**Agency Activity Inventory**  
by Agency  
**Appropriation Period: FY 2010-11**

**932 DSS Medicaid Services**

Behavioral Health Services: Specialized Foster Home Services (SHFS) and Medical Therapeutic Foster Care home services are residential services provided in specially recruited, professionally supervised therapeutic foster homes. providing mental health and rehabilitative treatment programs for Medicaid eligible children. Early Intervention: The Medically Fragile Foster Parent Training Service assist foster parents of medically fragile children to manage their health care needs.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$44,505,804 | \$0              | \$31,798,117     | \$1,309,657               | \$0                      | \$11,398,030   | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$7,732,424; 3476 - Matching Funds - \$3,665,606

**Budgetary Program No.:** II. A. 4. I.

**Expected Results:**

BHS: Specialized Foster Home Services (SHFS) and Medical Therapeutic Foster Care home services provide mental health and rehabilitative treatment programs for Medicaid eligible children in specially supervised homes. EI: Continuity of care, provides access to community based services and reduces costly hospitalizations. This service supports placement of children in foster care and leads to longevity of placement.

**Outcome Measures:**

BHS: Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery. Another measure is the extent to which coordination of care exists between public and private providers. EI: Quality of life, children remain in a natural environment and move from foster care to adoption more readily. Coordination of services and care with public and private providers. Total Transactions: 80,005 Cost per Transaction: \$207.75 Total Recipients: 3,177 Cost per Recipient: \$5,232

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**933 DJJ Medicaid Services**

Behavioral Health Services: Financial support is provided for the provision of mental health and rehabilitative services to clients of DJJ who are emotionally disturbed and who are residing in the community. All services are based on medical necessity and an individualized treatment plan. Support for mental health and rehabilitative residential services is also provided under some circumstances.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$51,913,349 | \$0              | \$37,090,594     | \$1,527,637               | \$0                      | \$13,295,118   | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$9,415,603; 3476 - Matching Funds - \$3,879,515

**Budgetary Program No.:** II. A. 4. J.

**Expected Results:**

SCDJJ makes available to Medicaid eligible children under age 21 mental health and rehabilitative services based on an individualized treatment plan and documented medical necessity. Services will enhance community safety and well-being as re-offense rates drop and children are able to improve functioning at home, in school and in the community.

**Outcome Measures:**

Due to treatment for serious emotional disturbance, a decrease is anticipated in involvement with the juvenile justice system. Community tenure for these clients is expected to increase as a result of treatment. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 13,772 Cost per Transaction: \$285.35 Total Recipients: 1,468 Cost per Recipient: \$2,677

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**934 Dept of Education Medicaid**

Financial support is provided to Medicaid eligible children under 21 to include emotionally disturbed children. The services are delivered based on medical necessity and individual treatment plans. These services include physical therapy, community-based wraparound services, therapeutic behavioral services, psychosocial rehabilitation services, audiology, Medicaid adolescent pregnancy prevention services, occupational therapy, speech therapy, nursing services and psychological testing services provided in local school districts for the purpose of evaluating and treating disorders in children with the optimal goal of improving function. Nursing Services for Children under 21 involves the provision of specialized health care services to children needing primary health care services.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$74,326,883 | \$0              | \$53,104,420     | \$2,187,192               | \$0                      | \$19,035,271   | 0.00 |

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$19,035,271

**Budgetary Program No.:** II. A. 4. K.**Expected Results:**

BHS: Each school district determines which of these services will be offered to Medicaid eligible emotionally disturbed children. Services are provided to integrate therapeutic interventions with education to reduce maladaptive behaviors and foster healthy family relationships. Certain services are designed to prevent child maltreatment and increase the families' family's enhanced ability to meet the therapeutic needs of the child. Other services prevent more costly and restrictive treatment options and assist children in functioning successfully within their home and school environments. School Based: Identifying, coordinating and treating of medical conditions to increase level of functioning.

**Outcome Measures:**

BHS: Anticipated outcomes include improved functioning and performance in school, at home and in the community. Other measures evaluate whether children that received these services are residing with a consistent, stable caregiver, whether children receiving these services remain in a regular day care or school program after discharge and whether there are fewer attendance problems, suspensions and other disciplinary actions. SBS: Increase access to care, provide early detection, increase beneficiary utilization of prevention services and early detection. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 2,056,141 Cost per Transaction: \$25.29 Total Recipients: 120,557 Cost per Recipient: \$431

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health**935 Commission for the Blind**

EI: Case management services are available to Medicaid eligible sensory impaired individuals, to include low vision services.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$337,884 | \$0              | \$232,838        | \$9,943                   | \$0                      | \$95,103       | 0.00 |

**Other Fund - Subfund No. & Title:**

3476 - Matching Funds - \$95,103

**Budgetary Program No.:** II. A. 4. L.**Expected Results:**

**Agency Activity Inventory**  
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EI: To ensure that follow up monitoring will take place in schools and in homes to assure maximum use of devices/aids to maximum the use of any remaining sight.

**Outcome Measures:**

Enhanced treatment modalities for increased quality of life. Coordination of services and care with public and private providers. Total Transactions: 21 Cost per Transaction: \$48.08 Total Recipients: 27 Cost per Recipient: \$55

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**936 Emotionally Disturbed Children**

Financial support is provided to ensure coordinated, comprehensive access to services for ISCEDC children. The Community Alternatives to Psychiatric Residential Treatment Facilities for Children Demonstration Grant and Waiver is designed to provide children with serious emotional disturbances a comprehensive and coordinated array of community based services so that they can live at home or in least restrictive settings while receiving appropriate care. This demonstration project will serve as a pilot project to develop a better statewide service delivery system for families with children suffering from serious emotional disturbances. Both public and private providers must enroll to provider waiver services. Participants must meet level of care requirements and financial eligibility. Timeline for this demonstration grant/waiver is October 1, 2007 to September 30, 2012.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$83,891,994 | \$0              | \$59,423,332     | \$2,468,662               | \$0                      | \$22,000,000   | 0.00 |

**Other Fund - Subfund No. & Title:**

3861 - Services Fund for EDC - \$21,740,000; 3476 - Matching Funds - \$260,000

**Budgetary Program No.:** II. A. 5.

**Expected Results:**

Access to services is enhanced by arranging needed care and services, monitoring the cases on an on-going basis, providing crisis assessment and referral services and providing needed follow-up and communicating regularly with other involved agencies/providers. Specifically, assessment, care planning, referral and linkage and monitoring and follow-up are among the services that may be provided. These services are designed to address therapeutic placements of emotionally disturbed children in SC, the quality of treatment services, the avoidance of more costly and restrictive treatment options, adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship are outcomes. With Community Alternatives to Psychiatric Residential Treatment Facilities for Children Demonstration Grant and Waiver we expect to increase the number of children served in the community in the least



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**Appropriation Period: FY 2010-11**

restrictive setting.

**Outcome Measures:**

Improved functioning and security for seriously emotionally disturbed children. In addition to improving quality of life, this should lead to a reduction in the costs associated with the treatment of these conditions by increasing community tenure. The occurrence and severity of disabilities will be reduced where possible. Clients will function at an optimal level in the least restrictive level of care. Functioning will improve at school, at home and in the community. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 43,841 Cost per Transaction: \$902.78 Total Recipients: 1,999 Cost per Recipient: \$19,799

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**937 Disproportionate Share**

The South Carolina Medicaid Disproportionate Share Program (DSH) provides qualifying DSH hospitals with funding that allows the hospitals to recover a portion or all of its uncompensated Medicaid HMO and uninsured patient costs. Includes \$7,000,000 for MUSC Disproportionate Share from Proviso 90.12.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total         | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|---------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$744,852,879 | \$18,681,222     | \$526,032,381    | \$21,913,389              | \$0                      | \$178,225,887  | 2.50 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$1,702; 3442 - State Agencies - Special Grants - \$5,497; 35B4 - Medicaid Sponsored Workers - \$1,881; 4479 - Indigent Care - \$133,250,056; 3476 Matching Funds - \$44,966,751

**Budgetary Program No.:** II. A. 6. F.

**Expected Results:**

To establish fair DSH qualification criteria and equitable Medicaid DSH payments for DSH qualifying hospitals contracting with the South Carolina Medicaid Program based upon a federally approved DSH payment methodology.

**Outcome Measures:**

Based upon the Medicaid inpatient and outpatient cost to charge ratios determined from the analysis of the FY 2008 hospital cost reports, the analysis of HFY 2008 DSH qualification survey information, and the analysis of the HFY 2008 uninsured and SFY 2009 Medicaid HMO information from the qualifying DSH hospitals, calculated and made DSH payments to the 68 qualifying DSH hospitals.

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**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**938 Other Entities Medicaid Ser**

Payments made to private providers, with matching funds provided by other state agencies and public entities. Other payment adjustments that are not directly associated with a specific service line.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$29,245,226 | \$0              | \$20,715,311     | \$860,590                 | \$0                      | \$7,669,325    | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$7,669,325

**Budgetary Program No.:** II. A. 6 C.

**Expected Results:**

Medicaid eligible persons have access to services.

**Outcome Measures:**

Total Recipients: 3,562 Total Transactions: 34,487

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**939 Palmetto Senior Care**

PACE is a Medicaid State Plan program of comprehensive care that allows the frail elderly to live in their communities. PACE serves individuals age 55 and older who meet nursing facility level of care at Day Health Centers in specific counties, and who can be safely cared for in the community. PACE is a national program with benefits under Medicare and as an optional state benefit under Medicaid that focuses entirely on older people who are frail enough to meet their state's standards for nursing facility care. The program brings together all the medical, functional and social services needed for someone who otherwise might be in a nursing facility.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Strategy:** Provide opportunities for employment and independence.

**FY 2010-11**

| <b>Total</b> | <b>General<br/>Funds</b> | <b>Federal<br/>Funds</b> | <b>Non-Recurring<br/>Provisos</b> | <b>Part III<br/>(ARRA Funds)</b> | <b>Other<br/>Funds</b> | <b>FTEs</b> |
|--------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|------------------------|-------------|
| \$13,680,409 | \$2,871,086              | \$10,406,754             | \$402,569                         | \$0                              | \$0                    | 0.00        |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. W.

**Expected Results:**

Under the terms of the program, PACE is required to be a cost-effective alternative to nursing facility care, providing total care at less than the average composite cost of the nursing facility rate and Community Choices HCB waiver expenditures. \*An interdisciplinary team of health professionals assesses the participant's needs, develops a comprehensive plan of care and provides for total care. Generally, services are provided in an adult day health center, but also may be given in the participant's home, a hospital, long-term care facility, or in a nursing facility. There is no co-pay, deductible or limit on services as authorized by the Interdisciplinary Team. Enrollment is voluntary, and once enrolled, PACE becomes the sole source of all Medicare and Medicaid covered services, as well as any other items or medical, social or rehabilitation services the PACE interdisciplinary team determines an enrollee needs. If a participant requires placement in a nursing facility, PACE is responsible and accountable for the care and services provided and regularly evaluates the participant's condition.

**Outcome Measures:**

PACE actual costs are less than the average composite cost of the nursing facility rate and Community Choices HCB waiver expenditure

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**940 MUSC Maxillofacial Services**

Special line item which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissue of the oral and Maxillofacial regions. Dental: MUSC operates a Maxillofacial Prosthodontic Clinic that serves the needs of patients with severe Oral and Maxillofacial disfigurement as a result of cancer or trauma (gunshot wounds, fire, accidents, etc.).

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

## Agency Activity Inventory by Agency

**Appropriation Period: FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$231,910 | \$225,086        | \$0              | \$6,824                   | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 6. B.

**Expected Results:**

Eligible persons have access to these services. Dental: Medicaid beneficiaries that have suffered from cancer or trauma to the maxillofacial area are provided access to treatment that can repair and restore normal function.

**Outcome Measures:**

Cost containment through improvement of beneficiaries' overall health by improving their ability to eat, swallow, talk and have normal oral functions, resulting in beneficiaries' ability to obtain employment, regain independence.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

### 941 Other Agencies Administration

Provides support to Other Agencies participating in the Medicaid program through claims resolution & processing, policy development, interpretation & clarification. Administers State Agency Contracts.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$95,362,948 | \$2,282,366      | \$63,686,493     | \$2,748,027               | \$0                      | \$26,646,062   | 28.25 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$19,228; 3442 - State Agencies - Special Grants - \$6,301,986;  
35B4 - Medicaid Sponsored Workers - \$21,258; 3476 - Matching Funds - \$20,303,590

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

- Maintenance of Other Agencies professionals base- Increase in enrollment of providers- Quality health care for Medicaid beneficiaries.

**Outcome Measures:**

Claims resolution, written correspondence, and provider/beneficiary telephone inquiries.

**Agency Activity Inventory**  
**by Agency**  
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**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**942 Medicaid Eligibility**

Medicaid Eligibility determination is the primary activity of the 46 county offices of DHHS and the Central Eligibility Processing Division. All applicants for the SC Medicaid program must complete and submit a Medicaid application by mail or in person to an office of DHHS. The DHHS office staff approves or denies applications based on a combination of state and federal income and resource requirement and guidelines. Once approved, individuals are eligible to receive covered medical services, including hospital and doctor visits and prescriptions from an enrolled Medicaid provider until determined to no longer meet program requirements.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs   |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|--------|
| \$46,258,663 | \$8,879,210      | \$28,291,290     | \$602,912                 | \$0                      | \$8,485,251    | 450.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$94,168; 3442 - State Agencies - Special Grants - \$4,604,718;  
 35B4 - Medicaid Sponsored Workers - \$3,546,365 4479 - Indigent Care - \$240,000

**Budgetary Program No.:** II. A. 7 and II. A. 2.

**Expected Results:**

Medicaid eligibility is expected to be determined in an accurate and timely manner. Eligibility staff in the local offices located in each of the 46 counties and the Central Processing Division are expected to provide Medicaid eligibility information and Medicaid applications to the general public; make initial eligibility determinations and re-determinations within 45 days of receipt of a signed application or renewal form (up to 90 days for disability determinations); and accurately and efficiently approve or deny eligibility.

**Outcome Measures:**

Must meet federally acceptable Quality Assurance payment error rate of no more than 3% (at least a 97% payment accuracy rate). Processing times for non disability cases should not exceed 45 days and processing time for cases based on disability should not exceed 90 days without justification for an extension.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**Agency Activity Inventory**  
**by Agency**  
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**943 Medicaid Eligibility Support**

The Medicaid Eligibility Determination System (MEDS) is used to determine and track eligibility. MEDS assists in determining eligibility and in the tracking of applications, reviews, notices and other processes related to Medicaid eligibility. MEDS User Services provides Help Desk support for MEDS, defines system enhancements, and resolves user problems. The MEDS Department of Interfaces is responsible for problem resolution, system enhancements, and responding to SSI and Buy-In beneficiaries regarding eligibility issues. A toll free hotlines offers eligibility information and eligibility and claims problem resolution to the 800,000 plus SC Medicaid and SCHIP recipients. The Policy and Oversight bureau develops and revises statewide policies and procedures, to ensure compliance with state and federal requirements. The area creates and maintains forms and brochures, and responds to beneficiary, legislative and non-legislative written and email correspondence. The Bureau manages all quality assurance activities for the eligibility area.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$2,802,955 | \$896,163        | \$1,554,268      | \$0                       | \$0                      | \$352,524      | 49.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$10,242; 3442 - State Agencies - Special Grants - \$27,354; 35B4 - Medicaid Sponsored Workers - \$314,928

**Budgetary Program No.:** II. A. 7 and II. A. 1. A

**Expected Results:**

The Medicaid Eligibility Determination System (MEDS) is used to determine and track eligibility. MEDS assists in determining eligibility and in the tracking of applications, reviews, notices and other processes related to Medicaid eligibility. The Division of MEDS in the Bureau of Information Systems has application analysts that work closely with Clemson University staff where MEDS is housed and with staff from the Bureau of Program Support and eligibility staff to identify, design, test and implement needed or required enhancements to the MEDS. These enhancements are documented and prioritized through a System Request (SR) Process. The policy and procedures manual provides guidance for the 500 plus eligibility professionals performing the eligibility function. The constituent services groups answers constituent concerns regarding coverage and claims resolution. Program Quality assurance directs and monitors program accuracy and customer service.

**Outcome Measures:**

Program Policy Manual updated monthly new worker regional training begins within 2 weeks of hire. Resource Center strives to answer 95% of all constituent calls as they present; 95% of all Constituent Services' letters answered within assigned timeframes; monitoring of federal and state Quality Assurance activities; and reports to federal oversight groups within federally mandated timeframes.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**Agency Activity Inventory**  
**by Agency**  
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**944 Automated Claims Processing**

The Medicaid Management Information System (MMIS) is used to enroll providers, adjudicate claims, pay providers, report costs and utilization, and enroll recipients into special programs. Medicaid Reporting: MMIS Federal Reporting: 1. Coordinate the submission of Medicaid statistical information related to payments and eligibles to CMS for inclusion in the national MMIS database and coordinate the creation of data needed for federal SCHIP reporting which summarize SCHIP enrollment for SC. 2. Maintenance and Operations of the Medicaid Decision Support System which houses statistical information related to Medicaid. MMIS System Support: manages the development and maintenance of state policies, procedures and standards for pricing, procedures, provider enrollment, fund codes, and edit codes; establishes system priorities

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$51,389,512 | \$6,438,920      | \$38,310,570     | \$1,512,222               | \$0                      | \$5,127,800    | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$5,127,800

**Budgetary Program No.:** II.A.1.A

**Expected Results:**

Medicaid claims are adjudicated and payment is made to the Medicaid provider of service for the enrolled recipient for which the service was performed. The Medicaid Management Information System (MMIS) is used to adjudicate and pay Medicaid providers for services rendered and billed for Medicaid recipients. The Division of MMIS Systems Management and the Division of MMIS System Support in the Bureau of Medicaid Systems Management has analysts and data coordinators that work closely with Clemson University staff where MMIS is housed, outside vendors and with program staff to identify, design, test and implement needed or required enhancements to the MMIS. These enhancements are documented and prioritized through a Request for Change (RFC) Process. The Office of Reporting, Research and Special Projects create analytic studies and other specified reports for SCDHHS management using the Thomson Reuters Decision Support System (Advantage Suite).

**Outcome Measures:**

Meet or exceed prompt pay guidelines. Provide information to public regarding Medicaid expenditures, enrollment, and provider access through Transparency Report and Medicaid Fast Facts on our website.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**945 Special Projects**

**Agency Activity Inventory**  
by Agency  
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**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$0   | \$0              | \$0              | \$0                       | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** IV.

**Expected Results:**

**Outcome Measures:**

Funding not provided.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**946 Audits/Compliance**

Bureau of Compliance and Performance Review, with 3 divisions: Program Integrity, Audits, and SURS. Code of Federal Regulations (42 CFR 455.12 - 455.21) requires the state Medicaid agency to have methods and criteria for identifying and investigating cases of Medicaid fraud and abuse. The Division of Program Integrity conducts desk audits, on-site reviews, and preliminary fraud investigations of Medicaid beneficiaries and providers, and refers suspected fraud cases to the Attorney General's Office. Cases of suspected fraud and abuse are identified through complaints, the Fraud Hotline, and on-going data analysis conducted as part of the agency's Surveillance and Utilization Review System (SURS). The Division of Audits monitors compliance with Medicaid contracts; reviews State Agencies' claims for Medicaid reimbursement; audits Medicaid cost reports, and reviews internal controls. Eligibility Quality Assurance, also required under 42 CFR, monitors the accuracy of eligibility determinations; communicates findings to eligibility staff for corrective measures and reports error findings to CMS.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$5,991,948 | \$1,950,002      | \$3,638,365      | \$0                       | \$0                      | \$403,581      | 65.00 |



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**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$29,126; 3442 - St Agency Special Grants - \$195,617; 35B4 - Medicaid Sponsored Workers - \$178,838

**Budgetary Program No.:** I.

**Expected Results:**

Improved identification and increase in investigations of abusive and excessive Medicaid billings by health care providers; decrease in inappropriate use of Medicaid funds by state agencies; reduction in excessive and inappropriate use of prescription drugs and other benefits by Medicaid beneficiaries; development of a Medicaid payment accuracy rate. Improvement in cost savings by increasing recoupments and avoiding future inappropriate costs. To determine the number and types of errors made by agency staff when determining initial and continuing eligibility; and to report error findings to the Centers for Medicare and Medicaid Services and agency management.

**Outcome Measures:**

Increase in the number of program integrity audits opened from FY 2009 to FY 2010 = 33%. Increase in state funds collected as a result of global lawsuits = 158%. Overall increase in the amount of funds collected as a result of provider and beneficiary reviews for waste, fraud, and abuse = 46%. Initiated lock-in program for beneficiaries who abuse prescription drug benefits: 172 locked-in

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**947 Internal Information Technology**

Support agency information technology; Information Technology Helpdesk; PC Software applications; Document imaging; Network support and Security.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Administration

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$2,293,903 | \$740,561        | \$1,375,607      | \$0                       | \$0                      | \$177,735      | 27.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$5,821; 3442 - State Agencies - Special Grants - \$75,891; 35B4 - Medicaid Sponsored Workers - \$96,023

**Budgetary Program No.:** I.

**Expected Results:**

Advance the effective and efficient utilization of Information Technology in support of the Agency mission; Resolution of user request in a timely manner relative to the size and complexity of the problem; duration of development in days within applicable security policies and user satisfaction; Ensure quality, security, verification,

**Agency Activity Inventory**  
**by Agency**  
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and storage of designated Agency documentation through electronic imaging services; Maintain network availability during normal hours of operation; Ensure the policy and procedures relative to data security and integrity are published and maintained.

**Outcome Measures:**

Network availability statistics; Helpdesk call response time statistics; applications developed and maintained; up to date policies and procedures; quality and number of documents imaged

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**948 Agency Administration**

Agency administration includes Financial Management, Rate Setting, Human Resources, Public Information, Procurement and Support Services, Civil Rights Management, Contracts Management, Appeals and Hearings, Security and Building Maintenance, and Legal Services. Financial Management develops, implements, and manages the agency budget; directs all aspects of the agency's financial accounting operations; provides financial and fiscal impact analysis and consultation on Medicaid issues agency director, staff, Governor's Office, General Assembly, State Budget Office, and other external entities. Rate Setting develops and adjusts reimbursement rates for health care providers. Human Resources manages the personnel functions of the agency in the areas of classification, compensation, recruitment, benefits, employee relations, training, and development. Public Information provides answers to questions presented to the agency by the general public, the news media, and elected officials. It provides legislative liaison, assures agency compliance with the Freedom of Information Act, and helps the agency meet federal mandates that all Medicaid policy changes receive a recommendation from the South Carolina Medical Care Advisory Committee. It accomplishes its activities in person, over the telephone, by letter, through the news media, and via the Internet. Procurement and Support Services: Responsible for coordinating and evaluating procurements and contractual arrangements for the agency. Administers the agency policies related to postal, supply, fleet, and property management. Contracts Management: Directs the solicitation, development and management of contracts and Medicaid Services that legally bind DHHS and the provider based upon state and federal regulations. Appeals and Hearings: To provide fair hearings to Medicaid applicants and recipients who have received a negative decision from the Department that they believe is the result of error of fact or law. Provides fair hearings to providers who have a dispute with the Department over payment of claims, contract termination, nursing home reimbursement rates, etc. Provides fair hearings to any resident of a Title XIX facility that has proposed transfer or discharge of the resident.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Administration

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs   |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|--------|
| \$14,485,571 | \$4,676,506      | \$8,686,704      | \$0                       | \$0                      | \$1,122,361    | 170.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$36,752; 3442 - State Agencies - Special Grants - \$479,239; 35B4 - Medicaid Sponsored Workers - \$606,370

**Budgetary Program No.:** I.

**Agency Activity Inventory**  
**by Agency**  
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**Expected Results:**

The agency maintains appropriate levels of accountability and control over its financial assets, pays bills promptly, and complies with applicable laws, regulations and policies. Prompt and accurate responses to financial data requests provided in a clear and understandable format. Rate Setting: (1) - To develop fair and equitable Medicaid reimbursement rates for all non-institutional Medicaid services based upon a federally approved rate setting methodology, as well as review budgets for agency administrative contracts for compliance with state and federal regulations concerning allowable costs. (2) - To oversee the development of fair and equitable Medicaid reimbursement methodologies that adequately reimburses Medicaid providers, comply with applicable state and federal regulations, and limit expenditures within the appropriated dollars. Human Resources complies with all State and Federal human resources laws and regulations. Procurement and Support Services: Procurements will be completed in accordance with SC Consolidated Procurement Code. Accountability of property management, postal, and supply is ensured. Contracts Management: Medicaid contracts are completed based upon the SC Consolidated Procurement Code, state and federal regulations. Appeals and Hearings: To provide fair hearings in accordance with the federal and state laws and regulations and to render decisions based on the facts and applicable law/policy outcome to ensure eligible citizens receive the services they are entitled to and providers are reimbursed correctly.

**Outcome Measures:**

Rate Setting - (1) Reviewed 100 various FY end cost reports of various provider types to determine the aggregate annual cost increase incurred by certain provider groups participating in the SC Medicaid Program, as well as determine updated Medicaid rates and appropriate Medicaid reimbursement for FQHCs and State Agencies. Additionally, 117 RHC and Home Health cost reports were reviewed to establish updated Medicaid rates and proper Medicaid reimbursement based upon Medicare rate information. Lastly, 161 contract budget checklists were reviewed to ensure that costs claimed for reimbursement were allowable in accordance with state and federal regulations. Due to the increase in Medicaid managed care enrollment, 378 quarterly WRAP payments were made to contracting RHCs and FQHCs in order to ensure that Medicaid fee for service reimbursement levels were being maintained for Medicaid MCO enrollees. All but one outstanding plan amendment has been approved by CMS.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**1583 Regensis**

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| <b>Total</b> | <b>General Funds</b> | <b>Federal Funds</b> | <b>Non-Recurring Provisos</b> | <b>Part III (ARRA Funds)</b> | <b>Other Funds</b> | <b>FTEs</b> |
|--------------|----------------------|----------------------|-------------------------------|------------------------------|--------------------|-------------|
| \$0          | \$0                  | \$0                  | \$0                           | \$0                          | \$0                | 0.00        |

**Other Fund - Subfund No. & Title:**

**Agency Activity Inventory**  
**by Agency**  
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NA

**Budgetary Program No.:** II. A. 6. G.**Expected Results:****Outcome Measures:**

Funding not provided.

**Agency:** J02 - Health & Human Services Finance  
Commission**Functional Group:** Health**1585 Prevention Partnership Grants****Statewide Result Area:** Improve the health and protections of our children and adults**Strategy:** Provide disease prevention and disease management.**FY 2010-11**

| <b>Total</b> | <b>General<br/>Funds</b> | <b>Federal<br/>Funds</b> | <b>Non-Recurring<br/>Provisos</b> | <b>Part III<br/>(ARRA Funds)</b> | <b>Other<br/>Funds</b> | <b>FTEs</b> |
|--------------|--------------------------|--------------------------|-----------------------------------|----------------------------------|------------------------|-------------|
| \$0          | \$0                      | \$0                      | \$0                               | \$0                              | \$0                    | 0.00        |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 6 H..**Expected Results:****Outcome Measures:**

Funding not provided.

**Agency:** J02 - Health & Human Services Finance  
Commission**Functional Group:** Health

**Agency Activity Inventory**  
by Agency  
Appropriation Period: FY 2010-11

**1586 Rural Hospital Grants**

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide for an increased number of providers in underserved areas.

**FY 2010-11**

| Total | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$0   | \$0              | \$0              | \$0                       | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** IV.

**Expected Results:**

**Outcome Measures:**

Funding not provided.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**1740 GAPS Assist Program**

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$0   | \$0              | \$0              | \$0                       | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 6. D.

**Agency Activity Inventory**  
by Agency  
**Appropriation Period: FY 2010-11**

**Expected Results:****Outcome Measures:**

Funding not provided.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**1741 John De La Howe School Medicaid**

Behavioral Health Services: Community-based Wraparound Services for emotionally disturbed children who are Medicaid eligible JDLH clients and their families.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$640,453 | \$0              | \$457,527        | \$18,846                  | \$0                      | \$164,080      | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$164,080

**Budgetary Program No.:** II. A. 4. O.

**Expected Results:**

Behavioral Health Services: Treatment-oriented services provided to emotionally disturbed children under 21 years of age and their families to stabilize or strengthen the child's placement/home setting. Specifically, assessment, care planning, referral and linkage, monitoring and follow-up may be provided. Wraparound services are treatment oriented and goal directed.

**Outcome Measures:**

Youth will function better at home, at school and in the community. Outcomes include prevention of more costly and restrictive treatment options through adherence to a philosophy of community based, most normative and least restrictive services delivery and the facilitation of permanency through reunification or permanent guardianship. Another measure is the extent to which coordination of care exists between public and private providers. Total Transactions: 3,647 Cost per Transaction: \$63.42 Total Recipients: 125 Cost per Recipient: \$1,850

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**1742 Department of Corrections Medicaid**

Behavioral Health Services: Financial support is provided for Medicaid eligible inmates who are admitted to a medical institution for inpatient services.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$2,510,366 | \$0              | \$1,793,584      | \$73,872                  | \$0                      | \$642,910      | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$642,910

**Budgetary Program No.:** II. A. 4. N.

**Expected Results:**

Behavioral Health Services: Provide payment to enrolled providers of inpatient services for inmates, including hospitals, nursing facilities, juvenile psychiatric facilities and intermediate care facilities

**Outcome Measures:**

Total Transactions: 414 Cost per Transaction: \$6,341.34 Total Recipients: 120 Cost per Recipient: \$21,878

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**1744 MMA Phased Down Contributions**

This represents the charges to the State of South Carolina for assuming the prescription coverage for the Medicaid/Medicare dual eligibles.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$63,925,174 | \$62,044,069     | \$0              | \$1,881,105               | \$0                      | \$0            | 0.00 |

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 3. Y.**Expected Results:**

South Carolina will be charged by CMS a monthly amount for the Medicare Part D program for the dual eligibles.

**Outcome Measures:**

Expenses incurred by the state should result in a limited gain for the state.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**1745 Wil Lou Gray Opportunity School Medicaid**

Wil Lou Gray provides Nursing Services for Children Under 21. Nursing Services for Children Under 21 are those specialized health care service including nursing assessment and nursing diagnosis; direct care and treatment; administration of medication and treatment as authorized and prescribed by a physician or dentist and /or other licensed/authorized healthcare personnel; nurse management; health counseling; and emergent care. Other services include transportation for eligible beneficiaries to and from off-site covered- Medicaid services, and Speech-Language Pathology services.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide for an increased number of providers in underserved areas.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$130,820 | \$0              | \$93,467         | \$3,850                   | \$0                      | \$33,503       | 0.00 |

**Other Fund - Subfund No. & Title:**

3476 - Matching Funds - \$33,503

**Budgetary Program No.:** II. A. 4. M.**Expected Results:**

Wil Lou Gray Opportunity School will identify, coordinate and provide nursing assessment and direct treatment services for Medicaid eligible children under 21 through periodic medical screenings. The Speech Language Pathologist identifies, coordinates, and treats medical conditions to increase level of functioning.

**Outcome Measures:**

Total Transactions: 2,340 Cost per Transaction: \$6.61 Total Recipients: 94 Cost per Recipient: \$165



**Agency Activity Inventory**  
by Agency  
Appropriation Period: FY 2010-11

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**1839 A Child's Haven**

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide timely and effective interventions when safety is compromised in the home or family.

**FY 2010-11**

| Total | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$0   | \$0              | \$0              | \$0                       | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 6. N.

**Expected Results:**

**Outcome Measures:**

Funding not provided.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**1840 SC State Housing Authority**

The South Carolina Department of Health and Human Services (DHHS) is the State Medicaid agency. It directly administers three home and community-based waiver programs for individuals who otherwise would need institutional care. As is the case in many other states, one waiver service is home modifications, wherein minor home repairs are made to waiver participants. These modifications can mean the difference between being able to remain at home or in having to go to a nursing home or some other institution. This is a description of issues that South Carolina has faced and how these have been addressed.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide timely and effective interventions when safety is compromised in the home

**Agency Activity Inventory**  
**by Agency**  
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or family.

**FY 2010-11**

| Total     | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-----------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$832,012 | \$0              | \$594,449        | \$24,483                  | \$0                      | \$213,080      | 0.00 |

**Other Fund - Subfund No. & Title:**

3441 - St Agencies Medicaid Allocation - \$213,080

**Budgetary Program No.:** II. A. 4. P.

**Expected Results:**

The result of this partnership has been that many participants have received home modifications. In many cases, their dwellings are in substantial need of repair for them to be able to stay safely in their homes. While funds cannot be used for very general home repairs, these funds can and are being used to fix floors that are in grave need of repair, widen doors to allow wheelchair access, providing limited weatherization and other needed repairs.

**Outcome Measures:**

Waiver participants receiving environmental modification services won't be seeking Nursing Home placement because of access and safety issues in the home environment.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**1841 Child Health Insurance Program (CHIP)**

SCHIP - Title XXI of the Social Security Act is jointly financed by the Federal and State governments and administered by States. SCHIP provides a capped amount of funds at a higher match rate than Medicaid (Title XIX) provides, to initiate and expand the provision of child health assistance to uninsured, low-income children. States may provide coverage by expanding Medicaid or creating a separate program or a combination of expansion and a stand-alone program. South Carolina presently provides SCHIP coverage through both an expansion and a Separate Children's Health Insurance program. The expansion was initiated in 1997 and the Separate SCHIP group in 2008

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide increased access to insurance and private payment for healthcare.

**FY 2010-11**

| Total        | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs  |
|--------------|------------------|------------------|---------------------------|--------------------------|----------------|-------|
| \$90,680,925 | \$9,158,078      | \$78,716,037     | \$2,487,184               | \$0                      | \$319,626      | 88.00 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$59,895; 3442 - State Agencies - Special Grants - \$193,510; 35B4 -

**Agency Activity Inventory**  
by Agency  
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Medicaid Sponsored Workers - \$66,221

**Budgetary Program No.:** II. A. 3. Z.

**Expected Results:**

Reduce the number of uninsured children in South Carolina by increasing the number of targeted low-income children in Medicaid and SCHIP. Increase access to primary care and lessen the use of emergency room care by limiting emergency room visits to only emergent conditions and situations. Increase access to continuing well child care by increasing the number of children with Medical homes.

**Outcome Measures:**

Compare the number and percentage of uninsured children at yearly intervals with the baseline numbers in existence at the start of the expansion and at the creation of the Separate Children's Health Insurance Program. Compare use of the emergency room visits at baseline versus to use of emergent care at defined intervals. Target 4%. Measure the number of well child visits and compare with baseline data. Look for ongoing increases. Currently, 3 MCOs operate SCHIP programs in 46 counties. July 2010 enrollment is at 15,600. The development of age appropriate HEDIS based healthcare outcomes and quality improvement measures have been completed and will be implemented in the coming year. This program is projected to transition to the Medicaid Expansion program on October 1, 2010. Eligibility determinations must be established within 45 days of receipt of application.

**Agency:** J02 - Health & Human Services Finance  
Commission

**Functional Group:** Health

**1914 Health Opportunity**

A Health Opportunity Account (HOA) is a new Medicaid option that rewards participants for making good decisions about their health care. This is a pilot program and will only accept 1000 participants from Richland County on a first come, first serve basis and with certain limits based on current age or health status. Participants will have an account created for them with \$2,500 for each eligible adult and \$1,000 for each eligible child.

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total       | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$2,610,794 | \$10,520         | \$1,772,661      | \$75,797                  | \$0                      | \$751,816      | 0.50 |

**Other Fund - Subfund No. & Title:**

3441 - State Agencies - Medicaid Allocation - \$341; 3442 - State Agencies - Special Grants - \$1,099; 35B4 - Medicaid Sponsored Workers - \$376; 3100 - Health Opportunity Account - \$750,000

**Budgetary Program No.:** II. A. 6. O.

**Expected Results:**

**Agency Activity Inventory**  
**by Agency**  
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The HOA will allow participants to manage their own health care. When the individual becomes ineligible for Medicaid they will be able to spend most of what is left in the account for education, job training, or other medical expenses.

**Outcome Measures:**

Demonstrates the efficacy of the Health Opportunity Account Model for the Medicaid program self management delivery of services.

**Agency:** J02 - Health & Human Services Finance  
 Commission

**Functional Group:** Health

**1941 Institute for Mental Disease Transition**

**Statewide Result Area:** Improve the health and protections of our children and adults

**Strategy:** Provide disease prevention and disease management.

**FY 2010-11**

| Total | General<br>Funds | Federal<br>Funds | Non-Recurring<br>Provisos | Part III<br>(ARRA Funds) | Other<br>Funds | FTEs |
|-------|------------------|------------------|---------------------------|--------------------------|----------------|------|
| \$0   | \$0              | \$0              | \$0                       | \$0                      | \$0            | 0.00 |

**Other Fund - Subfund No. & Title:**

NA

**Budgetary Program No.:** II. A. 5.

**Expected Results:**

**Outcome Measures:**

Funding not provided by Legislature.

**Agency Activity Inventory**  
**by Agency**  
**Appropriation Period: FY 2010-11**

**AGENCY TOTALS**

*Health & Human Services Finance Commission*

|                           |                                  |                             |                          |
|---------------------------|----------------------------------|-----------------------------|--------------------------|
| <b>TOTAL AGENCY FUNDS</b> | <b>TOTAL GENERAL FUNDS</b>       | <b>TOTAL FEDERAL FUNDS</b>  | <b>TOTAL OTHER FUNDS</b> |
| \$5,948,811,212           | \$726,496,085                    | \$4,276,271,339             | \$763,689,143            |
|                           | <b>TOTAL NON-RECURRING FUNDS</b> | <b>TOTAL PART III FUNDS</b> | <b>TOTAL FTEs</b>        |
|                           | \$182,354,645                    | \$0                         | 1,196.00                 |