OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: State of South Carolina

8. APPLICANT INFORMATION:

* a. Legal Name: South Carolina Department of Health and Human Services

* b. Employer/Taxpayer Identification Number (EIN/TIN): 57-0859576

* c. UEI: V1KXFRCQMGL5

d. Address:

* Street1: 1801 Main St
Street2: Jefferson Square
* City: Columbia
County/Parish:
* State: SC: South Carolina
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 29202-0000

e. Organizational Unit:

Department Name: Health Programs

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
* First Name: Jordan
Middle Name:
* Last Name: Desai
Suffix:

Title: Deputy Director of Programs

Organizational Affiliation: South Carolina Department of Health and Human Services

* Telephone Number: 8038982060
Fax Number:

* Email: jordan.desai@scdhhs.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Medicare & Medicaid Services

11. Assistance Listing Number:

93.798

Assistance Listing Title:

Rural Health Transformation Program

*** 12. Funding Opportunity Number:**

CMS-RHT-26-001

* Title:

Rural Health Transformation Program

13. Competition Identification Number:

CMS-RHT-26-001-117822

Title:

Rural Health Transformation Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas Affected By Project SF--424 SCRHT

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Transforming Rural Healthcare in South Carolina

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: SC-002 * b. Program/Project: SC-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/31/2025 * b. End Date: 09/30/2030

18. Estimated Funding ($):

* a. Federal	1,000,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,000,000,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Jordan

Middle Name:

* Last Name: Desai

Suffix:

* Title: Deputy Director of Programs

* Telephone Number: 8038982060 Fax Number:

* Email: jordan.desai@scdhhs.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Budget Narrative

This budget narrative outlines the financial plan for South Carolina's application to the CMS-RHT-20-001 funding opportunity. It provides a detailed justification for all projected costs associated with the implementation and administration of the Rural Health Transformation (RHT) program. The proposed budget supports a comprehensive strategy to enhance rural health outcomes through targeted initiatives, including Connections to Care, Leveling Up, Wellness Within Reach, Shoring Up to Sustainability, and the Tech Catalyst Fund. Each cost category—personnel, fringe benefits, travel, supplies, contractual services, and indirect costs—has been carefully calculated to ensure alignment with program goals, fiscal responsibility, and compliance with federal funding requirements. This narrative serves to demonstrate the State's commitment to transparency, accountability, and effective stewardship of public funds.

Budget years in the following tables are defined as follows:

Year 1: Dec. 31, 2025 – Oct. 31, 2026
Year 2: Nov. 1, 2026 – Oct. 31, 2027
Year 3: Nov. 1, 2027 – Oct. 31, 2028
Year 4: Nov. 1, 2028 – Oct. 31, 2029
Year 5: Nov. 1, 2029 – Oct. 31, 2030

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Personnel

Position Title	Name (if known)	Annual	Time	Months	Amount Requested	Initiative
RHT Program Director	N/A	$90,000	100%	12 Months	$90,000	All
RHT Program Data Analyst	N/A	$85,000	100%	12 Months	$85,000	All
RHT Program Coordinator (Connections to Care)	N/A	$60,000	100%	12 Months	$60,000	Connections to Care
RHT Program Coordinator (Leveling Up)	N/A	$60,000	100%	12 Months	$60,000	Leveling Up
RHT Program Coordinator (Wellness Within Reach)	N/A	$60,000	100%	12 Months	$60,000	Wellness Within Reach
RHT Program Coordinator (Shoring Up to Sustainability & Tech Catalyst Fund)	N/A	$60,000	100%	12 Months	$60,000	Shoring Up to Sustainability & Tech Catalyst Fund
RHT Program Contracts Monitor	N/A	$60,000	100%	12 Months	$60,000	All
RHT Program Fiscal Analyst	N/A	$75,000	100%	12 Months	$75,000	All
				Total	**$550,000**	

Table 1: Personnel

Personnel by budget year

Budget Year	Year-to-year Increase (Cost of Living Adjustment – 3%)	Total Salaries and Wages
Year 1	Base year (adjusted to ten months)	$458,333
Year 2	$16,500	$566,500
Year 3	$16,995	$583,495
Year 4	$17,505	$601,000
Year 5	$18,030	$619,030
	Total	**$2,828,358**

Table 2: Personnel by budget year

Personnel Justification

The state will utilize a team of eight individuals to manage the RHT program in addition to the consultants hired to ensure program compliance (see Consultant/Subrecipient/Contractual Justification for additional details on the consultants). Brief individual job descriptions for each of these eight roles can be found below. The state believes that each of these roles are essential to successfully administering the RHT program in South Carolina in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines.

These costs represent administrative costs with specific initiative allocations detailed in **Table 1.**

Job Summary – RHT Program Director – Vacant

This position directs the overall operations of the program and is responsible for: overseeing the implementation of program activities; coordinating with other agencies and stakeholders. This position will be the responsible authority for ensuring necessary reports/documentation are submitted to CMS. This position relates to all program objectives.

Job Summary – RHT Program Data Analyst – Vacant

The data analyst supports the data-collection, performance-measurement, and reporting functions for the RHT program. They will drive the tracking of project deliverables, evaluate outcomes against program metrics, and generate actionable insights to inform decision-making and compliance with the program. They will work closely with the program team to ensure that key performance indicators are captured, trends are monitored, and deliverables are achieved on time.

Job Summary - RHT Program Coordinator (Connections to Care) – Vacant

The program coordinator supports the implementation and management for the Connections to Care initiative detailed in the project narrative within the larger RHT program. Reporting to the program director, the coordinator is responsible for serving as the primary contact for the Connections to Care sub awardees, ensuring they receive the guidance, resources, and oversight needed to meet program goals and compliance requirements. This role involves day-to-day coordination, monitoring sub awardee activities, facilitating communication, and assisting with data collection and reporting.

Job Summary - RHT Program Coordinator (Leveling Up) – Vacant

The program coordinator supports the implementation and management for the Leveling Up initiative detailed in the project narrative within the larger RHT program. Reporting to the program director, the coordinator is responsible for serving as the primary contact for the Leveling Up sub awardees, ensuring they receive the guidance, resources, and oversight needed to meet program goals and compliance requirements. This role involves day-to-day coordination, monitoring sub awardee activities, facilitating communication, and assisting with data collection and reporting.

Job Summary - RHT Program Coordinator (Wellness Within Reach) – Vacant

The program coordinator supports the implementation and management for the Wellness Within Reach initiative detailed in the project narrative within the larger RHT program. Reporting to the program director, the coordinator is responsible for serving as the primary contact for the Wellness Within Reach sub awardees, ensuring they receive the guidance, resources, and oversight needed to meet program goals and compliance requirements. This role involves day-to-day coordination, monitoring sub awardee activities, facilitating communication, and assisting with data collection and reporting.

Job Summary - RHT Program Coordinator (Shoring Up to Sustainability & Tech Catalyst Fund) – Vacant

The program coordinator supports the implementation and management for the Shoring Up to Sustainability and the Tech Catalyst Fund initiatives detailed in the project narrative within the larger RHT program. Reporting to the program director, the coordinator is responsible for serving as the primary contact for the Shoring Up to Sustainability and Tech Catalyst Fund sub awardees, ensuring they receive the guidance, resources, and oversight needed to meet program goals and compliance requirements. This role involves day-to-day coordination, monitoring sub awardee activities, facilitating communication, and assisting with data collection and reporting.

Job Summary – RHT Program Contracts Monitor – Vacant

The contract monitor supports the effective administration of all contracts associated with the RHT program. Reporting to the program director, this role is responsible for monitoring contractor performance, ensuring compliance with contractual terms, maintaining accurate records, and supporting the procurement and renewal processes. The contract monitor plays a key role in tracking deliverables, reviewing invoices, and coordinating with internal teams and external partners to ensure accountability and adherence to contract requirements.

Job Summary - RHT Program Fiscal Analyst – Vacant

The fiscal analyst is responsible for managing the financial activities and compliance requirements of the RHT program. Reporting to the program director, this role ensures proper budgeting, tracking, reporting, and reconciliation of awarded funds. The analyst works closely with program and finance teams to monitor expenditures, prepare financial reports, and ensure compliance with funding regulations and organizational policies.

Fringe Benefits

Fringe Benefit	Rate	Total Salaries Requested	Amount Requested	Initiatives
Retirement	24.66%	$550,000	$135,630	All
Social Security & Medicare	7.65%		$42,075	All
Insurance	$10,151 per person/year		$81,208	All
Worker's Compensation	1.68%		$9,240	All
		Total	**$268,153**	

Table 3: Fringe Benefits

Fringe benefits by budget year

Budget Year	Year-to-year Increase (Cost of Living Adjustment) *	Total Fringe Benefits
Year 1	Base year (adjusted to ten months)	$223,461
Year 2	$11,049	$279,202
Year 3	$11,582	$290,784
Year 4	$12,144	$302,929
Year 5	$12,738	$315,667
	Total	**$1,412,043**

**6.7% increase in Insurance and 3% in Retirement, Social Security & Medicare, Worker's Compensation*

Table 4: Fringe benefits by budget year

Fringe Benefits Justification

Fringe benefits are calculated using standard state agency rates. These represent administrative costs, with specific initiative allocations detailed in the Personnel section above.

Travel

Purpose of Travel	Location	Item	Rate	Cost per year	Initiative
Site Visits	Statewide	Mileage	120 trips x 75 miles x $0.70	$6,300	All
Site Visits	Statewide	Hotel (per diem)	$110 x 1-day x 60 trips	$6,600	All
Site Visits	Statewide	Meals (per diem)	$35 x 1-day x 60 trips	$2,100	All
Rural Health Program Summit	Baltimore, MD	Flight	$750 x 4 Staff	$3,000	All
Rural Health Program Summit	Baltimore, MD	Hotel (per diem)	$150 x 2-nights x 4 staff	$1,200	All
Rural Health Program Summit	Baltimore, MD	Meals (per diem)	$50 x 3 days x 4 staff	$600	All
			Total	**$19,800**	

Table 5: Travel

Travel by budget year

Budget Year	Year-to-year Cost	Total travel
Year 1	Site Visits + Rural Health Summit	$19,800
Year 2	Site Visits	$15,000
Year 3		$15,000
Year 4		$15,000
Year 5		$15,000
	Total	**$79,800**

Table 6: Travel by budget year

Travel Justification

For this program, SCDHHS anticipates that staff will conduct site visits to each organization receiving RHT funds. Mileage reimbursement will follow the U.S. General Services Administration rate, with estimated mileage based on the average distance from Columbia (SCDHHS headquarters) to the furthest point in the state. The program director (1) and program coordinators (4) will conduct these visits twice per month, an estimated 120 trips per year. This travel is necessary to ensure sub awardees are using the funding as directed to further the RHT program goals.

To maximize staff efficiency, approximately half of the site visits are expected to require overnight travel. Accordingly, hotel and meal expenses—reimbursed at the standard per diem rate—are included in the cost estimate. These travel-related administrative expenses will recur annually from FY26 through FY30 and are not tied to any specific initiative.

To meet the terms and conditions of the cooperative funding agreement, SCDHHS anticipates sending a total of four RHT team members to the CMS RHT Annual Meeting in year 1. This estimate is based on SCDHHS' established per diem meal rates for out of state travel, the U.S. General Service Administration hotel per diem rates and an flight costs from Columbia, SC to Baltimore, MD.

Equipment

The state will not seek funding for equipment through this process.

Supplies

Item(s)	Rate	Cost per year	Initiative
General Office Supplies	12 months x $32/mo. x 8 staff	$3,072	All
	Total	**$3,072**	

Table 7: Supplies

Supplies by budget year

Budget Year	Item(s)	Total supplies
Year 1	General Office Supplies	$3,072
Year 2		$3,072
Year 3		$3,072
Year 4		$3,072
Year 5		$3,072
	Total	**$15,360**

Table 8: Supplies by budget year

Supplies Justification

Supply funding will be limited to general office supplies necessary to support the eight staff members assigned to this program. These supplies may include, but are not limited to, items such as tape, binders, tab dividers, labels, rubber bands, printer paper, notepads, sticky notes, folders, pens, writing instruments, desk calendars, desk accessories, staples, scissors, paperclips, and push pins. This is considered an administrative cost and is not associated with any specific initiative.

Consultant/Subrecipient/Contractual

	Year 1	Year 2	Year 3	Year 4	Year 5
Consultant	$300,000	$300,000	$300,000	$300,000	$300,000
Subrecipient	$174,725,452.32	$159,700,000	$159,700,000	$159,700,000	$159,700,000
Contractual	$8,990,000	$26,000,000	$26,000,000	$26,000,000	$26,000,000
Total	**$184,015,452.32**	**$186,000,000**	**$186,000,000**	**$186,000,000**	**$186,000,000**

Table 9: Consultant/Subrecipient/Contractual

Consultant/Subrecipient/Contractual by initiative

	Connections to Care	Leveling Up	Wellness Within Reach	Shoring Up to Sustainability	Tech Catalyst Fund	Administrative
Consultant	$0	$0	$1,500,000	$0	$0	$0
Subrecipient	$300,000,000	$80,000,000	$248,500,000	$160,000,000	$25,025,452.32	$0
Contractual	$0	$85,000,000	$0	$0	$0	$27,990,000
Total	**$300,000,000**	**$165,000,000**	**$250,000,000**	**$160,000,000**	**$25,025,452.32**	**$27,990,000**

Table 10: Consultant/Subrecipient/Contractual by initiative

Consultant/Subrecipient/Contractual Justification

Connections to Care – Subrecipient - $300 million over 5 years

The Connections to Care initiative funding will be distributed to **subrecipients** via a competitive grant application process that aligns with the projects outlined in the project narrative under the Connections to Care initiative.

Name of Subrecipient(s): Unknown, these will be determined through the competitive grant application process

Year One: the estimated number of subrecipients for year one will be 27-40 that will be procured through a competitive grant application process managed by the South Carolina Department of Health and Human Services

Period of Performance: Summer 2026 – December 2030

Year One	August 2026 – September 2027

Scope of Work: This will depend on the needs identified by the state and the subrecipient in alignment with the Connections to Care description and projects highlighted in the project narrative. Outcomes will be linked to the outcomes stated in the project narrative under the Connections to Care initiative.

Year One: South Carolina will focus on providing funding for the following projects within Connections to Care within year one.

- **Modernize Health IT Infrastructure**
  This project focuses on upgrading outdated health IT systems in rural South Carolina to certified, interoperable EHR platforms with enhanced cybersecurity and AI-enabled tools. By creating a secure, future-ready digital ecosystem, the initiative

will improve care coordination, reduce administrative burden, and enable advanced analytics for better clinical decision-making and population health management.

- **Remote Patient Monitoring and Assistive Technology**
  This initiative deploys remote monitoring devices for chronic conditions and assistive technologies for individuals with developmental disabilities to improve access and continuity of care in rural areas. By enabling real-time health tracking, early interventions, and tools that promote independence and communication, the project reduces hospitalizations, overcomes geographic barriers, and enhances quality of life for underserved populations.

Method of Accountability: Subrecipients will be held to a contract awarded as a result of the competitive grant application process. State staff will monitor compliance with deliverables identified as part of the grant application process. In addition, BDO Government Services LLC will monitor the overall RHT program, which will include the monitoring of the subrecipients.

Itemized Budget and Justification: The state will distribute $300 million over a five-year period through the competitive grant application process. Itemized budget and justification information will be available following this process.

Connections to Care – Year One		**Year One Total Funding - $75,000,000**	
Projects	**Minimum Amount**	**Maximum Amount**	**Estimated Number of Awards**
Remote Patient Monitoring and Assistive Technology	$250,000	$5,000,000	21-28
Modernize Health IT Infrastructure			
• System Modifications/Upgrades	$100,000	$2,000,000	5-10
• New/Replacement System	$5,000,000	$10,000,000	1-2

Leveling Up – Contractual – $85 million over 5 years

The State will utilize a contracted entity to assist in streamlining agency projects that align with the stated goals for the RHT program and completing a statewide rural needs assessment.

Name of Contractor: Unknown, these will be determined through the competitive application process. The selected contractor(s) will demonstrate expertise in rural health systems, mixed-methods research, and strategic planning for statewide initiatives.

Method of Selection: Procurement by the South Carolina Department of Health and Human Services (SCDHHS) under federal and state procurement guidelines.

Period of Performance: Spring 2026 – Spring 2027

Scope of Work: The Contractor will provide services under the Leveling Up initiative for streamlining agency projects that align with the stated goals for the RHT program and the completion of a statewide rural needs assessment.

Under the Leveling Up initiative, the consultant(s) will design and execute a comprehensive rural needs assessment across South Carolina. Services will include:

- Data integration and baseline analysis for access, workforce, technology, and health outcomes.
- Surveys and qualitative engagement with rural providers, residents, and stakeholders.
- Geographic Information System (GIS) mapping of access gaps
- Development of initiative-specific findings and recommendations to inform the grant opportunity designs and investment priorities.
- Preparation of a final report, dashboards, and county-level profiles aligned with RHT goals.

Method of Accountability: Contractor performance will be monitored through Service Level Agreements (SLAs) and milestone-based billing. SCDHHS will review and approve deliverables.

Itemized Budget and Justification:

Year One has funding allocated as follows:

- Project Mobilization & Detailed Workplan: $400,000
- Data Integration & Baseline Metrics: $1,000,000
- Statewide Stakeholder Engagement & Surveys: $900,000
- GIS Mapping: $750,000
- Interim Findings & Initiative-specific Recommendations: $500,000
- Final Report, Dashboards & County Profiles: $1,050,000
- Program Management, QA & Compliance Reporting: $400,000

These estimates are based on milestone deliverables.

Leveling Up – Subrecipient - $80 million over 5 years

A portion of the Leveling Up initiative funding will be distributed to **subrecipients** via a competitive grant application process that aligns with the projects outlined in the project narrative under the Leveling Up initiative.

Name of Subrecipient(s): Unknown, these will be determined through the competitive grant application process

Year One: the estimated number of subrecipients for year one will be 12-20 that will be procured through a competitive grant application process managed by the South Carolina Department of Health and Human Services

Period of Performance: Summer 2026 – December 2030

Year One	August 2026 – September 2027

Scope of Work: This will depend on the needs identified by the state and the subrecipient in alignment with the Leveling Up description and projects highlighted in the project narrative. Outcomes will be linked to the outcomes stated in the project narrative under the Leveling Up initiative.

Year One: South Carolina will focus on providing funding for the following projects within Leveling Up within year one.

- **Chronic Disease Program Expansion**
  This project aims to improve chronic disease management in rural South Carolina by expanding evidence-based programs that integrate specialty care, telehealth, provider training, and patient education. Through coordinated care systems and self-management resources, the initiative seeks to reduce preventable hospitalizations, improve health outcomes, and enhance quality of life for individuals with conditions such as diabetes, hypertension, and sickle cell disease.

Method of Accountability: Subrecipients will be held to a contract awarded as a result of the competitive grant application process. State staff will monitor compliance with deliverables identified as part of the grant application process. In addition, BDO Government Services LLC will monitor the overall RHT program, which will include the monitoring of the subrecipients.

Itemized Budget and Justification: The state will distribute $80 million over a five-year period through the competitive grant application process. Itemized budget and justification information will be available following this process.

Leveling Up – Year One		**Year One Total Funding - $27,000,000**	
Projects	**Minimum Amount**	**Maximum Amount**	**Estimated Number of Awards**
Chronic Disease Program Expansion	$100,000	$5,000,000	12-20

Wellness Within Reach – Consultant – $1,500,000 over 5 years

A portion of the Wellness Within Reach initiative funding will be distributed to **consultants** utilizing SCDHHS' current actuarial consultant. They will be retained to develop a rate methodology for community paramedics to determine financial feasibility of incorporating those rates into the South Carolina Medicaid fee schedule.

Name of Consultant: Milliman

Organizational Affiliation: None

Nature of Services to be Rendered: The state will utilize consulting services to develop an actuarially sound rate for community paramedic services

Relevance of Service to the Project: Consultant services allow the state to achieve the program objectives outlined in the Wellness Within Reach initiative as described in the project narrative

Number of Days of Consultation: Unknown, this will be determined prior to the beginning of the work

Expected Rate of Compensation: Approximately $450/hr. All other budget items will be determined after a full proposal is submitted by the vendor.

Method of Accountability: Consultants will be held to the contract that the state currently has with the vendor. State staff will monitor compliance as part of the process. In addition, the state will hire a consultant to monitor the overall RHT program, which will include the monitoring of the consultants associated with each initiative.

Wellness Within Reach – Subrecipient - $248.5 million over 5 years

A portion of the Wellness Within Reach initiative funding will be distributed to **subrecipients** via a competitive grant application process that aligns with the projects outlined in the project narrative under the Wellness Within Reach initiative.

Name of Subrecipient(s): Unknown, these will be determined through the competitive grant application process

Year One: the estimated number of subrecipients for year one will be 40-56 that will be procured through a competitive grant application process managed by the South Carolina Department of Health and Human Services

Period of Performance: Summer 2026 – December 2030

Year One	August 2026 – September 2027

Scope of Work: This will depend on the needs identified by the state and the subrecipient in alignment with the Wellness Within Reach description and projects highlighted in the project narrative. Outcomes will be linked to the outcomes stated in the project narrative under the Wellness Within Reach initiative.

Year One: South Carolina will focus on providing funding for the following projects within Wellness Within Reach within year one.

- **Mobile Crisis Response**
  This project strengthens behavioral health support in rural South Carolina by improving awareness and utilization of mobile crisis teams. It focuses on building partnerships with law enforcement and community organizations, providing training, and launching outreach campaigns to ensure individuals in crisis receive timely, compassionate care instead of punitive measures.
- **Expand Community Care Sites**
  This initiative increases healthcare access in rural areas by establishing flexible care points such as pop-up clinics, mobile health units, and renovated community spaces. By bringing primary, preventive, and specialty care closer to residents, it reduces travel barriers, improves continuity of care, and fosters trust through locally integrated services.

Method of Accountability: Subrecipients will be held to a contract awarded as a result of the competitive grant application process. State staff will monitor compliance with deliverables identified as part of the grant application process. In addition, BDO Government Services LLC will monitor the overall RHT program, which will include the monitoring of the subrecipients.

Itemized Budget and Justification: The State will distribute $284.5 million over a five-year period through the competitive grant application process. Itemized budget and justification information will be available following this process.

Wellness Within Reach – Year One		**Year One Total Funding - $27,700,000**	
Projects	**Minimum Amount**	**Maximum Amount**	**Estimated Number of Awards**
Mobile Crisis Response	$50,000	$500,000	10-16
Expand Community Care Sites	$100,000	$2,000,000	20-32

Based on the above estimates, the State anticipates distributing approximately $20,000,000 to subrecipients for the expansion of community care sites. Some examples of expanded community care sites could include the following:

- Establish seasonal pop-up clinics in high-need areas
- Equip sites with necessary medical technology and supplies
- The following activities will not exceed $15,000,000 to ensure adherence to the 20% capital expenditures restrictions:
    - Purchase and deploy mobile health units for specialized services
    - Renovate underutilized spaces for permanent or intermittent clinics. A few examples of this could include:
        - Converting unused school classrooms into part-time clinics.
        - Turning unused community center rooms into exam or telehealth spaces.
        - Using church halls or fellowship rooms for intermittent wellness clinics.
    - Equip EMS vehicles with essential medical supplies, technology, and equipment to support community-based care delivery

Shoring Up to Sustainability – Subrecipient - $160 million over 5 years

The Shoring Up to Sustainability initiative funding will be distributed to **subrecipients** via a competitive grant application process that aligns with the projects outlined in the project narrative under the Shoring Up to Sustainability initiative.

Name of Subrecipient(s): These will be determined through the competitive grant application process

Year One: the estimated number of subrecipients for year one will be 151 - 204 that will be procured through a competitive grant application process managed by the South Carolina Department of Health and Human Services

Period of Performance: Summer 2026 – December 2030

Year One	August 2026 – September 2027

Scope of Work: This will depend on the needs identified by the state and the subrecipient in alignment with the Shoring Up to Sustainability description and projects highlighted in the project narrative. Outcomes will be linked to the outcomes stated in the project narrative under the Shoring Up to Sustainability initiative.

Year One: South Carolina will focus on providing funding for the following projects within Shoring Up to Sustainability within year one.

- **Facility Enhancements**
  This project focuses on upgrading critical infrastructure in rural hospitals and clinics, including HVAC systems, electrical upgrades, equipment replacements, and minor renovations to improve functionality. These enhancements aim to modernize facilities, improve patient experience, and ensure compliance with safety standards, helping rural providers remain financially viable and adapt to new care models.
- **Masterclass training series**
  The Masterclass Training Series provides rural healthcare leaders and staff with targeted training and technical assistance in areas such as risk management, business continuity, and adaptive governance. By building operational and strategic capacity, this initiative strengthens financial stability, fosters collaboration, and equips providers to meet evolving healthcare demands.
- **Healthcare Workforce**
  This project addresses provider shortages in rural South Carolina by offering financial incentives, such as signing bonuses tied to multi-year service commitments, to recruit and retain clinicians. These efforts aim to stabilize staffing, reduce turnover, and ensure consistent access to essential healthcare services, ultimately improving health outcomes and strengthening local systems.

Method of Accountability: Subrecipients will be held to a contract awarded as a result of the competitive grant application process. State staff will monitor compliance with deliverables identified as part of the grant application process. In addition, BDO Government Services LLC will monitor the overall RHT program, which will include the monitoring of the subrecipients.

Itemized Budget and Justification: The State will distribute $160 million over a five-year period through the competitive grant application process. Itemized budget and justification information will be available following this process.

For each of the projects, South Carolina has established minimum award amounts, maximum award amounts, and projected the estimated number of awards to be given based on the funding for each year as shown in the table below:

Shoring Up to Sustainability – Year One		**Year One Total Funding - $40,000,000**	
Projects	**Minimum Amount**	**Maximum Amount**	**Estimated Number of Awards**
Facility Enhancements	$100,000	$3,000,000	18-20
Masterclass Training Series	$500,000	$2,500,000	3-4
Healthcare Workforce*			
• Physicians	$75,000 per physician	$275,000 per physician	20-30
• Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs)	$37,500 per APRN or PA	$62,500 per APRN or PA	110-150
**funding cannot go to clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations*			

Based on the above estimates, the State anticipates distributing approximately $20,000,000 to $25,000,000 to subrecipients for facility enhancements. Some examples of facility enhancements could include the following:

- Fund improvements such as HVAC, electrical, and equipment upgrades. A few examples of this could include:
  - Replacing outdated HVAC systems to improve air quality and temperature control.
  - Upgrading electrical panels and wiring to support modern medical equipment.
  - Installing backup generators to ensure uninterrupted power during outages.
  - Purchasing updated diagnostic tools like digital X-ray machines or EKG units.
  - Replacing aging patient beds, monitors, and sterilization equipment.
- Support minor renovations to improve functionality
- Assist facilities converting to Rural Emergency Hospitals
- Enhance patient experience through modernized spaces.

Tech Catalyst Fund – Subrecipient - $25 million over 5 years

The Tech Catalyst Fund initiative funding will be distributed to **subrecipients** via a competitive grant application process that aligns with the projects outlined in the project narrative under the Tech Catalyst Fund initiative.

Name of Subrecipient(s): The estimated number of subrecipients for year one will be 4-6 that will be procured through a competitive grant application process managed by the South Carolina Research Authority (SCRA) via a contract with the South Carolina Department of Health and Human Services.

Period of Performance: Summer 2026 – December 2030

Year One	August 2026 – September 2027

Scope of Work: This will depend on the needs identified by the state and the subrecipient in alignment with the Tech Catalyst Fund description and projects highlighted in the project narrative. Outcomes will be linked to the outcomes stated in the project narrative under the Tech Catalyst Fund initiative.

Method of Accountability: Subrecipients will be held to a contract awarded as a result of the competitive grant application process. State staff will monitor compliance with deliverables identified as part of the grant application process. In addition, BDO Government Services LLC will monitor the overall RHT program, which will include the monitoring of the subrecipients.

Itemized Budget and Justification: The State will distribute $25 million over a five-year period through the competitive grant application process. Itemized budget and justification information will be available following this process.

Tech Catalyst Fund – Year One	**Year One Total Funding**	**Estimated Number of Awards**
Tech Catalyst Fund	$5,025,452.32	4-6

Administrative – Contractual – $27,990,000 over 5 years

The State will utilize a contracted entity to perform auditing, monitoring, and compliance functions for the Rural Health Transformation Program (RHTP). These services will ensure fiscal integrity, regulatory compliance, and robust oversight of all program activities and expenditures.

Name of Contractor: BDO Government Services LLC

Method of Selection: Direct procurement by the South Carolina Department of Health and Human Services (SCDHHS) under federal and state procurement guidelines.

Period of Performance: Spring 2026 – January 2031

Scope of Work: The Contractor will provide comprehensive auditing, monitoring, and compliance services for all RHTP-funded activities. This includes:

- Developing and implementing a compliance monitoring framework aligned with CMS requirements.
- Conducting quarterly fiscal audits and programmatic monitoring visits.
- Performing risk assessments, corrective action tracking, and technical assistance for subrecipients.
- Validating performance and outcome data, maintaining KPI dashboards, and preparing quarterly, semi-annual, and annual reports for SCDHHS and CMS.
- Supporting closeout activities, including final reconciliations, audit responses, and knowledge transfer.

Method of Accountability: Contractor performance will be monitored through Service Level Agreements (SLAs) and milestone-based billing. SCDHHS will review and approve deliverables, including compliance frameworks, audit plans, and reporting submissions. Liquidated damages apply for missed deadlines or performance failures.

Itemized Budget and Justification:

Year One has funding allocated as follows:

- Compliance Monitoring Program & System Design/Maintenance: $1,000,000
- Compliance and Monitoring: $2,800,000
- Reporting and Performance Evaluation: $190,000

These estimates are based on staffing plans, estimated hours, and milestone deliverables.

Construction (not applicable)

The state will not be seeking funding for construction through this process.

Other

The state will not be seeking funding for any other items not listed in the above categories

Administrative costs

Budget Year	Personnel	Fringe Benefits	Travel	Equipment	Supplies	Contractual	Indirect Costs	Total requested	Percentage (of total grant funding)
Y1	$458,333	$223,461	$15,000	$0	$3,072	$3,990,000	$15,310,134	$20,000,000	
Y2	$566,500	$279,202	$15,000	$0	$3,072	$6,000,000	$13,136,226	$20,000,000	
Y3	$583,495	$290,784	$15,000	$0	$3,072	$6,000,000	$13,107,649	$20,000,000	
Y4	$601,000	$302,929	$15,000	$0	$3,072	$6,000,000	$13,077,999	$20,000,000	
Y5	$619,030	$315,667	$15,000	$0	$3,072	$6,000,000	$13,047,231	$20,000,000	
Total	**$2,828,258**	**$1,412,043**	**$75,000**	**$0**	**$15,360**	**$27,990,000**	**$67,679,239**	**$100,000,000**	**10%**

Table 11: Administrative costs

Administrative costs description

Administrative costs include personnel, fringe benefits, travel, equipment, supplies, consultants, and indirect costs. These expenses represent 10% of the total award amount requested, remaining within the allowable limit of 10% for both individual fiscal years and the overall project budget.

Overall Budget

Cost Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel	$458,333	$566,500	$583,495	$601,000	$619,030	**$2,828,358**
Fringe Benefits	$223,461	$279,202	$290,784	$302,929	$315,667	**$1,412,043**
Travel	$19,800	$15,000	$15,000	$15,000	$15,000	**$79,800**
Equipment	$0	$0	$0	$0	$0	**$0**
Supplies	$3,072	$3,072	$3,072	$3,072	$3,072	**$15,360**
Subrecipients/ Consultants/ Contracts	$184,015,452.32	$186,000,000	$186,000,000	$186,000,000	$186,000,000	**$928,015,452.32**
Other	$0	$0	$0	$0	$0	**$0**
Total Direct Costs	$184,720, 118	$186,863,774	$186,892,351	$186,922,001	$186,952,769	**$932,320,761**
Indirect Costs	$15,310,134	$13,136,226	$13,107,649	$13,077,999	$13,047,231	**$67,679,239**
Total Project Costs	**$200,030,252.32**	**$200,000,000**	**$200,000,000**	**$200,000,000**	**$200,000,000**	**$1,000,030,252.32**

Table 12: Overall Budget

No funding received under the RHT program will be used for unallowable costs or funding limitations as detailed on pages 18-20 of the notice of funding opportunity.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2028

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Transforming Rural Healthcare in South Carolina		$	$	$ 200,000,000.00	$	$ 200,000,000.00
2. Year 2				200,000,000.00		200,000,000.00
3. Year 3				200,000,000.00		200,000,000.00
4. Year 4				200,000,000.00		200,000,000.00
5. Totals		$	$	$ 800,000,000.00	$	$ 800,000,000.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) Transforming Rural Healthcare in South Carolina	(2) Year 2	(3) Year 3	(4) Year 4	Total (5)
a. Personnel	$ 458,333.00	$ 566,500.00	$ 583,495.00	$ 601,000.00	$ 2,209,328.00
b. Fringe Benefits	223,461.00	279,202.00	290,784.00	302,929.00	1,096,376.00
c. Travel	15,000.00	15,000.00	15,000.00	15,000.00	60,000.00
d. Equipment					
e. Supplies	3,072.00	3,072.00	3,072.00	3,072.00	12,288.00
f. Contractual	186,000,000.00	186,000,000.00	186,000,000.00	186,000,000.00	744,000,000.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	186,699,866.00	186,863,774.00	186,892,351.00	186,922,001.00	$ 747,377,992.00
j. Indirect Charges	13,300,134.00	13,136,226.00	13,107,649.00	13,077,999.00	$ 52,622,008.00
k. TOTALS (sum of 6i and 6j)	$ 200,000,000.00	$ 200,000,000.00	$ 200,000,000.00	$ 200,000,000.00	$ 800,000,000.00
7. Program Income	$	$	$	$	$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Transforming Rural Healthcare in South Carolina	$	$	$	$
9. Year 2				
10. Year 3				
11. Year 4				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS) (b)First	(c) Second	(d) Third	(e) Fourth
16. Transforming Rural Healthcare in South Carolina	$	$	$	$
17. Year 2				
18. Year 3				
19. Year 4				
20. TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

View Burden Statement

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2028

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Rural Health Transformation Program (CMS-RHT-26-001) Year 5		$	$	$ 200,000,000.00	$	$ 200,000,000.00
2.						
3.						
4.						
5. Totals		$	$	$ 200,000,000.00	$	$ 200,000,000.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
	Rural Health Transformation Program (CMS-RHT-26-001) Year 5				
a. Personnel	$ 619,030.00	$	$	$	$ 619,030.00
b. Fringe Benefits	315,667.00				315,667.00
c. Travel	15,000.00				15,000.00
d. Equipment	0.00				0.00
e. Supplies	3,072.00				3,072.00
f. Contractual	186,000,000.00				186,000,000.00
g. Construction	0.00				0.00
h. Other	0.00				0.00
i. Total Direct Charges (sum of 6a-6h)	186,952,769.00				$ 186,952,769.00
j. Indirect Charges	13,047,231.00				$ 13,047,231.00
k. TOTALS (sum of 6i and 6j)	$ 200,000,000.00	$	$	$	$ 200,000,000.00
7. Program Income	$	$	$	$	$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Rural Health Transformation Program (CMS-RHT-26-001)	$	$	$	$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. Rural Health Transformation Program (CMS-RHT-26-001)	$	$	$	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 06/30/2028

1. * Type of Federal Action:

- [ ] a. contract
- [ ] b. grant
- [x] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:

- [x] a. bid/offer/application
- [ ] b. initial award
- [ ] c. post-award

3. * Report Type:

- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

- [x] Prime
- [ ] SubAwardee

** Name:* South Carolina Department of Health and Human Services

** Street 1:* 1801 Main St *Street 2:* Jefferson Square

** City:* Columbia *State:* SC: South Carolina *Zip:* 29201

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

Centers for Medicare & Medicaid Services

7. * Federal Program Name/Description:

Rural Health Transformation Program

Assistance Listing Number, *if applicable:* 93.798

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$

10. a. Name and Address of Lobbying Registrant:

Prefix: ** First Name:* NA *Middle Name:*

** Last Name:* NA *Suffix:*

** Street 1:* NA *Street 2:*

** City:* NA *State:* *Zip:*

b. Individual Performing Services (including address if different from No. 10a)

Prefix: ** First Name:* NA *Middle Name:*

** Last Name:* NA *Suffix:*

** Street 1:* NA *Street 2:*

** City:* NA *State:* *Zip:*

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Completed on submission to Grants.gov

***Name:** *Prefix:* ** First Name:* Jordan *Middle Name:*

** Last Name:* Desai *Suffix:*

Title: Deputy Director of Programs **Telephone No.:** **Date:** Completed on submission to Grants.gov

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Other Attachment File(s)

*** Mandatory Other Attachment Filename:** 11-4-25 Gov McMaster to Administrator Oz re Rural

Add Mandatory Other Attachment | Delete Mandatory Other Attachment | View Mandatory Other Attachment

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Add Optional Other Attachment | Delete Optional Other Attachment | View Optional Other Attachment

HENRY DARGAN MCMASTER
GOVERNOR

November 4, 2025

Administrator Mehmet Oz, MD, MBA
Center for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

Dear Administrator Oz,

I am writing to express my full support for and commitment to South Carolina's proposed Rural Health Transformation Plan, submitted pursuant to Funding Opportunity Number CMS-RHT-26-001, the Rural Health Transformation Program created under the Working Families Tax Cuts Act. Approximately one-in-three South Carolinians live in a rural area. This plan represents a critical step toward strengthening our state's rural health systems, improving health outcomes for citizens, and ensuring the long-term sustainability of care delivery in South Carolina's rural communities.

I am designating the South Carolina Department of Health and Human Services (SCDHHS) as the state agency that will prepare and submit the application on behalf of South Carolina. SCDHHS is the state's Medicaid agency; and its director, Eunice Medina, serves as a member of my cabinet. In close collaboration with my office, SCDHHS has led the development of South Carolina's Rural Health Transformation Program application and will also serve as the lead agency responsible for administering and implementing South Carolina's Rural Health Transformation Plan. SCDHHS will utilize the Agency's proven grant process to ensure funds reach rural communities and advance health for rural South Carolinians.

South Carolina developed its Rural Health Transformation Plan and outcomes-driven initiatives by leveraging longstanding relationships with state agencies, healthcare providers, advocates, community leaders and local and state officials. SCDHHS met with the South Carolina Department of Public Health, the South Carolina Office of Rural Health, the Catawba Nation and other tribal representatives. It also engaged a broad range of other key stakeholders, including hospitals, Federally Qualified Health Centers, emergency medical services providers, behavioral health providers, community organizations, and local government entities. This engagement has included in-person site visits by gubernatorial staff and Director Medina to see the realities

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

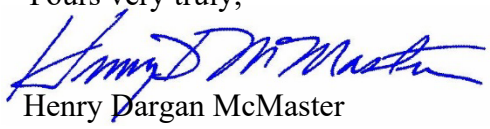
facing rural providers; and virtual interactions to ensure accessibility to stakeholders across the state. This engagement produced more than 350 proposals. Through this collaborative approach, we have developed a plan to improve health outcomes for South Carolinians who live in rural communities that is centered around increasing access to quality healthcare services, particularly those that prevent and manage chronic diseases, in South Carolina's rural communities.

SCDHHS and my office will continue to leverage our relationships and expand this engagement as we implement the South Carolina Rural Health Transformation Plan. South Carolina's ongoing commitment to stakeholder engagement through implementation of the plan will also utilize and expand existing venues, such as: quarterly provider and association meetings; the Medicaid and Beneficiary Advisory Councils; the Master Plan Advisory Committee; and provider collaboratives like the Birth Outcomes Initiative Symposium and Quality Through Innovation in Pediatrics. Using this established infrastructure to continue to gather meaningful input will support ongoing collaboration, cooperation, and coordination with various groups on myriad issues impacting rural health. This approach minimizes administrative burden, supports continued targeted discussions, and prioritizes efficiency.

In addition, I certify that the State of South Carolina will not expend any award funds on activities prohibited under 42 U.S.C. 1397ee(h)(2)(A)(ii) and will adhere to all applicable federal funding requirements and limitations.

I appreciate your consideration of South Carolina's Rural Health Transformation Plan. We look forward to continued collaboration with CMS in advancing this important work.

Yours very truly,



Henry Dargan McMaster

Program Duplication Assessment – South Carolina

SCDHHS affirms that it will ensure award funds are not used to duplicate or supplant current federal, state, or local funding, or be used for the non-federal share of Medicaid payments. Careful consideration has been given to ensure none of the expenses mentioned in either the Project Narrative or Budget Narrative are currently being covered by other means. As described in the Project Narrative, SCDHHS engaged with stakeholders from across the State to collect information on programs serving rural health needs. SCDHHS' Project Narrative was informed by this stakeholder engagement. The following table outlines concurrent funding which will require close collaboration between programs.

Funder	Program	Recipient	Amount	Year	Purpose
HRSA (FORHP)	State Office of Rural Health (SORH)	South Carolina Office of Rural Health (SCORH)	$223,410	FY24	Operations support for the State Office of Rural Health
HRSA (FORHP)	Small Rural Hospital Improvement Program (SHIP)	SCORH – pass-through to eligible rural hospitals	$193,648	FY24	Quality improvement, HCAHPS, value-based purchasing
HRSA (FORHP)	Medicare Rural Hospital Flexibility (Flex)	South Carolina Office of Rural Health (SCORH)	$454,147	FY25	Support Critical Access Hospitals (CAHs), EMS, quality & financial improvement
HRSA (FORHP)	Rural Communities Opioid Response Program – MAT Access	Prisma Health-Upstate	$1,000,000	FY24	Expand access to medications for OUD in rural communities
HRSA (OAT)	Behavioral Health Integration – Evidence-Based Telehealth Network	Medical University of South Carolina (MUSC)	$1,750,000	FY24	Telehealth-enabled collaborative care network for behavioral health in rural SC

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

Funder	Program	Recipient	Amount	Year	Purpose
	Program (EB-TNP)				
USDA Rural Development	Emergency Rural Health Care Grants (ARPA)	Regional Medical Center of Orangeburg & Calhoun Counties	$1,000,000	2022	Emergency medical equipment and telemedicine to strengthen preparedness
USDA Rural Development	Emergency Rural Health Care Grants (ARPA)	Franklin C. Fetter Family Health Center	$1,000,000	2022	Expand health and nutrition services; testing/vaccination; telehealth & food distribution
USDA Rural Development	Emergency Rural Health Care Grants (ARPA)	Dorchester County (St. George urgent care facility)	$1,000,000	2022	Rehabilitate facility to broaden access to urgent care incl. labs, radiology, telemedicine
USDA Rural Development	Distance Learning & Telemedicine (DLT)	Allendale County Public Schools	$867,790	FY24	Interactive video systems for dual enrollment
CMS → SCDHHS	Transforming Maternal Health (TMaH) Model	SCDHHS (statewide)	$17,000,000	2025–2035	10-year maternal health redesign benefiting rural areas
The Duke Endowment	Rural & statewide health access initiatives	MUSC	$4,690,000	2024	Improve access to care statewide incl. rural initiatives
SCDHHS	Rural & Medically Underserved Area Healthcare Infrastructure Grants	26 projects statewide (incl. Prisma Health)	$48,200,000	2024	Infrastructure for primary, maternal, pediatric, and behavioral health
SCDHHS	Rural Physician & Dentist Program	MUSC/South Carolina Area Health Education	$5,360,962	2025-2028	Provide outreach to rural clinics and help professionals in underserved areas

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

Funder	Program	Recipient	Amount	Year	Purpose
		Consortium (SCAHEC)			
SCDHHS	USC School of Medicine Rural Outreach Program	USC School of Medicine	$4,167,459	2024-2027	Enhance the quality of healthcare delivered in rural and disadvantaged communities through innovative programs
SCDHHS	The Clemson Rural Health Program	Clemson Rural Health	$2,499,914	2025-2026	Expanding preventive and primary care
SCDHHS	Rural Health Network Revitalization Project	USC School of Medicine	$3,000,000	2022-2026	Support the development and sustainment of a rural health network
SCDHHS	University Specialty Clinics	USC School of Medicine Educational Trust	$7,500,000	2025-2026	Purchase and provision of administrative & medical services
SCDHHS	South Carolina School of Health Academy	University of South Carolina	$3,052,429	2024-2026	Expands training, coaching, and workforce development to strengthen school-based mental health services
SCDHHS	MUSC South Carolina Telehealth Network	Medical University Hospital Authority	$13,500,000	2025-2026	Supports hospitals, regional hubs, and partners to develop and operate a statewide telehealth infrastructure

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

Additionally, SCDHHS contemplates contract and subrecipient awards with the Cooperative Agreement funding. SCDHHS will require disclosures and attestations from all partnering entities ensuring that federal, state, and local funding is not being used for duplicative programming. SCDHHS has also budgeted for a Data Analyst position who will be responsible for ensuring outcomes data is linked to the appropriate project/initiative. SCDHHS will remain committed to all activities in which it is the lead agency and has planned all staffing and position descriptions to ensure those activities continue under their existing authority. SCDHHS maintains that the best practice for avoiding program duplication is achieved through close communication. As such, SCDHHS will leverage its established stakeholder engagement infrastructure to provide regular updates and gather meaningful feedback on the RHT program.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

COST ALLOCATION PLAN

Updated October 2025

This Cost Allocation Plan (CAP) is the means by which the DHHS identifies and allocates administrative expenditures among the federal grants and contracts administered by DHHS. Expenditures are incurred by this agency for the administration of federally sponsored programs and are eligible charges against federal grants and contracts. Included in this CAP is a substitute methodology of allocating direct salary costs among major programs and among program activities and cost objectives having different federal matching rates.

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CHAPTERS

Chapter 1: Introduction

The last revision of the SC Department of Health and Human Services (DHHS) Cost Allocation Plan (CAP) was effective July 1, 2014. Department of Health and Human Services, Division of Cost Allocation letter dated April 23,2015, approved the last update (Amendment 2015-1).

This CAP is how the DHHS identifies and allocates administrative expenditures among the federal grants and contracts administered by DHHS. Expenditures are incurred by this agency for the administration of federally sponsored programs and are eligible charges against federal grants and contracts. Included in this CAP is a substitute methodology of allocating direct salary costs among major programs and among program activities and cost objectives having different federal matching rates.

DHHS is the single South Carolina state agency administering the federal programs listed at Appendix C. This CAP identifies the administrative costs of each program; the method for allocating the costs of each service to individual user units; and the mathematical allocation of those costs to the user units in the form of a single, formal, comprehensive proposal. It applies to costs incurred on and after July 1, 2025.

Along with direct costs assigned to each appropriate entity, the plan addresses allocated (indirect) costs originating in the DHHS.

Chapter 2: Revised Cost Allocation Plan

To the extent practicable, program costs and administrative costs are recorded as direct costs to the applicable program, federal grant and cost objective within that federal program. Where it is impractical to treat a cost as direct, indirect cost pools are utilized. The basic methodology of identifying direct salary costs and for allocating indirect costs remains essentially the same as previously approved. The method for distributing allocated indirect costs is to identify these costs to cost pools and then to distribute them to programs, in direct proportion to the distribution of direct salary expenditures for FTE and TGE positions.

Direct salary costs are distributed according to the effort devoted to each of the agency's programs. DHHS administers the Medicaid Program. Personnel who provide common administrative support services to all major programs are identified as “indirect” employees. In addition, the Medicaid Program is divided into cost objectives entitled:

Medicaid and Waiver Program Administration (Med Admn)

Skilled Professional Medical Personnel (SPMP)

Family Planning (FP)

Medicaid Management Information System (MMIS)

Pre-Admission Screening Annual Resident Review (PASARR)

Case Management Services (Case Mgmt)

State Children's Insurance Program (SCHIP)

Under South Carolina Enterprise Information Systems (SCEIS) utilizing Systems Applications and Products (SAP), each program activity and cost objective is assigned a Program Cost Account/Functional Area (PCA/FA) to identify the costs. The PCA/FA serves a variety of purposes, including, identification of the appropriate federal grant, grant year, the cost objective within that grant, and the funding split, i.e. federal and state funding percentages. The actual salary costs are entered timely into SCEIS. Indirect costs are initially recorded in SAP based on budget estimates of the expected distribution of indirect costs by grant. This initial distribution of indirect costs is adjusted quarterly to reflect the actual distribution of direct salary costs for the quarter.

Salary Documentation:

All salaries, direct and indirect:

Reference: OMB Circular A-87 Attachment B, Section 8.h. (1) DHHS complies with these provisions as stated: "Charges to Federal awards for salaries and wages, whether treated as direct or indirect costs, will be based on payrolls documented in accordance with generally accepted practice of the governmental unit and approved by a responsible official(s) of the governmental unit."

Indirect salaries. OMB Circular A-87 Attachment B, Section 8.h. (2) provides: "No further documentation is required for the salaries and wages of employees who work in a single indirect cost activity." DHHS indirect positions are 100% indirect (no direct%).

Direct salaries. Reference: OMB Circular A-87 Attachment B, Section 8.h. (6) "Substitute systems for allocating salaries and wages to Federal awards may be used in place of activity reports. These systems are subject to approval if required by the cognizant agency. Such systems may include, but are not limited to, random moment sampling, case counts, or other quantifiable measures of employee effort."

DHHS uses a substitute system for allocating direct salaries to grants. DHHS prepares documentation semi-annually, with certifications from supervisors, as to the program(s) and the percentage of time each employee spends on each of those programs. The Office of Finance and Administration, Controller's Office, prepares the schedules, detailing each position and the program(s) and cost objectives last assigned. The schedules are reviewed by supervisors, corrected as necessary to indicate the current distribution of employee time by program(s) and cost objective(s), and signed by the supervisory official having firsthand knowledge of the work performed by the employee.

Any change noted on the bi-annual certification schedule requires a review of the position description (PD) for each affected position. These PDs are reviewed in correlation to the bi-annual certification and are rewritten as necessary. DHHS uses this process of bi-annual certification and updating position descriptions as the method of continually updating the allocation of direct salaries. Position descriptions for each position are reviewed by the DHHS Controller's Office to assign the appropriate accounting codes to reflect the organizational unit and the funding distribution by grant and by Medicaid activities subject to different rates of FFP.

This substitute system of allocating direct salary costs would be in lieu of the provisions of the OMB Circular A-87, Attachment B, Section 8.h. (3), (4), & (5).

References:

OMB Circular A-87 Attachment B, Section 8.h.

(3) Where employees are expected to work solely on a single Federal award or cost objective, charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semiannually and will be signed by the employee or supervisory official having firsthand knowledge of the work performed by the employee.

(4) Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation which meets the standards in subsection (5) unless a statistical sampling system (see subsection (6)) or other substitute system has been approved by the cognizant Federal agency. Such documentary support will be required where employees work on:

(a) More than one Federal award,
(b) A Federal award and a non-Federal award,
(c) An indirect cost activity and a direct cost activity,
(d) Two or more indirect activities which are allocated using different allocation bases, or
(e) An unallowable activity and a direct or indirect cost activity.

(5) Personnel activity reports or equivalent documentation must meet the following standards:

(a) They must reflect an after the fact distribution of the actual activity of each employee,
(b) They must account for the total activity for which each employee is compensated,
(c) They must be prepared at least monthly and must coincide with one or more pay periods, and
(d) They must be signed by the employee.
(e) Budget estimates or other distribution percentages determined before the services are performed do not qualify as support for charges to Federal awards but may be used for interim accounting purposes, provided that:

(i) The governmental unit's system for establishing the estimates produces reasonable approximations of the activity actually performed;
(ii) At least quarterly, comparisons of actual costs to budgeted distributions based on the monthly

activity reports are made. Costs charged to Federal awards to reflect adjustments made as a result of the activity actually performed may be recorded annually if the quarterly comparisons show the differences between budgeted and actual costs are less than ten percent; and
(iii) The budget estimates or other distribution percentages are revised at least quarterly, if necessary, to reflect changed circumstances.

Chapter 3: Cost Allocation Methodology

Administrative costs related to grants and contracts are assigned to agency organizational units, by grant funding & match rate, and by type, direct or indirect. Organizational units are identified in SCEIS by "Cost Centers". Grants and matching rates are identified in SCEIS by Program Control Accounts/Functional Areas (PCAs/FAs). Each cost is identified by a combination of these two codes: Cost Center and PCA/FA. A Cost Center may be used with more than one PCA/FA, if more than one federal grant or match rate is applicable to the Cost Center.

Organizationally, the Office of the DHHS Director has reporting to it five (5) Deputy Directors Offices, each identified by a Cost Center. Each of the five Deputy Director Offices has reporting to them, Bureaus or Offices, each of which are assigned Cost Center codes. Some bureaus/offices are further broken down into divisions. Each division has unique Cost Center codes, depending on the size and complexity of the bureau.

Direct costs are assigned to direct PCAs/FAs; indirect costs area assigned to indirect PCAs/FAs. Costs are assigned to direct PCAs/FAs if the costs can be specifically or readily identified with a particular cost objective of a grant or contract.

Indirect costs are incurred for a common or joint purpose benefiting more than one cost objective. Agency wide indirect costs are assigned to specific PCAs/FAs for indirect salaries, indirect fringe costs, indirect non-salary costs and, indirect office lease costs for the DHHS Central Office.

Additionally, there is a PCA/FA used to record the non-salary common operating costs of DHHS organizational units who administer the Medicaid program exclusively and a unique PCA/FA is used to capture non-salary Medicaid common operating costs of the field offices of the Division of Community Long Term Care.

There is no universal rule for classifying certain costs as either direct or indirect under every accounting system. It is essential, therefore, that each cost item be treated consistently either as a direct or indirect cost.

DHHS's cost allocation system uses FTE and TGE direct salary costs, to distribute indirect costs. A key element in this process is identifying each employee's percentage of time spent supporting a program or grant, e.g. Medicaid and each Medicaid Program Category, administration, SPMP, MMIS, etc.

DHHS uses CAP "Bases" as the method for fiscal planning and budgetary purposes. A CAP Base is a methodology by which indirect costs can be distributed to programs using FTE and TGE direct salary costs distributions, adjusted quarterly using actual salaries.

Within DHHS are three indirect cost bases:

BASE ONE - This base is used to allocate agency-wide indirect costs to major programs and Medicaid program categories. Agency-wide indirect costs include all costs for those administrative activities and organizations that provide common services to direct program activities. Base One distribution percentages and match rates reflect the overall direct program salary cost distribution percentages of all direct program employees (FTE & TGE).

BASE TWO - Central Office and Other Space Rent Costs are identified in one cost pool and allocated in accordance with direct program/grant salaries for FTE and TGE positions located at the Columbia central office. The central office lease costs are distributed on a percentage basis to appropriate programs. This allocation uses actual salary distributions of all DHHS direct program staff located at the central office location and excludes staff located in the various area offices (ex: CLTC and Medicaid Eligibility staff).

BASE THREE - This basis is used to allocate common or joint non-salary costs associated with groupings of direct Medicaid program employees. The distribution schedules developed under this base are used to allocate common other operating costs. Common other operating costs are defined as costs that contribute to the support of all employees within the specified group of direct employees. These costs are equitably distributed to Medicaid

program categories through the cost allocation template. These were based upon the FTE salary costs distribution percentages for all employees within a group. There is a PCA/FA that is used to record the non-salary operating costs of DHHS organizational units who administer the Medicaid program exclusively. There is a PCA/FA used to capture non-salary Medicaid operating costs of the field offices of the Division of Community Long Term Care.

In addition to the above cost methodology, the Cost Allocation Plan accounts for expenses incurred in the purchase of service contracts. Service contracts with other governmental and private entities are a direct program charge for the service provided. These charges will be supported by a written agreement that contains a detailed description of the services being purchased, the basis for billing the provider agency, and a requirement that billing will be for actual, allowable direct costs. Other state agencies' indirect costs are charged to contracts with that state agency according to its federally approved indirect cost plan. Furthermore, cost for school-based administrative services will be developed in accordance with the specific contract for School-Based Health Services Medicaid Administrative Claiming approved by CMS.

Home and Community Based Waiver Services and other Waiver Services - Administrative costs of approved waiver services will be identified when appropriate. Regarding Home and Community Based Waiver Services and other waiver services administered by the Division of Community Long Term Care (CLTC), employees in the CLTC field offices will be assigned work as per previous agreement and understanding between CMS and DHHS. That is, regarding the following: Only licensed nurses will perform the Skilled Professional Medical Personnel (SPMP) functions, making medical assessment of clients involved with the various waiver services and Pre-Admission Screening Annual Residential Review (PASARR) functions. These licensed nurse employees' salary costs will be claimed as 95% SPMP and 5% PASARR. Only licensed social workers will be assigned and will perform the case management functions, qualifying for the Federal Medicaid Assistance Participation rate. Their salary costs will be claimed as 100% FMAP. Area administrators and other support staff will be assigned a ratio of their time proportionate to the ratio of licensed social workers (at the FMAP rate) and licensed nurses (at the regular Medicaid Administration rate, 50% FFP). Support staff who work exclusively in support of licensed nurses will earn the SPMP rate and those support staff whom, work exclusively for licensed social workers functions of case management will be claimed at the FMAP rate.

Advanced Planning Documents (APD) - Daily time sheets or updated position descriptions will be required on an "as needed basis" to record staff time spent on APD projects. The directly attributable staff costs will be identified and transferred to the appropriate SCEIS Program Control Account/Functional Area (PCA/FA).

Chapter 4: Conclusion

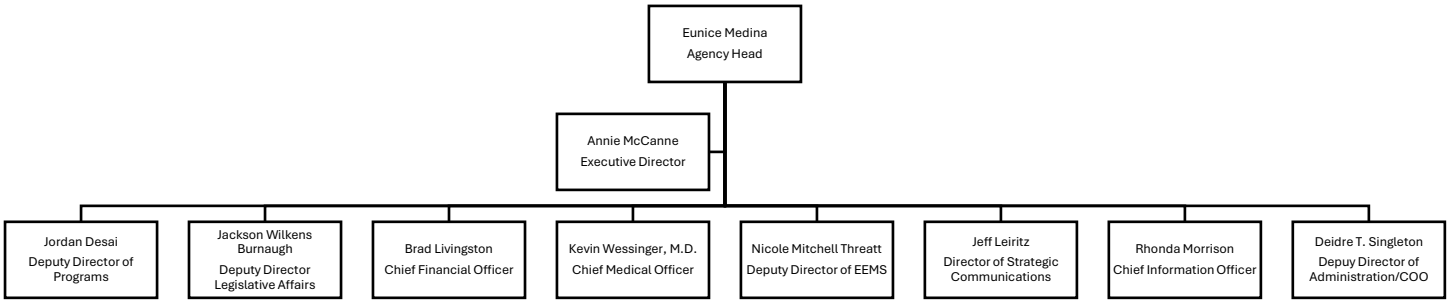
The revised CAP continues to use direct FTE and TGE salaries as the basis for allocating agency indirect costs. Semi-annual certifications of employee time distributions will be prepared and the position description for each employee position will be revised as necessary to reflect the latest time distribution determined by the semi-annual certifications. In accordance with OMB Circular A-87 Attachment B, Section 8.h. (6), approval is hereby requested of the cognizant Federal agency to continue to use this method as a substitute or alternative method for determining and assigning salary costs for DHHS direct FTE and TGE salaries, in lieu of personnel activity reports, time sheets, or statistical samples.

APPENDICES

Appendix A: Organization Charts

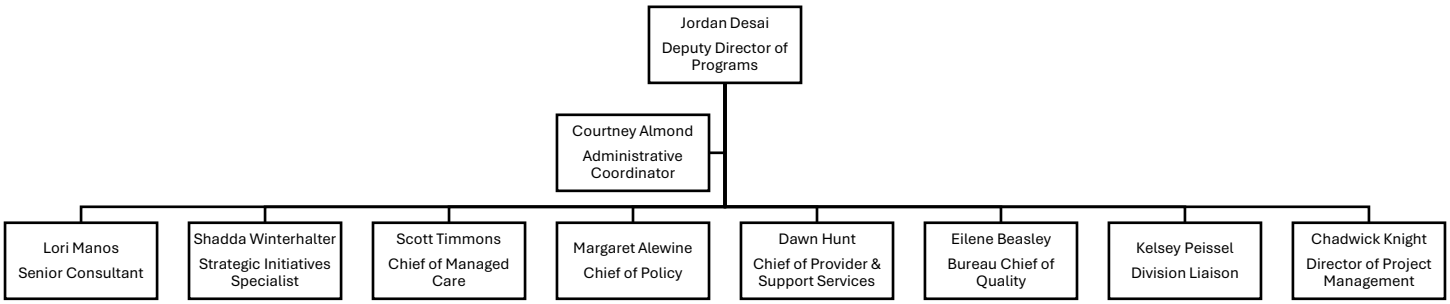
South Carolina Department of Health and Human Services

As of October 1, 2025



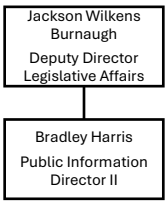
Health Programs

As of October 1, 2025



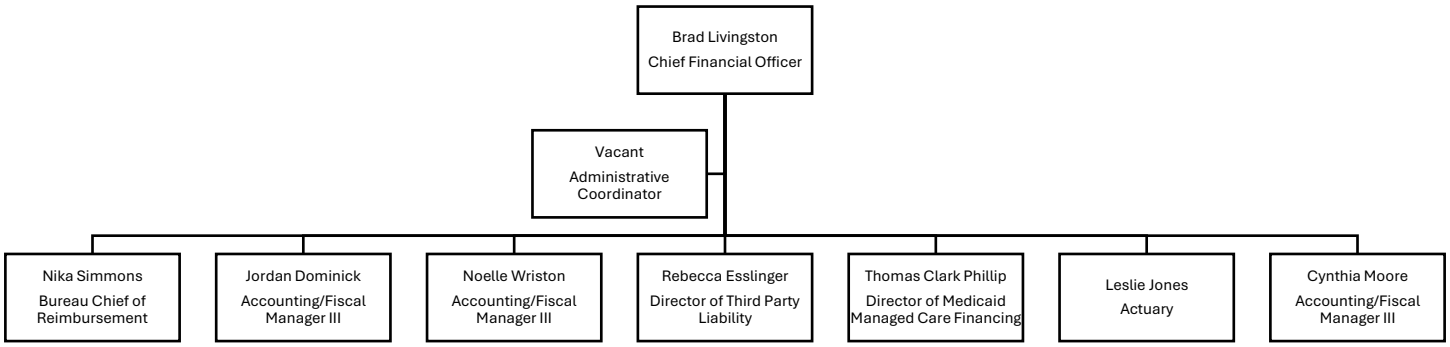
Legislative Affairs

As of October 1, 2025



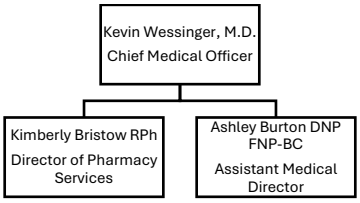
Finance

As of October 1, 2025



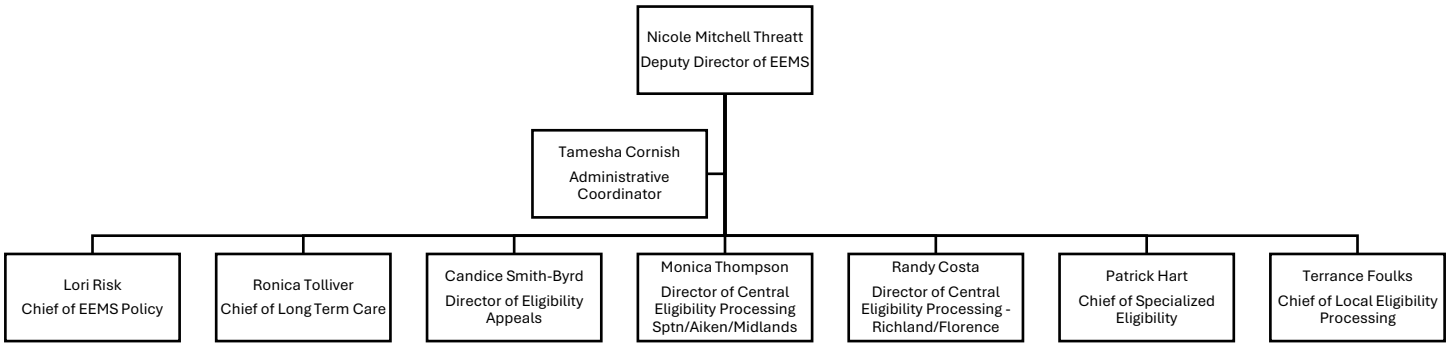
Office of Medical Directors

As of October 1, 2025



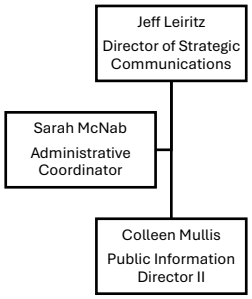
Eligibility, Enrollment, and Member Service

As of October 1, 2025



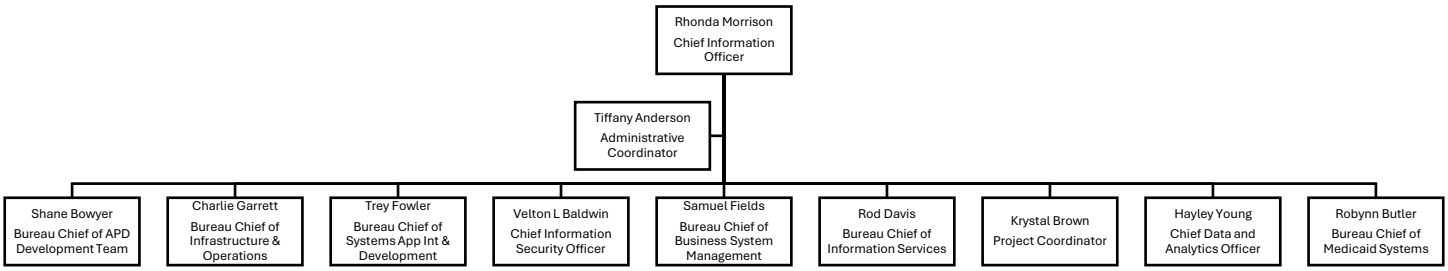
Strategic Communications

As of October 1, 2025



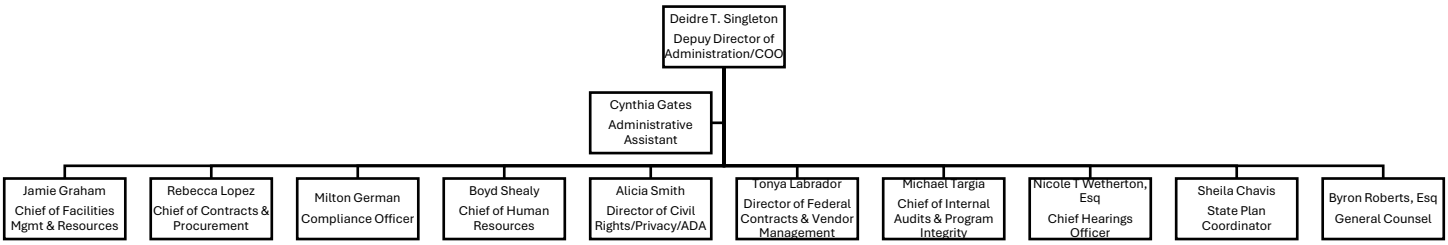
Office of System Technology

As of October 1, 2025



Administration

As of October 1, 2025



Appendix B: Organizational Unit Activities

As of October 1, 2025

Executive Director

The Executive Director (or "Director") of the South Carolina Department of Health and Human Services ('(SCDHHS" or the "Agency") provides executive oversight over all programs and operations of the Agency. The Director serves as a member of the Governor's cabinet. The Agency's Executive Team reports to the Director and includes Deputy Directors and their respective offices.

Legislative Affairs

Legislative Affairs is responsible for providing information to state legislators, monitoring legislation including the State Budget, and managing or supporting legislative-related functions. Legislative Affairs educates and responds to legislative inquiries of all nature, chiefly related to the Agency's budget, and advises Agency staff on matters related to the General Assembly.

Communications

Communications provides prepared and requested information to all stakeholders, both external and internal. Externally, Communications provides information to media, legislators, researchers, provider/advocacy stakeholders, and the general public. Communications also manages strategic internal communications such as regular employee newsletters and announcements of key programmatic or personnel-related issues. Communications advises and supports SCDHHS and its staff on communications-related matters, including how to promote and engage key audiences or partners to ensure the success of Agency initiatives. Communications manages the Agency's brand and identity use.

Office of Medical Directors and Pharmacy Services

The Office of Medical Director and Pharmacy Services is responsible for managing the clinical, operation, appeal and budgetary aspects of the fee-for service pharmacy benefit and the decision making and the application of medical necessity criteria to promote the facilitation and delivery of quality healthcare. The Office of Medical Directors and Pharmacy Services is responsible for ensuring that the Medicaid coverage policy is consistent with evidence-based care. The Office of Medical Directors and Pharmacy Services is also responsible for directing the activities of the Pharmacy Benefit Administrator (PBA) and managing pharmacy policy development through reporting and analysis and State Plan Amendments.

Health Program Operations

Health Program Operations is responsible for day-to-day administration of managed care and fee-for-service programs focused on physical health. Health Program Operations is responsible for the creation, maintenance and administration of many health services contracts including, but not limited to, dental, non-emergency medical transportation, pharmacy (including Welvista). This team also works with other state agencies including the Department of Education (DoE), the Department of Social Services (DSS), the Department of Public Health and and South Carolina's medical school programs such as the Rural Medical School Program. Health Program Operations assists in the development of policy and creates operating procedures to implement policy decisions. The Health Program Operations team includes:

- Account Managers who monitor Managed Care Organizations' (MCOs) compliance with the terms of the Healthy Connections contract and the MCO Policies and Procedures Manual;
- Contract Managers who monitor vendor compliance in Medicaid program areas where the Agency has elected to use contractors beyond the managed care program to provide benefits to Medicaid enrollees;
- Support staff and special projects staff who perform a variety of tasks including the standardization of operational procedures and implementation of new initiatives.

Administration and Chief Compliance Office

Human Resources

Human Resources performs human resource-related tasks for a workforce of over 1,300 employees. This area is responsible for the daily functional duties of workforce management including employee relations, benefits, compensation, hiring/on-boarding, leave, the administration of the Agency's policies and procedures and Equal Opportunity/Affirmative Action (EEO/AA). In addition, Human Resources administers the Agency's Employee Performance Management System (EPMS). Human Resources provides the Agency support in managing the performance of the staff and developing the SCDHHS' culture as a learning organization. Human Resources manages Agency-wide programs to attract and retain staff, train and educate the workforce, and track and analyze employee performance.

Contracts and Procurement

Contracts and Procurement administers the Agency's contracting and procurement activities. Contracts oversight includes the development and management of contracts, grants, and memorandums of agreements. Procurement functions include the acquisition of goods and services, information technology, and consultant services within agency certification limits. Formulation of all contract and procurement policies and procedures are established in accordance with the South Carolina Consolidated Procurement Code and Regulations

Internal Audits and Program Integrity

Internal Audits and Program Integrity oversees the Agency's efforts to manage and review its operations both internally and externally. Internal Audits and Program Integrity carries out five major functions for SCDHHS:

- Performs internal and external audits to help ensure compliance with applicable state and federal rules as well as effective performance of Agency functions;
- Administers the Medicaid program integrity function, which includes developing and managing initiatives for controlling utilization of services;
- Manages automated fraud and abuse detection systems including the Surveillance & Utilization Review system;
- Oversees agency fraud and abuse investigative efforts, which includes coordinating relationships with external regulatory, audit, and law enforcement entities.

General Counsel

The General Counsel represents the Agency in state and federal courts and administrative hearings. The General Counsel also provides legal advice to the Director and Agency staff.

Facilities Management

Facilities Management is an internal service-oriented area and thus provides the support the agency needs to carry out its overall mission. This area manages twenty six (26) facility lease agreements statewide and oversees the Agency's mailroom and postal services. In addition, Facilities Management is responsible for labor requests for repairs and interagency moves. This area handles the management, maintenance and upkeep of the vehicles the Agency leases from State Fleet Management for use by employees.

Appeals and Hearings

Appeals and Hearings presides over appeals from agency determinations brought by applicants, beneficiaries, and providers. An appeal is a request for a fair hearing before a hearing officer. The hearing officer acts as an impartial decision-maker and will determine whether the action proposed or taken by the agency should be reversed or upheld. Petitioners seeking further relief from a hearing officer's decision may make an appeal to the Administrative Law Court of South Carolina.

Civil Rights Division

In accordance with federal regulations, the Civil Rights Division ensures that no individual shall be subject to discrimination in their interactions with the South Carolina Healthy Connections Medicaid program on the grounds of race, color, national origin or disability.

Office of Compliance

The Office of Compliance evaluates program initiatives and ongoing activities to maintain alignment with regulatory requirements in support of Medicaid programs. The Office of Compliance collaborates to respond to compliance challenges and provides guidance to agency staff in the development of corrective actions of deficiencies identified in audit findings.

Office of Federal Contracts and Vendor Management

The Office of Federal Contracts and Vendor Management provides insight and support to agency contract owners and stakeholders. The Office of Federal Contracts and Vendor Management oversees contract compliance and vendor management to ensure contract terms and performance standards are met. The Office of Federal Contracts and Vendor Management ensures adherence to federal and state regulations and agency best practices pertaining to contract management.

Systems and Technology

Systems and Technology is responsible for the claims payment and provider focused operations and information systems to support the Agency's overall operations. OIM is led by the Deputy Director and Chief Information Officer (CIO).

Medicaid Systems

Medicaid Systems is responsible for the daily operations of the Member Management Systems (MMS), the Medicaid Management Information System (MMIS), and Business Information System (BIS). These operations are vital to the agency’s day-to-day business which consist of eligibility determinations, enrollment of providers and members, and claims adjudications.

Information Technology Services (ITS)

Information Technology Services (ITS) provides SCDHHS core technology and associated support needed for operations across the Agency. ITS includes three areas: providing systems and support, help desk and user support, and technical training for the Agency. ITS manages SCDHHS' networking infrastructure, core services including email, collaboration, and information/file sharing and also is responsible for information technology assets statewide.

Systems, Applications, Integration, and Development

Systems, Applications, Integration, and Development is responsible for maintaining the repository for all medical documentation and eligibility for participants, delivering all eligibility work and tasks through in-house designed applications for all eligibility workers, maintaining and authorizing all services and records for waiver participants, providing remote check in and check out capability for providers delivering services for waiver participants.

Office of Cybersecurity

The Office of Cybersecurity is responsible for safeguarding the confidentiality, integrity, and availability of DHHS information and information systems, identity, and data assets. The Office of Cybersecurity provides proactive security expertise, creates and maintains a resilient and secure infrastructure, and fosters a culture of security awareness and compliance throughout the agency.

Medicaid Enterprise System Core

Medicaid Enterprise System Core is responsible for the design, development, maintenance, and operations of the Medicaid systems that are deployed to cloud services such as Amazon Web Services (AWS). Medicaid Enterprise System Core is also responsible for the data integration platform known as the Medicaid Enterprise System (MES) Core that enables the agency to migrate to modular business solutions and the Encounters Processing Solution (EPS) system that targets production implementation and will modernize and expand the agency's ability to validate and report on managed care encounters.

Enterprise Systems

Enterprise Systems is responsible for the strategy and direction of complex change and improvement efforts specializing in the MMIS subsystems and processes.

Advance Planning Documents (APD) Writing Team

The Advance Planning Documents (APD) Writing Team is responsible for writing and coordinating the completion of Advance Planning Documents for submission to the Centers for Medicare and Medicaid Services (CMS) to obtain prior approval to receive and utilize enhance federal funding for data processing system initiatives that support the Medicaid programs. The Advance Planning Documents Writing Team is also responsible for submitting reports regarding projects and on-going operations to CMS regarding enhanced funding projects through CMS's Advanced Planning Document (APD) process.

Office of Delivery of Automated Systems for Healthcare

The Office of Delivery of Automated Systems for Healthcare is responsible for the successful planning and implementation of the various modular Medicaid components that comprise the MMIS. The Office of Delivery of Automated Systems for Healthcare is also responsible for the established project management standards, plans, and controls that are used as a framework for management.

IT Infrastructure and Operations

IT Infrastructure and Operations is responsible for providing agency staff with a secure and reliable data network infrastructure that allows for an efficient and successful work environment to perform daily operational tasks.

Information Assurance

Information Assurance provides security oversight to the Agency's information including both technical and physical security. Information Assurance oversees technical audits of systems and processes and works with internal and external stakeholders to meet security requirements, especially with regard to the SCDHHS; security obligations to Centers for Medicare and Medicaid Services (CMS). Information Assurance is led by the Chief Information Security Officer (CISO).

Data and Analytics Office

The DAO optimizes SCDHHS's use of data and analytics by ensuring a broad understanding of the SCDHHS's Data and Analytics approach and its importance, prioritizing Data and Analytics investments on obtaining the greatest business value and allowing SCDHHS to manage these investments at the enterprise level, enhancing data understanding, clarity, consistency, and quality across the enterprise and increasing data literacy and advanced analytics skills across the enterprise.

Finance and Administration

Finance is responsible for the budgeting, planning, provider reimbursement, CMS financial reporting, and accounts payable and receivables. Finance supports the Director and Executive Team in budgeting and finance management processes and represents SCDHHS in budgeting and financial matters by reporting and responding to the Governor's Office, the General Assembly, other state agencies, and stakeholders. Finance ls led by the Deputy Director and Chief Financial Officer (CFO).

Planning and Budget

Planning and Budget coordinates SCDHHS' annual budget request through the appropriation process, establishes operating budgets, and monitors cost drivers for each service and administrative expense reporting budget to actual variances. This area executes appropriation transfers as it relates to budget. Planning and Budget also oversees planning and estimation models (including eligibility and capitation models) and works closely with the Agency's actuaries for key metric analysis and planning.

Controller

The Controller manages the general accounting functions of the Agency including accounts payable and accounts receivable, payroll, state and federal funds management, account reconciliation, federal budget and expenditure reporting and works closely with CMS, and other federal, state and grant programs. The controller also works closely with other state agencies including the State Treasurer's Office (STO) and the enterprise resource planning (ERP) system, the South Carolina Enterprise Information System (SCEIS), an SAP system. The Controller works with the Agency's reporting team that is focused on operational reports and the data warehouse contract staff.

Third Party Liability

Third Party Liability (TPL) refers to the responsibility of third-party coverage other than Medicaid to pay for medical cost. Section 1902 (a) (25) of the Social Security Act requires that states take all reasonable measures to ascertain the legal liability of third parties to pay for medical services furnished to a Medicaid beneficiary. A third party is defined as an individual, entity, or program that is or may be liable by contract, agreement, or statute, to pay all or

part of the medical cost of injury, disease, or disability of an applicant or beneficiary. TPL operations consist of three departments that ensure Medicaid is the payor of last resort.

- The Health Recovery Department is responsible for identify and/or recovery from third party payers.
- The Casualty Department recovers monies from liable third parties if the Medicaid beneficiary has been involved in an accident or suffered an injury.
- The Estate Recovery Department recoups cost associated with a deceased beneficiary's long term care costs that were covered by Medicaid.

Reimbursements

Reimbursements oversees SCDHHS' rate setting processes and works with internal and external stakeholders regarding rates and rate policies. Reimbursements manages the Agency's cost reporting and Disproportionate Share Hospital (DSH) payments and works closely with providers directly and through their associations.

Managed Care Finance

Managed Care Finance coordinates the development or amendment of MCO capitation rates, rate certifications, and risk adjusted rates in collaboration with actuarial services, and various program areas. Also responsible for the calculation and reporting of preliminary and final Medical Loss Ratios (MLR) of the MCOs for the appropriate rate year.

Pricing

Develops fiscal analysis and research for all Medicaid service lines in collaboration with actuarial services, program areas, Office of Planning & Budget and the Division of Reimbursements. Provides cost studies and analyses to respond to external queries. Develop financial forecasts and projections used in the development of the annual agency budget.

Actuarial Services

Identifies risk, including economic and financial trends as it relates to Medicaid reimbursement. Perform actuarial, economic and demographic studies to estimate reimbursement rates. Design, test and evaluate policies to determine if Medicaid reimbursement procedures are actuarial sound. Oversees the development, submission and implementation of Medicaid reimbursement methodology policy into the South Carolina Medicaid State Plan.

Health Programs

Health Programs administers the Agency's health policies and programs primarily through the oversight of the State Plan, managed care organizations, and the fee-for-service program. Health Programs includes areas that focus on policies and programs related to physicians, hospitals, pharmacy, durable medical equipment, dental, transportation, and medical support services. This area focuses on health outcomes, quality patient care, contract management and the development of innovative initiatives and policies that improve the overall health of our beneficiaries and the citizens of South Carolina.

Policy

The Bureau of Policy develops, maintains, and reviews policy manuals, coverage, and services – state plan services, state contracts/initiatives, waiver & facility services, and behavioral health. Policy also provides guidance and interpretation to internal and external stakeholders, evaluates adequacy of services and ensures access to care for all members, ensures compliance with state and federal authorities and requirements and correctly reflects policy information in the Medicaid Management Information System (MMIS). Policy also Assists in the design and implementation of state mandates and programs.

Quality

The Bureau of Quality is responsible for developing and implementing innovative quality initiatives to promote the health and wellbeing of members. Quality ensures compliance with agency policies by assessing clinical and operational functions based on standardized measures across all programs. They are responsible for the review of the CMS form 416, Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), Core Set, and waiver performance measures. Quality conducts external quality reviews of managed care plans and monitors health outcomes of Medicaid members and the creation and maintenance of the agency's quality strategy

Provider and Support Services

Provider and Support Services is responsible for ensuring appropriate reference administration files and subfiles are distributed to the managed care plan. Maintains and enhances the MMIS Reviews and adjudicates fee-for-service (FFS), BabyNet, and Waiver claims that require manual review (second pass claims). Ensures access to care through coordination of out-of-state services for Medicaid members. Manages the transportation and prior authorization services for the agency. Reviews and represents the agency in appeals regarding claims and provider enrollment. Maintains and enhances the provider enrollment process for all Medicaid providers per federal and state requirements. Ensures member escalations are researched, tracked, resolved and all inquiries receive communication throughout the process. such as reporting and constituent/provider services Operations and Provider Relations. Operations and Provider Relations manages the operations, policies, process and communications to and from SCDHHS' provider community to ensure providers are executing the Medicaid program correctly and being reimbursed for their services. The Operations team oversees claims payment and resolution and encounter handling. Provider Relations manages the enrollment of new providers into the program and statewide outreach and education of providers regarding current operations and new initiatives.

Managed Care

Managed Care serves as a point of contact for Medicaid and Dual Managed Care Plans, SCAHP, CMS (regulatory) and SCDHHS. The team maintains managed care contracts, Policies and Procedures (P&P) and Report guides and ensures plan compliance with current contract requirements. The Managed Care team assists managed care plans with problem resolution and coordinates efforts with other state agencies such as the Department of Health (DOH), the Department of Education (DOE), and the Department of Social Services (DSS). The Managed Care team also manages the enrollment broker contract which includes coordinating and correcting any membership errors and they manage related administrative tasks which includes participating in the rate setting processes, approving relevant marketing material, grievance and appeal monitoring, assessing managed care networks for adequacy, and requesting appropriate Information Technology (IT) support for required changes

Eligibility, Enrollment and Member Services

Eligibility, Enrollment and Member Services (EEMS) focuses on the enrollment and member management of Healthy Connections Medicaid applicants, members, and former members. EEMS' direction is on creating a consumer-centered environment for our beneficiaries and applicants by streamlining application processes, removing unnecessary barriers and waiting periods for applicants, providing excellent customer service, and increasing access to member services to improve the health of our beneficiaries. This team is also continuing its efforts to develop a community-based work force to ensure the Agency meets its commitment to beneficiaries by providing vital services to those who need them, where they need them - in their homes and communities, where health begins. EEMS maintains at least one office in each of South Carolina's 46 counties. Medicaid applications are taken at the field offices, by mail, online, or over the telephone.

Long-Term Care Eligibility

Long-Term Care Eligibility is responsible for overseeing and supporting the development, management, and administration of long-term care eligibility and enrollment functions. Long-Term Care Eligibility collaborates with interagency partners in the support of long-term care eligibility enrollment functions. Long-Term Eligibility develops and implements strategies, plans, and processes to support long-term care operations. Long-Term Care Eligibility supports and manages long-term care provider relations for eligibility and enrollment.

Eligibility Policy

Eligibility Policy develops and maintains Medicaid eligibility polies and procedures, provides policy and process support to eligibility staff, develops and delivers training for Medicaid eligibility policies, procedures, and systems, and conducts activities related to federal, state and third- party quality reviews and audits

Eligibility Support and Quality

Eligibility Support and Quality is responsible for scanning and indexing documents received through mail, online, and fax into the system of record. Eligibility Support and Quality reviews determinations made by eligibility specialists each month to ensure eligibility decisions are accurate. This includes documenting eligibility and/or procedural errors. Eligibility Support and Quality is also responsible for the eligibility specialist performance and coaching process by tracking the timeliness and accuracy of the eligibility specialists work to ensure the process is implemented consistently and accurately statewide. The Eligibility Support and Quality team also provides onsite support to employees, supervisors, and managers in local eligibility processing (LEP) offices and processing centers.

Eligibility Appeals and Member Relations

Eligibility Appeals and Member Relations represents the agency in eligibility appeal proceedings and provides timely responses to legislative and general inquiries.

Office of Central Eligibility Processing

The Office of Central Eligibility Processing are non-public serving facilities that are responsible for timely and accurate eligibility determinations. Due to Central Eligibility Processing functioning as a non-public serving facility this allows the eligibility specialists to focus more on making eligibility determinations.

Appendix C: List of Federal Grants Administered

List of Federal Grants Administered (by CFDA)

CFDA	Title
84.181	Babynet
93.369	ACL Independent Living State Grants
93.610	Health Care Innovation Challenge
93.767	Children's Health Insurance Program Reauthorization Act
93.767	State Children's Health Insurance Program
93.778	Health Information Technology
93.778	Medical Assistance Program (Medicaid, Title XIX)
93.789	Alternatives to Psychiatric Residential Treatment Program
93.791	Money Follows the Person Demonstration Grant
93.869	Transforming Maternal Health

Appendix D: Cost Impact Analysis

NEW COST ALLOCATION PLAN 2026

Agency Indirect Cost		
MEDICAID	95.97%	$29,943,277.20
CHPADM	3.91%	$1,219,945.96
CHIPRA	0.00%	$0.00
HIT	0.00%	$0.00
CAPRTF	0.00%	$0.00
MFP	0.12%	$37,440.84
Total	**100.00%**	**$31,200,664.00**

PREVIOUS COST ALLOCATION PLAN 2014

Agency Indirect Cost		
MEDICAID	71.34%	$22,258,300.00
CHPADM	27.52%	$8,585,014.00
CHIPRA	0.15%	$46,791.00
HIT	0.62%	$194,048.00
CAPRTF	0.24%	$75,765.00
MFP	0.13%	$40,746.00
	100.00%	**$31,200,664.00**

Cost Impacts (Changes from Previous to New CAP)

MEDICAID	24.63%	$7,684,977.20
CHPADM	-23.61%	($7,365,068.04)
CHIPRA	-0.15%	($46,791.00)
HIT	-0.62%	($194,048.00)
CAPRTF	-0.24%	($75,765.00)
MFP	-0.01%	($3,305.16)
Total	**0.00%**	**($0.00)**

OTHER SUPPORTING DOCUMENTS

Appendix A.....Utilization Levels and Patient Volumes of Existing Rural Health Facilities

Appendix B.....SC Department of Insurance Bulletin 2018-08

Appendix C..... SC Legislative Letter of Support

Appendix D.....SC Stakeholder Letter of Support

Appendix E.....SC RHT Program Summary

Appendix A:

Utilization Levels and Patient Volumes of

Existing Rural Health Facilities

Utilization Levels and Patient Volumes of Existing Rural Health Facilities

Hospital	Discharges	Patient Days	Average Length of Stay	Use Rate per 1,000 Population	Average Daily Census
Abbeville Area Medical Center	327	1513	4.6	116.07	4.1
Allendale County Hospital	130	407	3.1	108.18	1.1
Carolina Pines Regional Medical Center	3,361	11,151	3.3	133.12	30.6
Cherokee Medical Center	1,490	6,221	4.2	118.45	17
Coastal Carolina Hospital	3,319	8,018	2.4	92.68	22
Colleton Medical Center	3,667	17,850	4.9	112.1	48.9
Edgefield County Healthcare	167	2,373	14.2	100.93	6.5
Hampton Regional Medical Center	423	1,992	4.7	154.27	5.5
McLeod Health Cheraw	2,247	9,825	4.4	121.69	26.9
McLeod Health Clarendon	2,368	10,078	4.3	149.91	27.6
McLeod Health Dillon	1,960	7,192	3.7	154.73	19.7
MUSC Health Black River Medical Center	1,312	4,133	3.2	172.28	11.3
MUSC Health Chester Medical Center	903	5,095	5.6	128.74	14
MUSC Health Kershaw Health Medical Center	3,147	14,475	4.6	125.88	39.7
MUSC Health Lancaster Medical Center	5,096	26.261	5.2	68.68	71.9
MUSC Health Marion Medical Center	986	3,576	3.6	197.49	9.8
MUSC Health Orangeburg Medical Center	6,730	35,486	5.3	137.67	97.2

Newberry Health	1,233	4,853	3.9	113.47	13.3
Prisma Health Oconee Memorial Hospital	7,053	28,893	4.1	110.54	79.2
Prisma Health Laurens County Hospital	2,619	11,446	4.4	135.21	31.4
Self-Regional Healthcare	10,097	50,267	5	101.85	137.7
Tidelands Georgetown Memorial Hospital	3,223	16,478	5.1	133	45.1
Tidelands Waccamaw Community Hospital	7,079	28,274	4	139.34	77.5
Union Medical Center	526	1,879	3.6	159.96	5.1

Source: SC Office of Revenue and Fiscal Affairs Inpatient Discharge Summary Statistics

Appendix B:

SC Department of Insurance Bulletin 2018-08

South Carolina Department of Insurance

Capitol Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6160

HENRY McMASTER
Governor

RAYMOND G. FARMER
Director

BULLETIN NUMBER 2018-08

TO: All Insurers Licensed to Transact Accident and Health Insurance Business within the State of South Carolina and all South Carolina Licensed Health Maintenance Organizations (collectively "Health Insurance Issuers")

FROM: Raymond G. Farmer
Director of Insurance

RE: Requirements Applicable to Short-Term, Limited-Duration Insurance (STLDI) Policies Sold in South Carolina

DATE: August 28, 2018

I. BACKGROUND, SCOPE AND PURPOSE

This Bulletin is directed to all Health Insurance Issuers writing short-term, limited-duration insurance policies (STLDI policies) sold in the individual market in South Carolina. It sets forth the Department's requirements for STLDI policies in light of the recently released final rule issued by the federal government.[1] That rule[2], which becomes effective October 2, 2018, permits the sale and renewal of STLDI policies that cover an initial period of less than 12 months, and taking into account any extensions, a maximum duration of no longer than 36 months in total.

Both the new federal rule and the guidelines set forth in this Bulletin apply only to short-term, limited-duration insurance policies sold in the individual market. They do not apply to any other type or category of insurance that is listed separately as excepted benefits in the federal Public Health Service Act (*e.g.*, disability income, hospital indemnity, specified disease insurance, accident insurance, etc.).

[1] The final federal rule was promulgated by the combined efforts of the U.S. Departments of Health and Human Services, Labor and Treasury.

[2] https://www.cms.gov/CCIIO/Resources/Files/Downloads/dwnlds/CMS-9924-F-STLDI-Final-Rule.pdf

II. SUMMARY OF FEDERAL REQUIREMENTS FOR STLDI POLICIES SOLD IN THE INDIVIDUAL MARKET

Effective October 2, 2018, the federal government requires that STLDI policies sold in the individual market:

- Must cover a period that is 12 months or less. In other words, the previous federal standard reducing the *maximum* coverage to less than 3 months is no longer in effect.
- May be renewed for a maximum period of 36 months. Insurers must offer a renewal guarantee with the initial policy. For an additional premium, consumers may elect to purchase the renewal guarantee, allowing the consumer to renew the policy for additional terms, up to the maximum term of 36 months, without an increase in premium or additional evidence of insurability.
- Must contain important language to help consumers fully understand the coverage they are purchasing. A notice (one of two versions – depending on the year of issuance) must be displayed prominently in the contract -- and in any application materials provided in connection with enrollment -- using at least 14-point type. This consumer notice differs slightly for polices issued before January 1, 2019 and those issued after that date, as outlined in item III below.

Please Note: South Carolina Notice Requirements differ slightly from the Federal Requirements. Additional South Carolina Requirements are outlined in Sections III, IV and V of this Bulletin.

III. NOTICE TO CONSUMERS

For policies issued in South Carolina with an effective date beginning on or after October 2, 2018, the issuing insurer must include on the first page of the contract and any application materials provided in connection with enrollment one of the notices prescribed below:

A. FOR POLICIES ISSUED IN 2018

Policies having a coverage start date ***before January 1, 2019*** and any application materials provided in connection with enrollment in such coverage must include the notice set forth below, using bold and at least 16 point type:

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

(such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also contain a cap on lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage." If you don't have minimum essential coverage for any month in 2018, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

B. FOR POLICIES ISSUED IN 2019 AND THEREAFTER

Policies having a coverage start date ***on or after January 1, 2019*** and any application materials provided in connection with enrollment in such coverage must include the notice set forth below, using bold and at least 16 point type:

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also contain a cap on lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

IV. ADDITIONAL SOUTH CAROLINA STLDI REQUIREMENTS

The Department is requiring the initial term of STLDI policies to be 11 months or less and limiting renewals to a total duration of 33 months or less of coverage. This should assist consumers in differentiating between STLDI health insurance and major medical insurance coverage under the Affordable Care Act, which are required to be 12 months in duration and guaranteed renewable annually.

To further assist consumers, the Department is also recommending that the following attestation clause be placed above the applicant's signature line on the application:

> **I hereby attest that I understand that this coverage is not required to comply with federal requirements for health insurance and does not provide "minimum essential coverage" as defined under the Affordable Care Act.**

V. FILING OF RATES AND FORMS – PRIOR APPROVAL REQUIRED

All forms and rates for STLDI policies should be submitted via SERFF. **Both** forms and rates are subject to prior approval; and consequently, must be filed with and approved by the Department prior to use. All other required documents/forms should also be submitted. These include, but are not limited to, policy forms, riders, rates, certifications, filing fees, etc.

Effective October 2, 2018, previously filed STLDI products must be resubmitted for form and rate review and approval with the appropriate notice displayed prominently in the contract and in any application materials. These products should be submitted as a new product with a new form number and include all required documentation.

VI. QUESTIONS

Questions regarding this Bulletin should be submitted via email to LAHmail@doi.sc.gov and include complete contact information (company name, phone number and email address for follow up.)

Bulletins are the method by which the Director of Insurance formally communicates with persons and entities regulated by the Department. Bulletins are Departmental interpretations of South Carolina insurance laws and regulations and provide guidance on the Department's enforcement approach. Bulletins do not provide legal advice. Readers should consult applicable statutes and regulations or contact an attorney for legal advice or for additional information on the impact of that legislation on their specific situation.

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

Appendix C:

SC Legislative Letter of Support

Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services

Dear Administrator Oz,

As members of the South Carolina General Assembly, we write to express our strong support for the State's proposed Rural Health Transformation Plan and the leadership of the South Carolina Department of Health and Human Services (SCDHHS) in developing and implementing this initiative.

The South Carolina Rural Health Transformation Plan reflects a coordinated effort across state agencies, local health systems and community partners to strengthen rural healthcare infrastructure and expand access to care. We commend the agency and stakeholders for their engagement to shape a plan that will improve health outcomes for rural residents throughout the State.

The General Assembly is committed to working collaboratively with the Governor and SCDHHS to ensure the success of this initiative, including consideration of any State-level actions necessary to support its implementation.

We appreciate the Centers for Medicare & Medicaid Services' partnership in advancing sustainable solutions for rural health, and we urge full consideration and approval of South Carolina's Rural Health Transformation Plan.

Sincerely,

Signed by:
Thomas Alexander
1EF3259FB3174C4...
Thomas Alexander
President of the SC Senate

Signed by:
Brad Hutto
BAA335DAADB54ED...
Brad Hutto
SC Senate Minority Leader

Signed by:
Daniel B. "Danny" Verdin III
7A93010CA2C5472...
Daniel B. "Danny" Verdin III
Chair, SC Senate Medical Affairs Committee

Signed by:
D. Todd Rutherford
EE836C8454B14F8...
J. Todd Rutherford
SC House Minority Leader

Signed by:
David R. Hiott
EE836C8454B14F8...
David R. Hiott
SC House Majority Leader

Signed by:
G. Murrell Smith, Jr.
9BE1A293C3A1484...
G. Murrell Smith, Jr.
Speaker of the SC House of Representatives

Signed by:
Bruce W. Bannister
9DCCD32072904F5...

Bruce W. Bannister
Chair, SC House Ways and Means Committee

Signed by:
Sylleste H. Davis
EE836C6454B14F0...

Sylleste H. Davis
Chair, SC House Medical, Military, Public and Municipal Affairs Committee

Appendix D:

SC Stakeholder Letter of Support

Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services

Dear Administrator Oz,

We represent partner organizations to the State of South Carolina's Rural Health Transformation Program effort. We are pleased to provide this letter of support for the state's plan to utilize the awarded funds to enhance rural health. South Carolina hospitals, healthcare providers, related associations and non-profit groups have witnessed firsthand the critical challenges facing South Carolina's rural communities. These rural communities face significant healthcare access and outcomes challenges that demand immediate attention, including hospital closures in rural counties, provider shortages, geographic barriers to care access and workforce recruitment and retention challenges. If South Carolina is awarded funding, we are committed to collaborating with state leaders to ensure the plan's success.

The Rural Health Transformation Program represents an unprecedented opportunity to address longstanding healthcare inequities in rural America. South Carolina's thoughtful, comprehensive approach demonstrates the state's readiness to leverage this investment effectively to create lasting improvements in rural health access, quality and outcomes.

We urge CMS to approve South Carolina's application and look forward to partnering with the state and federal government to transform rural healthcare delivery in our communities.

Thank you for your consideration.

Sincerely,

DocuSigned by:
Ann Lefebvre
Ann Lefebvre
SC Area Health Education Consortium

Signed by:
Tylee Anderson
Tylee Anderson
Catawba Indian Nation

Signed by:
Brian Clark
Brian Clark
SC Pharmacy Association

DocuSigned by:
Courtnay Thompson
Courtnay Thompson
Select Health

Signed by:
Dietrick Williams
72DB81143A044A1...

Dietrick Williams
Humana

DocuSigned by:
Dora Wilson
3CB975AE6A9D4FF...

Dora Wilson
Molina

DocuSigned by:
GRAHAM ADAMS
6E72299470104D5...

Graham Adams
SC Office of Rural Health

Signed by:
Henry Lewis
2EB2681D1B1A433...

Henry Lewis
SC EMS Association

Signed by:
Dr. James McElligott
33EE05A4BFC948B...

Dr. James McElligott
SC Telehealth Alliance

Signed by:
Jim Ritchie
CC0C742D27ED439...

Jim Ritchie
SC Alliance of Health Plans

DocuSigned by:
John Creel
66D5D0C35815AC3...

Dr. John Creel
Edisto Natchez Cuso Tribe

DocuSigned by:
John McClellan
86706BCCED7946F...

John McClellan
Absolute Total Care

Signed by:
Kevin Bennett
A9FFB861009D404...

Kevin Bennett
SC Center for Rural and Primary Healthcare

DocuSigned by:
Richele Taylor
5E37A2EE57814BB...

Richele Taylor
SC Medical Association

Signed by:
Scott Graves
2C00734D91A643F...

Scott Graves
Blue Cross Blue Shield SC

Signed by:
Susan John
750336AFDC654AB...

Susan John
SC Human Services Providers Association

Thornton Kirby
SC Hospital Association

DocuSigned by:
Timothy L. Vaughn
917007D4A86047A...

Tim Vaughn
Healthy Blue

DocuSigned by:
Vicki Young
E63DFB69EDC4427...

Vicki Young
SC Primary Health Care Association

Appendix E:

SC RHT Program Summary

Project Summary – South Carolina

South Carolina proposes a bold and comprehensive Rural Health Transformation (RHT) plan to address longstanding disparities in health care access, quality, and outcomes across its rural communities. With approximately 1.75 million residents—32.6% of the state's population—living in rural areas, the state faces disproportionate rates of chronic disease, maternal mortality, and limited access to care due to provider shortages; aging infrastructure; and the geographic and logistical challenges inherent to rural communities.

South Carolina's RHT plan is designed to transform the rural health care landscape through five integrated, outcomes-driven initiatives:



Connections to Care – Expands digital infrastructure by implementing electronic health records, remote patient monitoring, telehealth services and a statewide resource database platform to improve care coordination and access.



Leveling Up – Scales successful pilot programs statewide, focusing on chronic disease management, pediatric care quality, and workforce development.



Wellness Within Reach – Deploys mobile health units, crisis response teams, and pop-up clinics to bring care directly to underserved populations.



Shoring Up to Sustainability – Strengthens rural healthcare systems through targeted investments in workforce recruitment and retention, facility upgrades, and provider training.



Tech Catalyst Fund – Supports rural health technology startups and community-based innovations to drive long-term health and economic improvements.

Led by the South Carolina Department of Health and Human Services, South Carolina's plan and its five initiatives, aligns with the RHT's five strategic goals: **Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Tech Innovation**. The program emphasizes one-time, high-impact investments that remove systemic barriers and build long-term capacity, with a focus on improving chronic disease and maternal health outcomes across all rural counties.

To implement this transformative vision, South Carolina is requesting $1 billion in federal funding. This investment will enable the state to modernize rural healthcare infrastructure, expand access to essential services, and build a resilient, sustainable healthcare system that delivers measurable improvements in health outcomes for generations to come.

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

Business Assessment of Applicant Organization

A. General Information

1. *Provide organization:*
   a. *Legal name*: State of South Carolina
   b. *EIN (include PMS prefix and suffix, if applicable-ex. **1**-12356789-**A1**)*: 576000286
   c. *Organizational Type:* State Government

2. *What percentage of the organization's capital is from Federal funding? (percentage = total Federal funding received in previous fiscal year / organization's total gross revenue in previous fiscal year).* 85%

3. *Does/did the organization receive additional oversight (ex: Correction Action Plan, Responsibility and Qualification (R/Q) findings, reimbursement payments for enforcement actions) from a Federal agency within the past 3 years due to past performance or other programmatic or financial concerns with the organization)?* Yes

   a. *If yes, please provide the following information: Name of the Federal agency; reason for the additional oversight as explained by the Federal agency.* Centers for Medicare & Medicaid Services (see below).
   b. *If resolved, please indicate how the issue was resolved with the agency.* See Figure 1, below:

Schedule 2

STATE OF SOUTH CAROLINA
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2023

SOUTH CAROLINA DEPARTMENT OF ADMINISTRATION (D50) (CONTINUED)

2023 – 017. Reporting (Continued)

Recommendation: We recommend the Department strengthen procedures to ensure review responsibilities include requiring all State agencies to report expenditures posted to the accounting system as of the tenth day of the month following the period covered by each quarterly report.

Views of Responsible Officials and Corrective Action Plan: Management agrees with the finding. See Corrective Action Plan at page 131.

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES (J02)

2023 – 018. Eligibility

Federal Agency: Department of Health and Human Services
Federal Program Title: Medicaid Cluster and Children's Health Insurance Program
Assistance Listing: 93.775, 93.777, 93.778, and 93.767
Federal Grant ID Number: 05-2105-SC-5001, 05-1005-SC-5MAP, and 05-2305-SC-5021
Pass-Through Entity: Not applicable
Award Period: October 1, 2021, through September 30, 2023
Type of Finding: Significant deficiency in internal control over compliance, other matters

Criteria: 2 CFR § 200.303 requires that the non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations and the terms and conditions of the federal award.

42 CFR § 435.916(a)(1) requires the Department renew MAGI-based determinations of eligibility once every twelve months and no more frequently than once every twelve months.

42 CFR § 435.916(b) requires the Department renew non-MAGI-based determinations of eligibility at least once every twelve months..

Condition: The Department's monitoring process and eligibility systems do not ensure recipients' eligibility determinations are renewed annually as required by 42 CFR § 435.916(a)(1) and 42 CFR § 435.916(b).

Cause: The Department did not comply with the annual review requirement due to a backlog in eligibility determination processing.

Effect: Without an annual review, the Department could provide Medicaid and CHIP benefits to ineligible recipients because all recipients are not being recertified as required by 42 CFR § 435.916(a)(1) and 42 CFR § 435.916(b).

Questioned Costs: None

2023 – 018. Eligibility (Continued)

Context: The Department did not complete annual reviews during the Public Health Emergency (PHE) (beginning January 27, 2020) based on guidance from Centers for Medicare & Medicaid Services (CMS).

However, we determined that eight Medicaid and seven CHIP recipients did not have an annual renewal completed during the twelve months prior to the PHE being instituted.

Prior Year Single Audit Report Finding Number: 2022-004

Recommendation: We recommend the Department ensure staffing is adequate to confirm only eligible recipients receive benefits by completing periodic eligibility determination renewals.

Views of Responsible Officials and Corrective Action Plan: Management agrees with the finding. See Corrective Action Plan at page 132.

PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

2023 – 019. Eligibility

Federal Agency: Department of Health and Human Services
Federal Program Title: Children's Health Insurance Program
Assistance Listing: 93.767
Federal Grant ID Number: 05-2305-SC-5021
Pass-Through Entity: Not applicable
Award Period: October 1, 2021, through September 30, 2023
Type of Finding: Significant deficiency in internal control over compliance, other matters

Criteria: 2 CFR § 200.303 requires that the non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations and the terms and conditions of the federal award.

42 CFR § 435.926(b)(1) requires enrolled recipients under age nineteen or under a younger age specified by the Department in its State plan are eligible for CHIP benefits. Section 2.1(d) of the State plan sets the eligibility age for CHIP benefits at under age 19.

Condition: The Department's monitoring process and eligibility systems did not ensure recipients nineteen or older who are deemed ineligible no longer receive CHIP benefits.

Cause: The Department did not complete the close out process to remove the recipients from the list of eligible beneficiaries.

Effect: The Department could be providing CHIP benefits to ineligible recipients.

Questioned Costs: $6,396

Context: The Department provided a closure notice to one recipient detailing that the recipient will no longer be eligible for CHIP benefits. The recipient continued to receive benefits due to the Department not completing the close out process.

Prior Year Single Audit Report Finding Number: Not applicable

2023 – 019. Eligibility (Continued)

Recommendation: We recommend the Department ensure staffing is adequate to ensure that only eligible recipients receive benefits by completion of the eligibility determination close out processes.

Views of Responsible Officials and Corrective Action Plan: Management agrees with the finding. See Corrective Action Plan at page 133.

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PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

2023 – 020. Special Test and Provisions – Medical Loss Ratio

Federal Agency: Department of Health and Human Services
Federal Program Title: Medicaid Cluster and Children's Health Insurance Program
Assistance Listing No.: 93.775, 93.777, 93.778, and 93.767
Federal Grant ID Number: 05-2105-SC-5001, 05-1005-SC-5MAP, and 05-2305-SC-5021
Pass-Through Entity: Not applicable
Award Period: October 1, 2021, through September 30, 2023
Type of Finding: Significant deficiency in internal control over compliance, other matters

Criteria: 2 CFR § 200.303 requires that the non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations and the terms and conditions of the federal award.

42 CFR § 438.8(k)(1) requires the Department, through its contracts, must require each Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP), or Prepaid Ambulatory Health Plan (PAHP) to submit a report to the Department that includes the information required by 42 CFR § 438.8(k)(1)(i) through 42 CFR § 438.8(k)(1)(xiii) each year.

Condition: The Department's review of reporting templates did not ensure the thirteen required elements were included in reports submitted by MCOs.

Cause: The Department stated that it would not be cost effective for the MCOs to include a comparison between audited financial information and other financial information in reports submitted to the Department as required by 42 CFR § 438.8 (k)(1)(xi).

Effect: MCOs could potentially misstate financial information reported to the Department.

Questioned Costs: None

Context: We noted that a comparison of other financial information and audited basic financial statements was not included in all five MCO reports tested.

2023 – 020. Special Test and Provisions – Medical Loss Ratio (Continued)

Prior Year Single Audit Report Finding Number: Not applicable

Recommendation: We recommend the Department strengthen report review procedures to ensure the MCO's provide a comparison between other financial information and audited basic financial statements.

Views of Responsible Officials and Corrective Action Plan: Management agrees with the finding. See Corrective Action Plan at page 133.

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PREVIEW Date: Nov 05, 2025 Workspace ID: WS01591867 Funding Opportunity Number: CMS-RHT-26-001

2023 – 021. Special Tests and Provisions – Medicaid Recovery Audit Contractors

Federal Agency: Department of Health and Human Services
Federal Program Title: Medicaid Cluster
Assistance Listings: 93.775, 93.777, and 93.778
Federal Grant ID Number: 05-2105-SC-5001 and 05-1005-SC-5MAP
Pass-Through Entity: Not applicable
Award Period: October 1, 2021, through September 30, 2023
Type of Finding: Significant deficiency in internal control over compliance, other matters

Criteria: 2 CFR § 200.303 requires that the non-federal entity must establish and maintain effective internal control over the federal award that provides reasonable assurance that the non-federal entity is managing the federal award in compliance with federal statutes, regulations and the terms and conditions of the federal award.

42 CFR § 455.502(c) requires that the Department complies with reporting requirements describing the effectiveness of the Medicaid Recovery Audit Contractor (RAC) programs as specified by Centers for Medicare & Medicaid Services (CMS).

Condition: The Department's review of quarterly CMS-64 reports did not ensure the federal share of overpayments recovered by the Medicaid RAC were included on each report.

Cause: Due to a coding error in the accounting system the Department was not aware of overpayments recovered by the Medicaid RAC that needed to be reported on each CMS-64 report.

Effect: CMS is unable to monitor and evaluate the performance of the State's Medicaid RAC program.

Questioned Costs: None

Context: The Department's RAC program recoveries are not being reported to CMS.

Prior Year Single Audit Report Finding Number: Not applicable

4. *Does the organization currently manage grants with other U.S. Department of Health and Human Services components or other Federal agencies?* Yes

5. *Explain your organization's process to ensure annual renewal in System for Award Management including R/Q and Reps and Certs.*
   Approximately 30 days before the current entity registration expires, the agency's AOR will log into Sam.gov via Login.gov to review and update all pertinent information for the agency and submit application for renewal. Once confirmation of renewal is received the AOR will log into Sam.gov to verify that entity registration has updated to the new end date.

6. *Explain your organization's process to comply with (a) 2 CFR 200.113 Mandatory Disclosures and (b) your organization's process to comply with FFATA requirements.* SCDHHS maintains internal procedures to ensure that mandatory disclosures are reported as outlined in 2 CFR 200.113 and requirements under FFATA are met.

7. *Do you have conflict of interest policies?* Yes. *Does your organization or any of its employees have any personal or organizational conflicts of interest related to the possible receipt of these CMS award funds?* No

8. *Does your organization currently, or in the past, had delinquent Federal debt in the last 3 years? If yes, please explain.* No

9. *Have you filed bankruptcy or entered into proceedings for bankruptcy, whether voluntarily or involuntarily?* No

10. *Has the organization obtained fidelity bond insurance coverage for responsible officials and employees of the organization in amounts required by statute or organization policy? What is that amount?*
Yes -- $5,000,000

11. *Do you have (and briefly describe) policies and procedures in place to meet the requirements below? If not, explain your plan and estimated timeline for establishing these policies and procedures if selected for award.*
    a. *make determinations between subrecipients versus contracts in accordance with 2 CFR 200.331?*
    Determine if vendor will be providing goods or services that are subject to procurement standards and/or sole requirements or if the vendor will be providing program efforts and may be responsible for program decision making.
    b. *notify entities at the time of the award/agreement if they are a subrecipient in compliance with 2 CFR 200.332?*
    Entity will be required to sign a formal agreement that identifies them as a contractor or subrecipient and informs them of their responsibilities as a contractor or subrecipient.
    c. *manage, assess risk, review audits, and monitor the subrecipients as necessary to ensure that subawards are used for authorized purposes in compliance with laws, regulations, and terms and conditions of the award and that established subaward performance goals are achieved (2 CFR § 200.331 – 200.333)?*
    Create a subrecipient checklist for monitoring activities and schedule regular review meetings and/or visits to discuss project status and to ensure regulation compliance.

B. Accounting System

1. *Does the organization have updated (last two years) written accounting policies and procedures to manage federal awards in accordance with 45 CFR Part 75?* Yes
    a. *If no, please provide a brief explanation of why not.*
    b. *Describe the management of federal funds and how funds are separated (not co-mingling) from other organizational funds.*
    The Finance department creates and sets up codes for each grant received based on award type and purpose.

2. *Briefly describe budgetary controls in effect to preclude incurring obligations in excess of:*
    a. *Total funds available for an award.*
    Upon receipt of grant award approval, the maximum amount of funds to be spent is entered into the state's accounting system (SCEIS South Carolina Enterprise Information System) If the maximum amount is exceeded an error message will be

received when an attempt is made to process an accounting document.

b. *Total funds available for a budget cost category.*
On a monthly basis a fiscal analyst prepares a reconciliation of the grant award amount, and the amount spent per category. If a category has been exceeded, a journal entry is completed to remove the expense from the grant.

3. *Has any government agency rendered an official written opinion within the last 3 years concerning the adequacy of the organization's accounting system for the collection, identification, and allocation of costs under Federal awards?* No

4. How does the accounting system provide for recording the non-Federal share and in-kind contributions (if applicable for a grant program).
The codes that are created to track grant expenditures are split between federal funds and any nonfederal funds.

5. *Does the organization's accounting system provide identification for award funding by federal agency, pass-through entity, Assistance Listing (CFDA), award number and period of funding? If yes, how does your organization identify awards? If not, please explain why not.*
Codes are created for each grant to track revenue and expenditures. The codes tie to CFDA and grant numbers.

C. Budgetary Controls

1. *What are the organization's controls used to ensure that the Authorized Organizational Representative (AOR), as identified on the SF-424, approves all budget changes for the federal award?*
The AOR is the only SCDHHS employee authorized to approve any budget changes.

2. *Describe the organization's procedures for minimizing the time between transfer of funds from the U.S. Treasury (e.g. Payment Management System) and disbursement for grant activities (See 2 CFR 200.305, "Federal Payment.").*
Each week the Fiscal Analyst prepares a reconciliation for both grant award and expenditures that have occurred. This process determines the amount of funds needed for the week. The amount to be drawn is then entered into the Division of Payment Management's online Payment Management System.

D. Personnel

1. *Does the organization have a current organizational chart or similar document establishing clear lines of responsibility and authority?*
   a. If yes, please provide a copy. Yes (please see appendices).

2. *Does the organization have updated (last two years) written Personnel and/or Human Resource policies and procedures? If no, provide a brief explanation.* Yes

3. *Does the organization pay compensation to Board Members?* No

4. *Are staff responsible for fiscal and administrative oversight of HHS awards (Grants Manager, CEO, Financial Officer) familiar with federal rules and regulations applicable to grants and cooperative agreements (e.g. 2 CFR 200)?* Yes

5. *Please describe how the payroll distribution system accounts for, tracks, and verifies the total effort (100%) to determine employee compensation.*
SCDHHS uses the state's accounting system to process payroll. Each position is assigned codes based on the projects that the incumbent will be assigned to work. The system requires that the percentage of time worked is allocated based on job functions. The percentage of time worked must equal 100 or the system will not allow the entry to be completed.

E. Payroll

1. *In preparation of payroll is there a segregation of duties for the staff who prepare the payroll and those that sign the checks, have custody of cash funds and maintain accounting records? Please describe.*
The department's payroll is processed through the state's accounting system SCEIS. The Comptroller General's Office processes and approves payments based on information entered at agency level by Human Resources (salary) and Finance (cost allocation assignment) for each employee. The State Treasurer's Office is responsible for issuing payments to each individual employee.

F. Consultants *(See appendix I in the NOFO for relevant information)*

1. *Are there written policies or consistently followed procedures regarding the use of consultants which detail the following (include explanation for each question below):*
   a. *Briefly describe the organization's method or policy for ensuring consultant costs and fees are allowable, allocable, necessary and reasonable.* Consultant contracts are subject to the SC Procurement pricing tables. When it is determined that a consultant is needed the agency will review the eligible consultant companies
   b. *Briefly describe the organization's method or policy to ensure prospective consultants prohibited from receiving Federal funds are not selected.*
   SCDHHS only uses consultants that pass the standards and regulations of the SC Procurement code.

G. Property Management

1. *Briefly describe the system for property management (tangible or intangible) utilized for maintaining property records consistent with 2 CFR 200.313. **Refer to (2 CFR 200) for definitions of property to include personal property, equipment, and supplies.*
Assets are tagged with bar codes and an annual inventory process is completed.

2. *Does the organization have adequate insurance to protect the Federal interest in equipment and real property (see 2 CFR 200.310 "Insurance coverage.")? How does the organization calculate the amount of insurance?* Yes. Agency property is covered under South Carolina's statewide insurance policy. Agency insurance policy ranges from $25,000 up to $2,500,000 for the contents of buildings leased, based on various properties.

H. Property Standards

Describe the organization's property standards in accordance 2 CFR 200.310-327 "Procurement Standards")? If there are no procurement procedures, briefly describe how your organization handles purchasing activities.

a. *Include individuals responsible and their roles.*
Rebecca Lopez, Bureau Chief of Contracts and Procurement

- Responsible for the day to day responsibilities of the Procurement and Contracts Department
- Small Purchases ($0 - $100,000)
- Requests for Quotes (RFQ)
- Requests for Information (RFI)
- Requests for Bid (RFB)
- Fixed Price Bid (FPB)
- Requests for Proposals
- Sole Source Contracts
- Sole Source Contracts

Donna Spigner, Procurement Manager II
- Small Purchases ($0 - $100,000)
- Requests for Quotes (RFQ)
- Requests for Information (RFI)
- Requests for Bid (RFB)
- Fixed Price Bid (FPB)
- Requests for Proposals
- Sole Source Contracts
- Emergency Contracts

Jason Coleman, Procurement Manager II
- Small Purchases ($0 - $100,000)
- Requests for Quotes (RFQ)
- Requests for Information (RFI)
- Requests for Bid (RFB)

Rena Aarons, Procurement Manager 1 (Buyer)
- Issues Purchase Orders

Clarisa Henriquez-Johnson, Procurement Specialist II (Buyer)
- Issues Purchase Orders

Kristen Roche, Procurement Manager I (Buyer)
- Issues Purchase Orders

b. *Describe the competitive bid process for procurement purchases of equipment, rentals, or service agreements that are over certain dollar amounts.*
Procurement is governed by the South Carolina Consolidated Procurement Code and Regulations; please refer to links below:
Title 11 – Public Finance, Chapter 35, South Carolina Consolidated Procurement Code:
https://www.scstatehouse.gov/code/t11c035.php
South Carolina Code of State Regulations, Chapter 19, State Budget and Control Borad, Article 4, Office of General Services
https://www.scstatehouse.gov/coderegs/statmast.php

I. Transportation Costs

1. *Describe the organizations written travel policy. Ensure, at minimum, that:*
   a. *Travel charges are reimbursed based on actual costs incurred or by use of per diem and/or mileage rates (see 2 CFR 200.474, "Travel costs.").*

b. *Receipts for lodging and meals are required when reimbursement is based on actual cost incurred.*

c. *Subsistence and lodging rates are equal to or less than current Federal per diem and mileage rates.*
For a., b., and c., upon presentation of a paid receipt, employee will be allowed reimbursement for actual expenses incurred for lodging, not to exceed the GSA rate.
For b. and c., Meal Reimbursement: - The employee will also be reimbursed for the actual expenses incurred for purchasing meals, except that such costs shall not exceed $35.00 per day when traveling within the State of South Carolina; for travel outside of South Carolina, the maximum daily reimbursement for meals shall not exceed $50.00 per day.

d. *Commercial transportation costs incurred at coach fares unless adequately justified. Lodging costs do not exceed GSA rate unless adequately justified (e.g. conference hotel).*
A traveler on official business will exercise the same care in incurring expenses and accomplishing an assignment that a prudent person would if traveling on personal business. Excess costs, circuitous routes, delays, or luxury accommodations, unnecessary or unjustified in the performance of an assignment, are not considered acceptable as exercising prudence. Travel by commercial airlines includes the passenger flying in coach or tourist class, except where exigencies require otherwise.

e. *Travel expense reports show purpose and date of trip.* Travel reimbursement form must include dates of travel and purpose of travel, and must be signed by employee and their supervisor.

f. *Travel costs are approved by organizational official(s) and funding agency prior to travel.* Travel request document must be signed by employee and supervisor prior to travel.

J. Internal Controls

1. *Provide a brief description of the applicant's internal controls that will provide reasonable assurance that the organization will manage award funds properly. (see 2 CFR 200.303, "Internal controls.")*
Upon receipt of grant award approval, the maximum amount of funds to be spent is entered into the state's accounting system (SCEIS South Carolina Enterprise Information System) by the Financial Reporting's Senior Accountant. When Accounts Payable or Accounts Receivable attempts to process an accounting document the system automatically checks the available balance and maximum limit, and an error message will be received if the limit has been exceeded. On a monthly basis the Senior Accountant also prepares a reconciliation of the grant award amount, and the amount spent per category. If a category has been exceeded, a journal entry is completed to remove the expense from the grant.

2. *What is your organization's policy on separation of duties as well as responsibility for receipt, payment, and recording of cash transactions?*
N/A; we do not accept cash payments.

3. *Does the organization have internal audit or legal staff?* Yes

4. *If the organization has a petty cash fund, how is it monitored?* N/A; we do not have a petty cash fund.

5. Who in the organization reconciles bank accounts? Fiscal Manager I .

Is this person familiar with the organization's financial activities? Yes

6. *Does your organization authorize this person to sign checks or handle cash?* No
7. *Are all employees who handle funds required to be bonded against loss by reason of fraud or dishonesty?* No

K. Audit

1. *What is your organization's fiscal year?* July-June
2. *Did the organization expend $1,000,000 or more in Federal awards from all sources during its most recent fiscal year?* Yes
3. *Has your organization submitted;*
   a. *an audit report to the **Federal Audit Clearing House (FAC)** in accordance with the Single Audit Act in the last 3 years? (see 2 CFR 200.501, "Audit requirements" and 2 CFR 300.218 "Special Provisions Awards to for-profit organization as recipients.) or (b) an independent, external audit? If no, briefly explain.*
      i. *The date of the most recently submitted audit report.* March 2024
      ii. *The auditor's opinion on the financial statement.* N/A; an opinion was not provided.
      iii. *If applicable, indicate if your organization has findings in the following areas:*
         1) *internal controls* Yes
         2) *questioned or unallowable costs* Yes
         3) *procurement/suspension and debarment* No
         4) *cash management of award funds* No
         5) subrecipient *monitoring.* No
      iv. Include (if applicable): N/A; the findings below were not sited.
         1) A description of each finding classified as Material Weakness.
         2) A description of each finding classified as Significant Deficiency.
4. *Does the organization have corrective actions in the past 2 years for the findings identified above (3(iii))? If yes, describe the status (closed or open) and progress made on those corrective actions.* Yes.
   Internal Control Audit finding -- Open and Partially Resolved.
   Unallowable Costs Audit finding -- Closed and Fully Resolved.
   - Funds were returned to CMS on the QE June 2024 CMS 64 report.

OMB Number: 4040-0019
Expiration Date: 06/30/2028

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

CMS-RHT-26-001

Assistance Listing Number(s):

93.798

Applicant Name

South Carolina Department of Health and Human Services

Descriptive Title of Applicant's Project

Transforming Rural Healthcare in South Carolina

Project Abstract

South Carolina proposes a bold and comprehensive Rural Health Transformation (RHT) plan to address longstanding disparities in health care access, quality, and outcomes across its rural communities. With approximately 1.75 million residents—32.6% of the state's population—living in rural areas, the state faces disproportionate rates of chronic disease, maternal mortality, and limited access to care due to provider shortages; aging infrastructure; and the geographic and logistical challenges inherent to rural communities.

South Carolina's RHT plan is designed to transform the rural health care landscape through five integrated, outcomes-driven initiatives:

Connections to Care – Expands digital infrastructure by implementing electronic health records, remote patient monitoring, telehealth services and a statewide resource database platform to improve care coordination and access.

Leveling Up – Scales successful pilot programs statewide, focusing on chronic disease management, pediatric care quality, and workforce development.

Wellness Within Reach – Deploys mobile health units, crisis response teams, and pop-up clinics to bring care directly to underserved populations.

Shoring Up to Sustainability – Strengthens rural healthcare systems through targeted investments in workforce recruitment and retention, facility upgrades, and provider training.

Tech Catalyst Fund – Supports rural health technology startups and community-based innovations to drive long-term health and economic improvements.

Led by the South Carolina Department of Health and Human Services, South Carolina's plan and its five initiatives, aligns with the RHT's five strategic goals: Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Tech Innovation. The program emphasizes one-time, high-impact investments that remove systemic barriers and build long-term capacity, with a focus on improving chronic disease and maternal health outcomes across all rural counties.

To implement this transformative vision, South Carolina is requesting $1 billion in federal funding. This investment will enable the state to modernize rural healthcare infrastructure, expand access to essential services, and build a resilient, sustainable healthcare system that delivers measurable improvements in health outcomes for generations to come.

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** Project Narrative.pdf

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

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Project Narrative

Introduction

South Carolina is driven by a commitment to advancing health in the State by addressing the persistent disparities in access, outcomes, and resources that affect rural areas. The Rural Health Transformation (RHT) program offers a once-in-a-generation opportunity to address the systemic barriers that have long hindered access to quality care in the state's rural communities. With nearly one-third of South Carolinians residing in rural areas, the state recognizes that improving rural health is not only a moral imperative but also a strategic investment in the state's future. South Carolina's approach is intentionally aligned with the RHT program's five strategic goals: **Make Rural America Healthy Again** through improved chronic disease management and health outcomes; ensure **Sustainable Access** by expanding care delivery points and digital infrastructure; advance **Workforce Development** through recruitment, training, and retention strategies; foster **Innovative Care** models that meet people where they are; and accelerate **Tech Innovation** to modernize systems and empower communities. This proposal outlines a bold, data-driven, and community-centered plan to transform rural healthcare delivery, one that builds on existing successes, leverages cross-sector partnerships, and prioritizes sustainability to create a resilient rural health ecosystem where every resident, regardless of geography, has the opportunity to thrive.

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Rural Health Needs and Target Population

Of South Carolina's more than five million residents, approximately 1.75 million (32.6%)[i] live in rural areas where access to quality health services is limited, resulting in significantly poorer health outcomes compared to their non-rural counterparts. South Carolina aligns with the Health Resources and Services Administration definition of rural for the purposes of the RHT Program.

Rural demographics: South Carolina's rural demographics paint a complicated picture largely due to a shift in industries over the last 50 years. Textile mills that once provided jobs are mostly closed, agricultural practices have changed, and interstate highways, like I-95, impact the economies of the towns they pass through or bypass.[ii] Additionally, rural towns face dwindling economic prosperity as few economic contributions come from older adults living on a fixed income and as young adults move to urban areas for jobs. Below is a snapshot of South Carolina's rural demographic data.

- **Population size:**[iii] 1,750,000 (32.6%)
- **Median household income:**[iv] $54,000 ($71,000 urban)
- **Poverty:**[v] 19.8% (12.9% urban)
- **Unemployment:**[vi] 3.8% (2.9% urban)
- **Educational attainment (college degree):**[vii] 12.3% (20.6% urban)
- **Health insurance coverage (uninsured):**[viii] 12.3% (10.9% urban)

Health outcomes: Rural South Carolinians also face a higher burden of disease and a higher overall death rate than their non-rural counterparts. Our rural communities are at greater risk of chronic conditions, including diabetes, heart disease, and stroke, and face worse maternal health outcomes than non-rural communities.[ix] South Carolina's rural health outcomes data include:

- **Diabetes:** 13% (10% urban)[x], 31.7 age-adjusted death rate per 100,000 (25.3 urban)[xi]
- **Heart disease:**[xii] 216.5 age-adjusted death rate per 100,000 (175.9 urban)
- **Stroke:**[xiii] 101 age-adjusted death rate per 100,000 (92 urban)
- **Maternal mortality:**[xiv] 55.4 deaths per 100,000 live births (34.2 urban)

Healthcare access: Rural communities in South Carolina lack sufficient access to healthcare services, largely due to a lack of facilities, facilities in need of infrastructure improvements, an inability to recruit and retain providers, and the high cost of care for the uninsured.[xv] South Carolina's rural health access data includes:[xvi]

- **Availability of healthcare providers:** 4.5 primary care physicians per 10,000 rural residents (6.8 urban)
- **Healthcare facility numbers and distribution:**
  - **Critical access hospitals:** 3
  - **Rural prospective payment system hospitals:** 21
  - **Rural health clinics:** 104
  - **Federally qualified health centers:** 23 (main sites)
  - **Rural emergency hospitals:** 0

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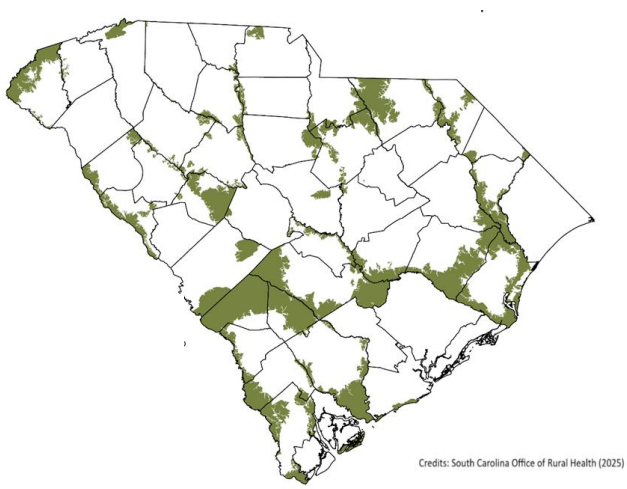
Data from the South Carolina Office of Rural Health reveals many rural residents in South Carolina must travel more than 30 minutes to reach the nearest hospital, a challenge most pronounced in the lower Midlands and coastal regions, as illustrated in **Figure 1**. These extended travel times can have serious consequences during medical emergencies, particularly in cases of stroke, heart attack, or high-risk childbirth, where every minute is critical.

Figure 1: Rural Areas with >30 min Drive to a South Carolina Hospital



While public transportation exists to some extent in rural areas, it is not a reliable option, and individuals with mobility limitations may struggle to access or use these services.

Rural facility financial health: Six hospitals have closed since 2012 (listed below). According to the August 2025 brief from the Center for Healthcare Quality and Payment Reform, seven additional hospitals are at risk of closure, with four at immediate risk. South Carolina rural hospital closures have occurred mainly due to declining populations, a decline in inpatient revenue, aging infrastructure, and difficulty recruiting physicians. Rural hospitals can only afford a smaller number of services, which leads to out-migration of patients who seek care in urban centers, which leads to further revenue erosion for rural providers. This limited-service array further reinforces patient tendencies to bypass local, rural hospitals for the larger, brand-recognized health systems in the state.[xvii] Current rural facility financial health data includes:

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- **Number of rural hospital closures:**[xviii]
    - *Williamsburg Regional Hospital (Critical Access Hospital) (2023)*
    - *Lake City Community Hospital (2022)*
    - *Fairfield Memorial Hospital (Critical Access Hospital) (2018)*
    - *Southern Palmetto Hospital (2016)*
    - *Marlboro Park Memorial Hospital (2015)*
    - *Bamberg County Memorial Hospital (2012)*
- **Rural Hospital Utilization data:** Rural hospital utilization data metrics, such as average daily census, patient days, and discharges, paint a picture of the unsustainable situation rural hospitals face. Hospitals have an average daily census as low as 1.1, highlighting the tendency of rural individuals to bypass these facilities and the incongruity of service offerings with community need. See Appendix A.

Target populations and geographic areas: Improving access to quality healthcare services is a priority for improving health outcomes in rural South Carolina. Understanding the demographic factors that compound poor outcomes is equally important to ensure services are tailored to the population's needs. As such, South Carolina will inject needed resources into all rural communities centering efforts around improving access, quality and outcomes for chronic disease—especially diabetes, heart disease, and stroke—and maternal care.

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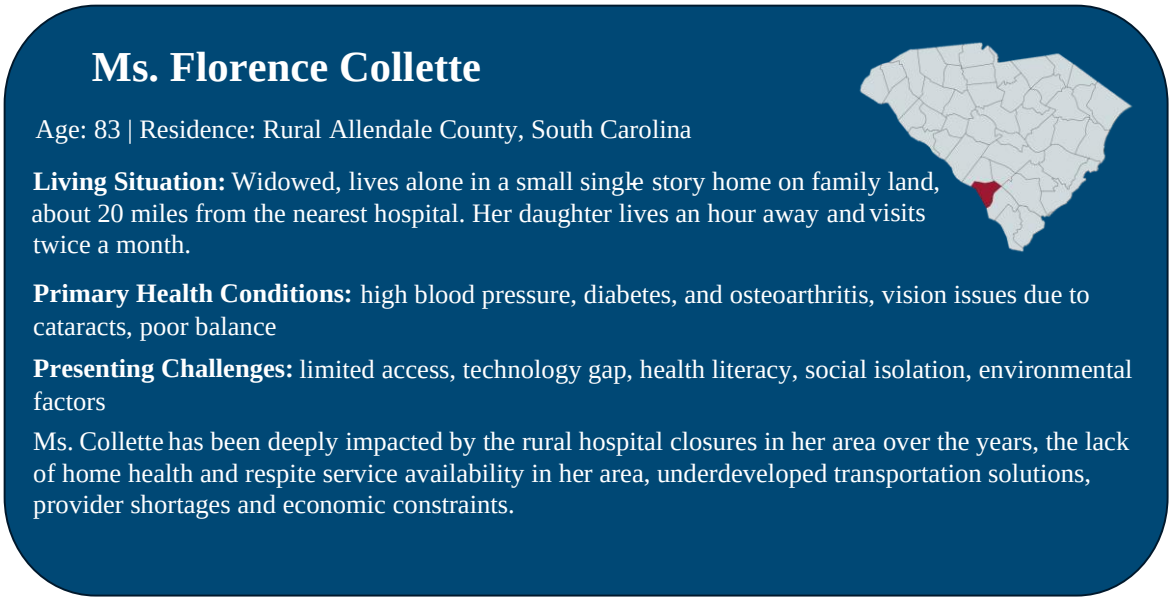
RHT Plan: Goals and Strategies

Vision: To transform rural healthcare in South Carolina so that all communities may thrive.

Goal: To increase healthcare access and quality for improved chronic disease management and health outcomes for rural communities in South Carolina.

Figure 2: Rural Individual Profile



A fictional citizen, Ms. Collette, illustrated in **Figure 2**, represents the type of community member who anchors South Carolina's vision and strategic priorities for the funding available through this cooperative agreement. While the previous section outlines the challenges faced by South Carolinians, it's equally important to recognize the significant strides the state has made through various health improvement initiatives. Building on this progress, South Carolina is committed to advancing rural health through long-term, transformative strategies.

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RHT Strategic Plan Elements

South Carolina will use RHT funding to inject needed resources into rural communities and will support each of the RHT strategic objectives as follows:

Improving Access: South Carolina will enhance healthcare access by expanding the use of innovative information technology (IT) to better connect patients with providers and by increasing the number of service delivery access points that bring care directly into rural communities. In addition, strategic investments in provider recruitment incentives, facility renovations, and essential equipment upgrades will help boost both provider engagement and patient satisfaction.

Improving Outcomes: South Carolina will strengthen chronic disease management and health outcomes by enhancing both access to care and the quality of services delivered.

Technology Use: South Carolina will expand the use of telehealth, remote patient monitoring, digital health tools, and comprehensive IT system enhancements to improve care delivery. RHT program funds will offset the upfront investment costs, while ongoing maintenance expenses will be sustainably managed through existing operational budgets.

Partnerships: South Carolina will strengthen existing partnerships and cultivate new collaborations by engaging state agencies, health associations, community organizations, and academic institutions. These partners maintain direct, hands-on relationships with hospitals, clinics, and community-based programs across the state, making them essential allies in advancing rural health transformation.

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Workforce: South Carolina will develop targeted incentive and training programs for healthcare providers, nurses, community health workers (CHWs), and other frontline professionals to enhance clinical competency, support workforce development, and strengthen recruitment and retention efforts across rural communities.

Data-Driven Solutions: South Carolina will support the adoption of electronic health records, enhance digital literacy among both providers and patients, and promote the use of data-driven insights to inform and improve the quality of care.

Financial Solvency Strategies: South Carolina will promote the financial solvency of rural providers by modifying service offerings, reducing bypass of rural facilities, and allowing for diversification of revenue streams. The activities within the plan will assist rural hospitals and other providers in identifying and providing appropriate care for their community.

Cause Identification: Rural hospitals operate on thin margins. This is exacerbated by the small service array they can offer, and patients choosing to seek care at larger hospitals with brand recognition. This cycle leads to a survival mentality, where hospitals are unable to invest in comprehensive strategic planning. South Carolina will partner with community providers to launch a masterclass, empowering high-performing hospitals to mentor and support under-resourced rural hospitals in implementing effective strategies and achieving long-term sustainability.

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Program Key Performance Objectives

By the end of federal fiscal year (FY) 2030, South Carolina aims to achieve measurable progress in transforming rural health through enhanced use of IT and digital platforms. Leveraging these solutions will better connect providers and patients, expand access points for high-quality service delivery, upgrade healthcare infrastructure, and strengthen provider competency and patient satisfaction. The state will also drive innovation to reduce health disparities, particularly in chronic disease management and health outcomes.

Key performance objectives include:

- Improved chronic disease management and health outcomes
    - *Advance performance in all prevention and treatment Healthcare Effectiveness Data and Information Set (HEDIS) metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*
- Enhanced provider capacity to deliver high-quality care
    - *Increase and expand efforts to recruit, train, and retain key healthcare professionals providing services in rural communities for a more robust and sustainable rural health workforce.*
        - *Improve the ratio of physicians to residents in rural areas by 10%*
        - *Establish a baseline and target for the number of new providers recruited to deliver telehealth in rural areas through affiliation agreements*
- Elevated provider and patient experience
    - *Advance performance in all Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey response metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*

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- Increased innovation, digital literacy, and adoption of best practices in rural health
    - *Establish a baseline for and increase the number of rural clinics implementing at least one new clinical best practice or care delivery model (e.g. chronic care management programs, remote monitoring, or team-based care)*

Strategic Goals Alignment

Collectively, the strategies and objectives outlined above, and further detailed in the Initiatives section, align with and advance the RHT program's five strategic goals: **Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care,** and **Tech Innovation**. Each initiative was intentionally selected to ensure strategic alignment and to drive meaningful improvements in healthcare access, quality, and outcomes across rural communities.

SCDHHS' Strategic Alignment with RHT Program Goals

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency that administers the state's Healthy Connections Medicaid program. Given this role and reach, it is uniquely situated to lead the RHT program in South Carolina. Its strategic priorities and community-focused initiatives closely align with the five core goals of the RHT program. SCDHHS' mission to be boldly innovative in improving the health and quality of life for South Carolinians and its vision of turning thought into action through evidence-based decision-making serve as a strong foundation for this leadership role.

The agency's three overarching goals are providing a responsive member experience, purchasing access to needed health services, and properly aligning resources to enable success. Notably, the second goal—purchasing access to needed health services—directly supports all five RHT

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strategic goals by emphasizing evidence-based decision-making, sustainability, workforce development, and innovation to improve health outcomes across rural communities.

SCDHHS' community-driven initiatives, focused on expanding access and enhancing quality, as outlined in **Table 1**, and SCDHHS' current rural health programs as outlined in **Table 2** are well-aligned with the five strategic goals of the RHT program. Building on their proven success, SCDHHS will strategically scale these initiatives to broaden their impact across the state.

Table 1: SCDHHS' Quality Initiatives & RHT Program Strategic Goals

SCDHHS Quality Initiatives		RHT Strategic Goals
Alliance for Innovation on Maternal Health	National data-driven maternal safety and quality improvement initiative focused on improving maternal outcomes.	• Make Rural America Healthy Again • Innovative Care
Birth Outcomes Initiative	To improve health outcomes for mothers and babies in South Carolina, in collaboration with the South Carolina Hospital Association, Blue Cross Blue Shield of South Carolina, the South Carolina Department of Public Health, March of Dimes, the South Carolina Office of Rural Health and more than 100 stakeholders.	• Make Rural America Healthy Again • Sustainable Access • Innovative Care
Quality through Technology and Innovation in Pediatrics	In collaboration with the South Carolina Chapter of the American Academy of Pediatrics, this partnership is administered with the goal of improving the quality of children's healthcare.	• Make Rural America Healthy Again • Innovative Care
Quality Achievement Program	A collaboration between managed care organizations (MCOs) and South Carolina hospitals that aims to improve health outcomes for Medicaid members.	• Make Rural America Healthy Again • Sustainable Access
Quality Assessment and Performance Improvement Program	SCDHHS mandates MCOs develop and manage a performance improvement project to achieve improvements in health outcomes and member satisfaction.	• Make Rural America Healthy Again • Sustainable Access • Innovative Care

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Table 2: SCDHHS Managed Rural Programs

SCDHHS Current Rural Programs	
Rural and Medically Underserved Grant Program	To improve access to necessary medical services across the state, especially in rural and medically underserved areas and communities, SCDHHS created a $48.2 million grant opportunity to support the creation and/or renovation of rural healthcare facilities.
Rural Physician & Dentist Program	This program, funded by SCDHHS and administered by the Medical University of South Carolina (MUSC) and the South Carolina Area Health Education Consortium, is designed to improve healthcare access in South Carolina's rural and underserved communities. It provides financial incentives—such as grants and loan repayment assistance—to licensed primary care physicians, general surgeons, psychiatrists, physician assistants, advanced practice nurses, and dentists who commit to serving in these areas.
University of South Carolina (USC) School of Medicine Rural Outreach Program	This rural outreach program is aimed at improving healthcare access and quality in South Carolina's rural and underserved communities. The program supports a range of initiatives including technical assistance for rural health clinics, emergency medical services training, recruitment of rural healthcare providers, and financial guidance for rural practices. It includes hands-on clinical and educational experiences for medical students in rural settings, telehealth development, and training in medical technologies.
The Clemson Rural Health Program	This program focuses on expanding preventive and primary care through fixed clinics, mobile health units, telehealth, and RPM. It also supports nutrition-based interventions like produce prescription programs, innovations in chronic disease management, and the development of a decentralized clinical research network.
Rural Health Network Revitalization Project	This initiative provides administrative and medical services to help rural communities improve healthcare delivery. It focuses on building evidence-based frameworks, offering technical assistance, engaging community organizations, supporting rural healthcare providers, and enhancing infrastructure.
University Specialty Clinics	This program funds a wide range of initiatives including rural clinical training, medical education scholarships, provider recruitment and retention, preventive medicine residencies, pharmacy residencies, and maternal-child health services. It also supports data-driven research, community health partnerships, and innovative care delivery models such as remote patient monitoring and pediatric subspecialty outreach.
South Carolina School Behavioral Health Academy	This is a statewide initiative that expands training, coaching, and workforce development to strengthen school-based mental health services, especially in rural districts, by equipping educators and mental health professionals with evidence-based practices and tools.
MUSC South Carolina Telehealth Network	This program expands access to healthcare across the state, particularly in rural and underserved areas, by funding and supporting hospitals, regional hubs, and partners to develop and operate a statewide telehealth infrastructure.

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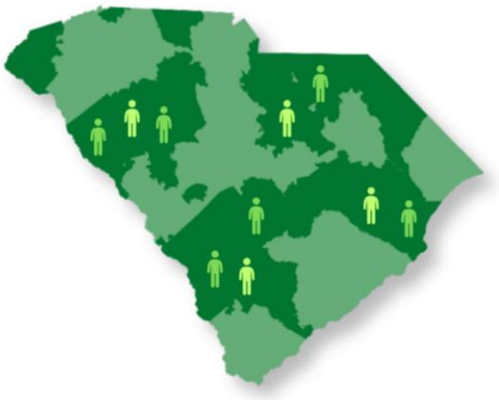
Rural Facility and Population Score Factors

The scoring factors for sections A.1 through A.7 reinforce many of the previously identified challenges, underscoring South Carolina's commitment to expanding access to high-quality healthcare services in order to improve chronic disease and health outcomes.

Absolute Size of Rural Population in South Carolina (A.1)

1.75 million[xix], out of 5,373,555, South Carolinians reside in rural areas. Urban areas in South Carolina are concentrated around major cities, depicted in light green in **Figure 3**, such as Columbia (the state capital), Greenville and Spartanburg in the Northeast region, Rock Hill and Fort Mill to the north, Sumter and Florence between Columbia and the coast, and the coastal hubs of Myrtle Beach and Charleston. Current trends indicate that young adults are increasingly relocating from rural areas, depicted in dark green in **Figure 3**, to these urban centers. This migration pattern has left behind aging populations in rural communities, where chronic health conditions are more prevalent and access to care is more limited.

Figure 3: Rural Population in South Carolina



Proportion of Rural Health Facilities in South Carolina (A.2)

While urban areas in South Carolina have a greater overall number of health facilities (134), rural areas still maintain a significant share making up 44% (106) of total health facilities.[xx] However, many rural facilities face persistent challenges, including difficulties in recruiting and retaining physicians, as well as critical needs for IT upgrades and physical infrastructure improvements to adequately serve their patient populations.

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Uncompensated Care in South Carolina (A.3)

Uncompensated care in South Carolina exceeds the standard benchmark of 3–4%, primarily due to patients' inability to pay. As of 2020, total uncompensated care was $857 million with 5.4% of hospital operating expenses as uncompensated.[xxi] These financial barriers are especially pronounced in rural areas, where healthcare costs tend to be higher than in urban settings.

Percent of South Carolina in Rural Areas (A.4)

32.6% of South Carolinians reside in rural areas,[xxii] exceeding the national average of less than 20%.

Frontier Metrics in South Carolina (A.5)

While South Carolina has rural areas, it does not have frontier areas according to federal definitions. The lowest-density counties (Allendale, McCormick, Jasper, and Williamsburg) have approximately 19-43 people per square mile.

Total State Area in South Carolina (A.6)

Figure 4: Landscape of South Carolina



At 32,895 square miles, the vast majority of South Carolina's geography is land, with water bodies comprising only about 8% of the state's total area.[xxiii] The state features a diverse landscape as shown in the topographical map in **Figure 4**, from the rugged Blue Ridge Mountains in the northwestern corner, to the rolling hills of the Northeast, which gradually transition into the Atlantic Coastal Plain, characterized by gentle slopes, sandy soils, swamps, and estuarine ecosystems.

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Hosptials Receiving Medicaid DSH Payments in South Carolina (A.7)

Out of 101 hospitals in South Carolina, 18 (about 18%) receive Medicaid Disproportionate Share Hospital (DSH) payments to help offset the high levels of uncompensated.[xxiv] Most DSH hospitals are safety-net or public hospitals serving high Medicaid/low-income populations, including MUSC Medical Center, McLeod Health, and Prisma Health Hospitals among others.

Data-Driven Technical Score Factors

While technical score factors are weaved into initiatives and state policy actions in forthcoming sections, data-driven factors for E.2 and F.2 are below. South Carolina remains committed to supporting dual eligibles and high-quality data infrastructure:

Individuals Dually Eligible for Medicare and Medicaid (E.2)

According to the most recent Medicare Monthly Enrollment Data (June 2025) available on data.cms.gov, South Carolina had a total of 184,475 dually eligible Medicare-Medicaid beneficiaries in 2024. Of these, 152,924 were full dual eligibles, while 31,551 were partial duals. Developing a targeted plan to transition this population into Medicaid Managed Care is included as an initiative activity.

Data Infrastructure (F.2)

As of June 30, 2025, SCDHHS is one of 43 state Medicaid agencies that have met the targets for Critical Priority, High Priority, and Expenditures in the T-MSIS Outcome-Based Assessments.

State Policy Actions

Current State

South Carolina has demonstrated a longstanding commitment to ensuring sustainable access to high-quality healthcare for all residents, regardless of geographic location. State leadership has taken this responsibility seriously, convening ad hoc committees on rural health, engaging key stakeholders, gathering public input, and translating insights into meaningful legislative action and executive directives.

SNAP Waiver (B.3)

Recognizing the critical link between nutrition and chronic disease, state leaders have also taken bold steps to address the role of diet in long-term health outcomes, particularly in rural communities. Executive Order 2025-30 directed the South Carolina Department of Social Services (SCDSS) to apply for a Supplemental Nutrition Assistance Program (SNAP) waiver aimed at restricting the purchase of unhealthy foods. This initiative has received broad legislative support, as reflected in Senate Bill 589 and House Bill 4061. On September 23, 2025, South Carolina formally submitted the SNAP waiver request to limit the use of benefits on non-nutritious food items.

Certificate of Need (CON) (C.3)

In 2023, the South Carolina legislature passed Act 20 which marked a significant milestone, initiating the repeal of CON requirements for healthcare facilities, with full implementation set for 2027. Based upon this repeal, Cicero ranks South Carolina 22nd least restrictive, at 35 points.

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Licensure Compacts (D.2) and Scope of Practice (D.3)

To expand access to care, South Carolina has enacted several measures aimed at strengthening the healthcare workforce. The state participates in the Nurse Licensure Compact, the Emergency Medical Services Compact, and the Psychology Interjurisdictional Compact, facilitating cross-state practice. Additionally, the scope of practice for dental hygienists has been expanded to include the administration of local anesthesia, application of sealants, and direct access to prophylaxis services.

Short-Term Limited-Duration Insurance (STLDI) (E.3)

Short-Term Limited-Duration Insurance policies sold in South Carolina are subject to the requirements and restrictions in SC Bulletin 2018-08 (Appendix B). The 2018 Bulletin does not restrict STLDI plans beyond the latest federal guidance. SC Bulletin 2018-08 allows for longer initial issuance periods and longer total duration periods than the 2024 federal guidance. The maximum allowable initial term in SC is 11 months, and the total duration is limited to 33 months, whereas the federal definition of STLDI limits the length of the initial contract term to no more than 3 months and the maximum coverage period to no more than 4 months.

Remote Care Services (F.1)

SCDHHS also supports Medicaid reimbursement for remote care services, including live video, store-and-forward (with communication technology-based service (CTBS) restrictions), and remote patient monitoring. The state has established telehealth licensing and registration processes, along with exceptions to in-state licensure requirements to further enable access to virtual care.

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State Policy Action Commitments

South Carolina remains steadfast in its commitment to ensuring sustainable access and opportunity for all communities across the state. In a unified effort, legislative leaders and the Governor have advanced policy actions aimed at improving health outcomes, particularly in rural areas, but with benefits that extend statewide.

Proposed Initiatives and Use of Funds

South Carolina is proposing five transformative quality initiatives under the RHT program that are designed to directly and meaningfully impact rural residents and communities across the state. These initiatives—*Connections to Care, Leveling Up, Wellness Within Reach, Shoring Up to Sustainability, and the Tech Catalyst Fund*—are strategically aligned with the RHT program's five strategic goals: make rural America healthy again, sustainable access, workforce development, innovative care, and tech innovation. Each initiative reflects a commitment to evidence-based, outcomes-driven interventions that improve healthcare access, quality, and outcomes through system transformation.

Together, these initiatives represent a comprehensive and integrated approach to rural health transformation, addressing nine of the statutorily approved uses of funds, including prevention and chronic disease management, workforce recruitment and retention, and consumer-facing technology solutions. South Carolina's plan emphasizes innovation, strategic partnerships, infrastructure development, and workforce investment to ensure every initiative factor is addressed. Through this approach, the state seeks to build a resilient, sustainable rural healthcare ecosystem that delivers measurable improvements in health outcomes and long-term value for its rural populations. Ms. Collette, introduced in **Figure 2**, is not one individual, but a composite

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profile illustrating the real challenges impacting rural South Carolinians. South Carolina's application will explain how this funding can be used, through these initiatives and the projects that comprise them, to make real improvements for individuals like Ms. Collette.



Connections to Care – Expanding digital infrastructure by implementing electronic health records, remote patient monitoring, telehealth services and a statewide resource database platform to improve care coordination and access.

Description: Ensuring that rural residents have access to care and that rural providers are equipped with modern technology is essential to building and sustaining a healthier South Carolina. While telehealth continues to gain traction as a tool to expand access, rural hospitals often lag behind their urban counterparts in adopting these solutions. Additionally, many rural areas face challenges with implementing electronic health record (EHR) systems, contributing to disparities in care coordination and operational efficiency. These technologies can help rural providers reduce the per unit cost of delivering care, thereby making them more sustainable in the long term. This modernization also includes patient-facing technology upgrades, such as remote patient monitoring, telehealth, and assistive technology tools. For Ms. Collette, having blood pressure monitoring tools at home that her doctor can monitor remotely means avoiding costly and time-consuming hospital stays when she falls after her blood pressure drops too low. To close these gaps and promote quality healthcare access across both rural and urban communities, South Carolina will invest in telehealth, digital tools, and statewide IT modernization through the following activities:

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- **Provider Technology Systems:** Implementing and enhancing technology systems in rural facilities will improve care coordination, reduce administrative burden, and support data-driven decision-making. Replacing outdated EHR systems and upgrading current systems across rural provider networks will allow for increased communication and expediency. This can include purchasing modular components, such as AI-Enabled tools that increase integration and automation and upgrading or purchasing systems enhancing cybersecurity capabilities. RHT funds will cover one-time costs for EHR adoption, updates and additions across rural practices, hospitals, and state agencies, including behavioral health providers and nontraditional centers of care.

  Examples of funding include:

  - *Assisting health care entities in transitions from a paper-based system to a fully electronic medical record system with integrated modules, to improve interoperability, reduce duplication, and support value-based care, as well as to improve care coordination and streamline admissions*
  - *Implementing a patient-facing digital intake platform in rural clinics to streamline documentation and identify drivers of health outcomes at the point of care*

- **Remote Patient Monitoring (RPM) and Assistive Technology:** RPM and assistive technology tools enable healthcare providers to track patients' health in real time, enhancing chronic disease management, improving post-discharge care, and supporting greater independence for individuals with developmental disabilities. RHT funds will support the purchase of devices and technology for use in rural communities. These investments also include the necessary infrastructure to ensure providers can receive and

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act on this data, including the establishment of monitoring stations or centralized hubs, as well as training and technical assistance.

Examples of funding include:

- *Purchasing standards-based (to promote interoperability) RPM equipment for diabetes, hypertension, COPD, and heart disease patients, and the monitoring infrastructure for providers, with staff support for monitoring and troubleshooting*

- **Telehealth Expansion in Rural Hospitals and Schools:** Telehealth increases access to primary, specialty, and behavioral health services while reducing transportation barriers. RHT funds will support equipment purchases, IT upgrades, and training for providers and school staff to expand telehealth capacity in rural areas.

  Examples of funding include:

  - *Partnering with rural school districts to implement and expand telehealth services, through infrastructure, training, and technical assistance*
  - *Ensuring accessibility of telehealth platforms for individuals with intellectual and developmental disabilities*
  - *Purchasing tele-ICU equipment for rural hospitals to connect with a larger 'command center' for expert treatment and care management*

- **Statewide Resource Database:** While urban areas often have consolidated information about healthcare access points and community-based support, rural areas lack integrated resource information, preventing citizens from availing themselves of the services available to them. A resource database will connect rural individuals to essential services like food, housing, and transportation, in addition to information about healthcare. This

platform will improve care coordination and generate data to guide future investments. RHT funds will support statewide development and implementation.

Examples of funding include:

- *A statewide virtual engagement platform that connects rural individuals with available resources in their area*

- **Digital Literacy:** Individuals in rural areas are often less confident in and less likely to engage in digital health technologies. RHT funds will support training and technical assistance for both patients and providers to build confidence in using digital health tools, and to sustainably integrate them into clinical practice and care delivery workflows, therefore improving engagement and outcomes in rural communities.

  Examples of funding include:

  - *Train and deploy rural health care workers as digital health navigators to help patients access and use telehealth services confidently*

Main strategic goal: Innovative Care, Tech Innovation, Sustainable Access

Use of funds: A, C, D, F, G, H, J, K

Technical score factors: B.1, C.1, F.1, F.2, F.3

Key stakeholders: Rural health clinics, public schools located in rural counties, community-based organizations with an emphasis on those serving rural populations, rural community members

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Outcomes:

- Establish a baseline for measurement of the number of rural healthcare providers using certified EHR technology that supports interoperability and increase usage over the course of the cooperative funding agreement
- Establish a baseline for telehealth service offerings, and increase the proportion of healthcare facilities offering telehealth services (e.g., video visits, remote consults) by 15%
- Increase the number of patients enrolled in RPM programs or utilizing assistive technology
- Establish and operationalize a statewide resource database, increasing the number of closed-loop referrals to state and community-based organizations by at least 50%

Impacted Counties: All counties

Estimated Required Funding: $300 million

Sustainability: RHT program funding will be used to cover one-time investments in IT infrastructure, such as equipment installation, system enhancements, user training and technical assistance, that are often financially out of reach for hospitals, clinics, and community-based organizations.

By addressing these upfront barriers, South Carolina is enabling providers to implement long-lasting and sustainable improvements in patient care and care coordination. Once installed, these systems require minimal ongoing maintenance, which can be absorbed into existing operational budgets and workflows. This approach ensures that:

- Initial investments lead to durable infrastructure improvements;
- Ongoing costs remain manageable, supporting long-term use without additional grant funding;
- Providers are equipped with the tools and training needed to sustain improvements independently; and
- Health IT upgrades are integrated into routine operations, reducing reliance on external support.

By focusing on scalable, standards-based, cost-effective solutions, this strategy promotes sustained impact beyond the life of the grant.



Leveling Up – Scaling successful pilot programs statewide, focusing on chronic disease management, pediatric care quality, and workforce development.

Description: South Carolina has long invested in piloting and implementing innovative strategies to improve health outcomes and expand access to care. Providers, advocates, and community leaders have historically focused on targeted efforts that have often centered on chronic disease management, quality improvement, and expansion of access for underserved populations. While these initiatives have yielded measurable success, limited resources have prevented many from being scaled statewide. As a result, rural communities are often the last to benefit from promising models. Table 1 and Table 2 highlight some of these initiatives that could be expanded using RHT funding to reach and impact rural communities. These projects may need to be adjusted for success given the specific needs of rural communities. Small, rural hospitals may not be able to sustain a residency program alone, but individuals like Ms. Collette

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would benefit from a partnership that establishes an external clinical rotation that brings talented residents to her local hospital.

This initiative leverages this once-in-a-generation funding opportunity to ensure the success of these innovative strategies reach the state's rural communities as well. South Carolina will focus on scaling proven, high-impact projects, ensuring that successful approaches reach residents statewide. Initial activities may include:

- **Enhancing Graduate Medical Education (GME) Programs:** Provide one-time funding to modernize and expand existing GME programs through infrastructure upgrades that enhance teaching capabilities and support rural training experiences. Investments may include hospital-based improvements and innovative solutions, such as housing for medical residents completing rural out-rotations, ensuring future providers are well-prepared to serve in underserved communities. Participation in these programs will require a five-year commitment to serve rural communities.

  Examples of funding include:

  - *Providing funding to enhance the equipment used for rural GME programs, such as robotic surgery, to augment and diversify the knowledge base of rural physicians*
  - *Incorporating a rural education component into existing programs through partnerships with rural hospitals, including nutrition education due to the prevalence of diet-related diseases in rural areas*

- **Scaling Proven Pilots:** Taking successful local or regional programs, such as care coordination models or school mental health programs, and expanding them statewide.

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Examples of funding include:

- *Mental Wellness Through Schools Expansion: Scaling the successful school-based behavioral health model to additional school districts that serve the rural population, ensuring early identification of students' mental health needs and timely connection to appropriate supports.*
  - *Support school districts that serve the rural population in adopting the model by highlighting its impact on student well-being, academic performance, and long-term outcomes.*
- *Pediatric Quality Program Expansion: Extending the successful Quality through Technology and Innovation Program (QTIP) to additional rural providers, ensuring that children in underserved communities receive high-quality pediatric care.*
  - *Incentivize additional rural practices that serve the pediatric population to participate in QTIP program which has demonstrated proven successes in increases pediatric quality of care*
  - *Create a QTIP model for other provider groups, such as pediatric dentists*

- **Needs Assessments:** Conducting comprehensive assessments to identify gaps in access, infrastructure, and services, ensuring future investments are data-driven and sustainable.

Examples of funding include:

- *Conducting a rural needs assessment for each of the initiatives proposed in the application to strategically fund future grant cycles*

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- *Contracting with an entity with knowledge of the population dually eligible for Medicare and Medicaid to provide a plan for transitioning this population into Medicaid Managed Care*

- **Chronic Disease Program Expansion:** Building on existing chronic care initiatives that have demonstrated improved outcomes in sickle-cell, diabetes, hypertension, and other high-burden conditions.

  Examples of funding include:

  - *Expanding upon existing innovative sickle cell treatment centers, establish a statewide access strategy with regional pain centers, gene therapy and transplant coordination, and tele specialty care, plus training for primary care and screening*

Main Strategic Goal: Make Rural America Healthy Again, Workforce Development

Use of Funds: A, D, E, G, H, K

Technical Score Factors: B.1, B.2, C.1, D.1, E.1, E.2

Key Stakeholders: Rural hospitals, clinics, State agencies, community-based programs, schools, associations, rural community members

Outcomes:

- Complete a comprehensive community health needs assessment, inclusive of data collection, stakeholder engagement, and publication of a final report
- Increase the number of providers participating in pediatric care quality programs by 15%

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- Increase the number of locations where a patient can receive treatment as part of a coordinated chronic care system
- Increase the number of GME programs including a rural education component

Impacted Counties: All counties

Estimated Required Funding: $175 million

Sustainability: RHT funding will be used to cover one-time implementation costs for targeted, high-impact interventions. These upfront investments address a common barrier to scaling, the lack of capital, which inhibits them from having the capability to successfully achieve the expected project or program outcomes.

By using funds to launch or expand interventions that are designed to be embedded into existing operations and community infrastructure, South Carolina is ensuring that these efforts can be sustained over time without ongoing external support. Once established, these programs are expected to operate within existing budgets, staffing models, and workflows, making them both scalable and durable.

This approach ensures that RHT investments lead to lasting improvements in care delivery, access, and health outcomes across the state.

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Wellness Within Reach – Deploying mobile health units, crisis response teams, and pop-up clinics to bring care directly to underserved populations.

Description: Rural South Carolina communities face persistent health inequities driven by social and economic barriers such as limited transportation, food insecurity, housing instability, and low health literacy. These challenges contribute to poorer outcomes, higher costs, and preventable hospitalizations. It is paramount to the health of the state that rural South Carolinians can receive high-quality care close to home. The modalities of care may be nontraditional, such as seasonal clinics or mobile units, but the importance of mechanisms that allow individuals to see a health care provider face-to-face cannot be understated.

While technology expands access, the state recognizes the need to bring care directly to communities. Although Ms. Collette's chronic conditions may be well-managed through telehealth and RPM, she feels a lump in her breast and knows her daughter is unable to coordinate a time to take her to an appointment. The mobile mammography unit scheduled to be in town next week makes it possible for her to get screened in her own community. This initiative will strengthen rural health systems by expanding community-based access points and addressing transportation and location-based barriers through the following activities:

- **Mobile Crisis Response:** Mobile teams provide on-site behavioral and mental health support, reducing hospitalizations and improving outcomes for individuals in crisis. RHT funds will expand these services in rural counties through new unit acquisition.

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Examples of funding include:

- *Funding additional behavioral health mobile crisis vehicles operated by SC Office of Mental Health to lower the mobile crisis response times in rural areas of the state*

- **Expand Community Care Sites:** To extend the reach of South Carolina's healthcare system, RHT funds will support the development of new care delivery sites, including permanent clinics, seasonal pop-ups, mobile vans, and intermittent service locations. These flexible, community-embedded access points will offer primary and preventive care in underserved areas. Funding will support equipment purchases, renovation of underutilized spaces, and infrastructure enhancements to ensure high-quality care is available where it's needed most.

  Examples of funding include:

  - *Providing equipment and supplies for seasonal pop-up clinics in rural areas*
  - *Purchasing additional mobile health units that provide specialized care, such as mobile CT units, to rural areas*

- **Emergency Medical Services:** A community paramedicine program can deploy specially trained paramedics to provide preventive care, chronic disease monitoring, and post-discharge follow-up in rural areas. This model reduces unnecessary emergency department visits and hospital re-admissions while bringing care directly to patients' homes or local community hubs.

  Examples of funding include:

  - *Funding equipment, training and technology upgrades for existing EMS units to provide care in the community*

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- *Engage external technical assistance to complete a feasibility study on sustainable payment models for community paramedicine*

- **Community-Based Health Kiosks:** Health kiosks provide 24/7 access to screenings, prescription dispensing, and test kits, especially for individuals not regularly engaged with the healthcare system. RHT funds will support kiosk installation at key community locations.

  Examples of funding include:

  - *Fund the equipment and supplies costs to establish a 24-hour pharmacy kiosk that distributes necessary medications in rural healthcare locations*

Main Strategic Goal: Make Rural American Healthy Again, Innovative Care

Use of Funds: A, G, H, J

Technical Score Factor: B.1, B.2, C.2

Key Stakeholders: Hospitals, rural health clinics, federally qualified health centers, primary care clinics, pharmacies, emergency medical services, community-based organizations, rural residents

Outcomes:

- Increase number of healthcare access points
- Expand mobile health unit coverage in rural counties
- Increase the number of mobile crisis response teams
  - Establish a baseline for mobile unit crisis response time and reduce the average response time

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- Complete a feasibility study on sustainable payment models for community paramedicine

Impacted Counties: All counties

Estimated Required Funding: $250 million

Sustainability: RHT program funding will be used to cover one-time capital investments, such as the purchase or replacement of mobile units, vehicles, and essential equipment, as well as initial training and implementation support. These upfront costs are often a major barrier for hospitals, clinics, and community-based organizations, particularly in rural areas where capital is limited.

By using RHT funds to remove these financial barriers, South Carolina is enabling providers to:

- Expand or sustain services that align with their existing operational budgets and staffing models;
- Integrate new tools and workflows into day-to-day operations, ensuring long-term use without ongoing grant support;
- Build internal capacity through training and technical assistance, reducing reliance on external vendors or consultants; and
- Maximize return on investment by targeting interventions that are cost-effective, scalable, and aligned with community needs.

This approach ensures that once the initial investment is made, the services and infrastructure can be maintained and scaled using existing resources. It also supports organizational resilience, allowing providers to adapt and grow without needing continuous external funding.

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By focusing on durable infrastructure, workforce readiness, and operational integration, this sustainability strategy positions South Carolina to achieve lasting impact well beyond the life of the RHT program.



Shoring Up to Sustainability – Strengthening rural healthcare systems through targeted investments in workforce recruitment and retention, facility upgrades, and provider training.

Description: South Carolina's rural health system is at a critical juncture. Persistent provider shortages, aging infrastructure, and limited financial resources have left many rural hospitals and clinics struggling to meet the needs of their communities. In recent years, several facilities have closed, and many others operate on razor-thin margins, unable to invest in the upgrades or workforce needed to sustain long-term operations. These challenges are compounded by a disproportionate distribution of healthcare professionals, particularly in primary care, OB/GYN, and behavioral health, and a growing demand for services in underserved areas.

To reverse these trends and build a more resilient rural health system, South Carolina will make targeted, strategic investments in workforce development, training, and infrastructure. This initiative aims to stabilize and strengthen rural healthcare delivery, ensuring that communities across the state have access to high-quality, sustainable care for generations to come. For Ms. Collette, this means when she goes to her local, rural hospital, the facilities have had minor renovations to keep her safe, and there are sufficient staff to provide her with the necessary care. This effort will address provider shortages, improve chronic disease management and health outcomes, and create lasting access to care through the following activities:

- **Healthcare Workforce Grants:** Rural facilities face persistent challenges in recruiting and retaining providers. RHT funds will support a grant program offering incentives such as signing bonuses for rural practitioners building on the successes of the South Carolina Area Health Education Consortium (AHEC) model.

  Examples of funding include:

  - *Expand programs that have increased rural practitioners with additional funding*
  - *Fund rural health care organizations to provide one-time signing bonuses to recruit quality providers with a five-year commitment*

- **Facility Enhancements:** Many rural hospitals and clinics require basic infrastructure upgrades, such as HVAC, electrical systems, and equipment replacements to maintain safe, high-quality care. RHT funds will support minor alterations and renovations that enhance the functionality of the facility, improving service delivery and patient experience.

  Examples of funding include:

  - *Facilities with low inpatient utilization deciding to convert to Rural Emergency Hospitals to become financially stable may utilize funding to repurpose existing inpatient rooms to expand emergency, observation, or similar services*

- **Masterclass Training Series:** South Carolina leveraged state funding to prevent rural hospital closures by incentivizing the inclusion of these hospitals into existing systems. In many instances, these systems were able to come in and impart business practices that maximized the financial sustainability of these smaller hospitals. South Carolina learned through this initiative that often, small, rural hospitals and other providers lack the business development, billing, and finance expertise to adapt to changing times and

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consumer needs. RHT program funds will be used to develop strategic partnerships and collaboratives for providers, leveraging the expertise of successful practitioners, familiar with South Carolina's rural healthcare landscape, to expand and create institutional knowledge for rural providers.

Examples of funding include:

- *Create a partnership between a large hospital system and a nearby independent, rural hospital for assistance in developing a strategic plan*
- *Where innovative models are being expanded to rural communities, such as partnerships between rural family medicine physicians and OB/GYNs to create a prenatal care network, form a provider collaborative to assist new entities with planning and implementation*

- **Upskilling Workforce:** Rural counties across South Carolina continue to face severe shortages in primary care, OB/GYN, and mental health services, compounded by high levels of clinician burnout. Expanding the skill sets of existing healthcare professionals offers a practical solution to strengthen care coordination, health education, and access to social services, with a 5-year service commitment. RHT funds will be used to support targeted training programs that enhance workforce capacity and drive improved health outcomes in underserved communities, including innovative solutions to combat clinician burnout to retain practitioners.

  Examples of funding include:

  - *Provide funding for Community Health Worker training programs that focus on training current healthcare professionals such as pharmacy technicians*

- *Expand programs supporting training for non-clinical hospital staff in good standing to gain certifications such as Certified Medical Assistant*

- **Building Tomorrow's Workforce:** The workforce that supports healthcare quality and access is not limited to doctors and nurses. Skilled professionals are needed with varying educational backgrounds to ensure sufficient staffing and access to care in rural communities. RHT funds will support building programs that create a pipeline for individuals to enter the diverse career fields that support the healthcare system, through partnerships with high schools, technical colleges, and universities.

  Examples of funding include:

  - *Fund technology and infrastructure for rural high schools to expand life sciences programming to advance interest in and knowledge of health career pathways*

Main Strategic Goal: Workforce Development, Make Rural America Healthy Again, Innovative Care

Use of Funds: A, D, E, G, H, I, J, K

Technical Score Factors: B.1, C.2, D.2

Key Stakeholders: Hospitals, rural health clinics, FQHCs, universities, technical colleges, high-schools, associations, licensing boards, rural residents

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Outcomes:

- Implement or enhance workforce incentive programs
- Establish a baseline and annual metrics for improving clinician retention rates in rural areas
- Through community partners, develop and launch masterclass sessions
- Develop and deploy new or updated training programs for rural healthcare providers

Impacted Counties: All counties

Estimated Required Funding: $150 million

Sustainability: RHT program funding will support one-time investments in provider recruitment, retention, training, and critical facility upgrades, including equipment and infrastructure improvements. These upfront costs are often a major barrier for healthcare facilities, which may lack the capital or capacity to expand services on their own.

By covering these initial expenses, South Carolina is removing financial and operational barriers, enabling healthcare facilities to sustain and scale services that align with their existing budgets, staffing models, and workflows. The improved operational efficiency of automation and centralization will lead to lower time and labor costs, reducing per unit costs of care. This increased efficiency and efficacy will also enhance patient trust, reducing bypass of rural hospitals. Preventing this revenue bleed will allow these providers to reinvest in themselves, to fund the service lines their communities need that also create financial sustainability. This approach ensures that once established, services can be maintained without ongoing grant support, promoting long-term viability and impact across rural communities.

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Tech Catalyst Fund – Supporting rural health technology startups and community-based innovations to drive long-term health and economic improvements.

Description: The Tech Catalyst Fund is a strategic, $25 million initiative designed to accelerate innovation by supporting rural health tech startups and community-driven solutions that improve chronic disease management and health outcomes across South Carolina. This initiative will focus on promoting consumer-facing, technology-driven solutions, for which traditional government funding sources and private commercial incentives have proven inadequate or insufficient to drive development and innovation. By investing in local entrepreneurs and scalable technologies, this initiative will spark a cycle of health improvement, workforce development, and economic growth across rural South Carolina.

To ensure the Tech Catalyst Fund is implemented with maximum efficiency and impact, South Carolina will partner with the South Carolina Research Authority (SCRA). SCRA is a state-chartered entity that has a 40-year track record of building South Carolina's technology and innovation ecosystem. Chartered in 1983 by the South Carolina legislature, SCRA generated a $1.33 billion economic impact in 2024, supporting 6,620 jobs and helping startup companies attract $2.92 billion in follow-on funding. This partnership is a force multiplier. SCRA provides the infrastructure, additional non-dilutive seed funding, and business guidance to accelerate health-focused innovation, ensuring that the $25 million Tech Catalyst Fund is channeled through a high-impact, established pipeline. To ensure full compliance with the RHT Program and federal grant regulations, the $25 million TCF funding will be used exclusively for allowable costs, which include non-dilutive grants, technical assistance, and program administration.

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The initiative will focus on three core goals:

- **Fuel Health Tech Startups:** SCRA will utilize its proven due diligence process to identify and scale high-potential ventures, offering non-dilutive grants (funded by RHT).
- **Strengthen Community Solutions:** Support local innovators integrating technology with cultural, social, and economic assets unique to rural settings.
- **Catalyze Rural Economic Development:** By leveraging SCRA's diligence process, the Tech Catalyst Fund is projected to attract significant follow-on funding, creating high-wage jobs with salaries 71% above the state average, and establishing SC as a premier health tech hub.

Main Strategic Goal: Tech Innovation

Use of Funds: A, C, F

Technical Score Factors: F.3

Key Stakeholders: Health systems, patients and consumers, academic institutions, private investors and venture capital firms, tech industry, state government entities

Outcomes:

- Increase the number of rural health tech start-ups receiving funding in South Carolina
- Increase high-wage jobs created by funded companies
- Improve clinical health indicators (e.g., A1C levels for diabetes, blood pressure control) for patients utilizing funded innovations
- Increase the number of rural patients utilizing telehealth or remote monitoring services provided by funded companies

Impacted Counties: All counties

Estimated Required Funding: $25 million

Sustainability: This initiative will drive sustainable impact at the intersection of health, technology, and rural development. By investing in innovation, South Carolina is not only addressing immediate health challenges but also laying the groundwork for long-term resilience through:

- Workforce and skills development that equips communities with the tools to adapt and thrive in a digital health economy;
- Entrepreneurial pipelines that foster local talent and create new business opportunities rooted in community needs; and
- Reinvestment strategies that keep economic gains local, fueling continued growth and innovation.

As rural communities build digital capacity, they will improve health outcomes, diversify local economies, reduce outmigration, and strengthen community identity and pride of place. This approach ensures that innovation is not a one-time intervention, but a self-sustaining engine for health and economic vitality.

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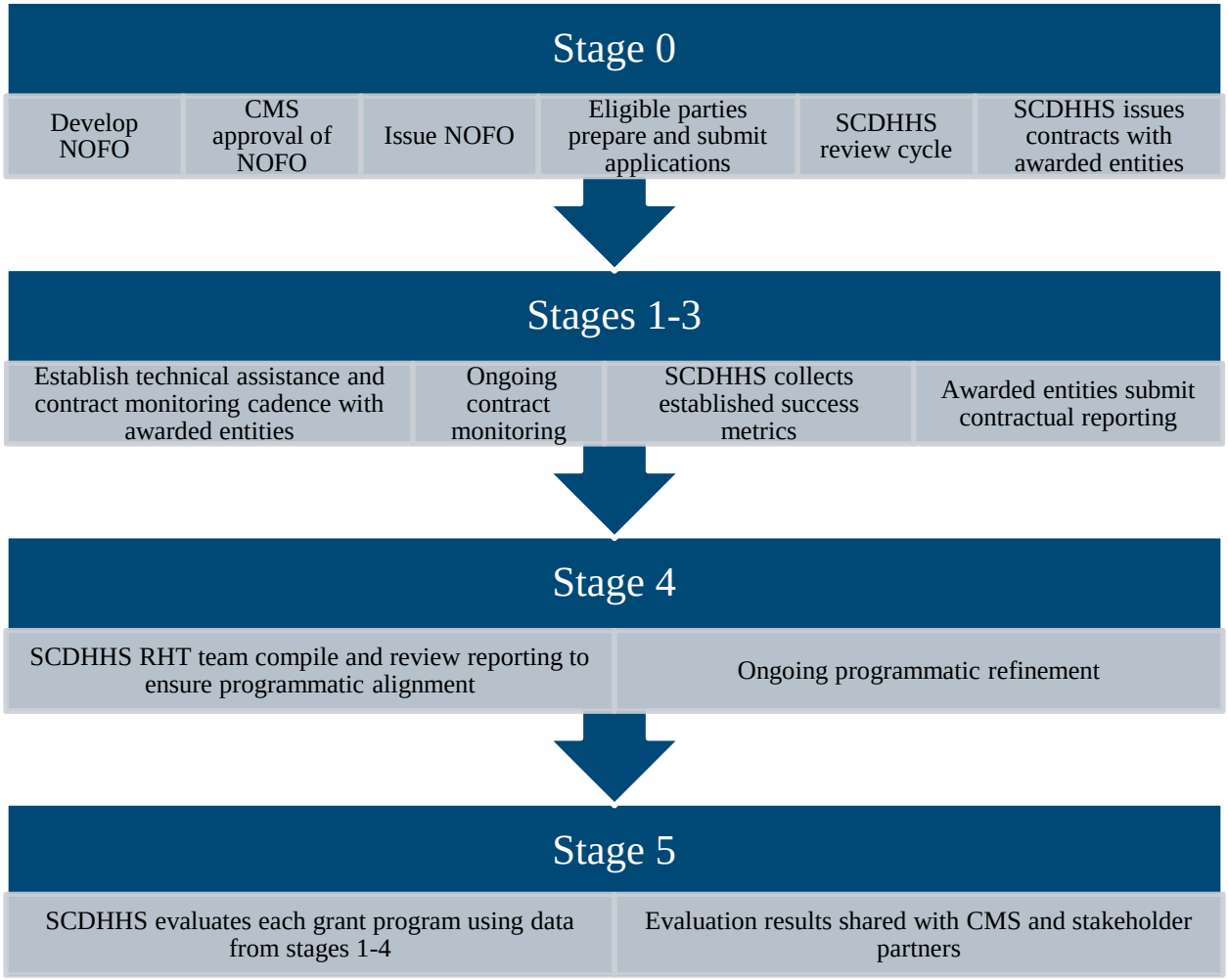
Implementation Plan and Timeline

To operationalize the initiatives outlined in this plan, the state will launch four targeted grant programs—*Connections to Care, Leveling Up, Wellness Within Reach,* and *Shoring Up to Sustainability*—across five annual grant cycles spanning FFY2026 to FFY2030. These programs will enable the state to contract with healthcare facilities, community-based organizations, academic institutions, and other eligible entities to implement projects aligned with the goals of each initiative. As illustrated in **Figure 5**, SCDHHS envisions the fourteen milestones for each of the five grant cycles.

Figure 5: Proposed SCDHHS-Issued Grant Cycle Stages



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Building on the success of previous efforts, such as the issuance of more than $305 million in state-funded grants since 2023, SCDHHS will utilize its established grant infrastructure to administer these programs. Each grant opportunity will clearly outline initiative-specific goals, expected outcomes, and allowable uses of funds.

At a minimum, applicants will be required to submit for each initiative:

- A detailed scope of work and timeline;
- A monitoring and evaluation plan with key performance indicators;
- Data to justify the proposed need;
- A comprehensive budget; and
- A sustainability plan.

All applications will be reviewed using standardized evaluation criteria established by SCDHHS and in alignment with RHT goals and guidelines. Awardees will be required to engage in regular technical assistance and monitoring activities to ensure compliance with all federal funding requirements. Additional deliverables may be requested to support transparency and outcome tracking.

In parallel, the Tech Catalyst Fund will follow a similar funding structure, with the added support of a tech incubator and a cross-sector advisory board, which will guide the selection and funding of innovative, technology-driven solutions through a competitive seed funding process.

Table 3 describes South Carolina's proposed recurring annual activities. Table 4 provides a timeline for activities that South Carolina expects to be nonrecurring. This design seeks to ensure timely and strategic use of RHT funds in full compliance with CMS' spending timeline and requirements. Recognizing the complexity of multi-year, multi-initiative activities, SCDHHS anticipates fluctuations and alterations to these timelines. SCDHHS will seek technical assistance from CMS to ensure strategic alignment in the implementation plan and timeline.

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SCDHHS anticipates subsequent years of this cooperative agreement will be structured similarly to the implementation plan for year one, while allowing flexibility for tracking the advancement of each initiative. The proposed implementation plan and timeline for FY 2026 are included in **Table 3** below.

Table 3: SCDHHS Proposed Implementation Plan and Timeline: Annual Activities

Stage	Initiative	Annual Activity	Year 1 Anticipated Initiation	Year 1 Anticipated Completion	Stage Detail
Stage 0	Connections to Care	Stage 0 activities outlined in **Figure 5**	2026-01-01	2026-06-29	Grant Cycle
Stage 0	Wellness Within Reach	Stage 0 activities outlined in **Figure 5**	2026-01-01	2026-06-29	Grant Cycle
Stage 0	Leveling Up	Stage 0 activities outlined in **Figure 5**	2026-01-01	2026-06-29	Grant Cycle
Stage 0	Shoring Up to Sustainability	Stage 0 activities outlined in **Figure 5**	2026-01-01	2026-06-29	Grant Cycle
Stage 1-3	Tech Catalyst Fund	Develop seed funding opportunity in alignment with the Notice of Award (NoA) and with CMS approval	2026-03-31	2026-07-01	Programmatic
Stage 1-3	Tech Catalyst Fund	Announce the seed funding opportunity	2026-03-31	2026-07-01	Programmatic
Stage 1-3	Tech Catalyst Fund	Distribute seed funding to selected recipients	2026-03-31	2026-07-01	Programmatic

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Stage 1-3	Tech Catalyst Fund	Initiate Quarterly Advisory Board Meetings	2026-03-31	2026-07-01	Programmatic
Stage 1-3	Connections to Care	Stage 1-3 activities outlined in **Figure 5**	2026-07-01	2026-12-31	Grant Cycle
Stage 1-3	Leveling Up	Stage 1-3 activities outlined in **Figure 5**	2026-07-01	2026-12-31	Grant Cycle
Stage 1-3	Wellness Within Reach	Stage 1-3 activities outlined in **Figure 5**	2026-07-01	2026-12-31	Grant Cycle
Stage 1-3	Shoring Up to Sustainability	Stage 1-3 activities outlined in **Figure 5**	2026-07-01	2026-12-31	Grant Cycle
Stage 4	Connections to Care	Stage 4 activities outlined in **Figure 5**	2026-10-01	2026-12-31	Grant Cycle
Stage 4	Wellness Within Reach	Stage 4 activities outlined in **Figure 5**	2026-10-01	2026-12-31	Grant Cycle
Stage 4	Leveling Up	Stage 4 activities outlined in **Figure 5**	2026-10-01	2026-12-31	Grant Cycle
Stage 4	Shoring Up to Sustainability	Stage 4 activities outlined in **Figure 5**	2026-10-01	2026-12-31	Grant Cycle

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Table 4: SCDHHS Proposed Implementation Plan and Timeline: One-time Activities

Stage	Initiative	Activity	Anticipated Initiation	Anticipated Completion	Stage Detail
Stage 0	All	Establish All Baseline Data for Outcome Measurement and Benchmarking	2026-01-01	2026-12-31	Programmatic
Stage 0	Leveling Up	Assess rural landscape to identify practices interested in joining the pediatric quality program	2026-01-01	2026-03-31	Programmatic
Stage 0	Leveling Up	Develop requirements for a third-party vendor to support the transition of the dual population into integrated managed care plans	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Leveling Up	Award contracts to rural practices that meet pediatric quality program requirements	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Leveling Up	Issue contract with third-party vendor for the development of targeted transition plan for the dual population	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Leveling Up	Third-party begins alignment of internal systems and policies to support dual transition	2026-01-01	2026-07-01	Programmatic

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Stage 0	Wellness Within Reach	SCDHHS engages third party vendor to develop scope of work for community paramedicine feasibility study	2026-01-01	2026-12-31	Programmatic
Stage 0	Tech Catalyst Fund	Develop project charter, goals, and selection criteria for Advisory Board	2026-01-01	2026-03-31	Programmatic
Stage 1-3	Tech Catalyst Fund	Select Advisory Board participants	2026-01-01	2026-03-31	Programmatic
Stage 0	All	Hire SCRHT Program Staff	2026-01-01	2026-03-31	Programmatic
Stage 0	Leveling Up	Engage third party vendor to design and conduct rural needs assessment	2026-01-01	2026-12-31	Programmatic
Stage 1-3	Leveling Up	Monitor rural practices in the pediatric quality program through data reports and technical assistance	2026-07-01	2026-12-31	Programmatic
Stage 4	Leveling Up	Third-party vendor assists in phased transition of the dual population into integrated managed care plans and monitors outcomes	2026-07-01	2026-12-31	Programmatic

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Project Management Structure

To ensure the successful implementation and long-term sustainability of South Carolina's RHT program, SCDHHS will establish a dedicated, multidisciplinary team by Cycle 1, FY2026. This office will be fully staffed with eight full-time employees (FTEs), each with clearly defined roles and responsibilities aligned to the program's five core initiatives.

Staffing Plan

RHT Program Director (1 FTE)

This role will provide executive leadership and strategic oversight for the RHT program, serving as the primary liaison to CMS and other federal partners. The project director will ensure alignment with state health priorities and oversee cross-initiative coordination.

RHT Program Data Analyst (1 FTE)

This role will be responsible for data integration, performance measurement, and outcome tracking across all initiatives. The data analyst will support data-driven decision-making and ensure timely submission of required data to CMS.

RHT Program Fiscal Analyst (1 FTE)

This role will manage all financial aspects of the grant, including budget tracking, expenditure monitoring, and fiscal reporting. The grant fiscal analyst will ensure compliance with federal grant management standards and supports audit readiness.

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RHT Program Coordinators (4 FTEs)

This role will be assigned across the five RHT initiatives. These coordinators will manage day-to-day operations, vendor relationships, and implementation timelines. They will also facilitate stakeholder engagement and ensure initiative-specific deliverables and outcomes are met.

RHT Program Contracts Monitor (1 FTE)

This role will oversee grant application processes, vendor performance, and contract compliance. The contracts monitor will ensure that all third-party engagements meet state and federal requirements and are aligned with program goals.

Governance and Strategic Support

External Compliance and Reporting Partner

By Cycle 1, FY2026, SCDHHS will engage a qualified external firm with expertise in federal grant compliance, performance monitoring, and reporting. This partner will support the team in meeting CMS reporting requirements, conducting internal audits, and ensuring adherence to all programmatic and fiscal obligations.

Stakeholder Engagement Plan

South Carolina will build on a strong foundation of stakeholder engagement infrastructure to involve rural stakeholders in carrying out these initiatives. South Carolina has a highly rural population with distinct health needs requiring continuous engagement between stakeholders who play a role in ensuring care provision for our communities. As noted earlier in the application, SCDHHS is engaged in a multitude of statewide collaboratives. SCDHHS maintains an open-door policy for providers, with many entities holding recurring, quarterly check-ins, to

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ensure the state is aware of any issues and abreast of new innovations and ideas. Legislative and gubernatorial officials regularly meet with providers, associations, community-based organizations, advocates, and individuals, in addition to regular meetings with cabinet agencies. This approach, whereby state and SCDHHS leadership maintain continuous contact and open lines of communication, prevents siloing between policymakers in the more urban areas and rural patients, providers, and communities.

The South Carolina Rural Health Transformation Plan is driven by the significant work the state of South Carolina has engaged in for decades dedicated to rural health. The wants and needs of rural South Carolinians have always been central to the mission of improving rural health in the state. Beyond the aforementioned rural health efforts anchored at SCDHHS, a few of the statewide actions which have put the needs of rural communities at the forefront include:

- Certificate of Need (CON) Rural Healthcare Study Committee: Following the repeal of Certificate of Need laws, the Legislature launched a statewide listening tour in rural areas to understand the impact on healthcare access.
- The South Carolina Rural Health Action Plan: Led by the SC Office of Rural Health, this cross-sector initiative developed targeted recommendations to address the root causes of poor rural health.
- South Carolina Public Health Delivery and Organization Study: A comprehensive review of state-led healthcare delivery identified opportunities to improve outcomes, with a focus on high-need rural populations.
- South Carolina Rural Hospital Transformation Fund: A $40 million investment to support partnerships between large health systems and struggling rural hospitals to prevent closures.

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- Telehealth Innovation: The SC Telehealth Alliance and MUSC Center for Telehealth expanded access to care through telemedicine in rural and underserved areas.
- South Carolina Broadband Office: Established to coordinate broadband expansion, especially in isolated rural communities, to support healthcare access and connectivity.
- South Carolina Area Health Education Consortium Rural Provider Incentive Grant Program: A grant initiative to attract and retain healthcare providers in rural and underserved areas, with measurable success.

RHT Application Stakeholder Engagement

When the Working Families Tax Cut Act was signed into law, SCDHHS was able to immediately utilize the relationships, collaboration and existing stakeholder meetings to garner initial reactions and stakeholder feedback regarding this cooperative funding opportunity. These organizations provide valuable insight into the experiences of patients and providers alike and help to shape the state's vision.

South Carolina also began engaging in direct, targeted meetings beginning July 4, 2025, to gain greater insight and direct feedback needed to develop its approach to the RHT. This included meeting with the leadership of all the State's independent rural hospitals; visiting several rural hospitals (both independent and part of larger systems) to gain a firsthand understanding of day-to-day operations and challenges; group and individual meetings with stakeholders on the development of this project; and additional visits to other providers in rural areas to see where innovative solutions are being piloted. Meetings included the named partners identified in the

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Governor's endorsement letter, as well as other provider associations, nonprofits, and tribal representatives.

As part of South Carolina's RHT application development, SCDHHS hosted a statewide stakeholder engagement webinar on Sept. 24, 2025, to introduce the program's vision and highlight the transformative potential of this federal funding opportunity. Ahead of the session, SCDHHS launched a stakeholder input form, inviting participants to submit ideas and priorities for how the state could best utilize RHT resources.

The response was overwhelming with more than 350 proposals submitted. Nearly 94% of the feedback aligned directly with what would become the program's five core initiatives: *Connections to Care*, *Leveling Up*, *Wellness Within Reach*, *Shoring Up to Sustainability*, and the *Tech Catalyst Fund*. The remaining suggestions largely involved costs deemed unallowable under CMS guidelines.

This engagement process was instrumental in shaping a community-informed, needs-driven application that reflects the voices of providers, patients, and partners across South Carolina's rural landscape.

Moving Forward

SCDHHS will leverage established formal stakeholder engagement infrastructure to provide regular updates and gather meaningful feedback on the RHT program. By utilizing existing advisory bodies, SCDHHS will ensure that diverse perspectives, from providers to patients, are integrated into program planning, implementation, and evaluation. This approach stimulates meaningful, targeted conversations while also promoting efficiency. These key engagement touchpoints include:

- **Medicaid Advisory Council:** This council is composed of healthcare providers, community-based organizations, and representatives from key state agencies, including the South Carolina Department of Public Health, SCDHHS, the South Carolina Office of Rural Health, and leadership from the Catawba Tribe. It will serve as a vital forum for monitoring the progress of the RHT program, identifying operational challenges, and aligning policy and implementation efforts. Through this collaborative structure, council members will contribute valuable insights that support cross-sector coordination and ensure that rural health transformation efforts are both inclusive and effective.
- **Beneficiary Advisory Council:** Made up of Medicaid members and their caregivers, many of whom reside in rural communities, this council ensures that the voices of those most directly impacted by the RHT program are heard. Their lived experiences will inform program design, service delivery, and equity-focused improvements.
- **Master Plan Advisory Committee:** This cross-sector committee includes leaders from commercial health plans, healthcare systems, universities, and executive state leadership. It will play a key role in evaluating the broader economic and systemic impacts of RHT investments, particularly in rural areas, and advising on long-term sustainability strategies.
- **Provider Collaboratives:** SCDHHS actively engages with provider collaboratives such as the Birth Outcomes Initiative (BOI) and the Quality Through Innovation in Pediatrics (QTIP). These collaboratives bring together hospitals, providers, payers, and community organizations to drive quality improvement and innovation in care delivery. For example, BOI, South Carolina's perinatal quality collaborative, includes more than 100 stakeholders working to improve maternal and infant health outcomes. Similarly, QTIP

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supports pediatric primary care practices in implementing evidence-based strategies to enhance care quality and outcomes. These collaboratives serve as critical platforms for aligning RHT goals with ongoing quality improvement efforts, fostering innovation, and ensuring provider voices are central to transformation efforts.

In addition to leveraging existing advisory bodies, SCDHHS will implement structured, cycle-based feedback loops for each initiative to ensure continuous stakeholder input throughout the life of the RHT program. At the conclusion of each grant cycle, program staff will collect, analyze, and incorporate feedback from stakeholders to inform adaptive planning and responsive implementation.

To promote transparency and accountability, key performance indicators, milestones, and progress updates will be shared publicly through reports and stakeholder briefings. This approach not only fosters trust but also empowers stakeholders to remain actively engaged in shaping the program's direction in alignment with the strategic priorities outlined in this narrative.

Ultimately, stakeholder engagement is not a one-time activity but a foundational pillar of South Carolina's RHT strategy. By embedding inclusive, ongoing, and transparent engagement practices into every phase of the program, SCDHHS will ensure that the voices of rural communities, providers, and partners are central to the success and sustainability of rural health transformation across the state.

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Metrics and Evaluation Plan

In addition to the following overall programmatic goals, South Carolina has contemplated initiative specific metrics and evaluation plans.

- Improved chronic disease management and health outcomes
    - *Advance performance in all prevention and treatment Healthcare Effectiveness Data and Information Set (HEDIS) metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*
- Enhanced provider capacity to deliver high-quality care
    - *Increase and expand efforts to recruit, train, and retain key healthcare professionals providing services in rural communities for a more robust and sustainable rural health workforce.*
        - *Improve the ratio of physicians to residents in rural areas by 10%*
        - *Establish a baseline and target for the number of new providers recruited to deliver telehealth in rural areas through affiliation agreements*
- Elevated provider and patient experience
    - *Advance performance in all Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey response metrics for South Carolinians residing in rural communities demonstrated through independent comparative analysis*
- Increased innovation, digital literacy, and adoption of best practices in rural health
    - *Establish a baseline for and increase the number of rural clinics implementing at least one new clinical best practice or care delivery model (e.g. chronic care management programs, remote monitoring, or team-based care)*

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To evaluate success, South Carolina will strive for the following outcomes per initiative:

Connections to Care: Together these outcomes focus on the provider and patient experience that will be improved by IT enhancements. An improved provider and patient experience should also lead to improved management of chronic disease and health outcomes.

- Establish a baseline for measurement of the number of rural healthcare providers using certified EHR technology that supports interoperability and increase usage over the course of the cooperative funding agreement
- Establish a baseline for telehealth service offerings, and increase the proportion of healthcare facilities offering telehealth services (e.g., video visits, remote consults) by 15%
- Increase the number of patients enrolled in RPM programs or utilizing assistive technology
- Establish and operationalize a statewide resource database, increasing the number of closed-loop referrals to state and community-based organizations by at least 50%

Leveling Up: Together these outcomes focus on scaling what works so all South Carolinians may benefit.

- Complete a comprehensive community health needs assessment, inclusive of data collection, stakeholder engagement, and publication of a final report
- Increase the number of providers participating in pediatric care quality programs by 15%
- Increase the number of locations where a patient can receive treatment as part of a coordinated chronic care system
- Increase the number of GME programs including a rural education component

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Wellness Within Reach: Together these outcomes focus on increasing access points to improve health indicators and overall patient wellness.

- Increase number of healthcare access points
- Expand mobile health unit coverage in rural counties
- Increase the number of mobile crisis response teams
    - Establish a baseline for mobile unit crisis response time and reduce the average response time
- Complete a feasibility study on sustainable payment models for community paramedicine

Shoring Up to Sustainability: Together these outcomes focus on providers' ability to care for their patients in a facility that is equipped to provide the services needed by rural communities.

- Implement or enhance workforce incentive programs
- Establish a baseline and annual metrics for improving clinician retention rates in rural areas
- Through community partners, develop and launch masterclass sessions
- Develop and deploy new or updated training programs for rural healthcare providers

Tech Catalyst Fund: Together these outcomes focus on investing in South Carolina's health tech start-up field. This will bolster innovation in support of improved patient outcomes, with the potential to bolster economic prosperity for the state.

- Increase the number of rural health tech start-ups receiving funding in South Carolina
- Increase high-wage jobs created by funded companies
- Improve clinical health indicators (e.g., A1C levels for diabetes, blood pressure control) for patients utilizing funded innovations

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- Increase the number of rural patients utilizing telehealth or remote monitoring services provided by funded companies

To effectively monitor outcomes, the state will require all grantees to develop detailed monitoring plans that include key performance indicators, measurable targets, and implementation timelines tailored to the specific needs of their communities or counties. These plans will serve as the foundation for progress reporting, ensuring that grantees are accountable while also allowing for local flexibility in setting realistic and meaningful goals.

In addition to grantee-reported data, SCDHHS will leverage existing state and federal data systems to track clinical health indicators and other relevant metrics. This dual approach will enhance data accuracy and reduce reporting burden.

To support comprehensive evaluation and continuous improvement, SCDHHS will also engage an independent consulting firm to conduct a formal evaluation of the RHT program. This evaluation will assess both process and outcome measures, providing actionable insights to inform future policy and programmatic decisions.

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Sustainability Plan

South Carolina is embedding sustainability into the foundation of its healthcare transformation efforts. By leveraging one-time funding for high-impact, upfront investments, the state is proactively eliminating the structural and financial barriers that often hinder hospitals, clinics, and community-based organizations from modernizing and expanding their services.

Recognizing that transformative change requires significant resources, South Carolina will utilize funding for resources like advanced mobile health units, health IT infrastructure, and workforce incentives to bring care directly to underserved and rural populations.

These strategic investments are designed not only to improve access and quality of care in the short term but also to build long-term capacity within the healthcare system. By focusing on scalable, sustainable improvements, South Carolina is positioning its healthcare infrastructure to better prevent and manage chronic diseases, enhance maternal health outcomes, and support thriving, resilient communities.

This forward-thinking approach ensures that the benefits of RHT investments will extend well into the future, creating a more sustainable, accessible, and high-performing healthcare system for all South Carolinians.

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Conclusion

South Carolina's RHT plan is designed to deliver measurable, lasting improvements in the health and well-being of rural residents. Through strategic investments in infrastructure, workforce, technology, and community-based care, the state will address the root causes of health disparities and strengthen the systems that serve its most vulnerable populations.

The outcomes South Carolina seeks are ambitious yet achievable:

- Improved chronic disease management and health outcomes
- Enhanced provider capacity to deliver high-quality care
- Elevated provider and patient experience
- Increased innovation, digital literacy, and adoption of best practices in rural health

These outcomes will be tracked through rigorous evaluation, stakeholder engagement, and data monitoring to ensure accountability and continuous improvement. With this initiative, South Carolina is not only investing in healthcare, but also in the future of its rural communities.

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Endnotes

[i] HRSA RUCA ZIP-level aggregation; Census 2023
[ii] South Carolina's Rural Health Action Plan. RHAPFINALwebquality_11.9.17.pdf
[iii] HRSA RUCA ZIP-level aggregation; Census 2023
[iv] U.S. Census Small Area and Poverty Estimates 2023
[v] U.S. Census Small Area and Poverty Estimates 2023
[vi] USDA Economic Research Services 2023
[vii] U.S. Census ACS 5-year estimates 2023
[viii] U.S. Census Small Area Health Insurance Estimates 2023
[ix] South Carolina State Health Assessment Companion Report 2023. 2023 SC SHA Companion Report, Final Electronic Version.pdf
[x] CDC 2024
[xi] NIH 2023
[xii] NIH 2023
[xiii] CDC 2023
[xiv] SC Maternal Morbidity and Mortality Review Committee 2021
[xv] South Carolina State Health Assessment Companion Report 2023. 2023 SC SHA Companion Report, Final Electronic Version.pdf
[xvi] South Carolina Office of Rural Health
[xvii]South Carolina's Rural Health Action Plan. RHAPFINALwebquality_11.9.17.pdf
[xviii] UNC Sheps Center
[xix] HRSA RUCA ZIP-level aggregation + Census 2023 population
[xx] CMS POS, Flex Monitoring CAH list, CMS RHC enrollments, HRSA Data Explorer (FQHC sites), and HRSA FORHP rural definition
[xxi]CMS HCRIS Public Use Files (PUF), KFF State Health Facts – Uncompensated Care Costs, and Census Bureau population estimate
[xxii] HRSA RUCA ZIP-level aggregation + Census 2023 population
[xxiii] US Census
[xxiv] CMS Medicaid DSH Allotment Files & Payment Data, KFF State Profiles / Medicaid Facts, and State Medicaid Agency Reports

Project/Performance Site Location(s)

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: South Carolina Department of Health and Human Services

UEI: V1KXFRCQMGL5

* Street1: 1801 Main St

Street2: Jefferson Square

* City: Columbia

County:

* State: SC: South Carolina

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 29201-0000

* Project/ Performance Site Congressional District: SC-ALL

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

UEI:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

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