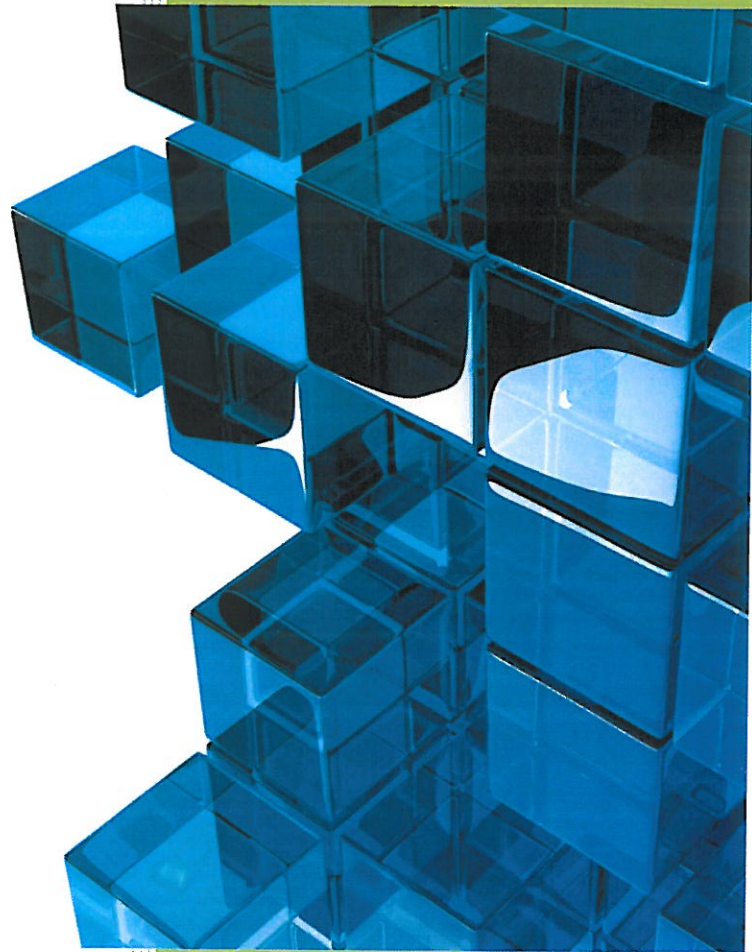# South Carolina Health & Human Services

Fiscal Year 2014

Annual Budget Planning Manual

SCDHHS Annual Budget Planning Manual for the FY 2014 Budget development and submission process
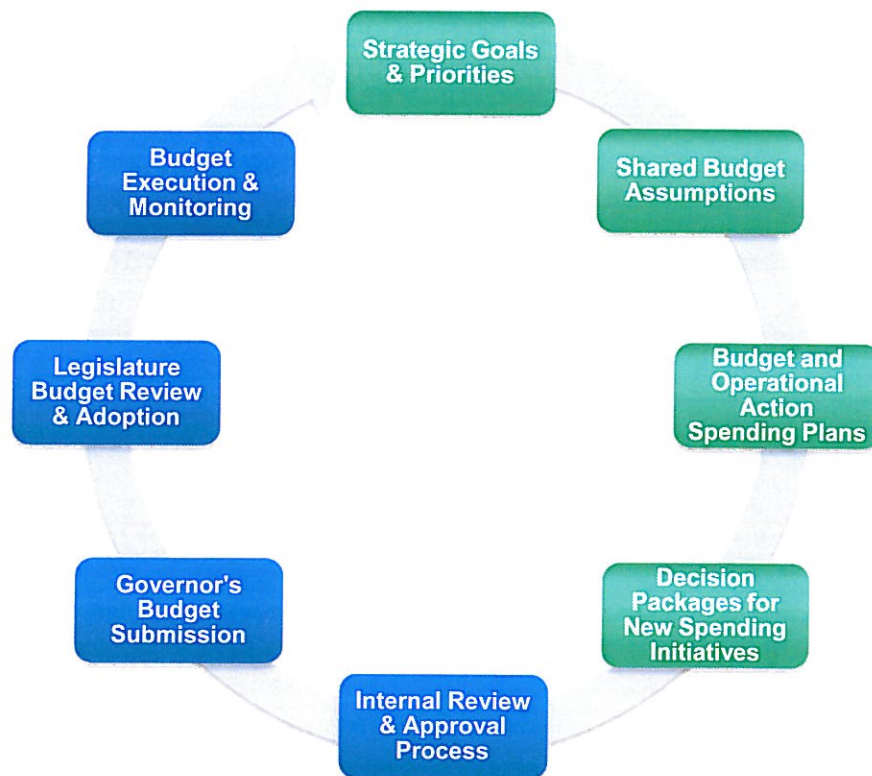
As of August 1, 2012

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**South Carolina
Health & Human Services**

FY 2014 Budget Process

The following document represents a new and refined budget process for the development and planning of the FY 2014 budget. The Department went through a detailed analysis of existing best practices and determined the need for a dynamic process that aligns resources with key strategic goals and priorities.

The FY 2014 strategic budget process addresses and support comprehensive planning, shared decision-making, the development and application of strategies and allocation of resources as a way of achieving established goals and objectives. The new process also supports the added processes of monitoring and evaluation.

The illustration below highlights the various stages of the budget development process. Within each segment of the wheel, you will find a chapter in the manual that links the concept and the process together. The detailed instructions and easy to use forms should streamline the process and provide consistency on the type and level of information the preparer should provide.

- Strategic Goals & Priorities
- Shared Budget Assumptions
- Budget and Operational Action Spending Plans
- Decision Packages for New Spending Initiatives
- Internal Review & Approval Process
- Governor's Budget Submission
- Legislature Budget Review & Adoption
- Budget Execution & Monitoring

In turn this information will provide transparency and accountability to our citizens, elected officials and other stakeholders.

So, what does the new and improved FY 2014 Budget Process look like? As stated, the overall structure it will enable the Department to align resources with key strategic and program goals, priorities and objectives. Rather than basing budgeting decisions on a previous year's funding level, the Department will align resources to its strategies as a way of achieving its established goals and objectives. This new process is characterized by comprehensive planning and shared decision making. Overall, this process will help SCDHHS develop and target strategies and resources towards the activities that will help the Department achieve its established goals and objectives while providing a means to measure success.

The guiding principles of the new process will:

Vision & Value Driven	• Clearly link funding to support the SCDHHS's stated vision, mission and strategic objectives.
Strategic	• Represents a multi-year, realistic plan identifying current and future needs and opportunties.
Accountable	• Support accountability by giving authority and responsibility, for decision making to Units.
Open	• Be understandable, allowing for input from all stakeholders, with no hidden agendas.
Responsive	• Allow for change.
Documented	• Establish policies and procedures, providing necessary information to decision makers at all levels.

The new process will guide SCDHHS divisions through the process of:

▲ Developing and/or modifying its organizational mission and goals

▲ Allocating the appropriate level of resources to each program

▲ Establishing broad policies based on the mission and goals

▲ Monitoring and evaluating each program during and at the end of its operation

▲ Efficiently identifying the most desirable programs to be placed in operation

▲ Reporting the effectiveness of each program

This new process is a Program Zero-base budgeting process. The Program Zero-base budgeting tool utilizes cost-benefit analysis of programs and activities to improve the allocation of funds, program services and staff resources in an organization. Most important, a Program Zero-Base budgeting process will allow SCDHHS to provide its stakeholders with a complete picture of the Department's budget needs.

Primary attributes of a Program Zero-base budgeting process include:

▲ Providing a comparison of current activities to activities required to support the Department's core mission and priorities

▲ Challenging the Department to think in terms of the performance of economic cost drivers and strategic priorities

▲ Highlighting what is in the base, lending credibility to budget proposals

▲ Providing bureau/division level organizational charts based on current structure including funding and staff resources for each program or cost center

▲ Justifying spending for all current programs, services and activities

▲ Requiring decision packages for new funding proposals

▲ Identifying key performance indicators that are aligned to the Department's vision, mission, goals and priorities

FY 2014 Budget Strategic Priorities and Objectives

The following section outlines the FY 2014 budget planning process which embraces a new and refined budget process. Over the past 12 months SCDHHS has made great strides in improving the accountability and transparency in its budgeting process. However, continued quality improvement is still needed to ensure that we manage our resources according to the agency's strategic plan, while addressing program goals and priorities during the budget preparation for fiscal year 2014 and beyond.

Critical to SCDHHS' financial health is alignment of its resources with established priorities and to monitor financial and operational, and performance measures in the purchase of health services. Best practices in state government budgeting show that such an alignment can serve as a tool for future budgets to manage resource allocations to these strategic priorities and action plans in the comprehensive plan.

Beginning in FY 2014 SCDHHS will implement a new process that aligns resources with key strategic plan rather than simply basing budgeting decisions on the previous year's funding level. SCDHHS' strategic budget process supports comprehensive planning, shared decision making, and the development and application of strategies and allocation of resources as a way of achieving the goals and objectives and in the Balanced Scorecard.

The FY 2014 budget planning process implements a Resource Allocation Model that aligns Medicaid operational and support needs with the resources available and provides for ongoing review of the goals, priorities and resource decisions to ensure the financial allocations are meeting the long-term needs of the Medicaid enrollees in South Carolina.

SCDHHS' Resource Allocation Model aligns the program priorities to meet our mission to:

Purchase the most health for our citizens in need at the least possible cost to the taxpayer.

This mission statement is supported by a long term vision statement. In the winter of 2012, SCDHHS leaders gathered to develop the key goals and objectives for the next three years. SCDHHS further solicited input from its major stakeholders to ensure that the program priorities are focused on our long term vision statement to:

Be a responsive and innovative organization that continuously improves the health of South Carolina.

For FY 2012 to FY 2014 our four primary goals designed to support this mission and vision are:

- ▲ **Succeed Financially**

- ▲ **Innovate & Be Flexible to Change**

- ▲ **Achieve Quality Health Outcomes**

- ▲ **Excel Operationally**

With the adoption of new mission, vision and key goals, planning the annual budget process should provide for transparency in how resources are allocated to key programs and services. As departments begin to plan for FY 2014 to meet the strategic goals the following key priorities should be encompassed in the planning and budget decision making.

Medicaid Assistance Programs and Services

Medicaid Assistance Programs and Services should be based on detailed cost drivers including:

▲ Volume (e.g., enrollment, utilization, diagnostic procedure codes)

▲ Price (e.g., rate or cost in providing the service)

FY 2014 Medicaid Assistance Program and Service budgets should include a detailed worksheet that projects the monthly volume and cost drivers with an overall projected monthly and annual budget amount. The worksheets can be based on either the program or lower level fund code.

Each Medicaid Assistance Program or Service consists of a number of Fund Codes. Divisions and Bureaus should project costs for Medicaid Service at the most discrete, i.e. smallest unit of measure. In some cases there are multiple fund codes for related services and it is appropriate to estimate costs for clusters of fund codes. In other cases, individual fund codes reflect relatively unique programs that should be considered individually. (Special costs such as cost settlements, upper payment limit payments, or teacher payments should always be analyzed individually and not aggregated together with regular services.)

Another factor to consider when deciding how deeply to drill down is the amount of the budget for the fund code. It is more appropriate to combine small dollar fund codes. Once a decision has been made about the appropriate level of detail to analyze, cost drivers should be identified. Cost drivers should consist of price or cost and volume (enrollment, utilization or diagnostic procedural code).

The following example reflects the proposed level of detail that should be provided for each Medicaid Assistance program. In this example, the budget projections reflect the growth of the program reenrollment and proposed rate increase. The Division/Program should provide detailed information on the basis for the enrollment and rate increases. See example on the following page.

Example 1 – Cost Driver Projections at a Program Level

MEDICAID ASSISTANCE BUDGET PROJECTIONS (EXAMPLE)
Program All-inclusive Care PACE (Combined for The Oaks and Palmetto Center)

Month	Medicaid Only (3) Enrollment (1)	Rate (2)	Dual Eligible (3) Enrollment (1)	Rate (2)	FY 2014 Projection	Cost Settlements	TOTAL FY 2013
July	46	$ 3,670.00	376	$ 2,247.00	$ 1,014,290	$ -	$ 1,068,218
August	47	$ 3,670.00	379	$ 2,247.00	$ 1,023,904	$ -	$ 1,023,904
September	47	$ 3,670.00	383	$ 2,247.00	$ 1,033,518	$ -	$ 1,033,518
October	48	$ 3,853.50	386	$ 2,359.35	$ 1,095,289	$ -	$ 1,095,289
November	48	$ 3,853.50	390	$ 2,359.35	$ 1,105,383	$ -	$ 1,105,383
December	49	$ 3,853.50	393	$ 2,359.35	$ 1,115,478	$ -	$ 1,115,478
January	49	$ 3,853.50	398	$ 2,359.35	$ 1,128,097	$ -	$ 1,128,097
February	50	$ 3,853.50	402	$ 2,359.35	$ 1,140,715	$ -	$ 1,140,715
March	50	$ 3,853.50	407	$ 2,359.35	$ 1,153,334	$ -	$ 1,153,334
April	51	$ 4,046.18	412	$ 2,477.32	$ 1,226,900	$ -	$ 1,226,900
May	52	$ 4,046.18	417	$ 2,477.32	$ 1,242,799	$ -	$ 1,242,799
June	52	$ 4,046.18	423	$ 2,477.32	$ 1,258,699	$ -	$ 1,258,699
TOTAL FY 2013 Budget					**$ 13,538,405**	**$ -**	**$ 13,592,333**

Major Assumptions:

(1) Total of 475 monthly slots between the two facilities. This assumes a net growth of 57 slots between the two facilities (See detailed worksheets)

(2) FY 2013 budget assumes a 5% increase effective October 1 and April 1. This rate may be adjusted
   upon the completion of the Rate Analysis by Milliman. Rates were last adjusted in 2008. (See rate analysis worksheet)

(3) The Oaks facility has 135 monthly slots allocated which 11% is estimated to be Medicaid Only monthly enrollees.
   The Palmetto SeniorCare facility has 340 monthly slots allocated which 11% is estimated to be Medicaid Only monthly enrollees.

MEDICAID ASSISTANCE FUND APPROPRIATION PROJECTIONS
Program All-inclusive Care PACE (Combined for The Oaks and Palmetto Center)

State Funds (1)	
General Fund	$ 4,020,612
Earmarked Funds	-
Restricted Funds	-
Total State Funds	**$ 4,020,612**
Federal Funds	
Medicaid Funds	$ 9,571,721
Grant Funds	-
Total Federal Funds	**$ 9,571,721**
Total Funds	**$ 13,592,333**

Major Assumptions:

(1) PACE program is funded at the projected FMAP matching rate of 70.43%

Medicaid Assistance State Agencies

Budgets for Medicaid-funded State Agency services shall be set at the level included in SCDHHS's contracts with each state agency. (Contracts shall reflect the amount of services SCDHHS is purchasing and the negotiated/established price for these services.)

For each of the areas below, State Agencies will be required to fill in modified versions of the templates that SCDHHS Bureaus and Divisions are submitting for Operational Action Plans and Sources and Uses of Medicaid Funding.

▲ **Overview of State Agency Medicaid Support Program and Services** - Each Agency should submit a clear and concise statement on the purpose of the Agency and the Medicaid program and major services provided.

The program purpose and mission statement should be aligned with SCDHHS vision and mission statement. This section should also include a discussion of major operating, programming and financial challenges for FY 2014 and next three years (FY 2015 to FY 2017). *This section should also provide an overview of the proposed programs to be funded with Medicaid funds and required funding needed to meet contractually defined program deliverables and services.*

▲ **FY 2014 Goals, Priorities and Key Performance Measures** - Medicaid supported State Agencies should identify major goals and objectives related to this program. These goals and objectives will be reported each quarter. State Agencies should also submit key performance measures to gauge the success of the programs and services provided.

▲ **Projected Budget Planning Assumptions and Cost Drivers** – Each program should submit detailed documentation, justification and narrative discussion of major planning assumptions and economic cost drivers.

▲ **Change Management** – Each program should describe how the mission and focus of the program has changed over the past five years and projections for the next three years.

▲ **Comparative Financial Summary** – This section provides a comparative financial overview of each Program's proposed spending and resource plan. The excel template should be copied into the operating action plan.

▲ **Decision Package for New Spending Initiatives** – If a Medicaid supported State Agency is requesting increased funding over the FY 2013 Budget, a *Decision Package for New Spending Initiatives* needs to be prepared and submitted for the increased funding request. See the Decision Package section of this manual for details.

A key component with the FY 2013 SCDHHS and State Agencies program and administrative contracts will be the required submission of monthly "dashboard" which includes a summary of major program cost, operational and financial drivers (e.g., program enrollment, costs, pricing and utilization drivers) which will be defined in the contract document.

A Medicaid State Agency Operating Action Plan form will prepared for each Program Managers to work with the State Agencies to complete.

South Carolina
Health & Human Services

Program:	State Agency Name

Overview of State Agency Medicaid Support Program and Services

Insert Text:

FY 2014 Goals and Objectives/Priorities/Performance Measures

Insert Text:

FY 2014 Key Planning Assumptions and Major Cost Drivers

Insert Text:

Change Management

Insert Text:

Comparison of Annual Financial Spending Plan

This section provides a comparative financial overview of each Program's proposed spending and resource plan. The excel template should be copied into the operating action plan.

FY 2014 Spending and Resource Plan Financial Comparison

	FY 2011 Actual		FY 2012 Actual		FY 2013 Budget		FY 2014 Projected	
Spending Plan								
Medicaid Assistance Program - State Agency								
Name of Program	$	-	$	-	$	-	$	-
Total Medicaid Assistance Program	$	-	$	-	$	-	$	-
Resource Plan								
State Match Funds								
General Fund	$	-	$	-	$	-	$	-
Earmarked Funds		0		0		0		0
Restricted Funds		0		0		0		0
Total State Match Funds	$	-	$	-	$	-	$	-
Federal Funds								
Medicaid Assistances	$	-	$	-	$	-	$	-
Other Grants		0		0		0		0
Total Federal Funds	$	-	$	-	$	-	$	-
Total Resources	$	-	$	-	$	-	$	-

Decision Package for New Spending Initiatives

Insert Text and Use SCDHHS Decision Package forms and templates.

Decision Package for New Spending Requests

Divisions are requested to submit New Funding Decision Packages for any increased funding requirements over the current year budget appropriation based on requirements for:

▲ Maintenance of Effort (adjustments for enrollment growth, utilization, price and any inflationary adjustments

▲ Affordable Care Act (ACA)

▲ Other State or Federal Mandates requiring system expansion or service delivery

▲ Agency recommended program expansions or new program services

▲ New capital spending requests

Divisions should provide detailed narrative justification and quantify major program changes to the proposed budget (Base Budget) submission. Division/Program Base Budgets should not include any new spending initiatives or program enhancements. Any changes to the Base Budgets should be noted in a submission form called: **Decision Package for New Spending Request.**

All New Spending Requests will need to identify funding sources and allocation between State Match and Federal Funds.

Each Division/Program must to identify, analyze and report the impact on the FY 2014 Budget of Affordable Care Act (ACA) under three planning scenarios:

(1) ACA Expansion

(2) Without expansion

(3) Delayed expansion by a year.

Program managers should incorporate these three scenarios into any financial projections and identify the effect on SCDHHS as well as other agencies we fund. The ACA Decision Packages should coordinate the impact of ACA under these three scenarios with the other State Agencies that receive Medicaid to ensure that SCDHHS budget numbers match.

FY 2014 Decision Package for New Spending Request

**South Carolina
Health & Human Services**

Department/Office/Bureau: Click here to enter text.

Name of New Program Request: Click here to enter text.

Category of Decision Package:

1. **Maintenance of effort:** Choose an item.
   (e.g., enrollment, increases, rate adjustments, and inflationary increases).

2. **Affordable Care Act:** Choose an item.

3. **Other Federal** or **State Mandates:** Choose an item.

4. **Program Expansion:** Choose an item.

Purpose of New Funding Request: Click here to enter text.

Impact of Decision Packet to SCDHHS Goals and Objectives: Click here to enter text.

Describe in detail your Planning Assumptions and Cost Drivers related to the Request: Click here to enter text.

(Affordable Care Act Decision Packages Only)- Identify, analyze and report the impact on the FY 2014 Budget of Affordable Care Act (ACA) under three planning scenarios: (1) ACA Expansion; (2) Without expansion; and (3) Delayed expansion by a year. Program managers should incorporate these three scenarios into any financial projections and identify the effect on SCDHHS as well as other agencies we fund. The ACA Decision Packages should coordinate the impact of ACA under these three scenarios with the other State Agencies that receive Medicaid to ensure that SCDHHS budget numbers match. Click here to enter text.

Proposed Key Performance Measures: Click here to enter text.

.

Budget for Spending Plan: Click here to enter text.

Is there a reduction in another area? **Describe:** Click here to enter text.

Decision Package for New Spending Initiative								
Name of New Spending Initiative:		*Fill in Name of New Spending Initiative*						

	Proposed 2014		Projected 2015		Projected 2016		Projected 2017	
Spending Plan:								
Medicaid Assistance Program - Name Assistance Program	$	-	$	-	$	-	$	-
Operating Budget								
* Personnel	$	-	$	-	$	-	$	-
Other Operating		-		-		-		-
Medical/Health Contracts		-		-		-		-
Total Operating Budget	$	-	$	-	$	-	$	-
Total Decision Package	$	-	$	-	$	-	$	-

Uses of Fund: Yes   No

Recurring Funds Requested

Non-recurring or One-Time Funds Requested:

	Proposed 2014		Projected 2015		Projected 2016		Projected 2017	
Resource Plan:								
State Match Funds								
General Fund	$	-	$	-	$	-	$	-
Earmarked Funds		-		-		-		-
Restricted Funds		-		-		-		-
Total State Funds	$	-						
Federal Funds								
Medicaid Grant Funds	$	-	$	-	$	-	$	-
Other Federal Funds (Please identify below)		-		-		-		-
Total Federal Funds	$	-	$	-	$	-	$	-
TOTAL RESOURECES	$	-	$	-	$	-	$	-

* Provided below a listing of new FTE or TGE positions required for this new spending request

	FY 2014 Projected		
Position Title	Salary	Benefits	Total Personnel

SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Spring 2012 Medicaid Assistance Forecast
for
SFY 2011 through SFY 2014

August 2, 2012

Prepared by:

Milliman, Inc.

Robert M. Damler, FSA, MAAA

Marlene Howard, ASA, MAAA

Milliman

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast - Spring 2012
Data through May 2012

Medicaid Eligibility Summary by Public Category - Average Monthly Eligibles

All Delivery Systems	SFY 2011	Growth	SFY 2012	Growth	SFY 2013	Growth	SFY 2014
Sub-total							
Elderly	64,667	(0.2%)	64,537	0.9%	65,133	1.0%	65,772
Disabled	144,352	2.4%	147,797	1.9%	150,584	2.2%	153,830
Other Adults	112,584	2.8%	115,780	3.2%	119,494	4.0%	124,223
Children	471,220	4.3%	491,506	15.3%	566,946	6.4%	603,514
Limited Benefits	61,720	38.3%	85,383	14.9%	98,095	5.5%	103,456
TOTAL	*854,543*	*5.9%*	*905,003*	*10.5%*	*1,000,252*	*5.1%*	*1,050,795*

Milliman, Inc.

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast - Spring 2012
Data through May 2012
Medicaid Eligibility Summary by Program Type - Average Monthly Eligibles

All Delivery Systems	SFY 2011	Growth	SFY 2012	Growth	SFY 2013	Growth	SFY 2014
Sub-total							
Elderly	64,667	(0.2%)	64,537	0.9%	65,133	1.0%	65,772
Disabled Dual	56,766	3.9%	58,954	2.8%	60,590	3.2%	62,541
Disabled - Non-Dual	87,586	1.4%	88,843	1.3%	89,994	1.4%	91,289
LIF Adults	89,212	2.2%	91,148	1.0%	92,090	3.6%	95,419
LIF Children	152,642	1.9%	155,501	1.3%	157,481	3.0%	162,209
Pregnant Women	23,372	5.4%	24,632	11.3%	27,404	5.1%	28,804
Infants	34,414	(1.8%)	33,802	0.7%	34,034	0.5%	34,209
Children	224,297	5.3%	236,207	4.2%	246,048	3.1%	253,576
CHIP	55,904	18.1%	65,996	5.8%	69,810	5.7%	73,761
Sub-total	788,860	3.9%	819,620	2.8%	842,584	3.0%	867,580
Healthy Connection Kids	3,963	(100.0%)	-	-	-	-	-
Express Lane Children	-	-	-	-	59,573	33.9%	79,759
Family Planning Only	43,550	47.0%	64,031	17.5%	75,239	5.0%	79,001
Partials	18,170	17.5%	21,352	7.0%	22,856	7.0%	24,455
TOTAL	854,543	5.9%	905,003	10.5%	1,000,252	5.1%	1,050,795

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast - Spring 2012
Data through May 2012

Medicaid Eligibility Summary by Program Type - Average Monthly Eligibles

	SFY 2011	Growth	SFY 2012	Growth	SFY 2013	Growth	SFY 2014
Fee-for-Service							
Non-RSP							
Elderly	50,737	(1.5%)	49,954	(0.2%)	49,874	0.2%	49,998
Disabled Dual	41,737	1.0%	42,162	1.6%	42,840	2.0%	43,697
Disabled - Non-Dual	29,114	(29.4%)	20,560	(22.3%)	15,976	(1.4%)	15,760
LIF Adults	20,201	(41.3%)	11,864	(47.7%)	6,207	(7.0%)	5,771
LIF Children	33,027	(38.6%)	20,275	(48.7%)	10,405	(26.8%)	7,613
Pregnant Women	8,879	(8.5%)	8,127	(31.2%)	5,591	(1.2%)	5,525
Infants	9,150	(24.3%)	6,925	(21.5%)	5,437	(33.8%)	3,599
Children	42,469	(48.7%)	21,768	(54.5%)	9,910	(27.1%)	7,225
CHIP	9,351	(42.8%)	5,349	(51.8%)	2,576	(14.6%)	2,201
RSP							
Elderly	8,186	0.7%	8,244	3.9%	8,564	2.3%	8,763
Disabled Dual	7,458	0.9%	7,528	3.3%	7,777	2.6%	7,981
Disabled - Non-Dual	5,010	(19.1%)	4,052	5.7%	4,283	7.1%	4,587
LIF Adults	21	(42.9%)	12	0.0%	12	0.0%	12
LIF Children	49	(18.4%)	40	(5.0%)	38	15.8%	44
Pregnant Women	-	-	1	0.0%	1	0.0%	1
Infants	2	50.0%	3	66.7%	5	20.0%	6
Children	34	(8.8%)	31	3.2%	32	12.5%	36
CHIP	8	12.5%	9	55.6%	14	14.3%	16
Sub-total FFS	265,433	(22.1%)	206,904	(18.1%)	169,542	(4.0%)	162,835

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast - Spring 2012
Data through May 2012
Medicaid Eligibility Summary by Program Type - Average Monthly Eligibles

	SFY 2011	Growth	SFY 2012	Growth	SFY 2013	Growth	SFY 2014
Medical Home Network							
Non-RSP							
Elderly	4,717	11.3%	5,248	5.0%	5,510	5.0%	5,786
Disabled Dual	6,409	23.0%	7,884	8.0%	8,517	10.0%	9,368
Disabled - Non-Dual	12,264	39.1%	17,062	16.2%	19,826	2.6%	20,350
LIF Adults	10,934	40.8%	15,393	30.2%	20,048	11.3%	22,307
LIF Children	26,097	27.5%	33,266	18.0%	39,248	8.6%	42,623
Pregnant Women	1,916	50.4%	2,882	17.7%	3,393	0.2%	3,400
Infants	2,738	9.8%	3,007	(0.7%)	2,986	0.0%	2,986
Children	43,286	35.6%	58,680	17.0%	68,639	6.7%	73,232
CHIP	9,309	65.3%	15,391	24.9%	19,218	12.4%	21,596
RSP							
Elderly	663	10.0%	729	6.9%	779	2.6%	799
Disabled Dual	951	23.4%	1,174	6.6%	1,251	2.6%	1,284
Disabled - Non-Dual	1,051	112.2%	2,230	11.4%	2,484	6.4%	2,642
LIF Adults	7	0.0%	7	0.0%	7	0.0%	7
LIF Children	19	15.8%	22	54.5%	34	41.2%	48
Pregnant Women	-	-	-	-	-	-	-
Infants	-	-	2	250.0%	7	57.1%	11
Children	7	128.6%	16	18.8%	19	15.8%	22
CHIP	1	400.0%	5	0.0%	5	20.0%	6
Sub-total MHN	120,369	35.4%	162,998	17.8%	191,971	7.6%	206,467

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast - Spring 2012
Data through May 2012

Medicaid Eligibility Summary by Program Type - Average Monthly Eligibles

Managed Care Organization	SFY 2011	Growth	SFY 2012	Growth	SFY 2013	Growth	SFY 2014
Non-RSP							
Elderly	6	(50.0%)	3	100.0%	6	0.0%	6
Disabled Dual	187	(7.0%)	174	(2.3%)	170	2.4%	174
Disabled - Non-Dual	40,129	11.9%	44,921	5.5%	47,403	1.1%	47,927
LIF Adults	58,049	10.0%	63,872	3.0%	65,816	2.3%	67,322
LIF Children	93,450	9.0%	101,898	5.7%	107,756	3.8%	111,881
Pregnant Women	12,577	8.3%	13,622	35.2%	18,419	7.9%	19,878
Infants	22,524	6.0%	23,865	7.3%	25,599	7.8%	27,607
Children	138,501	12.4%	155,712	7.5%	167,448	3.4%	173,061
CHIP	37,235	21.5%	45,242	6.1%	47,997	4.1%	49,942
RSP (PACE)							
Elderly	358	0.3%	359	11.4%	400	5.0%	420
Disabled Dual	24	33.3%	32	9.4%	35	5.7%	37
Disabled - Non-Dual	18	0.0%	18	22.2%	22	4.5%	23
LIF Adults	-	-	-	-	-	-	-
LIF Children	-	-	-	-	-	-	-
Pregnant Women	-	-	-	-	-	-	-
Infants	-	-	-	-	-	-	-
Children	-	-	-	-	-	-	-
CHIP	-	-	-	-	-	-	-
Sub-total MCO	403,058	11.6%	449,718	7.0%	481,071	3.6%	498,278

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Table 5
State of South Carolina
Department of Health and Human Services
Summary of Waiver Population Enrollment Targets

State of South Carolina Department of Health and Human Services Medicaid Financial Forecast - Spring 2012 Data through May 2012 **Summary of Waiver Population Enrollment Targets**				

	SFY 2012	SFY 2013	SFY 2014	Comments
CLTC				
Community Choices	12,616	13,080	2% annual trend	
HIV/AIDS Waiver	950	1,000	2% annual trend	
Medically Complex Children's Waiver	250	411	640*	*Consistent with calculated SFY 2013 trend
Ventilator Waiver				Remain at current (May 2012) level
DDSN				
Head & Spinal Cord Injury Waiver	+36/year	+36/year*	+36/year*	*Consistent with calculated SFY 2013 trend
Community Supports Waiver	+150/year	+75/year*	+75/year*	*Consistent with calculated SFY 2013 trend
Pervasive Developmental Disorder Waiver	+10/month	+12/month	+15/month*	*Consistent with calculated SFY 2013 trend
Intellectual Disability/Related Disabilities Waiver	+90/year	+100/year	+100/year	*Consistent with calculated SFY 2013 trend
PACE	435	475	2% annual trend	

Table 6 illustrates eligibility trend assumptions by population through the end of SFY 2014. These trends are compounded monthly, using May 2012 estimated enrollment as a base. Actual year-over-year enrollment growth as shown in Appendix B1 is based on average monthly enrollment for the year, including the effect of emerging historical enrollment patterns.

Milliman, Inc.