

RHT Program Annual Report

The purpose of this workbook is to facilitate the State's annual reporting requirements as a recipient of RHT Program grant funds. Please do not change the formatting of the Excel other than adjusting row height or column width if needed. The sections marked CMS Review are for CMS use only and should not be edited by the State. This annual report Excel has been pre-populated with initiative and State policy action commitment data. Please refer to the State Reporting Expectations Guide and Obligated and Spent Funds Reporting Guide for additional guidance. The tabs are organized as follows:

Checkpoint Guidance Tab: This tab includes guidance for the State for each of the checkpoints to assist in reporting initiative progress. This includes checkpoint guidance, the weight assigned to each checkpoint, which checkpoints belong to each stage, and information on the type of evidentiary documentation that could be used to demonstrate completion.

Initiative Tabs: Forms for the State to complete that include initiative names, numbers, narratives, number of people served, metrics, checkpoints, and attachment names. There is a tab for each State initiative with the initiative name/number and associated metrics pre-populated. For each metric, the State should provide the most recent available value as well as the date for which the reported value is current (for example, a metric pertaining to data that is reported to the State annually would only be updated once per year with the analysis date listed). If a metric is listed as "UNDER REVIEW" it may change in the future as CMS and the State resolve any remaining baseline, target, or metric description clarifications. The State should indicate "Yes" for the initiative checkpoints completed. Checkpoints within a stage can be completed in any order, but progress towards the next stage will not be scored until every checkpoint within the current stage is complete. Every checkpoint requires evidentiary documentation. The State should provide evidentiary documentation for each checkpoint to the State's Project Officer (PO) for review.

State Policy Actions Tab: Form for the State to report the current status of their State policy action commitments. The State may only report progress on policy commitments identified in their application and for which they received credit; therefore, only those specific rows are provided for the State to populate and the other rows without commitments are grayed out. For State policy action commitments that the State is attesting to a change in status, it is required to include supporting evidence, most commonly provided in the form of a link to the legislation on the State register. The State may instead indicate the name of an attachment that will serve as evidentiary documentation, similar to the checkpoint evidence described above. The State is encouraged to point to the relevant section of the legislation in the Optional Comments/Notes column.

Obligated and Spent Funds Reporting Tabs: Forms for the State to report how RHT Program funds were disbursed. Includes Entity Type Guidance, First-Tier Entities, Use of Funds, and Downstream Reporting tabs. Please see the Obligated and Spent Funds Reporting Guide for detailed instructions on how to complete these forms.

Additional Information Tab: Form for the State to share success stories and updates to their sustainability plans based on the implementation of the RHT Program. This form also includes a field for the State to provide the 'rural area' definition that was used to determine whether subrecipients were considered to be rural. This rural definition will only be collected in the first annual report.

Stage	Checkpoint		Examples of Acceptable Evidence	Weight		Guidance
Stage 0 – Planning	0.1	Establish governance	Organizational chart	5%	10%	Provide a simple organizational chart showing the governance and oversight structure for the initiative. The chart should identify oversight and reporting relationships across the program structure, including the State, subrecipients, and sub-subrecipients, as applicable. States should present the structure at an appropriate level for initiative oversight and are not expected to list every individual subrecipient entity where groups or categories can be reasonably consolidated. Submissions should remain concise and focused on oversight roles and reporting relationships relevant to program administration.
	0.2	Submit project plan to CMS	Project plan	5%		Provide operational information in a structured format consistent with industry-standard project planning practices. The State should submit a project plan for each initiative. The initiative project plans should include each milestone from the approved State application and the respective completion dates. The State may choose to include additional tasks beyond the required milestones in the project plans, if desired. States may leverage the project plan template provided by CMS to create their initiative project plans or may use their preferred format as long as it accurately maps the application milestones to completion dates. Industry-standard project planning is typically performed in Excel or a similar structured format rather than in narrative form, and the State should include data fields similar to those in the project plan template (e.g., milestone/task, start and end dates, status, task owner, etc.).
Stage 1 – Project Preparation	1.1	CMS approval of project plan	CMS approval	5%	10%	CMS approval means the project plan is complete enough for implementation and aligns with the NOFO, standard and program terms and conditions, and the approved State application.² The State should retain the CMS approval communication for its records.
	1.2	Launch initiative	Go-live memo, public announcement, evidence of payment, executed contract	5%		Provide evidence that the initiative has moved from planning to execution. Evidence should show that at least one program, activity, subaward, contract, payment, go-live action, or equivalent implementation step is underway; issuing a NOFO or RFP alone is not sufficient. At least one executed contract may serve as evidence that the initiative has launched.
Stage 2 – Early Implementation	2.1	Continue initiative activities	In-progress project plan or similar implementation tracking document	5%	20%	Provide evidence that a broad range of initiative activities have continued after launch. Evidence should demonstrate implementation beyond initial startup activities and should reasonably reflect continued implementation across the initiative, rather than only a single activity or small selection of activities. An in-progress project plan or similar implementation tracking document showing multiple tasks in progress during the reporting period may support this checkpoint.
	2.2	Achieve at least one post-launch milestone	In-progress project plan or similar implementation tracking document	5%		Provide evidence that at least one post-launch milestone from the approved State application has been completed. The milestone should reflect substantive implementation progress tied to the approved project plan, and the documentation should clearly connect the evidence to the milestone achieved. This milestone must directly relate to the substance of the initiative, as opposed to administrative or project management milestones such as issuing RFPs, establishing governance, etc. An in-progress project plan or similar implementation tracking document showing the milestone as complete may support this checkpoint, provided the milestone is tied to the approved project plan and reflects substantive implementation progress.
	2.3	Establish metric reporting methodology	Metric targets, baseline, and data collection methodology	5%		Submit this update after subrecipients have been selected and established. At this stage, States are expected to provide a more developed and operational metric reporting and analysis methodology than what was proposed in the application. Submissions should reflect finalized metric approaches, including how methodologies are being implemented in practice, rather than projections or planned models.

	2.4	Submit updated project plan to CMS	Updated project plan	5%		Submit an updated project plan reflecting implementation progress and any refinements to activities, timelines, milestones, responsible parties, or dependencies, as appropriate to the State’s approach. The updated plan should continue to operationalize the milestones approved by CMS and demonstrate how implementation has evolved since the initial project plan submission. The plan should continue to follow a structured format consistent with standard project planning practices. States may reference provided examples to inform format and level of detail.
Stage 3 – Midway Implementation	3.1	CMS approval of updated project plan	CMS approval	5%	25%	CMS approval means the updated project plan adequately reflects implementation experience and remains aligned with the NOFO, terms and conditions, and approved State application. The State should retain the CMS approval communication for its records.
	3.2	Complete Q2 2028 milestones	In-progress project plan or similar implementation tracking document	10%		Provide evidence that all milestones scheduled for completion by Q2 2028 have been completed, unless CMS has approved an adjustment. Submissions should confirm that milestone activities have been carried out and are complete. Evidence should clearly reflect fulfillment of the specified milestones and be supported by appropriate documentation.
	3.3	Report initial metric progress to CMS	Report with initial metric progress and/or reporting methods	10%		Report initial progress for each initiative metric. The report should explain the direction and meaning of progress, including whether data are delayed, unavailable, stagnant, improving, or declining, and should describe the reason for any limited or unexpected results.
Stage 4 – Preparation for Completion	4.1	Share final deliverables plan with CMS	Draft report, reporting template/outline	5%	20%	Share the plan for final deliverables with CMS. The plan should describe what the State will submit at the end of the initiative, the expected format, responsible parties, timeline, and how the deliverables will demonstrate appropriate use of funds and initiative outcomes.
	4.2	CMS approval of final deliverables plan	CMS approval	5%		CMS approval means the final deliverables plan is complete, feasible, and aligned with program requirements. The State should retain the CMS approval communication for its records before proceeding toward final deliverable submission.
	4.3	Complete post-program planning	Sustainability plan, lessons learned, external funding, legislation	10%		Provide post-program planning that explains how each activity or benefit of the initiative will be sustained, transitioned, completed, or responsibly closed out after RHT Program funding ends. Evidence may include sustainability plans, funding strategies, transition plans, partner commitments, or closeout plans.
Stage 5 – Full Implementation	5.1	Submit final deliverables to CMS	Final report, dashboards	5%	15%	Submit the final deliverables described in the CMS-approved final deliverables plan. Deliverables should be complete, organized, and clearly aligned with the approved plan and any required final reporting expectations.
	5.2	Complete all 2030 milestones	Project plan or similar implementation tracking document	5%		Provide evidence that all milestones scheduled for completion by 2030 have been completed. Submissions should confirm that milestone activities have been carried out and are complete. Evidence should clearly reflect fulfillment of the specified milestones and be supported by appropriate documentation.

	5.3	Report updated metric progress to CMS	Report with values and reporting method for all metrics	5%		Report final progress for each initiative metric. The report should include complete metric results, the methodology used to calculate them, any validation or quality-control steps, and explanations for trends, limitations, or delayed data where relevant.
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¹**Change Control and CMS Review:**
Submission and CMS review/approval of project plan, milestone, and metric changes are program requirements under the NOFO and are not limited to checkpoint scoring activities. States should notify CMS as soon as material changes are anticipated. Material changes must be submitted to CMS for review and approval before being finalized or operationalized. Updates may be submitted during checkpoint reporting (quarterly/annual), or at another time determined appropriate by CMS and the State. States may propose revisions due to implementation experience, funding adjustments, or extenuating circumstances consistent with the NOFO.

²**Milestone Review Considerations:**
CMS review of milestones is intended to ensure milestones provide a reasonable framework for tracking implementation progress over the period of performance. When reviewing milestones, CMS may consider whether milestones are aligned with the approved initiative and project plan, reflect meaningful implementation activities, are reasonably timed and achievable, and are supported by sufficient justification consistent with the NOFO. Changes to approved milestones remain subject to Footnote ¹ regarding Change Control and CMS Review. CMS would not expect milestones to change absent implementation experience, funding adjustments, extenuating circumstances, or other sufficient justification consistent with the NOFO.

#	Initiative Name		
1	Connections to Care		
Narrative			
During the reporting period, South Carolina implemented Initiative #1 through the successful launch of the Notice of Funding Opportunity (NOFO) and application portal. Program staff conducted outreach and technical assistance, managed application intake, reviewed submissions, completed scoring and evaluation activities, and finalized award determinations to identify projects aligned with the initiative's objectives. South Carolina anticipates executing subawards for all four initiatives by late August to early September. Note: As there are no subaward agreements executed as of 7/31/2026, there is no data available to populate the ‘number of people served’ nor the metrics section related to this initiative.			
Number of People Served			
Please provide the number of people served			
0			
Metrics			
#	Metric	Current Value	As of Date
1	Number of rural healthcare providers using certified EHR technology	first reported value to be used as baseline	
2	Proportion of healthcare facilities offering telehealth services (e.g., video visits, remote consults)	first reported value to be used as baseline	
3	Number of patients enrolled in RPM programs or utilizing assistive technology	first reported value to be used as baseline	
4	Number of closed-loop referrals to state and community-based organizations	first reported value to be used as baseline	

Stage 0 – Planning			
Checkpoint		Yes/No	Attachment(s)
0.1	Establish governance	Yes	Org Chart
0.2	Submit project plan to CMS	Yes	Project Plan
Stage 1 – Project Preparation			
Checkpoint		Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	Project Plan Approval
1.2	Launch initiative	No	
Stage 2 – Early Implementation			
Checkpoint		Yes/No	Attachment(s)
2.1	Continue initiative activities	No	
2.2	Achieve at least one post-launch milestone	No	
2.3	Establish metric reporting methodology	No	
2.4	Submit updated project plan to CMS	No	
Stage 3 – Midway Implementation			

CMS Review (CMS Use Only)	
Stage 0 - Planning	
CMS Status Evaluation	Comments
Accepted	
Accepted	
Stage 1 - Project Preparation	
CMS Status Evaluation	Comments
Accepted	
Stage 2 - Early Implementation	
CMS Status Evaluation	Comments
Stage 3 - Midway Implementation	

Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				Stage 4 - Preparation for Completion	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				Stage 5 - Full Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name		
2	Leveling Up		
Narrative			
During the reporting period, South Carolina implemented Initiative #2 through the successful launch of the Notice of Funding Opportunity (NOFO) and application portal. Program staff conducted outreach and technical assistance, managed application intake, reviewed submissions, completed scoring and evaluation activities, and finalized award determinations to identify projects aligned with the initiative's objectives. South Carolina anticipates executing subawards for all four initiatives by late August to early September. Note: As there are no subaward agreements executed as of 7/31/2026, there is no data available to populate the ‘number of people served’ nor the metrics section related to this initiative.			
Number of People Served			
Please provide the number of people served			
0			
Metrics			
#	Metric	Current Value	As of Date
1	Number of providers participating in pediatric care quality programs	first reported value to be used as baseline	
2	UNDER REVIEW: Number of healthcare providers with coordinated chronic care programs	first reported value to be used as baseline	
3	Number of GME programs including a rural education component	first reported value to be used as baseline	

Stage 0 – Planning			
Checkpoint		Yes/No	Attachment(s)
0.1	Establish governance	Yes	Org Chart
0.2	Submit project plan to CMS	Yes	Project Plan
Stage 1 – Project Preparation			
Checkpoint		Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	Project Plan Approval
1.2	Launch initiative	Yes	SC_Init_2_Checkpoint1.2
Stage 2 – Early Implementation			
Checkpoint		Yes/No	Attachment(s)
2.1	Continue initiative activities	No	
2.2	Achieve at least one post-launch milestone	No	
2.3	Establish metric reporting methodology	No	
2.4	Submit updated project plan to CMS	No	

CMS Review (CMS Use Only)	
Stage 0 - Planning	
CMS Status Evaluation	Comments
Accepted	
Accepted	
Stage 1 - Project Preparation	
CMS Status Evaluation	Comments
Accepted	
Accepted	
Stage 2 - Early Implementation	
CMS Status Evaluation	Comments

Stage 3 – Midway Implementation			
Checkpoint		Yes/No	Attachment(s)
3.1	CMS approval of updated project plan	No	
3.2	Complete Q2 2028 milestones	No	
3.3	Report initial metric progress to CMS	No	
Stage 4 – Preparation for Completion			
Checkpoint		Yes/No	Attachment(s)
4.1	Share final deliverables plan with CMS	No	
4.2	CMS approval of final deliverables plan	No	
4.3	Complete post-program planning	No	
Stage 5 – Full Implementation			
Checkpoint		Yes/No	Attachment(s)
5.1	Submit final deliverables to CMS	No	
5.2	Complete all 2030 milestones	No	
5.3	Report updated metric progress to CMS	No	

Stage 3 - Midway Implementation	
CMS Status Evaluation	Comments
Stage 4 - Preparation for Completion	
CMS Status Evaluation	Comments
Stage 5 - Full Implementation	
CMS Status Evaluation	Comments

#	Initiative Name		
3	Wellness Within Reach		
Narrative			
During the reporting period, South Carolina implemented Initiative #3 through the successful launch of the Notice of Funding Opportunity (NOFO) and application portal. Program staff conducted outreach and technical assistance, managed application intake, reviewed submissions, completed scoring and evaluation activities, and finalized award determinations to identify projects aligned with the initiative's objectives. South Carolina anticipates executing subawards for all four initiatives by late August to early September. Note: As there are no subaward agreements executed as of 7/31/2026, there is no data available to populate the ‘number of people served’ nor the metrics section related to this initiative.			
Number of People Served			
Please provide the number of people served			0
Metrics			
#	Metric	Current Value	As of Date
1	The number of rural healthcare access points	first reported value to be used as baseline	
2	Number of healthcare providers with coordinated chronic care programs	first reported value to be used as baseline	
3a	Number of mobile crisis response teams	first reported value to be used as baseline	
3b	Average response time for mobile crisis response teams.	first reported value to be used as baseline	

Stage 0 – Planning			
Checkpoint		Yes/No	Attachment(s)
0.1	Establish governance	Yes	Org Chart
0.2	Submit project plan to CMS	Yes	Project Plan
Stage 1 – Project Preparation			
Checkpoint		Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	Project Plan Approval
1.2	Launch initiative	Yes	SC_Init_3_Checkpoint1.2
Stage 2 – Early Implementation			
Checkpoint		Yes/No	Attachment(s)
2.1	Continue initiative activities	No	
2.2	Achieve at least one post-launch milestone	No	

CMS Review (CMS Use Only)	
Stage 0 - Planning	
CMS Status Evaluation	Comments
Accepted	
Accepted	
Stage 1 - Project Preparation	
CMS Status Evaluation	Comments
Accepted	
Accepted	
Stage 2 - Early Implementation	
CMS Status Evaluation	Comments

2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				Stage 3 - Midway Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				Stage 4 - Preparation for Completion	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				Stage 5 - Full Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name		
4	Shoring Up Sustainability		
Narrative			
During the reporting period, South Carolina implemented Initiative #4 through the successful launch of the Notice of Funding Opportunity (NOFO) and application portal. Program staff conducted outreach and technical assistance, managed application intake, reviewed submissions, completed scoring and evaluation activities, and finalized award determinations to identify projects aligned with the initiative's objectives. South Carolina anticipates executing subawards for all four initiatives by late August to early September. Note: As there are no subaward agreements executed as of 7/31/2026, there is no data available to populate the ‘number of people served’ nor the metrics section related to this initiative.			
Number of People Served			
Please provide the number of people served	0		
Metrics			
#	Metric	Current Value	As of Date
1	Number of workforce incentive programs	first reported value to be used as baseline	
2	Rate of clinician retention in rural areas	first reported value to be used as baseline	
3	UNDER REVIEW: Number of masterclass sessions developed and launched	first reported value to be used as baseline	
4	UNDER REVIEW: New training programs for rural healthcare providers	first reported value to be used as baseline	

Stage 0 – Planning			
Checkpoint		Yes/No	Attachment(s)
0.1	Establish governance	Yes	Org Chart
0.2	Submit project plan to CMS	Yes	Project Plan
Stage 1 – Project Preparation			
Checkpoint		Yes/No	Attachment(s)
1.1	CMS approval of project plan	Yes	Project Plan Approval
1.2	Launch initiative	No	
Stage 2 – Early Implementation			
Checkpoint		Yes/No	Attachment(s)
2.1	Continue initiative activities	No	
2.2	Achieve at least one post-launch milestone	No	

CMS Review (CMS Use Only)	
Stage 0 - Planning	
CMS Status Evaluation	Comments
Accepted	
Accepted	
Stage 1 - Project Preparation	
CMS Status Evaluation	Comments
Accepted	
Stage 2 - Early Implementation	
CMS Status Evaluation	Comments

2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				Stage 3 - Midway Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				Stage 4 - Preparation for Completion	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				Stage 5 - Full Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

#	Initiative Name		
5	Tech Catalyst Fund		
Narrative			
Following a comprehensive due diligence process, 14 companies were invited to present to the Review Committee, resulting in 10 projects recommended for funding and approximately \$4.7 million in proposed awards ranging from \$350,000 to \$750,000. Notices of Intent to Fund are expected to be issued next week. The Tech Catalyst Fund has successfully progressed from program design and solicitation to active review and award preparation, establishing a strong operational foundation, outreach strategy, applicant pipeline, and review framework to support implementation in Year 1 and future program years. Several selected projects are advancing innovative technologies that, if successfully demonstrated through the Tech Catalyst Fund, may serve as a pipeline for broader adoption across SCDHHS's RHTP initiatives. Project outcomes and impact measures will be reported following award execution and project launch. Note: As there are no subaward agreements executed as of 7/31/2026, there is no data available to populate the ‘number of people served’ nor the metrics section related to this initiative.			
Number of People Served			
Please provide the number of people served			0
Metrics			
#	Metric	Current Value	As of Date
1	Number of rural health tech start-ups receiving funding in South Carolina	first reported value to be used as baseline	
2	UNDER REVIEW: Number of funded projects that reach key development milestones	first reported value to be used as baseline	
3	UNDER REVIEW: Number startups that reach commercialization or market entry as a result of award.	first reported value to be used as baseline	
4	UNDER REVIEW: Number of rural providers hosting at least one trial/pilot tech catalyst project.	first reported value to be used as baseline	

Stage 0 – Planning			
Checkpoint		Yes/No	Attachment(s)
0.1	Establish governance	Yes	Org Chart
0.2	Submit project plan to CMS	Yes	Project Plan
Stage 1 – Project Preparation			
Checkpoint		Yes/No	Attachment(s)

CMS Review (CMS Use Only)	
Stage 0 - Planning	
CMS Status Evaluation	Comments
Accepted	
Accepted	
Stage 1 - Project Preparation	
CMS Status Evaluation	Comments

1.1	CMS approval of project plan	Yes	Project Plan Approval	Accepted	
1.2	Launch initiative	Yes	SC_Init_5_Checkpoint1.2	Accepted	
Stage 2 – Early Implementation				Stage 2 - Early Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
2.1	Continue initiative activities	No			
2.2	Achieve at least one post-launch milestone	No			
2.3	Establish metric reporting methodology	No			
2.4	Submit updated project plan to CMS	No			
Stage 3 – Midway Implementation				Stage 3 - Midway Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
3.1	CMS approval of updated project plan	No			
3.2	Complete Q2 2028 milestones	No			
3.3	Report initial metric progress to CMS	No			
Stage 4 – Preparation for Completion				Stage 4 - Preparation for Completion	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
4.1	Share final deliverables plan with CMS	No			
4.2	CMS approval of final deliverables plan	No			
4.3	Complete post-program planning	No			
Stage 5 – Full Implementation				Stage 5 - Full Implementation	
Checkpoint		Yes/No	Attachment(s)	CMS Status Evaluation	Comments
5.1	Submit final deliverables to CMS	No			
5.2	Complete all 2030 milestones	No			
5.3	Report updated metric progress to CMS	No			

Score Factor	Workload Funding Score Factor Criterion	Baseline	Commitment	Current Status	Supporting Evidence	Optional Comments/Notes
B.2.	Presidential Fitness Test	0 Points: A State does not require schools to reestablish the Presidential Fitness Test	No Commitment			
B.3.	SNAP Food Restriction Waiver Policy	75 Points: State submitted a waiver prohibiting the purchase of non-nutritious items in SNAP and waiver is in processing with USDA	100 Points: USDA approved State waiver prohibiting the purchase of non-nutritious items in SNAP	100 Points: USDA approved State waiver prohibiting the purchase of non-nutritious items in SNAP	See supporting document SC_SPA_B.3 https://governor.sc.gov/news/2025-12/usda-approves-gov-henry-mcmasters-waiver-exclude-candy-unhealthy-drinks-snap-program https://governor.sc.gov/sites/governor/files/Documents/Executive-Orders/2025-09-03%20FILED%20Executive%20Order%20No.%202025-30%20-%20Directing%20Submission%20of%20Healthy%20Food%20Choice%20Demonstration%20Waiver.pdf	SNAP Waiver approved December 10, 2025.
B.4.	Nutrition Continuing Medical Education	0 Points: States that have no requirement for nutrition to be included in continuing medical education (CME) for physicians as well as no pending State bill requiring nutrition to be included in CME for physicians	No Commitment			
C.3.	Overall CON Score	50 Points: 45-79 score from the Cicero report for States with moderate CONs across facility categories	75 Points: 1-44 score from Cicero report for States with limited CONs across facility categories	75 Points: 1-44 score from Cicero report for States with limited CONs across facility categories		State still in implementation phase.
	CON - Behavioral Outpatient	Unrestricted	No Commitment			
	CON - Medical Outpatient	Restricted	No Commitment			
	CON - Behavioral Inpatient	Unrestricted	No Commitment			
	CON - Imaging	Restricted	No Commitment			
	CON - Medical Inpatient	Restricted	No Commitment			
	CON - Day Services	Unrestricted	No Commitment			
	CON - Long-term Care Facilities	Restricted	No Commitment			
	CON - Ancillaries	Unrestricted	No Commitment			
	CON - Other	Unrestricted	No Commitment			
D.2.	Physician - Medical Licensure Compact	0 Points: Not a Member State	No Commitment			
	Nurse - Nurse Licensure Compact	100 Points: NLC state	No Commitment			
	EMS - EMS Compact	100 Points: Is-a-licensure compact member of the EMS Compact	No Commitment			
	Psychology - PSYPACT	100 Points: PSYPACT participating	No Commitment			
	Physician Assistant - PA Compact	0 Points: No active legislation to become a PA Compact member	No Commitment			
D.3.	PA - Scope of Practice	0 Points: Reduced Scope of Practice	No Commitment			
	NP - Scope of Practice	0 Points: Restricted Scope of Practice	No Commitment			
	Pharmacist - Overall Score	0 Points: 0-3 score from Cicero report for States with restricted authority	No Commitment			
	Pharmacist - Drug Administration	2 Points: Full Authority	No Commitment			
	Pharmacist - Lab Testing	1 Point: CLIA-Waived Authority	No Commitment			
	Pharmacist - Independent Prescribing	0 Points: Restricted Authority	No Commitment			
	Dental Hygienist - Overall Score	50 Points: Semi Restricted Scope of Practice (3-5 types tasks)	No Commitment			
	Dental Hygienist - Dental Hygiene Diagnosis	Unallowable Task	No Commitment			
	Dental Hygienist - Prescriptive Authority	Unallowable Task	No Commitment			

	Dental Hygienist - Local Anesthesia	Direct	No Commitment			
	Dental Hygienist - Supervision of Dental Assistants	Unallowable Task	No Commitment			
	Dental Hygienist - Direct Medicaid Reimbursement	Unallowable Task	No Commitment			
	Dental Hygienist - Dental Hygiene Treatment Planning	Unallowable Task	No Commitment			
	Dental Hygienist - Provision of Sealants	Allowable Task	No Commitment			
	Dental Hygienist - Direct Access to Prophylaxis	Allowable Task	No Commitment			
E.3.	Short-term, limited-duration insurance (STLDI)	100 Points: STLDI plans are not restricted in the State beyond the latest federal guidance	No Commitment			
F.1.	Medicaid Payment for at Least One Form of Live Video	100 Points: Reimbursed	No Commitment			
	Medicaid Payment for Store and Forward	50 Points: Only reimbursing Communication Technology Based Services (CTBS)	No Commitment			
	Medicaid Payment for Remote Patient Monitoring (RPM)	100 Points: Reimbursed	No Commitment			
	In-State Licensing Requirement Exception	100 Points: Exceptions are in place	No Commitment			
	Telehealth License/Registration Process (including special licenses)	100 Points: Regulation process is in place	No Commitment			

Note: States should use the definition of 'rural area' that they provide to CMS on the Additional Information tab of the first Annual Report to determine what counts as a 'rural area' for the purpose of determining the most appropriate entity type in their reporting.

Entity Type	Description
Healthcare Providers	
Critical Access Hospital	A rural hospital designated by CMS as a CAH, which meets the requirements at 42 U.S.C. § 1395i-4(c)(2).
Rural Emergency Hospital	An entity that meets the requirements at 42 U.S.C. § 1395x(kkk)(2).
Other Rural Hospital	An acute care hospital located in a rural area that is not a Critical Access Hospital (CAH) or Rural Emergency Hospital (REH).
Rural Health Clinic	An outpatient clinic that meets the requirements at 42 U.S.C. § 1395x(aa)(2). Hospital-based Rural Health Clinics (RHCs) should be categorized as an RHC.
Rural Community Health Center	A community-based outpatient clinic located in a designated rural area, and meets the requirements at 42 U.S.C. § 1395x(aa)(4).Federally qualified health centers (FQHCs) and FQHC "Look-Alikes" located in designated rural areas should be categorized as Rural Community Health Centers.
Rural Behavioral Health Provider	A licensed professional or facility operating in a designated rural area and specializing in mental health, behavioral health, opioid use disorder treatment services (as defined at 42 USC § 1395x(jjj)(1)), or other substance use disorder treatment services. This category includes Community Mental Health Centers (as defined at 42 USC § 1395x(ff)(3)(B)), Opioid Treatment Programs (as defined at 42 USC § 1395x(jjj)(2)), and Certified Community Behavioral Health Clinics (as defined at 42 USC § 1396d(jj)(2)) located in a designated rural area.
Rural EMS Provider	An emergency medical services agency or emergency medical service vehicle agency providing services in a designated rural area. Hospital-based EMS agencies providing services in a designated rural area should be categorized as rural EMS provider. This category includes air ambulance agencies that cover rural areas.
Rural SNF/Long-Term Care Facility	A certified Skilled Nursing Facility (SNF) (meeting requirements at 42 U.S.C. § 1395i-3(a)), nursing home, or long-term care facility located in a designated rural area. These facilities may provide post-acute, rehabilitative, and/or custodial long-term care. Note: certified long-term care hospitals (LTCHs) located in designated rural areas should be categorized as "other rural hospitals".
Rural Pharmacy	A licensed retail, community, or independent pharmacy operating in a designated rural area. Hospital-based pharmacies operating in a designated rural area should be categorized as a rural pharmacy.
Rural Independent or Group Practice	Healthcare practices located in a designated rural area that are either owned and operated as an independent clinical entity/solo practice by a single healthcare provider or those entities that are owned by two or more physicians who share facilities, staff, expenses, and income under a unified legal structure as defined at 42 CFR Part 425.

Rural Dental Professional or Practice	Includes licensed dental professionals and practices located in a designated rural area that provide dental services as defined at 42 CFR § 440.100.
Other Rural Provider	All other licensed healthcare professionals or facilities located in a designated rural area. Note: healthcare professionals or facilities operated by Tribal government should be categorized as "Tribal healthcare provider".
Non-Rural Healthcare Provider	All licensed healthcare professionals and facilities that are not located in a designated rural area and are not a health system.
Health System	An interconnected network of jointly managed or jointly owned healthcare organizations (e.g., physician practices, hospitals, skilled nursing facilities).
State Government Agencies	
State Health and Human Services Agency	State government agency responsible for administering a wide spectrum of health and/or social service programs, including but not limited to those related to aging, public health, and health care.
State Education Agency	State government agency responsible for administering, regulating, and overseeing the public education system within the State. Acts as the primary authority to ensure that State and federal education laws, standards, and funding are properly implemented.
State Labor Agency	State government agency responsible for enforcing employment laws, promoting workforce development, administering unemployment insurance, and protecting worker rights.
Other State Agency	Any other state government agency that oversees functions/programs outside of those administered by the State agencies/departments of education, labor/workforce development, and health and human services.
Local Government Agencies	
County/Municipal Health Department	The local municipality responsible for local health regulations and public health oversight.
Area Agency on Aging	A public or private nonprofit agency designated by a State to address the needs and concerns of older persons and family caregivers at the regional and local levels. See 45 CFR 1321.55(a).
Other Local Government	Any other local governmental agency that is not a county/municipal health department or Area Agency on Aging.
Tribal Entities	
Tribal Government	The recognized governing body overseeing an Indian Tribe, group, or community, including Alaska Native villages, possessing sovereign authority and recognized as a domestic dependent nation.
Tribal Healthcare Provider	A healthcare facility or service owned or operated by a federally recognized Indian tribe or Tribal organization, including Tribally-owned IHS-funded facilities, under an Indian Self-Determination and Education Assistance Act (PL 93-638) contract or compact. Tribally-owned facilities funded by Title I or III of the ISDEAA (PL 93-638) include all facilities under contract, compact, or receiving grants from the IHS. The Tribal facility is operated by a Federally recognized Tribe under a funding agreement with IHS.

Other Tribal Organization	Other Tribal organizations include any legally established organization of Indians under the Tribal government, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; or any Tribal nonprofit organization (34 U.S. Code § 12291(a)(43-45)).
Education Organization	
Community College/Technical School	A community college is a public institution of higher education, which awards an associate’s degree (15 USC § 9401(4)). A technical school is an educational institution that is approved by a State agency or accredited by a State or national accrediting body to provide technical, trade or vocational training (20 CFR § 411.167).
University/Medical School/Post-Secondary Institution	An educational institution that provides an educational program for which a bachelor’s degree or any other higher degree is awarded, is accredited by a nationally recognized accrediting agency or association, and meets other requirements as defined at 7 USC § 3103(4)(A). This category would also include a school of medicine, osteopathy, dentistry, pharmacy or other health profession which provides training leading to a degree of doctor of medicine, doctor of osteopathy, doctor of dentistry, an advanced practice nursing credential (such as APRN), a physician assistant (PA) credential, or an equivalent credential for a particular health profession, and which is accredited by a body or bodies recognized for accreditation purposes by the Secretary of Education.
Other Academic Institution	Any publicly or privately operated primary or secondary school, or other educational entity that is not a college/university, medical school, community college, or technical school.
Area Health Education Center (AHEC)	A public or nonprofit organization that operates under a cooperative agreement or contract with an entity receiving federal grant awards, as described in 42 USC § 295p(12). It promotes initiatives designed to enhance access to quality health care, particularly primary and preventive care, for underserved populations by improving the supply and distribution of healthcare professionals via strategic partnerships with academic programs, communities, and professional organizations.
Rural Graduate Medical Education (GME)	An ACGME-accredited medical residency training program in which residents/fellows train for the majority of their time in a designated rural location or rural clinic setting, with the goal of reducing physician shortages in rural areas (42 CFR 413.79(k)).
Other Rural Healthcare Workforce-Training	Education and training initiatives that provide for local training in rural areas such as healthcare professional development training, or training for community health workers, digital health navigators, care navigators, care coordinators, doulas, etc.
Health IT Vendors	
EHR/EMR Vendor	An entity that develops and/or markets electronic health/medical record technology, which meets mandatory federal standards for interoperability, security and data exchange, for use in healthcare settings.

Telehealth Platform Vendor	An entity that provides secure, HIPAA-compliant, and reliable electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store- and-forward imaging, streaming media, and landline and wireless communications.
RPM Vendor	A company or organization that develops or offers secure, HIPAA-compliant technology allowing providers to monitor patients outside of the traditional care setting using digital medical devices, such as weight scales, blood pressure monitors, pulse oximeters, and blood glucose meters.
AI Vendor	A company or organization that develops or offers secure, HIPAA-compliant technology that uses artificial intelligence to support clinical care (e.g., diagnosis, treatment planning), administrative and revenue cycle management activities (e.g., coding, scheduling, and billing), and/or workflow automation (e.g., scheduling, patient intake, chart review). This category also includes FDA regulated AI diagnostic imaging and medical devices. Note EHR/EMR, telehealth, and remote patient monitoring systems that embed AI functionality directly into their systems should be classified under other categories as appropriate.
Other Health IT Vendors or Health IT Consultant	Entities that provide health information technology products, platforms, or services - including consulting services other than those associated with electronic health record (EHR), electronic medical record (EMR), telehealth, AI, or remote patient monitoring (RPM) solutions.
Other Consulting	
Technical Assistance Provider	Organizations that provide assistance, including the transfer of skills and knowledge, to State awardees or their subrecipients on specific topics.
Quality Improvement Organization	Quality Improvement Organizations (QIOs) are entities that include representatives of health care providers and representatives of consumers, which perform case reviews and quality improvement efforts to ensure care is appropriate, effective, and continuously improved. See 42 CFR 475.101.
Program Evaluation Consultant	An independent contractor or third-party advisor who provides an assessment of the effectiveness, efficiency, and/or impact of a program, policy, or initiative.
Grants Management Vendor	A company or organization that provides specialized software and/or consulting services to assist organizations in the execution of compliant grant administration activities throughout the award and funding lifecycle (e.g., tracking applications, procurement/ contracting, compliance and reporting).
Other Consulting	Any other independent professional or organization who provides valuable and pertinent advice or services generally drawn from a high degree of broad administrative, professional, or technical knowledge or experience for a fee that is not a technical assistance provider, health IT consultant, program evaluation consultant, grants management vendor or quality improvement organization.
Other Entity Types	

Construction or Specialty Trade Contractor	A company or organization engaged either in the overall management and/or the specialized execution (e.g., pouring concrete, site preparation, plumbing, painting, and electrical work) of building construction, infrastructure development, alterations, or repairs.
Community-Based Organization	A public or private nonprofit organization that are representative of a community or a significant segment of a community and provides support services that include but are not limited to education, transportation assistance, case management, and nutrition assistance. See 20 USC § 7801(5).
Faith-Based Organization	An organization, also referred to as “religious organization”, which is a nonprofit religious organization.
Rural Technology Catalyst Fund Initiative	An initiative that supports the development and adoption of emerging health tech innovation focused on rural populations to improve quality, expand access, and reduce cost of care; focused on promoting consumer-facing, technology-driven solutions for prevention and management of chronic diseases. See NOFO (p. 115) for more information.
Other	Any other entity not otherwise described.

				Reference Columns						
Entity ID	First-Tier Entity (Subrecipient or Contractor)	Entity Type	Obligated Funds	Uncategorized Funds	Total Disbursed Funds	Unliquidated Obligations	Sum of Downstream Disbursements	Retained Disbursed Funds	Sum of Unpaid Downstream Commitments	Net Available Unliquidated Obligations
				Obligated Funds – Sum of Obligations assigned on Use of Funds tab	Sum of Disbursed Amount assigned on Use of Funds tab	Column E – Column G	Sum of Column J across second-tier entities on Downstream Reporting tab	Column G – Column I	Sum of Column K across all downstream entities on Downstream Reporting tab	Column H – Column K
1	South Carolina Department of Health & Human Services	State Health and Human Services Agency	\$569,133.31	\$0.00	\$427,677.79	\$141,455.52	\$0.00	\$427,677.79	\$0.00	\$141,455.52
2	Boston Consulting Group (BCG)	Other Consulting	\$5,000,000.00	\$0.00	\$0.00	\$5,000,000.00	\$0.00	\$0.00	\$0.00	\$5,000,000.00
3	Milliman, Inc.	Other Consulting	\$10,000,000.00	\$0.00	\$0.00	\$10,000,000.00	\$0.00	\$0.00	\$0.00	\$10,000,000.00
4	BDO Government Services, LLC	Other Consulting	\$3,990,000.00	\$0.00	\$0.00	\$3,990,000.00	\$0.00	\$0.00	\$0.00	\$3,990,000.00
5	South Carolina Research Authority (SCRA)	Grants Management Vendor	\$5,025,452.32	\$0.00	\$0.00	\$5,025,452.32	\$0.00	\$0.00	\$0.00	\$5,025,452.32
6	Slalom Inc	Other Consulting	\$2,079,813.31	\$165,130.00	\$0.00	\$2,079,813.31	\$0.00	\$0.00	\$0.00	\$2,079,813.31

							Funding Amounts of Program-Specific Limitations (\$)					
Obligation ID	Obligation Amount	Disbursed Amount	First-Tier Entity (Subrecipient or Contractor)	Description	Initiative Number	Use of Funds Category	Administrative Costs	Capital Expenditures and Infrastructure	Provider Payments	EMR Replacement	Rural Tech Catalyst Fund	Confirmation: No Program-Specific Limitation Applies
SC1	\$358,568.66	\$217,113.14	South Carolina Department of Health & Human Services	Payroll and fringe expenses to support operations of Rural Health Transformation Program.	All	N/A (Program Administration Expense)	\$358,568.66					
SC2	\$210,564.65	\$210,564.65	South Carolina Department of Health & Human Services	Other costs to support operations of Rural Health Transformation Program. Indirect cost based on cost allocation plan between state agency and CMS.	All	N/A (Program Administration Expense)	\$210,564.65					
SC3	\$5,000,000.00	\$0.00	Boston Consulting Group (BCG)	Contractor to perform a comprehensive rural health assessment.	2	N/A (Program Administration Expense)	\$5,000,000.00					
SC4	\$10,000,000.00	\$0.00	Milliman, Inc.	Contractor to determine the financial feasibility of developing a rate methodology for community paramedics.	3	N/A (Program Administration Expense)	\$10,000,000.00					
SC5	\$3,990,000.00	\$0.00	BDO Government Services, LLC	Contractor to perform technical asstance and compliance monitoring of the overall program.	All	N/A (Program Administration Expense)	\$3,990,000.00					
SC6	\$5,025,452.32	\$0.00	South Carolina Research Authority (SCRA)	Contractor to serve as passthrough to subrecipients for the Tech Catalyst Fund.	5	Innovative Care					\$5,025,452.32	
SC7	\$0.00	\$0.00	South Carolina Research Authority (SCRA)	Contractor to serve as overall grant manager for the Tech Catalyst Fund.	5	N/A (Program Administration Expense)	\$0.00					
SC8	\$1,914,683.31	\$0.00	Slalom Inc	Contractor to develop a targeted transition plan for the dual population.	2	N/A (Program Administration Expense)	\$1,914,683.31					

[illegible]

Success Stories
Please share success stories that you want to highlight as result of your State’s implementation of the RHT Program.
South Carolina successfully engaged Boston Consulting Group to conduct a statewide rural health landscape needs assessment. This assessment will help ensure we are rooting all future merit-based grant opportunities in data driven decisions. Please note: At the time of this report, no merit based grant awards have been finalized

Sustainability Planning
What are the most significant updates or changes to your sustainability plan based on the past year's experiences, successes, and challenges?
There are no changes at this time.

Rural Definition
Please provide the definition of 'rural area' that the State used to determine whether subrecipients were considered to be rural.
South Carolina relied on standards from Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) for determining its rural-eligible counties. They define the following areas as rural: - Non-metropolitan counties; - Outlying metropolitan counties with no population from an urban area of 50,000 or more people; - Census tracts with Rural-Urban Commuting Area (RUCA) codes 4-10 in metropolitan counties; - Census tracts of at least 400 square miles in area with population density of 35 or fewer people per square mile with RUCA codes 2-3 in metropolitan counties.