



## GRANT AGREEMENT

### BETWEEN

**SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH**

AND

**Prisma Health - Upstate  
FY 2025**

This Agreement by and between the South Carolina Department of Public Health (DPH) and **Prisma Health - Upstate** (Recipient) a **non - profit** existing under the laws of South Carolina, is to provide for the distribution of funds **\$2,000,000. 00 (non-recurring Funds)** appropriated in 2024 **H.5100, Part 1B, Proviso 118.20**.

The parties agree as follows:

A. STATEMENT OF PURPOSE:

The purpose of the Agreement is to provide funding to Recipient, in support of the **Prisma Health Sickle Cell Initiatives (The Project)** . This Agreement furthers DPH's statutory mission and serves the public purpose of public health.

B. SCOPE OF SERVICES:

The Recipient shall utilize the Funds for the activities and services for **The Project** as outlined in the attached Earmarked Appropriations Disbursement Request Form as completed with supporting documents, which will be incorporated into this Agreement upon acceptance under Paragraph D.

C. TERM:

This Agreement shall be effective upon signature, calendar year **2024** and shall terminate on June 30, **2025**. Recipient's obligations under this Agreement shall survive termination.

D. PAYMENT:

1. Recipient shall submit a written request for payment not to exceed **\$2,000,000.00** and shall include with the request the information on the attached Earmarked Appropriations Disbursement Request Form including the following as required by Proviso 117.21 and Executive Order 2022-19.
  - a. An accounting of how the Funds will be spent,
  - b. Goals to be accomplished, and
  - c. Proposed measures to evaluate success in implementing and meeting the goals
2. Upon acceptance by DPH, the request for payment will be incorporated into and made a part of this Agreement.
3. Recipient must register with SCEIS as a vendor and provide vendor information on the request for payment. If applicable, DPH will verify that the recipient's organization is registered as a business, nonprofit, or charitable organization with the South Carolina Secretary of State's Office. DPH will upload documentation of verification to the fully executed agreement packet.
4. Payment is contingent on DPH receipt of Funds.
5. DPH will transmit the funds to Recipient by check delivered to:

**Prisma Health Grants and Trials**  
**P.O. Box 748580**  
**Atlanta, GA 30374-8580**

6. Source of Funds: State funds made available in the **FY 2024-2025 H.5100, Part 1B, Proviso 118.20** as a nonrecurring distribution per legislative direction, effective July 1, 2024. DPH's Point of Contact for financial information regarding payments made under this Agreement:

Meredith Murphy, Budget Director  
Bureau of Budgets and Financial Planning  
South Carolina Department of Public Health  
2100 Bull Street  
Columbia, South Carolina, 29201

E. REPORTING REQUIREMENTS; AUDITS:

1. Recipient shall submit quarterly, compliance reports via DPH's Earmarked Appropriations Reporting Portal. By **June 30, 2025**, Recipient shall submit to DPH an electronic, end-of-fiscal year report containing a detailed accounting of its use of the Funds and the services completed in sufficient detail for DPH to determine Recipients compliance with the Scope of Services set forth in Paragraph B above.

2. Recipient must provide compliance reports within fifteen days after the reporting period outlining the status of the project, compliance with the scope of services, and documentation of expenditures. Recipient is subject to site visits from DPH to monitor compliance.
3. If the Project is not completed or the Funds have not been spent by **June 30, 2025**, Recipient shall include in its final report an explanation why the Funds have not been spent or the Project is not complete and an expected completion date by which it anticipates all funds will have been spent. Recipient shall also submit a final report with this information within 90 days after project completion or exhaustion of Funds.
4. Recipient will allow the State Auditor to audit or cause to be audited the Funds.

F. PREVENTING AND REPORTING FRAUD, WASTE AND ABUSE:

1. DPH has procedures and policies concerning the prevention and reporting of fraud, waste, and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or Recipient shall direct, participate in, approve, or tolerate any violation of federal or State laws regarding FWA in government programs.
2. Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other “whistleblower” statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations.
3. If Recipient or Recipient’s agents or employees have reason to suspect FWA in DPH programs, this information should be reported in confidence to DPH. A report may be made by writing to the Office of Internal Audits, DPH, 2100 Bull Street, Columbia, SC 29201; or by calling the DPH Fraud, Waste and Abuse Hotline at 803-898-4869 or toll-free at 1-866-206-5202. Recipient is required to inform Recipient’s employees of the existence of DPH’s policy prohibiting FWA and the procedures for reporting FWA to the agency. Recipient must also inform recipient’s employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

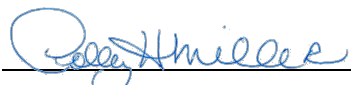
- G. USE OF FUNDS: Recipient will not use, expend, or allow use or expenditure of the Funds for any purpose not authorized in and consistent with this Agreement. Unexpended funds distributed pursuant to this Agreement may be carried forward to succeeding fiscal years and expended for the same purposes. Recipient shall continue the reporting and monitoring required under this Agreement until all Funds are spent.

- H. RETURN OF FUNDS: The State of South Carolina reserves the right to all remedies available to it under law for the enforcement of this Agreement including but not limited to the right to demand repayment of any Funds that remain unused at completion of the project or that were used for purposes not authorized in this Agreement.
- I. NON-DISCRIMINATION: Recipient represents and agrees that it does not and will not practice discrimination, or use the Funds for purposes which discriminate, against persons by virtue of race, religion, color, sex, age, national origin, disability, veteran status, pregnancy, gender identity, sexual orientation, or any other basis prohibited by law.
- J. RECORDKEEPING: Recipient shall create and maintain adequate records to document all matters covered by this Agreement. Recipient shall retain all such records for six (6) years or other longer period required by law after termination, cancellation, or expiration of the Agreement or after final expenditure of Funds, whichever is later, and make records available for inspection, copying, and audit by DPH or other authorized agent of the State. If any litigation, claim, or audit has begun but is not completed or if audit findings have not been resolved at the end of the retention period, the records shall be retained until all litigation, claims, or audit findings involving the Funds have been resolved.
- K. REVISIONS OF LAW: The provisions of the Agreement are subject to revision of state or federal statutes and regulations and requirements governing (name of grant, etc.).
- L. PUBLIC INFORMATION: All information relating to distribution and use of the Funds, including all reports and documentation submitted to DPH under this Agreement, is subject to public disclosure under the South Carolina Freedom of Information Act and may be published on DPH's internet web site.
- M. ATTACHMENTS: Attachments to this Agreement are incorporated into and made part of this Agreement.

SOUTH CAROLINA DEPARTMENT OF  
PUBLIC HEALTH

RECIPIENT NAME

BY:   
Meredith Murphy  
Budget Director

BY:   
Polly H. Miller  
SVP Finance, Enterprise Contracting  
Prisma Health - Upstate

DATE: 12/04/2024

DATE: 12/06/2024

MAILING ADDRESS:

SC DPH – Bureau of Budgets and Financial  
Planning  
2100 Bull Street  
Columbia, SC 29201  
Phone: 803-898-4222  
Fax: 803-253-7637

MAILING ADDRESS:

Prisma Health - Upstate  
Attn: Managed Care  
300 E. McBee Ave., 4th Floor  
Greenville, SC 29601  
Phone: (864) 516 - 6440  
Email: grants@prismahealth.org  
REMITTANCE ADDRESS: (if applicable)

TAX/EMPLOYER ID # 811723202

SCEIS Vendor #: 7000273581

TYPE OF ENTITY (check one):

- Corporation
- LLC
- Partnership
- Nonprofit organization
- Local Government agency or political  
subdivision – specify State if not SC:  
\_\_\_\_\_
- Other Governmental body (specify)  
\_\_\_\_\_
- Individual/sole proprietor
- Other (specify)  
\_\_\_\_\_

If a corporation or LLC:

State of incorporation/organization:  
  
\_\_\_\_\_

Registered agent and address in South  
Carolina:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

SCDLLR or other license #  
  
\_\_\_\_\_

THIS AGREEMENT IS NOT OFFICIAL AND BINDING UNTIL SIGNED BY THE DPH CONTRACTS  
MANAGER.

  
\_\_\_\_\_  
Emmily Gurley  
DPH Contracts Manager

DATE: 12-18-2024\_\_\_\_\_

## Section 1: Goals Accomplished

*List the goals to be accomplished with the State funds received. Copy and paste the last line as needed to expand the list.*

Goal	Description
1	Increase access to outpatient comprehensive care for adults with SCD
2	Reduce historical patient reliance on acute care areas (ED and inpatient) by improving outpatient access to comprehensive outpatient care in Greenville and Columbia
3	Improve awareness and participation in the South Carolina Voluntary SCD Registry
4	Increase patient access to support through the Children and Youth with Special Health Care Needs program
5	Increase patient access to support through the >18yo Adult SCD Allotment program
6	Increase documentation and utilization of the individualized patient acute care plan
7	Increase documentation and utilization of the home pain actin plan
8	Increase critical screening for depression and anxiety
9	Improve access to mental health services for adults with SCD who screen as high risk by PHQ-9 (depression) and/or GAD-7 (anxiety)

<b>10</b>	Increase the use of hydroxyurea as a disease modifying therapy in adults with SCD
<b>11</b>	Improve the successful transition of patients from pediatric to adult care
<b>12</b>	Improve knowledge of the impact of social determinants of health on individuals affected by SCD
<b>13</b>	Increase uptake of standard vaccination against pneumococcus and meningococcus
<b>14</b>	Improve communication, continuity, and follow-up between the inpatient and outpatient treatment areas of service
<b>15</b>	Improve screening for silent infarction and aneurysms in adults with SCD



***Outcome measures used to determine the success of the stated goals***

Measure	Description
1	Outpatient visits for SCD at the defined comprehensive programs in Greenville and Columbia
2	ER visit numbers, hospitalizations and LOS
3	Number of patients enrolled in the registry who are actively being treated at the Comprehensive SCD Programs in Greenville and Columbia
4	Number of patients receiving support services through the CYSHN program
5	Number of >18yo patients receiving support through the defined health department program
6	Percentage of patients with a documented individualized acute care plan in the EMR
7	Percentage of patients with a documented home pain action plan
8	Percentage of patients with GAD-7 and PHQ-9 standardized screening for depression and anxiety
9	Percentage of patients with abnormal GAD-7 or PHQ-9 screening who are connected to follow-up with embeded psychology services

<b>10</b>	Percentage of adults with SCD (HbSS or HbS $\beta$ 0 thal) with active prescriptions for hydroxyurea
<b>11</b>	Percentage of transition age patients with documented transition policy, ICD-10 code for transition from pediatric to adult care, and transition readiness surveys
<b>12</b>	Percentage of patients with annual documentation of social determinants of health within the EMR
<b>13</b>	Percentage of patients with documented pneumococcal and meningococcal vaccination at the appropriate age/frequency
<b>14</b>	30-day readmission rates
<b>15</b>	Percentage of patients >18yo with documented screening MRI/MRA brain or CT angiogram



### State of South Carolina Request for Contribution Distribution

This form is designed to provide the information required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2024 and Executive Order 2022-19 for the DPH Leadership Review and Approval Process. The information shall be reviewed and approved by Agency Leadership within three (3) business days. This information must be reviewed and approved in order to release appropriated funds timely.

#### Organization Information

Entity Name	Project/Event Name	Amount/Appropriation Line Item
Prisma Health - Upstate Sponsored Programs	Prisma Health Sickle Cell Initiatives	\$2,000,000.00

#### Contribution Information

Purpose	Greenville Prisma Health Sickle Cell
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#### Please explain how these funds will be used to provide a public benefit:

These fund will be used to establish a Sickle Cell Disease Lifespan Center of Excellence at Prisma Health. This program will expand current patient care offerings in both the Upstate and Midlands to provide comprehensive and lifespan care programs, increased community integration, and improved access to care.

#### Plan/Accounting of how these funds will be spent:


Explanation	Budget	Description
Hematologists (2)	\$1,022,859.00	Funding to support one adult and one pediatric Hematologist.Embedding an adult provider in the SCD COE will provide an immediate increase in access to care for adults with SCD in Columbia and Greenville and this this new focus in Midlands meets a need where dedicated support has lacked in the past. The current SCD-focused pediatric hematologist in Columbia will move into the role of director of the transition program and then new hire will provide pediatric SCD care as well as a back-up the transition director.

Advanced Practice Providers (3)	\$444,564.00	Funding to support 3 APPs with one for the Midlands population serving adult and pediatrics both in patient and out and two in the Upstate each centered on either inpatient or outpatient adult populations. This role will focus on improving care for sub-populations of adults with SCD (chronic pain, chronic renal disease, chronic lung disease, etc.) and will work closely with the nurse navigator. This crucial outpatient position will provide coverage of the hospitalized adult patients with SCD and will additionally will provide education for hospitalist and ED physicians. The inpatient role will be crucial to the goal of decreasing hospital LOS and e-admission rates.
Psychologist (2.7)	\$352,281.00	Funds to support two adult outpatient psychologists (one in Upstate and one in Midlands) plus a portion of a position, dedicated to the Midlands pediatric population, which will be extremely important for being focused on the population transitioning from pediatric adult care and building a successful transition program. The SCD affected patient population has very high rates of depression and anxiety, but we have historically lacked psychology coverage for the adult patients. This role will be extremely important for providing mental health evaluations and ongoing treatment. We know that improved mental health leads to reduced SCD-related complications.
Social Worker (1)	\$77,799.00	Funds to support one adult outpatient Upstate Social Worker. Sickle Cell Disease patients will be connected to needed resources through the Social Worker. This position current does not exist and is much needed to support these patients.

Nurse Navigator (1)	\$102,497.00	Funds to support one adult outpatient Upstate Nurse Navigator. The medical landscape facing individuals with SCD is very complex. The role of the nurse navigator is very important to help the patients be successful in accessing and maintaining care. The importance of this role has been previously showcased in other complex chronic illnesses.
<b>Grand Total</b>	<b>\$2,000,000.00</b>	

**Organization Certifications**

- 1) Organization hereby gives assurance that no person shall, upon the grounds of race, creed, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity for which this organization is responsible.
- 2) Organization certifies that it will provide quarterly spending reports to the Agency Providing Contribution listed above.
- 3) Organization certifies that it will provide an accounting at the end of the fiscal year to the Agency Providing Contribution listed above.
- 4) Organization certifies that it will allow the State Auditor to audit or cause to be audited the contributed funds.

  
 Organization Signature

SVP Finance, Enterprise Contracting  
 Title

Polly H. Miller  
 Printed Name

12/6/2024  
 Date

**Certifications of State Agency Providing Contribution**

- 1) State Agency certifies that the planned expenditure aligns with the Agency's mission and/or the purpose specified in the appropriations act of 2022.
- 2) State Agency certifies that the Organization has set forth a public purpose to be served through receipt of the expenditure.
- 3) State Agency certifies that it will make distributions directly to the organization.
- 4) State Agency certifies that it will provide the quarterly spending reports and accounting received from the organization to the Senate Finance Committee, House Ways and Means Committee, and the Executive Budget Office by June 30, 2025.
- 5) State Agency certifies that it will publish on their website any and all reports, accountings, forms, updates, communications, or other materials required by Proviso 117.21 of the appropriations act of 2022.
- 6) State Agency will certify to the Office of the Governor that it has complied with the requirements of Executive Order 2022-19 by June 30, 2025.

  
 Agency Head Signature or Designee

12/17/2024  
 Date

Dr. Edward Simmer  
 Printed Name