

AGENCY NAME:	SC Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36



**Fiscal Year 2018-19
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2018-19, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

NON-RECURRING REQUESTS (FORM B2)	For FY 2018-19, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

CAPITAL REQUESTS (FORM C)	For FY 2018-19, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

PROVISOS (FORM D)	For FY 2018-19, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<i>Name</i>	<i>Phone</i>	<i>Email</i>
PRIMARY CONTACT:	Tom Waring	898-9792	twaring@ddsn.sc.gov
SECONDARY CONTACT:	Lisa Weeks	898-9795	lweeks@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<i>Agency Director</i>	<i>Board or Commission Chair</i>
SIGN/DATE:		
TYPE/PRINT NAME:	Beverly A.H. Buscemi, Ph.D.	Eva R. Ravenel

This form must be signed by the agency head – not a delegate.

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: J160
 Agency Name: Department of Disabilities and Special Needs
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Safety and Quality of Care / Workforce Needs	11,300,000		18,153,635		29,453,635					0.00
2	B1 - Recurring	Increase and Improved Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists	9,500,000		22,125,440		31,625,440					0.00
3	B1 - Recurring	Psychiatric Intervention and Stabilization for Individuals	1,800,000				1,800,000					0.00
4	B1 - Recurring	Ensure Compliance with CMS New Final Rule Regulations	6,700,000		14,394,735		21,094,735					0.00
5	B1 - Recurring	Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) settings to Less Restrictive Community Settings, While Maintaining Quality Care	1,200,000		3,010,525		4,210,525					0.00
6	B1 - Recurring	Community ICF/IID Provider Rate Increase	1,500,000		3,763,160		5,263,160					0.00
7	B1 - Recurring	Strengthen Provider Support, Oversight and System Changes	1,650,000		450,000		2,100,000					0.00
8	B1 - Recurring	Assure Statewide Access to Genetic Services	500,000		627,195		1,127,195					0.00
9	B1 - Recurring	Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries	500,000				500,000					0.00
10	B2 - Non-Recurring	Vehicle and Building Maintenance	5,000,000				5,000,000					0.00
11							0					0.00
12							0					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			39,650,000	0	62,524,690	0	102,174,690	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1 – Form #13329
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Safety and Quality of Care / Workforce Needs
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$11,300,000 Federal: Other: \$18,153,635 Total: \$29,453,635
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence.</p> <ul style="list-style-type: none"> 2.2.1 Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID 2.2.2 South Carolina will serve fewer individuals with ID in NFs than the national average (6.6 per 100K) 2.2.3 South Carolina will serve fewer individuals per 100K population in 16 + bed institutions than the national average (18.9 per 100K) 2.3.1 The % of individuals receiving day services in integrated employment settings will be at or above the national average (19%) <p>Goal 3: Protect Health and Safety of Individuals Served</p> <ul style="list-style-type: none"> 3.1.1 Average length of wait for individuals placed on Critical Needs List will be less than 110 days 3.1.2 Increase wage for direct support professionals 3.2.1 Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher 3.2.2 Average Annual ICF/IID certification surveys will produce no more than 13 standard and condition level citations 3.3.1 Annual rate of critical incidents per 100 persons served will be less than 30 3.3.2 Annual rate of falls leading to injury per 100 persons served will be less than 3.0 <p>Funding this request ensures required staffing ratios can be met, retention of quality employees, continued service provision and compliance with existing and new federal regulations.</p> <p>Quality assurance measures, federal compliance and state licensure requirements evaluate the quality of care and health and safety of individuals served.</p>
	<p><i>What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?</i></p>

RECIPIENTS OF FUNDS	<p>DDSN's statewide network of local Disabilities and Special Needs Boards, private providers and Regional Centers would receive these funds to cover the cost of care and provide for a wage increase for direct care support staff. Funding will also address compression and retention needs in the workforce. The funds will be allocated using existing methodologies and contracts. No new FTEs are required.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST

Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 care. Direct care wages are no longer competitive. An increased hiring wage of \$12.00 to \$13.00 per hour is needed to be highly competitive. This request supports moving toward that goal by increasing the hiring wages to \$12.00 per hour, an 9.1 percent increase from \$11.00 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases.

Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists especially at supervisory and manager levels where longtime quality employees make the same wage as new hires. In the last year large private companies, like Walmart and McDonalds, have raised their hiring pay rate to remain competitive. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.

The services most impacted by addressing these workforce issues are the residential and day support programs due to the level of service that must be provided. The individuals attending the day programs and residing in residential care need these essential supports. The families receiving day supports need the services so that they can go to work and to keep their son or daughter with a disability at home. For those individuals in residential care, it has already been determined that living at home is no longer an option. These services must be maintained and staffing ratios must be met.

No other resources are available within the agency to fund this request. The Department has already redirected resources to serve individuals and families and maximized federal participation. One-time funds would not meet this ongoing need, thus permanent, recurring funds are requested.

\$18,153,635 in other funds will be earned by the agency.

The calculation of \$10 million would bring the minimum salary to \$12.00 per hour. This represents an 9.1 percent raise from \$11.00 per hour. The calculation of the \$1,300,000 in new state funds is based on an approximately 3-4 percent compression increase for direct care staff, supervisors and some managers that have been employed for at least five years or more. These increases would be applied to all community services as well as Regional Center operations.

Recurring funds are required to meet this need. The provision of funds for this request will ensure that the number of consumers served in the community and in the regional centers, and the quality of those services, are maintained. Funding this request will ensure compliance with federal regulations. The most important consequence of not funding this request is the agency would have to redirect service funding to cover costs instead of serving new individuals waiting for services. Eventually these costs must be covered or services have to be reduced or eliminated. Reducing quality to reduce expenditures is not an option due to the nature of the services and the fact that Medicaid will not continue to reimburse these expenses if the safety and quality of the service is not maintained.

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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2 – Form #13330
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$9,500,000 Federal: Other: \$22,125,440 Total: \$31,625,440
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input checked="" type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/> Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence.</p> <p style="padding-left: 40px;">2.2.1 Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID</p> <p>Goal 4: Serve Maximum Number of Eligible Individuals with Available Resources.</p> <p style="padding-left: 40px;">4.1.1 The % of total individuals served who are receiving services in home will be at or above the national average (56%)</p> <p style="padding-left: 40px;">4.4.1 The # of individuals on DDSN managed HCB waiver waiting lists will decline by 5%</p> <p style="padding-left: 40px;">4.4.2 Average time of wait for individuals enrolled in DDSN managed HCB waivers will be less than 5 years</p> <p style="padding-left: 40px;">4.4.3 The % growth in residential service capacity to eliminate the residential waiting list will be less than the national average (18.4%)</p> <p>Funding this request will enable the agency to move individuals off waiting lists and into services, reduce wait time and increase residential service capacity.</p> <p>In-home supports and services will provide the needed relief or assistance to individual consumers and families who provide the majority of care to their family member with a disability which will prevent consumers from needing out-of-home placements. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.</p> <p>DDSN will track the number of individuals moving from their family’s home to a community residential setting. Outcomes include honoring family choice and assurance of health, safety and wellbeing of consumers.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>This request will provide new in-home supports and services to approximately 1,000 children and adults with intellectual or related disabilities, autism, traumatic brain injury or spinal cord injury currently waiting for services. Current and new recipients of services through the ID/RD and HASCI Medicaid Home and Community-based Waivers will have access to pest control services and an increased level of funding for home and vehicle modifications. This request will also provide necessary residential and day supported services for two target populations (1) 100 individuals who currently live at home with caregivers aged 72 and over and (2) 45-50 individuals whose extensive behavioral needs require care in high management settings. Funds will be allocated based on individual needs utilizing existing methodologies. The agency will contract with local disabilities and special needs boards and private qualified service providers to deliver services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST

This request has three components. The first will provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 8,100 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This request is to reduce the demand for services and to provide needed services to families who are caring for individuals with intellectual disabilities in their homes.

The second component requests new funds required to cover the new costs associated with changes to services or service levels in the ID/RD and HASCI Medicaid Waivers. Pest control will be a new service in the HASCI Waiver and the caps on environmental modifications and private vehicle modifications in the ID/RD waiver will be increased from \$7,500 to \$15,000 each.

These two program requests represent DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Usually, individual and family support services such as personal care aides, employment, or respite services cost less than one-half the least expensive out-of-home placement option. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.

The third component of this request will provide necessary residential supports and services to two target groups (1) 100 individuals who are living at home with caregivers aged 72 or over and (2) 45-50 individuals with extremely challenging behaviors. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals.

For aging caregivers, providing services now prevents waiting until the family is in crisis resulting in situations that place their health and safety in jeopardy. Residential services become necessary as care can no longer be safely provided at home. In South Carolina there are almost 1,400 individuals with severe disabilities being cared for by parents age 72 and over. Over 570 of these caregivers are 80 years old or older themselves and their sons or daughters with a disability are in their 50's and 60's. As the parent's age increases, of course, the likelihood of their becoming disabled or dying increases significantly. Additionally, individuals with severe disabilities are being cared for by siblings, grandparents, or people other than their parents. When these fragile family arrangements fall apart, DDSN must respond immediately to the health and safety risk of the individual with the disability who cannot care for him/herself.

This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request would be an expansion of DDSN's current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis.

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For individuals with extremely challenging behavior, funds are requested to develop approximately 50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual cost of providing a very high level of supports required for individuals with aggressive and extremely challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others. The number of providers willing to serve them is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders.

No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.

\$22,125,440 in other funds will be earned by the agency.

The funding for in-home services will be allocated among the Department's three disability divisions of intellectual disabilities, autism, and head and spinal cord injuries. The Department will maximize the state funds appropriated by using the Medicaid waivers operated by the Department when possible. Of the new 1,000 slots 950 slots will be allocated to the intellectual disability and related disabilities populations which calculates to \$3,948,095 in new state funds based on an average annual state cost of approximately \$4,200 per slot. Fifty (50) slots will be allocated to individuals with traumatic brain injury or spinal cord injury which calculates to approximately \$551,905 in new state funds based on an average cost of approximately \$11,000 per person.

Pest control service costs are estimated to be \$300,000 in state funds. Caps on environmental modifications and private vehicle modifications increase from \$7,500 to \$15,000. Together these service changes require \$700,000 in new state funds to implement. Current and new participants in these waivers will benefit from the service changes.

To develop 100 new residential beds and corresponding day supports for consumers meeting the criteria, the Department needs on average \$80,700 annually to provide for individual care based on a 24/7 schedule. For 100 new beds at an average cost of \$80,700 per bed, the total impact is \$8,070,175. The Department is seeking \$2,300,000 in new state funds to meet this demand.

To develop 50 new high management/forensic residential beds and corresponding day supports for consumers with extensive, intensive challenging behaviors, the Department needs on average \$125,000 annually to provide for individual care on a 24/7 schedule. For 50 beds at an average cost of \$125,000 per bed, the total impact is \$6,250,000. The Department is seeking \$2,000,000 in new state funds to meet this increasing need.

The primary objective of the in-home family support program is to prevent unnecessary and costly out of home placements for individuals with severe lifelong disabilities by providing the supports necessary to maintain them in their families' homes. Family support services prevent the breakup of families, reduce financial burdens and stressors associated with the family member's disability and prevent the development of crisis situations and the resulting expensive out-of-home placement. This funding will provide

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essential in-home supports and services to approximately 1,000 individuals currently waiting for these services.

The primary objective of residential services is to respond to the needs of individuals whose circumstances have jeopardized their safety and wellbeing. DDSN must comply with court orders and appropriately serve individuals with challenging behaviors who require high management residential services.

Recurring funds are required to meet residential service needs. One-time capital and startup needs will be funded with these dollars as residential and day services are developed. Once these one-time costs are covered, the recurring cost of services will be met.

Without additional funding there will continue to be individuals awaiting in-home services. In addition, not funding this request will further increase the growing residential waiting list and will create further pressure to fund additional residential placements. Assisting individuals in their own homes may also help prevent lawsuits that are likely to arise from the new requirement for states to expand community options to be in compliance with the U.S. Supreme Court Olmstead decision that waiting lists for individuals with developmental disabilities move at a reasonable pace.

If new funds are not identified to meet aging caregiver needs the agency's ability to respond to these families will be only when a crisis occurs. Without new funds the agency would have to delay provision of effective and efficient services to assist families in caring for their family member with a disability at home and would delay the agency's ability to respond to individuals living with aging caregivers who can no longer safely provide care in the family home. When fragile family arrangements fall apart, DDSN must respond to the health and safety risk of the individual with the disability who cannot care for himself/herself. New funds are required in order to comply with court orders.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3 – Form #13331
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Psychiatric Intervention and Stabilization for Individuals
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$1,800,000 Federal: Other: Total: \$1,800,000
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>Goal 3: Protect Health and Safety of Individuals Served.</p> <p>3.1.1 Average length of wait for individuals placed on Critical Needs List will be less than 110 days</p> <p>Goal 4: Serve Maximum Number of Eligible Individuals with Available Resources.</p> <p>4.1.1 The % of total individuals served who are receiving services in home will be at or above the national average (56%)</p> <p>Funding this request will enable the agency to respond to consumer crisis situations in a timely manner and prevent or delay the need for permanent out-of-home residential placement. This request includes the integration of telehealth, including telepsychiatry as a strategy.</p> <p>Crisis intervention response teams will be established. Increased psychiatric service capacity will be developed within the DDSN system of care to address the needs of individuals in crisis. Unnecessary admissions to hospital emergency departments and Regional Centers will be reduced. Access to specialized psychiatric treatment will be increased. Temporary Residential capacity will be increased to respond to individuals in crisis in a more timely manner.</p>
	<p><i>What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?</i></p>

RECIPIENTS OF FUNDS	<p>DDSN eligible individuals would receive time-limited intensive supports to preserve and maintain their living situation. Three to four individuals with a traumatic brain injury would receive specialized time-limited neuro-behavioral treatment. Some services will be provided by DDSN directly and some will be provided by contract with specialized health care providers, local disabilities and special needs boards and private qualified service providers.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST

This request would build crisis intervention capacity within DDSN's system. Psychiatric intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Nurse practitioners will assist with medical diagnosis and treatment. Intensive supports would be provided in individuals' current living environment. The use of telehealth will be integrated in order to increase access to psychiatrists, nurse practitioners and other specialists. This will also improve management of complex physical and psychological conditions and is cost efficient. Existing mental health resources are not sufficient or tailored to meet the needs of individuals with developmental disabilities.

The crisis response and stabilization system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building psychiatric service capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements.

Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings. Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. This request also includes increased access to psychiatric support for individuals receiving community services and supports.

The primary objective is to prevent a crisis situation, intervene to support an individual escalating to crisis and stabilize individuals in crisis in order that they can remain in the care of family at home. Increasing access to psychiatric services in a timely manner will increase the success of interventions. These interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement. Another intended impact is to meet the specialized needs of individuals with a traumatic brain injury requiring neural-behavioral treatment.

No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.

No matching funds will be earned by the agency.

The request of \$900,000 new state funds is necessary to establish a team of specialists to provide a multi-disciplinary intervention for stabilization which includes specialized psychiatric support. The request of \$400,000 new state funds is to develop four time-limited residential placements designated for individuals in crisis who require highly trained or specialized staffing and care. State funds requested to provide three to four individuals with traumatic brain injury requiring specialized, neuro-behavioral treatment at an average cost of \$167,000 equals \$500,000.

Recurring funds are required to meet this need. Without recurring resources the agency will be unable to respond to individuals in need of crisis stabilization. This in turn would create additional demand for more expensive residential service settings. Each year the agency receives an increased number of requests to provide in-home and residential services to individuals with challenging behaviors and mental health

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	<p>diagnoses.</p> <p>If new funds are not identified to meet this need, response to individuals escalating to crisis status will be delayed. Without additional funds the agency would have to delay provision of effective and efficient services to assist families in caring for their family member with a disability at home. This results in unnecessary and unwanted stays at hospital emergency departments.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4 – Form #13332
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Ensure Compliance with CMS New Final Rule Regulations
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$6,700,000 Federal: Other: \$14,394,735 Total: \$21,094,735
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input checked="" type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence.</p> <p>2.2.1 Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID</p> <p>2.3.1 The % of individuals receiving day services in integrated employment settings will be at or above the national average (19%)</p> <p>Goal 3: Protect Health and Safety of Individuals Served</p> <p>3.2.1 Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher</p> <p>Funding this request will enable the agency to provide more employment and more individualized day service options and to comply with new federal Medicaid requirements.</p> <p>Compliance with new CMS requirements will be met. Case management will be provided conflict free. DDSN's services will enable a higher percentage of individuals with disabilities to be competitively employed than the national average. The percentage of individuals served at home will be higher than the national average.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>This funding will allow approximately 20,000 DDSN consumers of all ages, across all populations, to receive Conflict Free Case Management Services in compliance with federal requirements. This funding will also allow approximately 600 to 625 adults with an intellectual or related disability, autism, traumatic brain injury or spinal cord injury to receive employment and job coach services. This funding will also meet CMS' required change to DDSN's administrative oversight of four Medicaid Home and Community Based Waivers. DDSN will contract with its statewide network of disabilities and special needs boards and qualified private providers to provide these services. Funds will be allocated utilizing existing methodologies.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST

DDSN strongly emphasizes the value of work for persons with disabilities. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment. New federal requirements defined by CMS effective March 2014 necessitate an increased emphasis on more individualized employment options and choices in integrated community settings.

The Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) new Final Rule requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement. The CMS HCBS Final Rule focuses on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the CMS HCBS new Final Rule.

New state funds are necessary to increase the state's participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.

No other resources are available within the agency to meet this need. Resources have already been redirected to serve individuals and families.

\$14,394,735 in other funds will be earned.

For 600 to 625 adults waiting for supported employment services, the Department is requesting an average allocation of \$8,160 per individual served. This computes to a total of \$5,100,000 in new state funds for employment/day services provided consistent with the new CMS Final Rule current supported employment model. The request of \$1,100,000 in new state funds will enable the statewide system of disabilities services to transition to a conflict free service model as now required by CMS. The request of \$500,000 will enable the department to meet increased requirements by Medicaid of DDSN Waiver program oversight.

If funds are not identified to meet this need, the agency would have to delay implementation of federally required needs. Without new funds effective and efficient services to employ individuals with disabilities that also allow family caregivers to work and assist them in caring for their family member at home would also be delayed. Without new state funds, existing funds would have to be redirected from services and supports currently being received by individuals and families as the state must come into compliance with the new CMS Final Rule and increased requirements by Medicaid of DDSN Waiver program oversight.

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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5 – Form #13333
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings, while maintaining quality care.
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$1,200,000 Federal: Other: \$3,010,525 Total: \$4,210,525
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input checked="" type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence.</p> <ul style="list-style-type: none"> 2.1.2 Avoid institutional placements of children. 2.2.1 Maintain a ratio of at least 7.5 to 1 of persons served in HCBS Waivers compared to ICFs/IID. 2.2.2 South Carolina will serve fewer individuals with ID in nursing facilities than the national average. (6.6 per 100K) 2.2.3 South Carolina will serve fewer individuals per 100K population in 16+ bed institutions than the national average. (18.9 per 100K) 2.2.5 Move individuals from regional centers to community settings. <p>Goal 4: Serve Maximum Number of Eligible Individuals with Available Resources.</p> <ul style="list-style-type: none"> 4.2.1 The percent of individuals served at the regional centers with severe or profound disabilities will be at or above the national average. <p>DDSN will track the number of individuals moving to community settings. Outcomes include 1) meeting the federal mandate to allow individuals desiring to live in the community to move out of the regional centers, 2) allowing this movement without jeopardizing individuals' health and safety and 3) maintaining quality of care and federal Medicaid/DHEC licensure requirements at the regional centers.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>This funding will allow 25 to 28 individuals with the most complex medical and behaviorally challenging needs to move to community residential settings. DDSN will contract with local disabilities and special needs boards and private service providers to enable this transition. Funds will be allocated using an existing methodology. No new FTEs are required.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST

The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The new Final Rule issued by CMS requires states to provide services in less restrictive, more inclusive, community settings.

This request represents the state’s need to boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings while maintaining quality care. These funds will be used to purchase and develop community residential settings, day services and provide necessary supports. It will allow 25 to 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations.

DDSN has aggressively shifted resources over the past years in order to meet the priorities of the agency without additional funding. During the 23 year period 1994-2017, DDSN shifted more than \$73 million in services and funding from large state-operated facilities to locally operated disabilities boards and other providers as community alternatives were developed.

DDSN previously managed this movement to the community settings within its own resources. With increasing cost of care for those individuals leaving the regional centers, the Department no longer has the funding capacity to maintain the quality of care at the regional centers as well as to insure the quality of care for those individuals moving into the community.

No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers. This funding will allow more individuals to be served in small home-like community-based settings, avoid less appropriate placement in generic nursing homes and ensure quality care for those with the most complex needs at the regional centers. Funding this request will enable the agency to transitional from regional center services to less restrictive community settings consistent with best practice and federal and state requirements.

\$3,010,525 in other funds will be earned.

To meet the quality of care and the intense staffing/supervision needs of the individuals with complex medical or behavior needs moving into the community, a projected per diem of \$330 is needed which is an annual cost of approximately \$120,450 per consumer. For the 25 to 28 consumers that are projected to move from state operated facilities to the community a total of \$4,210,525 is needed. This computes to approximately \$1,200,000 in new state funds to provide for this choice of care and service in community settings.

This funding will allow 25 to 28 individuals with the most complex, medical and behaviorally challenging needs to be placed in community settings. Without this additional funding the quality of care for those individuals residing in the regional centers and for those moving into the community will be jeopardized and the health and

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	<p>safety of these individuals will be compromised. If not funded, the agency would need to redirect existing service funds to meet this need. Currently, service funds made available due to natural attrition are directed to serve new individuals waiting for services.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6 – Form #13334
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Community ICF/IID Provider Rate Increase.
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$1,500,000 Federal: Other: \$3,763,160 Total: \$5,263,160
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>Goal 3: Protect Health and Safety of Individuals Served.</p> <p>3.2.2 Average Annual ICF/IID certification surveys will produce no more than 13 standard and condition level citations</p> <p>Funding this request will enable the agency to pay its qualified providers of ICF/IID services at a rate sufficient to ensure compliance and certification which promotes consumer health and safety.</p> <p>Quality assurance measures, federal compliance and state licensure requirements evaluate the quality of care and health and safety of individuals served.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The recipients of these funds will be DDSN's qualified providers of Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) services in the community.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Service funding rates must be sufficient to cover the cost of care over time or the local community providers will not be able to continue to provide the service. There are no automatic increases to cover the ever-increasing operating expenses so new funds are required.</p> <p>This request will provide sufficient funding as a maintenance of effort to the providers of ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, eventually the local entities will have to reduce the scope and quality of care below acceptable standards, eliminate the services for which there is insufficient funding, or stop providing services. Service costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services. All providers are now at the point that reimbursements must be maintained to cover operating costs which have risen significantly. Without this funding to maintain current effort, the providers will have to serve fewer people which will mean that some consumers currently receiving services will eventually have to lose those services.</p> <p>Services most impacted by operating increases are the ICF/IID residential programs due to the level of service that must be provided. These services by definition provide nursing, supervision, medical specialists medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these essential supports. These services must be maintained and the cost to provide the service must be covered.</p> <p>Over the past years the costs to provide quality of care has increased significantly. The calculation of \$1,500,000 in new state funds is based on the amount of cost reported on audited financial statements. The average cost to serve a consumer in an ICF/IID setting</p>
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is now \$242 per day, higher than the average current rate of \$232 per day.

No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers. If new funds are not identified to meet this need the agency would have to redirect service funding to cover costs instead of serving new individuals waiting for services.

Eventually these costs must be covered or services have to be reduced or eliminated. Compliance with Medicaid regulations is required. Reducing quality to reduce expenditures is not an option due to the nature of the services and the fact that Medicaid will not continue to reimburse these expenses if the safety and quality of the service is not maintained.

Recurring funds are required to meet this need. The provision of funds for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services, are maintained. Funding this request will ensure compliance with current federal regulations. The most important consequence of not funding this request is to risk that providers will have to reduce the number of people served or reduce the quality of the services below acceptable Medicaid standards.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	7 – Form #13335
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Strengthen Provider Support, Oversight and System Changes
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$1,650,000 Federal: Other: \$450,000 Total: \$2,100,000
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

ACCOUNTABILITY OF FUNDS	<p>Goal 3: Protect Health and Safety of Individuals Served.</p> <p>3.2.1 Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher</p> <p>3.3.1 Annual rate of critical incidents per 100 persons served will be less than 30</p> <p>3.3.2 Annual rate of falls leading to injury of 100 persons served will be less than 3.0</p> <p>Goal 4: Serve Maximum Number of Eligible Individuals with Available Resources.</p> <p>4.1.1 The % of total individuals served who are receiving services in home will be at or above the national average (56%)</p> <p>Funding this request will enable the agency and provider network to improve the service array that supports individuals to remain at home with family and increase provider compliance.</p> <p>Quality assurance measures, federal compliance and state licensure requirements will evaluate provider performance. The agency will evaluate the efficiency with which individuals are determined eligible for services.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>DDSN's statewide network of local Disabilities and Special Needs Boards and private providers would receive the funds to provide the intake service. DDSN would use new funds appropriated to offer increased training opportunities for families and providers statewide and to strengthen provider oversight and improve performance.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST	<p>This request has three components. The first component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance. The second component of this request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be provided directly by DDSN staff, national subject matter experts would be brought in and provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training. The third component of this request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization offers individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction.</p> <p>New funds are necessary to meet these needs. Without new funds the agency would have to delay its ability to offer increased training opportunities and strengthen oversight. New funds are necessary to pay an intake service rate sufficient to cover the cost of providing this service.</p> <p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.</p> <p>\$450,000 in Other funds will be earned by the agency.</p> <p>The agency requests \$250,000 of new state funds that will earn \$250,000 in Medicaid funding for a total impact of \$500,000 to strengthen provider oversight, improve provider performance and focus on quality outcome measures separate from contract compliance. The calculation of \$1,200,000 of new state funds is based on the projected number of 7,500-8,000 individuals requesting DDSN eligibility determination in FY 2018-2019 and the cost of training, quality assurance and administering the program. The department is requesting \$200,000 in new state funds for training that will earn \$200,000 in Medicaid funding for a total impact of \$400,000. Together, the total amount of \$1,650,000 in state funds is requested.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	8 – Form #13336
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Assure Statewide Access to Genetic Services
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$500,000 Federal: Other: \$627,195 Total: \$1,127,195
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input checked="" type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

ACCOUNTABILITY OF FUNDS	<p>Goal 1: Prevent Disabilities and Ameliorate Impact of Disabilities.</p> <p>1.1.1 Annual Neural Tube Defect (NTD). Birth rates in South Carolina will remain at or below the national average.</p> <p>1.1.2 Provide Curative Treatment to 100 children with Metabolic Disorders.</p> <p>Recurring funding would prevent the occurrence of NTDs and increase timely access to curative treatments.</p> <p>Existing specialized genetic service levels will be maintained or expanded. The number of infants and children requiring more extensive and expensive services will be reduced if prompt curative treatment is received. The use of genomic technologies will optimize primary prevention and treatment options for individuals with intellectual disabilities and families.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>This request will assure statewide access to genetic services for infants born with complex developmental disabilities and their families. It also supports development of a systematic and comprehensive application of new genomic technologies. The Greenwood Genetic Center would receive these funds through contracts.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Currently the underlying cause for intellectual disabilities in approximately 40% of individuals evaluated is not identified. For individuals with autism, an underlying cause is not identified in 80% of those evaluated. The lack of a specific cause is not acceptable to families and physicians. It also significantly limits optimum medical management, treatment options and informed decision-making.</p> <p>This request supports the use of new and emerging genomic technologies, such as whole genome sequencing, whole exon array, transcriptomics, metabolomics and structural variant assessment technologies, to improve the ability to determine the underlying causation of intellectual disability for individuals served by DDSN.</p> <p>No other resources are available for this initiative without reducing essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.</p> <p>\$627,195 in other funds will be earned by the agency.</p> <p>New funds are necessary to improve the ability to determine the underlying causation of intellectual disabilities. Funding requested is based on projected cost to apply genomic technologies to develop preventive strategies and treatment options for babies born with complex developmental and medical conditions. A cost of \$10,402,800 over three years is projected. The request of \$500,000 of new state funds will be used in conjunction with funds from the private sector. Anticipated private partners include Duke Endowment, Self Healthcare, Self Family Foundation and individual donors.</p>
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	<p>Recurring funds are required to continue this service development to improve medical management and eventual curative treatments. Without new funding individuals and families will not identify causation which results in severe disability conditions that will require far more extensive and expensive state services.</p> <p>If new funds are not identified to meet this need the agency would have to delay development of effective treatments that can prevent or ameliorate developmental disabilities. This specialized use of genomic technologies can ultimately prevent costly disabilities and enable families to care for their children.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	9 – Form #13337
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$500,000 Federal: Other: Total: \$500,000
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None.
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input checked="" type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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ACCOUNTABILITY OF FUNDS	<p>Goal 1: Prevent Disabilities and Amellorate Impact of Disabilities.</p> <p>1.2.2 Individuals with TBI/SCI will have increased access to Post-acute Rehabilitation Services.</p> <p>Additional recurring funding would increase access to this service by 8 to 10 individuals annually.</p> <p>Federally funded model programs across the country have demonstrated that intensive and specialized interdisciplinary rehabilitation programs have the most positive outcomes for people with traumatic brain injuries and spinal cord injuries. People who are treated in these highly structured settings achieve better physical and psychosocial functioning than people who do not receive specialized rehabilitation. They have better health, more independence, higher rates of return to work, and greater satisfaction with their quality of life.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Approximately 8 to 10 individuals who experience a traumatic brain injury or a spinal cord injury would receive specialized post-acute rehabilitative services. Specialized qualified providers would receive these funds via contract to provide services.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>DDSN has a recurring appropriation of \$3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 in new state funds would serve an additional 8 to 10 individuals and help bridge the gap between the \$3.1 million and the \$11.5 million that is needed to fully fund the program. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation. It is estimated that the \$500,000 funding will provide specialized post-acute rehabilitation for 8 to 10 individuals with a traumatic brain injury or spinal cord injury annually.</p> <p>Currently there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain injury or spinal cord injury. While some people receive some rehabilitation or therapy benefits through private health insurance, Medicare, and other sources such as Worker's Compensation, adequacy of the coverage varies. Some private insurance carriers fund only acute care or a limited amount of generic rehabilitation,</p>
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rather than specialized rehabilitation. The South Carolina Medicaid program presently does not adequately fund inpatient/outpatient rehabilitation specialized for traumatic brain injury or spinal cord injury. This was identified as a need in a report DHHS submitted to the federal government years ago. The state also has a large number of uninsured persons who cannot access rehabilitation. Many of these people become disabled as a result of their injury, and later qualify for Medicaid. As a result, subsequent costs to the Medicaid program are higher than if these people had received specialized rehabilitation.

The program needs to maximize participation of all payers, including private health insurance, Medicare, other sources, such as Worker's Compensation and Medicaid, in order for the rehabilitation centers to cover costs and maintain their financial viability. Under the program, all third party payers will be expected to maintain current coverage. This too will be an important issue to the centers as it relates to their financial well-being. This request is to designate state funds to pay the rehabilitation bills of the individuals who are uninsured or underinsured.

No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers. There are no matching funds.

The average cost to serve an individual in the post-acute program is approximately \$50,000 per enrollment. The Department is requesting to serve 8 to 10 more individuals in need of this post-acute rehabilitation service during the year. A total of \$500,000 is needed to serve these additional individuals.

The intended impact is to provide specialized rehabilitative supports to 8 to 10 individuals who survived a traumatic brain injury or spinal cord injury. This service will result in greater functional skills, improved ability to live independently and avoiding the need for more expensive ongoing services. If new funds are not identified to meet this need, increasing the capacity to serve additional individuals who experienced a traumatic brain injury or spinal cord injury will be deferred.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	10 – Form #13338 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Vehicle and Building Maintenance <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$5,000,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Request for Non-Recurring Appropriations
<input type="checkbox"/> Request for Federal/Other Authorization to spend existing funding	
<input type="checkbox"/> Related to a Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:
	<input checked="" type="checkbox"/> Education, Training, and Human Development
	<input type="checkbox"/> Healthy and Safe Families
	<input type="checkbox"/> Maintaining Safety, Integrity, and Security
	<input type="checkbox"/> Public Infrastructure and Economic Development
<input type="checkbox"/> Government and Citizens	

ACCOUNTABILITY OF FUNDS	Goal 2: Provide Service in Community Integrated and Least Restrictive Settings and Promote Individual Independence.
	<p>2.2.3 South Carolina will serve fewer individuals per 100K population in 16+ bed institutions than the national average (18.9 per 100K)</p> <p>Buildings and vehicles used and associated with the operation and provision of services and supports in community settings must be safe and meet all federal, state and local requirements. If not, services would have to be provided in large, state-operated regional center facilities. Provision of services in least restrictive settings is consistent with federal and state laws and regulations. It is also considered best practice and preferred by most service recipients and their families. Quality assurance measures, federal</p>

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	<p>compliance and state licensure requirements evaluate the quality of care and health and safety of individuals served.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>DDSN's statewide network of local Disabilities and Special Needs Boards and qualified private providers would receive funds to maintain buildings and vehicles essential to providing safe and high quality services. DDSN eligible individuals and their families will directly benefit from improved service infrastructure.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST	<p>DDSN’s statewide network of community service providers own and operate hundreds of buildings for the provision of day services, residential services, case management and early intervention services and administration of programs and services. In addition, a multitude of vehicles is associated with the provision of care and services. This request for \$5,000,000 of non recurring state funds will provide sufficient funding as a maintenance of effort regarding the infrastructure needs of DDSN’s network of community service providers.</p> <p>Federal, state and local requirements require compliance with ADA and Medicaid regulations, Fire Marshal specifications, licensure standards, building codes, etc. for buildings. Health and safety of individuals receiving services and staff must be protected during the operation of vehicles. The provision of funds for this request will ensure buildings and vehicles are compliant, well maintained and safe. Maintenance cannot be continually deferred. Eventually these costs must be covered or services have to be reduced or eliminated. Reducing quality is not an option due to the nature of services provided to individuals with disabilities.</p> <p>No other resources are available to fund this request without reducing services. There are no matching funds. Funds will be allocated using existing methodologies, grants and contracts. No annualization or need for recurring funds will be created by funding this non-recurring appropriation request.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

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**FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION
CONTINGENCY PLAN**

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$7,541,951 <i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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ASSOCIATED FTE REDUCTIONS	None <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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PROGRAM/ACTIVITY IMPACT	<ul style="list-style-type: none"> • Capital Improvements will be deferred. • Attrition from in-home supports will reduce service capacity by 200 slots. • All expansion of Non-emergency respite will be eliminated. • Eliminates preventative health program, caregiver relief and child development centers. • Reduces post-acute rehabilitation and family support/respite services. • Reduces service rates/contracts to statewide community provider network, Greenwood Genetic Center, interagency partnerships and specialized business partners. • Reduces funding in DDSN administration, regional centers, community program services.
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What programs or activities are supported by the General Funds identified?

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SUMMARY	ADMINISTRATION	-\$225,000 (5%)
	CAPITAL IMPROVEMENTS	-\$2.5 Million (100%)
	ATTRITION FROM STATE FUNDED COMMUNITY SUPPORTS	-\$365,000 (25 slots)
	ATTRITION FROM IN-HOME WAIVER SUPPORTS	-\$855,850 (175 slots)
	NON-EMERGENCY RESPITE	-\$500,000 (100%)
	PROVIDER NETWORK STATE FUND REDUCTION	-\$1,378,800 (1%)
	REGIONAL CENTERS	-\$272,340 (1%)
	DDSN COMMUNITY PROGRAM SERVICES	-\$69,461 (1.7%)
	GREENWOOD GENETIC CENTER	-\$44,300 (1%)
	INTERAGENCY & SPECIAL CONTRACTS	-\$14,600 (1%)
	PREVENTATIVE HEALTH PROGRAM	-\$150,000 (100%)
	CAREGIVER RELIEF	-\$292,600 (100%)
	POST-ACUTE REHABILITATION	-\$31,000 (1%)
	FAMILY SUPPORT/RESPITE	-\$625,000 (42%)
CHILD DEVELOPMENT CENTERS	-\$218,000 (100%)	
<p>The agency reviewed all areas within its statewide system that could be reduced in part or in whole to meet the required 3 percent state funding reduction analysis. Items were grouped based on the impact and consequences of each reduction action. First, items that would not take away services individuals are receiving today or reduce funding to any service provider were considered. However, two items related to attrition and the non-emergency respite item would significantly restrict the availability of new services to individuals and families. Second, items that reduce funding to service providers were considered and third, items that reduce or eliminate existing services or availability of service to individuals and families were considered last.</p> <p>No one or two actions were sufficient to meet the reduction required. Items from each of the three groups were necessary to achieve the required funding reduction amount and minimize negative impact to services. DDSN must ensure its ability to respond to individuals whose health and safety are in jeopardy and maintain compliance with Medicaid, other federal and state requirements.</p>		

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

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AGENCY COST SAVINGS PLANS	<p>DDSN will continue to maximize all resources and redirect funds from efficiencies to services. Meeting the service needs of individuals and moving individuals off waiting lists is a priority. It is estimated that more than \$50,000 of cost will be avoided from implementation of the agency's budget management plan. Features of the plan include:</p> <ul style="list-style-type: none"> • Any vacancy that is not a human services assistant, nurse, custodial or food service position requires prior approval of the State Director or her designee to authorize recruitment. • Each facility administrator is expected to continue to reduce administrative costs at the regional centers. • All out-of-state travel requires approval of the State Director or her designee prior to arrangements being made. Out-of-state travel will be approved only for the most necessary functions of the agency. • Employees should utilize state vehicles for traveling. In order to be reimbursed for mileage expenses, an employee must document that a state vehicle was not available and must receive prior approval. • Overnight travel requires prior approval from the appropriate facility administrator, district director, the State Director or her designee.
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What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?