

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>



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

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS (FORM B1)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b> <input checked="" type="checkbox"/> Requesting General Fund Appropriations. <input type="checkbox"/> Requesting Federal/Other Authorization. <input type="checkbox"/> Not requesting any changes.
<b>NON-RECURRING REQUESTS (FORM B2)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b> <input checked="" type="checkbox"/> Requesting Non-Recurring Appropriations. <input type="checkbox"/> Requesting Non-Recurring Federal/Other Authorization. <input type="checkbox"/> Not requesting any changes.
<b>CAPITAL REQUESTS (FORM C)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b> <input type="checkbox"/> Requesting funding for Capital Projects. <input checked="" type="checkbox"/> Not requesting any changes.
<b>PROVISOS (FORM D)</b>	<b>For FY 2018-19, my agency is (mark "X"):</b> <input checked="" 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 type="checkbox"/> Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Susan Roben	803-898-7427	Susan.roben@dss.sc.gov
<b>SECONDARY CONTACT:</b>	Don Grant	803-898-7402	Don.grant@dss.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.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	<i>V. Susan Alford 9/22/17</i>	
<b>TYPE/PRINT NAME:</b>	State Director	

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code:  
Agency Name:  
Section:

L040  
South Carolina Department of Social Services

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Michelle H. Consent Agreement / Child and Family Service Review (CFSR)	20,281,214				20,281,214	234.00				234.00
2	B2 - Non-Recurring	Child Support System	25,000,000				25,000,000	0.00				0.00
3	B1 - Recurring	Adult Protective Services	2,665,562				2,665,562	33.00				33.00
4	B1 - Recurring	Economic Services	2,992,185				2,992,185	13.00				13.00
5	B1 - Recurring	Office of Inspector General	836,380				836,380	0.00				0.00
6							0					0.00
7							0					0.00
8							0					0.00
9							0					0.00
10							0					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			51,775,341	0	0	0	51,775,341	280.00	0.00	0.00	0.00	280.00

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1 – Form #13360</b>
------------------------	------------------------

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Michelle H. Consent Agreement / Child and Family Service Review (CFSR)</b>
--------------	---

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$20,281,214</b> <b>Federal:</b> <b>Other:</b> <b>Total: 20,281,214</b>
---------------	--

*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.*

<b>NEW POSITIONS</b>	<b>234</b>
----------------------	------------

*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" 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 # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<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	

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>Caseworkers and Caseworker Support - (G3, S3.1 Obj 3.1.9 &amp; S3.4 Obj 3.4.3)  Information Systems - (G3 S3.5 Obj 3.5.1 – 3.5.4)  Child Welfare Training - (G3 S3.2 Obj 3.2.1)  Group Home Transition Costs – (G2 S2.1 Obj 2.1.1 – 2.1.7)</p>
--------------------------------	---

*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?*

<b>RECIPIENTS OF FUNDS</b>	<p>Agency, IT Contractors and Child Placement Agencies. Allocation of positions is based on implementation plan for targets in the Michelle H. Consent Agreement.</p>
----------------------------	---

*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p><b><u>Caseworkers and Caseworker Support (\$14,072,516 state) (Total of 186 positions)</u></b></p> <p>During the next several years, the system of child welfare services will be greatly impacted by two major reform efforts. The first of those two efforts is a class action lawsuit, Michelle H. v. Haley, et.al. (Michelle H.). In January 2015, the South Carolina Department of Social Services (agency) was served with this lawsuit which includes claims that children in the state’s foster care system have been harmed and are at risk of harm due to the agency’s failure in three major areas.</p> <p>The Plaintiffs, who are children in foster care, allege they have been harmed and have been placed at risk of harm because the state has a drastic shortage of foster homes, which caused the agency to place the children in inappropriate settings that are not responsive to their needs. The Plaintiffs allege the agency does not have a sufficient foster care workforce and therefore, case worker caseloads are excessive. Excessive caseloads cause poor case management, which leads to harm and risks of harm to children in foster care. And finally, the Plaintiffs allege the agency lacks the capacity to provide adequate behavioral and physical health care to children in foster care.</p> <p>The agency has negotiated a settlement of all claims raised in the Plaintiffs’ complaint, a strategy that has spared the state the costs typically associated with protracted litigation. The federal court approved the settlement agreement on October 4, 2016. The settlement agreement requires the agency to meet several benchmarks to reform the child welfare system. Those benchmarks include achieving and maintaining a caseload standard that must be approved by the court, increasing the size and improving the quality of the foster care placement array, and developing a foster care health care system that is tailored to meet the needs of children in the foster care system. Failure to comply with the settlement agreement will result in large fines for contempt of court and the ordering of attorneys’ fees.</p>
---------------------------------	--

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

The second reform effort that the agency must prepare for is the United States Administration for Children and Families Child and Family Services Review (CFSR). The CFSR is a federal review of the quality of the state’s delivery of child welfare services. The state’s child welfare programs and practices are reviewed to identify strengths and weaknesses, focusing on outcomes for children and families in the areas of safety, permanency, and well-being. States that are not in substantial conformity with federal requirements must develop Program Improvement Plans to address any deficiencies. States are given a period of time to successfully complete a Program Improvement Plan. Failure to successfully complete a Program Improvement Plan will result in the levying of large financial penalties.

**Caseworkers and Caseworker Support (\$14,072,516 state) (Total of 186 positions)**

DSS projects it will need additional caseworkers in order to comply with caseload standards for Class Members set as a result of the consent agreement (Foster care - 1 caseworker: 15 children, Adoptions - 1 caseworker: 17 children, IFCCS - 1 caseworker: 9 children and OHAN 1 investigator: 8 investigations) and caseload standards for non-class members set by the agency and approved by the Senate DSS Oversight Committee (Child Protective Services (CPS) - 1 caseworker: 24 children and Family Preservation 1 caseworker: 24 children). This fiscal year, DSS is requesting **(186)** of these positions. DSS intends to request the remainder of these caseworker positions over the next two to three fiscal years.

<b>Position Title</b>	<b>Qty</b>	<b>Base Salary</b>	<b>Salary/Fringe/Operating</b>
Human Service Specialist II	182	\$36,311	\$13,733,628
Program Coordinator I	4	\$43,389	\$338,888

**Casework Supervisors (\$2,862,304 state) (Total of 37 positions)**

As a part of the consent agreement, DSS set limits for the number of caseworkers that a supervisor may supervise at any given time because DSS believes that proper supervision and support is vital for caseworkers to be successful. (1 supervisor: 5 caseworkers). To comply with this standard, DSS is requesting 1 supervisor for each 5 caseworkers requested. As with Caseworkers, this is a multi-year request.

<b>Position Title</b>	<b>Qty</b>	<b>Base Salary</b>	<b>Salary/Fringe/Operating</b>
Human Service Coordinator I	37	\$37,763	\$2,862,304

**Information Systems (\$1,238,064) (Total of 5 positions)**

DSS would benefit from a data reporting system that is user-friendly and produces real-time information for management and front line staff. The system would provide robust reports and metrics, and provide for an enhanced data integrity and quality assurance framework. DSS needs to move to a more extensive data driven environment that the current parent system (CAPSS) cannot provide. The new system will provide additional types of administrative and productivity functions such as calendaring for clients, upcoming appointments, and items that need immediate attention. Implementation of this system will meet the Michelle H. Consent Agreement reporting requirements and will

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

provide data audit reports to improve data integrity. DSS is requesting a total of five positions in addition to \$900,000 in other operating appropriations to complete this requirement.

<b>Position Title</b>	<b>Qty</b>	<b>Base Salary</b>	<b>Salary/Fringe/Operating</b>
Statistical and Research Analyst II	5	\$38,460	\$338,064

**Training and Targeted Quality Case Reviews (\$508,330) (Total of 6 positions)**

As DSS plans for a significant amount of new and revised training in 2018-2019, the agency is requesting state-level positions to develop child welfare curriculum and to coordinate and deliver training statewide for child welfare staff, as required by the Michelle H. Consent Agreement.

<b>Position Title</b>	<b>Qty</b>	<b>Base Salary</b>	<b>Salary/Fringe/Operating</b>
Program Coordinator I	6	\$43,389	\$508,330

**Group Home Transition Costs (\$1,600,000) (Total of -0- Positions)**

The agency recognizes that group homes are continuing to transition into Child Placing Agency (CPA) business models in order to remain viable, as the Michelle H. Consent Agreement limits the placement of children ages 0-12 in Group Homes. This request will provide \$10 per day/per home to group homes/child placing agencies for support and recruitment of foster homes.

The \$1,600,000 requested will also allow DSS to draw an additional \$400,000 in federal IV-E funding, making a total of \$2,000,000 available to fully fund this effort.

*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.*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>3 – Form #13362</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
------------------------	--

<b>TITLE</b>	<b>Adult Protective Services</b> <i>Provide a brief, descriptive title for this request.</i>
--------------	---

<b>AMOUNT</b>	<b>General: \$2,665,562</b> <b>Federal:</b> <b>Other:</b> <b>Total: 2,665,562</b> <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>
---------------	--

<b>NEW POSITIONS</b>	<b>33</b> <i>Please provide the total number of new positions needed for this request.</i>
----------------------	---

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input checked="" 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 # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>
	<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	

<b>ACCOUNTABILITY OF FUNDS</b>	Caseworkers - (G3 S3.4 Obj 3.4.1 – 3.4.4) Securing Beds from SCDHHS - Emergency Placements – (G4 S4.4 Obj 4.4.1)  <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>
--------------------------------	---

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RECIPIENT OF FUNDS</b>	Agency and contracted nursing homes.
---------------------------	--------------------------------------

*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p><b><u>Adult Protective Services Case Managers (\$2,373,422 ) (Total of 33 Positions)</u></b></p> <p>Under the Omnibus Adult Protection Act (S.C. Code 43-35-15(C)) the Department of Social Services is mandated to house an Adult Protective Services (APS) program that investigates noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults. The APS Program may promulgate regulations and develop policies, procedures, and memoranda of agreement to be used in reporting these incidents, in furthering its investigations, and in providing protective services.</p> <p>In July 2017, The South Carolina Legislative Audit Council reviewed the APS program and made the following recommendations:</p> <ul style="list-style-type: none"> <li>• Ensure that adult protective services caseloads are approximately equal from county to county;</li> <li>• Ensure that every county has at least one caseworker who is fully certified in adult protective services.</li> </ul> <p>In November 2016, an independent review, which included a survey of APS Case Managers and the South Carolina Adult Protective Services System was performed by AARP and Nelson, Mullins, Riley &amp; Scarborough, LLP. Their review recommended that DSS determine appropriate staffing levels relative to caseloads. 54% of APS respondents indicated that they handle cases other than APS. The Administration for Community Living (ACL) draft guidelines state that “when caseworkers are responsible for handling both adult and child protective cases, client outcomes suffer.”</p> <p>In June 2015, the South Carolina Institute of Medicine &amp; Public Health Task Force published a significant and impactful report, entitled “CREATING DIRECTION: A Guide for Improving Long-Term Care in South Carolina.” Among other recommendations, this report included Recommendation 15:</p> <ul style="list-style-type: none"> <li>• Ensure vulnerable adults are protected through an APS Program and have access to preventive services that keep them safely in their homes and from requiring more expensive services.</li> </ul> <p>The DSS Adult Protective Services Program served 7083 unduplicated vulnerable adults in 2016 and foresees this number increasing due to the rollout of the remaining Hubs, which in 2015 led to a 55% increase in APS intakes in 22 counties. The number of APS clients receiving services increased 63% in 5 years while state funds for APS decreased by \$1.8 million in the same period.</p> <p>In order to build a system that sufficiently protects vulnerable adults by investigating abuse and neglect, the program must be sufficiently staffed with case managers. Ideally, the program would be staffed by case managers who solely carry APS caseloads. Therefore, as a part of a three-year plan, DSS in the first year, is requesting 33 APS staff.</p>
---------------------------------	---



<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>Position Title</b>	<b>Qty</b>	<b>Base Salary</b>	<b>Salary/Fringe/Operating</b>
Human Services Specialist I	30	\$33,640	\$2,148,867
Human Services Coordinator I	3	\$36,122	\$224,555

**Emergency/Stabilization Beds (\$292,140)**

APS case managers are first responders when vulnerable adults have been abused or neglected. Whether the call comes from the community, law enforcement or the hospital, APS Case Managers must respond promptly to investigate the allegations of abuse and neglect. However, first and foremost the vulnerable adult must be removed from harm and placed immediately in a safe environment. Finding a safe temporary environment for the vulnerable adult is difficult with current available resources, such as hospitals and motels with sitters.

Oftentimes, APS case managers are forced to leave the adult in the emergency room for weeks while looking for a temporary placement where the adult can stabilize. Not only is this practice costly to hospitals to keep an adult in their emergency room who has no “medical need,” but it is not beneficial for the adult who is in the worst possible shape of their lives.

The only other alternative to the emergency room is to place the vulnerable adult in a motel with a sitter. This practice is also costly to the state and not beneficial for the ailing adult.

APS is requesting funds for 15 emergency/stabilization beds (3 per region) that will be located in nursing homes where case managers may place adults 24/7 so that the vulnerable adult can be safe and with the assistance of qualified nursing home staff become stable. Meanwhile the Case Manager will begin to investigate the allegations and make the case decision within 45 days.

After the case decision is made and the vulnerable adult is stable they will either be moved on to long-term care or back to their homes with services where appropriate and the case will be closed. The bed would then be available to another vulnerable adult.

*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.*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

## FORM B1 – RECURRING OPERATING REQUEST

<b>AGENCY PRIORITY</b>	<b>4 – Form #13363</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
------------------------	--

<b>TITLE</b>	<b>Economic Services</b> <i>Provide a brief, descriptive title for this request.</i>
--------------	---

<b>AMOUNT</b>	<b>General: \$2,992,185</b> <b>Federal:</b> <b>Other:</b> <b>Total: 2,992,185</b> <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>
---------------	--

<b>NEW POSITIONS</b>	<b>13</b> <i>Please provide the total number of new positions needed for this request.</i>
----------------------	---

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input checked="" 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 checked="" 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 # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>
	<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

<b>ACCOUNTABILITY OF FUNDS</b>	Benefit Integrity – (G2 S2.3 Obj 2.3.1) Loss of earmarked revenue used for Child Care Match – (G2 S2.2 Obj 2.2.2)
--------------------------------	--

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

*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?*

<b>RECIPIENTS OF FUNDS</b>	Agency, and families meeting the eligibility criteria for receiving child care assistance.
----------------------------	--

*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>Economic Services is requesting a total of thirteen (13) positions in the FY2019 State budget request. These positions are for the Benefit Integrity Unit where caseloads are extremely high. This unit is solely responsible for establishing recoupment claims and preventing, detecting, and initiating the prosecuting process of benefit misuse and fraud within our state.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Position Title</th> <th style="text-align: center;">Qty</th> <th style="text-align: center;">Base Salary</th> <th style="text-align: center;">Salary/Fringe/Operating</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Human Services Specialist II</td> <td style="text-align: center;">13</td> <td style="text-align: center;">\$28,336.00</td> <td style="text-align: center;">\$313,606</td> </tr> </tbody> </table> <p><b><u>Additional Benefit Integrity staff</u></b>  SNAP Benefit Integrity focuses on the prevention and detection of improper payments, and investigating fraudulent claims in the SNAP program. 13 additional staff are needed in this area to address additional workload/new responsibilities added in recent years and address caseload backlogs.</p> <p>There are currently 48 Benefit Integrity Specialists statewide. Each worker is expected to process an average of 20 claims per month. Approximately 11,520 claims can be processed per year within the current staffing level.</p> <p>We have 6,500 cases pending currently and continue to receive an average of 2,172 claim referrals each month. In addition to this, 4,000 online applications are currently awaiting investigation.</p> <p>Once a potential claim is known to the Agency, the state is obligated to investigate and determine whether to establish or unfound the claim referral. Federal regulations require the state to establish a claim before the last day of the quarter following the quarter in which the overpayment or trafficking incident was discovered.</p> <p>United States Department of Agriculture (USDA)/Food and Nutrition Services (FNS) expects the number of overdue claims to be under ten percent. This is a continuous finding on the federal Management Evaluation (ME) reviews conducted annually by FNS, as DSS cannot meet this percentage based on the backlog of referrals and the new referrals received monthly. Potential penalty for noncompliance is up to ten percent of the administrative Supplemental Nutrition Assistance Program (SNAP) funds or approximately \$2.7M based on current funding levels received by the agency.</p>	Position Title	Qty	Base Salary	Salary/Fringe/Operating	Human Services Specialist II	13	\$28,336.00	\$313,606
Position Title	Qty	Base Salary	Salary/Fringe/Operating						
Human Services Specialist II	13	\$28,336.00	\$313,606						

Referrals are increasing as a result of additional spotlight on SNAP fraud and benefit integrity. An average of 1,322 fraud reports are received from DSS Connect each month. Once a referral is received, it becomes known to the agency and must be investigated, overpayments established, and cases adjudicated within the regulatory timeframes.

Additional workload/new responsibilities added to Benefit Integrity staff:

- The state is required to track, investigate and establish claims on households ordering more than five cards in a 12-month period in which the requests appear to be fraudulent in nature. The Department receives an average of 300 multiple card referrals per month to investigate, establish overpayments, and adjudicate.
- DSS receives an average of 600 individual trafficking referrals a year from USDA retailer disqualifications to investigate, establish overpayments, and adjudicate.
- Effective April 1, 2016, the state is responsible for ensuring that all SNAP recipients designated as Able-bodied Adults Without Dependents (ABAWDs) do not receive more than three months of benefits within a 36 month period, unless they are meeting the work requirements. The state can be made to reimburse FNS for all months provided over three in 36, if the state is aware of a programmatic issue and allows it to continue. DSS Benefit Integrity staff receive approximately 500 ABAWD referrals monthly.
- DSS must investigate and provide data to FNS on potentially fraudulent online applications the Department has been receiving since September 2016. We currently have approximately 4,000 pending that require an investigation and further research.

*Additional Requirements Pending:*

The Department should be receiving 1,000 Public Assistance Reporting Information System (PARIS) referrals each quarter to research and coordinate with other states to determine duplicate eligibility and establishment of overpayments. DSS has not begun to request these matches from DHHS due to a lack of staff resources. Under FNS regulations, the state is required to ensure the integrity of the SNAP by detecting and deterring improper payments utilizing all sources to include federal data matches, of which PARIS is one. Though DSS has not begun to use PARIS, it is likely that a federal mandate to do so will come soon.

**Benefits Integrity - Monthly Caseload**

Caseload (backlog)	6,500
Fraudulent Online Applications (pending)	4,000

Monthly Referrals:

Trafficking/Retailer Disqualifications	50
Fraud Prevention Initiatives – after hours phone, publicity	1,322
Multiple Card Referrals	300
ABAWD Referrals	500
Total monthly Referrals	2,172

Current Workload of 26,064/yr (48 BI Workers on staff)	1:543
Projected Workload of 26,064/yr – (with 13 new BI workers)	1:427

**Child Care Match**

Without additional recurring annual state appropriations, DSS will not have enough state matching funds to draw down the total annual federal Child Care and Development Fund (CCDF) allocations for child care.

Currently, \$13,982,128 in state funds is needed for the federally-required maintenance of effort state expenditures and to draw the federal matching allocation. CCDF state matching requirements vary from year to year based on the Federal Medical Assistance Percentage (FMAP) rate.

\$7,517,437 in recurring state general funds are appropriated to DSS for child care case services. CCDF regulations allow the state to count a maximum of \$3,786,112 in certified public expenditures from the SC Department of Education to count toward the CCDF state matching and maintenance of effort expenditure requirements.

The unfunded balance of state funds needed to obtain the total CCDF allocation for FFY2017 is **\$2,678,579**.

If DSS does not receive an additional \$2.68 million in state match, \$8.65 million in federal funding will be lost, resulting in an \$11.33 million reduction in child care services for South Carolina.

The average annual cost for one child in the voucher program is approximately \$4,942, therefore approximately 2,300 fewer families will receive child care assistance if the required additional matching state funds are not appropriated.

The SC Voucher program has three general categories of eligibility, or entrance points by which families can access child care subsidies:

- 1.) TANF child care provides assistance to families who are applying for and/or receiving TANF benefits and meeting program participation requirements. Parents who leave TANF due to employment are also eligible for up to two years of transitional child care assistance, provided they remain employed. This is the largest eligibility category within the voucher program, serving 8,054 children in July 2017.
- 2.) Child Welfare includes families where there is an open CPS case, and the children are living either in their own home or with a relative caregiver, as well as children who have been placed in foster care. In July 2017, 2,315 children received vouchers under this category. Child welfare has the highest growth rate among the categories.
- 3.) Low Income/Other serves children in non-TANF and non-child welfare categories, such as homeless families, children with special needs, and low income families served by First Steps. 1,819 children received a voucher from this category in July 2017.

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

	<p>The reduction would most likely be taken from “transitional child care”, which is available to parents for up to two years after they leave TANF as a result of employment.</p> <p>Eliminating transitional child care assistance will result in more parents either remaining on welfare (TANF) longer, or returning to the caseload because they cannot afford the child care they need to remain employed. It also creates a potential safety risk if parents are forced to place their children in substandard (“underground”) child care or leave them alone in order to keep their job(s).</p>
--	---

*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.*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

## FORM B1 – RECURRING OPERATING REQUEST

<b>AGENCY PRIORITY</b>	<b>5 – Form #13364</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
------------------------	--

<b>TITLE</b>	<b>Office of Inspector General</b> <i>Provide a brief, descriptive title for this request.</i>
--------------	---

<b>AMOUNT</b>	<b>General: \$836,380</b> <b>Federal:</b> <b>Other:</b> <b>Total: 836,380</b> <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>
---------------	--

<b>NEW POSITIONS</b>	<b>-0-</b> <i>Please provide the total number of new positions needed for this request.</i>
----------------------	--

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b> <table border="1"> <tr><td><input checked="" type="checkbox"/></td><td>Change in cost of providing current services to existing program audience</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program</td></tr> <tr><td><input type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program</td></tr> <tr><td><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority # _____</td></tr> </table>	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience	<input checked="" 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 # _____
<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience																				
<input checked="" 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 # _____																				

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b> <table border="1"> <tr><td><input type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td><input type="checkbox"/></td><td>Government and Citizens</td></tr> </table>	<input type="checkbox"/>	Education, Training, and Human Development	<input checked="" type="checkbox"/>	Healthy and Safe Families	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security	<input type="checkbox"/>	Public Infrastructure and Economic Development	<input type="checkbox"/>	Government and Citizens
<input type="checkbox"/>	Education, Training, and Human Development										
<input checked="" type="checkbox"/>	Healthy and Safe Families										
<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security										
<input type="checkbox"/>	Public Infrastructure and Economic Development										
<input type="checkbox"/>	Government and Citizens										

<b>ACCOUNTABILITY OF FUNDS</b>	Security Guards – (G3 S3.9 Obj 3.9.1) Security Cameras - (G3 S3.9 Obj 3.9.1)  <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>
--------------------------------	---

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RECIPIENTS OF FUNDS</b>	Approved State Term Contractors/Vendors for security services and security equipment installation.
----------------------------	--

*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p><b><u>Security Guards at SCDSS County Programs</u></b></p> <p>In order to promote a safe and secure work environment for our employees and clients, and to demonstrate our ability to address safety issues and establish a high standard of best safety practices, the agency is requesting security guards and security cameras at county offices.</p> <p>Over the past years, several instances have arisen in which SCDSS employees have experienced volatile situations where clients threatened workers and placed them at immediate risk for harm and violence. SCDSS employees engage with those clients who have lost custody of their children, been placed in the family court system, or have fraudulently taken advantage of the programs and services this Agency offers. Exit and employee satisfaction surveys from our employees who that safety is a primary concern.</p> <p>To ensure safety and security of our employees and clients, approximately <b>sixty-eight (68)</b> security guards are needed to reduce the risk of violence to agency workers and clients. This will be a multi-year implementation with the first-year request of \$594,880 in recurring state funds to add <b>thirteen (13)</b> security guards located at DSS sites throughout the state. The OIG is also recommending that security cameras be installed and monitoring services contracted at <b>sixty-nine (69)</b> DSS sites, costing \$241,500 annually.</p>
---------------------------------	--

*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.*



<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>2 – Form #13361</b> <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
------------------------	--

<b>TITLE</b>	<b>Child Support System – Non-Recurring</b> <i>Provide a brief, descriptive title for this request.</i>
--------------	--

<b>AMOUNT</b>	<b>\$25,000,000 State Funds</b> <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>
---------------	---

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<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 type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input checked="" type="checkbox"/> IT Technology/Security related
	<input checked="" 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 # _____	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>
	<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	

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
--------------------------------	-----

*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?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RECIPIENTS OF FUNDS</b>	Agency
----------------------------	--------

*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?*

<b>JUSTIFICATION OF REQUEST</b>	<p>SCDSS is requesting General Funds of \$25,000,000 for development of and penalty costs associated with the Child Support Enforcement System (PACCS).</p> <p>The Department of Social Services is federally mandated to implement an automated child support enforcement system and State Disbursement Unit. Without an operational system, the State is subject to penalties from the federal Office of Child Support Enforcement.</p> <p>The agency will exhaust the HP settlement funds in FY18 designated for the payment of penalties.</p>
---------------------------------	---

*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?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM D – PROVISIO REVISION REQUEST**

<b>NUMBER</b>	<b>38.1</b> <i>Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").</i>
<b>TITLE</b>	<b>DSS: Fee Retention</b> <i>Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.</i>
<b>BUDGET PROGRAM</b>	<b>II. Programs and Services</b> <b>F. Integrated Child Support Services</b> <i>Identify the associated budget program(s) by name and budget section.</i>
<b>RELATED BUDGET REQUEST</b>	N/A <i>Is this request associated with a budget request you have submitted for FY 2018-19? If so, cite it here.</i>
<b>REQUESTED ACTION</b>	<b>Amend</b> <i>Choose from: Add, Delete, Amend, or Codify.</i>
<b>OTHER AGENCIES AFFECTED</b>	None <i>Which other agencies would be affected by the recommended action? How?</i>
<b>SUMMARY &amp; EXPLANATION</b>	<p>This proviso requires SCDSS to send the General Fund the first \$800,000 of funds recouped from overpayments and refunds. All funds in excess of the \$800,000 shall be used by SCDSS for program and related activities.</p> <p>This proviso was first adopted before FY 1979-80, at the time welfare benefits to clients were funded under the Aid to Families with Dependent Children (AFDC) program 60% Federal and 40% State. In 1996 the AFDC program was converted to the Temporary Assistance for Needy Families (TANF) program. Client benefits under this program were changed to 100% Federal, with the exception of a small part of the client population, approximately 10%, which are funded 100% State. This proviso has not been changed to reflect the change in the source of funds for client benefits.</p> <p>SCDSS is requesting to amend this proviso to allow SCDSS to draw down an additional \$1.6 million of federal funds through the 66% federal match available to the Child Support program. These funds will be used to fund Self-Sufficiency and Family Preservation and Support initiatives, and for the operations of the Child Support program, and to improve the security of Federal Tax Information (FTI) and Personally Identifiable Information (PII) data.</p> <p>Currently, the SCDSS collects approximately \$26 million per year by intercepting the taxes to be refunded to individuals who have a child support debt. The Internal Revenue Service controls the process of these intercepts and mandates the federal rules for</p>

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

handling FTI. Failure to follow the rules for storage, handling and transmission of this highly confidential FTI has both criminal and financial penalties. If the State of South Carolina is decertified to be able to intercept these funds, there would be major fiscal impacts.

The criminal penalty for wrongfully disclosing or failing to properly secure FTI is 5 years in prison and a \$5,000 fine for each infraction. With several hundred SCDSS child support caseworkers having access to data and several thousand taxpayers' files being vulnerable, the potential for multiple breaches is significant. The resultant penalties would likewise be severe.

The financial penalty on South Carolina and its citizens if SCDSS loses the ability to intercept child support debts from potential refunds is also significant. Of the \$26 million that SCDSS intercepts, approximately \$20 million is owed and paid directly to the children to whom this money is owed. These funds, if not intercepted, would go to the non-custodial parent who filed the tax return and experience indicates that the likelihood of this money subsequently being sent by the non-custodial parent to pay his/her child support is extremely remote. The State of South Carolina receives approximately \$6 million of the funds intercepted because this is recoupment of TANF funds already provided to our citizens which would be lost to the State if SCDSS was not able to intercept tax refunds.

*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

**FISCAL IMPACT**

Amending the proviso will decrease the General Fund revenue by \$800,000; however, by retaining those funds to be used as match, SCDSS can increase the total funds available by \$1.6 million. These funds will be used to fund Self-Sufficiency and Family Preservation and Support initiatives, and for the operations of the Child Support program, and to improve the security of Federal Tax Information (FTI) and Personally Identifiable Information (PII) data.

*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**PROPOSED  
PROVISO TEXT**

38.1. (DSS: Fee Retention) The Department of Social Services shall recoup all refunds and identified program overpayments and all such overpayments shall be recouped in accordance with established collection policy. ~~Funds of \$800,000 collected under the Child Support Enforcement Program (Title IV D) which are state funds shall be remitted to the State Treasurer and credited to the General Fund of the State.~~ All state funds above \$800,000 shall be retained by the department **and may be used** to fund Self-Sufficiency and Family Preservation and Support initiatives, **to make improvements to the security of FTI and PII data, and for child support operations.**

*Paste FY 2017-18 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

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

<b>TITLE</b>	<b>Agency Cost Savings and General Fund Reduction Contingency Plan</b>
--------------	--

<b>AMOUNT</b>	<b>(\$5,098,122)</b>
---------------	----------------------

*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.*

<b>ASSOCIATED FTE REDUCTIONS</b>	Reductions of 278 FTE's
----------------------------------	-------------------------

*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM/ACTIVITY IMPACT</b>	<p>The Teen Pregnancy Program would be eliminated. Agency Administration and County Administration FTE's support all agency programs and the elimination of 179 FTE's would severely hamper the Agency's ability to perform basic services such as Human Resources, Finance, Information Technology and cause issues with client services at the county level. The reduction of 99 Caseworker FTE's would affect the caseload ratio of all Human Services Programs.</p>
--------------------------------	---

*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<b>Reduction Priority</b>	<b>Description of Reduction</b>	<b>Amount of Reduction</b>
	1	Teen Pregnancy	\$546,792
	2	Agency Administration and IT - 70 FTE Positions	\$1,517,110
	3	County Administration - 109 FTE Positions	\$1,517,110
	4	Caseworkers - 99 FTE Positions	\$1,517,110
	<p>In order to meet these budget reductions, DSS would implement a Reduction in Force, institute a hiring freeze and eliminate all vacant positions, thus reducing the DSS workforce by 278 FTE's at a time when DSS caseloads have increased dramatically.</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.*

<b>AGENCY COST SAVINGS PLANS</b>	
----------------------------------	--

*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?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	<b>Drug Testing Consolidation</b>
--------------	-----------------------------------

*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<b>\$1.2M Annually</b>
--	------------------------

*What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b> <input type="checkbox"/> Repeal or revision of regulations. <input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens. <input type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden. <input checked="" type="checkbox"/> Other
--	---

<b>METHOD OF CALCULATION</b>	Consolidating this service into a state term contract greatly reduced the cost per test that SCDSS was previously paying.
------------------------------	---

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	N/A
-----------------------------------	-----

*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	N/A
--------------------------------	-----

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*



<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**SUMMARY**

The agency recently consolidated its client drug testing services onto a state term contract in the summer of 2017. The ability to leverage state term pricing projects to save approximately \$1.2 million in agency funds annually.

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	<b>United Way Call Center Contract Cancellation</b>
--------------	---

*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<b>\$964K Annually</b>
--	------------------------

*What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> Repeal or revision of regulations.
	<input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens.
	<input checked="" type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden.
	<input checked="" type="checkbox"/> Other

<b>METHOD OF CALCULATION</b>	Comparing the actual cost of the United Way contract versus estimated cost of expanding the client services unit to add 18 employees, adding 130 phone lines, supplies, and leased equipment would save the agency approximately \$964K annually.
------------------------------	---

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	N/A
-----------------------------------	-----

*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	N/A
--------------------------------	-----

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**SUMMARY**

The Agency is not renewing the United Way Call Center Contract which ends December 2017. The Agency's Client Services Unit (CSU) are able to perform eligibility functions and take all necessary steps to resolve client concerns without referring the complainant to another Division or County office for assistance. This initiative will have an estimated savings of \$964K annually

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	Jobs Upfront Mean More Pay (JUMMP) regional contract cancellation
--------------	---

*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<b>\$3.75M Annually</b>
--	-------------------------

*What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark “X” for all that apply:</b></p> <input type="checkbox"/> Repeal or revision of regulations. <input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens. <input type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden. <input checked="" type="checkbox"/> Other
--	---

<b>METHOD OF CALCULATION</b>	An analysis of the Jobs Upfront Mean More Pay (JUMMP) regional contracts versus the new Striving to Achieve Rapid Success (STARS) resource sharing contract.
------------------------------	--

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	N/A
-----------------------------------	-----

*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	N/A
--------------------------------	-----

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**SUMMARY**

The Jobs Upfront Mean More Pay (JUMMP) regional contracts will terminate upon finalization of a contract for a new program called STARS (Striving to Achieve Rapid Success). JUMMP is budgeted at approximately \$8 million per year. With the Workforce Innovation and Opportunity Act (WIOA) legislation, the Temporary Assistance for Needy Families program (TANF) is a required partner to the infrastructure costs for SC Works Centers. As part of the contractual agreement for STARS, the vendor staff will be co-located in the statewide SC Works Centers at an expense of approximately \$250,000 per year. The budget for the STARS contracts total \$4 million per year. This programmatic and contractual change will reduce TANF expenses by approximately \$3,750,000 annually while simultaneously providing a more comprehensive service to TANF participants.

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	<b>Case Progression Improvements</b>
--------------	--------------------------------------

*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	<b>Would ensure DSS case progression isn't delayed due to the \$40 Fee charged by the Clerks if Court or Office of Indigent Defense.</b>
--	--

*What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> Repeal or revision of regulations.
	<input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens.
	<input checked="" type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden.
	<input checked="" type="checkbox"/> Other

<b>METHOD OF CALCULATION</b>	N/A
------------------------------	-----

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	N/A
-----------------------------------	-----

*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

<b>REDUCTION OF REGULATION</b>	N/A
--------------------------------	-----

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>AGENCY NAME:</b>	<b>SC DEPARTMENT OF SOCIAL SERVICES</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**SUMMARY**

In many cases, a defendant's inability to pay the \$40 indigent defense application fee causes significant delays, sometimes for several months, in the process of gaining permanency for the child. To ensure that the child's needs remain top priority, DSS would like to explore paying the defendant's \$40.00 indigent defense application fee to the Clerks of Court or Office of Indigent Defense in order to prevent the \$40.00 fee from significantly delaying case progression. A pilot program would utilize only \$10,000 statewide and measure efficiency achieved. DSS would take all available action to enable collection of the fee from the defendant at the end of the case (back end), after the child's needs are fully addressed by court action.

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*