

Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36



**Fiscal Year FY 2024-2025  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<b>For FY 2024-2025, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	<b>For FY 2024-2025, 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</b> <i>(FORM C)</i>	<b>For FY 2024-2025, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

<b>PROVISOS</b> <i>(FORM D)</i>	<b>For FY 2024-2025, my agency is (mark "X"):</b>	
	<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.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Quincy Swygert	(803) 898-9697	Quincy.Swygert@ddsn.sc.gov
<b>SECONDARY CONTACT:</b>	Bruce C. Busbee	(803) 898-9740	Bruce.Busbee@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2024-2025 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>	 10/4/23	 10/4/23
<b>TYPE/PRINT NAME:</b>	Constance Holloway	Eddie L. Miller

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

Agency Name:	Department Of Disabilities & Special Needs
Agency Code:	J160
Section:	36

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Supported Living Assistance	1,230,000	0	0	0	1,230,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	State Funded Residential Services	3,299,600	0	0	0	3,299,600	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Maintenance of Effort- Financial Management Services	1,500,000	0	1,500,000	0	3,000,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Earmarked Authority Reduction	0	0	-200,000,000	0	-200,000,000	0.00	0.00	0.00	0.00	0.00
5	B2 - Non- Recurring	South Carolina Genomic Medicine Initiative at Greenwood Genetic Center	2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			8,029,600	0	-198,500,000	0	-190,470,400	0.00	0.00	0.00	0.00	0.00

Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1</b>
------------------------	----------

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

<b>TITLE</b>	<b>Supported Living Assistance</b>
--------------	------------------------------------

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

<b>AMOUNT</b>	<b>General: \$1,230,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$1,230,000</b>
---------------	--

*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</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 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 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 #	

<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>	<p><b>Goal 4:</b> Improve outcomes for those with disabilities and maximize an individual's quality of life.</p> <p><b>Strategy 4.3:</b> Provide financial grant support to providers to allow for expansion of service provision.</p> <p><b>Measure 4.3.1:</b> Number of grant programs offered to providers to allow for expansion of service provision.</p>
--------------------------------	--

*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>These funds will be utilized by DDSN eligible individuals who require residential habilitation and will be used to offset costs associated with residential living when the individual has not been determined eligible for Supplemental Security Income (SSI)</p>
----------------------	---

**FUNDS**

and is not self-supporting.

*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**

This decision package is designed to address the individuals currently receiving or awaiting community residential living. For most individuals, the Medicaid waiver Residential Habilitation service covers the care, supervision, and skills training delivered to the individual. Medicaid does not cover the cost of room and board, as it is not a Medicaid eligible service. DDSN's provider network is reluctant to support individuals if they are not eligible for monthly Supplemental Security Income (SSI) benefits and have no other means to pay for room and board.

Monthly room and board costs include, but are not limited to food, utilities, pest control, residential repairs and maintenance, lawn maintenance, household and cleaning supplies, property insurance, and fire/security monitoring costs. The average room and board costs for settings in which residential services are provided in SC are approximately \$820 per month. This funding request is to assist 125 individuals, who require residential services but do not have the means to pay room and board costs, obtain residential placement within DDSN's provider network.

$\$820 \text{ per month} \times 12 \text{ months per year} \times 125 \text{ individuals} = \$1,230,000$

*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.*

Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	2
------------------------	---

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

<b>TITLE</b>	<b>State Funded Residential Services</b>
--------------	--

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

<b>AMOUNT</b>	<p><b>General: \$3,299,600</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$3,299,600</b></p>
---------------	---

*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
----------------------	------

*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 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>	<p><b>Goal 4:</b> Improve outcomes for those with disabilities and maximize an individual's quality of life.</p> <p><b>Strategy 4.3:</b> Provide financial grant support to providers to allow for expansion of service provision.</p> <p><b>Measure 4.3.1:</b> Number of grant programs offered to providers to allow for expansion of service provision.</p>
--------------------------------	--

*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	<p>These funds will be utilized to support individuals for whom traditional Medicaid reimbursable supports are not appropriate or are not available.</p>
----------------------	--

**FUNDS**

*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**

This decision package is designed to support sixteen (16) individuals for whom traditional Medicaid reimbursable supports are not appropriate or are not available. These individuals present to DDSN in need of an out of home placement following incarceration or have needs that, due to severity, cannot be supported in currently available placement options. These services will ensure that individuals are safely and appropriately supported.

Services offered in these facilities to DDSN eligible individuals will include services specifically required by the individual, which may include enhanced safety and security, sensory controlled environments, enhanced psychiatric services, and enhanced medical monitoring. This curriculum is ultimately designed to aid in the transition of individuals from this state-funded placement to a lessor restrictive, Medicaid eligible placement in the community.

\$565 Per Diem x 365 days per year x 16 individuals = \$3,299,600

*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.*

Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>3</b>
------------------------	----------

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

<b>TITLE</b>	<b>Maintenance of Effort- Financial Management Services</b>
--------------	---

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

<b>AMOUNT</b>	<b>General: \$1,500,000</b> <b>Federal: \$0</b> <b>Other: \$1,500,000</b> <b>Total: \$3,000,000</b>
---------------	--

*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</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 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>	<p><b>Goal 2:</b> Promote individual independence through choice.</p> <p><b>Strategy 2.2:</b> Maximize use of supports and services to enable individuals to live at home with family or in their own home.</p> <p><b>Measure 2.2.2:</b> Ratio of persons receiving in-home home and community-based waiver services to persons receiving waiver funded residential habilitation.</p> <p><b>Measure 2.2.3:</b> Percentage increase in the number of respite caregivers available to those who have not selected the caregiver.</p>
--------------------------------	--

*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	These funds will be utilized by DDSN to contract with an IRS-approved Financial Management Services vendor who has experience with participant directed Medicaid waivers services.
----------------------	--

**FUNDS**

*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**

This decision package is designed to comply with the requirements of an administrative contract with SCDHHS, as well as the following CMS approved 1915(c) waivers:

- SC Head and Spinal Cord Injury (HASCI) HCBS Waiver (SC.0284.R06.00 - Jul 01, 2023)
- SC Intellectual Disabilities and Related Disabilities (ID/RD) HCBS Waiver (SC.0237.R06.06 - Jul 01, 2023)
- SC Community Supports (CS) HCBS Waiver (SC.0676.R03.02 - July 01, 2023)

Similar to SCDHHS operated waivers, as described in appendix E of the above DDSN operated waivers, an IRS-approved Financial Management Services vendor will perform payroll and other employer responsibilities required by federal and state law.

Preliminary cost proposals for this service have revealed an increase in the recurring cost of operating this program for the three hundred and twelve (312) HASCI, one thousand one hundred forty-seven (1,147) ID/RD and one thousand seven hundred and fifty (1,750) CS waiver individuals who are currently receiving participant-directed Respite, Attendant Care, and In-Home Support services.

Participant-directed means that participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. The participant-directed service delivery model is an alternative to traditionally delivered and managed services, such as an agency delivery model. Participant-direction of services allows participants to have the responsibility for managing all aspects of service delivery in a person-centered planning process including who provides the services and how services are provided. For example, participants are afforded the decision-making authority to recruit, hire, train and supervise the individuals who furnish their services.

**This is a Medicaid Administrative Activity and is eligible for a 50% Medicaid Match.**

*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.*



Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	4
------------------------	---

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

<b>TITLE</b>	<b>Earmarked Authority Reduction</b>
--------------	--------------------------------------

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

<b>AMOUNT</b>	<b>General: \$0</b> <b>Federal: \$0</b> <b>Other: (\$200,000,000)</b> <b>Total: (\$200,000,000)</b>
---------------	--

*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
----------------------	------

*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 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 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	

<b>ACCOUNTABILITY OF FUNDS</b>	The Central Office supports all programs, their statewide strategic objectives, agency goals, and strategies.
--------------------------------	---

*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF</b>	This earmarked authorization is no longer needed by DDSN. The funds were previously used to support three (3) Home and Community-Based Services Waivers; Intellectual Disabilities, Community Supports, and the Head & Spinal Cord Injury
----------------------	---

**FUNDS**

Waivers.

*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**

This decision package is designed to support an ongoing collaboration with SCDHHS, as DDSN's provider network continues to transition from a Prospective Payment of Services from DDSN to a direct payment Fee-for-Service (FFS) model to SCDHHS. This process change moved the cost of Medicaid Services listed under the three (3) Home and Community-Based Services Waivers; Intellectual Disability/Related Disabilities, Community Supports, and the Head & Spinal Cord Injury Waivers to the SCDHHS budget. DDSN will still maintain accountability oversight and continue to operate all three waivers.

This reduction will not affect SCDHHS's budget and does not need to be transferred to them similar to the last two fiscal years where DDSN transferred approximately \$180M in General Funds. This expenditure is a Federal Expenditure on SCDHHS's books, and they would not utilize these earmarked appropriations.

The reduction in earmarked authorization will continue into subsequent years as additional services are planned to move to SCDHHS's budget.

*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.*

Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36

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

<b>AGENCY PRIORITY</b>	5
------------------------	---

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

<b>TITLE</b>	South Carolina Genomic Medicine Initiative at Greenwood Genetic Center
--------------	--

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

<b>AMOUNT</b>	\$2,000,000
---------------	-------------

*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

<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 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 #	

<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>	<p>This is a research and development investment to improve existing specialized genetic service levels. 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 their families.</p>
--------------------------------	---

*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	The Greenwood Genetic Center (GGC) would receive these funds.
----------------------------	---

*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**

This decision package is designed to support the Greenwood Genetics Center (GGC) as they embark on a major genomic initiative that will have a transformative impact on the GGC, the state, and the provision of personalized medicine for South Carolinians. This South Carolina Genomic Medicine Initiative will combine clinical care, a “multi-omics” technological approach and big data/machine learning to create a powerful and unique resource serving patients, healthcare providers, and state agencies. This bold initiative is being pursued to significantly increase the diagnostic yield for individuals with intellectual disabilities and autism, with the ultimate goal of providing information necessary to provide personalized and precise medical treatment and management for patients with disabilities and autism. In addition, the data accumulated with this initiative will provide precise genomic information that will help develop and guide personalized public health policies.

The request of \$2,000,000 of new state funds for FY25, which would be the fifth annual \$2,000,000 investment in a projected five-year \$10 million state funded plan in conjunction with funds from the private sector. Anticipated partners include the private sector, such as Duke Endowment, a major university, and individual donors. It is the intention of the GGC to work with SCDHHS to pursue an administrative Medicaid match for this project to demonstrate the impact and value to CMS.

*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.*

Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36

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

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

<b>AMOUNT</b>	\$3,792,065
---------------	-------------

*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

<b>ASSOCIATED FTE REDUCTIONS</b>	None
----------------------------------	------

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

<b>PROGRAM / ACTIVITY IMPACT</b>	<p>1. Central Office administrative reduction through staffing attrition and freezing of approximately 30 positions (Salary &amp; Fringe).</p> <p>2. Identified several non-legislatively required contracts which could be reduced if necessary</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
----------------------------------	--

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

<b>SUMMARY</b>	<table border="1" style="width: 100%;"> <tr> <td>Administration – frozen FTE slots (30 FTEs Salary &amp; Fringe)</td> <td style="text-align: right;">\$ 3,272,065</td> </tr> <tr> <td>Reduction in Administrative Contracts</td> <td style="text-align: right;">\$ 520,000</td> </tr> </table> <p>The Agency leadership team reviewed and considered all areas within its statewide system that could be reduced in whole or in part to meet the required 3% funding reduction desired.</p> <ol style="list-style-type: none"> <li>1. Items that would displace services from citizens or reduce funding to service providers were not considered.</li> <li>2. Items that would reduce funding for existing services were not considered.</li> <li>3. Items that reduce or eliminate existing services or availability of services were not considered.</li> </ol> <p>The Agency must ensure its continued ability to respond to citizens whose health and safety are in jeopardy. Also, continued compliance with regulations is required.</p>	Administration – frozen FTE slots (30 FTEs Salary & Fringe)	\$ 3,272,065	Reduction in Administrative Contracts	\$ 520,000
Administration – frozen FTE slots (30 FTEs Salary & Fringe)	\$ 3,272,065				
Reduction in Administrative Contracts	\$ 520,000				

*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.*

**AGENCY COST SAVINGS PLANS**

The Agency has focused and will continue to focus on contractual arrangements that are no longer considered necessary or could be completed in a more cost-efficient manner. Numerous vendor and provider contracts have been phased out over the past year while others are under review at this time. There is a tremendous amount of energy being channeled into efforts to maximize Medicaid funding streams. All services that could move from state funded to Medicaid eligible funded, have been transitioned. Personnel positions are being closely reviewed as they become vacant to determine if there is any opportunity to restructure or otherwise do without the position vs. just backfilling it with a new person. Pay increases are also based on substantial increases in job duties or tied to promotions.

*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?*

Agency Name:	Department Of Disabilities & Special Needs		
Agency Code:	J160	Section:	36

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

<b>TITLE</b>	DDSN Payment System Transition
--------------	--------------------------------

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

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Time savings for DDSN, providers and businesses.
--	--

*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 type="checkbox"/> Other

<b>METHOD OF CALCULATION</b>	<p>The multi-year initiative set forth in this plan has benefited providers, businesses, and citizens by encompassing time savings. Reductions in the time it takes providers to receive payments after submitting claims directly to the Medicaid Management Information System (MMIS), instead of DDSN being "the middleman" is the main reason for the time savings. Also, the elimination of prepaying for services, through a capitated payment, has made providers more accountable for their service delivery, as it directly impacts their cash flow. The result is the incentive, for providers, to serve more eligible citizens of SC.</p> <p>Through attrition, DDSN has also been able to reduce the number of FTE's in its Medicaid billing unit.</p>
------------------------------	--

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

<b>REDUCTION OF FEES OR FINES</b>	None
-----------------------------------	------

*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>	None
--------------------------------	------

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

	<p>In FYs 2018 &amp; 2019, the Senate and House legislative oversight performance reviews suggested DDSN move away from its tendency to manage providers as if extensions of DDSN and towards promoting provider competition to benefit from market forces.</p> <p>A key component was to transition the way services were funded from a prospective, capitated "Band" payment system for DSN Boards to a retrospective fee-for-service (FFS) payment system. This complex transition was divided into phases occurring over multiple fiscal years:</p> <p>Phase 1 – In FY2020, Waiver Case Management Services transitioned to FFS.</p> <p>Phase 2 – In FY2021, beginning January 1, 2021, Respite and Day Services transitioned to FFS.</p> <p>Phase 3 – In FY2022, beginning April 1, 2022, remaining Home and Community Based Services converted to FFS (Residential Habilitation)</p> <p>Phase 4 – In FY2025, Intermediate Care Facility – Community-Based for Individuals with Intellectual Disabilities (ICF-IID) are planned to be transitioned to FFS.</p>
--	---

## SUMMARY

Although these expenditures have moved to DHHS's books, Providers are no longer prepaid for services, and the 90% expenditure requirement has been deleted. Providers are now paid for services rendered. In order to keep revenue consistent, this encourages providers to perform more services for eligible citizens of SC.

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