

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



**Fiscal Year FY 2021-2022  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

**OPERATING  
REQUESTS  
(FORM B1)**

<b>For FY 2021-2022, 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.

**NON-RECURRING  
REQUESTS  
(FORM B2)**

<b>For FY 2021-2022, 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.

**CAPITAL  
REQUESTS  
(FORM C)**

<b>For FY 2021-2022, my agency is (mark "X"):</b>	
<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
<input type="checkbox"/>	Not requesting any changes.

**PROVISOS  
(FORM D)**

<b>For FY 2021-2022, 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.

**PRIMARY  
CONTACT:  
SECONDARY  
CONTACT:**

<i>Name</i>	<i>Phone</i>	<i>Email</i>
W. Chris Clark	(803) 898-4084	Chris.Clark@ddsn.sc.gov
Pat Maley	(803) 898-9769	PMaley@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2021-2022 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

**SIGN/DATE:  
TYPE/PRINT  
NAME:**

<i>Agency Director</i>	<i>Board or Commission Chair</i>
<i>Mary P. Poole</i> 9-28-2020	<i>Gary Lemel</i> 9/28/2020
Mary P. Poole	Gary Lemel

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

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

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Residential Service Rate Increase	2,900,000	0	7,100,000	0	10,000,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	State Plan Rate Increases for Three Services Impacting DDSN Waiver Service Costs	5,135,000	0	12,525,000	0	17,660,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Appropriation Transfer from DHHS for First Filled Slots	1,808,437	0	4,391,210	0	6,199,647	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Respite Service Rate Increase	2,090,000	0	5,083,733	0	7,173,733	0.00	0.00	0.00	0.00	0.00
5	B1 - Recurring	Early Intervention Services for Three to Six Year Old Children	755,000	0	1,018,035	0	1,773,035	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Increase and Improve Access to Residential Supports	807,312	0	1,964,100	0	2,771,412	0.00	0.00	0.00	0.00	0.00
7	B1 - Recurring	HASCI Waiver Slots	430,000	0	1,046,141	0	1,476,141	0.00	0.00	0.00	0.00	0.00
8	C - Capital	Electrical Grid - DDSN Coastal Regional Center	1,500,000	0	0	0	1,500,000	0.00	0.00	0.00	0.00	0.00
9	B2 - Non-Recurring	South Carolina Genomic Medicine Initiative at Greenwood Genetic Cneter	2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00
10	B1 - Recurring	Greenwood Genetic Center Base Budget Increase	750,000	0	0	0	750,000	0.00	0.00	0.00	0.00	0.00
TOTALS			18,175,749	0	33,128,219	0	51,303,968	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>	1
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Residential Service Rate Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$2,900,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$7,100,000</b></p> <p><b>Total: \$10,000,000</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*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>	<p><b>Goal 4:</b> Efficiently &amp; Effectively Operate the Service Delivery</p> <p><b>Strategy 4.1:</b> Proactively Initiate System and Process Improvements</p> <p><b>Measure 4.1.2:</b> Catch-up cost reports to properly account for residential costs to maximize Medicaid match</p> <p><b>Measure 4.1.3:</b> Implement fee for service for at-home bands in FY 21 and have firm plans for residential back conversion to fee for service</p> <p><b>Measure 4.1.7:</b> Develop a plan to be approved by SCDHHS to transition from capitated residential bands to maximize obtaining appropriate Medicaid matching funds consistent with Mercer Report's support to increase residential rates.</p> <p>This funding will improve the system's financial health to meet consumers' habilitation, health, and safety needs and verified through annual cost reports.</p>
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*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?*

**RECIPIENTS OF FUNDS**

DDSN's statewide network of local Disabilities & Special Needs Boards and private providers would receive these funds via DDSN Community Provider contracts for residential services.

*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**

DDSN cost data and the Mercer Report assumptions both support a substantial residential community rate increase (20%) to meet providers' current costs and a fair market rate. Residential providers are generally operating at a deficit requiring funds from other services to offset residential revenue deficits. The challenge is to come up with a multi-year strategy to balance the DDSN delivery system absorbing a new residential rate increase, use of existing excess Medicaid system costs in lieu of new legislative appropriations, and the availability of future legislative resources.

DDSN has been working diligently with SCDHHS to establish a multi-year funding strategy . The \$10 million rate increases (\$2.9 million state funds) is a conservative down payment towards this priority need. SCDHHS and DDSN will notify the Executive Budget Office and legislators of this ongoing analysis to develop a final long-term residential rate funding strategy, which may result in additional residential rate increases funded from existing excess Medicaid costs or supplemental legislative appropriations.

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

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

<b>AGENCY PRIORITY</b>	2
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>State Plan Rate Increases for Three Services Impacting DDSN Waiver Service Costs</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$5,135,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$12,525,000</b></p> <p><b>Total: \$17,660,000</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Goal 2:</b> Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence</p> <p><b>Strategy 2.1:</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 2.1.3:</b> Establish market rates for at-home services in coordination with SCDHHS and its consultant Mercer</p> <p><b>Goal 4:</b> Efficiently &amp; Effectively Operate the Service Delivery</p> <p><b>Strategy 4.1:</b> Proactively Initiate System and Process Improvements</p> <p><b>Measure 4.1.3:</b> Implement fee for service for at-home bands in FY21 and have firm plans for residential band conversion to fee for service.</p> <p>Based on SCDHHS's consultant (Milliman) rate review, SCHHS proposed to increase three state plan fee-for-service rates (nursing; ADHC transportation; and attendant care) in FY21. DDSN estimated this impact on its waiver costs and will monitor to ensure proper service utilization.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template*

**RECIPIENTS OF FUNDS**

DDSN's state wide network of local Disabilities & Special Needs Boards and private providers would receive these funds allocated through service rate increases.

*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**

Based on SCHHS's consultant (Milliman) rate review, SCDHHS proposed to increase three state plan fee-for-service rates in FY21. Inasmuch as DDSN provides these same services in its waivers, DDSN will need additional funding to support these statewide rate increases. These three services are:

- Private duty nursing rate proposed to increase 15%, which will generate an estimated 100% increase in utilization. The total estimated cost will be \$12.9 million (\$3.75 million state funds).
- Attendant care rate proposed to increase 5%, which will generate an estimated 10% increase in utilization. The total estimated cost will be \$4.4 million (\$1.28 million state funds).
- Adult day healthcare rate proposed to increase 15%, which will generate an estimated 30% increase in utilization. The total estimated cost increase will be \$360,000 (\$105,000 state funds).

The total estimated costs of these three state plan proposes rate increases on DDSN's waiver costs is \$17,660,000 (\$5,135,000 state funds).

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

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

<b>AGENCY PRIORITY</b>	3
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Appropriation Transfer from DHHS for First Filled Slots</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$1,808,437</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$4,391,210</b></p> <p><b>Total: \$6,199,647</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*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 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 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>	<p><b>Goal 4:</b> Efficiently and Effectively Operate the Service Delivery</p> <p><b>Strategy 4.1:</b> Proactively Initiate System and Process Improvements</p> <p><b>Measures 4.1.6:</b> Implement a waiver administrative contract with SCDHHS for FY21</p> <p>Based on an historical methodology, SCDHHS provides DDSN with an estimated state fund base increase for each new waiver consumer to be used to pay for their medical state plan estimated costs. These funds will be applied as purposed and tracked via Medicaid billing data (W-99s).</p>
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*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>DDSN receives these funds, which are then applied to pay the state match for new waiver consumers' medical state plan costs.</p>
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**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**

SCDHHS's contract with DDSN to manage the CS, ID/RD, and HASCI waivers requires DDSN to pay the state match for all consumers' medical state plan costs. The \$1,808,437 is SCDHHS's estimate in recurring funds needed for DDSN to pay the state match for new waiver consumers' medical state plan costs.

This recurring appropriations transfer occurs annually.

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



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

<b>AGENCY PRIORITY</b>	4
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Respite Service Rate Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$2,090,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$5,083,733</b></p> <p><b>Total: \$7,173,733</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Goal 2:</b> Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence</p> <p><b>Strategy 2.1:</b> Maximize use of supports and services to enable individual to live at home with family or in their own home</p> <p><b>Measure 2.1.2:</b> Re-engineer Respite Program to promote greater access more efficiently</p> <p><b>Measure 2.1.3:</b> Establish market rates for at-home services in coordination with SCDHHS and its consultant Mercer</p> <p>Evaluation will be measured by an increase in the consumption of their approved needs based budgets above the current 73% level. Additionally, the time from respite service request and receiving services will be substantially reduced due to more providers and expanded consumer choice.</p>
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*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?*

**RECIPIENTS OF FUNDS**

The recipients of these funds will be DDSN's statewide network of local Disabilities & Special Needs Boards and private providers.

*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**

Respite is a highly valued and sought after service, but DDSN's Respite Program has inefficiencies and access problems. In FY 20, consumers were authorized \$26.5 million in needs-based respite, yet consumers only used \$19.4 million in services (73%). Consumer utilization is hindered for two reasons. First, a large majority of respite providers and Boards exited providing this service due to the low rate (mandatory caregiver rate without adequate revenue for overhead) and high risk (worker's comp & civil liability). This has by default required consumers to overly rely on taking on the role of employer for respite caregivers. This model works for some, but it can be inefficient for many others due to high respite caregiver turnover; reliance on consumers to find their own caregivers; and caregiver training and backgrounds must be coordinated through a remote third party internet vendor. Further, this consumer employer model shifts caregiver civil liability risks to the families of the consumers.

DDSN proposes raising the rate from \$12.69 to \$15.41. The increase is required to pay a minimum \$12.00/hour rate to the caregiver, employment taxes, adequate risk insurance, provider costs, and a fair equity return. An increase in participation by local providers and Boards generates increased consumer choice; reduces compliance risk to maintain training and employment standards; and eases access logistics for families.

Despite the inefficiencies in the Respite Program, consumers are still increasing utilization annually by 12% for this highly valued service. This increased utilization is not accounted for in the current band payment structure, and recent cost reports clearly identifies providers' overall costs exceeding Medicaid reimbursement revenues.

DDSN requests \$4,787,877 (\$1,395,000 state funds) to increase the respite rate to increase access efficiency, capacity for services, and consumer choice and \$2,385,856 (\$695,000 state funds), to address pattern of 12% annual increase in respite utilization.

**Total respite request is \$7,173,733 (\$2,090,000 state funds).**

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

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

<b>AGENCY PRIORITY</b>	5
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Early Intervention Services for Three to Six Year Old Children</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$755,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$1,018,035</b></p> <p><b>Total: \$1,773,035</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*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 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>	<b>Goal 1:</b> Prevent Disabilities and Ameliorate Impact of Disabilities
	<b>Strategy 1.2:</b> Reduce the Severity of Disabilities
	<b>Measure 1.2.1:</b> Percentage of children over 36 months receiving Early Intervention services prior to third birthday
	<b>Goal 2:</b> Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence
	<b>Strategy 2.1:</b> Maximize use of supports and services to enable individuals to live at home with family or in their own home
	<b>Measure 2.1.3:</b> Establish market rates for at-home services in coordination with SCDHHS and its consultant Mercer
<p>Evaluation will be measured in the increase in expected services based on provider service units billed. Additionally, DDSN will, to the extent possible, create conditions for consumers to obtain Medicaid eligibility to improve Federal reimbursement match.</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?*

**RECIPIENTS OF FUNDS**

The recipients of these funds will be DDSN's statewide network of local Disabilities & Special Needs Boards and private providers.

*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**

The SCDHHS's BabyNet Program continues to experience increase consumers annually in need of developmentally delayed services (ages 0-3), which then directly correlates with increase consumers and utilization of DDSN EI services (ages 3-6). DDSN has absorbed the past four Fiscal Years' increases in consumers and utilization from its base funding, which were 13% (FY 17), 18% (FY 18), 30% (FY19), and 8% (FY 20). DDSN anticipates a conservation 13% increase in FY 21 utilization due to serving an increases an consumers. DDSN requests \$1,773,035 (\$755,000 state funds) to meet the FY 22 increased EI utilization. Absent an increase in funding, DDSN anticipates EI Program changes to reduce services to keep funding at the FY 21 level.

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

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

<b>AGENCY PRIORITY</b>	6
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Increase and Improve Access to Residential Supports</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$807,312</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$1,964,100</b></p> <p><b>Total: \$2,771,412</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Goal 2:</b> Provide Services in Community Integrated and Least Restrictive Setting and Promote Individual Independence</p> <p><b>Strategy 2.2:</b> Utilize Least Restrictive Residential Settings/Supports</p> <p><b>Measure 2.2.3:</b> Establish two CTH IIs for autistic youth and reduce admissions to state funded congregate care facilities.</p> <p><b>Measure 2.2.4:</b> Develop a more proactive Olmstead list at Regional Centers including both individuals desiring to return to the community and individuals capable needing training to return to the community</p> <p><b>Goal 3:</b> Protect Health and Safety of Individuals Served</p> <p><b>Strategy 3.1:</b> Ensure the needs of eligible individuals in crisis situations are met</p> <p><b>Measure 3.1.1:</b> Average Length of Wait for Individuals Removed from Critical Needs List with intensive behavioral needs.</p> <p><b>Measure 3.1.3:</b> Develop methodology to establish firm funded system beds and place on web page to educate stakeholders to reduce waiting time dissatisfaction due to resource constraints and build case for future budget requests.</p>
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Evaluation will be performed to ensure 28 beds are implemented and these new assets will reduce the number and waiting times on the Critical Needs Waiting List.

*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?*

## RECIPIENTS OF FUNDS

This request will provide necessary residential supports and essential services to 28 consumers on the Critical Needs List (CNL). Funds will be allocated based on individuals needs utilizing existing methodologies. The agency will contract with local Disabilities and Special Needs Boards and private providers to provide services for the individuals.

*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

DDSN currently has 76 consumers on its Critical Needs List (CNL) with a 158 days average time pending of the list. This \$2,771,412 (\$807,312 state funds) request will provide necessary residential supports and services to 28 individuals with specialized needs:

- Two CTH IIs serving eight Traumatic Brain Injury (TBI) consumers with trained staff to meet their complex needs. There are nine TBI consumers on the CNL and 37 TBI consumers scattered across the delivery system: any relocations from current residentially served TBI consumers will be backfilled with high management needs consumers from the CNL.
- Two CTH IIs serving eight autistic young adults with specialized staff. The DDSN delivery system lacks adequate capabilities to serve challenging autistic youth as an increasing number of families are unable to meet needs and short-term Psychiatric Residential Treatment Facilities (PRTFs) have been unsuccessful.
- Two CTH IIs serving eight high management consumers with needs surpassing many providers' capabilities.
- One CTH II dedicated to serve four high management dually diagnosed consumers in a new initiative with the Department of Mental Health.

*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>	7
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	HASCI Waiver Slots
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$430,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$1,046,141</b></p> <p><b>Total: \$1,476,141</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*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 checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input checked="" type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

<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>	<p><b>Goal 4:</b> Efficiently &amp; Effectively Operate the Services Delivery</p> <p><b>Strategy 4.2:</b> Agencywide Outcome Measures</p> <p><b>Measure 4.2.4:</b> Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver</p> <p>Funding will prevent the need for a HASCI waiting list and increases time from application to services by at least one year.</p>
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*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>	The agency will contract with local Disabilities & Special Needs Boards and private providers to provide services for the individuals.
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**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**

On 7/1/2020, DDSN had 50 funded HASCI waiver slots available for FY21, which will not be sufficient to meet the projected increased need of eligible individuals. Given the likelihood DDSN will not receive an increase in legislative appropriations in FY21, DDSN will have to start a HASCI waiver waiting list or reprogram funding from Community Services Waiver available funded slots. At the beginning of FY22, DDSN expects to have exhausted prior HASCI waiver slot appropriations with no funding available to meet the FY22 expected increase in individuals eligible for HASCI waiver services.

*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>10</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Greenwood Genetic Center Base Budget Increase</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$750,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$750,000</b></p>
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*What is the net change in requested appropriations for FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*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 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>ACCOUNTABILITY OF FUNDS</b>	<p><b>Goal 1:</b> Prevent Disabilities and Ameliorate Impact of Disabilities</p> <p><b>Strategy 1.1:</b> Reduce Birth Defects</p> <p><b>Measure 1.1.1:</b> Annual Rate of NTD Births per 10K Live Births</p> <p><b>Measure 1.1.2:</b> Annual Number of Children with Metabolic Disorders Receiving Curative Treatment</p> <p>This increase will support Greenwood Genetic Center the ability to provide metabolic disorders curative treatment, genetic services, and testing to uninsured and under-insured patients in SC.</p>
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*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>	The Greenwood Genetic Center (GGC) would receive these funds.
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**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**

The Greenwood Genetic Center (GGC) and DDSN underwent contract restructuring for FY 21. Contracts were restructured to bring GGC funding in line with the Special Item funding earmarked for their program operations, \$4,934,000. DDSN has been supplementing the GGC funding with its own state appropriations above this amount and can no longer afford to do so.

The contract process moved from cost-based to a fee-for-service reimbursement. GGC is expecting to recover some of this deficit through increased billable activities. This request will assist GGC in providing metabolic disorders curative treatment, genetic services, and testing for uninsured and under-insured patients in SC.

*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>	9
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	South Carolina Genomic Medicine Initiative at Greenwood Genetic Cneter
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$2,000,000
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*What is the net change in requested appropriations for FY 2021-2022? 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 families.</p>
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*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.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION  
OF REQUEST**

The Greenwood Genetics Center (GGC) is embarking 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 FY22, which would be the third \$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.

*\*This request will be the third year of a projected five year plan, contingent upon anticipated funding of the second year included in DDSN's FY 21 Budget request.*

*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		
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## **FORM C – CAPITAL REQUEST**

<b>AGENCY PRIORITY</b>	8
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Electrical Grid - DDSN Coastal Regional Center
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,500,000
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*How much is requested for this project in FY 2021-2022? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>CPIP PRIORITY</b>	<p>In DDSN's 2020 CPIP submission (June 2020), the Coastal electrical grid is listed in CPIP Plan Year 2022-2023. Without secured dedicated funding, the Agency is unable to list this project earlier in the CPIP Plans.</p> <p>Due to health and safety concern for the Coastal Regional consumers, if capital request is not funded and the electrical grid reaches catastrophic failure, the agency would face redirecting program service dollars from consumers to this project.</p>
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*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

<b>OTHER APPROVALS</b>	Upon securing dedicated funds, the agency will request DDSN Commission Board approval to proceed to the JBRC for CPIP approval.
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*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	Upon approval and completion of the Electrical Grid Coastal Center Project no additional future funding is expected. When all is complete, all primary facilities will meet Dominion Energy South Carolina standards. DESC will take ownership of maintenance and repair for a reasonable recurring annual fee.
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*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

	The Electrical Grid at Coastal Regional Center capital request is to replace the existing 54 year old campus high voltage power grid to meet Dominion Energy South Carolina, Inc. (DESC) standards. Once completed, DESC will take ownership of maintenance and repair for a reasonable recurring annual fee. DDSN owns the Coastal Center campus electrical grid, but does not staff with required expertise to maintain this system. The overhead facilities and underground cable are beyond its useful life expectancy. Several partial failures on underground cable have occurred, as well as downed overhead lines due to storms in recent years. As a result, all repairs must be contracted out to area electrical contractors. This project will replace existing high voltage electrical distribution grid at Coastal Regional campus to avert catastrophic failure, including rebuilding the overhead lines, replacing the underground primary, and replacing transformers currently feeding the facility. When all is complete, all primary facilities will meet DESC standards. This capital issue has escalated in priority due to the increasing risk of a catastrophic failure during a wide
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spread power outage due to complete reliance on contractors rather than Dominion Electric for repair services. DDSN hired a consultant, who advised this electrical grid is long overdue to be replaced.

## **SUMMARY**

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

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
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<b>AMOUNT</b>	\$8,158,178
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*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
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>PROGRAM / ACTIVITY IMPACT</b>	<ol style="list-style-type: none"> <li>1. Central Office administrative reduction through staffing attrition and freezing of slots.</li> <li>2. Analyze consultant contracts and reduce where possible without detrimentally impacting services to persons we serve.</li> <li>3. Transition state-owned provider operated facilities to providers along with maintenance responsibilities.</li> <li>4. Reduce slot allocations for at-home supports through attrition for IDR Waiver, CS Waiver, HASCI Waiver, and State Funded Community Supports.</li> <li>5. Reduce state funded high-management residential placements.</li> <li>6. Reduction of state funded family support/respite funding allocation to providers.</li> <li>7. Reduces funding in all community program services and regional centers.</li> <li>8. Reduce funding for Post-Acute Rehabilitation program reducing capacity to serve.</li> <li>9. Revise outlier funding strategy to consider band and threshold variance funding.</li> <li>10. Reduce or eliminate Early Intervention services to children reaching 5 years of age due to Department of Education involvement with this age group.</li> </ol>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<ul style="list-style-type: none"> <li>• \$ 629,733 - Administration - frozen FTE slots (8 FTEs)</li> <li>• \$ 250,000 - Reduction in Consultant Contracts</li> <li>• \$ 150,000 - State Owned Facilities Transitioned to Providers</li> <li>• \$1,650,000 - Provider Network State Funds Reduction (1%)</li> <li>• \$ 755,150 - State Funded Community Supports Slots (50)</li> <li>• \$ 688,295 - Reduce State Funded High-Management Residential Placements (4)</li> <li>• \$ 407,000 - At Home Waiver Slots - State funds (100)</li> <li>• \$ 250,000 - Non-Emergency Respite (100%)</li> <li>• \$1,070,000 - Regional Center Cost Reduction Plan (1%)</li> <li>• \$ 108,000 - Reduction in funding and services - Post-Acute Rehab (3%)</li> <li>• \$1,100,000 - Outlier funding methodology change (threshold less band funding revision)</li> <li>• \$1,100,000 - Eliminate State Funded Early Intervention services at age 5</li> </ul> <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. Items were grouped based on the impact and consequences of each action to be taken.</p> <ol style="list-style-type: none"> <li>1. Items that would not displace services from citizens or reduce funding to service providers was considered. Two of the items identified involve freezing services to citizens that would be otherwise be served through attrition.</li> <li>2. Items that would reduce funding for existing services were considered.</li> <li>3. Items that reduce or eliminate existing services or availability of services were considered.</li> </ol> <p>We were unable to identify a single action that could be taken that would meet the reduction requirement without it resulting in significant service delivery impact. Items from the three groups listed above would be necessary to achieve the reduction amount. 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 and thus limited options available.</p>
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*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 fiscal year and others are under review at this time. There is a tremendous amount of energy being channeled into efforts to maximize Medicaid funding. As services move from state funded to Medicaid eligible funded, the Agency picks up a 70% increase in revenue. All 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. There has been a freeze on merit based pay increases. Pay increases are now 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		
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## **FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

<b>TITLE</b>	Reduction in Grants and Contracts for Consulting, Non-Direct Service, and State Funded Direct Services
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	\$3,901,233
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*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>	Actual contracts and grants reduced or eliminated. Conversion of state funded residential placements to Medicaid funded placements. Converting 100% state dollars funded slots to 30% state dollars funded slots
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*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
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*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
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*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

<b>SUMMARY</b>	<p>SCDDSN, under new leadership, reviewed legacy contracts and grants for state funded direct services to determine the need and viability of continuing the contracts. Based upon the review completed and considering the needs of persons served/impacted by the arrangements, it was determined that maintenance of several of the arrangements was not justified. These contracts were restructured and state funding used for these arrangements can be used to leverage Federal funds through Medicaid.</p> <p>Residential placements were reviewed for those that were being fully funded by the State. Working with HHS and the families being served, we were able to obtain Medicaid eligibility for these persons reducing utilization of State dollars by 70%.</p> <p>Citizens were not impacted by the reduction/elimination of these arrangements.</p>
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*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*