

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



**Fiscal Year 2020-21
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2020-21, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
NON-RECURRING REQUESTS (FORM B2)	For FY 2020-21, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
CAPITAL REQUESTS (FORM C)	For FY 2020-21, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
	<input type="checkbox"/>	Not requesting any changes.
PROVISOS (FORM D)	For FY 2020-21, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	W. Chris Clark	803-898-4084	Chris.Clark@ddsn.sc.gov
SECONDARY CONTACT:	Pat Maley	803-898-9769	PMaley@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2020-21 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:	Mary P. Poole	Gary C. Lemel

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

Fiscal Year 2020-21 Budget Request Executive Summary

Agency Code: J160
 Agency Name: Department Of Disabilities & Special Needs
 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		7,100,000		10,000,000					0.00
2	B1 - Recurring	Respite Service Rate Increase	2,090,000		5,083,733		7,173,733					0.00
3	B1 - Recurring	Early Intervention Services for Three to Six Year Old Children	755,000		1,018,035		1,773,035					0.00
4	B1 - Recurring	Increase and Improve Access to Residential Supports	807,312		1,964,100		2,771,412					0.00
5	B1 - Recurring	HASCI Waiver Slots	430,000		1,046,141		1,476,141					0.00
6	B1 - Recurring	State Plan Rate Increase for Three Services Impacting DDSN Waiver Costs	5,135,000		12,525,000		17,660,000					0.00
7	B1 - Recurring	Increase Access to Post-Acute Rehabilitation	500,000		0		500,000					0.00
8	B1 - Recurring	Appropriation Transfer from DHHS	762,665		0		762,665					0.00
9	B2 - Non-Recurring	Transfer of 65 Legacy State Owned Facilities to Providers	487,500		0		487,500					0.00
10	B2 - Non-Recurring	South Carolina Genomic Medicine Initiative	2,000,000		0		2,000,000					0.00
11	C - Capital	Electrical Grid - Coastal Regional Center Campus	1,500,000		0		1,500,000					0.00
12							0					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			17,367,477	0	28,737,009	0	46,104,486	0.00	0.00	0.00	0.00	0.00

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Residential Service Rate Increase
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$2,900,000 Federal: Other: \$7,100,000 Total: \$10,000,000
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

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

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ACCOUNTABILITY OF FUNDS	<p>Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence.</p> <p>Strategy 2.1: Maximize use of supports and services to enable individuals to live at home with family or in their own home.</p> <p>Measure 2.1.3: Engage SCDHHS on adjustments to residential rates based on the Mercer Report to address the service delivery system’s deficit residential revenues.</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 FY 2019-20 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	<p>DDSN’s statewide network of local Disabilities & Special Needs Boards and qualified service providers would receive these funds.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>DDSN cost data and the DRAFT Mercer Report assumptions both support a substantial residential community rate increase 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.</p> <p>DDSN will be working diligently with SCDHHS throughout the Fall to establish a multi-year funding strategy prior to the January 2020 legislature session. Given DDSN’s 9/20/2019 Executive Budget Office (EBO) submission deadline, the \$10 million rate increase (\$2.9 million state funds) is a conservative down payment towards this priority need. SCDHHS and DDSN will notify the EBO and legislators of this ongoing analysis to develop a final long-term residential rate funding strategy later this Fall, which may result in additional residential rate increases funded from existing excess Medicaid costs or supplemental legislative appropriations.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Respite Service Rate Increase
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$2,090,000 Federal: Other: \$5,083,733 Total: \$7,173,733
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

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

AGENCY NAME:	SC Department of Disabilities and Special Needs		
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ACCOUNTABILITY OF FUNDS	<p>Goal 2: Provide Services in Community Integrated and Least Restrictive Setting and Promote Individual Independence.</p> <p>Strategy 2.1: Maximize use of supports and services to enable individuals to live at home with family or in their own home.</p> <p>Measure 2.1.2: Re-engineer Respite Program to increase access efficiency, capacity for services, and consumer choice.</p> <p>Evaluation will be measured by an increase the consumption of their approved needs based budgets above the current 65% level. Additionally, the time from respite service request and receiving services will be substantially reduce due to more providers and expanded consumer choice.</p>
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What specific strategy, as outlined in the FY 2019-20 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	<p>The recipients of these funds will be DDSN's statewide network of local Disabilities and Special Needs Boards and qualified service providers.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Respite is a highly valued and sought after service, but DDSN's Respite Program has inefficiencies and access problems. In FY19, consumers were authorized \$29.9 million in needs-based respite, yet consumers only used \$19.4 million in services (65%). 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 additional 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.</p> <p>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.</p> <p>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.</p> <p>DDSN requests \$4,787,877 (\$1,395,000 state funds) to increase the respite rate to</p>
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increase access efficiency, capacity for services, and consumer choice and \$1,773,035 (\$755,000 state funds) to address pattern of 12% annual increase in respite utilization. Total respite request is \$7,173,733 (state funds \$2,090,000).

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.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Early Intervention Services for Three to Six-Year-Old Children
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$755,000 Federal: Other: \$1,018,035 Total: \$1,773,035
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

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

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ACCOUNTABILITY OF FUNDS	<p>Goal 1: Prevent Disabilities and Ameliorate Impact of Disabilities. Strategy 1.2: Reduce the severity of disabilities. Measure 1.2.1: Provide services as soon as child is eligible at age 3 to eliminate any time gap between BabyNet services and DDSN’s Early Intervention for at-risk children.</p> <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 obtain Medicaid eligibility to improve Federal reimbursement match.</p>
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What specific strategy, as outlined in the FY 2019-20 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	<p>The recipients of these funds will be DDSN’s statewide network of local DSN Boards and qualified service providers.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>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 three Fiscal Years’ increases in consumers and utilization from its base funding, which were 13% (FY17), 18% (FY18), and 30% (FY19). DDSN anticipates a conservative 13% increase in FY21 utilization due to serving an increase in consumers. DDSN requests \$1,773,035 (\$755,000 state funds) to meet the FY21 increased EI utilization. Absent an increase in funding, DDSN anticipates EI Program changes to reduce services to keep funding at the FY20 level.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Increase and Improve Access to Residential Supports <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$807,312 Federal: Other: \$1,964,100 Total: \$2,771,412 <i>What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	None <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience
	<input type="checkbox"/> Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/> Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/> Non-mandated program change in service levels or areas
	<input type="checkbox"/> Proposed establishment of a new program or initiative
	<input type="checkbox"/> Loss of federal or other external financial support for existing program
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
<input type="checkbox"/> Related to a Non-Recurring request – If so, Priority # _____	

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

AGENCY NAME:	SC Department of Disabilities and Special Needs		
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ACCOUNTABILITY OF FUNDS	<p>Goal 3: Protect Health and Safety of Individuals Served Strategy 3.1: Ensure the needs of eligible individuals in crisis situations are met. Measure 3.1.1: Average Length of Wait for Individuals Removed from Critical Needs List.</p> <p>Evaluation will be to ensure 28 beds are implemented and these new assets will reduce the number and waiting times on the Critical Needs Waiting List.</p>
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What specific strategy, as outlined in the FY 2019-20 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	<p>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 qualified service providers to provide services for the individuals.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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JUSTIFICATION OF REQUEST

DDSN currently has 76 consumers on its Critical Needs List (CNL) with a 130 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 36 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.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	HASCI Waiver Slots
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$430,000 Federal: Other: \$1,046,141 Total: \$1,476,141
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

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

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ACCOUNTABILITY OF FUNDS	<p>Goal 4: Efficiently & Effectively Operate the Service Delivery System. Strategy 4.2: Improve efficiency and effectiveness through targeting outcome measures. Measure 4.2.5: Reduce the average wait time for individuals enrolled in the HASCI Waiver.</p> <p>Funding will prevent the need for a HASCI waiting list and increase time from application to services by at least one year.</p>
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What specific strategy, as outlined in the FY 2019-20 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	<p>The agency will contract with local disabilities and special needs boards and qualified service providers to provide services for the individuals.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>On 7/1/2019, DDSN had 97 budgeted HASCI waiver slots available, which were funded from prior FY legislative appropriations. DDSN anticipates issuing 70 new HASCI waiver slots in FY20, as well as using the residual 27 funded HASCI waiver slots prior to mid-FY21. As a result, DDSN needs 43 new HASCI waiver slots to meet FY21 anticipated consumer needs at a cost of \$1,476,141 (\$430,000 state funds).</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6
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Provide the Agency Priority Ranking from the Executive Summary.

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

AMOUNT	General: \$5,135,000 Federal: Other: \$12,525,000 Total: \$17,660,000
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

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

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ACCOUNTABILITY OF FUNDS	<p>Goal 4: Efficiently & Effectively Operate the Service Delivery System. Strategy 4.1: Proactively Initiate System and Process Improvements. Measure 4.1.3: Implement plan for fee-for-service.</p> <p>Based on SCDHHS’s consultant (Milliman) rate review, SCDHHS 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 FY 2019-20 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	<p>DDSN’s statewide network of local Disabilities & Special Needs Boards and qualified service providers would receive these funds allocated through service rate increases.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>Based on SCDHHS’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:</p> <ul style="list-style-type: none"> • 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 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). <p>The total estimated costs of these three state plan proposed rate increases on DDSN’s waiver costs is \$17,660,000 (\$5,135,000 state funds).</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	7
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Provide the Agency Priority Ranking from the Executive Summary.

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

AMOUNT	General: \$500,000 Federal: Other: Total: \$500,000
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

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

ACCOUNTABILITY OF FUNDS	Goal 1: Prevent Disabilities and Ameliorate Impact of Disabilities Strategy 1.2: Reduce the severity of disabilities Measure 1.2.2: Number of individuals receiving post-acute rehabilitation services Evaluation will be to measure expected increase number of citizens using this service, as well as tracking their individual outcomes from rehabilitation medical records.
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What specific strategy, as outlined in the FY 2019-20 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	Specialized medical rehabilitation service providers qualified by DDSN will be the recipients
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The most recent data (2017) indicates South Carolina experiences 2235 traumatic spinal cord and brain injuries annually. The state has graciously state funded time-sensitive post-acute specialized rehabilitation for the uninsured and under-insured citizens, which totaled 83 consumers in FY19. Under/uninsured consumers' needs have been incrementally increasing each fiscal year. In FY 17, the legislature increased funding by \$500,000 from \$2.6 million to \$3.1 million, which DDSN fully used for services. In FY18, DDSN received no increased appropriations and the increased need was financed by providers holding invoices until a subsequent year and DDSN moved funds from other programs. In FY19, the legislature increased funding by \$500,000 again, which exactly met the FY needs. In the current FY20, DDSN received no additional appropriations. As a result, DDSN requests \$500,000 in FY21 to meet its estimated increased needs. DDSN program needs are increasing at approximately \$500,000 every other fiscal year. As an example, FY20's first two months served 25 consumers, which is up from 15 consumers for the same two month period in FY19.</p> <p>For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows these results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.</p> <p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers. There are no matching funds.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	8
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Appropriation Transfer from DHHS for First Filled Slots
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$762,665 Federal: Other: Total: \$762,665
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

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

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ACCOUNTABILITY OF FUNDS	<p>Goal 4: Efficiently & Effectively Operate the Service Delivery System. Strategy 4.1: Proactively initiate system and process improvements. Measure 4.1.7: Develop administrative contract with SCDHHS to cover all reasonable DDSN related waiver costs.</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). DDSN also plans to revalidate the current methodology during FY20.</p>
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What specific strategy, as outlined in the FY 2019-20 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	<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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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>SCDHHS's contract with DDSN to manage the CSW, IDR, and HASCI waivers requires DDSN to pay the state match for all consumers' medical state plan costs. The \$762,665 is SCDHHS's estimate in recurring funds needed for DDSN to pay the state match for new waiver consumers' medical state plan costs.</p> <p>This recurring appropriations transfer occurs annually.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	9
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Transfer of 65 Legacy State Owned Facilities to Providers
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Provide a brief, descriptive title for this request.

AMOUNT	\$487,500
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

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

ACCOUNTABILITY OF FUNDS	Goal 4: Efficiently and Effectively Operate the Service Delivery System. Strategy 4.1: Proactively Initiate System and Process Improvements Measure 4.1.3: Develop implementation plan for fee-for-service model.
	This will be evaluated on the efficiency and effectiveness of negotiations with providers to absorb ownership of 65 DDSN properties, which includes all maintenance responsibilities.

What specific strategy, as outlined in the FY 2019-20 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?

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RECIPIENTS OF FUNDS	The recipient of these funds will be DDSN's statewide network of local Disabilities and Special Needs Boards.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>The FY18 House and Senate oversite reports' overall theme was to move away from its parochial tendency to manage providers as if extensions of DDSN. DDSN should move towards treating all providers as contractors from whom services are purchased, with emphasis on treating providers equally to promote competition for clients and better managed providers.</p> <p>To implement this major change, DSDN is moving to a simple, transparent fee-for-service payment model, which includes extricating itself from real estate partnerships with providers. DDSN has discontinued new real estate partnerships with providers. DDSN plans to coordinate with the State Fiscal Accountability Authority (SFAA) to turn over ownership of its 65 properties currently operated by providers primarily as residences with a few day programs administrative offices. The buildings' equity will remain in the delivery system to benefit consumers, but providers will need to maintain these properties. Given these buildings are some of the oldest in the system, DDSN proposes to grant \$7500 with each property to providers to facilitate this negotiated transfer of ownership and maintenance responsibility. The \$7500 is premised on paying the estimated annual DDSN maintenance expense on these properties for three years (\$2500/year) for a total of \$487,500.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

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FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	10
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	South Carolina Genomic Medicine Initiative at Greenwood Genetic Center
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,000,000
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What is the net change in requested appropriations for FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

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

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:
	<input 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	

ACCOUNTABILITY OF FUNDS	Goal 1: Prevent Disabilities and Ameliorate Impact of Disabilities. Strategy 1.1: Reduce Birth Defects. Measurement 1.2: Reduce the severity of disabilities.
	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.

What specific strategy, as outlined in the FY 2019-20 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

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these funds be evaluated?

RECIPIENTS OF FUNDS	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	<p>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.</p> <p>The request of \$2,000,000 of new state funds for FY21, which would be the second \$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.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

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FORM C – CAPITAL REQUEST

AGENCY PRIORITY	11
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Electrical Grid – DDSN’s Coastal Regional Center
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,500,000
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How much is requested for this project in FY 2020-21? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	<p>In DDSN’s 2019 CPIP submission (June 2019), the Coastal electrical grid was the 1st priority for CPIP Plan Year 2020-2021.</p> <p>Due to health and safety concerns 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.

OTHER APPROVALS	<p>Upon securing dedicated funds, the agency will request DDSN Commission Board approval to proceed to the JBRC for CPIP approval.</p>
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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.)

LONG-TERM PLANNING AND SUSTAINABILITY	<p>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.</p>
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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

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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?

SUMMARY

The Electrical Grid at Coastal Regional Center capital request is to replace the existing 53 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 Center 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 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.

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.

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$8,158,178 <i>What is the General Fund 3% reduction amount (minimum based on the FY 2019-20 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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ASSOCIATED FTE REDUCTIONS	None <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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PROGRAM/ACTIVITY IMPACT	<ol style="list-style-type: none"> 1. Central Office administrative reduction through staffing attrition and freezing of slots. 2. Reduce slot allocations for at-home supports through attrition for IDR Waiver, CS Waiver, HASCI Waiver, and State Funded Community Supports. 3. Reduction of state funded family support/respite funding allocation to providers. 4. Reduces funding in all community program services and regional centers. 5. Tie Greenwood Genetic Center to state appropriated amount and additional funding generated by Medicaid billing level for underlying services. 6. Reduce funding for Post-Acute Rehabilitation program reducing capacity to serve. 7. Revise outlier funding strategy to consider band and threshold variance funding. 8. Reduce or eliminate Early Intervention services to children reaching 5 years of age due to Department of Education involvement with this age group.
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What programs or activities are supported by the General Funds identified?

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SUMMARY	Administration – frozen FTE slots (8 FTEs) \$ 629,733 Provider Network State Funds Reduction (.5%) \$ 1,348,295 State Funded Community Supports slots (50) \$ 755,150 At Home Waiver slots – state funds (100) \$ 407,000 Non-emergency respite (100%) \$ 250,000 Regional Center Cost Reduction Plan (.5%) \$ 360,000 Greenwood Genetics Center (ICFMR contract) \$ 2,100,000 Reduction in funding and services – Post-Acute Rehab (3%) \$ 108,000 Outlier funding methodology change (threshold less band funding revision) \$ 1,100,000 Eliminate State Funded Early Intervention services at age 5 \$ 1,100,000
	<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"> 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. 2) Items that would reduce funding for existing services were considered. 3) Items that reduce or eliminate existing services or availability of services were considered. <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>

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	<p>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.</p>
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What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

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FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	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.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	\$1,841,341
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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.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <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
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METHOD OF CALCULATION	Actual contracts and grants reduced or eliminated.
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	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?

REDUCTION OF REGULATION	None
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

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SUMMARY

SCDDSN, under new leadership, reviewed legacy contracts and grants for consulting, non-direct service, and 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 discontinued and state funding used for these arrangements can be used to leverage Federal funds through Medicaid. Citizens were not impacted by the reduction/elimination of these arrangements.

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