

<b>AGENCY NAME:</b>	Department of Disabilities and Special Needs		
<b>AGENCY CODE:</b>	J160	<b>SECTION:</b>	36



## Fiscal Year 2017-18 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): 9925,9928,9941,9944,9947,9950,9953,9956,9959,11234,11231
	For FY 2017-18, my agency is (mark "X"):
	<input checked="" type="checkbox"/> Requesting a net increase in recurring General Fund appropriations. <input type="checkbox"/> Not requesting a net increase in recurring General Fund Appropriations.

<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C):
	For FY 2017-18, my agency is (mark "X"):
	<input type="checkbox"/> Requesting capital and/or non-recurring funds. <input checked="" type="checkbox"/> Not requesting capital and/or non-recurring funds.

<b>PROVISOS (FORM D)</b>	For FY 2017-18, 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>
<b>PRIMARY CONTACT:</b>	Tom Waring	898-9792	twaring@ddsn.sc.gov
<b>SECONDARY CONTACT:</b>	Lisa Weeks	898-9795	lweeks@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	 September 30, 2016	
<b>TYPE/PRINT NAME:</b>	Beverly A. H. Buscemi, Ph.D.	William O. Danielson

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

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9959</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Ensure Compliance with Federal Regulations</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$6,700,000 State \$8,645,000 Other Funds</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq. CMS Final Rule 79FR 2947 This decision package is prompted by a change in federal requirements.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	This funding will allow approximately 20,000 DDSN consumers of all ages, across all populations, to receive Conflict Free Case Management Services in compliance with federal requirements. This funding will also allow approximately 625 adults with an intellectual or related disability, autism, traumatic brain injury or spinal cord injury to receive employment and job coach services. This funding will also meet CMS’ required change to DDSN’s administrative oversight of four HCBS Waivers. DDSN will contract
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with its statewide network of disabilities and special needs boards and qualified private providers to provide these services. Funds will be allocated utilizing existing methodologies. No new FTEs are required.

*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?*

**ACCOUNTABILITY OF FUNDS**

2.2.1 Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID  
2.3.1 The % of individuals receiving day services in integrated employment settings will be at or above the national average (19%)  
3.2.1 Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher

Funding this request will enable the agency to provide more employment, individualized da service options and to comply with new federal Medicaid requirements.

*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

**POTENTIAL OFFSETS**

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.

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

**MATCHING FUNDS**

Yes. \$8,645,000 in other funds will be earned.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

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<b>FUNDING ALTERNATIVES</b>	<p>No other resources are available within the agency to meet this need. Resources have already been redirected to serve individuals and families.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>DDSN strongly emphasizes the value of work for persons with disabilities. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment. New federal requirements defined by CMS effective March 2014 necessitate an increased emphasis on more individualized employment options and choices in integrated community settings.</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) Home and Community Based Services (HCBS) new Final Rule requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement. The CMS HCBS Final Rule focuses on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the CMS HCBS new Final Rule.</p> <p>New state funds are necessary to increase the state’s participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

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<b>METHOD OF CALCULATION</b>	<p>For 625 adults waiting for supported employment services, the Department is requesting an average allocation of \$8,160 per individual served. This computes to a total of \$5,100,000 in new state funds for employment/day services provided consistent with the new CMS Final Rule current supported employment model. The request of \$1,100,000 in new state funds will enable the statewide system of disabilities services to transition to a conflict free service model as now required by CMS. The request of \$500,000 will enable the department to meet increased requirements by Medicaid of DDSN Waiver program oversight.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Recurring funds are required to meet this need.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If funds are not identified to meet this need, the agency would have to delay provision of federally required Conflict Free Case Management. Without new funds effective and efficient services to employ individuals with disabilities that also allow family caregivers to work and assist them in caring for their family member at home would also be delayed. Without new state funds, existing funds would have to be redirected from services and supports currently being received by individuals and families as the state must come into compliance with the new CMS Final Rule and increased requirements by Medicaid of DDSN Waiver program oversight.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to come into compliance with the Final Rule and new Medicaid requirements. This includes both provision of Conflict Free Case Management and serving individuals in less restrictive, more community inclusive settings. In addition, this supports families in their ability to care for their family members with a disability at home.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

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<b>PROGRAM EVALUATION</b>	<p>Compliance with new CMS requirements will be met. Case management will be provided conflict free. DDSN's services will enable a higher percentage of individuals with disabilities to be competitively employed than the national average. The percentage of individuals served at home will be higher than the national average.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9950</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Strengthen Provider Support, Oversight and System Changes</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,650,000 State \$450,000 Other Funds</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq.  Americans with Disabilities Act of 1990 42 U.S.C. §12101  ICF/IID 42 CFR 440.150  CMS Final Rule 79FR 2947  This decision package is not prompted by a change in statute.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

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

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*formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.2.1 Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher</p> <p>4.1.1 The % of total individuals served who are receiving services in home will be at or above the national average (56%)</p> <p>Funding this request will enable the agency and provider network to improve the service array that supports individuals to remain at home with family and increase provider compliance.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>Yes. \$450,000 in Other funds will be earned by the agency.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other resources are available within the agency to fund this request. The Department has already redirected resources to serve individuals and families and maximized federal participation. One-time funds would not meet this ongoing need, thus permanent, recurring funds are requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

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<b>SUMMARY</b>	<p>This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization will offer individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction. This request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be provided directly by DDSN staff, national subject matter experts would be brought in and provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training. The third component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The calculation of \$1,200,000 is based on the projected number of 5,800-6,000 individuals to go through DDSN eligibility determination in FY 2017-2018 and the cost of training, quality assurance and administering the program. The department is requesting \$200,000 for training that will earn \$200,000 in Medicaid funding for a total impact of \$400,000. The agency requests \$250,000 of new state funds that will earn \$250,000 in Medicaid funding for a total impact of \$500,000 to strengthen provider oversight, improve provider performance and focus on quality outcome measures separate from contract compliance.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>No required maintenance-of-effort or other obligations should be incurred by adopting this decision packet.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

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<b>PRIORITIZATION</b>	<p>New funds are necessary to meet these needs. Without new funds the agency would have to delay its ability to offer increased training opportunities and strengthen oversight. New funds are necessary to pay an intake service rate sufficient to cover the cost of providing this service.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to decentralize the intake process, increase training and strengthen provider oversight and focus on quality outcome measures separate from contract compliance.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>The agency will evaluate the efficiency with which individuals are determined eligible for services. Efficient intake processes will result in individuals accessing services more quickly. The agency will also assess consumer satisfaction with the new intake process. Quality assurance measures, federal compliance and state licensure requirements will evaluate provider performance.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

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## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>9925</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Safety and Quality of Care</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$11,500,000 State \$28,160,000 Other Funds</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq.</p> <p>This decision package is not prompted by a change in statute but is partially prompted by new regulation 81 FR 32391 from the federal Department of Labor regarding the overtime exemption.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	<p>DDSN’s statewide network of local Disabilities and Special Needs Boards, private providers and Regional Centers would receive these funds to cover the cost of care, provide for a wage increase for direct care support staff and immediate supervisors, provide for the retention of employees delivering nursing and supervision care to consumers, and meet the new DOL overtime regulation requirements. The funds will be allocated using existing methodologies and contracts. No new FTEs are required.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>2.2.1 Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID</p> <p>2.2.2 South Carolina will serve fewer individuals with ID in NFs than the national average (8.9 per 100K)</p> <p>2.2.3 South Carolina will serve fewer individuals per 100K population in 16 + bed institutions than the national average (25.0 per 100K)</p> <p>2.3.1 The % of individuals receiving day services in integrated employment settings will be at or above the national average (19%)</p> <p>3.1.1 Average length of wait for individuals placed on Critical Needs List will be less than 60 days</p> <p>3.2.1 Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher</p> <p>3.2.2 Average Annual ICF/IID certification surveys will produce no more than 13 standard and condition level citations</p> <p>3.3.1 Annual rate of critical incidents per 100 persons served will be less than 30</p> <p>3.3.2 Annual rate of falls leading to injury per 100 persons served will be less than 3.0</p> <p>Funding this request ensures required staffing ratios can be met, retention of quality employees and nurses, continued service provision and compliance with existing and new federal regulations.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>Yes. \$28,160,000 in other funds will be earned by the agency.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

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<b>FUNDING ALTERNATIVES</b>	<p>No other resources are available within the agency to fund this request. The Department has already redirected resources to serve individuals and families and maximized federal participation. One-time funds would not meet this ongoing need, thus permanent, recurring funds are requested.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>This request has three components – increase the hiring wage for direct care staff and immediate supervisors, retain essential 24/7 nursing and direct care staff to maintain quality and comply with new regulations imposed by the federal Department of Labor.</p> <p>In order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers workforce issues must be addressed. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. In the last year large private companies, like Walmart and McDonalds, have raised their hiring pay rate to remain competitive. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.</p> <p>Direct care wages are no longer competitive. An increased hiring wage of \$12.00 to \$13.00 per hour is needed to be highly competitive. This request supports moving toward that goal by increasing the hiring wages to \$11.00 per hour, an 8.8 percent increase from \$10.11 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases.</p> <p>The federal Department of Labor has imposed a new regulation scheduled to become effective during FY 2017. This proposal dramatically changes the overtime exception raising it from employees earning \$25,000 or less to employees earning \$50,000 or less. All DDSN regional centers and community providers will be required to change which staff are exempt and which staff must be paid overtime. This new requirement will result in a significant increase in workforce costs New recurring funds are necessary to cover the increased personnel cost.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

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<b>METHOD OF CALCULATION</b>	<p>The calculation of \$9 million would bring the minimum salary to \$11.00 per hour. This represents an 8.8 percent raise from \$10.11 per hour. The calculation of the \$1,000,000 in new state funds is based on an approximately 3-4 percent compression increase for all direct care staff and nurses that have been employed for at least five years or more. A calculation of \$1,500,000 in new state funds is the projected amount required to comply with new DOL overtime regulations. These increases would be applied to all community services as well as Regional Center operations.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Recurring funds are required to meet this need. The provision of funds for this request will ensure that the number of consumers served in the community and in the regional centers, and the quality of those services, are maintained. Funding this request will ensure compliance with current and new federal regulations. The most important consequence of not funding this request is to risk that community providers and regional centers will have to reduce the number of people served and reduce the quality of the services below acceptable Medicaid standards.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If new funds are not identified to meet this need the agency would have to redirect service funding to cover costs instead of serving new individuals waiting for services.</p> <p>Eventually these costs must be covered or services have to be reduced or eliminated. Compliance with the DOL is required. Reducing quality to reduce expenditures is not an option due to the nature of the services and the fact that Medicaid will not continue to reimburse these expenses if the safety and quality of the service is not maintained.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to increase the ability to recruit and retain quality staff and comply with new DOL requirements. The services most impacted by addressing these workforce issues are the residential and day support programs due to the level of service that must be provided. These services by definition provide direct care and supervision nursing. The individuals attending the day programs and residing in residential care need these essential supports. The families receiving day supports need the services so that they can go to work and to keep their son or daughter with a disability at home. For those individuals in residential care, it has already been determined that living at home is no longer an option. These services must be</p>
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

	<p>maintained , staffing ratios must be met and new DOL regulations must be operationalized statewide.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<p><b>PROGRAM EVALUATION</b></p>	<p>Quality assurance measures, federal compliance and state licensure requirements evaluate the quality of care and health and safety of individuals served.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>11231</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Statewide Employee Benefit Allocation</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$6,898,797</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq. §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000)</p> <p>This decision package is prompted by the FY 2016-2017 Appropriations Act.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	<p>Agencies receive funds necessary to pay for the increased employee pay plan and the higher employer share of employee increased healthcare and dental costs and retirement cost in accordance with the FY 2016-2017 Appropriations Act.</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?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>ACCOUNTABILITY OF FUNDS</b>	N/A
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	N/A
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	No matching funds are allocated within this decision package.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other resources are necessary as this was funded in the FY 2015-2016 Appropriations Act.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>SUMMARY</b>	<p>This decision package is to distribute \$6,898,797 state funds for statewide employee pay plan and benefit allocations for the increased employer contributions toward employee healthcare and dental retirement rate increase costs contained in the FY 2016-2017 budget.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>Amount of statewide employee pay plan and benefit allocation is based on the \$6,898,797 state funds contained in the FY 2016-2017 Appropriations Act.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Recurring benefits require recurring funds.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PRIORITIZATION</b>	<p>Not applicable as resources have already been appropriated to the agency in the FY 2016-2017 Appropriations Act.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to distribute the statewide employee pay and benefits allocation contained in the FY 2016-2017 Appropriations Act.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Compliance with the increases contained in the final budget for FY 2016-2017.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>9941</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Crisis Intervention and Stabilization for Individuals</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$3,800,000 State \$4,250,000 Other Funds</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq., §44-21-10 (Supp. 2015) et. seq. and §44-38-10 (Supp. 2002)</p> <p>This decision package is not prompted by a change in statute.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	<p>DDSN eligible individuals would receive time-limited intensive supports to preserve and maintain their living situation. Three to four individuals with a traumatic brain injury would receive specialized time-limited neuro-behavioral treatment. Some services will be provided by DDSN directly and some will be provided by contract with local disabilities and special needs boards and private service providers.</p>
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*What individuals or entities would receive these funds (contractors, vendors, grantees,*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

*individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.1.1 Average length of wait for individuals placed on Critical Needs List will be less than 60 days</p> <p>4.1.1 The % of total individuals served who are receiving services in home will be at or above the national average (56%)</p> <p>Funding this request will enable the agency to respond to consumer crisis situations in a timely manner and prevent or delay the need for permanent out-of-home residential placement.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>Yes. \$4,250,000 in other funds will be earned by the agency.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other resources are available within the agency to meet this need. The Department has already redirected resources to serve individuals and families.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>SUMMARY</b>	<p>This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings. Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. This request also includes increased access to psychiatric support for individuals receiving community services and support.</p> <p>A second component of this request is for funding to develop 50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual cost of providing a very high level of supports required for individuals with aggressive and extremely challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others so the number of providers willing to serve them is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The request of \$750,000 new state funds is necessary to establish a team of specialists to provide a multi-disciplinary intervention for stabilization. The request of \$400,000 new state funds is to develop four time-limited residential placements designated for individuals in crisis who require highly trained or specialized staffing and care. State funds requested to provide three to four individuals with traumatic brain injury requiring specialized, neuro-behavioral treatment at an average cost of \$167,000 equals \$500,000. A calculation of \$150,000 is needed to provide short-term specialized psychiatric support to individuals in crisis.</p> <p>To develop 50 new high management/forensic residential beds and corresponding day supports for consumers with extensive, intensive challenging behaviors, the Department needs on average \$125,000 annually to provide for individual care on a 24/7 schedule. For 50 beds at an average cost of \$125,000 per bed, the total impact is \$6,250,000. The Department is seeking \$2,000,000 in new state funds to meet this increasing need.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

*implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Recurring funds are required to meet this need. Without recurring resources the agency will be unable to respond to individuals in need of crisis stabilization. This in turn would create additional demand for more expensive residential service settings. Each year the agency receives an increased number of orders from the court to provide services to individuals with challenging behaviors who need residential placements. Recurring funds are required to comply with the court orders.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If new funds are not identified to meet this need, response to individuals escalating to crisis status will be delayed. Without additional funds the agency would have to delay provision of effective and efficient services to assist families in caring for their family member with a disability at home. This results in unnecessary and unwanted stays at hospital emergency departments.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The primary objective is to prevent a crisis situation, intervene to support an individual escalating to crisis and stabilize individuals in crisis in order that they can remain in the care of family at home. These interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement. Another intended impact is to meet the specialized needs of individuals with a traumatic brain injury requiring neural-behavioral treatment. A third, equally important impact is to comply with court orders and appropriately serve individuals who require high management residential services.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PROGRAM EVALUATION</b>	<p>The first of five regionalized crisis intervention response teams will be established. Increased capacity will be developed within the DDSN system of care to address the needs of individuals in crisis. Unnecessary admissions to hospital emergency departments and Regional Centers will be reduced. Access to specialized psychiatric treatment will be increased. Residential capacity will be increased to respond to individuals in crisis and court ordered placements in a more timely manner.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>9956</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Increase Access to Post-acute Rehabilitation that is specialized for Traumatic Brain or Spinal Cord Injuries</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$500,000 State</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq., §44-21-10 (Supp. 2015) et. seq. and §44-38-10 (Supp. 2002)</p> <p>This decision package is not prompted by a change in statute.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

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

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.2.3 Individuals with TBI/SCI will have increased access to Post-acute Rehabilitation Services.</p> <p>Additional recurring funding would increase access to this service by 8 to 10 individuals annually.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>No</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other resources are available within the agency to fund this request. The Department has already redirected resources to help serve individuals and families.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

**SUMMARY**

DDSN has a recurring appropriation of \$3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 would serve an additional 8 to 10 individuals and help bridge the gap between the \$3.1 million and the \$11.5 million that is needed to fully fund the program. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation. It is estimated that the \$500,000 funding will provide specialized post-acute rehabilitation for 8 to 10 individuals with a traumatic brain injury or spinal cord injury annually.

Currently there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain injury or spinal cord injury. While some people receive some rehabilitation or therapy benefits through private health insurance, Medicare, and other sources such as Worker's Compensation, adequacy of the coverage varies. Some private insurance carriers fund only acute care or a limited amount of generic rehabilitation, rather than specialized rehabilitation. The South Carolina Medicaid program presently does not adequately fund inpatient/outpatient rehabilitation specialized for traumatic brain injury or spinal cord injury. This was identified as a need in a report DHHS submitted to the federal government several years ago. The state also has a large number of uninsured persons who cannot access rehabilitation. Many of these people become disabled as a result of their injury, and later qualify for Medicaid. As a result, subsequent costs to the Medicaid program are higher than if these people had received specialized rehabilitation.

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

*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>METHOD OF CALCULATION</b>	<p>The average cost to serve an individual in the post-acute program is approximately \$50,000 per enrollment. The Department is requesting to serve 8 to 10 more individuals in need of this post-acute rehabilitation service during the year. A total of \$500,000 is needed to serve these additional individuals.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>None.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If new funds are not identified to meet this need, increasing the capacity to serve additional individuals who experienced a traumatic brain injury or spinal cord injury will be deferred.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to provide specialized rehabilitative supports to 8 to 10 individuals who survived a traumatic brain injury or spinal cord injury. This service will result in greater functional skills, improved ability to live independently and avoiding the need for more expensive ongoing services.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PROGRAM EVALUATION</b>	<p>Federally funded model programs across the country have demonstrated that intensive and specialized interdisciplinary rehabilitation programs have the most positive outcomes for people with traumatic brain injuries and spinal cord injuries. People who are treated in these highly structured settings achieve better physical and psychosocial functioning than people who do not receive specialized rehabilitation. They have better health, more independence, higher rates of return to work, and greater satisfaction with their quality of life.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>9944</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

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

<b>AMOUNT</b>	<b>\$1,200,000 State \$2,935,000 Other Funds</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq. Americans with Disabilities Act of 1990 42 U.S.C. §12101 Olmstead vs. V.L.C. 527 U.S.> 581 (1999) ICF/IID 42 CFR 440.150 CMS Final Rule 79FR 2947 This decision package is not prompted by a change in statute.
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	This funding will allow 28 individuals with the most complex medical and behaviorally challenging needs to move to community residential settings. DDSN will contract with local disabilities and special needs boards and private service providers to enable this transition. Funds will be allocated using an existing methodology. No new FTEs are required.
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

<b>ACCOUNTABILITY OF FUNDS</b>	<p>2.2.1 Maintaining a ratio of at least 7.5 to 1 of persons served in HCBS Waivers compared to ICFs/IID.</p> <p>2.2.2 South Carolina will serve fewer individuals with ID in nursing facilities than the national average.</p> <p>2.2.3 South Carolina will serve fewer individuals per 100K population in 16+ bed institutions than the national average.</p> <p>4.2.1 The percent of individuals served at the regional centers with severe or profound disabilities will be at or above the national average.</p>
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*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<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. This funding will allow more individuals to be served in small home-like community-based settings, avoid less appropriate placement in generic nursing homes and ensure quality care for those with the most complex needs at the regional centers. Funding this request will enable the agency to transitional from regional center services to less restrictive community settings consistent with best practice and federal and state requirements.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>Yes. \$2,935,000 in other funds will be earned.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>DDSN has aggressively shifted resources over the past years in order to meet the priorities of the agency without additional funding. During the 22 year period 1994-2016, DDSN shifted approximately \$73 million in services and funding from large state-operated facilities to locally operated disabilities boards and other providers as community alternatives were developed.</p> <p>DDSN previously managed this movement to the community settings within its own resources. With increasing cost of care for those individuals leaving the regional centers, the Department no longer has the funding capacity to maintain the quality of care at the regional centers as well as to insure the quality of care for those individuals moving into the community. No other resources are available to meet this need.</p>
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The new Final Rule issued by CMS requires states to provide services in less restrictive, more inclusive, community settings.</p> <p>This request represents the state’s need to boost the continued transition of individuals with very complex needs from institutional (ICF/ID) settings to less restrictive community settings while maintaining quality care. These funds will be used to purchase and develop community residential settings, day services and provide necessary supports. It will allow 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>To meet the quality of care and the intense staffing/supervision needs of the individuals with complex medical or behavior needs moving into the community, a projected per diem of \$320 is needed which is an annual cost of approximately \$116,800 per consumer. For the 28 consumers that are projected to move from state operated facilities to the community a total of \$3,300,000 is needed. An additional approximately \$800,000 will be required to respond to the changing needs of those individuals requiring the most extensive amounts of care and supervision. Timely response to varying needs to manage very difficult behavior or medical requirements is important to the health and safety of individuals who are at risk of hurting themselves or others. This equals \$4,135,000 in total funds which computes to approximately \$1,200,000 in new state funds to provide for this choice of care and service in community settings.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Recurring funds are required to meet this need. This funding will provide community residential and day services and the associated capital and startup costs of these services for 28 individuals with very complex and challenging needs. Additional state funds will be required in future years to allow additional individuals to transition from regional centers to the community to ensure their health and safety and maintain the quality of care for those individuals still residing at the centers.</p>
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>This funding will allow 28 individuals with the most complex, medical and behaviorally challenging needs to be placed in community settings. Without this additional funding the quality of care for those individuals residing in the regional centers and for those moving into the community will be jeopardized and the health and safety of these individuals will be compromised. If not funded, the agency would need to redirect existing service funds to meet this need. Currently, service funds made available due to natural attrition are directed to serve new individuals waiting for services.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to respond to individual choice, the U.S. Supreme Court Olmstead decision, the Americans with Disabilities Act and the CMS new Final Rule, to assure individuals' health and safety in community settings and to assure health and safety of individuals residing in regional centers.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>DDSN will track the number of individuals moving to community settings. Outcomes include 1) meeting the federal mandate to allow individuals desiring to live in the community to move out of the regional centers, 2) allowing this movement without jeopardizing individuals' health and safety and 3) maintaining quality of care and federal Medicaid/DHEC licensure requirements at the regional centers.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>9953</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Assure statewide access to genetic services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$500,000 State Funds \$1,100,000 Other Funds</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq. §44-21-10 (Supp. 2014) et. seq. and §44-38-10 (Supp. 2002)</p> <p>This decision package is not prompted by a change in statute.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.	

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

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>1.1.1 Annual Neural Tube Defect (NTD). Birth rates in South Carolina will remain at or below the national average.</p> <p>1.1.2 Provide Curative Treatment to 100 children with Metabolic Disorders.</p> <p>Additional recurring funding would prevent the occurrence of NTDs and increase timely access to curative treatments.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers.</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	<p>Yes. \$1,100,000 in other funds will be earned by the agency.</p>
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	<p>No other resources are available within the agency to fund this request.</p>
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>SUMMARY</b>	<p>This request will assure that all babies identified through newborn screening to have a genetic metabolic disease will receive prompt curative treatment. Both the number of infants referred for treatment and the number of infants underserved has increased which has resulted in the need for increased resources to meet the needs of these babies. This request will support both diagnosis and monitoring of patients. This request will also increase access to services to patients with disabilities and genetic disorders in remote areas of South Carolina through tele-genetics implemented in partnership with MUSC and the Palmetto Telehealth Alliance.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>New funds to maintain and expand counseling and curative services and patient monitoring. Funding requested is based on the average cost of \$6,000 per child to provide curative treatment to babies born with complex developmental and medical conditions who need these specialized services.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Recurring funds are required to continue service levels and to ensure timely access to genetic services and curative treatment. Without additional funding babies will not receive prompt treatment which will result in severe disability conditions that will require far more extensive and expensive state services.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PRIORITIZATION</b>	<p>If new funds are not identified to meet this need the agency would have to delay effective and efficient services and treatment. These specialized services and treatments prevent costly disabilities and enable families to care for their children.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The primary objective of this request is to maintain and expand specialized genetic services and treatment to prevent or cure disabling conditions many infants are detected to have through newborn screening. These services prevent severe disabling conditions, improve health outcomes for babies and children and avoid unnecessary more expensive services throughout their lifetimes.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Existing specialized genetic service levels will be maintained or expanded. The number of infants and children requiring more extensive and expensive services will be reduced if prompt curative treatment is received.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>9928</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

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

<b>AMOUNT</b>	<b>\$6,400,000 State \$15,665,000 Other Funds</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq., §44-21-10 (Supp. 2015) et. seq. and §44-380-10 (Supp. 2002)</p> <p>This decision package is not prompted by a change in statute.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

<b>RECIPIENTS OF FUNDS</b>	<p>This request will provide new in-home supports and services to approximately 950 children and adults with intellectual or related disabilities, autism, traumatic brain injury or spinal cord injury currently waiting for services. This request will also provide necessary residential and day supported services for 100 individuals who currently live at home with caregivers aged 72 and over. Funds will be allocated based on individual needs utilizing existing methodologies. The agency will contract with local disabilities</p>
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

and special needs boards and private service providers to deliver services. No new FTEs are required.

*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?*

**ACCOUNTABILITY OF FUNDS**

2.2.1 Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID

4.1.1 The % of total individuals served who are receiving services in home will be at or above the national average (56%)

4.4.1 The # of individuals on DDSN managed HCB waiver waiting lists will decline by 5%

4.4.2 Average time of wait for individuals enrolled in DDSN managed HCB waivers will be less than 5 years

4.4.3 The % growth in residential service capacity to eliminate the residential waiting list will be less than the national average (21.9%)

Funding this request will enable the agency to move individuals off waiting list and into services, reduce wait time and increase residential service capacity.

*What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?*

**POTENTIAL OFFSETS**

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.

*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

**MATCHING FUNDS**

Yes. \$15,665,000 in other funds will be earned by the agency.

*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>FUNDING ALTERNATIVES</b>	No other resources are available within the agency to meet this need. The Department has already redirected resources to serve individuals and families.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>SUMMARY</b>	<p>This request has two components. The first will provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 6,400 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This request is to reduce the demand for services and to provide needed services to families who are caring for individuals with intellectual disabilities in their homes.</p> <p>This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Usually, individual and family support services such as personal care aides, employment, or respite services cost less than one-half the least expensive out-of-home placement option. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.</p> <p>The second component of this request will provide necessary residential supports and services for 100 individuals who are living at home with caregivers aged 72 or over. Providing services now prevents waiting until the family is in crisis resulting in situations that place their health and safety in jeopardy. Residential services become necessary as care can no longer be safely provided at home. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals.</p> <p>In South Carolina there are over 1,200 individuals with severe disabilities being cared for by parents age 72 and over. Over 500 of these caregivers are 80 years old or older themselves and their sons or daughters with a disability are in their 50's and 60's. As the parent's age increases, of course, the likelihood of their becoming disabled or dying increases significantly. Additionally, individuals with severe disabilities are being cared for by siblings, grandparents, or people other than their parents. When these fragile family arrangements fall apart, DDSN must respond immediately to the health and</p>
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
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	<p>safety risk of the individual with the disability who cannot care for him/herself.</p> <p>This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request would be an expansion of DDSN's current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The funding for in-home services will be allocated among the Department's three disability divisions of intellectual disabilities, autism, and head and spinal cord injuries. The Department will maximize the state funds appropriated by using the Medicaid waivers operated by the Department when possible. Of the new 950 slots 900 slots will be allocated to the intellectual disability and related disabilities populations which calculates to \$3,800,000 in new state funds based on an average annual state cost of approximately \$4,200 per slot. Fifty (50) slots will be allocated to individuals with traumatic brain injury or spinal cord injury which calculates to approximately \$500,000 in new state funds based on an average cost of approximately \$10,000 per person.</p> <p>To develop 100 new residential beds and corresponding day supports for consumers meeting the criteria, the Department needs on average \$72,400 annually to provide for individual care based on a 24/7 schedule. For 100 new beds at an average cost of \$72,400 per bed, the total impact is \$7,240,000. The Department is seeking \$2,100,000 in new state funds to meet this demand.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>This funding will provide essential in-home supports and services to approximately 950 individuals currently waiting for these services.</p> <p>Recurring funds are also required to meet residential service needs. One-time capital and startup needs will be funded with these dollars as residential and day services are developed. Once these one-time costs are covered, the recurring cost of services will be met.</p>
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

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

*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

**PRIORITIZATION**

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

Residential services must be provided to care for individuals meeting critical criteria. No other service options are available to meet their health and safety needs. All other options have been exhausted.

*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

**INTENDED IMPACT**

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

The primary objective of residential services is to respond to the needs of individuals whose circumstances have jeopardized their safety and wellbeing.

*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PROGRAM EVALUATION</b>	<p>In-home supports and services will provide the needed relief or assistance to individual consumers and families who provide the majority of care to their family member with a disability which will prevent consumers from needing out-of-home placements. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.</p> <p>DDSN will track the number of individuals moving from their family’s home to a community residential setting. Outcomes include honoring family choice and assurance of health, safety and wellbeing of consumers.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>11234</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Realignment of FY 2016-2017 base within existing programs</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>No change in appropriations for FY 2017-2018</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq. §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000)</p> <p>This decision package is prompted by the FY 2016-2017 Appropriations Act.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	<p>During FY 2016-2017 these funds are being used to provide new services to individuals on waiting lists with in-home supports and services necessary to keep them at home with family.</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?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>ACCOUNTABILITY OF FUNDS</b>	Not applicable as this is not a funding request.
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	Not applicable as this is not a funding request.
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	No.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	No other resources are necessary as these funds are included in the FY 2016-2017 Appropriations Act.
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>SUMMARY</b>	<p>This decision package is to realign base funds in the amount of \$2,432,455 state funds appropriated to the agency in the FY 2016-2017 Appropriations Act within the agency's Administration, Service and Fringe Programs. New state funding was appropriated to move individuals off waiting lists for DDSN services. A portion of these state funds, \$500,000, was loaded in PBF within the Pervasive Developmental Disorder (PDD) service area instead of within the In-Home Family Supports service area. During FY 2015-2016, the agency strengthened its Data/IT Security and Audit oversight and began implementation of an Electronic Health Records System. The result is that \$432,455 needs to be transferred to the Administration Program. Also during FY 2015-2016, DHHS transferred \$1,500,000 to DDSN for Head and Spinal Cord Injury (HASCI) services. These funds were loaded in PBF within the In-Home Family Supports service area instead of the HASCI service area. This decision package properly realigns the base funds already appropriated to the agency in the most transparent manner. No funding related to the base appropriation for any services is being reduced.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>The amount of funds the Department is requesting to be realigned is based on the state funds contained in the FY 2016-2017 Appropriations Act.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The state will not incur any additional obligations. Adoption of this decision package ensures appropriated funds are allocated to the proper Program and Subprogram areas within the agency's budget.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PRIORITIZATION</b>	<p>Not applicable as resources have already been appropriated to the agency in the FY 2016-2017 Appropriations Act.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The intended impact is to ensure proper allocation of funds within the agency's budget.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	<p>Funds are being utilized for the purposes intended.</p>
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

## FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>9947</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

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

<b>AMOUNT</b>	<b>\$1,500,000 State \$3,670,000 Other</b>
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*What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	<p>S.C. Code Ann. §44-20-10 (Supp. 2015) et. seq. ICF/IDD 42 CFR 440.150</p> <p>This decision package is not prompted by a change in statute.</p>
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*What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<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, Decision Package # _____
	<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.	

<b>RECIPIENTS OF FUNDS</b>	The recipients of these funds will be DDSN’ qualified providers of Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IIS) services in the community.
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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?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>ACCOUNTABILITY OF FUNDS</b>	<p>3.2.1 Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher</p> <p>3.2.2 Average Annual ICF/IID certification surveys will produce no more than 13 standard and condition level citations</p> <p>Funding this request will enable the agency to pay its qualified providers of ICF/IID services at a rate sufficient to ensure compliance and certification which promotes consumer health and safety.</p>
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*What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?*

<b>POTENTIAL OFFSETS</b>	<p>No other resources are available to offset this increase without reducing other essential service levels currently being received by eligible individuals or reducing established service rates paid to qualified providers</p>
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*For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).*

<b>MATCHING FUNDS</b>	
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.*

<b>FUNDING ALTERNATIVES</b>	
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*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>SUMMARY</b>	<p>These funds will be used to cover the increased cost of providing consumer care, recruit/retain essential 24/7 nursing and direct care staff to maintain quality and comply with new regulations proposed by the federal Department of Labor.</p> <p>Service funding rates must be sufficient to cover the cost of care over time or the local community providers will not be able to continue to provide the service. There are no automatic increases to cover the ever-increasing operating expenses new funds are required.</p> <p>This request will provide sufficient funding as a maintenance of effort to the providers ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, eventually the local entities will have to reduce the scope and quality of care below acceptable standards, eliminate the services for which there is insufficient funding, or stop providing services. Service costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services. All providers are now at the point that reimbursements must be maintained to cover operating costs which have risen significantly. Without this funding to maintain current effort, the providers will have to serve fewer people which will mean that some consumers currently receiving services will eventually have to lose those services.</p> <p>In order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers workforce issues must be addressed. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. In the last year large private companies, like Walmart and McDonalds, have raised their hiring pay rate to remain competitive. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services. Direct Care wages are no longer competitive.</p>
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*Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>METHOD OF CALCULATION</b>	<p>Over the past years the costs to provide quality of care has increased significantly. The cost to retain the quality of direct care staff is almost immeasurable. The calculation of \$1,500,000 in new state funds is based on the amount of cost reported on audited financial statements. The average cost to serve a consumer in an ICF/IID setting is now \$223 per day, higher that the average current rate of \$191 per day.</p>
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*How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>Recurring funds are required to meet this need. The provision of funds for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services, are maintained. Funding this request will ensure compliance with current federal regulations. The most important consequence of not funding this request is to risk that providers will have to reduce the number of people served or reduce the quality of the services below acceptable Medicaid standards.</p>
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*Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?*

<b>PRIORITIZATION</b>	<p>If new funds are not identified to meet this need the agency would have to redirect service funding to cover costs instead of serving new individuals waiting for services.</p> <p>Eventually these costs must be covered or services have to be reduced or eliminated. Compliance with Medicaid regulations is required. Reducing quality to reduce expenditures is not an option due to the nature of the services and the fact that Medicaid will not continue to reimburse these expenses if the safety and quality of the service is not maintained.</p>
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.*

<b>INTENDED IMPACT</b>	<p>The services most impacted by operating increases are the ICF/IID residential programs due to the level of service that must be provided. These services by definition provide nursing, supervision, medical specialists medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these essential supports. These services must be maintained and the cost to provide the service must be covered.</p>
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PROGRAM EVALUATION</b>	Quality assurance measures, federal compliance and state licensure requirements evaluate the quality of care and health and safety of individuals served.
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*How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

**FORM E – 3% GENERAL FUND REDUCTION**

<b>DECISION PACKAGE</b>	<b>10185</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Agency General Fund Reduction Analysis</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>-\$7,156,268</b>
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*What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package’s total in PBF.*

<b>METHOD OF CALCULATION</b>	ADMINISTRATION	-\$119,000 (3%)
	CAPITAL IMPROVEMENTS	-\$2 Million (80%)
	ATTRITION FROM STATE FUNDED COMMUNITY SUPPORTS	-\$350,000 (25 slots)
	ATTRITION FROM IN-HOME WAIVER SUPPORTS	-\$868,000 (175 slots)
	NON-EMERGENCY RESPITE	-\$500,000 (100% of expansion)
	PROVIDER NETWORK STATE FUND REDUCTION	-\$1.2 Million (1%)
	REGIONAL CENTERS	-\$240,000 (1%)
	DDSN COMMUNITY PROGRAM SERVICES	-\$40,000 (1%)
	GREENWOOD GENETIC CENTER	-\$43,000 (1%)
	INTERAGENCY & SPECIAL CONTRACTS	-\$16,000 (1%)
	STATE FUNDED CASE MGMT WAIVER ENROLLMENT	-\$700,000 (100%)
	PREVENTATIVE HEALTH PROGRAM	-\$150,000 (100%)
	CAREGIVER RELIEF	-\$386,000 (100%)
	POST-ACUTE REHABILITATION	-\$31,000 (1%)
	FAMILY SUPPORT/RESPITE	-\$300,000 (20%)
CHILD DEVELOPMENT CENTERS	-\$218,000 (100%)	

*Describe the method of calculation for determining the reduction in General Funds.*

<b>ASSOCIATED FTE REDUCTIONS</b>	None.
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*How many FTEs would be reduced in association with this General Fund reduction?*

<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

<b>PROGRAM/ACTIVITY IMPACT</b>	<ul style="list-style-type: none"> <li>• Capital Improvements will be deferred.</li> <li>• Attrition from in-home supports will reduce service capacity by 200 slots.</li> <li>• All expansion of Non-emergency respite will be eliminated.</li> <li>• Eliminates state funded case management, preventative health program, caregiver relief and child development centers.</li> <li>• Reduces post-acute rehabilitation and family support/respite services.</li> <li>• Reduces service rates/contracts to provider network, Greenwood Genetic Center and interagency and specialized business partners.</li> <li>• Reduces funding in DDSN regional centers, community program services and administration.</li> </ul>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<p>The agency reviewed all areas within its statewide system that could be reduced in part or in whole to meet the required 3 percent state funding reduction analysis. Items were grouped based on the impact and consequences of each reduction action. First, items that would not take away services individuals are receiving today or reduce funding to any service provider were considered. However, two items related to attrition and the non-emergency respite item would significantly restrict the availability of new services to individuals and families. Second, items that reduce funding to service providers were considered and third, items that reduce or eliminate existing services or availability of service to individuals and families were considered last.</p> <p>No one or two actions were sufficient to meet the reduction required. Items from each of the three groups was necessary to achieve the required funding reduction amount and follow Governor Haley’s instruction to minimize negative impact to services. DDSN must ensure its ability to respond to individuals whose health and safety are in jeopardy and maintain compliance with Medicaid, other federal and state requirements.</p>
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<b>AGENCY NAME:</b>	<b>Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>36</b>

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*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.*