

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



**Fiscal Year FY 2025-2026  
 Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> (FORM B1)	For FY 2025-2026, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
<b>NON-RECURRING REQUESTS</b> (FORM B2)	For FY 2025-2026, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<b>CAPITAL REQUESTS</b> (FORM C)	For FY 2025-2026, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
<b>PROVISOS</b> (FORM D)	For FY 2025-2026, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input checked="" type="checkbox"/>	Only requesting technical proviso changes (such as date references).

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>	Rob McBurney	(803) 898-9723	robert.mcburney@ddsn.sc.gov
<b>SECONDARY CONTACT:</b>	Bruce Busbee	(803) 898-9740	bruce.busbee@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2025-2026 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
<b>SIGN/DATE:</b>	<i>Constance Holloway</i> 9/26/24	<i>Eddie L. Miller</i> 9/30/24
<b>TYPE/PRINT NAME:</b>	Constance Holloway	Eddie L. Miller

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

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

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	State Funded Residential Services	9,275,380	0	0	0	9,275,380	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Employment Navigation Services	975,000	0	0	0	975,000	0.00	0.00	0.00	0.00	0.00
3	B2 - Non-Recurring	Funding to Stand Up Additional Residential Services	17,500,000	0	0	0	17,500,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	South Carolina Genomic Medicine Expansion at Greenwood Genetic Center	500,000	0	0	0	500,000	0.00	0.00	0.00	0.00	0.00
5	B2 - Non-Recurring	South Carolina Genomic Medicine Initiative	1,000,000	0	0	0	1,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			29,250,380	0	0	0	29,250,380	0.00	0.00	0.00	0.00	0.00

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

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

<b>AGENCY PRIORITY</b>	<b>1</b>
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*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>State Funded Residential Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$9,275,380</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$9,275,380</b>
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	<b>0.00</b>
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*Please provide the total number of new positions needed for this request.*

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

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Goal 4:</b> Improve outcomes for those with disabilities and maximize an individual's quality of life.</p> <p><b>Strategy 4.3:</b> Provide financial grant support to providers to allow for expansion of service provision.</p> <p><b>Measure 4.3.1:</b> Number of grant programs offered to providers to allow for expansion of service provision.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

## RECIPIENTS OF FUNDS

These funds will be utilized to support individuals for whom traditional Medicaid reimbursable supports are not appropriate or are **not available**.

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

## JUSTIFICATION OF REQUEST

This decision package is designed to support forty-eight (48) individuals for whom traditional Medicaid reimbursable supports **are not appropriate or are not available**. These individuals including youth, present to DDSN in need of out of home placement, and are awaiting discharge from a Psychiatric Residential Treatment Facility (PRTF), incarceration or hospitalization and have needs that, due to severity, cannot be supported in currently available placement options. These services ensure that individuals are safely and appropriately supported.

Services offered to DDSN eligible individuals will include services specifically required by the individual, which may include enhanced safety and security, sensory controlled environments, enhanced psychiatric services, and enhanced medical monitoring. When these enhanced services are delivered, accompanied by appropriate skill acquisition programs, individuals may be appropriately supported with traditional Medicaid reimbursable service options.

These beds have been procured by the agency and have been or will be created in FY2025. The agency is requesting \$9.2M in recurring funds to support the long-term viability of these beds, as DDSN will fund with non-recurring funds in FY2025.

### **Based on the following recommendation:**

#### **SC Palmetto Autism Study Committee: Legislative Recommendations**

*Based on the January 2024 SC Palmetto Autism Study Committee Report, legislative recommendations included investing state funding for the development of specialized, community-based residential habilitation settings; These settings will address complex behavioral needs of individuals with ASD or ASD/DD, providing interventions to adjust to a group care setting and to facilitate the ultimate goal of transitioning to a longer-term, community-based environment. While initially focusing on children and youth, this should ultimately include children, youth and adult populations.*

**Boston Consulting Group (BCG) Recommendations:***Based on the April 2024 SC Public Health Delivery and Organization Review conducted by BCG, "there are significant gaps with smaller residential settings, such as group homes (with a gap of ~3,700 beds vs. the U.S.) and IDD/ASD-specific host/foster beds (with a gap of ~870 placements vs. the U.S.)" (pg. 36-37). SC also spends 65% less in state funding per capita for individuals with developmental disabilities as compared to the average of other southern states (pg. 41).*

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

Agency Name:	Department Of Disabilities & Special Needs		
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## **FORM B1 – RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	<b>Employment Navigation Services</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$975,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$975,000</b>
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*Please provide the total number of new positions needed for this request.*

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

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Goal 4:</b> Improve outcomes for those with disabilities and maximize an individual's quality of life.</p> <p><b>Strategy 4.3:</b> Provide financial grant support to providers to allow for expansion of service provision.</p> <p><b>Measure 4.3.1:</b> Number of grant programs offered to providers to allow for expansion of service provision.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

**RECIPIENTS OF FUNDS**

These funds will be utilized by DDSN to contract with providers to deliver employment navigation services for DDSN eligible individuals.

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

**JUSTIFICATION OF REQUEST**

This decision package is designed to support seven hundred fifty (750) individuals to work in competitive jobs.

The October 2023 Legislative Audit Council's report entitled "A Limited Review of the S.C. Department of Disabilities and Special Needs: New and Continuing Issues at DDSN [Part 2 of 2]" indicates that the percentage of DDSN-eligible people who are employed is "low" and that the rate of employment for DDSN-eligible citizens is lower than "disability services counterparts" in other states that are similar to South Carolina. The agency in state government whose mission is to "prepare and assist eligible South Carolinians with disabilities to achieve and maintain competitive employment is the South Carolina Vocational Rehabilitation Department (SCVRD). In accordance with SC Code Ann. 44-26-200, DDSN is seeking to work together with SCVRD to find employment for DDSN-eligible people. To do so, DDSN believes a new service, Employment Navigation is needed.

In SFY23, 95.9% of DDSN-eligible people who were referred to SCVRD exited the SCVRD program without getting a job. A 2021 federal monitoring report entitled "Report on the Review of South Carolina Vocational Rehabilitation and Supported Employment Programs" conducted by the US Department of Education, Office of Special Education and Rehabilitation Services Administration noted, "a significant percentage of individuals exited the (SCVRD) program at various stages" and opined that this may be attributed to the lack of continuing engagement by SCVRD with job seekers, services that did not meet the job seekers needs or a delay in service provision.

Employment Navigation is intended to support DDSN-eligible people by ensuring those desiring to work are referred to SCVRD, documents that confirm the job seeker's disability are provided, engagement with SCVRD regarding supports for the job seeker is continual until an outcome is reached, and job seekers are supported to advocate for the timely and appropriate services.

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

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

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

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

<b>AMOUNT</b>	<b>General: \$500,000</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$500,000</b>
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

<b>NEW POSITIONS</b>	0.00
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*Please provide the total number of new positions needed for this request.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	HR/Personnel Related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # 5	

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This is a research and development investment to improve existing specialized genetic service levels. The number of infants and children requiring more extensive and expensive services will be reduced if prompt curative treatment is received. The use of genomic technologies will optimize primary prevention and treatment options for individuals with intellectual disabilities and their families. This request is to also, expand and sustain genomic testing and technologies to adults and medical conditions that are currently underfunded and often under-utilized.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that*

**RECIPIENTS OF FUNDS**

The Greenwood Genetic Center (GGC) would receive these funds.

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

**JUSTIFICATION OF REQUEST**

This is a research and development investment to improve existing specialized genetic service levels. The number of infants and children requiring more extensive and expensive services will be reduced if prompt curative treatment is received. The use of genomic technologies will optimize primary prevention and treatment options for individuals with intellectual disabilities and their families.

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



Agency Name:	Department Of Disabilities & Special Needs		
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## **FORM B2 – NON-RECURRING OPERATING REQUEST**

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

<b>TITLE</b>	Funding to Stand Up Additional Residential Services
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$17,500,000
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

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

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Goal 4:</b> Improve outcomes for those with disabilities and maximize an individual's quality of life.</p> <p><b>Strategy 4.3:</b> Provide financial grant support to providers to allow for expansion of service provision.</p> <p><b>Measure 4.3.1:</b> Number of grant programs offered to providers to allow for expansion of service provision.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	<p>These funds will be utilized by DDSN to support qualified providers to acquire and open settings in which DDSN eligible individuals will reside and receive needed 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*

**JUSTIFICATION  
OF REQUEST**

This decision package is designed to support DDSN eligible individuals in South Carolina who are currently in need of residential services. This non-recurring funding will allow DDSN to support qualified providers to acquire and open settings in which approximately one hundred (100) individuals will be served.

DDSN eligible individuals are assessed to need residential services when they are determined to be in situations that are life threatening or pose imminent risk of becoming life threatening. There are currently three hundred eleven (311) individuals in need of residential services.

**Request based on the following recommendation:**

**SC Palmetto Autism Study Committee: Legislative Recommendations**

*Based on the January 2024 SC Palmetto Autism Study Committee Report, legislative recommendations included investing state funding for the development of specialized, community-based residential habilitation settings; These settings will address complex behavioral needs of individuals with ASD or ASD/DD, providing interventions to adjust to a group care setting and to facilitate the ultimate goal of transitioning to a longer-term, community-based environment. While initially focusing on children and youth, this should ultimately include children, youth and adult populations.*

**Boston Consulting Group (BCG) Recommendations:**

*Based on the April 2024 SC Public Health Delivery and Organization Review conducted by BCG, "there are significant gaps with smaller residential settings, such as group homes (with a gap of ~3,700 beds vs. the U.S.) and IDD/ASD-specific host/foster beds (with a gap of ~870 placements vs. the U.S.)" (pg. 36-37). SC also spends 65% less in state funding per capita for individuals with developmental disabilities as compared to the average of other southern states (pg. 41).*

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

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

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

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

<b>AMOUNT</b>	\$1,000,000
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*What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.*

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

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

<b>ACCOUNTABILITY OF FUNDS</b>	<p>This is a research and development investment to improve and expand existing specialized genetic service levels. The number of infants and children requiring more extensive and expensive services will be reduced if prompt curative treatment is received. The use of genomic technologies will optimize primary prevention and treatment options for individuals with intellectual disabilities and their families.</p>
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*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

<b>RECIPIENTS OF FUNDS</b>	The Greenwood Genetic Center (GGC) would receive these funds.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)?*

**JUSTIFICATION  
OF REQUEST**

This decision package is designed to support the Greenwood Genetics Center (GGC) as they continue to increase access to services using telehealth, using both synchronous and asynchronous approaches. By implementing cutting-edge genomic diagnostic technologies partnered with advances in data analysis South Carolinians have access to leading genomic technologies here in S.C.

One of the most exciting developments from the genomic medicine initiative is the creation of the Genomic Discovery Program (GDP). The GDP is an intentional and collaborative approach to find diagnostic answers for the roughly 50% of the patients that still do not have a diagnosis after extensive testing. However, the GDP has the ultimate goal of understanding the biology of the genetic diagnosis to develop and implement specific treatments for patients. The GDP's initial framework has been developed, but now needs to be expanded to serve the needs of patients.

The GGC is pursuing support through the GGC Foundation, MUSC investment, The Duke Endowment and other foundation requests.

The GGC is requesting non-recurring funding of \$1 million from the state to accelerate the further development and expansion of the Genomic Discovery Program in S.C.

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

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
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<b>AMOUNT</b>	\$4,047,680
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*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

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

<b>PROGRAM / ACTIVITY IMPACT</b>	<div style="border: 1px solid black; padding: 10px;"> <ol style="list-style-type: none"> <li>1. Central Office administrative reduction through staffing attrition and freezing of approximately 33 positions (Salary &amp; Fringe).</li> <li>2. Identified several non-legislatively required contracts which could be reduced if necessary.</li> </ol> </div>
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*What programs or activities are supported by the General Funds identified?*

<b>SUMMARY</b>	<table border="1" style="width: 100%;"> <tr> <td>Administration – frozen FTE slots (33 FTEs Salary &amp; Fringe)</td> <td style="text-align: right;">\$ 3,527,680</td> </tr> <tr> <td>Reduction in Administrative Contracts</td> <td style="text-align: right;">\$ 520,000</td> </tr> </table> <p>The Agency leadership team reviewed and considered all areas within its statewide system that could be reduced in whole or in part to meet the required 3% funding reduction desired.</p> <ol style="list-style-type: none"> <li>1. Items that would displace services from citizens or reduce funding to service providers were not considered.</li> <li>2. Items that would reduce funding for existing services were not considered.</li> <li>3. Items that reduce or eliminate existing services or availability of services were not considered.</li> </ol> <p>The Agency must ensure its continued ability to respond to citizens whose health and safety are in jeopardy. Also, continued compliance with regulations is required.</p>	Administration – frozen FTE slots (33 FTEs Salary & Fringe)	\$ 3,527,680	Reduction in Administrative Contracts	\$ 520,000
Administration – frozen FTE slots (33 FTEs Salary & Fringe)	\$ 3,527,680				
Reduction in Administrative Contracts	\$ 520,000				

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST  
SAVINGS PLANS**

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

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

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

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

<b>TITLE</b>	DDSN Payment System Transition
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*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	Time savings for DDSN, providers and businesses.
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*What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

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

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

<b>REDUCTION OF FEES OR FINES</b>	None
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*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

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

	<p>In FY's 2018 &amp; 2019, The Senate and House legislative oversight performance reviews suggested DDSN move away from its tendency to manage providers as if extensions of DDSN and towards promoting provider competition to benefit from market forces.</p> <p>A key component was to transition the way services were funded from a prospective capitated "Band" payment system for DSN Boards to a retrospective fee-for-services (FFS) payment system. This complex transition was divided into phases occurring over multiple fiscal years:</p> <p>Phase 1 - In FY2020, Waiver Case Management Services transitioned to FFS.</p> <p>Phase 2 - In FY2021, beginning January 1,2021, Respite and Day Services transitioned to FFS.</p> <p>Phase 3 - In FY 2022, beginning April 1, 2022, remaining Home and Community Based Services converted to FFS (Residential Habilitation).</p> <p>Phase 4 - In FY 2025, Intermediate Care Facility - Community-Based for Individuals with Intellectual Disabilities (ICF-IID) are planned to be transitioned to FFS.</p>
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## SUMMARY

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

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