

AGENCY NAME:

SC Department of Social Services

AGENCY CODE:

L040

SECTION:

38



## Fiscal Year 2014-15 Agency Budget Plan

### FORM A – SUMMARY

**RECURRING FUNDS  
(FORM B  
DECISION PACKAGES)**

**My agency is submitting the following recurring decision packages (Form B):**  
1424, 1427, 1512, 1515

- 1) DSS has on average 149 hourly temporary employees. The Affordable Care Act requires employers to provide health care for part-time employees with hours over 30 hours per week. This “employer mandate” has been delayed until 2015. At this time, the B&C Board, Office of Human Resources has not released guidelines on how to handle this issue. DSS calculates that to provide health and dental insurance for hourly temporary employees, it would cost between \$856,000 and \$1.06 million dollars in Total Funds. **No Decision Package is being submitted at this time for temporary employee health care.**
- 2) DSS is in the process of analyzing expenditure reports from Group Home providers. As a result of this analysis, rates paid to Group Home providers may need to be adjusted. This analysis will be completed in time for Ways & Means deliberations and may require additional funds to be appropriated to DSS. **No Decision Package is being submitted at this time for this item.**

**For FY 2014-15, 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. |

**CAPITAL &  
NON-RECURRING  
FUNDS  
(FORM C  
DECISION PACKAGES)**

**My agency is submitting the following one-time decision packages (Form C):**

**For FY 2014-15, 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. |

**PROVISOS**

**For FY 2014-15, my agency is (mark “X”):**

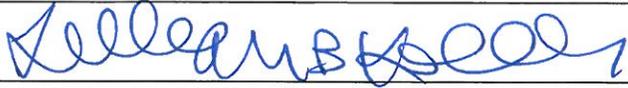
- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Requesting a new proviso and/or substantive changes to existing provisos. |
| <input type="checkbox"/>            | Only requesting technical proviso changes (such as date references).      |
| <input type="checkbox"/>            | Not requesting any proviso changes.                                       |

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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>	William Bray	898-7225	<a href="mailto:William.brayjr@dss.sc.gov">William.brayjr@dss.sc.gov</a>
<b>SECONDARY CONTACT:</b>	Thelma Graves	898-7457	<a href="mailto:Thelma.graves@dss.sc.gov">Thelma.graves@dss.sc.gov</a>

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR (SIGN/DATE):</b>	
<b>AGENCY DIRECTOR (TYPE/PRINT NAME):</b>	Lillian B. Koller

*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>1424</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Child Support Enforcement System</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$17,175,573 in Total Funds</b> (\$7.2 million in General Funds, \$9.9 million in Federal Funds)
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Child Support Enforcement is a federally mandated program funded, in part, by Title IV-D of the federal Social Security Act. It is inextricably linked by federal requirements to Child Welfare Services and the Temporary Assistance for Needy Families (TANF) program.
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*What 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?*

<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"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	The funds would be used to pay State staff, vendors, and contract staff and for other expenses associated with completion, operation, and maintenance of the systems. Services, software, and hardware would be procured in accordance with the Procurement Code and federal requirements. The State has asked for damages in the litigation described elsewhere in this document that would offset costs and penalties.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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<b>RELATED REQUEST(S)</b>	No
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	The \$7.2 million in recurring General Funds will be used as match to draw down an additional \$9.9 million in Federal Funds. The total \$17.1 million will be used for the purposes set out immediately below.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	The amount being requested is the amount of those remaining funds from prior years' appropriations and is the amount needed for the development of the system and provide ongoing support and maintenance of the Child Support Enforcement System and the Family Court Case Management System and pay for services of the State Disbursement Unit. DSS is currently in a contract controversy with our prior vendor. If the outcome of this contract controversy is an award of damages or in a monetary settlement, then those funds would be used to pay any penalties imposed by the Federal Administration for Children & Families, Office of Child Support Enforcement.
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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>DSS is requesting a recurring Total Fund increase of \$17,175,573, consisting of \$7.2 million in General Funds and \$9.9 million in Federal Fund authorization, for FY 2014-15 to develop and maintain the federally mandated Child Support Enforcement System (CSES) and the Family Court Case Management System (FCCMS) and to pay ongoing costs for the federally mandated State Disbursement Unit (SDU). The costs to maintain the CSES and (SDU) have remained the same since it was originally requested in FY 2009-10.</p> <p>The Department of Social Services is federally mandated to implement an automated child support enforcement system and State Disbursement Unit. Without an operational system, the State is subject to penalties from the federal Office of Child Support Enforcement. In August 2007, the State contracted with Hewlett Packard (HP) to develop and implement a statewide system. The original contract for the project was for 36 months. It was extended three times due to system development delays caused by the contractor. The State filed formal contract controversies against HP with the Information Technology Management Office twice. The latest was filed in October 2012 and was due to HP's inability to complete system testing pursuant to the contract. Although the State worked with HP over the course of many months, HP produced no feasible approach to put their work back on schedule. After dismal production in test execution continued, the State terminated the contract with HP on July 10, 2013.</p> <p>The contract controversies are scheduled for hearing before the Chief Procurement</p>
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Officer on October 21, 2013, and the hearing is scheduled to last at least 3 weeks. The outcome of this hearing may be appealed to the Procurement Review Panel. The State is seeking damages from HP in order to complete the system and pay federal penalties incurred due to the delay. With regard to penalties, the federal government will continue to assess penalties to the State until a system can be offered for certification.

The State team has moved forward to complete the CSES and FCCMS Systems in-house. The State is currently assessing the viability of the code produced by HP to determine the remediation effort needed to complete the project. The State is working with the federal Office of Child Support Enforcement (OCSE) to gain federal support and funding for the Project.

The State attempted to work with HP to accomplish an orderly transfer of certain project materials and other assets from HP to the State team with limited success. HP disputes the State's right to certain materials and has been slow to produce others, so this issue has become part of the litigation.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

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<b>METHOD OF CALCULATION</b>	<p>The amount being requested is the amount of those remaining funds from prior years' appropriations and the amount needed for the development of the system. The recurring funds requested are based on the amount required for the recurring maintenance and operation of the CSES and FCCMS systems, and continued operations of the State Disbursement Unit (SDU).</p>
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*How was the amount of the request calculated? 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 additional funds would be necessary beyond the \$7.2 million in recurring dollars requested.</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>The Child Support Enforcement System and State Disbursement Unit are Federal mandates. South Carolina is currently the only state in the nation that does not have these systems.</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 2014-15?*

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<b>INTENDED IMPACT</b>	<p>The implementation of the federally mandated CSES and SDU will meet federal requirements for such systems and will increase the effectiveness of child support collections and child support enforcement to the benefit of custodial parents and their children.</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 Federal mandate for a Child Support Enforcement System will be met and no additional penalties will be assessed for not having a system. The CSES and SDU will increase the effectiveness of child support collections and child support enforcement to the benefit of custodial parents and their children.</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>1427</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Family Foster Care Payments</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$3,496,260 in Total Funds</b> (\$1.6 million in General Funds, \$1.8 million in Federal Funds)
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	FY 2013-14 Appropriations Act, Proviso 38.15.
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*What 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?*

<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"/>	Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/>	Non-mandated program change in service levels or areas.
	<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"/>	Proposed establishment of a new program or initiative.

<b>RECIPIENTS OF FUNDS</b>	By proviso foster care parents would receive these funds on behalf of their foster children.
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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>SC Department of Social Services</b>		
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**RELATED REQUEST(S)** This request for funding is directly linked to the request to amend proviso 38.15, and the amendment to proviso 38.15 must be considered as a package.

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** Of the Total Fund request of \$3.4 million dollars, \$1,620,889 would be State General Funds, and \$1,875,371 would be Federal Funds. The source of Federal Funds would be Title IV-E, and Temporary Assistance for Needy Families (TANF).

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

**FUNDING ALTERNATIVES** DSS has reviewed available funding sources that could be used as match and determined that there are not sufficient matching funds available to fund the requested increase in foster care payments.

*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.*

**SUMMARY** DSS has recalculated the rates using the current USDA data for the Southeast Urban area for families making less than \$61,060, and the agency's rate setting methodology. As a result, DSS is requesting the monthly foster care payments be increased. These rates were last adjusted in FY 2006-07.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

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<b>METHOD OF CALCULATION</b>	<p>DSS utilized its rate setting methodology to develop the new foster care board rates. This methodology includes the USDA data from the Southeast Urban area for families making less than \$61,060 and adjustments for clothing, insurance, and child care. Housing figures for the different age groups are the same. Food costs are significantly different for each of the age groups.</p> <p>To determine the amount of General Funds required for this amendment, the average number of foster children for FY 2010-11 through FY 2012-13, by age group, was multiplied by the daily increase in the foster care board rate, and then annualized. The Title IV-E match rates were then applied to determine the amount of state funds needed to obtain the Total Fund annualized amount.</p>
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*How was the amount of the request calculated? 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 amount requested is sufficient to fund the average number of foster children for the last three years. These numbers are not anticipated to increase in the near future. Should the number of foster children rise above the current average or changes are made to foster care payment rates, a future budget request may be necessary.</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>	
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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 2014-15?*

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<b>INTENDED IMPACT</b>	Foster care payments will more accurately reflect the costs that foster parents are incurring to support foster children in South Carolina.
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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>	Foster parents will have the means to support the foster children in their care.
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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>1512</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Abstinence Until Marriage Teen Pregnancy Prevention Funding</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$546,972 in General Funds</b>
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	FY 2013-14 Appropriations Act Proviso 38.20
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*What 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?*

<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"/>	Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/>	Non-mandated program change in service levels or areas.
	<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"/>	Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	Teen pregnancy providers through a competitive procurement process.
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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>SC Department of Social Services</b>		
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**RELATED REQUEST(S)** This request is directly linked to the requested deletion and transfer of proviso 38.20 to DHEC and must be considered as a package.

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** This is a 100% State General Fund program. There are no match funds.

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

**FUNDING ALTERNATIVES** DSS is requesting the transfer of funding and authorizing proviso to DHEC.

*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.*

**SUMMARY** DSS is requesting the transfer of funding and authorizing proviso to DHEC. Teen pregnancy prevention is a public health related issue. DSS feels that this program could be more effectively administered by the State’s public health agency. DHEC has a Family Planning unit as part of its Division of Women’s Health. DHEC encourages communities to follow certain strategies to increase the chances that programs they select, or design, on their own will actually reduce sexual risk taking or pregnancy, and DHEC is already working with community partners to develop appropriate evaluation measures for the interventions that are being undertaken.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>METHOD OF CALCULATION</b>	<p>This request is for the transfer of existing State General Funds appropriated for the Abstinence Until Marriage Teen Pregnancy Prevention program.</p>
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*How was the amount of the request calculated? 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 future impact to DSS.</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 the request to transfer the funding and authorizing proviso is not adopted, DSS would continue to administer the program.</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 2014-15?*

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<b>INTENDED IMPACT</b>	<p>Abstinence Until Marriage Teen Pregnancy Prevention programs are administered by an agency with expertise in public health.</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>Abstinence Until Marriage Teen Pregnancy Prevention programs are administered by an agency with expertise in public health.</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>	1515
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Comprehensive Teen Pregnancy Prevention Program
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$546,972 in General Funds
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	FY 2013-14 Appropriations Act Proviso 38.25
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*What 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?*

<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"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	Teen pregnancy providers through a competitive procurement process.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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**RELATED REQUEST(S)** This request is directly linked to the requested deletion and transfer of proviso 38.25 to DHEC and must be considered as a package.

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** This is a 100% State General Fund program. There are no match funds.

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

**FUNDING ALTERNATIVES** DSS is requesting the transfer of funding and authorizing proviso to DHEC.

*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.*

**SUMMARY** DSS is requesting the transfer of funding and authorizing proviso to DHEC. Teen pregnancy prevention is a public health related issue. DSS feels that this program could be more effectively administered by the State’s public health agency. DHEC has a Family Planning unit as part of its Division of Women’s Health. DHEC encourages communities to follow certain strategies to increase the chances that programs they select, or design, on their own will actually reduce sexual risk taking or pregnancy, and DHEC is already working with community partners to develop appropriate evaluation measures for the interventions that are being undertaken.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

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<b>METHOD OF CALCULATION</b>	<p>This request is for the transfer of existing State General Funds appropriated for the Comprehensive Teen Pregnancy Prevention program.</p>
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*How was the amount of the request calculated? 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 future impact to DSS.</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 the request to transfer the funding and authorizing proviso is not adopted, DSS would continue to administer the program.</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 2014-15?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>INTENDED IMPACT</b>	<p>Comprehensive Teen Pregnancy Prevention programs are administered by an agency with expertise in public health.</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>Comprehensive Teen Pregnancy Prevention programs are administered by an agency with expertise in public health.</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>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>2149</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Transfer of State Agency Match to SCDHHS Base Budget from DSS</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>Decrease \$675,000 in General Funds</b>
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*What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	42 CFR 431.10 and 44-6-30 of the South Carolina Code of Laws.
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*What 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?*

<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"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<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"/> Proposed establishment of a new program or initiative.	

<b>RECIPIENTS OF FUNDS</b>	This request would transfer State match funds for Medicaid expenses for DSS clients. Currently these State match funds are transferred to SCDHHS to draw down Federal Medicaid funds to provide RBHS Services (XL), County LIPS, and PRTF County services to Medicaid eligible children in active foster care and family preservation cases, as well as adopted children up to age 21. Once these funds are transferred to SCDHHS, SCDHHS will be responsible for providing the federal and matching funds for these services to DSS clients.
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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>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**RELATED REQUEST(S)** Decision package 2066 from SCDHHS

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** This is the matching funds at a service rate of 70% Federal / 30% State.

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

**FUNDING ALTERNATIVES** These funds would remain at DSS and be transferred to SCDHHS as needed to cover Medicaid match requirements.

*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.*

**SUMMARY** This request would transfer State match funds for Medicaid expenses for DSS clients. Currently these State match funds are transferred to SCDHHS to draw down Federal Medicaid funds to provide RBHS Services (XL), County LIPS, and PRTF County services to Medicaid eligible children in active foster care and family preservation cases, as well as adopted children up to age 21. Once these funds are transferred to SCDHHS, SCDHHS will be responsible for providing the federal and matching funds for these services to DSS clients.

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>METHOD OF CALCULATION</b>	The amount is based on actual amounts expended to provide services to Medicaid eligible children less than 21 years of age.
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*How was the amount of the request calculated? 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>	The State will not incur any additional recurring expense obligations. This decision package will not have an impact on future requests as this is a transfer between agencies.
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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>	N/A
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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 2014-15?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>INTENDED IMPACT</b>	<p>This decision package is intended to reduce administrative burden on State Agencies and allow SCDHHS to be fully responsible for its obligations.</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>This decision package should allow the provision of Medicaid services to Medicaid eligible beneficiaries in a more efficient 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>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>38.1</b>
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*Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).*

<b>TITLE</b>	<b>DSS: Fee Retention</b>
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*Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II. Programs and Services F. Integrated Child Support Services</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	
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*Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Amend</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>This proviso requires DSS to send the General Fund the first \$800,000 of funds recouped from overpayments and refunds. All funds in excess of the \$800,000 shall be used by DSS for program and related activities.</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>EXPLANATION</b>	<p>This proviso was first adopted before FY 1979-80, at the time welfare benefits to clients were funded under the Aid to Families with Dependent Children (AFDC) program 60% Federal and 40% State. In 1996 the AFDC program was converted to the Temporary Assistance for Needy Families (TANF) program. Client benefits under this program were changed to 100% Federal, with the exception of a small part of the client population, approximately 10%, which are funded 100% State. This proviso has not been changed to reflect the change in the source of funds for client benefits.</p> <p>DSS is requesting to amend this proviso to allow DSS to draw down an additional \$1.6 million of federal funds through the 66% federal match available to the Child Support program. These funds will be used to fund Self-Sufficiency and Family Preservation and Support initiatives, and for the operations of the Child Support program, and to improve the security of Federal Tax Information (FTI) and Personally Identifiable Information (PII) data.</p> <p>Currently, the DSS collects approximately \$26 million per year by intercepting the taxes to be refunded to individuals who have a child support debt. The Internal Revenue Service controls the process of these intercepts and mandates the federal rules for handling FTI. Failure to follow the rules for storage, handling and transmission of this highly confidential FTI has both criminal and financial penalties. If the State of South Carolina is decertified to be able to intercept these funds, there would be major fiscal impacts.</p> <p>The criminal penalty for wrongfully disclosing or failing to properly secure FTI is 5 years in prison and a \$5,000 fine for each infraction. With several hundred DSS child support caseworkers having access to data and several thousand taxpayers' files being vulnerable, the potential for multiple breaches is significant. The resultant penalties would likewise be severe.</p> <p>The financial penalty on South Carolina and its citizens if DSS loses the ability to intercept child support debts from potential refunds is also significant. Of the \$26 million that DSS intercepts, approximately \$20 million is owed and paid directly to the children to whom this money is owed. These funds, if not intercepted, would go to the non-custodial parent who filed the tax return and experience indicates that the likelihood of this money subsequently being sent by the non-custodial parent to pay his/her child support is extremely remote. The State of South Carolina receives approximately \$6 million of the funds intercepted because this is recoupment of Temporary Assistance for Needy Families (TANF) funds already provided to our citizens which would be lost to the State if DSS was not able to intercept tax refunds.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>FISCAL IMPACT</b>	<p>Amending the proviso will decrease the General Fund revenue by \$800,000; however, by retaining those funds to be used as match, DSS can increase the total funds available by \$1.6 million. These funds will be used to fund Self-Sufficiency and Family Preservation and Support initiatives, and for the operations of the Child Support program, and to improve the security of Federal Tax Information (FTI) and Personally Identifiable Information (PII) data.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<p><b>PROPOSED PROVISO TEXT</b></p>	<p><b>38.1.</b> (DSS: Fee Retention) The Department of Social Services shall recoup all refunds and identified program overpayments and all such overpayments shall be recouped in accordance with established collection policy. <del>Funds of \$800,000 collected under the Child Support Enforcement Program (Title IV-D) which are state funds shall be remitted to the State Treasurer and credited to the General Fund of the State.</del> All state funds <del>above \$800,000</del> shall be retained by the department <u>and may be used</u> to fund Self-Sufficiency and Family Preservation and Support initiatives, <u>to make improvements to the security of FTI and PII data, and for child support operations.</u></p>
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*Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM D – PROVISIO REVISION REQUEST**

<b>NUMBER</b>	<b>38.15</b>
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*Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).*

<b>TITLE</b>	<b>DSS: Family Foster Care Payments</b>
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*Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II. Programs and Services B. Foster Care 2. Foster Care Assistance Payments</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	1427
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*Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Amend</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	This proviso sets the foster care board payment rates and allows the reimbursement of other activities related to taking care of foster children.
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>EXPLANATION</b>	<p>The proviso was first adopted in FY 2002-03. The rates in this proviso were amended to their current rates in FY 2006-07. DSS has recalculated the rates using the current USDA data for the Southeast Urban area for families making less than \$61,060, and the agency rate-setting methodology. As a result, DSS is requesting the monthly foster care payments be increased.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>This amendment would result in an increase in the daily amount foster parents receive for the needs of their foster children.</p> <p>In order to fund this increase, DSS is requesting in decision package 1427, \$1,620,889 in General Funds, and increased Federal Authorization of \$1,875,371.</p> <p>DSS utilized its rate-setting methodology to develop the new foster care board rates. This methodology includes the USDA data from the Southeast Urban area for families making less than \$61,060 and adjustments for clothing, insurance, and child care. Housing figures for the different age groups are the same. Food costs are significantly different for each of the age groups.</p> <p>To determine the amount of General Funds required for this amendment, the average number of foster children for FY 2010-11 through FY 2012-13 by age group, was multiplied by the daily increase in the foster care board rate, and then annualized. The federal Title IV-E match rates were then applied to determine the amount of state funds needed to obtain the Total Fund annualized amount.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**38.15.** (DSS: Family Foster Care Payments) The Department of Social Services shall furnish as Family Foster Care payments for individual foster children under their sponsorship:

ages	0	-	5	\$ <del>332</del> <u>383</u>	per month
ages	6	-	12	\$ <del>359</del> <u>458</u>	per month
ages	13	+		\$ <del>425</del> <u>518</u>	per month

These specified amounts are for the basic needs of the foster children. Basic needs within this proviso are identified as food (at home and away), clothing, housing, transportation, education and other costs as defined in the U.S. Department of Agriculture study of "Annual Cost of Raising a Child to Age Eighteen." Further, each agency shall identify and justify, as another line item, all material and/or services, in excess of those basic needs listed above, which were a direct result of a professional agency evaluation of clientele need. Legitimate medical care in excess of Medicaid reimbursement or such care not recognized by Medicaid may be considered as special needs if approved by the sponsoring/responsible agency and shall be reimbursed by the sponsoring agency in the same manner of reimbursing other special needs of foster children.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*



<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>EXPLANATION</b>	<p>This proviso was first adopted in FY 1994-95, as a way to assist the agency in controlling costs. The proviso, however, only addresses part of the agency and the amounts have not been adjusted since 1995. Furthermore, the proviso is no longer necessary as the same restrictions can be accomplished using agency policy, and these polices would cover all program areas of the agency.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>No changes anticipated from current expenditure patterns.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**PROPOSED  
PROVISO TEXT**

**38.10.** ~~(DSS: Fees for Court Witness in Child Welfare Services) Effective July 1, 1994, any monies appropriated for the payment of court testimony in either abuse and neglect, termination of parental rights, or judicial review cases arising under Section 20-7-480, et. seq. of the South Carolina Code of Laws, 1976, as amended, and adult protective service cases under Section 43-35-10(9), et. seq. of the South Carolina Code of Laws, 1976, as amended, shall only be paid in accordance with DSS policy which shall include limits on awards and procedures for payment, in due consideration of the agency budgetary limitations and specific funds allocated for such purposes. Provided further that DSS shall pay up to a maximum hourly rate to licensed psychologists, social workers, nurses, ministerial counseling, family and marriage counselors of \$60 for counseling and \$60 for expert witness fees, to include travel time and DSS shall pay up to a maximum hourly rate to physicians of \$125 for expert witness fees, to include travel time.~~

*Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>38.20</b>
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*Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).*

<b>TITLE</b>	<b>DSS: Abstinence Until Marriage Teen Pregnancy Prevention Funding</b>
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*Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II. Programs and Services K. Pregnancy Prevention</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	1512
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*Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Delete</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	DHEC – This proviso should be transferred to DHEC as it is a health related function.
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	This proviso directs how abstinence until marriage teen pregnancy prevention funding is to be awarded.
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>EXPLANATION</b>	<p>Teen pregnancy prevention is a health related program. DSS believes that this program could be more effectively and efficiently administered by an agency with expertise in health related programs which, we believe, should be DHEC.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>\$546,972 in General Funds would need to be transferred from DSS to DHEC to fund this proviso.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>PROPOSED PROVISO TEXT</b>	<p><b>38.20.</b> (DSS: Abstinence Until Marriage Teen Pregnancy Prevention Funding) <del>From the monies appropriated for the Continuation of Teen Pregnancy Prevention, contracts must be awarded to separate private, non-profit 501(c)(3) entities to provide Abstinence Until Marriage teen pregnancy prevention programs and services within the State.</del></p> <p><del>— Contracts must be awarded utilizing a competitive approach in accordance with the South Carolina Procurement Code.</del></p> <p><del>— The monies appropriated will be half the amount allocated for the Continuation of Teen Pregnancy Prevention with the other half appropriated under proviso 38.25 (Comprehensive Teen Pregnancy Prevention Funding). Monies will be paid over a twelve month basis for services rendered. Unexpended funds shall be carried forward for the purpose of fulfilling the department's contractual agreement.</del></p> <p><del>— Entities that have a proven and public history of having effectively implemented abstinence programs in this State may be given a preference during the contract evaluation and awarding process. For the purposes of this proviso, a program is "effectively implemented" if the program has published positive behavioral outcomes by an independent and nationally recognized private or government agency demonstrating that a year after the program, program participants initiated sex at a rate of at least thirty percent lower than comparable non-program students.</del></p> <p><del>— Abstinence until marriage contracts must be awarded to programs that are consistent with the A through H legislative requirements defined in Title V, Section 510(b)(2) and are evidence-based and medically accurate.</del></p> <p><del>— Programs implemented by the entities awarded contracts pursuant to this proviso must be compliant with the South Carolina Comprehensive Health Education Act when implemented in a school setting. An entity that violates any portion of the South Carolina Comprehensive Health Education Act must reimburse the State for all funds disbursed.</del></p>
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*Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>38.25</b>
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*Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).*

<b>TITLE</b>	<b>DSS: Comprehensive Teen Pregnancy Prevention Funding</b>
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*Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>II. Programs and Services K. Pregnancy Prevention</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	1515
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*Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Delete</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	DHEC – This proviso should be transferred to DHEC as it is a health related function.
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	This proviso directs how comprehensive teen pregnancy prevention funding is to be awarded.
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>EXPLANATION</b>	<p>Teen pregnancy prevention is a health related program. DSS believes that this program could be more effectively and efficiently administered by an agency with expertise in health related programs which, we believe, should be DHEC.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>\$546,972 in General Funds would need to be transferred from DSS to DHEC to fund this proviso.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**PROPOSED  
PROVISO TEXT**

**38.25.** (DSS: Comprehensive Teen Pregnancy Prevention Funding) ~~(A) From the monies appropriated for the Continuation of Teen Pregnancy Prevention, the department must award half of the dollars allocated to a non-profit 501(c)(3) entity to provide abstinence first, age appropriate comprehensive approach to health and sexuality education with a goal of preventing adolescent pregnancy throughout South Carolina.~~

~~—(B)— Contracts must be awarded utilizing a competitive approach in accordance with the South Carolina Procurement Code.~~

~~—(C)— The monies appropriated must be paid over a twelve month basis for services rendered. Unexpended funds shall be carried forward for the purpose of fulfilling the department's contractual agreement.~~

~~—(D)— The programs implemented by the entity awarded a contract pursuant to this proviso may not violate any portion of the South Carolina Comprehensive Health Education Act when implemented in a school setting. An entity that violates any portion of the South Carolina Comprehensive Health Education Act must reimburse the State for all funds disbursed.~~

*Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	<b>38.21</b>
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*Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).*

<b>TITLE</b>	<b>DSS: Meals in Emergency Operations</b>
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*Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	<b>All Programs</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>DECISION PACKAGE</b>	None
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*Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.*

<b>REQUESTED ACTION</b>	<b>Codify</b>
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*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	None
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*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY</b>	<p>This proviso is necessary in order to provide meals for employees who are required to work at emergency shelters and other locations and are unable to leave their station and are not in a travel status. DSS is the Primary State Agency designated for coordinating Mass Care operations (ESF-6). Mass Care encompasses sheltering (existing or constructed facilities); feeding (fixed sites, mobile feeding units); bulk distribution of food and supplies; first aid at mass care facilities and designated sites; and disaster welfare inquiry. DSS is also the Primary State Agency designated for coordinating Food Services (ESF-11). DSS is responsible for coordinating all ESF-11 administrative, management, planning, training, preparedness, mitigation, response and recovery activities to include developing, coordinating and maintaining ESF-11 Standard Operating Procedures. In addition, the DSS serves a support role for Long-Term Community Recovery and Mitigation (ESF-14), and Donated Goods and Volunteer Services (ESF-18).</p>
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*Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>EXPLANATION</b>	<p>DSS requests that this proviso be codified. This proviso allows DSS to provide meals for employees who are required to work at emergency shelters and other locations and are unable to leave their station and are not in a travel status.</p>
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*Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.*

<b>FISCAL IMPACT</b>	<p>This proviso affects state and federal funds and would vary depending on the number of emergencies and the number of employees participating. No additional fiscal impact to the agency from codification.</p>
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*Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**38.21.** (DSS: Meals in Emergency Operations) The cost of meals may be provided to state employees who are not permitted to leave their stations and are required to work during actual emergencies, emergency situation exercises, and when the Governor declares a state of emergency.

**PROPOSED  
PROVISO TEXT**

*Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*