AGENCY NAME:	Governor's Office – Office of Executive Policy & Programs		
AGENCY CODE:	D17	SECTION:	92B

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):** Form 301 to request a decrease in state funds, and that they be moved to DHHS so that Continuum of Care is no longer required to pay Medicaid Match funds DHHS
	For FY 2014-15, my agency is (mark "X"): [ ] Requesting a net increase in recurring General Fund appropriations. [X] Not requesting a net increase in recurring General Fund Appropriations.

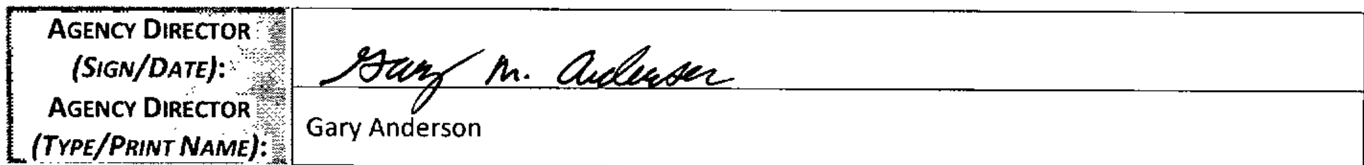
CAPITAL & NON-RECURRING FUNDS *(FORM C DECISION PACKAGES)*	**My agency is submitting the following one-time decision packages (Form C):**
	For FY 2014-15, my agency is (mark "X"): [ ] Requesting capital and/or non-recurring funds. [X] Not requesting capital and/or non-recurring funds.

PROVISOS	**For FY 2014-15, my agency is (mark "X"):** [ ] Requesting a new proviso and/or substantive changes to existing provisos. [ ] Only requesting technical proviso changes (such as date references). [X] Not requesting any proviso changes.

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

	Name	*Phone*	*Email*
PRIMARY CONTACT:	Rhonda Walker	803.734.0433	rwalker@oepp.sc.gov
SECONDARY CONTACT:	Gary Anderson	803.734.0432	ganderson@oepp.sc.gov

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



AGENCY DIRECTOR (SIGN/DATE):	Gary M. Anderson
AGENCY DIRECTOR (TYPE/PRINT NAME):	Gary Anderson

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

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	**301**
	Provide the decision package number issued by the PBF system ("Governor's Request").
TITLE	**Transfer of State Funds from Continuum of Care to DHHS for Medicaid Match use; so that COC no longer will pay DHHS for Medicaid Match.**
	Provide a brief, descriptive title for this request.
AMOUNT	**$850,000**
	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.
ENABLING AUTHORITY	Section 63-11-1320 established the Continuum of Care for Emotionally Disturbed Children. (2007-2008) There is no change or revision to the authority.
	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?
FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:** [ ] Change in cost of providing current services to existing program audience. [ ] Non-mandated change in eligibility / enrollment for existing program. [ ] Change in case load / enrollment under existing program guidelines. [ ] Non-mandated program change in service levels or areas. [ ] Loss of federal or other external financial support for existing program. [ ] Exhaustion of fund balances previously used to support program. [ ] Proposed establishment of a new program or initiative.
RECIPIENTS OF FUNDS	The Department of Health and Human Services will 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?

Related Request(s)	No

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	

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

Funding Alternatives	

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	The Department of Health and Human Services will receive these funds to be used by their agency. Continuum of Care will no longer be required to transfer a portion of their annual state funds to DHHS for use as Medicaid Match funds for COC clients. COC would have no additional financial obligation to DHHS if the number of Medicaid eligible children served increases.

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

METHOD OF CALCULATION	The amount was determined by examining the last 4 years of payments that Continuum of Care has made to DHHS for Medicaid Match. The average was $880,000. The two agencies agreed to $850,000 in order to leave Continuum of Care with sufficient Case Services State Funds. Medicaid Funds may not be used for Group Home Placement, leaving COC primarily responsible for paying for group home placement of children served.

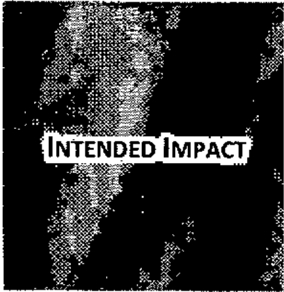
How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	There should be no additional state impact. This will simply be a transfer of state appropriations between two agencies of the state. Continuum of Care would save on staff time, as staff would no longer need to reconcile the Medicaid Match fees invoiced from DHHS to the list of active Medicaid clients served by the program. In addition, the number of accounting transactions between the two agencies will be reduced.

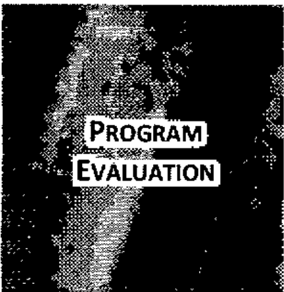
Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	

If 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?



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



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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FACTORS ASSOCIATED WITH THE REQUEST	**Mark "X" for all that apply:** ☐ Change in cost of providing current services to existing program audience. ☐ Non-mandated change in eligibility / enrollment for existing program. ☐ Change in case load / enrollment under existing program guidelines. ☐ Non-mandated program change in service levels or areas. ☐ Loss of federal or other external financial support for existing program. ☐ Exhaustion of fund balances previously used to support program. ☐ Proposed establishment of a new program or initiative.
RECIPIENTS OF FUNDS	The Department of Health and Human Services will 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?

RELATED REQUEST(S)	No
	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	
	Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.
FUNDING ALTERNATIVES	
	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	The Department of Health and Human Services will receive these funds to be used by their agency. Continuum of Care will no longer be required to transfer a portion of their annual state funds to DHHS for use as Medicaid Match funds for COC clients. COC would have no additional financial obligation to DHHS if the number of Medicaid eligible children served increases.
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INTENDED IMPACT	
	What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?
PROGRAM EVALUATION	
	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?