Ms. Torina Wood  
State Budget Analyst  
State Budget Division  
1205 Pendleton Street  
Edgar A. Brown Bldg., Suite 529  
Columbia, SC 29201  

Dear Ms. Wood:

Attached is the Department of Disabilities and Special Needs' Budget Plan for FY 2014-2015. We are submitting only items that represent critical needs for the agency and the individuals and families we serve.

The agency is submitting eight decision packages in its budget request. There are no capital or proviso requests. There are no requests for new FTEs. Each decision package is requesting new state funds for demands on the Department's statewide service delivery system that cannot be met with current appropriated funds.

DDSN continues to become more efficient and continues to prioritize services on a need-to-have rather than a want-to-have basis. By policy the agency continues to utilize less expensive in-home family supports to avoid expensive out-of-home care. DDSN's Central Office administration, as a percent of the agency's total budget, remains at less than 2.0 percent as it has for many years, including pay increases. Privatization efforts have increased the amount of funds shifted to local programs. However, these measures alone cannot fund the critical needs identified.

DDSN services are not an entitlement. While this means the number of eligible people receiving services is limited and costs associated with growth are controlled, the agency is still unable to fund these most critical needs with existing resources for several reasons. The
number of individuals who need services from DDSN, often critical life and death services, continues to grow. People with severe disabilities have normal life spans and need services for decades. Advances in science and medicine have significantly increased rates of survival of persons with complex medical conditions. There is limited turnover among existing service recipients with which to accommodate the new individuals who need services.

The agency’s resources are further stretched by the growth in our state’s population. Each month DDSN receives approximately 500 requests from new people seeking eligibility and services. Some of the families that are now making South Carolina their home have family members with severe disabilities. New funds are essential to maintain current services and to assist new people who require critically needed services.

We appreciate the opportunity to present the needs of the agency to provide services to individuals with severe lifelong disabilities and their families. If we can provide you with any additional information, call or email Tom Waring at 898-9792/twaring@ddsn.sc.gov.

Sincerely,

[Signature]

Beverly A. H. Buscemi, Ph.D.
State Director

BB/sd

Attachment
**FORM B – PROGRAM REVISION REQUEST**

<table>
<thead>
<tr>
<th>DECISION PACKAGE</th>
<th>1209</th>
</tr>
</thead>
</table>

*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<table>
<thead>
<tr>
<th>TITLE</th>
<th>Increase access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries</th>
</tr>
</thead>
</table>

*Provide a brief, descriptive title for this request.*

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>$500,000 State</th>
</tr>
</thead>
</table>

*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.*

|--------------------|--------------------------------------------------------------------------------------------------|

*This decision package is not prompted by a change in statute.*

*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?*

<table>
<thead>
<tr>
<th>FACTORS ASSOCIATED WITH THE REQUEST</th>
<th>Mark “X” for all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Change in cost of providing current services to existing program audience.</td>
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</tr>
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<td>Exhausition of fund balances previously used to support program.</td>
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<td></td>
<td>Proposed establishment of a new program or initiative.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RECIPIENTS OF FUNDS</th>
<th>Approximately 10 individuals who experience a traumatic brain injury or a spinal cord injury would receive specialized post-acute rehabilitative services. Specialized qualified providers would receive these funds via contract to provide services.</th>
</tr>
</thead>
</table>

*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)**

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?

No.

**Matching Funds**

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

No.

**Funding Alternatives**

No other resources are available within the agency to fund this request. The Department has already redirected resources to help serve individuals and families and maximized federal participation.

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.

DDSN has a recurring appropriation of $2.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is $11,504,000. This request for additional permanent funding of $500,000 would serve an additional 10 individuals and help bridge the gap between the $2.1 million and the $11.5 million that is needed to fully fund the program. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation. It is estimated that the $500,000 funding will provide specialized post-acute rehabilitation for 10 individuals with a traumatic brain or spinal cord injury annually.

Currently there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. While some people receive some rehabilitation or therapy benefits through private health insurance, Medicare, and other sources, such as Worker’s Compensation, adequacy of the coverage varies. Some private insurance carriers fund only acute care or a limited amount of generic rehabilitation, rather than specialized. The South Carolina Medicaid program presently does not adequately fund inpatient/outpatient rehabilitation specialized for traumatic brain or spinal cord injuries. This was identified as a need in a report DHHS submitted.

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**Summary**

DDSN has a recurring appropriation of $2.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is $11,504,000. This request for additional permanent funding of $500,000 would serve an additional 10 individuals and help bridge the gap between the $2.1 million and the $11.5 million that is needed to fully fund the program. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation. It is estimated that the $500,000 funding will provide specialized post-acute rehabilitation for 10 individuals with a traumatic brain or spinal cord injury annually.

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

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

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 average cost to serve an individual in the post-acute program is approximately $50,000 per enrollment. The Department is requesting to serve 10 more individuals in need of this post-acute rehabilitation service during the year. A total of $500,000 is needed to serve these additional individuals.

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**

None.

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

**Prioritization**

If new funds are not identified to meet this need, increasing the capacity to serve additional individuals who experienced a traumatic brain injury or spinal cord injury will be deferred.

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?
**INTENDED IMPACT**

The intended impact is to provide specialized rehabilitative supports to 10 individuals who survived a traumatic brain injury or spinal cord injury. This service will result in greater functional skills, ability to live independently and avoid the need for more expensive ongoing services.

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

**PROGRAM EVALUATION**

Federally funded model programs across the country have demonstrated that intensive and specialized interdisciplinary rehabilitation programs have the most positive outcomes for people with traumatic brain injuries and spinal cord injuries. People who are treated in these highly structured settings achieve better physical and psychosocial functioning than people who do not receive specialized rehabilitation. They have better health, more independence, higher rates of return to work, and greater satisfaction with their quality of life.

*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?*
Fiscal Year 2014-15
Agency Budget Plan

FORM A – SUMMARY

<table>
<thead>
<tr>
<th>Recurring Funds (Form B Decision Packages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My agency is submitting the following recurring decision packages (Form B): 1176, 1191, 1194, 1197, 1200, 1203, 1206, 1209</td>
</tr>
<tr>
<td>For FY 2014-15, my agency is (mark &quot;X&quot;):</td>
</tr>
<tr>
<td>X Requesting a net increase in recurring General Fund appropriations.</td>
</tr>
<tr>
<td>Not requesting a net increase in recurring General Fund Appropriations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital &amp; Non-recurring Funds (Form C Decision Packages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My agency is submitting the following one-time decision packages (Form C):</td>
</tr>
<tr>
<td>For FY 2014-15, my agency is (mark &quot;X&quot;):</td>
</tr>
<tr>
<td>X Requesting capital and/or non-recurring funds.</td>
</tr>
<tr>
<td>Not requesting capital and/or non-recurring funds.</td>
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</table>

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<tr>
<th>Provisos</th>
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</thead>
<tbody>
<tr>
<td>For FY 2014-15, my agency is (mark &quot;X&quot;):</td>
</tr>
<tr>
<td>X Requesting a new proviso and/or substantive changes to existing provisos.</td>
</tr>
<tr>
<td>Only requesting technical proviso changes (such as date references).</td>
</tr>
<tr>
<td>Not requesting any proviso changes.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY CONTACT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Waring</td>
<td>898-9792</td>
<td><a href="mailto:twaring@ddsn.sc.gov">twaring@ddsn.sc.gov</a></td>
</tr>
<tr>
<td>SECONDARY CONTACT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lisa Weeks</td>
<td>898-9795</td>
<td><a href="mailto:lweeks@ddsn.sc.gov">lweeks@ddsn.sc.gov</a></td>
</tr>
</tbody>
</table>

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): Beverly A. H. Buscemi, PH.D.

This form must be signed by the department head – not a delegate.
**Agency Name:** Department of Disabilities and Special Needs  
**Agency Code:** J160  
**Section:** 36

## Form B – Program Revision Request

### Decision Package

<table>
<thead>
<tr>
<th>1176</th>
</tr>
</thead>
</table>

*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

### Title

<table>
<thead>
<tr>
<th>Safety and Quality of Care</th>
</tr>
</thead>
</table>

*Provide a brief, descriptive title for this request.*

### Amount

<table>
<thead>
<tr>
<th>$3,900,000 State</th>
<th>$7,140,000 Other Funds</th>
</tr>
</thead>
</table>

*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

|---|

*This decision package is not prompted by a change in statute.*

*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

<table>
<thead>
<tr>
<th>Change in cost of providing current services to existing program audience.</th>
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<td>X</td>
</tr>
<tr>
<td>Proposed establishment of a new program or initiative.</td>
<td></td>
</tr>
</tbody>
</table>

### Recipients of Funds

<table>
<thead>
<tr>
<th>DDSN’s statewide network of local Disabilities and Special Needs Boards and private providers would receive these funds to cover the cost of care and provide for the retention of employees delivering nursing and supervision care to consumers. Also, these funds would be allocated to the Regional Centers to cost of care for direct care employees at those 24/7 facilities. The funds will be allocated using existing methodologies and contracts.</th>
</tr>
</thead>
</table>

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

**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**  
Yes. $7,140,000 in Other Funds will be earned by the agency.

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

**FUNDING ALTERNATIVES**  
No other resources are available within the agency to fund this request. The Department has already redirected resources to serve individuals and families and maximized federal participation. One time funds would not meet this ongoing need, thus permanent, recurring funds are requested.

*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**  
These funds will be used to cover the increased cost of providing consumer care and recruit/retain essential 24/7 nursing and direct care staff to maintain quality.

Service funding rates must be sufficient to cover the cost of care over time or the local community providers will not be able to continue to provide the service. By law, the General Assembly covers the disabilities boards for pay increases the same as state employees. However, there are no automatic increases to cover the ever-increasing operating expenses and to provide for the retention of employees delivering nursing and supervision care to consumers.

This request will provide sufficient funding as a maintenance of effort to the providers of residential and day services so that the actual cost of care can be covered. In most cases this is the local disabilities board that provides the community services in each county and the Department’s regional centers who serve the consumers. If the state’s reimbursement rates do not cover the actual cost of care, eventually the local entities will have to reduce the scope and quality of care below acceptable standards, eliminate the services for which there is insufficient funding, or stop providing services. In the last five years the costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services by an average of 6.3 percent. All providers are now at the point that reimbursements must be maintained to cover operating costs which have risen significantly. Without this funding to maintain current effort, the providers will have to serve fewer people which will mean that some consumers currently receiving services will eventually have to lose those services. These same justifications are applicable for the operations of the Regional Centers and the resources needed to retain quality of direct care staff.
Also in order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers, workforce issues must be addressed. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.

The state does not provide any automatic increases to cover the 20 plus percent of operating expenses. In fact it will have been many years since an operating rate increase or a retention pay was funded. All providers are now at the point that reimbursements must be increased to cover the additional operating costs which have risen significantly.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?
Over the past years the costs to provide quality of care has increased by an average of 6.3 percent based on CPI calculations. The cost to retain the quality of direct care staff is almost immeasurable. The calculations of the $3,900,000 in new state funds is based on 4 percent increase for operational cost and a 2 percent retention increase for all direct care staff that have been employed for at least five years or more. These increases would be applied to all community services as well as Regional Center operations.

**METHOD OF CALCULATION**

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?

Recurring funds are required to meet this need. The provision of funds for this request will ensure that the number of consumers served in the community and in the regional centers, and the quality of those services, are maintained. The most important consequence of not funding this request is to risk that providers will have to reduce the number of people served, reduce the quality of the services below acceptable Medicaid standards, or even close completely because of the inability to cover their expenses.

**FUTURE IMPACT**

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?

If new funds are not identified to meet this need the agency would have to redirect service funding to cover costs instead of serving new individuals waiting for services. Eventually these costs must be covered or services have to be reduced or eliminated. Reducing quality to reduce expenditures is not an option due to the nature of the services and the fact that Medicaid will not continue to reimburse these expenses if the safety and quality of the service is not maintained.

**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?
**INTENDED IMPACT**

The services most impacted by operating increases are the residential and day support programs due to the level of service that must be provided. These services by definition provide nursing, supervision, medical specialists, heating and air, and transportation costs such as gasoline. The individuals going to day programs and residing in residential care need these essential supports. The families receiving day supports need the services so that they can go to work and to keep their son or daughter with a disability at home. For those individuals in residential care, it has already been determined that living at home is no longer an option. These services must be maintained and the cost to provide the service must be covered.

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

**PROGRAM EVALUATION**

Quality assurance measures, federal compliance and state licensure requirements evaluate the quality of care and health and safety of individuals served.

*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?*
## FORM B – PROGRAM REVISION REQUEST

### DECISION PACKAGE

1191

*Provide the decision package number issued by the PBF system ("Governor’s Request").*

### TITLE

Improve IT/Data Security statewide, replace obsolete systems, create a bridge to address BabyNet requirements and make system modifications related to MTCM requirements to include data security and HIPAA compliance

*Provide a brief, descriptive title for this request.*

### AMOUNT

$800,000 State  $800,000 Other Funds

*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


*This decision package is not prompted by a change in statute but is prompted by new requirements of authorities external to the agency.*

### FACTORS ASSOCIATED WITH THE REQUEST

Mark “X” for all that apply:

- [X] 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

Contractors and vendors would receive these funds through state procurement processes and contracts.

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

<table>
<thead>
<tr>
<th>RELATED REQUEST(S)</th>
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</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>MATCHING FUNDS</th>
<th>Yes. $800,000 in Other Funds will be earned by the agency.</th>
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<tbody>
<tr>
<td><strong>Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.</strong></td>
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<table>
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<tr>
<th>FUNDING ALTERNATIVES</th>
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<tbody>
<tr>
<td><strong>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.</strong></td>
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</tbody>
</table>

| SUMMARY | DDSN currently participates in the DSIT monitoring network. However, increased security of personal and health information data is required to protect individuals and families served by the agency.  
In addition, changes in the BabyNet system are now required. New Medicaid Targeted Case Management (MTCM) requirements also now require system modifications. Funds would be used for these purposes and to replace obsolete systems. |
<table>
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</thead>
<tbody>
<tr>
<td><strong>Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?</strong></td>
<td></td>
</tr>
</tbody>
</table>
To secure the Department’s data security system on a statewide basis a request of $300,000 is needed to provide for firewall upgrades, antivirus protections and system wide training of employees on data security responsibilities. Computer operating systems for the Department’s statewide system are obsolete and $300,000 is requested to replace these systems. A new BabyNet data tracking system is being implemented that requires the Department’s provider network to transact business within this new tracking system. The Department is requesting $250,000 to build the infrastructure that will allow the Department’s data system to communicate with the new BabyNet system. To respond to new MTCM requirements and provide for a more efficient system of care and operation, the Department is requesting $750,000 to provide mobile hardware and HIPAA secured data controls to its statewide service coordination and early intervention service area. The cost calculated in the above description is $1,600,000 in total funds, with $800,000 being the total state dollars needed to meet this request.

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?

Recurring funds are requested for these identified needs. One-time capital needs will be funded with these dollars as services/initiatives are developed. As one-time costs are covered, the recurring cost of service agreements and continued maintenance of hardware and software will be met.

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?

If funds are not identified to meet this need the agency would need to redirect existing service funds to meet the need. Currently service funds made available due to natural attrition are directed to serve new individuals waiting for services.

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?
<table>
<thead>
<tr>
<th><strong>INTENDED IMPACT</strong></th>
<th>The intended impact is to protect personal and healthcare data, to create efficiencies in DDSN’s statewide provider network and to meet new demands required by external entities.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM EVALUATION</strong></td>
<td>Compliance of new requirements will be met. Data security will be improved. Statewide efficiencies will be achieved.</td>
</tr>
</tbody>
</table>

*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?*
**Agency Name:** Department of Disabilities and Special Needs  
**Agency Code:** J160  
**Section:** 36

### FORM B – PROGRAM REVISION REQUEST

<table>
<thead>
<tr>
<th><strong>Decision Package</strong></th>
<th>1194</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the decision package number issued by the PBF system (“Governor’s Request”).</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Increase residential capacity to individuals living with aging caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a brief, descriptive title for this request.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Amount</strong></th>
<th>$1,800,000 State $4,200,000 Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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<th></th>
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<tbody>
<tr>
<td>This decision package is not prompted by a change in statute.</td>
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</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th><strong>Factors Associated with the Request</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in cost of providing current services to existing program audience.</td>
</tr>
<tr>
<td>Non-mandated change in eligibility / enrollment for existing program.</td>
</tr>
<tr>
<td>Change in case load / enrollment under existing program guidelines.</td>
</tr>
<tr>
<td>Non-mandated program change in service levels or areas.</td>
</tr>
<tr>
<td>Loss of federal or other external financial support for existing program.</td>
</tr>
<tr>
<td><strong>X</strong> Exhaustion of fund balances previously used to support program.</td>
</tr>
<tr>
<td>Proposed establishment of a new program or initiative.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Recipients of Funds</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This request will provide necessary residential and day supports and services for 100 individuals living with caregivers age 70 years old or older. Funds will be allocated based on individual need utilizing existing methodologies. DDSN will contract with its statewide network of providers to deliver these services. No new FTEs are requested.</td>
</tr>
</tbody>
</table>

**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?**
**Agency Name:** Department of Disabilities and Special Needs  
**Agency Code:** J160  
**Section:** 36

<table>
<thead>
<tr>
<th>Related Request(s)</th>
</tr>
</thead>
</table>
| 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 |  
| Yes. $4,200,000 in Other Funds will be earned by the agency.  
**Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.**  
|  
| Funding Alternatives |  
| No other resources are available within the agency to meet this need. Resources have already been redirected to serve individuals and families.  
**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 |  
| These funds will be used to purchase and develop homes and day supports in the community and provide necessary residential and day supports and services for individuals living with caregivers aged 70 years old or older.  
This request represents the state's need to respond to aging parents and caregivers who cannot provide care at home any longer. While this request would be an expansion of DDSN's current community residential programs, it only addresses the highest priority for out-of-home placement needs where increased family support cannot meet the need and where there is currently a list of individuals and families awaiting this level of care.  
In South Carolina as of June 30, 2013, there were over 1,100 individuals with severe disabilities being cared for by parents age 70 and over. Over 450 of these caregivers are 80 years old or older themselves and their sons or daughters with a disability are in their 50's and 60's. As the parent's age increases, of course, the likelihood of their becoming disabled or dying increases significantly. Additionally, individuals with severe disabilities are being cared for by siblings, grandparents, or people other than their parents. When these fragile family arrangements fall apart, DDSN must respond to the health and safety risk of the individual with the disability who cannot care for him/herself.  
The request for residential care has been maintained at the same level for the past several years. Based on past experience, approximately 200 individuals will require residential placement during the next fiscal year as the result of changing situations for which no amount of family support in their home is judged to be adequate to address the situations. DDSN must respond to these individuals' health and safety with a residential option and will meet this demand through those individuals leaving...
residential services.

Since individuals with severe disabilities usually live a normal life span and need services for 30 to 50 years, no real turnover exists among current consumers to accommodate the additional demand related to aged caregivers. It is estimated that 200 residential options will come available during the next fiscal year due to attrition (i.e., deaths, discharges). This means that only those individuals with critical life and death risks will be able to secure a residential placement. More and more individuals await services for longer and longer periods while their parents who care for them now become older and older. In the past families with situations similar to these individuals awaiting residential care would have already received services. Today, what DDSN has to use as the yardstick for what constitutes a critical situation requiring placement is much tougher than in the past due to the limited number of beds available which means that people who really do need this level of care must wait.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?
To develop 100 new residential beds and corresponding day supports for consumers residing with aging caregivers, the Department needs on average $60,000 annually to provide for individual care based on a 24/7 schedule. For 100 new beds at $60,000 per bed a total impact is $6,000,000. The Department is seeking $1,800,000 in new state funds to meet this demand.

**Method of Calculation**

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?

Recurring funds are required to meet this need. One-time capital and startup needs will be funded with these dollars as residential and day services are developed. Once these one-time costs are covered, the recurring cost of services will be met.

**Future Impact**

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?

If new funds are not identified to meet this need, the agency’s ability to respond to these families will be only when a crisis occurs.

As the parent's age increases, the likelihood of their becoming disabled or dying increases significantly. When these fragile family arrangements fall apart, DDSN must respond to the health and safety risk of the individual with the disability who cannot care for him/herself.

**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?
**INTENDED IMPACT**

The intended impact is to respond to the needs of 100 individuals living with elderly caregivers, avoid family crisis and afford elderly caregivers peace of mind.

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

**PROGRAM EVALUATION**

DDSN will track the number of individuals moving from their family’s home to a community residential setting. Outcomes include honoring family choice and assurance of health, safety and wellbeing of consumers.

*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?*
**FORM B – PROGRAM REVISION REQUEST**

**DECISION PACKAGE**

1197

Provide the decision package number issued by the PBF system (“Governor’s Request”).

**TITLE**

Increase and improve access to respite services

Provide a brief, descriptive title for this request.

**AMOUNT**

$500,000 State  $550,000 Other Funds

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**


This decision package is not prompted by a change in statute.

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:

- [X] 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**

Parents and other family caregivers would receive respite services. Respite providers would receive an hourly rate increase to recruit and retain more qualified providers. Funds will be allocated via contracts to qualified service providers.

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?
**Agency Name:** Department of Disabilities and Special Needs  
**Agency Code:** J160  
**Section:** 36

### 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

Yes. $550,000 in Other Funds will be earned by the agency.

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

### Funding Alternatives

No other resources are available within the agency to meet this need. Resources have already been redirected to serve individuals and families.

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

In fiscal year 2012, DDSN held a special series of eight (8) Stakeholder Sessions around the state to determine how well the current service delivery system was meeting needs and what improvements or initiatives could be made to better serve individuals and families in need of services. One need that stood out in all eight stakeholders' meetings was to increase and improve access to respite services and other in-home supports. To increase and improve access, DDSN will need to increase the hourly rate that is paid to respite caregivers, which will not only attract caregivers, but more qualified providers. The hourly rate that DDSN pays for this service has not been increased during the last ten years until last year's increase of $1.00. DDSN is requesting new state funds to further increase the hourly rate by $1.00, for a total of $2.00. This increase will provide better access to this valuable service by identifying more caregivers as well as attracting more providers on a statewide basis who will qualify to provide this important service.

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 $500,000 in new state funds will provide a $1.00 increase to respite caregivers throughout the state. This $1.00 increase will raise the average salary of the caregivers to $10.30 per hour. Current data supports that over 1,000,000 hours of respite is provided on annual basis in the Department’s statewide service delivery system. This computes to a total dollar need of $1,050,000 with only $500,000 needed in new state funds.

**Future Impact**

Recurring funds are required to meet this need.

**Prioritization**

If new funds are not identified to meet this need, action to increase the rate will be deferred.

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?

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?

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?
Intended Impact

Respite and in-home services prevent unnecessary and expensive out-of-home placements by providing essential supports to maintain individuals in their family homes. This funding request to enhance the hourly rate maintains DDSN's ongoing effort to promote independence and responsibility by supporting individuals and families rather than replacing families.

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

Program Evaluation

On average, individual and family support services such as respite services cost less than one-half the least expensive out-of-home placement options. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to cope with the stress of providing ongoing care. The percentage of individuals served at home will be higher than the national average.

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

### FORM B – PROGRAM REVISION REQUEST

**DECISION PACKAGE**  
1200  
*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

**TITLE**  
Increase and Improve Access to In-Home Individual and Family Supports and Move Waiting Lists  
*Provide a brief, descriptive title for this request.*

**AMOUNT**  
$5,400,000 State  
$12,600,000 Other Funds  
*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**  
*This decision package is not prompted by a change in statute.*

**FACTORS ASSOCIATED WITH THE REQUEST**  
- 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**  
This request will provide new services to approximately 1,400 individuals with intellectual or related disabilities, autism, traumatic brain injury or spinal cord injury currently waiting for services. Funds will be allocated based on individual needs utilizing existing methodologies. The agency will contract with local disabilities and special needs boards and private service providers to deliver services. No new FTEs are required.  
*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*
**Agency Name:** Department of Disabilities and Special Needs  
**Agency Code:** J160  
**Section:** 36

<table>
<thead>
<tr>
<th><strong>Related Request(s)</strong></th>
<th>No.</th>
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<tbody>
<tr>
<td><strong>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?</strong></td>
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<table>
<thead>
<tr>
<th><strong>Matching Funds</strong></th>
<th>Yes. $12,600,000 in Other Funds will be earned by the agency.</th>
</tr>
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<tbody>
<tr>
<td><strong>Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.</strong></td>
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</table>

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<thead>
<tr>
<th><strong>Funding Alternatives</strong></th>
<th>No other resources are available within the agency to fund this request. The Department has already redirected resources to serve individuals and families and maximized federal participation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
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</table>

| **Summary** | This request will provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements.  
This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 85% of the informal caregiving rather than replacing families. On average individual and family support services such as personal care aids, employment, or respite services cost less than one-half the least expensive out-of-home placement options. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to earn money and often persons with physical disabilities can live independently or with limited assistance.  
The Department has over 7,000 individuals waiting for services. This request is to reduce the demand for services and to provide needed services to families who are caring for intellectual disabled individuals in their homes. |

*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?*
The funding for these in-home services will be allocated among the Department’s three population groups of intellectual disabilities, autism, and head and spinal cord injuries. The Department will maximize the state funds appropriated using one of the Medicaid waivers operated by the Department. Seventy-five percent (75%) of the new 1,400 slots will be allocated to intellectual disabilities population which calculates to $3,120,000 in new state funds based on an average annual state cost of $3,083 per slot. Ten percent (10%) of the 1,400 slots will be allocated to the autism population which calculates to $420,000 in new state funds based on an average annual state cost of $3,083 per slot. The remaining 15% of the 1,400 slots will be allocated to the head and spinal cord population which calculates to $1,860,000 in new state funds based on an average annual state cost of $9,344 per slot.

**Method of Calculation**

*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?*

This funding will provide essential in-home supports and services to approximately 1,400 individuals currently waiting for services. Recurring funds are required to continue service levels. Without additional funding there will continue to be individuals awaiting in-home services. In addition, not funding this request will further increase the growing residential waiting list and will create further pressure to fund additional residential placements. Assisting individuals in their own homes may also help prevent lawsuits that are likely to arise from the new requirement for states to expand community options to be in compliance with the U.S. Supreme Court Olmstead decision that waiting lists for individuals with developmental disabilities move at a reasonable pace.

**Future Impact**

*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?*

If new funds are not identified to meet this need the agency would have to delay provision of effective and efficient services to assist families in caring for their family member with a disability at home.

**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?*
<table>
<thead>
<tr>
<th><strong>AGENCY NAME:</strong></th>
<th>Department of Disabilities and Special Needs</th>
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</thead>
<tbody>
<tr>
<td><strong>AGENCY CODE:</strong></td>
<td>J160</td>
</tr>
<tr>
<td><strong>SECTION:</strong></td>
<td>36</td>
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</table>

**INTENDED IMPACT**

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

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

**PROGRAM EVALUATION**

Services will provide the needed relief or assistance to individual consumers and families who provide the majority of care to their family member with a disability which will prevent 98% of consumers from needing out-of-home placements. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.

*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?*
FORM B – PROGRAM REVISION REQUEST

**DEPARTMENT NAME:** Department of Disabilities and Special Needs

**AGENCY NAME:**

**AGENCY CODE:** J160

**SECTION:** 36

**DECISION PACKAGE**

Provide the decision package number issued by the PBF system ("Governor’s Request").

| DECISION PACKAGE | 1203 |

**TITLE**

Boost the continued transition of individuals with very complex needs from institutional (ICF/ID) settings to less restrictive community settings, while maintaining quality care.

Provide a brief, descriptive title for this request.

| TITLE | Boost the continued transition of individuals with very complex needs from institutional (ICF/ID) settings to less restrictive community settings, while maintaining quality care. |

**AMOUNT**

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.

| AMOUNT | $1,500,000 State $3,500,000 Other Funds |

**ENABLING 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?


This decision package is not prompted by a change in statute.

| ENABLING AUTHORITY | This decision package is not prompted by a change in statute. |

**FACTORS ASSOCIATED WITH THE REQUEST**

Mark “X” for all that apply:

- [X] Change in cost of providing current services to existing program audience.
- [ ] Change in case load / enrollment under existing program guidelines.
- [ ] Non-mandated change in eligibility / enrollment for existing program.
- [ ] Non-mandated program change in service levels or areas.
- [ ] Loss of federal or other external financial support for existing program.
- [X] Exhaustion of fund balances previously used to support program.
- [ ] Proposed establishment of a new program or initiative.

| FACTORS ASSOCIATED WITH THE REQUEST | Mark “X” for all that apply: |

**RECIPIENTS OF FUNDS**

This funding will allow 50 individuals with the most complex medical and behaviorally challenging needs to move to community residential settings. DDSN will contract with local disabilities and special needs boards and private service providers to enable this transition. Funds will be allocated using an existing methodology. No new FTEs are required.

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?

| RECEPIENTS OF FUNDS | This funding will allow 50 individuals with the most complex medical and behaviorally challenging needs to move to community residential settings. DDSN will contract with local disabilities and special needs boards and private service providers to enable this transition. Funds will be allocated using an existing methodology. No new FTEs are required. |

| RECEPIENTS OF 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? |
**AGENCY NAME:** Department of Disabilities and Special Needs  
**AGENCY CODE:** J160  
**SECTION:** 36

**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**

Yes. $3,500,000 in Other funds will be earned.

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

**FUNDING ALTERNATIVES**

DDSN has aggressively shifted resources over the past years in order to meet the priorities of the agency without additional funding. During the 19 year period 1994-2013, DDSN shifted $69 million in services from large state-operated facilities to locally operated disabilities boards and other providers as community alternatives were developed.

DDSN has managed this movement to the community settings within its own resources for the past 19 years. With increasing cost of care for those individuals leaving the regional centers, the Department no longer has the funding capacity to maintain the quality of care at the regional centers as well as to insure the quality of care for those individuals moving into the community. No other resources are available to meet this need.

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 U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements.

This request represents the state’s need to boost the continued transition of individuals with very complex needs from institutional (ICF/ID) settings to less restrictive community settings while maintaining quality care. These funds will be used to purchase and develop community residential settings, day services and provide necessary supports. It will allow 50 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?
<table>
<thead>
<tr>
<th><strong>Agency Name:</strong></th>
<th>Department of Disabilities and Special Needs</th>
</tr>
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<tbody>
<tr>
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<td><strong>Section:</strong></td>
<td>36</td>
</tr>
</tbody>
</table>

**Method of Calculation**

To meet the quality of care and the intense staffing/supervision needs of the individuals moving into the community, a projected daily per diem of $275 is needed which is an annual cost of $100,000 per consumer. For the 50 consumers that are projected to move from state operated facilities to the community a total of $5,000,000 is needed. This computes to approximately $1,500,000 in new state funds to provide for this choice of care and service in the community.

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**

Recurring funds are required to meet this need. This funding will provide community residential and day services and the associated capital and startup costs for 50 individuals with very complex needs. Additional state funds will be required in future years to allow additional individuals to transition from regional centers to the community to ensure their health and safety and maintain the quality of care for those individuals still residing at the centers.

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**

This funding will allow 50 individuals with the most complex, medical and behaviorally challenging needs to be placed. Without this additional funding the quality of care for those individuals residing in the regional centers and for those moving into the community will be jeopardized and the health and safety of these individuals will be compromised. If not funded, the agency would need to redirect existing service funds to meet this need. Currently service funds made available due to natural attrition are directed to serve new individuals waiting for services.

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?
<table>
<thead>
<tr>
<th><strong>INTENDED IMPACT</strong></th>
<th>The intended impact is to respond to individual choice and the U.S. Supreme Court Olmstead decision, to assure individuals’ health and safety in community settings and to assure health and safety of individuals residing in regional centers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PROGRAM EVALUATION</strong></td>
<td>DDSN will track the number of individuals moving to community settings. Outcomes include 1) meeting the federal mandate to allow individuals desiring to live in the community to move out of the regional centers, 2) allowing this movement without jeopardizing individuals’ health and safety and 3) maintaining quality of care and federal Medicaid/DHEC licensure requirements at the regional centers.</td>
</tr>
<tr>
<td><strong>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?</strong></td>
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</table>
## Form B – Program Revision Request

### Decision Package

1206

*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

### Title

Develop and establish employment opportunities for adults with disabilities and students transitioning out of school.

*Provide a brief, descriptive title for this request.*

### Amount

$1,100,000 State $1,000,000 Other Funds

*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


*This decision package is not prompted by a change in statute.*

### Factors Associated with the Request

<table>
<thead>
<tr>
<th>Mark “X” for all that apply:</th>
</tr>
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<td>Change in cost of providing current services to existing program audience.</td>
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<tr>
<td>Change in case load / enrollment under existing program guidelines.</td>
</tr>
<tr>
<td>X Non-mandated program change in service levels or areas.</td>
</tr>
<tr>
<td>Loss of federal or other external financial support for existing program.</td>
</tr>
<tr>
<td>Exhaustion of fund balances previously used to support program.</td>
</tr>
<tr>
<td>Proposed establishment of a new program or initiative.</td>
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</tbody>
</table>

### Recipients of Funds

This funding will allow approximately 75 adults with an intellectual or related disability, autism, traumatic brain injury or spinal cord injury to receive employment and job coach services. In addition it will allow approximately 50 younger individuals with disabilities to transition from public school to employment. DDSN will contract with its statewide network of disabilities and special needs boards and private providers to provide this service. Funds will be allocated utilizing existing methodologies. No FTEs are required.

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*
**AGENCY NAME:** Department of Disabilities and Special Needs  
**AGENCY CODE:** J160  
**SECTION:** 36

**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**  
Yes. $1,000,000 in Other Funds will be earned.

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

**FUNDING ALTERNATIVES**  
No other resources are available within the agency to meet this need. Resources have already been redirected to serve individuals and families.

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**  
DDSN strongly emphasizes the value of work for persons with disabilities. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment.

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**

For 75 adults waiting for supported employment services, the Department is requesting an average allocation of $8,000 per individual served. This computes to a total of $600,000 in new state funds for services provided under the Department’s current supported employment model. For the 50 students transitioning from high school into employment opportunities, the Department is requesting an average allocation of $10,000 per individual served. This computes to a total $500,000 in new state funds. This transition initiative from high school to employment is a best practice model that the Department will develop into statewide implementation in subsequent years.

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**

Recurring funds are required to meet this need.

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 funds are not identified to meet this need, the agency would have to delay provision of effective and efficient services to employ individuals with disabilities that also allow family caregivers to work and assist them in caring for their family member at home.

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?
### Intended Impact

The intended impact is to assist approximately 125 individuals with disabilities in obtaining and keeping meaningful employment. In addition, this aids families in their ability to care for their family members with a disability at home.

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

### Program Evaluation

DDSN’s services will enable a higher percentage of individuals with disabilities to be competitively employed than the national average. The percentage of individuals served at home will be higher than the national average.

**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?**