

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



Fiscal Year 2016-17 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B): 6668, 6681, 6687, 6690, 6693, 6699, 6702, 6705, 6708, 6898	
	For FY 2016-17, 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 2016-17, 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 2016-17, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Tom Waring	898-9792	twaring@ddsn.sc.gov
SECONDARY CONTACT:	Lisa Weeks	898-9795	lweeks@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2015-16 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	October 1, 2015 	
TYPE/PRINT NAME:	Beverly A. H. Buscemi, Ph.D.	William O. Danielson

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6693
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Crisis Intervention and Stabilization for Individuals
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,650,000
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	<p>S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq., §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000)</p> <p>This decision package is not prompted by a change in statute.</p>
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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?

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

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

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

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

SUMMARY	<p>This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short term needs of individuals in crisis would prevent emergency hospitalizations and expensive long term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings. Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neural-behavioral treatment.</p>	
Information Technology /Security	Y/N	N/A
Consulted DTO during development	Y/N	N/A

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>The request of \$750,000 new state funds is necessary to establish a team of specialists to provide a multi-disciplinary intervention for stabilization. The request of \$400,000 new state funds is to develop four time-limited residential placements designated for individuals in crisis who require highly trained or specialized staffing and care. State funds requested to provide three to four individuals with traumatic brain injury requiring specialized, neural-behavioral treatment at an average cost of \$167,000 equals \$500,000.</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?

FUTURE IMPACT	<p>Recurring funds are required to meet this need. Without recurring resources the agency will be unable to respond to individuals in need of crisis stabilization. This in turn would create additional demand for more expensive residential service settings.</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?

PRIORITIZATION	<p>If new funds are not identified to meet this need, response to individuals escalating to crisis status will be delayed. Without additional funds the agency would have to delay provision of effective and efficient services to assist families in caring for their family member with a disability at home. This results in unnecessary and unwanted stays at hospital emergency departments.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

INTENDED IMPACT	<p>The primary objective is to prevent a crisis situation, intervene to support an individual escalating to crisis and stabilize individuals in crisis in order that they can remain in the care of family at home. These interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement. Another intended impact is to meet the specialized needs of individuals with a traumatic brain injury requiring neural-behavioral treatment.</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?

PROGRAM EVALUATION	<p>The first of five regionalized crisis intervention response teams will be established. Increased capacity will be developed within the DDSN system of care to address the needs of individuals in crisis. Unnecessary admissions to hospital emergency departments and Regional Centers will be reduced.</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

DECISION PACKAGE	6668
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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 Residential Supports by Moving Waiting Lists
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Provide a brief, descriptive title for this request.

AMOUNT	\$14,950,000 State \$25,304,950 Other Funds
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Ann. §44-20-10 (Supp. 2012) et. seq., §44-21-10 (Supp. 2012) et. seq. and §44-380-10 (Supp. 2000) This decision package is not prompted by a change in statute.
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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?

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

RECIPIENTS OF FUNDS	This request will provide new in-home supports and services to approximately 1,800 children and adults with intellectual or related disabilities, autism, traumatic brain injury or spinal cord injury currently waiting for services. This request will also provide necessary residential and day supported services for 125 individuals who have been identified as meeting critical criteria and require residential placement to resolve their critical situation. This request will provide specialized therapies to approximately 300 children with Autism Spectrum Disorder on the waiting list for services and fund the new rate structure being implemented by DHHS. 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.
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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?

RELATED REQUEST(S)	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?

MATCHING FUNDS	Yes. \$25,304,950 in other funds will be earned by the agency.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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

SUMMARY	<p>This request has three components. The first will provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 6,100 individuals waiting for in-home support services. This request is to reduce the demand for services and to provide needed services to families who are caring for individuals with intellectual disabilities in their homes.</p> <p>This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 85% of the informal caregiving rather than replacing families. Usually, individual and family support services such as personal care aides, employment, or respite services cost less than one-half the least expensive out-of-home placement option. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.</p> <p>The second component of this request will provide necessary residential supports and services for 125 individuals whose situations place their health and safety in jeopardy</p>	
Information Technology /Security	Y/N N/A	
Consulted DTO during development	Y/N N/A	

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		<p>and residential services are now necessary as care can no longer be safely provided at home. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals now requiring out-of-home care.</p> <p>This request represents the state's need to respond to individuals whose care can no longer be provided at home. 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 who have been identified as meeting critical criteria. During FY 2015, 457 new individuals met this criteria and were added to the Critical Needs List. 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 for residential services.</p> <p>Based on past experience, approximately 400 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 can only partially meet this demand through those individuals leaving residential services.</p> <p>In South Carolina there are over 1,200 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.</p> <p>The third component of this request is for the Pervasive Developmental Disorder (PDD) Program. This request will allow DDSN to maintain current service capacity and provide specialized therapies to an additional 300 children of the 1,600 currently on the waiting list. This request will also allow DDSN to fund the new rate structure being implemented in the new Medicaid State Plan service package in order to maintain provider availability.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>The funding for in-home services will be allocated among the Department’s three disability divisions of intellectual disabilities, autism, and head and spinal cord injuries. The Department will maximize the state funds appropriated by using the Medicaid waivers operated by the Department when possible. Of the new 1,800 slots 1,650 slots will be allocated to intellectual disabilities population which calculates to \$6,183,500 in new state funds based on an average annual state cost of approximately \$3,800 per slot. One hundred (100) of the 1,800 slots will be allocated for state only funded services which calculates to \$1,399,700. Fifty (50) slots will be allocated to individuals with traumatic brain injury or spinal cord injury which calculates to \$416,800 in new state funds based on an average cost of approximately \$8,300. New state funding required to provide specialized therapies to 300 children in the Autism Spectrum waiting for services is \$3,200,000.</p> <p>To develop 125 new residential beds and corresponding day supports for consumers meeting critical criteria and requiring out-of-home placement, the Department needs on average \$103,000 annually to provide for individual care based on a 24/7 schedule. For 125 new beds at an average cost of \$103,000 per bed, the total impact is \$12,918,000. The Department is seeking \$3,750,000 in new state funds to meet this demand.</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?

FUTURE IMPACT	<p>This funding will provide essential in-home supports and services to approximately 1,800 individuals currently waiting for these services, specialized autism therapies for 300 children and residential supports for 125 individuals with critical needs. Recurring funds are required to continue service levels.</p> <p>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.</p> <p>Recurring funds are also required to meet residential service needs. One-time capital and startup needs will be funded with these dollars as residential and day services are developed. Once these one-time costs are covered, the recurring cost of services will be met.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	<p>If new funds are not identified to meet this need the agency’s ability to respond to these families will be only when a crisis occurs. Without new funds the agency would have to delay provision of effective and efficient services to assist families in caring for their family member with a disability at home and would delay the agency’s ability to respond to individuals living with aging caregivers who can no longer safely provide care in the family home. When fragile family arrangements fall apart, DDSN must respond to the health and safety risk of the individual with the disability who cannot care for himself/herself.</p> <p>Residential services must be provided to care for individuals meeting critical criteria. No other service options are available to meet their health and safety needs. All other options have been exhausted.</p> <p>Intensive specialized therapies for children on the Autism Spectrum enhance their development, reduce the need for future services and enable family members to provide care in the home.</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 2016-17?

INTENDED IMPACT	<p>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.</p> <p>The primary objective of residential services is to respond to the needs of individuals whose circumstances have jeopardized their safety and wellbeing.</p> <p>The primary objective of PDD services is to improve children’s skills and development and avoid future service needs.</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?

PROGRAM EVALUATION	<p>In-home supports and services will provide the needed relief or assistance to individual consumers and families who provide the majority of care to their family member with a disability which will prevent consumers from needing out-of-home placements. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.</p> <p>DDSN will track the number of individuals moving from their family’s home to a community residential setting. Outcomes include honoring family choice and assurance of health, safety and wellbeing of consumers.</p> <p>The number of children receiving specialized autism therapies will increase.</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

DECISION PACKAGE	6690 <i>Provide the decision package number issued by the PBF system (“Governor’s Request”).</i>
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TITLE	Boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings, while maintaining quality care. <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$1,200,000 State \$2,934,000 Other Funds <i>What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.</i>
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ENABLING AUTHORITY	S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq. This decision package is not prompted by a change in statute. <i>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?</i>
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FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table border="0"> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Allocation of statewide employee benefits.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Realignment within existing programs and lines.</td></tr> <tr><td><input type="checkbox"/></td><td>(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Change in cost of providing current services to existing program audience.</td></tr> <tr><td><input type="checkbox"/></td><td>Change in case load / enrollment under existing program guidelines.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility / enrollment for existing program.</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas.</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative.</td></tr> <tr><td><input type="checkbox"/></td><td>Loss of federal or other external financial support for existing program.</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program.</td></tr> </table>	<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<input type="checkbox"/>	Proposed establishment of a new program or initiative.	<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program.
<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.																				
<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.																				
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<input type="checkbox"/>	Loss of federal or other external financial support for existing program.																				
<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program.																				

RECIPIENTS OF FUNDS	This funding will allow 30 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. <i>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?</i>
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RELATED REQUEST(S)	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?

MATCHING FUNDS	Yes. \$2,934,000 in other funds will be earned.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	<p>DDSN has aggressively shifted resources over the past years in order to meet the priorities of the agency without additional funding. During the 21 year period 1994-2015, DDSN shifted more than \$72 million in services from large state-operated facilities to locally operated disabilities boards and other providers as community alternatives were developed.</p> <p>DDSN previously managed this movement to the community settings within its own resources. With increasing cost of care for those individuals leaving the regional centers, the Department no longer has the funding capacity to maintain the quality of care at the regional centers as well as to insure the quality of care for those individuals moving into the community. No other resources are available to meet this need.</p>
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY		<p>The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The new Final Rule issued by CMS requires states to provide services in less restrictive, more inclusive, community settings.</p> <p>This request represents the state’s need to boost the continued transition of individuals with very complex needs from institutional (ICF/ID) settings to less restrictive community settings while maintaining quality care. These funds will be used to purchase and develop community residential settings, day services and provide necessary supports. It will allow 30 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.</p>
Information Technology /Security	Y/N N/A	
Consulted DTO during development	Y/N N/A	

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

METHOD OF CALCULATION	<p>To meet the quality of care and the intense staffing/supervision needs of the individuals with complex medical or behavior needs moving into the community, a projected per diem of \$300 is needed which is an annual cost of approximately \$110,000 per consumer. For the 30 consumers that are projected to move from state operated facilities to the community a total of \$3,300,000 is needed. An additional approximately \$800,000 will be required to respond to the changing needs of those individuals requiring the most extensive amounts of care and supervision. Timely response to varying needs to manage very difficult behavior or medical requirements is important to the health and safety of individuals who are at risk of hurting themselves or others. This equals \$4,134,000 in total funds which computes to approximately \$1,200,000 in new state funds to provide for this choice of care and service in community settings.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

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FUTURE IMPACT	<p>Recurring funds are required to meet this need. This funding will provide community residential and day services and the associated capital and startup costs of these services for 30 individuals with very complex and challenging needs. Additional state funds will be required in future years to allow additional individuals to transition from regional centers to the community to ensure their health and safety and maintain the quality of care for those individuals still residing at the centers.</p>
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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	<p>This funding will allow 30 individuals with the most complex, medical and behaviorally challenging needs to be placed in community settings. Without this additional funding the quality of care for those individuals residing in the regional centers and for those moving into the community will be jeopardized and the health and safety of these individuals will be compromised. If not funded, the agency would need to redirect existing service funds to meet this need. Currently, service funds made available due to natural attrition are directed to serve new individuals waiting for services.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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

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

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

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

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	8303
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Statewide Employee Benefit Allocation
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Provide a brief, descriptive title for this request.

AMOUNT	\$874,347
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq. §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000)</p> <p>This decision package is prompted by the FY 2015-2016 Appropriations Act.</p>
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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?

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

RECIPIENTS OF FUNDS	<p>Agencies receive funds necessary to pay for the higher employer share of employee healthcare costs in accordance with the FY 2015-2016 Appropriations Act.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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

RELATED REQUEST(S)	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?

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

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

SUMMARY	This decision package is to distribute \$874,347 state funds for statewide employee benefit allocations for the increased employer contributions toward employee healthcare costs contained in the FY 2015-2016 budget.	
Information Technology /Security	Y/N	N/A
Consulted DTO during development	Y/N	N/A

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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

METHOD OF CALCULATION	Amount of statewide employee benefit allocation is based on the \$874,347 state funds contained in the FY 2015-2016 Appropriations Act.
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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?

FUTURE IMPACT	Recurring benefits require recurring funds.
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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?

PRIORITIZATION	Not applicable as resources have already been appropriated to the agency in the FY 2015-2016 Appropriations Act.
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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 2016-17?

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

INTENDED IMPACT	The intended impact is to distribute the statewide employee benefits allocation contained in the FY 2015-2016 Appropriations Act.
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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?

PROGRAM EVALUATION	Compliance with the increases contained in the final budget for FY 2015-2016 toward employee healthcare costs.
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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?

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

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6705
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Expansion of Non-Emergency Respite Beds
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,000,000 State
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	<p>S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq., §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000)</p> <p>This decision package is not prompted by a change in statute.</p>
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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?

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

RECIPIENTS OF FUNDS	<p>Parents and other family caregivers would receive planned respite services. DDSN will contract with local disabilities and special needs boards and qualified private service providers to provide services. Funds will be allocated using an existing methodology. No new FTEs are required.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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

RELATED REQUEST(S)	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?

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

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

SUMMARY	<p>Increased service capacity to relieve family caregivers who support individuals at home is essential. Providing around the clock care and supervision for a loved one who is disabled can be very taxing for families. This funding would expand opportunities for families to plan for much needed respite which is essential to support families in keeping loved ones at home. Keeping families together is better for the person, preferred by families, more community inclusive and is the most cost-efficient option for taxpayers as out of home placements are much more expensive. This funding would create eight (8) beds statewide that would be available for planned respite needs of family caregivers.</p> <p>DDSN held a special series of eight (8) Stakeholder Sessions around the state In fiscal year 2012 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.</p>	
Information Technology /Security	Y/N N/A	
Consulted DTO during development	Y/N N/A	

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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

METHOD OF CALCULATION	<p>The \$1,000,000 in new state funds will provide eight (8) non-emergency respite beds in different areas throughout the state. The projected average cost of \$125,000 per bed includes direct care staff and nursing to provide 24-hour care and supervision and other necessary operating costs.</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?

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

PRIORITIZATION	<p>If new funds are not identified to meet this need, action to increase access to non-emergency respite will be deferred. This in turn reduces access to this essential service for families and can result in more expensive out-of-home placements.</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 2016-17?

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

INTENDED IMPACT	<p>Planned, non-emergency respite services prevent unnecessary and expensive out-of-home placements by providing relief and a break from caregiving for families. Respite is essential to maintain individuals in their family homes. This funding request to increase access to planned respite maintains DDSN's ongoing effort to promote independence and responsibility by supporting individuals and families rather than replacing families.</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?

PROGRAM EVALUATION	<p>On average, individual and family support services such as respite services cost less than one-half the least expensive out-of-home placement option. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to cope with the stress of providing ongoing care. The percentage of individuals served at home will be higher than the national average.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6898
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Realignment of FY 2015-2016 base within existing programs
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Provide a brief, descriptive title for this request.

AMOUNT	No change in appropriations for FY 2016-2017
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq. §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000) This decision package is prompted by the FY 2015-2016 Appropriations Act.
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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?

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

RECIPIENTS OF FUNDS	During FY 2015-2016 these funds are being used to provide new services to individuals with intellectual or related disabilities or autism on waiting lists with in-home supports and services necessary to keep them at home with family.
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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?

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

RELATED REQUEST(S)	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?

MATCHING FUNDS	Yes. \$1,840,309 in other funds will be earned by the agency.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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

SUMMARY	<p>This decision package is to realign base funds in the amount of \$2,746,223 total funds appropriated to the agency in the FY 2015-2016 Appropriations Act within the agency's Service Program. New state funding was appropriated to move individuals off waiting lists for DDSN services. A portion of these state funds, \$905,914, was loaded in PBF within the Pervasive Developmental Disorder (PDD) service area instead of within the In-Home Family Supports service area. This decision package properly realigns the base funds already appropriated to the agency in the most transparent manner. No funding related to the base appropriation for the PDD Program is being reduced.</p>	
Information Technology /Security	Y/N	N/A
Consulted DTO during development	Y/N	N/A

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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

METHOD OF CALCULATION	<p>The amount of funds the Department is requesting to be realigned is based on the \$6,400,000 state funds contained in the FY 2015-2016 Appropriations Act for the purpose of serving individuals waiting for services.</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?

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

PRIORITIZATION	<p>Not applicable as resources have already been appropriated to the agency in the FY 2015-2016 Appropriations Act.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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

INTENDED IMPACT	The intended impact is to ensure proper allocation of funds within the agency's budget.
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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?

PROGRAM EVALUATION	Funds are being utilized for the intended purpose of serving individuals waiting for services.
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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?

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

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6699
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Assure statewide access to genetic services
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Provide a brief, descriptive title for this request.

AMOUNT	\$500,000 State Funds \$890,000 Other Funds
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq. §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000)</p> <p>This decision package is not prompted by a change in statute.</p>
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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?

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

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

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

RELATED REQUEST(S)	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?

MATCHING FUNDS	Yes. \$890,000 in other funds will be earned by the agency.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	No other resources are available within the agency to fund this request.
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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.

SUMMARY	<p>This request will assure that all babies found on newborn screening to have a genetic metabolic disease will receive prompt curative treatment. Both the number of infants referred for treatment and the number of infants underserved has increased which has resulted in the need for increased resources to meet the needs of these babies. This request will also further the development of a blood test for autism, specific treatment regimens and monitoring programs for the treatment of autism.</p>	
Information Technology /Security	Y/N	N/A
Consulted DTO during development	Y/N	N/A

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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

METHOD OF CALCULATION	<p>The loss of financial support via a special proviso in the Appropriations Act requires new funds to maintain and expand service levels and further develop specific autism treatment. Funding requested is based on the cost of providing curative treatment to babies born with complex development and medical conditions who need these specialized services.</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?

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

PRIORITIZATION	<p>If new funds are not identified to meet this need the agency would have to delay effective and efficient services and treatment. These specialized services and treatments prevent costly disabilities and enable families to care for their children.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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

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

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

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

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6687
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Safety and Quality of Care
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Provide a brief, descriptive title for this request.

AMOUNT	\$6,300,000 State \$15,398,700 Other Funds
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq. This decision package is not prompted by a change in statute but is partially prompted by new regulation proposed by the federal Department of Labor.
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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?

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

RECIPIENTS OF FUNDS	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. These funds would also be allocated to the Regional Centers to cover the cost of care for direct care employees at those 24/7 facilities. The funds will be allocated using existing methodologies and contracts. No new FTEs are required.
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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?

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

RELATED REQUEST(S)	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?

MATCHING FUNDS	Yes. \$15,398,700 in other funds will be earned by the agency.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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.
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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.

SUMMARY	<p>These funds will be used to cover the increased cost of providing consumer care, recruit/retain essential 24/7 nursing and direct care staff to maintain quality and comply with new regulations proposed by the federal Department of Labor.</p> <p>Service funding rates must be sufficient to cover the cost of care over time or the local community providers will not be able to continue to provide the service. 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. New funds are required to comply with new federal DOL proposed requirements.</p>	
Information Technology /Security	Y/N N/A	<p>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. Service costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services. All providers are now at the point that reimbursements must be maintained to cover operating costs which have risen significantly. Without this funding to maintain current effort, the providers will have to serve fewer people which will mean that some consumers currently receiving services</p>
Consulted DTO during development	Y/N N/A	

AGENCY NAME:	Department of Disabilities and Special Needs		
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		<p>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.</p> <p>In order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers workforce issues must be addressed. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. In the last year large private companies, like Walmart and McDonalds, have raised their hiring pay rate to remain competitive. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.</p> <p>The federal Department of Labor has proposed a new regulation scheduled to become effective during FY 2017. This proposal dramatically changes the overtime exception raising it from employees earning \$25,000 or less to employees earning \$50,000 or less. All DDSN regional centers and community providers will be required to change which staff are exempt and which staff must be paid overtime. This change will result in a significant increase in staffing cost.</p> <p>The state does not provide any automatic increases to cover the 20 plus percent of operating expenses. All service providers are now at the point that reimbursements must be increased to cover the additional operating costs which have risen significantly. New federal DOL requirements will add new workforce costs.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>Over the past years the costs to provide quality of care has increased significantly. The cost to retain the quality of direct care staff is almost immeasurable. The calculations of the \$5,000,000 in new state funds is based on an approximately 2 percent increase for operational cost and a 6 percent retention increase for all direct care staff that have been employed for at least five years or more. A calculation of \$1,300,000 in new state funds is the projected amount required to comply with DOL proposed overtime regulations. These increases would be applied to all community services as well as Regional Center operations.</p>
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How was the amount of the request calculated? 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	<p>Recurring funds are required to meet this need. The provision of funds for this request will ensure that the number of consumers served in the community and in the regional centers, and the quality of those services, are maintained. Funding this request will ensure compliance with current and new proposed federal regulations. The most important consequence of not funding this request is to risk that providers will have to reduce the number of people served, reduce the quality of the services below acceptable Medicaid standards, or even close completely because of the inability to cover their expenses.</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?

PRIORITIZATION	<p>If new funds are not identified to meet this need the agency would have to redirect service funding to cover costs instead of serving new individuals waiting for services.</p> <p>Eventually these costs must be covered or services have to be reduced or eliminated. Compliance with the DOL is required. Reducing quality to reduce expenditures is not an option due to the nature of the services and the fact that Medicaid will not continue to reimburse these expenses if the safety and quality of the service is not maintained.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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INTENDED IMPACT	<p>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 attending the day programs and residing in residential care need these essential supports. The families receiving day supports need the services so that they can go to work and to keep their son or daughter with a disability at home. For those individuals in residential care, it has already been determined that living at home is no longer an option. These services must be maintained and the cost to provide the service must be covered.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6687
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Safety and Quality of Care
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Provide a brief, descriptive title for this request.

AMOUNT	\$6,300,000 State \$15,398,700 Other Funds
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	<p>S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq.</p> <p>This decision package is not prompted by a change in statute but is partially prompted by new regulation proposed by the federal Department of Labor.</p>
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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?

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

RECIPIENTS OF FUNDS	<p>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. These funds would also be allocated to the Regional Centers to cover the cost of care for direct care employees at those 24/7 facilities. The funds will be allocated using existing methodologies and contracts. No new FTEs are required.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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AGENCY CODE:	J160	SECTION:	36

RELATED REQUEST(S)	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?

MATCHING FUNDS	Yes. \$15,398,700 in other funds will be earned by the agency.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

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.
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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.

SUMMARY	<p>These funds will be used to cover the increased cost of providing consumer care, recruit/retain essential 24/7 nursing and direct care staff to maintain quality and comply with new regulations proposed by the federal Department of Labor.</p> <p>Service funding rates must be sufficient to cover the cost of care over time or the local community providers will not be able to continue to provide the service. 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. New funds are required to comply with new federal DOL proposed requirements.</p>	
Information Technology /Security	Y/N N/A	<p>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. Service costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services. All providers are now at the point that reimbursements must be maintained to cover operating costs which have risen significantly. Without this funding to maintain current effort, the providers will have to serve fewer people which will mean that some consumers currently receiving services</p>
Consulted DTO during development	Y/N N/A	

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		<p>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.</p> <p>In order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers workforce issues must be addressed. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. In the last year large private companies, like Walmart and McDonalds, have raised their hiring pay rate to remain competitive. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.</p> <p>The federal Department of Labor has proposed a new regulation scheduled to become effective during FY 2017. This proposal dramatically changes the overtime exception raising it from employees earning \$25,000 or less to employees earning \$50,000 or less. All DDSN regional centers and community providers will be required to change which staff are exempt and which staff must be paid overtime. This change will result in a significant increase in staffing cost.</p> <p>The state does not provide any automatic increases to cover the 20 plus percent of operating expenses. All service providers are now at the point that reimbursements must be increased to cover the additional operating costs which have risen significantly. New federal DOL requirements will add new workforce costs.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>Over the past years the costs to provide quality of care has increased significantly. The cost to retain the quality of direct care staff is almost immeasurable. The calculations of the \$5,000,000 in new state funds is based on an approximately 2 percent increase for operational cost and a 6 percent retention increase for all direct care staff that have been employed for at least five years or more. A calculation of \$1,300,000 in new state funds is the projected amount required to comply with DOL proposed overtime regulations. These increases would be applied to all community services as well as Regional Center operations.</p>
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How was the amount of the request calculated? 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	<p>Recurring funds are required to meet this need. The provision of funds for this request will ensure that the number of consumers served in the community and in the regional centers, and the quality of those services, are maintained. Funding this request will ensure compliance with current and new proposed federal regulations. The most important consequence of not funding this request is to risk that providers will have to reduce the number of people served, reduce the quality of the services below acceptable Medicaid standards, or even close completely because of the inability to cover their expenses.</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?

PRIORITIZATION	<p>If new funds are not identified to meet this need the agency would have to redirect service funding to cover costs instead of serving new individuals waiting for services.</p> <p>Eventually these costs must be covered or services have to be reduced or eliminated. Compliance with the DOL is required. Reducing quality to reduce expenditures is not an option due to the nature of the services and the fact that Medicaid will not continue to reimburse these expenses if the safety and quality of the service is not maintained.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

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INTENDED IMPACT	<p>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 attending the day programs and residing in residential care need these essential supports. The families receiving day supports need the services so that they can go to work and to keep their son or daughter with a disability at home. For those individuals in residential care, it has already been determined that living at home is no longer an option. These services must be maintained and the cost to provide the service must be covered.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6702
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Increase access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries
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Provide a brief, descriptive title for this request.

AMOUNT	\$500,000 State
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Ann. §44-20-10 (Supp. 2013) et. seq., §44-21-10 (Supp. 2013) et. seq. and §44-38-10 (Supp. 2000) This decision package is not prompted by a change in statute.
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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?

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

RECIPIENTS OF FUNDS	Approximately 8 to 10 individuals who experience a traumatic brain injury or a spinal cord injury would receive specialized post-acute rehabilitative services. Specialized qualified providers would receive these funds via contract to provide services.
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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)	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?

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

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.
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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.

SUMMARY		<p>DDSN has a recurring appropriation of \$2.6 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 would serve an additional 8 to 10 individuals and help bridge the gap between the \$2.6 million and the \$11.5 million that is needed to fully fund the program. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation. It is estimated that the \$500,000 funding will provide specialized post-acute rehabilitation for 8 to 10 individuals with a traumatic brain injury or spinal cord injury annually.</p> <p>Currently there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain injury or spinal cord injury. While some people receive some rehabilitation or therapy benefits through private health insurance, Medicare, and other sources such as Worker's Compensation, adequacy of the coverage varies. Some private insurance carriers fund only acute care or a limited amount of generic rehabilitation, rather than specialized rehabilitation. The South Carolina Medicaid</p>
Information Technology /Security	Y/N N/A	
Consulted DTO during development	Y/N N/A	

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		<p>program presently does not adequately fund inpatient/outpatient rehabilitation specialized for traumatic brain injury or spinal cord injury. This was identified as a need in a report DHHS submitted to the federal government several years ago. The state also has a large number of uninsured persons who cannot access rehabilitation. Many of these people become disabled as a result of their injury, and later qualify for Medicaid. As a result, subsequent costs to the Medicaid program are higher than if these people had received specialized rehabilitation.</p> <p>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.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The average cost to serve an individual in the post-acute program is approximately \$50,000 per enrollment. The Department is requesting to serve 8 to 10 more individuals in need of this post-acute rehabilitation service during the year. A total of \$500,000 is needed to serve these additional individuals.</p>
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How was the amount of the request calculated? 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	<p>None.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating

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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.
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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 2016-17?

INTENDED IMPACT	The intended impact is to provide specialized rehabilitative supports to 8 to 10 individuals who survived a traumatic brain injury or spinal cord injury. This service will result in greater functional skills, ability to live independently and avoid the need for more expensive ongoing services.
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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?

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.
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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?