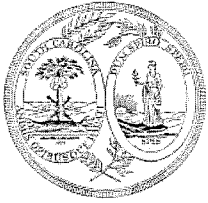


AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34



Fiscal Year 2015-16 Agency Budget Plan

FORM A – SUMMARY

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

My agency is submitting the following recurring decision packages (Form B): 3130 , 3331, 4344	
For FY 2015-16, 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): 4392	
For FY 2015-16, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS

For FY 2015-16, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
<input type="checkbox"/>	Not requesting any proviso changes.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Bruce C. Busbee	803-898-3388	Busbeebc@dhec.sc.gov
SECONDARY CONTACT:	Barbara Derrick	803-898-0815	Derricba@dhec.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:		
TYPE/PRINT NAME:	Catherine B. Templeton, Director SC Department of Health and Environmental Control	Allen Amsler, Chairman SC Board of Health and Environmental Control

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	3331
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Distribution of Agency salary and fringe increments
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,849,672
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	
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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	Subprograms within the agency employing classified positions at the beginning of FY 15.
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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)	N/A
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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	N/A
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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	N/A
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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>The following net adjustments were made to classified positions and employee benefits accounts within the general fund appropriations.</p> <p>GENERAL FUND CHANGES</p> <table> <tr> <td>I. Administration</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$95,162</td> </tr> <tr> <td>II.A.2 Water Quality Improvement – Water Management</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$44,432</td> </tr> <tr> <td>II.A.3 Water Quality Improvement - Environmental Health</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$266,575</td> </tr> <tr> <td>II.B Coastal Resource Management</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$13,760</td> </tr> <tr> <td>II.C Air Quality Improvement</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$38,866</td> </tr> <tr> <td>II.D Land and Waste Management</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$18,263</td> </tr> <tr> <td>II.E.1 Family Health – Infectious Disease</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$84,272</td> </tr> <tr> <td>II.E.2 Family Health – Maternal/Infant Health</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$26,476</td> </tr> <tr> <td>II.E.3 Family Health – Chronic Disease</td> <td></td> </tr> <tr> <td> Classified Positions</td> <td>\$13,320</td> </tr> </table>	I. Administration		Classified Positions	\$95,162	II.A.2 Water Quality Improvement – Water Management		Classified Positions	\$44,432	II.A.3 Water Quality Improvement - Environmental Health		Classified Positions	\$266,575	II.B Coastal Resource Management		Classified Positions	\$13,760	II.C Air Quality Improvement		Classified Positions	\$38,866	II.D Land and Waste Management		Classified Positions	\$18,263	II.E.1 Family Health – Infectious Disease		Classified Positions	\$84,272	II.E.2 Family Health – Maternal/Infant Health		Classified Positions	\$26,476	II.E.3 Family Health – Chronic Disease		Classified Positions	\$13,320
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AGENCY NAME:	Department of Health and Environmental Control		
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	II.E.4 Family Health – Access to Care Classified Positions	\$557,798
	II.F.1 Health Care Standards – Radiological Monitoring Classified Positions	\$14,320
	II.F.3 Health Care Standards – Facility Licensing Classified Positions	\$28,521
	II.G.1 Health Surveillance Support-Health Laboratory Classified Positions	\$16,710
	II.G.2 Health Surveillance Support – Vital Records Classified Positions	\$ 1,644
	III. Employee Benefits Employer Contributions	<u>\$629,553</u>
	Total Agency Change General Funds	<u>\$ 1,849,672</u>

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	Actual increment distribution from Executive Budget Office

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	None.
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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	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

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INTENDED IMPACT	Distribution of salary and fringe increments where the costs are to be incurred.
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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	N/A
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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	3130
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Realignment of agency appropriation within funding sources
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Provide a brief, descriptive title for this request.

AMOUNT	\$0
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>General Proviso 117.9 of the FY14-15 Appropriation Act states: "Agencies and institutions shall be authorized to transfer appropriations within programs and within the agency with notification to the Executive Budget Office and Comptroller General. No such transfer may exceed twenty percent of the program budget. Upon request, details of such transfers may be provided to members of the General Assembly on an agency by agency basis. Transfers of appropriations from personal service accounts to other operating accounts or from other operating accounts to personal service accounts may be restricted to any established standard level set by the Budget and Control Board upon formal approval by a majority of the members of the Budget and Control Board.</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 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	The funds appropriated within the agency's budget shall be used to administer statewide programs that promote and support the mission of the agency and benefit the citizens of South Carolina.
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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)	N/A
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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	N/A
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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	N/A
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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	The net changes within fund and programs resulted in the following adjustments to major commitment items within the agency			
	General Fund (State Appropriation) changes			
	From: Classified positions	(\$836,639)	To: Other Personal Services	\$836,639
	From: Unclassified positions	(\$240,435)	To: Other Personal Services	\$240,435
	From: Employee Benefits	(\$117,159)	To: Other Personal Services	\$117,159
	From: Employee Benefits	(\$440,931)	To: Other Operating	\$440,931
	From: Case Services	(\$1,246,056)	To: Other Operating	\$1,246,056
	From: Case Services	<u>(\$1,238)</u>	To: Other Operating	<u>\$ 1,238</u>
	Net Change	(\$2,882,458)		\$2,882,458
	Other Fund authorization changes			
	From: Classified positions	(\$2,457,871)	To: Other Operating	\$2,457,871
	From: Classified positions	(\$474,512)	To: Fringe Benefits	\$474,512
	From: Other Personal Svcs	(\$305,640)	To: Other Operating	\$305,640
	From: Case Services	(\$6,359,069)	To: Other Operating	\$6,359,069
	From: Case Services	<u>(\$2,950,418)</u>	To: Allocations	<u>\$2,950,418</u>
Net Change	(\$12,547,510)		\$12,547,510	

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	Restricted Fund authorization changes		
	From: Other Personal Services (\$7,449)	To: Classified Positions	\$7,449
	From: Other Operating (\$23,300)	To: Classified Positions	\$23,300
	From: Other Operating (<u>\$45,570</u>)	To: Employee Benefits	<u>\$45,570</u>
	Net Change (\$76,319)		\$76,319
	Federal Fund authorization changes		
	From: Other Operating (\$1,718,806)	To: Classified Positions	\$1,718,806
	From: Case Services (\$215,488)	To: Classified Positions	\$215,488
	From: Case Services (\$254,264)	To: Other Personal Svcs	\$254,264
	From: Case Services (<u>\$479,949</u>)	To: Allocations	<u>\$479,949</u>
Net Change (\$2,668,507)		\$2,668,507	

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	Base appropriations adjusted and balanced to actual current budget as of September 2014.

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	None
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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	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

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INTENDED IMPACT	<p>Realignment of authorization levels to minimize the number budget adjustments entries in future fiscal periods.</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>N/A</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	4344
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Pinewood Hazardous Waste Landfill
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,981,000
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	
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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 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	Third party contractor responsible for the operations, maintenance and monitoring of activities at the Pinewood Commercial Hazardous Waste Landfill site.
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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)	N/A
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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	N/A
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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	The bankruptcy settlement established a trust fund to finance closure of the site. The current trust fund balance of \$4,214,033 will not completely support site operations past 2015.
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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 funding request addresses operations, maintenance and monitoring activities at the former Pinewood Commercial Hazardous Waste Landfill site. In 2000, the owner/operator entered into bankruptcy and ceased all operations. The site is currently in post-closure care, which includes the following:</p> <ol style="list-style-type: none"> 1) an extensive environmental monitoring program, 2) a leachate monitoring system, 3) a collection and treatment system, 4) a stormwater management system, 5) a site security system, 6) site permitting and compliance 7) transportation and disposal of leachate solids, 8) insurance, utilities, taxes, fees and operations-related incidentals. <p>Most of these costs are highly dependent upon variables such as repairs and replacement parts, offsite disposal facility acceptance fees and surcharges, transportation fuel costs, changes in leachate concentrations and waste generation rates.</p> <p>The bankruptcy settlement established a trust fund to finance closure of the site, and an annual annuity for post-closure care of the site for a 100 year period. The average costs for OM&M at the site are approximately \$4,891,988. The annuity will provide between \$958,028 and \$1,006,956 per year over the next five years. Currently, the trust fund</p>
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	<p>balance is \$4,214,033. However; because of the variability of these expenses, the current balance will not completely support site operations past 2015. Without another source of funding the operations, maintenance and monitoring activities costs cannot be fully funded over the remainder of the post-closure care period</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>An independent third party review of the current and projected 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?

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FUTURE IMPACT	<p>The Department has retained an independent third party to review the current and projected costs for the remainder of the post-closure period. The current financial mechanism, and future financial costs associated with post-closure care will be fully examined and both short-term and long-term prioritized recommendations for post-closure care of the site will be identified.</p> <p>Once this evaluation is complete plans can be implemented taking into account the current financial, physical and environmental conditions of the landfill. The potential environmental risks posed by the site can then be identified and prioritized accordingly.</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	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

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INTENDED IMPACT	<p>The intended impact of this request is to provide funding for the annual operating, maintenance and monitoring of the facility and monitoring systems.</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>Financial solvency of the post-closure care plan.</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 Health and Environmental Control		
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	5078
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Hazardous Waste and Above Ground Storage Tanks
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Provide a brief, descriptive title for this request.

AMOUNT	\$750,000
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	
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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 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	Sites requiring remediation.
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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)	4344
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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	N/A
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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	N/A
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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 funding request addresses operations, maintenance and monitoring activities at hazardous waste sites. Most of the costs associated with remediation of these sites are highly dependent upon variables such as repairs and replacement parties, offsite disposal facility acceptance fees and surcharges, transportation fuel costs, change in leachate concentrations and waste generation rates.</p> <p>We are requesting \$500,000 recurring funds for the Hazardous Waste Contingency Fund for the Brewer site.</p> <p>Above Ground Storage Tanks.</p> <p>There are currently 169 petroleum releases from unregulated AST's that are not covered by SUPERB (State Underground Petroleum Environmental Response Bank) Funds. While most have Responsible Parties, it is probable that 62 of these sites will default resulting in \$7.4M onetime cost to the state. We are not requesting full funding at this time, but want the General Assemble to be aware of the possible liability and suggest a restricted recurring line of \$250,000.</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	
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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>Other items for awareness. Dry Cleaning Sites. The dry cleaner fund is underfunded by \$202M. Just to clean up Tier I and Tier II sites every year it takes: \$1,843,706 over 10 years \$921,853 over 20 years \$614,568 over 30 years Still leaving 294 Tier III sites. Currently, 1% of the 6% charged for dry cleaning services supports the cleanup fund. The remaining 5% goes directly to the General Fund. We would ask that the First \$1,843,706 of the service charge go to the cleanup fund for the next 10 years. This will require a statutory change.</p> <p>Mining Bonds Currently, the mining statute allow for a \$10,000 bond. The liability for closure is not covered sufficiently. We will request a statutory change to allow a \$15,000 bond. Funding will provide additional resources for the remediation efforts</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	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

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INTENDED IMPACT	<p>While most have Responsible Parties, it is probable that 62 of these sites will default. These funds are requested to help offset the resulting \$7.4 M in onetime cost to the state.</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>Were adequate fund balances available to cover defaulting facilities.</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 C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	4392
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Information Technology Infra-Structure
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Provide a brief, descriptive title for this request.

AMOUNT	\$18,405,550
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How much is requested for this project in FY 2015-16?

BUDGET PROGRAM	I. Administration
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>Data Governance - \$2,490,500 SC DHEC seeks to select and deploy a Master Data Management (MDM) solution along with consulting services to assist with the configuration, installation, and implementation of the system. Services to include assistance with the development of Data Governance framework and structure, policies and processes, and workflows within the agency organization to ensure long term sustainability. The end goal is to develop and implement an information management strategy to ensure data management of the agency's transactional systems, leverage that data to ensure strategic initiatives and compliance with federal and state regulatory laws, and create Single Source of Truth (SSOT) or golden record from reconciled sources.</p> <p>e-Permitting - \$7,210,000 DHEC has developed an RFP for eServe, an electronic business (eBusiness) system. The purchased system will have an external citizen portal for health and environment permits (application and status), enforcement (incident initiation, completed actions), and online account management. eServe will also have an internal interface for agency users and administrators. eServe will operate on multiple platforms, including mobile devices. Revenue Producing – eServe will facilitate the online collection of regulatory fees, including permit applications, renewals, and enforcement. Cost Reduction – Services currently performed manually by agency staff will be automated in the eServe system. Customers will utilize the external portal to complete and submit applications. They will also use the system to track the status of their applications. In addition, customers will be able to enter incidents and complaints online, thereby reducing the staff currently allocated to responding to telephone and other inquiries. In addition, staff currently using paper forms to complete inspections in the field, then submitting the completed paper forms to administrative personnel to enter into the current system, will instead utilize mobile devices with an interface allowing the inspectors to enter all inspection data via that device while on-site. Productivity Enhancement – With many agency personnel utilizing the eServe system, all data will be maintained in one database and will be accessible by users needing access. All program areas will move from the processing of paper forms and applications to the web-based electronic system. Manual entry of data will be significantly reduced. Legal Mandate – The agency must follow state and federal regulations and statutes in performing its duties. eServe</p>
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will facilitate agency adherence to these regulations. Vendor Support Increase – In the initial five years of installation, it will be necessary to fund support of the system from the vendor. It is anticipated that the amount of support needed, and therefore the cost, will be reduced each subsequent to the initial installation. State Support Increase – No additional state support is anticipated. Equipment Replacement – The existing servers have been operational for more than 10 years. It is anticipated that new equipment will be needed to support the eServe eBusiness system. To fully utilize the mobile device support, it is anticipated that mobile devices will need to be purchased for agency staff performing onsite inspections, etc. User workstations may also need to be replaced. Normal Growth in System Usage – It is anticipated that most agency staff will use the eServe system. New Information Requirement – Additional functionality beyond the capacity of the current system is necessary to meet data reporting requirements to various federal systems. eServe will improve the collection and reporting of company and facility environmental data as well as improve the quality of the data uploaded to federal systems. Security Requirement – eServe will adhere to the most current security guidelines, ensuring protection of company, facility, environmental, and health data. Reliability/Accuracy Enhancements – All company, facility, and person data related to permits, incidents, etc., needs to be maintained in one database and accessible by all program areas. Where applicable, the data needs to be accessible to the citizens of South Carolina. With the extended phase-in of the current environmental system, data for some companies/facilities is contained in multiple records, thereby necessitating intensive queries to obtain all data regarding a particular company or facility. Since there was not an automatically enforced process of creating new companies and/or ensuring that any additions were made to the existing record for a company, multiple entries are present in the existing database. The eServe system will implement an automated process for selecting a company record to which data will be added. User permissions for critical functions like company creation, etc., will be restricted. Uniform State System – No standard state system exists for the functionality required. Training/Education – Agency IT personnel will need to be trained by the eServe vendor. Depending on the vendor and technology implementation selected, the IT personnel will need to be trained on configuring the system modules, modifying the source or configuration files for the system, and maintaining the system. In addition, agency personnel will need to be trained on the use of the eServe system.

Prescription Monitoring Program Replacement - \$1,425,550

SC DHEC is issuing an RFP to recruit a vendor to service our Prescription Monitoring Program (PMP). The PMP to be operated by DHEC’s Bureau of Drug Control (BDC). The PMP will collect dispensing info from outpatient pharmacies as well as practitioners for schedule II-IV controlled substances. The information will be submitted to the BDC in electronic format although a waiver may be granted to a dispenser that is unable to submit prescription info by electronic means. Federal state and local law enforcement agencies, pharmacists, practitioners, and boards that license practitioners will be able to request info from the PMP. DHEC believes that drug diversion cases involving deception, doctor shopping and drug trafficking will be more effectively identified, investigated and prosecuted criminally and or administratively. The program will enable DHEC to identify drug diversion and drug abuse situations earlier, identify prescribing trends, reduce investigation time, and enhance a practitioner’s decision process in prescribing a drug therapy and decrease health care fraud, thus: 1. Reducing inappropriate and

unwarranted prescribing and subsequent diversion of abuse drugs; 2. Reducing the time and effort required by law enforcement and regulatory investigators to assess the merits of possible drug diversion cases; and 3. Educating physicians, pharmacists, policymakers and the public about the existence and extent of diversion, scams, and the drugs most likely to be diverted by individuals.

Electronic Health Record - \$3,950,000

DHEC did explore utilization of electronic health record systems/RFP's currently worked on by the SC Department of Mental Health and Health and Human Services, but was unable to join in because of specific requirement of federal programs such as WIC.

SC DHEC currently utilizes a hybrid electronic and paper based service delivery record system. This includes the patient medical record for clinical services and the management information system for WIC services. In addition the electronic system for demographics, appointment scheduling and other tracking and reporting mechanisms is not compatible with the federal requirements for an electronic health record system. At the present time, SC DHEC estimates approximately 1,300 clinical, administrative, and nutritional users for the EHR application after deployment. These users are in 65 locations (clinics + central office) across the state. These users provide services in clinic and community settings. Users consist primarily of nursing and nutrition staff. Numbers may fluctuate during the terms of the contract.

The safety of our patients can be markedly improved by the appropriate use of automated systems of communication, reminders and clinical practice standards. To continue providing the highest standard of care, we must purchase a reliable comprehensive and integrated software system for implementation of an EHR. The system selected must interface with internal agency systems, as well as external systems.

The vision is for the entire system to be paperless, integrated, stable and legally compliant, plus provide sensible work/patient flow. We are seeking to establish a partnership with an EHR organization familiar/experienced with Public Health service delivery and capable of:

- Enhanced electronic charting-menu of important categories of patient information (i.e.: problem list, medication list, chart review, preventive service flow sheets, physical exam diagrams, family history, medical history, social history, etc.)
- Single entry data points and multiple locations for critical information (i.e. allergies, vital signs, anthropometrics, diagnosis and medications, etc.)
- Templates with easy entry of information in a consistent format (i.e. customizable flow sheets)
- Electronic prescription prescribing including patient ability to select and maintain preferred pharmacy
- Electronic referral and linkage capabilities
- Clinical decision support-drug interactions embedded in system; system should include parameters to aid in clinical decision process to include contraindications, precautions, etc.

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- Clinical management guidelines
- MAR which encompasses agency drug formularies with ability to manage drug inventory
- Embedded knowledge sources for patient education/counseling
- Linkage to agency standing medical orders

Vital Records - \$2,349,500

SC DHEC seeks to purchase an upgraded Statewide Electronic Vital Records System to replace the system initially purchased in FY 2003 and establish a 5 year maintenance contract. The current maintenance contract on the existing system expired in November of 2013 and the Vital Records management team has determined that continued use, maintenance and upgrade of the existing system is counter-productive since many new technologies have been developed since the initial purchase that will allow the Vital Records program to better meet the needs of the users of this system. Some of these advances in the area of mobile accessible applications, integration with other systems such as medical records and funeral home software, system redundancy, fully-web-based systems and Modifiable-off-the-Shelf software will allow the program to operate a more customer friendly and flexible system that can be centrally managed, integrated with other systems (such as the agency imaging system, customer queuing system and credit card processing system) and modified by internal staff through the graphical user interface to accommodate new data collection and reporting requirements that occur on a regular basis due to federal and state requirements as well as the requirements of our user base. This system will replicate all the existing system’s functionality that automates all aspects of the registration, certification, accounting, searching and statistical process for every type of vital record (births, deaths, marriages, divorces, fetal deaths and induced termination of pregnancies). This system will run in every county health department with Vital Records onsite service (approximately 40), every delivering hospital in the state (approximately 60), over 500 funeral homes, all Coroner and Medical Examiner’s offices (46) and physician practices (approximately 500). Currently there are 975 locations using the system with approximately 2,000 users. In fiscal year 2012 approximately 695,000 copies of certifications were issued through this system. The number of South Carolina events that are registered in the system in a given year is approximately 55,000 births, 35,000 deaths, 40,000 marriages, 15,000 divorces, 600 fetal deaths and 8,000 induced terminations of pregnancy (ITOP). This replacement system will also replicate and enhance the current system’s ability to integrate with federal systems such as the Electronic Verification of Vital Events and SSA Online Verification System as well as streamline the process of providing data extracts to fulfill contractual obligations with our state and federal partners such as the National Center for Health Statistics, Social Security Administration, Department of Social Services, Election Commission, Department of Motor Vehicles, Office of Research and Statistics and many others.

Steton Replacement- \$980,000

SC DHEC wishes to replace the hosted solution to facilitate the inspections of health facilities statewide. The system should be a completely hosted system in a certified and secured data center with ability of mobile application, web browser, and client capabilities that can be used to interface with the hosted system. The system runs in a disconnected or connected mode.

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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

RELATED REQUEST(S)	N/A
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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	As the projects develop, federal funds may be available to support. However, federal funds have not been approved at this point.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	N/A
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	These requests are in various stages of the State IT Approval Requests.
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	State IT Approval Requests.
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.24
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Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").

TITLE	DHEC: Health Licensing Monetary Penalties
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Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.F.3 Health Care Standards – Facility Licensing
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	N/A
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Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.

REQUESTED ACTION	Amend
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>Proviso allows the agency to retain the first \$50,000 from civil monetary penalties collected during the fiscal year.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

EXPLANATION	<p>The agency has changed the name of the division from Division of Health Licensing (DHL) to Bureau of Health Facilities Licensing (BHFL) and is updating language reflecting that change.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

34.24. (DHEC: Health Licensing Monetary Penalties) In the course of regulating health care facilities/services, the Bureau ~~Division~~ of Health Facilities Licensing (~~DH~~DBHFL) assesses civil monetary penalties against nonconforming providers. ~~DH~~ DBHFL shall retain up to the first \$50,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that division. These funds shall be separately accounted for in the department's fiscal records.

**PROPOSED
PROVISO TEXT**

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.25
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Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").

TITLE	DHEC: Health Facility Monetary Penalties
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Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.F.2 Health Care Standards- Facility/Services Development
-----------------------	--

Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	None
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Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.

REQUESTED ACTION	Amend
-------------------------	--------------

Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>This proviso allows the agency to retain the first \$100,000 of civil monetary penalties collected during the fiscal year. The proviso also establishes specific guidance related to nursing home staffing.</p>
----------------	--

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

EXPLANATION	<p>The agency has changed the name of the Bureau of Health Facilities and Services Development (BHF) to the Division of Construction/Fire & Life Safety (DCFLS). The changes update the proviso with the new name.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

34.25 (DHEC: Health Facility Monetary Penalties) In the course of regulating health care facilities/services, the ~~Bureau of Health Facilities and Services Development (BHF)~~ Division of Construction/Fire & Life Safety (DCFLS) assesses civil monetary penalties against nonconforming providers. ~~(BHF)-DCFLS~~ shall retain up to the first \$100,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulation applicable to that ~~Bureau~~ Division. These funds shall be separately accounted for in the department's fiscal records. Regulations for nursing home staffing for Fiscal Year 2014-15 must (1) provide a minimum of one and sixty-three hundredths (1.63) hours of direct care per resident per day for the non-licensed nursing staff; and (2) maintain at least one licensed nurse per shift for each staff work area. All other staffing standards and non-staffing standards established in Standards of Licensing Nursing Homes; R61-17, Code of State Regulations, must be enforced.

**PROPOSED
PROVISO TEXT**

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.40
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Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").

TITLE	DHEC: Abstinence Education Contract
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Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. E.2 Maternal/Infant Health
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	None
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Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>The existing proviso states that Abstinence Education funds received through the Title V, Section 510 federal program should be awarded through a competitive bidding process.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

EXPLANATION	<p>The agency is required to use competitive bidding process per the state procurement process if it does not have a specific exemption. The agency does not have specific exemption, so the proviso is not needed in order to ensure a competitive bidding process.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

34.40, (DHEC: Abstinence Education Contract) For the current fiscal year, funds made available to the State of South Carolina under the provisions of Title V, Section 510, may only be awarded to other entities through a competitive bidding process.

**PROPOSED
PROVISO TEXT**

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.45
---------------	-------

Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").

TITLE	DHEC: Tuberculosis Outbreak
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Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.E.1 Family Health – Infectious Disease
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	None
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Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.

REQUESTED ACTION	Amend
-------------------------	-------

Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	This proviso sets notification procedures upon discovery of a Tuberculosis outbreak.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

EXPLANATION	<p>This action corrects lettering/numbering of the proviso and one spelling error. This revision makes not changes to the content or requirements of the proviso.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

**PROPOSED
PROVISO TEXT**

34.45 (DHEC: Tuberculosis Outbreak) Upon discovery of a tuberculosis outbreak, the Department of Health and Environmental Control may expend any funds available to the agency, for the purpose of surveillance, investigation, containment, and treatment activities related thereto.

~~(B)~~ (A) During an investigation of an index tuberculosis patient, the Department of Health and Environmental Control, through the South Carolina Health Alert Network, must notify the patient’s community that a tuberculosis contact investigation is being conducted into the possible exposure to tuberculosis. This subsection only applies if the investigation of the patient has met all of the following criteria;

- (1) abnormal chest x-rays;
- (2) positive Acid Fast Bacilli (AFB) sputum results; and
- (3) first round of contact investigation completed with results of individuals testing positive outside of the index patient’s family.

~~(C)~~ (B) Upon being informed of or having reason to suspect a case of tuberculosis that is capable of transmitting tubercle bacilli at a school or child care center involving a student, teacher, employee, volunteer, or an individual working at the school or child care center for an employer providing services to the school or child care center, the department immediately shall notify:

- (1) if the case is at a school, the principal, and the Superintendent of the school district if the school is a public school; and
- (2) if the case is at a child care center, the director of the child care center; and

~~(D)~~ (C) When informing the principal of a school or the director of a child care center about a known or suspected case of tuberculosis that is capable of transmitting tubercle bacilli as provided for in subsection ~~(C)~~ (B), the department shall provide;

- (1) An update addressing the:
 - (a) status of the investigation, including the steps the department is taking to identify the source and extent of the exposure and the risks of additional exposure; and
 - (b) steps the school or child care center must take to assist the department in controlling the spread of the tuberculosis infection; and
- (2) information and other resources to distribute to parents and guardians that discuss how to assist the department in identifying and managing the tuberculosis infection.

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.46
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Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").

TITLE	DHEC: Abstinence Until Marriage Emerging Programs
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Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.E.3 Family Health – Maternal/Infant Health
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	None
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Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>This proviso specifies requirements for awarding funds for Abstinence Education funds appropriated by the state for emerging programs.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

EXPLANATION	<p>The agency is recommending deletion of the proviso. Recommendation is for the General Assembly to directly appropriate funds to the appropriate source based on their intentions. Direct appropriations would be the best way to simplify the process. The current proviso related process to distribute the funds requires a considerable amount of time, effort and resources while not meeting the legislative intentions.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

PROPOSED
PROVISO TEXT

~~34.46.~~ (DHEC: Abstinence Until Marriage Emerging Programs) (A) From the funds appropriated to DHEC in this act as a Special Item and titled "Abstinence Until Marriage Emerging Programs" the department shall award a twelve month grant for abstinence-until-marriage-emerging programs. This funding shall be awarded by the department only to non-profit 501(c) (3) agencies meeting the following requirements through a competitive bid process to demonstrate emerging program/curricula that meets the A-H Title V, Section 510 definition of Abstinence Education.

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

~~—(C)—~~ Applicants will be given priority that have, for at least two years prior to application, effectively implemented in South Carolina the program/curricula for which funding is being applied.

~~—(D)—~~ Applicants must provide a current third party audit that indicates the applicant has the infrastructure and experience to efficiently and effectively manage the funding applied for.

~~—(E)—~~ Applicants must provide a budget and budget narrative that explains how the funds will be used.

~~—(F)—~~ Applications must allocate a minimum of fifteen percent of the budget for a qualified third party evaluator to assess both process outputs and behavioral outcomes of the program.

~~—(G)—~~ Prior to application, proposed programs/curricula must be certified as medically accurate by a government or private agency that has the capacity to provide a quality review of materials for medical accuracy.

~~—(H)—~~ Prior to application, proposed programs/curricula must be certified by the National Abstinence Education Association (NAEA) as meeting and being in compliance with all of the Title V, Section 510 A-H requirements for abstinence-until-marriage education programs.

~~—(I)—~~ Applicants must provide proof of an agreement with a federally certified IRB for review of program and evaluation processes and protocol and must provide proof of the IRB's approval prior to program implementation.

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

~~—(1)—~~ Proposed one-year budget with the following detail for the twelve month grant period. The applicant must agree to submit quarterly reports to the department detailing the expenditure of funds and the accomplishments of the project including:

~~—(a)—~~ Personnel costs and fringe by position for each of the following areas: administration, training, education, and other positions identified;

~~—(b)—~~ Operational cost identified in the application;

~~—(c)—~~ Onetime costs over \$500 such as supplies;

~~—(d)—~~ Administration cost may not exceed ten percent of total project budget. Administration is defined expenses other than educational.

~~—(2)—~~ Description of program and curriculum to be used;

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- ~~_____ (3) Description of training;~~
- ~~_____ (4) Schedule and brief description of project activities for each quarter;~~
- ~~_____ (5) Participation Reports at the end of every three months on the following:~~
 - ~~_____ (a) Number of persons who participated;~~
 - ~~_____ (b) Total number of hours provided;~~
 - ~~_____ (c) Number of train the trainer events;~~
 - ~~_____ (d) Other data regarding the activities of the project;~~
- ~~_____ (6) A description of the project evaluation to be used;~~
- ~~_____ (7) Copy of latest completed independent financial audit and agency's response to any audit exceptions;~~
- ~~_____ (8) Qualifications of project personnel;~~
- ~~_____ (9) Best Practices to be used; and~~
- ~~_____ (10) Evidence Based Curriculum to be used.~~
- ~~_____ Organizations or individuals awarded grants must provide quarterly reports on expenditures and participation to DSS within fifteen days of the end of each quarter.~~
- ~~_____ (K) Grantees failing to submit reports within thirty days of the end of each quarter~~

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.47
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Cite the proviso according to the renumbered list for FY 2015-16 (or mark "NEW").

TITLE	DHEC: Abstinence Until Marriage Evidence-Based Programs Funding
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Provide the title from the FY 2014-15 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II.E.3 Family Health – Maternal/Infant Health
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	None
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Is this request associated with a decision package you have submitted for FY 2015-16? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>This proviso specifies requirements for awarding funds for Abstinence Education funds appropriated by the state for evidence based programs funding.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

EXPLANATION	<p>The agency is recommending deletion of the proviso. Recommendation is for the General Assembly to directly appropriate funds to the appropriate source based on their intentions. Direct appropriations would be the best way to simplify the process. The current proviso related process to distribute the funds requires a considerable amount of time, effort and resources while not meeting the legislative intentions.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

**PROPOSED
PROVISO TEXT**

34.47. — (DHEC: Abstinence Until Marriage Evidence Based Programs Funding) From the monies appropriated for the Continuation of Teen Pregnancy Prevention, contracts must be awarded to separate private, non-profit 501(c)(3) entities to provide Abstinence Until Marriage teen pregnancy prevention programs and services within the State using a proven effective program/curricula that meets the A-H Title V, Section 510 definition of Abstinence Education. Contracts must be awarded utilizing a competitive approach in accordance with the South Carolina Procurement Code. Applicants will be given priority that have, for at least two years prior to application, effectively implemented in South Carolina the program/curricula for which funding is being applied. Applicants contracted to provide SC Title V; Section 510 funding will be given priority in order to meet the State's Title V, Section 510 federal match requirement. Proposed programs/curricula must be certified as medically accurate by a government or private agency that has the capacity to provide a quality review of materials for medical accuracy. Proposed programs/curricula must be certified by the National Abstinence Education Association (NAEA) as meeting and being in compliance with all of the Title V, Section 510 A-H requirement for abstinence until marriage education programs. Applicants must provide proof of an agreement with a federally certified IRB for review of program and evaluation processes and protocol and must provide proof of the IRB's approval prior to program implementation. Applicants must provide a budget for the proposed project and a recent third party audit indicating the applicant has sufficient experience and capacity for properly managing the level of funding for which the application is being made. Monies will be paid over a twelve month basis for services rendered. Unexpended funds shall be carried forward for the purpose of fulfilling the department's contractual agreement. The programs implemented by the entity awarded a contract pursuant to this proviso may not violate any portion of the South Carolina Comprehensive Health Education Act when implemented in a school setting. An entity that violates any portion of the South Carolina Comprehensive Health Education Act must reimburse the State for all funds disbursed.

Paste FY 2014-15 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.