

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



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages listed in priority order (Form B): 9903; 9812; 9803; 9821; 9824; 9827; 9830; 9836; 9845; 9854; 9857; 9863; 9866</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<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.		
<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)	<p>My agency is submitting the following one-time decision packages listed in priority order (Form C): 9833; 9842; 9848; 9851; 9860</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
PROVISOS (FORM D)	<p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).	<input type="checkbox"/>	Not requesting any proviso changes.
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<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:	Darbi MacPhail	803-898-3331	Macphadc@dhec.sc.gov

I have reviewed and approved the enclosed FY 2017-18 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:	<i>Catherine Heigel, 9-28-16</i>	<i>Allen Amsler 9-28-16</i>
TYPE/PRINT NAME:	Catherine Heigel	Allen Amsler

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

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9845
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Stroke System of Care
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Provide a brief, descriptive title for this request.

AMOUNT	\$253,306
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SECTION 44-61-620 "Stroke System of Care Act of 2011 "
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>9848</u>
	<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 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	Recipients of the funding would be the Department of Health and Environmental Control. Each designated stroke or telestroke center would receive reimbursement of up to \$2,500 for their stroke registry. The South Carolina Hospital Association would also receive \$10,000 annually to support the Stroke and Heart Care Alliance annual education conference. No other money is budgeted for distribution outside of program expenses.
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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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ACCOUNTABILITY OF FUNDS	Objective 3.3.4 FY 17 Annual Accountability Report
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency's FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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 Bureau of EMS applied for a Coverdale grant to implement this system. Despite a "strong application", we were denied funding. There are no other alternative funding options available at this time.
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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>In 2011 the Stroke Care Act was established without a dedicated funding stream for implementation and sustainability. For the Department to carry out the responsibilities outlined in this act, recurring appropriations for the Stroke System is necessary. We are currently unable to fully implement the Act as outlined due to a lack of permanent funding. Stroke is one of the leading causes of death in South Carolina, and underfunding this system of care will not reduce stroke morbidity and mortality or improve outcomes from those suffering from these debilitating event.</p> <p>South Carolina has the third highest mortality rate from stroke in the U.S. It is the fourth leading cause of death in South Carolina. In data from 2013, there were nearly 15,000 stroke hospitalizations with a cost of more than \$690,000,000 to the health care system. The Stroke System of Care Act was signed into law in 2011. DHEC is tasked with carrying out a number of initiatives to include establishing a Stroke Advisory Council, ensure a current list of stroke centers is posted on the DHEC website, develop and implement a designation system using the national accrediting entities, and establish a stroke data / registry system. Without this funding, the stoke system cannot move forward and complete the duties tasked by this Act. Additionally, since Stroke is one of the leading causes of death in South Carolina, it is essential to the residents that DHEC establish and maintain this system to reduce morbidity and mortality, increase education, and improve outcomes.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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>Funding requested for personnel, fringe and indirect cost are for one (1) FTE is \$69,660 and funds requested for existing staff are \$15,086. Operating expenses include contractual services in the amount of \$134,764 (Landline \$228; cellular phone service \$636; Heart and Stroke Care Alliance Annual meeting \$10,000; and database licenses for 59 are \$123,900). Travel expenses related to the program is \$6,500 and fixed charges for rent is \$1,893. Supplies for staff are \$403 and supplies related to outreach coordination with SCDHEC Health Services is \$25,000. Total funding request is \$253,306.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>We will continue to seek funding until granted. This program will have a significant impact on the public health and healthcare related cost in the state. Future increased funding for the program will vary as the number of stroke and telestroke centers in the state increase.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this

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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	No further growth or development of the Stroke program would take place.
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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 2017-18? Please be specific.

INTENDED IMPACT	<p>Public education to include utilizing 911 at the onset of stroke symptoms will increase the survival rates and potentially decrease the associated deficits associated with ischemic and hemorrhagic strokes.</p> <p>A stroke designation system using the national accrediting bodies as well as promulgation of regulation and continued compliance monitoring will help to ensure the residents of our state have the most rapid access to appropriate stroke care, and that the hospitals are compliant with the requirements to remain designated.</p> <p>The South Carolina Hospital Association, American Heart Association, and South Carolina EMS Association, all realize the benefit and need for such a system in our state. As part of the "stroke belt", we as the public health agency need to immediately address this epidemic as well as comply with the Stroke Care Act of 2011.</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>Through the collection of data and implementation of different aspects of the stroke system, we will be able to trend the effectiveness of programs as well as identify areas of deficiency. The goal is to decrease stroke related death, and increase the utilization of the 911 system for suspected stroke patients.</p> <p>Through these collaborative efforts, we will also monitor the time from onset to treatment. There is evidence that utilizing the 911 system significantly reduces the time to treatment, decreases death, and improves functional outcome.</p>
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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9812
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Fringe Distribution - Required
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Provide a brief, descriptive title for this request.

AMOUNT	\$551,828
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Allocation of State Funds to cover employer costs associated with the increases in FY2016-2017 SCRS and PORS .50% Rate Increase and the Health and Dental Insurance.
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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	Employer Contributions based on employed classified /unclassified employees as of 7/1/2016.
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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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ACCOUNTABILITY OF FUNDS	N/A
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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.

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SUMMARY	<p>This is the allocation of State funding related to the employer’s share of the SCRS & PORS .50% Rate increase and the State’s Health and Dental Insurance increase.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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>Allocation of \$551,828 Employer Contribution increases as calculated by the SC Department of Administration. Funds were distributed to agency programs based on proportion of State classified/unclassified salaries as budgeted 9/1/2016.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>N/A</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	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 2017-18? Please be specific.

INTENDED IMPACT	N/A
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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	9866
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Hemophilia
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,800,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	<p>There is no specific state or federal statutory, regulatory, or administrative authority for this program.</p>
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input checked="" 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.	

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RECIPIENTS OF FUNDS	<p>Either DHEC or DHHS could receive these funds specifically to pay the 30% Medicaid match.</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?

ACCOUNTABILITY OF FUNDS	<p>Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina’s children and their families.</p> <p>This request would allow DHEC to continue to provide crucial blood products to qualifying children and family members with Hemophilia</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency’s FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>For Medicaid recipients, DHHS reimburses DHEC for 70% of the associated cost, and DHEC currently pays the 30% match. There are no matching funds from other sources.</p>
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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.

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FUNDING ALTERNATIVES	<p>DHEC is considering a contract with Patient Services Incorporated to transition clients who have no other payment source for blood factor from HAP onto private insurance through expanding premium assistance. The direct cost to DHEC, including to continue serving clients who were on premium assistance under Proviso 118.14(B), item 22 would be \$240,000 and have actualized savings of \$1,800,000 over the course of one year. The current proviso amount of \$1,186,928 can be used to put clients on private insurance while remaining funds can be used to continue to provide factor in urgent situations and during periods when clients are transitioning from no insurance or Medicaid onto a private plan. This option would have the added benefit of providing coverage to these individuals for all of their medical care and increase their access to other needed treatment for co-occurring conditions. This, in combination with funding for match payment, should keep the program solvent.</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.

SUMMARY	<p>DHEC administers the Hemophilia Assistance Program (HAP) to provide life-saving blood products for persons with Hemophilia and serves as the administrator of the Medicaid Hemophilia Program for DHHS. Patients who do not qualify financially or categorically for Medicaid may qualify to receive assistance provided by DHEC through \$1,186,928 in state funds from Proviso 34.5. In 2015, the program served 47 clients. HAP is currently serving 42 active clients. From 2013 to 2016, the number of Medicaid clients has increased from 29 to 36, thus increasing the amount paid in match.</p> <p>Over the past two years, there has been an increase in the number of clients enrolled onto HAP diagnosed with severe hemophilia and these clients require not just more blood factor, but the more expensive blood factors to treat and manage their disease. The cost of blood factor varies based upon supply and demand and due to recalls and availability, there has been an increase in the cost of blood factor.</p> <p>\$1.8 million is required in order to cover the state match portion for Federal Medicaid reimbursement for these critical services.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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 amount of the request was calculated based on the most recent match payments. The match amounts vary depending upon the number of Medicaid recipients enrolled in the program and the types and amounts of blood products they use.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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 maintenance-of-effort or other obligations. If the request is not honored, DHEC will need to institute changes to the program to continue its provision, including developing waiting lists when funds are depleted and possibly lowering the income eligibility threshold.</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>The agency would need to take steps as detailed above to cut services in this program if the additional funds are not available, then defer action on the request.</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 2017-18? Please be specific.

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INTENDED IMPACT	<p>This budget request would allow DHEC to continue to administer the Medicaid Hemophilia Program at its current level as well as provide services to the HAP for patients who do not qualify for Medicaid.</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 HAP would keep records of the numbers of patients served and cost per patient. If expansion of premium assistance is implemented, HAP will survey client and provider satisfaction and the impact of this change upon access to needed products and services.</p> <p>Performance Measure: Improve access to care and cost of care of children and adults with hemophilia</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	9903
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Salary Increment Distribution - Required
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,079,184
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Allocation of State Funds to cover costs associated with the increases in FY2016-2017 salary and fringe benefits (3.25% Base Pay Increase).
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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	Classified and Unclassified positions (employees as of 7/1/2016)
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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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ACCOUNTABILITY OF FUNDS	N/A
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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.

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SUMMARY	This is the allocation of State funding related to the FY 2016-17 Employee salary increase (\$2,079,184).		
	The following outlines the allocation of these funds:		
	I. Administration	Classified Positions	\$239,051
	II. A. 2 Water Management	Classified Positions	\$128,623
	II. A. 3 Environmental Health	Classified Positions	\$504,764
	II. B Coastal Resource Improvement	Classified Positions	\$ 26,377
	II. C. Air Quality Improvement	Classified Positions	\$ 69,764
	II. D. Land & Waste Management	Classified Positions	\$ 40,692
	II. E. 1 Infectious Disease Prevention	Classified Positions	\$231,000
	II. E. 2 Maternal/Infant Health	Classified Positions	\$ 52,197
	II. E. 3 Chronic Disease Prevention	Classified Positions	\$ 25,985
	II. E. 4 Access to Care	Classified Positions	\$556,681
	II. E. 7 Independent Living	Classified Positions	\$ 35,801
	II. F. 1. Radiological Monitoring	Classified Positions	\$ 26,388
	II. F.2 Facility & SRVC Development	Classified Positions	\$ 28,853
	II.F.3 Facility Licensing	Classified Positions	\$ 51,195
	II.F.5 Emergency Medical Services	Classified Positions	\$ 26,185
	II.G.1 Health Laboratory	Classified Positions	\$ 32,897
II.G.2 Vital Records	Classified Positions	\$ 2,731	

Using as much detail as necessary to make an informed decision regarding this request, 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:	SC Department of Health and Environmental Control		
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METHOD OF CALCULATION	<p>Allocation of \$2,079,184 for salary increases as calculated by the SC Department of Administration. Funds were distributed to agency programs based on proportion of State classified/unclassified salaries as budgeted 9/1/2016.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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	N/A
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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 2017-18? Please be specific.

INTENDED IMPACT	N/A
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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?

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

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?

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

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9830
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	EA Lab Quality Assurance
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Provide a brief, descriptive title for this request.

AMOUNT	\$166,505
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>Environmental Laboratories: State Safe Drinking Water Regulations; SC Regulation 61-34.1 and Pasteurized Milk Ordinance. Lab Certification: R. 61-81. State Environmental Laboratory Certification Regulations. This Regulation implements S.C. Code Ann. Sections 44-55-10 et seq., known as the South Carolina Safe Drinking Water Act, and specifically 44-55-100(4); S.C. Code Ann. 48-1-10 et seq., known as the South Carolina Pollution Control Act, and specifically 48-1-30; and S.C. Code Ann. Sections 44-56-10 et seq.; known as the South Carolina Hazardous Waste Management Act, and specifically, 44-56-30, to aid in the implementation of those Acts.</p>
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Decision Package # <u>9833</u>
	<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 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 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	Positions will be posted in accordance with State OHR requirements.
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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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

ACCOUNTABILITY OF FUNDS	<p>Core Strategy: Science in Action, Operational Excellence Strategic Objective: Informed Decision Making; Operational Continuity</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency's FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>None</p>
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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>None</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.

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

SUMMARY	<p>Two positions are requested to satisfy Environmental Protection Agency (EPA) requirements for ensuring lab and data competency as addressed during recent EPA audits. DHEC does not currently have an Office of Quality Assurance to evaluate processes or Quality Assurance Project Plans (QAPPs), as required by grant commitments.</p> <p>Also, in accordance with U.S. Environmental Protection Agency (EPA) Policy Directive FEM-2012-02, "Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements," the agency must establish internal processes to demonstrate quality assurance (QA) competency for work conducted under EPA-funded grants, such as Clean Water Act (CWA) §106 program, 319(h) Non-Point Source program, Safe Drinking Water Act (SDWA) Public Water System Supervision (PWSS) program, Clean Air Act (CAA)§105 program, Resource Conservation and Recovery Act (RCRA) Subtitle C program, and Comprehensive Environmental Response, Compensation and Liability Act (CERCLA). To monitor these activities, an Office of Quality Assurance is necessary.</p> <p>The data competency element is an important component in federal grants. Federal grants received that contain this data competency requirement amount to: \$7,823,525.00 in Fiscal Year 2016 and \$7, 496,345.00 in Fiscal Year 2017.</p> <p>In a recent polling of other States (AL, TN, GA, FL, KY, MS, and NC), most have a Quality Assurance Manager (QAM) located in the media programs to avoid any potential conflict of interest. Also, EPA Region 4 indicated that most state programs have a QAM higher in the organization, where they have direct access to the Director or Assistant Director.</p> <p>Without these positions, we will continue to function status quo with best practices in place. Federal funding for EPA Performance Partnership Grant (PPG) could be at risk if processes are determined to be insufficient. The risk of loss to the Agency is > \$7 million per fiscal year.</p> <p>A direct quote from EPA's Technical System Air Monitoring/Lab Audit: "...the findings indicate that the design of SCDHEC's quality system is not sufficient to provide the independence and oversight required for its ambient air monitoring program. Quality assurance (QA) activities are currently being performed largely by the same staff members who help generate the agency's environmental data. Without an independent QA Officer or QA Section, there is no technical authority within the agency to ensure the agency's QAPPs and SOPs (Standard Operating Procedures) are being implemented as written..." At risk, is the loss of lab certification or continue to be cited with "Findings" as previously noted during EPA Audits of environmental lab programs. If certification is lost, the environmental labs (air and water) cannot provide data to programs for decision-making.</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

METHOD OF CALCULATION	<p>Two Chemist II or Env. Health Manager II positions at the midpoint of the pay band @ \$56,948 = \$113,896. In addition, 37% fringe and 9.19% indirect costs = \$166,505.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>N/A</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>Defer to next year.</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 2017-18? Please be specific.

INTENDED IMPACT	<p>Appropriate compliance with EPA grant requirements as well as EPA system audits. An Office of Quality Assurance will provide internal audit services and documentation of the audits/findings that will result in corrective actions prior to federal government audits/inspections. SCDHEC has an EPA-approved (May 2014) Quality Management Plan (QMP). The QMP outlines the policy, organizational structure, and our commitment to develop and implement a QA program consistent with EPA regulations, policy, and guidelines. The purpose of the plan is to ensure that all environmental data directly generated by programs, or through grants administered by Environmental Affairs (EA) are of known verifiable quality. The QMP currently refers to the State Quality Management Office(r), who currently has other duties beyond QC/QA activities.</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

	<p>Helps support the protection of the public through upholding mandates according to regulations as noted in the summary.</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>Able to ensure that environmental data directly generated by programs, or through grants administered by Environmental Affairs (EA), are of known verifiable quality.</p> <p>Supports good business practices of continuous assessment of internal and external data.</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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9857
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Lead Screening and Follow Up
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Provide a brief, descriptive title for this request.

AMOUNT	\$511,234
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code of Laws, Article 13, Childhood Lead Poisoning Prevention and Control, Sections 44-53-1310- 44-53-1495 allows DHEC, if funds are available, to establish a program for early diagnosis and follow-up of lead poisoning, provide education to prevent lead poisoning, and conduct lead-based hazard investigations in dwellings.
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>9860</u>
	<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	DHEC: Maternal and Child Health (MCH), Bureau of Environmental Health Services (BEHS), and Office of Public Health Statistics and Information Services (PHSIS). The funds would be allocated to increase follow-up with children and their families, increase numbers of lead-based hazard investigations, and partially cover costs of development and maintenance of the data system, data entry staff, and general surveillance of blood lead data.
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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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ACCOUNTABILITY OF FUNDS	<p>Accountability Report:</p> <p>Objective 1.1.1— Provide funding for services and treatment for children with special health care needs, oversee the Newborn Bloodspot Screening, Newborn Hearing Screening, and Lead Screening Follow-up Programs, and ensure optimal systems of care are in place for South Carolina’s children and their families</p> <p>Objective 2.2.2 – Conduct compliance assistance and assurance through routine monitoring, inspections, and enforcement.</p> <p>Objective 1.5.5 Make public health statistics available on the Agency’s interactive web data query tool, SC Community Assessment Network (SCAN) and to appropriate region, state and federal agencies/programs in a timely manner.</p> <p>The request would directly impact the ability to provide additional services to prevent negative health consequences for lead-exposed children and to have an accurate data set that can enable the state to determine prevalence of lead exposure.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency’s FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>No</p>
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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>The Department will apply for CDC Childhood Lead Poisoning Prevention (CLPPP) grant funding, if eligible. It is expected that Requests for Applications will be posted in 2017. The scope of services and amount of funding available, if any, are unknown at this time. No other resources or fund balances have been identified to pay for these expanded services.</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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AGENCY CODE:	J040	SECTION:	34

SUMMARY

- Lead can affect nearly every system in the body and cause serious health issues, particularly in young children.
- The CDC has lowered the reference level for the blood lead level in children to 5 mcg/dL. Current staffing levels limit health and environmental intervention to children with blood lead levels of 20 mcg/dL, or persistent levels of 15-19 mcg/dL.
- DHEC has no state funding to support the Childhood Lead Screening and Follow-Up Program or upgrade its obsolete data system.
- Current Childhood Lead Poisoning Prevention and Control statutes are contingent upon the appropriation of state general funds or the availability of financial support from other sources.
- There has been no dedicated funding available for nurse case management and follow-up of childhood EBLL since 2006, and funding for surveillance is limited.
- BEHS FTE levels are already insufficient for environmental assessments at a current threshold level of 20 mcg/dL, or persistent levels of 15-19 mcg/dL.
- Without funding to hire additional FTEs, DHEC will be unable to support the demand for EBLL inspections that more closely reflect CDC recommendations
- DHEC’s lead data system does not have the capacity to perform the tracking, triggering, and documentation of investigation results that are critical to the proposed programmatic expansion nor to generate reports.

The requested funds would be used to hire 3 additional staff members to provide environmental inspections at residences where children under 6 years of age were identified with elevated blood lead levels (EBLLs) ≥ 10 mcg/dl. An additional employee would be hired in the Division of Children’s Health and 4 regional nurses at .25 FTE would track all children with blood lead levels 10 mcg/dL or greater. This includes referral for environmental assessments, providing education to families and healthcare providers, and conducting follow-up/case management until EBLLs drop below 5 mcg/dL.

Based upon 2015 data, lowering the level will increase the number of cases of elevated blood lead in children less than 6 years of age for whom initial investigations/assessments are performed from 31 to approximately 75 per year. However, some cases of elevated blood lead levels may require more than one initial environmental assessment because the child may be in another residence for a portion of time. (For example a child may stay with a relative or friend after school until a parent/guardian is able to pick the child up from work and this location also has to be investigated for lead sources.) Therefore, we estimate the increase in workload for assessments and investigations from lowering the level to be 100 initial assessments (primary, secondary and tertiary residences) and 100 follow-up investigations to assess for compliance with mitigation orders or recommendations.

Data management is also an essential component of this request. The data reported by hospitals and labs often lacks zip codes or locations that would allow staff to determine areas in which children are most at risk for lead exposure. The current data platform allows for data storage and CDC reporting, but not the types of tracking, triggering, and documentation of investigation results that are needed for the proposed programmatic expansion. Lead program data will be migrated to a newly built lead module in the SCION system that is used by other DHEC surveillance programs. Licensing fees allow

AGENCY NAME:	SC Department of Health and Environmental Control		
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for use of the module, but staff programming and testing time will be required for development and maintenance of the system within PHSIS, as well as oversight related to surveillance of blood lead records for both children and adults in SC. Without this piece, appropriate follow-up cannot occur.

Using as much detail as necessary to make an informed decision regarding this request, 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>MCH-2 FTEs: Total Personnel Costs: \$99,570 (\$144,552 including fringe, indirect, etc.) MD Consultant: \$10,000 per year Supplies: \$500 yearly x 5=\$2500 Total MCH Recurring: \$157,052</p>
	<p>BEHS- 3 FTEs: Total Personnel Cost: \$ 150,545 (\$218,943 including fringe, indirect, etc.) Recurring Operating and Contractual Cost: \$41,875 Total BEHS Recurring: \$260,818</p> <p>PHSIS: .4 FTE for data oversight and system maintenance: \$23,000 (\$33,364 including fringe and indirect) Data entry contract staff: \$30,000 Total personnel cost: \$63,364 Recurring Operating and Contractual Cost for SCION, new data system for lead test results: \$30,000 Total PHSIS Recurring: \$ 93,364</p> <p>Deviations could occur between the request and the amount ultimately required to do the work if the demand for the services is greater than anticipated. It is possible that the availability of follow-up services at lower lead levels will encourage providers that may not have been testing and/or reporting results to begin doing so.</p>

How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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	No maintenance of effort is required by adopting this decision package and no impact on future capital and/or operating budgets has been identified.
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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	If no or insufficient funds are available, the agency will defer action on this request.
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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 2017-18? Please be specific.

INTENDED IMPACT	No blood lead level is safe for children. Issues which can occur with any detectable lead level, include damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and difficulty with speech and hearing. Very high lead levels are associated with anemia, convulsions, acute central nervous system disorders, coma, and death. Childhood lead poisoning can cause health issues later in life, impacting kidney function, blood pressure, reproductive systems, and infant development. Due to public concern about elevated blood lead levels in the aftermath of the Flint, Michigan water contamination, DHEC desires to demonstrate its concern for the health and well-being of the state’s children by providing evaluations at lower EBLLs. This should result in improved health, lower health care costs, and increased customer satisfaction. If the cause of the EBLL is related to lead paint or dust and the problem is remediated, this will prevent the problem from reoccurring in that location and have positive impacts for generations to come.
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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?

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

PROGRAM EVALUATION	<p>DHEC would collect and analyze data regarding the numbers of dwellings inspected, hazards identified, remediation completed, and children receiving follow-up as indicated.</p> <p>Lead investigations will provide technical assistance to areas of concern regarding the mitigation of hazards within ten (10) business days after the analysis of the samples have been received. This includes practical prevention measures through education and risk protection for children identified with elevated blood lead levels and their families.</p> <p>Data collection and surveillance:</p> <ol style="list-style-type: none"> 1. Evaluate completeness of lead records (manually keyed in and received electronically) to determine need for education of providers regarding report submission. 2. Evaluate effectiveness of question packages in SCION and monitor issues staff and others entering data may be having 3. Evaluate blood lead levels (general surveillance) and monitor demographics of population being tested 4. Examine spatial patterns and identify locations for targeting interventions and/or education 5. Monitor and estimate proportion of population being tested 6. Analyze additional data collected in SCION related to sources, investigations, education, and follow up to inform policy and program effectiveness.
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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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9854
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Unregulated Petroleum Releases
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Provide a brief, descriptive title for this request.

AMOUNT	\$250,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	Pollution Control Act, Title 48, Chapter 1 of the Code of Laws of South Carolina 1976.
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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 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	These funds would be managed by the Underground Storage Tank (UST) Management Division of the Bureau of Land and Waste Management and would be received by contractors working directly for the Agency. Allocation of funds would be in accordance with rate schedules established through competitive bidding for indefinite delivery contracts for specific site rehabilitation 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?

AGENCY NAME:	SC Department of Health and Environmental Control		
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ACCOUNTABILITY OF FUNDS	<p>Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.</p> <p>This funding will allow the program to address unregulated petroleum releases where the responsible party has been determined to be unwilling or financially unable to undertake site rehabilitation and where the releases pose a sufficient risk to human health or the environment that action is required.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency's FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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	<p>No alternative sources of funding are available. Without the ability to perform this work, there may be long term, direct, and negative impacts on human health and the environment.</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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AGENCY CODE:	J040	SECTION:	34

SUMMARY	<ul style="list-style-type: none"> • 65 petroleum release sites from unregulated sources (typically above ground tank or AST systems) where the owner or responsible party has defaulted or has a high likelihood of defaulting on their liability. • The confirmed petroleum releases at these sites represent on-going sources of contamination adversely impacting the groundwater resources of the state. Many of these petroleum releases occur in areas where ground water is the only available source of drinking water. • For seven (7) of the 65 sites, the Agency has determined that the responsible party is unable to pay, deceased or incarcerated. All possible options will be exhausted to require the responsible party conduct cleanup prior to utilizing these recurring state funds. • This funding is needed to assess and remediate (cleanup) these contaminants to minimize or eliminate threats to ground water, surface water bodies, or sensitive ecological habitats. • State Underground Petroleum Environmental Response Bank (SUPERB) funds are prohibited by law from being used on these releases from unregulated (non-UST) sources. • No alternative sources of funding are available.
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Using as much detail as necessary to make an informed decision regarding this request, 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>Based on the average cleanup cost of \$119,524 per petroleum release, the total liability for the 65 releases is estimated to be approximately \$7.77 million. The Agency has confirmed seven (7) of the 65 sites where the responsible party is either insolvent or deceased and has therefore exhausted all options to require the responsible party to conduct assessment and/or cleanup work. The estimated liability for the seven (7) release sites is approximately \$747,144. Recurring funding at the rate of \$250,000 per year will allow the Agency, using private contractors, to begin to assess and cleanup these releases. As the Agency exhausts options to require the responsible parties of the other 58 sites to conduct assessment and/or cleanup, additional recurring funds will be used. The agency will utilize state lead contractors and competitively bid contracts to procure site rehabilitation services at the best available cost and all expenditures will be subject to cost recovery to the extent practicable. Cleanups costing significantly more or less than the average cost stated above would decrease or increase the amount of site rehabilitation work the Agency could contract per year.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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	No. No alternative sources of funding are available. No impacts to future or operating budgets are anticipated. If unfunded, no assessment or remediation work will be performed at these 65 unregulated petroleum release sites which will cause on-going releases to the environment with direct impacts to public health and the environment.
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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	If unfunded, action would be deferred and no assessment or remediation work will be performed at 65 unregulated petroleum release sites (typically above ground tank or AST systems) where the owner or responsible party is insolvent, deceased or incarcerated and has a high likelihood of defaulting on their liability.
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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 2017-18? Please be specific.

INTENDED IMPACT	If funded, assessment and/or cleanup work could begin immediately.
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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	The agency will utilize state lead contractors and competitively bid contracts to procure site rehabilitation services at the best available cost. The program will track cleanups completed per year.
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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	9863
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Best Chance Network/Colon Cancer
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Provide a brief, descriptive title for this request.

AMOUNT	\$2,000,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code Section 44-35-80, State Cancer SC Code Section 44-35-90, State Cancer SC State Proviso 34.5 H.5001 Appropriations Bill Public Law 101-354, 101 st Congress, Breast and Cervical Cancer Mortality Prevention Act of 1990 2016 Consolidate Appropriations Act (P.L. 114-113), Sec 220
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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 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 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	\$1 million of the requested funds would go to the breast and cervical cancer screening program at DHEC (Best Chance Network (BCN)), to provide direct payments to contracted South Carolina medical providers who are providing direct screening and diagnostic services to South Carolina women. Funds are allocated based on CPT codes
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and most reimbursements at 100% of the Medicare reimbursement rate. \$1 million of these funds would go to the Colorectal Cancer Prevention Network (CCPN) of the Center for Colon Research at the University of South Carolina to undertake colon cancer screenings for uninsured and medically underserved persons. The CCPN will use the allocated funds to provide direct payment to South Carolina endoscopy suites, diagnostic services, and pharmacological services (colonic prep). Cost associated with specialist professional fees will be waived. All provider reimbursements will be based on the Medicare rate or less.

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?

ACCOUNTABILITY OF FUNDS

Objective 1.2.3 from the Agency Accountability Report:
Performance measure, % of abnormal breast screenings with completed diagnostic workup. 90% target, 95% achievement last two years.

What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS

Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.

The agency's FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS

N/A

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

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FUNDING ALTERNATIVES	<p>STATE FUNDED/PARTIAL PROGRAM</p> <ul style="list-style-type: none"> • Intermittent nonrecurring year-to-year funding for both BCN and CCPN— currently \$1,000,000 for BCN and \$500,000 for CCPN. • BCN and CCPN will continue to provide screening and follow-up services as possible based on available federal and other sources of funding. • Number of patients reached would be reduced depending on the year-to-year funding. • Health disparities would continue to increase. <p>TOTAL COST-The total cost of the program would be adjusted to meet the appropriation amount annually.</p> <p>FEDERAL FUNDING-Federal funding for BCN is in the 5th year of a five-year grant cycle. The grant becomes competitive in 2017 and it is uncertain whether or not South Carolina will be funded for an additional five years at the current amount. Colorectal federal funding will continue (year 2 of the funding cycle).</p> <p>OTHER FUNDING: Colorectal cancer funds are leveraged by grants from the BlueCross BlueShield of SC Foundation, the Duke Endowment, the National Institutes of Health, University of South Carolina, private donations, and in-kind contributions. Without recurring funding from the State, this screening program will be compromised with regard to reducing the incidence of colorectal cancer in the state. For BCN, proviso funding has leveraged fiscal support from state license plate funding and other public/private donations and in-kind contributions from the American Cancer Society.</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.

SUMMARY	<p>DHEC and its breast and cervical cancer screening and follow-up program (Best Chance Network (BCN), and the USC Colon Cancer Prevention Network (CCPN) and its colorectal cancer screening program, receive federal grant funds to maintain and increase the number of persons in the state receiving these important health services. However, these federal funds are not sufficient to meet the needs of the state. To date, state funds have been provided to support these activities on a year-to-year and intermittent basis, making it difficult to plan and sustain services, particularly for establishing and maintaining screening and follow-up systems of care with medical providers. Without predictable and sustained state funding to support these services, cancers will go undetected until later stages, resulting in increased death and illness among South Carolinians, and increased costs to the state Medicaid program and overall healthcare system since later stage diagnosed cancers cost more to treat.</p> <p>Since its beginning in 1991, it is estimated that the BCN program has saved up to \$188 million in direct healthcare costs due to early detection of breast and cervical cancer in the state, and the CCPN over the last two years estimates it has saved \$10 million in healthcare costs due to early detection and treatment of colon cancer.</p> <p>The \$1 million in requested funds for BCN would be used to directly provide an additional 11,000 breast and cervical cancer screenings, beyond what the federal funds</p>
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provide. While still not fully meeting the screenings needs of the state, this sustained increase can be absorbed by the program with current staff. The \$1 million for the CCPR will be used to screen upwards of 1,500-2,000 persons each year.

Using as much detail as necessary to make an informed decision regarding this request, 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

For BCN: utilizing a clinical cost worksheet provided by the Centers for Disease Control and Prevention (CDC), the covered breast, cervical screening and diagnostic CPT codes are entered along with the reimbursement rate. FTE costs are also factored in (FTE paid through federal funding). The average cost per patient is \$250, which is multiplied to derive the screening goal.

For colorectal: utilizing a clinical cost worksheet, the cost of the endoscopy suite, the pathological results, the cost of colonic preparation, the cost of patient navigation are all compiled at a set reimbursement rate (lower than Medicare). FTE costs are factored in (FTE paid in part by BCBS of SC Foundation). The average cost per patients is \$1,042 for colonoscopy and \$150 for Fecal Immunochemical Testing.

How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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**
- The state will incur no maintenance-of-effort or other obligations by adopting this decision package.
 - The BCN and CCPN programs are required to report to the federal funder (CDC), any amount of state and other funds received that enhance the work associated with the federal funds.
 - BCN program will be entering into a new 5-year competitive grant cycle in CY 2017, and it is likely that establishment of recurring state funds will be viewed favorably in the competitive review process.
 - CCPN will continue its newly established agreement with CDC, under which recurrent funds received from the State will be viewed favorably and will have a considerable impact on the outcomes of the program.

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	<ul style="list-style-type: none"> • For BCN 100% of state funding will be to provide direct payment to providers for direct screening and diagnostic services. • For CCPN 100% of direct payment will go to providers for direct screening, patient education and to direct program management. • For BCN state funding will also be utilized to provide services to women who fall outside of the federal coverage parameters. • For CCPN state funding will be used to provide services to men and women who aren't eligible for state or federal coverage parameters.
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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>Both the BCN and CCPN programs will adjust their workload and services provided based on the amount of state funding available. In the case of BCN, current federal funds support all infrastructure needs (including staff) to provide screening and follow-up services to about 7,000 patients. Of the top 10 cancers in South Carolina female breast ranks second in the incidence and third in mortality from 2009-2013.</p> <p>Federal funds provided to CCPN cannot be used for providing screening services, but do cover limited infrastructure costs not associated with direct screening. Current screening services are provided through funding received from grants (BCBS of SC Foundation, The Duke Endowment, University of South Carolina, the National Institutes of Health, and a small portion from state provisos.</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 2017-18? Please be specific.

INTENDED IMPACT	<p>By providing \$1 million in recurring funding each year to the BCN program, an estimated 11,000 additional women will be screened for breast and cervical cancer and followed-up appropriately and referred to treatment each year in the state. Combined with federal funds, about 18,000 women will receive these services, which are proven to save lives and save money. By detecting cancers earlier and ensuring that women who need follow-up services are in a system of care, the BCN program is cost effective. Since 1991 it is estimated that the program has saved up to \$188 million in direct health care costs due to early detection. Diagnosed uninsured patients are able to apply for Breast and Cervical Cancer Program (BCCP) Medicaid coverage. Likelihood</p> <p>By providing \$1 million in recurring funding each year to the CCPN program, an estimated 1,500-2,000 persons will be screened for colorectal cancer annually, and will be followed-up appropriately each year in the state. It is estimated that of the patients screened during 2014-2016, 47 patients were identified with advance lesions or cancer that required specialize services. Of those, all received treatment through hospital foundation programs and in-kind contributions from specialists who waived their fees. These costs are estimated at \$10,000,000 based on self-pay cost. Importantly, patients diagnosed at stage 0 and 1, often times received their treatment during the screening, with the immediate removal of the lesions. Stage 2-3 patients rely solely on the partnerships and collaborations that the CCPN staff has developed to received</p>
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treatment care, as they are unable to access Medicaid. Stage 4 patients can apply for Medicaid in SC.

The Best Chance Network program can help inform the newly established [Cancer Moonshot Task Force](#). The White House Cancer Moonshot Task Force will focus on making the most of available resources including but not limited to: federal investments, targeted incentives, private sector efforts, patient engagement initiatives, and other mechanisms to support cancer research, treatment and care.

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

PROGRAM EVALUATION

Use of funds are quantitatively evaluated by tracking the following:
 For BCN:

- # of women screened
- # of women rescreened
- # of women never/rarely screened
- # of women screened based on race and ethnicity
- #/% screened above pervious years baseline (increased screenings provided)
- Based on these performance measures specific outcomes or performance measures to assess effectiveness of this program is/are #/% of increased screenings to women provided screening services.

For CCPN:

- # of Men and Women screened
- # of African American Men and Women screened (at increased risk)
- # of Men and Women screened that had at least one polyp removed
- # of Men and Women screened that had at least one adenoma removed
- % of polyps and adenoma based on race
- % of compliance rate to screening procedures
- # of counties covered by the program

Based on these performance measures specific outcomes or performance measures and assess the effectiveness of the program to determine the number of screenings provided and services rendered for people living in rural counties.

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	9836
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	EA Lab Equipment
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Provide a brief, descriptive title for this request.

AMOUNT	\$60,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	SC Regulation 61-34.1 and Pasteurized Milk Ordinance. S.C. Code Ann. Sections 44-55-10 et seq., known as the South Carolina Safe Drinking Water Act. S.C. Code Ann. 48-1-10 et seq., known as the South Carolina Pollution Control Act.
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # <u>9842</u>
	<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	Vendors and contractors will be chosen according to S.C. State Procurement rules and guidelines.
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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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ACCOUNTABILITY OF FUNDS	<p>Science in Action and Operational Excellence. Invest in new technology to strengthen our processes and ensure quality data for decision making.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency's FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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	<p>Some federal funding may be a possible alternative but cannot be guaranteed, and in a best case scenario, even if granted, will not be 100% of the required funding.</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>Supply and equipment maintenance costs for the laboratory have increased and will continue to do so. For example, the milk and dairy lab was required to change their methodology due to federal Food and Drug Administration (FDA) requirements. The new technology requires test kits and complimentary supplies, which have increased supply cost.</p> <p>Lab equipment must be maintained as the public health of citizens is at risk to pollutants for which EPA has set standards and recommendations under the Safe Drinking Water and Clean Water Acts. This also will place the State in a very vulnerable position with regards to emergency response. Fires, chemical spills, environmental negligence, and natural disasters are just a few examples where the water quality can be impacted, illustrating the importance of a certified laboratory (with maintained equipment) capable of providing quality data to the various programs throughout the agency as they make key decisions regarding safety and the health of citizens of this State.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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>Methodology change to satisfy FDA requirements for analyzing samples - supply cost @ \$20,000 Increase in cost of vendor service maintenance support for instrumentation – vendor cost @ \$40,000</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>No future impact.</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	Defer to next year.
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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 2017-18? Please be specific.

INTENDED IMPACT	<p>Helps protect the public through upholding the federal mandates of the Safe Drinking Water Act and the Clean Water Act as established in the regulations of the Code of Federal Regulations (CFR). Additionally, supports Federal Clean Water Act, South Carolina Water Classifications and Standards, South Carolina Pollution Control Act, and the Pasteurized Milk Ordinance (PMO) and National Conference of Interstate Milk Shipments (NCIMS).</p> <p>Provides adequate funding for equipment maintenance and supplies that current laboratory budget cannot support.</p> <p>Prevents loss of laboratory certification and generation of questionable data, which will result in loss of the public trust and provide scrutiny from the media.</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>Ability to cover the purchase of supplies and maintenance agreement costs.</p> <p>Minimization of instrument downtime due to proper service.</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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9821
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Electronic Health Records
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,800,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>"Health Information Technology for Economic and Clinical Health (HITECH) Act," promulgated under "The American Recovery and Reinvestment Act of 2009 (ARRA)." (Public Law 111-5) DIVISION B—TAX, UNEMPLOYMENT, HEALTH, STATE FISCAL RELIEF, AND OTHER PROVISIONS TITLE IV—MEDICARE AND MEDICAID HEALTH INFORMATION TECHNOLOGY; MISCELLANEOUS MEDICARE</p> <p>The following sections detail the statutory authority for both incentives for meaningful EHR users and downward payment adjustments for not being meaningful EHR users:</p> <p>1814 (l) 1848 (a) (7) 1848 (o) 1853 (l) 1853 (m) 1886 (b) (3) (B) 1886 (n) 1903(a) (3) (F); and 1903 (t)</p>
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <p><input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.</p> <p><input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.</p> <p><input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i></p> <p><input checked="" type="checkbox"/> IT Technology/Security related</p> <p><input type="checkbox"/> Consulted DTO during development</p> <p><input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
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	<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 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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	<p>Vendors: Licensing and ongoing maintenance cost to be paid to selected electronic health records (E.H.R.) vendor after competitive bidding process.</p> <p>DHEC staff: Funds will be used for 5 FTEs providing ongoing support to the EHR (EHR administrator, LIMS administrator, Clinical EHR Lead, Database Administrator, System Developer), costed based on percentage of time dedicated to EHR support. Funds will also cover general supplies and travel for these staff.</p> <p>Contractors: From time to time, the use of short-term contract IT staff may be required to ensure ongoing operation of the system.</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?

ACCOUNTABILITY OF FUNDS	<p>4.1.3 – Implement electronic medical records to increase accessibility and timeliness of information to both internal and external customers. These funds will be used to sustain the implementation described in this objective.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency’s FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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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	<p>Redirected funding: Funds to pay ongoing licensing and maintenance requirements are redirected from clinical services. Fewer staff are available to perform services, leading to a drop in revenue which may further impact service delivery. No funds will be available to retain FTEs required for system administration, IT support, or clinical training, greatly reducing the long-term efficacy of the EHR program or its ability to meet reporting requirements.</p> <p>Other alternatives: DHEC will continue to look for grants to support the EHR program. DHEC could attempt to increase the price our clients pay for our services, but it is unlikely that we would be able to recoup those costs through self-pay or renegotiated reimbursement rates with Medicaid and other insurers.</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.

SUMMARY	<p>DHEC's FY 2017 budget includes nonrecurring funds to support the implementation of an electronic health record (EHR). The Agency requires recurring funds to sustain the ongoing administration, licensing, and maintenance of the system beyond the first year of implementation.</p> <p>The EHR project is a 2016 national Program Priority for Title X. DHEC must implement and sustain an EHR to remain competitive for Title X funding. The 2009 HITECH Act requires implementation and operation of an EHR to remain eligible for CMS reimbursement.</p> <p>The EHR project is included in the agency's technology plan.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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>Until the RFP process is complete, we will not have an exact amount required for licensing and maintenance. The figures included are based on industry averages. If the final amount required is less than what is included in this budget request, we will reduce the amount of this request.</p> <ul style="list-style-type: none"> • Licensing and maintenance for EHR (Est. \$8,000 / provider): \$3,600,000 • Licensing and maintenance for practice management (Est. \$2,000 / provider): \$900,000 • Expected total salary and fringe for 5 FTEs: \$483,580 • Travel for ongoing training, support, and oversight for EHR administrator and clinical lead: \$13,920 • General supplies for 5 FTEs (Standard @ 500/person) : \$2,500 <p>Estimated cost offset by improved revenue cycle: \$1,200,000</p> <p>Total: \$3,800,000</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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 decision package will not incur additional obligations.</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	
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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 2017-18? Please be specific.

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INTENDED IMPACT	<p>Service delivery and program improvements realized through the implementation of the EHR using nonrecurring funds will be sustained year to year.</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	<ol style="list-style-type: none"> 1. DHEC EHR solution will remain compliant with all Meaningful Use and Title X requirements (measured annually). 2. Earned revenue (measured monthly)
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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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AGENCY CODE:	J040	SECTION:	34

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	9803
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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 2017-18? 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 16-17 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 specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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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ACCOUNTABILITY OF FUNDS	N/A
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	N/A
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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.

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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		TO:	
	Other Operating	(\$559,127)	Classified Positions	\$ 680,922
	Employee Benefits	(\$315,175)	Other Personal Services	\$ 55,411
			Case Services	\$ 13,749
			Allocation Aid to Other Entities	<u>\$ 124,220</u>
	Net Change	(\$ 874,302)	Net Change	\$ 874,302
	Other Fund authorization changes			
	From:		TO:	
	Classified Positions	(\$12,650,247)	Other Operating	\$16,269,976
	Other Personal Services	(\$5,441,436)	Allocation Counties Restricted	\$ 7,250
	Case Services	(\$2,326,817)	Allocation Aid to Other Entities	<u>\$ 6,916,574</u>
	Employee Benefits	(\$2,768,501)	Net Change	\$23,193,800
	Allocation Other State Agency	(\$6,799)		
	Net Change	(\$23,193,800)		
	Restricted Fund authorization changes			
	From:		TO:	
	Other Operating	(\$19,562)	Classified Positions	\$ 139,830
	Employee Benefits	(\$14,607)	Other Personal Services	\$ 3,638
	Allocation Counties Restricted	(\$562,656)	Allocation to Municipalities-Rest	\$ 309,462
	Allocation School District	(\$453,487)	Allocation to Other Entities	\$ 650,452
	Allocation Other State Agency	(\$83,070)	Allocation to Private Sector	<u>\$ 30,000</u>
	Net Change	(\$1,133,382)	Net Change	\$ 1,133,382
	Federal Fund authorization changes			
From:		TO:		
Case Services	(\$9,130,430)	Classified Positions	\$ 16,016,091	
Allocation Counties – Restricted	(\$528,951)	Unclassified Positions	\$ 272,129	
Allocation Counties Other State Ag	(2,922,461)	Other Personal Services	\$ 251,970	
Allocation Other Entities	(\$8,394,528)	Other Operating	\$ 2,418,944	
Net Change	(\$20,976,370)	Employee Benefits	\$ 581,010	
		Allocation Municipalities-Rest	\$ 443,417	
		Allocation Planning Districts	<u>\$ 992,809</u>	
		Net Change	\$ 20,976,370	

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METHOD OF CALCULATION	Base appropriations adjusted and balanced to actual current budget as of September 2016
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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	N/A
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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 2017-18? Please be specific.

INTENDED IMPACT	Realignment of authorization levels to minimize the number of budget adjustment entries in future fiscal periods.
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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?

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AGENCY CODE:	J040	SECTION:	34

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	9824
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Data Center Migration
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,200,000
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code of Laws Title 44 - Health Chapter 1; FY 17 Proviso 34.52 and FY 17 Proviso 117.133
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input checked="" type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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	Contractors and vendors will be the recipient of the funds.
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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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ACCOUNTABILITY OF FUNDS	<p>The required amount to fully transition to the Department of Administration's Shared Services is \$11,200,000, of which, \$8,000,000 was appropriated in FY17.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency's FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	<p>These funds would not be matched by other resources.</p>
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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>No other funding sources are available.</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 DHEC Data Center is classified as Tier I dedicated site infrastructure to support information technology beyond an office setting with basic capabilities; an uninterruptible power supply (UPS) for momentary outages, dedicated cooling equipment and an engine generator. There have been a number of negative impacts to the data center from its current building location (e.g. leaks from water lines that run above the Data Center ceiling and flooding from cooling equipment drainage lines). Data Center cooling is supplied by one functional unit and one partially functioning unit (a third unit exists, but is non-functional). Because there are continuing issues with cooling equipment, large fans are required to circulate air and lower the environmental temperature to acceptable levels. The physical security of the Data Center is minimal (one magnetic key access lock and two hard key access doors) and could be breached with a small amount of brute force. The Data Center has suffered major outages during weather storms due to insufficient redundancy in backup battery and generator. These outages caused significant downtime and loss in productivity for all agency internal and external customers. Given the size, complexity and nature of the agency business functions, DHEC should have a minimum Tier III data center. Features of a Tier III data center include redundant critical power, cooling and engine generator components to provide for selective maintenance and guard against IT service disruptions from equipment failures.</p>
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Using as much detail as necessary to make an informed decision regarding this request, 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>Data Center modernization is based on market rate for infrastructure as a service (IaaS). DHEC has 500+ servers and 300+ applications that will be migrated to the Department of Administration's Shared Services.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>There are no additional obligations by adopting this decision package. If this request is not honored, the agency will be unable to fully migrate all servers, storage and applications to the Department of Administration's Shared Services.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this

AGENCY NAME:	SC Department of Health and Environmental Control		
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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 is a top priority for the agency. However, other funds are not available and we would be forced to delay action should insufficient funds be available.</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 2017-18? Please be specific.

INTENDED IMPACT	<p>This decision package is intended to have a positive impact on the efficiency of service delivery and to reduce the overall downtime of information technology systems which has led to loss productivity for all agency staff.</p> <p>It supports security policy requirements and revamping aging applications.</p> <p>The positive impacts are both short and long term.</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>Secure and reliable IT Shared Services would be evaluated through a decrease in lost productivity due to outages, as well as a lack of data breaches.</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	9827
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Public Health Nursing - Retention
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Provide a brief, descriptive title for this request.

AMOUNT	\$1,901,513
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code of Laws Title 44-Health, Chapter 1 SC Code of Laws Title 44-Health, Chapter 29 SC Code of Laws Title 44-Health, Chapter 31 SC Code of Laws Title 40-Professions & Occupations, Chapter 33 SC Regulation 61-20 State of SC Emergency Operation Plans Public Health Services, HHS Section 59 (11) (1)
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What specific 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? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

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"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<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 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	Public Health nurses in all nursing classifications would receive salary adjustments. This adjustment is targeted to reduce turnover of experienced staff. Turnover is currently 24.6%. Predetermined eligibility criteria have been established and used to calculate this budget request. The criteria focus on salary equity and decreasing salary
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	compression with the nursing pay bands.
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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?

ACCOUNTABILITY OF FUNDS	<p>Goal 1 - Improve and protect the health and quality of life for all.</p> <p>Strategy 1.1— Promote the health of the community by providing health care services and programs, linking community services, and facilitating systems of care for women, children, and infants.</p> <p>Strategy 1.2— Facilitate community-oriented prevention services and work with the Centers for Disease Control, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles.</p> <p>Strategy 1.3—Implement strategies to aid in prevention and control of communicable diseases and illnesses in South Carolina.</p> <p>Strategy 1.4—Provide select public health services equitably across the state.</p> <p>Strategy 1.6—Facilitate a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	<p>Please refer to the other funding alternatives section of this document. The agency has assessed and analyzed its ability to offset increases to programs and have been unable to identify other resources.</p> <p>The agency’s FY 2017 Base Appropriation is still \$25M less than its Appropriation in FY 2008.</p>
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

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.

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AGENCY CODE:	J040	SECTION:	34

FUNDING ALTERNATIVES	Agency will be unable to proceed without state appropriation.
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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	<ul style="list-style-type: none"> *RNs are primary care providers in all county health departments *RNs provide the following critical public health services: immunizations, tuberculosis treatment, sexually transmitted disease treatment, reproductive health care, nurse family partnership, newborn home visits, and disease surveillance and response. *Agency compensation is less than other state agencies and the private sector *Nursing turnover rates are increasing: 15% (SFY 14) up to 24.6% (SFY 15) *Recruitment averages 3 months *Specialized training to provide public health nursing services averages 6 months *Reduced access to care for citizens due to 9 month window to recruit and train a public health nurse; with current turnover rate, estimated loss of service to 20,520 individuals per month *Increased wait time for appointments at county health departments due to loss of nursing staff; 25% of all county health departments are unable to provide services within two weeks of request for appointment *Loss of services leads to loss of revenue for the agency; with current turnover rate, estimated revenue loss of 4.4 million dollars per year *Inability to respond to emergencies/disasters as outlined in the State EOP *Inability to manage disease outbreaks like Tuberculosis, Hepatitis, etc. in a timely manner
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Using as much detail as necessary to make an informed decision regarding this request, 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 percentage increase for experienced nurses (LPNs, RNs and APRNs) is based on an evaluation of each individual nurse to determine the complexity of clinical services provided; the number of employees supervised; nursing and program management responsibilities and years of agency service. Minimum salaries for each band and classification have been established based on the position descriptions and level of responsibility including clinical complexity. Additionally, years of service increase parameters have been established.</p> <table> <tr> <td>Salary Cost</td> <td>\$1,295,463.00</td> </tr> <tr> <td>Fringe Benefits</td> <td>\$ 491,874.00</td> </tr> <tr> <td>Other Operating</td> <td>\$ 114,176.00</td> </tr> <tr> <td>TOTAL</td> <td>\$1,901,513.00</td> </tr> </table>	Salary Cost	\$1,295,463.00	Fringe Benefits	\$ 491,874.00	Other Operating	\$ 114,176.00	TOTAL	\$1,901,513.00
Salary Cost	\$1,295,463.00								
Fringe Benefits	\$ 491,874.00								
Other Operating	\$ 114,176.00								
TOTAL	\$1,901,513.00								

How was the amount of the request calculated? List the per unit or per FTE costs of implementation. 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>Maintenance of effort will be based on the provision of recurring dollars to fund the salary increases of experienced nurses and hiring range adjustments. The agency has no identified dollars for this identified 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>Agency will be unable to proceed without state appropriation.</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 2017-18? Please be specific.

INTENDED IMPACT	<p>Retention of seasoned public health nurses will lead to:</p> <ul style="list-style-type: none"> *increased access to care *increased customer satisfaction *improved quality of service delivery *improved program outcomes *increased ability to respond to public health emergencies
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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?

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PROGRAM EVALUATION	<ul style="list-style-type: none"> *Turnover Rate decreases *Average time to fill vacant nursing position decreases *Number of services provided in the county health departments increases *Average appointment wait time in the county health departments decreases *Average time to respond to a public health outbreak (i.e.: TB, Hepatitis, etc.) decreases *Third party revenue increases *Improved customer services *Improved staff morale
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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	9860
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Lead Screening & Follow Up
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Provide a brief, descriptive title for this request.

AMOUNT	\$51,200
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	II. A. 2 Water Quality Improvement – Water Management; II. E. 2 Family Health-Maternal/Infant Health; II.G.2 Health Surveillance Support – Vital Records
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input checked="" type="checkbox"/> Related to a Recurring request – If so, Decision Package # <u>9857</u>
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>These non-recurring funds would be used to buy computers, monitors, and XRF sampling instruments for staff to expand environmental lead inspection and follow-up services at residences where children under 6 years of age were identified with elevated blood lead levels(EBLLs) ≥ 10 mcg /dl.</p> <p>Bureau of Maternal and Child Health (MCH; Health Services):</p> <p>Equipment: 5 desktop computers at \$922=\$4610</p> <p>5 monitors at \$1842=\$9210</p> <p>Total: \$13,820</p> <p>Environmental Health Services:</p> <p>2 portable XRF sampling instruments at \$15,500 each: \$ 31,000</p> <p><u>A replacement sampling instrument should be considered every 5-7 years.</u></p> <p>Laptop computers (2) Desktop computers and monitors (2): \$ 6,380</p> <p><u>Computers should be replaced every 3-4 years.</u></p> <p>Total BEHS One-Time Costs: \$37,380</p> <p>Total One-Time Costs: \$51,200</p>
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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.

AGENCY NAME:	SC Department of Health and Environmental Control		
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CLASSIFICATION OF FUNDS	In support of other non-recurring expenditures.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	No
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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	DHEC anticipates applying for a federal grant from CDC if a funding opportunity is available in 2017 for which the agency would be eligible. There is no guarantee this opportunity will be available and no word about a possible level of funding that may be available to states.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	No funds have been invested in this project expansion.
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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	
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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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9842
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	EA Lab Equipment
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Provide a brief, descriptive title for this request.

AMOUNT	\$142,092
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	II. A. 3 Water Quality Improvement- Environmental Health
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Decision Package # <u>9836</u>
	<input type="checkbox"/>	Capital Request
	<input type="checkbox"/>	Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/>	Non-recurring request for funding
<input type="checkbox"/>	Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>Instrument replacement is crucial to maintaining an Environmental Protection Agency (EPA) certified laboratory with the capabilities to generate accurate and technically defensible data. The inability of the laboratory to produce quality data or to maintain certification due to outdated instrumentation will directly affect routine monitoring of drinking water systems as mandated by SC Regulation 61-34.1 and Pasteurized Milk Ordinance. S.C. Code Ann. Sections 44-55-10 et seq., known as the South Carolina Safe Drinking Water Act. S.C. Code Ann. 48-1-10 et seq., known as the South Carolina Pollution Control Act. This will also not allow the State to be prepared to support emergency response efforts during a crisis.</p> <p>Continuous assessment of laboratory instrumentation is necessary to plan for purchases of lab instruments that are obsolete scientifically or unacceptable to perform accurate analysis of samples to satisfy regulatory requirements. This has a direct impact on the lives of the citizens of the State of SC. If the State water laboratory's equipment and instrumentation are not kept current, testing for drinking and recreational waters will not be possible. The public health of citizens is at risk to pollutants for which EPA has set standards and recommendations under the Safe Drinking Water and Clean Water Acts. This also will place the State in a very vulnerable position with regards to emergency response. Fires, chemical spills, environmental negligence, and natural disasters are just a few examples where the water quality can be impacted, illustrating the importance of a certified laboratory capable of providing quality data to the various programs</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

	<p>throughout the agency as they make key decisions regarding safety and the health of citizens of this State.</p>
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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.

CLASSIFICATION OF FUNDS	<p>In support of other non-recurring expenditures.</p>
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	<p>N/A</p>
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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	<p>Some federal funding may be a possible alternative but cannot be guaranteed, and in a best case scenario, even if granted, will not be 100% of the required funding.</p>
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What other possible funding sources were considered?

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

LONG-TERM PLANNING AND SUSTAINABILITY	Some federal funding may be available.
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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	N/A
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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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9851
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Removal of Non-Compliant USTs
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Provide a brief, descriptive title for this request.

AMOUNT	\$291,000
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	II. A. 1 Water Quality Improvement – Underground Storage Tanks
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>South Carolina Underground Storage Tank Regulations require owners of operating underground storage tank systems (USTs) to either upgrade equipment to meet certain design criteria or to permanently close USTs before December 23, 1998. Most facilities complied with the requirements before the deadline; however, there is a small population of tank owners who did not comply. The UST Management Division continues to pursue closure of many of these facilities through the enforcement and legal process; but, efforts have proven unsuccessful for some facilities due to non-viable or deceased tank or property owners. These tanks are considered abandoned or "orphan sites" and many contain fuel/water mixtures that continue to pose a threat to human health and the environment. Some of these USTs have already caused a petroleum release to the environment and there are water supply wells in close vicinity that may be adversely affected posing a potential threat to human health.</p> <p>This funding will allow the DHEC to remove or properly abandon (filling them in-place with an inert material) 32 out of compliance USTs at 9 separate facilities and thus eliminate the potential for their continued (or future) release to the environment.</p>
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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.

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

CLASSIFICATION OF FUNDS	Support of other non-recurring expenditures.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS	No
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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	No alternative sources of funding are available.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	None. This request is related to a known scope of work and no additional capital and/or operating funds are anticipated to be needed in the future.
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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	
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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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9848
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Stroke System of Care
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Provide a brief, descriptive title for this request.

AMOUNT	\$7,307
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	II.F.5 Health Care Standards – Emergency Medical Services
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Decision Package # <u>9845</u>
	<input type="checkbox"/>	Capital Request
	<input type="checkbox"/>	Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/>	Non-recurring request for funding
<input type="checkbox"/>	Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>In 2011 the Stroke Care Act was established without a dedicated funding stream for implementation and sustainability. For the Department to carry out the responsibilities outlined in this act, recurring appropriations for the Stroke System is necessary. We are currently unable to fully implement the Act as outlined due to a lack of permanent funding. Stroke is one of the leading causes of death in South Carolina, and underfunding this system of care will not reduce stroke morbidity and mortality or improve outcomes from those suffering from these debilitating event.</p> <p>South Carolina has the third highest mortality rate from stroke in the U.S. It is the fourth leading cause of death in South Carolina. In data from 2013, there were nearly 15,000 stroke hospitalizations with a cost of more than \$690,000,000 to the health care system. The Stroke System of Care Act was signed into law in 2011. DHEC is tasked with carrying out a number of initiatives to include establishing a Stroke Advisory Council, ensure a current list of stroke centers is posted on the DHEC website, develop and implement a designation system using the national accrediting entities, and establish a stroke data / registry system. Without this funding, the stoke system cannot move forward and complete the duties tasked by this Act. Additionally, since Stroke is one of the leading causes of death in South Carolina, it is essential to the residents that DHEC establish and maintain this system to reduce morbidity and mortality, increase education, and improve outcomes.</p>
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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.

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

CLASSIFICATION OF FUNDS	Support of other non-recurring expenditures.
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Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

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 and amount.

FUNDING ALTERNATIVES	The Bureau of EMS applied for a Coverdale grant to implement this system. Despite a "strong application", we were denied funding. There are no other alternative funding options available at this time.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	The legislature has approved recurring funding for one FTE in FY17. As the program goes, anticipated cost increase would be due to funding future registry cost for acute care facilities not currently designated as a primary stroke center or telehealth stroke center. No other increases at this time, but may change as the program develops.
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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	
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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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	9833
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	EA Lab Quality Assurance
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Provide a brief, descriptive title for this request.

AMOUNT	\$29,069
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	II. A. 3. Water Quality Improvement – Environmental Health
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Decision Package # <u>9830</u>
	<input type="checkbox"/>	Capital Request
	<input type="checkbox"/>	Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/>	Non-recurring request for funding
<input type="checkbox"/>	Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>Two positions are requested to satisfy Environmental Protection Agency (EPA) requirements for ensuring lab and data competency as addressed during recent EPA audits. Though addressed during lab audits, a data competency element is an important component in federal grants. Federal grants received that contain this data competency requirement amount to: \$7,823,525.00 in Fiscal Year 2016 and \$7, 496,345.00 in Fiscal Year 2017.</p> <p>DHEC does not currently have an Office of Quality Assurance to evaluate processes or Quality Assurance Project Plans (QAPPs), as required by grant commitments. Also, in accordance with U.S. Environmental Protection Agency (EPA) Policy Directive FEM-2012-02, "Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements," the agency must establish internal processes to demonstrate quality assurance (QA) competency for work conducted under EPA-funded grants, such as Clean Water Act (CWA) §106 program, 319(h) Non-Point Source program, Safe Drinking Water Act (SDWA) Public Water System Supervision (PWSS) program, Clean Air Act (CAA)§105 program, Resource Conservation and Recovery Act (RCRA) Subtitle C program, and Comprehensive Environmental Response, Compensation and Liability Act (CERCLA). To monitor these activities, an Office of Quality Assurance is necessary.</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

In a recent polling of other States (AL, TN, GA, FL, KY, MS, and NC), most have a Quality Assurance Manager (QAM) located in the media programs to avoid any potential conflict of interest. Also, EPA Region 4 indicated that most state programs have a QAM higher in the organization, where they have direct access to the Director or Assistant Director.

The recurring budget request will support two staff for the Office of Quality Assurance to include supplies, travel, computers, office supplies, etc.

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.

CLASSIFICATION OF FUNDS

Other non-recurring expenditures.

Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency's CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS

N/A

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

FUNDING ALTERNATIVES

None

What other possible funding sources were considered?

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

LONG-TERM PLANNING AND SUSTAINABILITY	N/A
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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	N/A
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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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

FORM D – PROVISO REVISION REQUEST

NUMBER	34.17
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	DHEC: Nursing Home Medicaid Bed Day Permit
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. F. Health Care Standards 2. Health Facilities Services and Development
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	No
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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

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

OTHER AGENCIES AFFECTED	South Carolina Department of Health and Human Services
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Which other agencies would be affected by the recommended action? How?

SUMMARY	This proviso authorizes transfer of Medicaid nursing home permit days in limited circumstances.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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

EXPLANATION	<p>DHEC recommends changing the wording to authorize transfer of Medicaid patient days to the receiving facility in the event of a resident transfer from one nursing home to another nursing home without restriction. Under the current wording of the proviso, absent a violation of state or federal law or Medicaid circumstances, a patient could not transfer to a nursing home that does not have available Medicaid beds. This proviso restricts the ability of patients to choose care.</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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

34.17. (DHEC: Nursing Home Medicaid Bed Day Permit) When ~~transfer of~~ a Medicaid patient is transferred from a nursing home to a receiving nursing home ~~is necessary due to violations of state or federal law or Medicaid certification requirements~~, the Medicaid patient day permit shall be transferred with the patient to the receiving nursing home. The receiving facility shall apply to permanently retain the Medicaid patient day permit within sixty days of receipt of the patient.

**PROPOSED
PROVISO TEXT**

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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

FORM D – PROVISO REVISION REQUEST

NUMBER	34.18
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	Mineral Sets
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. D. Land and Waste Management
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	No
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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

REQUESTED ACTION	Delete
-------------------------	---------------

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 department is authorized to charge a reasonable fee for mineral sets. Funds generated from the sale of mineral sets may be retained by the department in a revolving account with a maximum carry forward of \$2,000 and must be expended for mineral set supplies and related mining and reclamation educational products.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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

EXPLANATION	<p>The Agency has not sold any mineral sets (\$3/ea.) in several years and only a few vials of material remain. The Agency recommends that the account be closed, the Proviso deleted, and remaining funds transferred to the General Fund.</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>n/a</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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

~~34.18. (DHEC: Mineral Sets Revenue) The department is authorized to charge a reasonable fee for mineral sets. Funds generated from the sale of mineral sets may be retained by the department in a revolving account with a maximum carry forward of \$2,000 and must be expended for mineral set supplies and related mining and reclamation educational products.~~

**PROPOSED
PROVISO TEXT**

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

FORM D – PROVISO REVISION REQUEST

NUMBER	34.42
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	DHEC: Obesity
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	N/A
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	No
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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

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

OTHER AGENCIES AFFECTED	SDE, DHHS, DSS, DMH, MUSC, USC Arnold School of Public Health, Dept. of Parks and Recreation and Tourism, Dept. of Commerce, DOT, Commission for the Blind, and individual school districts.
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Which other agencies would be affected by the recommended action? How?

SUMMARY	DHEC shall be the convener and coordinator of the fight against obesity in SC, coordinating with other designated agencies and entities.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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

EXPLANATION	<p>Request deletion. Partners are already working together as a part of the Scaledown Initiative, and this proviso does not include all of the agencies and organizations involved. Partners are working together in a very committed, voluntary capacity, and have been doing so for 3 years. Additionally, the proviso addresses two unfunded mandates of the Student Health and Fitness Act of 2005 (59-10-50 and 59-10-320).</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>No fiscal impact. Unfunded.</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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

**PROPOSED
PROVISO TEXT**

34.42. ~~(DHEC: Obesity) The Department of Health and Environmental Control is charged with addressing the public health of our citizens and shall be the convener and coordinator of the fight against Obesity in South Carolina. Because addressing the obesity epidemic requires behavioral, educational, systemic, medical, and community involvement, the following state agencies should use their best efforts to cooperate with the requests of the department and its partners to facilitate an environment that decreases body mass index (BMI): Department of Education; Department of Health and Human Services; Department of Social Services; Department of Mental Health; Medical University of South Carolina; University of South Carolina Arnold School of Public Health; Department of Parks, Recreation and Tourism; Department of Commerce; Department of Transportation; and Commission for the Blind.~~

~~In addition, school districts must provide the Department of Health and Environmental Control with information regarding their progress towards meeting certain provisions of the Student Health and Fitness Act of 2005, specifically: Section 59-10-10 regarding the average number of minutes students exercise weekly; Section 59-10-50 regarding the SC Physical Education Assessment; Section 59-10-310 regarding efforts to promote healthy eating patterns; Section 59-10-320 regarding assessment of school district health education programs; Section 59-10-340 regarding snacks in vending machines; and Section 59-10-360 regarding health curriculum. The department is given the authority to collect, compile and assess the progress of the State and the School Districts in meeting the goals of this act.~~

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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

FORM D – PROVISO REVISION REQUEST

NUMBER **34.43**

Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE **DHEC: Residential Treatment Facilities Swing Beds**

Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM **F. Health Care Standards 4. Certification**

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

DECISION PACKAGE **No**

Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

REQUESTED ACTION **Delete**

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

OTHER AGENCIES AFFECTED

Which other agencies would be affected by the recommended action? How?

SUMMARY

This proviso authorizes up to eighteen swing beds per qualifying residential treatment facility to accommodate patients with a diagnosis of an acute psychiatric disorder, as long as certain licensure requirements are met and as long as the facility complies with federal CMS rules and regulations

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

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

EXPLANATION	<p>DHEC requests deletion due to potential conflicts with federal CMS rules and regulations. Pursuant to federal regulations, swing beds are certified units in hospitals and critical access hospitals that are located in rural areas as designated by the Census Bureau. In addition, the hospital must be licensed for fewer than 100 beds. 42 C.F.R. Section 482.58. Also under federal regulations, psychiatric residential treatment facility (PRTF) units are not hospitals, but rather are units separately certified from the hospital and are considered a separate and distinct entity from the hospital and must meet specific regulations found under 42 C.F.R. Sections 441.151 through 441.182 and 483.350 through 483.376. Additionally, age limitations for PRTFs would not allow adult patients to be admitted into a PRTF. 42 C.F.R. Section 441.151 specifies that the services must be provided before the individual reaches 21, or, if the individual was receiving services immediately prior to turning 21, before the individual turns 22 (or, if earlier, before the individual no longer requires the services). This proviso can potentially cause regulatory compliance issues for both hospitals and PRTFs.</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>N/A</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:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

~~**34.43.** (DHEC: Residential Treatment Facilities Swing Beds) For Fiscal Year 2016-17 in coordination with the South Carolina Health Plan and to improve access for acute psychiatric beds as patient populations demand, Residential Treatment Facilities (RTF) may swing up to eighteen beds per qualifying facility to accommodate patients with a diagnosis of an acute psychiatric disorder. In order to qualify to utilize swing beds a facility must meet the following criteria: the facility must currently have both licensed acute psychiatric and residential treatment facility beds, the RTF beds must meet the same licensure requirements as the existing licensed acute psychiatric beds, and any facility utilizing swing beds must keep the acute and RTF patient populations separate and distinct. The utilization of swing beds must also comply with all federal Centers for Medicare and Medicaid Services rules and regulations.~~

**PROPOSED
PROVISO TEXT**

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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

FORM D – PROVISO REVISION REQUEST

NUMBER	New
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	Emergency Medical Services Monetary Penalties
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	F. Health Care Standards 5. Emergency Medical Services
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Identify the associated budget program(s) by name and budget section.

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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

REQUESTED ACTION	Add
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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	S.C. Code Section 44-61-70 authorizes DHEC to impose monetary penalties for violations of an authorization, license, or permit under the EMS Act but no provision addresses whether DHEC may retain any monetary penalties collected pursuant to the EMS Act for use in administration of the program, like other program areas within Health Regulation.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	SC Department of Health and Environmental Control		
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EXPLANATION	<p>DHEC requests a new proviso that allows the Bureau of EMS to retain up to \$40,000 of the civil monetary penalties assessed against nonconforming providers in order to use additional funds for inspections to enforce compliance.</p> <p>As previously indicated, S.C. Code Section 44-61-70 authorizes DHEC to impose monetary penalties for violations of an authorization, license, or permit under the EMS Act. No provision addresses whether DHEC may retain any monetary penalties collected pursuant to the EMS Act for use in administration of the program. Other provisos exist for other areas of Health Regulation, including Health Licensing (Provisos 34.24 and 34.25) and Radiological Health (34.26), authorizing those program areas to retain certain amounts of monetary penalties collected by the program areas for use in administration of the program areas.</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>The Bureau of EMS collected an estimated \$18,000 in monetary penalties last year. These funds currently are returned to the General Fund.</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.

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(NEW DHEC EMS Monetary Penalties) In the course of regulating Emergency Medical Services (EMS) agencies and personnel, the Bureau of EMS assesses civil monetary penalties against nonconforming providers. The Bureau of EMS shall retain up to the first \$40,000 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 bureau. These funds shall be separately accounted for in the department's fiscal records.

**PROPOSED
PROVISO TEXT**

Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	SC Department of Health and Environmental Control		
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FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	9897
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Agency General Fund Reduction Analysis
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Provide a brief, descriptive title for this request.

AMOUNT	-\$3,676,435
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What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package's total in PBF.

METHOD OF CALCULATION	<p>All Agency programs were analyzed to determine how to reduce the budget in a way that would minimize the impact to mission critical services. The analysis included whether or not DHEC is the most appropriate entity to conduct the activities. Opportunities for alternative funding mechanisms for critical services were identified wherever possible to reduce reliance on taxpayer resources.</p> <p>The following program reductions would reduce general funds and require that entities that benefit from the services pay directly for those services: Freedom of Information (\$60,000), Health Licensing and Construction (\$717,851) and Mining Reclamation (\$790,834).</p> <p>The following program reductions would reduce state support to other organizations and require those organizations to seek non-taxpayer third party funding sources to continue their activities: Genetics (\$104,496), Sickle Cell Professional Education (\$100,000) and Newborn Hearing Screenings (\$171,750).</p> <p>The following programs would be reduced and DHEC activities reduced proportionately: Newborn Hearing Screening (additional \$228,931), Immunization program (\$380,000) and Environmental Health Rabies (\$1,122,573).</p>
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	N/A
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How many FTEs would be reduced in association with this General Fund reduction?

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PROGRAM/ACTIVITY IMPACT	<p>Administration: Freedom of Information Office - Reduction of \$60,000 (Salary \$43,795 plus Fringe \$16,205). This would eliminate one state funded position. Fee revenue would be used to fund the position in order to continue to provide required services.</p> <p>Health Regulation: Health Licensing and Construction – Operating costs would be shifted to fee income in the amount of \$717,851. This would require a 100% increase in the inspection fees for the facilities served by the program. The program’s total budget is \$4,777,491 of which state funds comprise \$2,142,494. This equates to a 34% reduction to the program’s state funding. We would also eliminate the midwifery license program.</p> <p>Environmental Affairs: Mining Reclamation: Operating costs of \$790,834 would be shifted to fees earned by the program. The Mining Regulations would need to be amended to increase mining fees in order to maintain the same level of services currently provided to mine owners and operators. Currently, mining fees average \$124,300 per year. Without increased fees, the program would only be able to permit large or significant mining operations and likely no routine inspections would be performed.</p> <p>The fee schedule is in the SC Mining Regulation 89-340. In order to replace the current state appropriations, annual operating fees would need to increase from \$375 to \$1,570 for each permitted mine. A second approach would be to increase the annual operating fee from \$375 to \$750 for smaller mines (< 5 acres) and increase the annual fee to \$2,000 for larger mines (> 5 acres). Both scenarios would result in an additional \$800,000 to replace state appropriations in funding for the program.</p> <p>Environmental Health Services- Rabies Control operating costs would be reduced by \$1,122,573 (8%) of the program’s total state budget of \$13,546,516. This reduction would eliminate the rabies services provided by the agency and would require counties to pick up the costs of rabies control.</p> <p>Health Services: Immunizations: State funds make up \$4,177,002 of the \$10,024,439 total budget. State funds in the amount of \$380,000 (9%) would be reduced. This would eliminate School Located TDaP Vaccine Clinics.</p> <p>Genetics Operating costs of \$104,496 or 100% of the budget will no longer be distributed to the Genetic Centers throughout the state. These centers would need to find other resources to cover uncompensated care.</p> <p>Newborn Hearing Screenings reduction of \$400,681 (95%) of their state funds would be eliminated. This would eliminate approximately \$171,750 payments to birthing hospitals for uncompensated care. Current staff would be transferred to other resources within the agency.</p>
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	<p>Sickle Cell Professional Education will be eliminated \$100,000 (100%). This funding is provided to the Sickle Cell foundations throughout the state to provide professional education to hospital/non-specialty providers in the management and care of individuals with Sickle Cell. Without this funding, the foundations will need to seek other community resources to provide the needed education for the providers.</p>
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What programs or activities are supported by the General Funds identified?

SUMMARY	<p>The agency reviewed all program activity to determine whether alternative sources of funding may exist for certain valuable agency services, including the possibility of charging entities benefitting from the services.</p> <p>The following programs identified would require that entities that benefit from the services pay for those services: Freedom of Information, Health Licensing and Construction and Mining Reclamation.</p> <p>The following program reductions would increase costs to other non-taxpayer third party funding sources or cause the receiving organizations to seek other resources to continue their activities: Genetics, Sickle Cell Professional Education and Newborn Hearing Screenings.</p> <p>The following programs would be reduced and activities curtailed proportionately: Newborn Hearing Screening, Immunization program and Environmental Health Rabies.</p>
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