

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

**SECTION 33 - J02-DEPARTMENT OF HEALTH AND HUMAN SERVICES**

- 33.2 DELETE** (Long Term Care Facility Reimbursement Rate) Requires the B&C Board Division of Budget and Analyses to develop an inflation factor to be used in the calculation of reimbursement rates for nursing homes. Authorizes the department when calculating nursing facility rates each year, to use an inflation factor which can range from 0% up to the maximum inflation factor as calculated by the B&C Board.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Proviso is unnecessary because it is permissive. Agency already has inherent authority to manage reimbursement formula.* Requested by Department of Health and Human Services.

**33.2.** (DHHS: Long Term Care Facility Reimbursement Rate) ~~The Department, in calculating a reimbursement rate for long term care facility providers, shall obtain for each contract period an inflation factor, developed by the Budget and Control Board, Division of Budget and Analyses. Data obtained from Medicaid cost reporting records applicable to long term care providers will be supplied to the Budget and Control Board, Division of Budget and Analyses. A composite index, developed by the Budget and Control Board, Division of Budget and Analyses will be used to reflect the respective costs of the components of the Medicaid program expenditures in computing the maximum inflation factor to be used in long term care contractual arrangements involving reimbursement of providers. The Division of Budget and Analyses of the Budget and Control Board shall update the composite index so as to have the index available for each contract renewal.~~

~~The department may apply the inflation factor in calculating the reimbursement rate for the new contract period from zero percent (0%) up to the inflation factor developed by the Division of Budget and Analyses.~~

- 33.7 DELETE** (Admin. Days/Swing Beds Reduction Prohibition) Prohibits the department from reducing funds appropriated for hospital administrative days and swing beds.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Deletion allows the department administrative authority and flexibility to manage the Medicaid program.* Requested by Department of Health and Human Services.

**33.7.** (DHHS: Admin. Days/Swing Beds Reduction Prohibition) ~~Funds appropriated herein for hospital administrative days and swing beds shall not be reduced in the event the agency cuts programs and the services they provide.~~

- 33.8 DELETE** (Nursing Home Sanctions) Authorizes the department to establish a restricted fund to deposit nursing home sanctions fines. Allows the department to use the funds for costs related to the protection of the health and property of residents of nursing homes that participate in the Medicaid program.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Prescribed by law in Sections 44-6-400 through 44-6-540.* Requested by Department of Health and Human Services.

**33.8.** (DHHS: Nursing Home Sanctions) ~~The Department of Health and Human Services is authorized to establish an interest bearing restricted fund with the State Treasurer, to deposit fines collected as a result of nursing home sanctions. The department may use these funds consistent with the provision of Section 44-6-470.~~

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

- 33.12 AMEND** (Medicaid Eligibility Transfer) Authorizes the department to determine the eligibility of applicants for the Medicaid Program; transfers DSS employees who perform this function full time to HHS; and requires DSS county offices to continue to provide office space and facility service for the eligibility determination function.

**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to direct that eligibility is to be determined in accordance with the State Plan Under Title XIX of the Social Security Act Medical Assistance Program. Delete transfer of DSS employees. *Personnel has been transferred.* Requested by Department of Health and Human Services.

**33.12.** (DHHS: Medicaid Eligibility Transfer) The South Carolina Department of Health and Human Services (DHHS) is hereby authorized to determine the eligibility of applicants for the South Carolina Medicaid Program in accordance with the State Plan Under Title XIX of The Social Security Act Medical Assistance Program. ~~Personnel of the Department of Social Services (DSS) engaged in this function full time, and other DSS personnel engaged in this function who are identified by agreement of DSS and DHHS, are transferred to DHHS.~~ The governing authority of each county shall ~~continue to~~ provide office space and facility service for this function as they do for DSS functions under Section 43-3-65.

- 33.16 AMEND** (Long Term Care Facility Reimbursement Rates) Requires the department to submit the Medicaid State Plan amendment for long term care facility reimbursement rates to the Federal government before August 1st each year. Directs that this provision only applies in years that funds are allocated for rate increases.

**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to require the department to direct staff to complete and submit the plan amendment to the DHHS director and for the director to review and submit the plan to the Federal Government by August 15th each year. Direct that all additional requests for plan information from CMS be promptly submitted by the department.

**33.16.** (DHHS: Long Term Care Facility Reimbursement Rates) The department shall direct staff to complete and submit its Medicaid State Plan Amendment for long term care facility reimbursement rates to the ~~Federal government prior to~~ Director of the Department of Health and Human Services by August first of each year. The Director shall review the plan and submit to the Federal Government on or before August fifteenth of each year provided the State Appropriations Act has been enacted ~~prior to~~ by that date. All additional requests for information from CMS concerning the plan shall be promptly submitted to CMS by the Department of Health and Human Services. ~~This provision shall apply only in those years when funds are allocated for rate increases.~~

- 33.17 DELETE** (Upper Payment Limit for Non-state Owned Public Nursing Facilities) Directs the department to submit a state plan amendment to CMS by August 12th, 2010 to provide Medicaid supplemental payments to non-state owned public nursing facilities who qualify as Essential Public Safety Net providers.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Delete to allow administrative flexibility.* Requested by Department of Health and Human Services.

**33.17.** (DHHS: Upper Payment Limit for Non-state Owned Public Nursing Facilities) ~~The department shall prepare and submit to the Center for Medicare and Medicaid Services no later than August 12, 2010, a state plan amendment to provide Medicaid supplemental payments to non-state owned public nursing facilities who qualify as Essential Public Safety Net providers. The department shall provide a report on the plan amendment to the House of~~

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

~~Representatives Ways and Means Committee and the Senate Finance Committee by the  
aforementioned date.~~

- 33.19 DELETE** (Prior Authorization-Formulary Changes) Requires the department to coordinate and approve formulary changes for medications to treat certain disorders; to use a common prior authorization form in its managed care policy and procedures guide; and to provide a grievance procedure and arbitration between the doctors and managed care companies with the department serving as the arbitrator.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Proviso is unnecessary because the agency has this in policy.* Requested by Department of Health and Human Services.

~~**33.19.** (DHHS: Prior Authorization-Formulary Changes) The Department of Health and Human Services shall coordinate and approve formulary changes for medications prescribed to treat major depression, schizophrenia, or bipolar disorder as defined by the most recent edition of the Diagnostics and Statistical Manual of the American Psychiatric Association or following prescribing practice guidelines established by the American Psychiatric Association. The department shall require, in its managed care policy and procedures guide, managed care organizations to utilize a common prior authorization form for drugs used to treat major depression, schizophrenia, or bipolar disorder. Adverse changes to a plan formulary must be coordinated with the agency. If a formulary change regarding a medication prescribed to treat one of the conditions listed above will adversely affect the patient's condition, the grievance process must be exhausted prior to the beneficiary initiating disenrollment from the plan. At no time will a patient who is actively on medication for treatment of one of the above conditions at the time of enrollment in a managed care plan be denied coverage for such medication until resolution of the grievance process. If the department determines the grievance process does not provide favorable relief for the beneficiary, the beneficiary shall be allowed to enroll in fee-for-service or another managed care plan providing formulary coverage.~~

- 33.25 DELETE** (Personal Emergency Response System) Authorizes the department to consider using two button Personal Emergency Response Systems (PERS) units.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Proviso is unnecessary because it is permissive and it is something the department is already doing.* Requested by Department of Health and Human Services.

~~**33.25.** (DHHS: Personal Emergency Response System) The Department of Health and Human Services may consider the use of Personal Emergency Response Systems (PERS) units with additional functionality to include the use of a two button system that is UL or ETL certified.~~

- 33.26 AMEND** (GAPS) Requires the department to suspend GAPS requirements for the FY 12-13.

**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to change the fiscal year reference to "the current state fiscal year."

**33.26.** (DHHS: GAPS) The requirements of Title 44, Chapter 6-610 through Chapter 6-660 shall be suspended for Fiscal Year ~~2012-13~~ the current state fiscal year.

- 33.28 DELETE** (In-Home Health Care Systems for Medicaid Recipients) Allows the department to pilot test a program using an in-home health care system, with the goal of reducing emergency room visits; and provides specifics that to be used for the program.

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. Requested by Department of Health and Human Services.

~~33.28. (DHHS: In-Home Health Care Systems for Medicaid Recipients) The Department of Health and Human Services, during Fiscal Year 2012-13, within the funds appropriated, upon application by the department, may pilot test an in home health care system. The pilot test must include a statistically valid sample of Medicaid patients within the counties as determined by the Director of the Department of Health and Human Services. This program shall provide a state of the art in home health care system which provides around the clock access to medical assessment care and additionally provides an emergency response function that gives a Medicaid recipient the ability to contact a local emergency response center.~~

~~The purpose of the program is to reduce the amount of emergency room visits in non-emergency cases and to reduce the amount of visits to other medical care facilities in order to save on the cost of providing this care and in order to provide better health care.~~

~~The in home health care system option must consist of three main components:~~

- ~~(1) the medical console and wireless transmitter;~~
- ~~(2) the medical triage center; and~~
- ~~(3) the emergency response call center.~~

~~The medical console and wireless transmitter must have the following capabilities:~~

~~(1) the medical console must be capable of communication between two separate call centers, one of which is a monitoring facility to provide certified medical triage care twenty-four hours a day and the other of which is a monitoring facility to provide emergency response services twenty-four hours a day.~~

~~(2) the wireless transmitter for the medical console must have two buttons, one for transmitting a signal to the console to contact the emergency response monitoring facility, and the second button also must send a wireless signal to the console to trigger contact with the medical triage center.~~

~~(3) the medical console must be able to send a report/event code to the emergency response call center after a medical triage center call has been placed.~~

~~(4) an emergency button on the medical console must include Braille for the sight impaired.~~

~~The medical triage center must have or be:~~

- ~~(1) open twenty-four hours a day, three hundred sixty-five days a year;~~
- ~~(2) a call center must be located in the United States;~~
- ~~(3) Utilization Review Accreditation Commission (URAC) accredited;~~
- ~~(4) on-call availability of a South Carolina licensed physician, twenty-four hours, seven days a week for guidance or review of clinical calls as needed;~~
- ~~(5) registered nurses with a minimum of ten years experience available to answer all calls;~~
- ~~(6) all calls digitally recorded and archived, and a triage report prepared and sent;~~
- ~~(7) daily monitoring of communications with the call center;~~
- ~~(8) fully HIPAA compliant;~~
- ~~(9) bilingual staff in English and Spanish;~~
- ~~(10) a mechanism that ensures that a caller will never receive a busy signal or voice mail when accessing the nurse advice line;~~

~~(11) clinical staff able to serve pediatric, adolescent, adult, and senior populations, as well as health care expertise in a variety of clinical areas such as emergency room, pediatrics, critical care, oncology, cardiology, pulmonary, geriatrics, obstetrics/gynecology and general medicine; and~~

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

~~(12) the infrastructure in place to allow the telephone network to digitally communicate with the medical console for incoming call connection, call disconnect, and client file access.~~

~~The emergency response call center must:~~

~~(1) be open twenty four hours a day, three hundred sixty five days a year;~~

~~(2) be located in South Carolina;~~

~~(3) maintain a digital receiver capable of processing two way voice audio using multiple formats.~~

~~Facilities, emergency response and the medical triage center, shall offer all recipients selected by the department unlimited use of services provided by the emergency monitoring and medical triage facilities at no additional cost burden to the State.~~

~~The pilot testing program must be conducted for the current fiscal year. The department in developing and administering this program is authorized to take such actions as may be required, including making requests for Medicaid waivers when necessary.~~

~~The department, in implementing this program on a pilot testing basis, also is authorized to contract with a third party provider or vendor to furnish and operate the program or a physician's office that provides a similar patient service.~~

**33.ga**     **ADD (Grant Authority) SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the department to make grants to community-based not-for-profit organizations for local projects that further the objectives of department programs. Require the department develop policies and procedures and allow them to promulgate regulations associated with the grants. Authorize the department to require grant recipients to provide match funds. Requested by Department of Health and Human Services.

33.ga. (DHHS: Grant Authority) The Department of Health and Human Services is authorized to make grants to community-based not-for-profit organizations for local projects that further the objectives of department programs. The department shall develop policies and procedures and may promulgate regulations to assure compliance with state and federal requirements associated with the funds used for the grants and to assure fairness and accountability in the award and administration of these grants. The department may require a match from grant recipients.

**33.chc**     **CONFORM TO FUNDING / ADD (Community Health Center/FQHC) SUBCOMMITTEE RECOMMENDATION:** CONFORM TO FUNDING / ADD new proviso to direct that entities that receive funding under the Public Health Services Act, Health Center Program (Section 330) shall qualify to receive "Community Health Center/FQHC" funds appropriated in Part IA. Direct that the funds be disbursed: 30% divided among qualifying entities with the balance distributed 40% based on uninsured patients served and 30% based on the number of patients seen from counties with a population of less than 125,000.

33.chc. (DHHS: Community Health Center/FQHC) Entities receiving funding under Section 330 of the Public Health Services Act qualify to receive funds provided in Part IA, Section 33, Special Line Item Community Health Center/FQHC. This appropriation shall be disbursed as follows: (1) 30% of the total appropriation will be divided among qualifying entities; and (2) The balance of the appropriation will be distributed with 40% based on uninsured patients served and 30% based on the number of patients seen from counties with a population of less than 125,000.

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

**SECTION 34 - J04-DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

- 34.9**     **AMEND** (Rape Violence Prevention Contract) Requires \$403,956 of Rape Violence Prevention funds be used to support the state's rape crisis centers. Prohibits the department from reducing rape crisis center contracts below the current funding level.

**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to delete reference to the funds being distributed based on the department's Rape Violence Prevention Program service standards and instead direct that they be distributed based on "Standards and Outcomes for Rape Crisis Centers" and update fiscal year reference to "52013-14."

**34.9.** (DHEC: Rape Violence Prevention Contract) Of the amounts appropriated in Rape Violence Prevention, \$403,956 shall be used to support programmatic efforts of the state's rape crisis centers with distribution of these funds based on the ~~Department of Health and Environmental Control Rape Violence Prevention Program service standards~~ Standards and Outcomes for Rape Crisis Centers and each center's accomplishment of a pre-approved annual action plan. For Fiscal Year ~~2012-13~~ 2013-14, the department shall not reduce these contracts below the current funding level.

**SECTION 35 - J12-DEPARTMENT OF MENTAL HEALTH**

- 35.1**     **AMEND** (~~Medicare Revenue~~ Patient Fee Account) Designates Medicare receipts to the department as patient fees to be used for the repayment of bonds. Requires the department to transfer \$290,963 to the General Fund to support the administrative costs of the collection of Medicare benefits. Allows the department to retain and expend up to \$3 million of all Medicare revenue earned from cost recovery efforts and any additional earnings must be remitted to the general fund.

**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to delete previous language and instead authorize the department to retain and expend its Patient Fee Accounts funds. Direct that patient fees are considered funds collected for patient maintenance and medical care, from patients' Medicare benefits, and from veteran facilities. Authorize the department to spend these funds for departmental operations, capital improvements and debt service, and the cost of patients' Medicare Part B premiums. Direct the department to remit \$290,963 to the General Fund and to provide \$400,000 to the Continuum of Care; \$50,000 to the Alliance for the Mentally Ill, and \$250,000 to S.C. Share. *Merges components of former proviso 35.1 and 35.2. No substantive change.* Requested by Department of Mental Health.

**35.1.** (DMH: ~~Medicare Revenue~~ Patient Fee Account) ~~All Federal Funds received by the Department of Mental Health from patients' Medicare benefits shall be considered as patient fees to be used for the repayment of bonds except that the department shall remit to the General Fund of the State \$290,963 from such funds to support the appropriation for administrative costs of the collection of Medicare benefits. The department shall retain and expend up to three million dollars of all Medicare revenue earned prior to July first, of the prior fiscal year, but received in the current fiscal year from cost recovery efforts, all additional prior earnings shall be remitted to the general fund, except that the cost and fees of identifying and collecting such additional Medicare revenue to which the department is entitled may be paid from funds actually collected from such efforts.~~ The Department of Mental Health is hereby authorized to retain and expend its Patient Fee Account funds. In addition to funds collected for the maintenance and medical care for patients, Medicare funds collected by the department from patients' Medicare benefits and funds collected by the department from its veteran facilities

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

shall be considered as patient fees. The department is authorized to expend these funds for departmental operations, for capital improvements and debt service under the provisions of Act 1276 of 1970, and for the cost of patients' Medicare Part B premiums. The department shall remit \$290,963 to the General Fund, \$400,000 to the Continuum of Care, \$50,000 to the Alliance for the Mentally Ill, and \$250,000 to S.C. Share Self Help Association Regarding Emotions.

- 35.2 DELETE/MERGE** (Patient Fee Account) Authorizes the department to fund specific items from the Patient fee Account. Authorizes the department to expend all fees collected at the Campbell Nursing Home and other veterans' facilities for day-to-day operations. Requires external entities receiving funds to provide an itemized budget before the receipt of any funds and quarterly financial statements to the department.
- SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Portions merged into revised 35.1.* Requested by Department of Mental Health.

~~35.2. (DMH: Patient Fee Account) In addition to other payments provided in Part I of this act, the Department of Mental Health is hereby authorized during the current fiscal year, to provide the funds budgeted herein for \$6,214,911 for departmental operations, \$400,000 for the Continuum of Care, \$50,000 for the Alliance for the Mentally Ill, \$250,000 for S.C. SHARE Self Help Association Regarding Emotions, and all fees collected at the Campbell Nursing Home and other veterans facilities for day to day operations, from the Patient Fee Account which has been previously designated for capital improvements and debt service under provisions of Act 1276 of 1970. The Department of Mental Health is authorized to fund the cost of Medicare Part B premiums from its Patient Fee Account up to \$150,000. The South Carolina Alliance for the Mentally Ill and the South Carolina Self Help Association Regarding Emotions shall provide an itemized budget before the receipt of funds and quarterly financial statements to the Department of Mental Health. DMH is authorized to use unobligated Patient Paying Fee Account funds for community transition programs. The funds made available shall be utilized consistently with the Transition Leadership Council's definition of severely mentally ill children and adults. The department shall report their use of these funds to the Senate Finance Committee and the House Ways and Means Committee. This amendment is made notwithstanding other obligations currently set forth in this proviso.~~

- 35.7 DELETE** (Crisis Stabilization) Requires the department spend a minimum of \$2 million for crisis stabilization programs and defines the programs. Specifies the use of the funds expended by the department. Requires a quarterly report identifying the crisis stabilization program in each community mental health center catchment area, the number of persons served, and the expenditures for the reporting period be submitted.
- SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *The threshold is no longer relevant because the department consistently spends more than \$2,000,000 for this purpose.* Requested by Department of Mental Health.

~~35.7. (DMH: Crisis Stabilization) During the current fiscal year, the Department of Mental Health must expend for crisis stabilization programs not less than \$2 million. Funds expended by the department for the crisis stabilization program must be used to implement and maintain a crisis stabilization program, or to provide access to a crisis stabilization program through the purchase of local psychiatric beds, in each community mental health center catchment area. As used in this proviso, "crisis stabilization program" means a community-based psychiatric program providing short term, intensive, mental health treatment in a non-hospital setting for persons who are experiencing a psychiatric crisis and who are either unable~~

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

~~to safely function in their daily lives or are a potential threat to themselves or the community, with treatment available twenty four hours a day, seven days a week. The department must submit a quarterly report, not later than thirty days after the end of each calendar quarter, to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee, identifying the crisis stabilization program in each community mental health center catchment area, the number of persons served, and the expenditures for the crisis stabilization program for the reporting period. The quarterly report must also include information on the number of persons and the duration of stay for persons who are held in hospital emergency rooms when the crisis stabilization program is unable to serve the person.~~

- 35.12 DELETE** (Medicaid Beneficiary Choice) Requires the department to allow a Medicaid beneficiary to receive medically necessary community based paraprofessional rehabilitative behavioral health services from any qualified Medicaid provider enrolled by the Department of Health and Human Services as of July 1, 2011, if the department provides state identified matching funds for such services.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *All funds related to these services have been transferred to the Department of Health and Human Services along with overall responsibility for the program.* Requested by Department of Mental Health.

~~**35.12.** (DMH: Medicaid Beneficiary Choice) For Medicaid covered community based paraprofessional rehabilitative behavioral health services for which the Department of Mental Health provides state identified matching funds, the department must allow a Medicaid beneficiary to receive medically necessary community based paraprofessional rehabilitative behavioral health services from any qualified Medicaid provider enrolled by the Department of Health and Human Services as of July 1, 2011.~~

- 35.13 DELETE** (Sexually Violent Predator Program) Directs the Departments of Mental Health and Corrections to prepare a report that evaluates the feasibility of transferring the Sexually Violent Predator Program to the Department of Corrections. Requires a status update on the report be submitted by January 8, 2013 with the final report submitted by May 1, 2013.

**SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. *Report is due May 1, 2013.* Requested by Department of Mental Health.

~~**35.13.** (DMH: Sexually Violent Predator Program) The Department of Mental Health and the Department of Corrections shall prepare a report evaluating the feasibility and desirability of transferring the Sexually Violent Predator Program to the Department of Corrections. This report must include population and cost projections for the next five years, and must also explore and make recommendations regarding opportunities to further expand the private sector's role in operating this program. An update on the status of this report shall be provided to the Chairman of the Senate Finance Committee, the Chairman of the Senate Medical Affairs Committee, the Chairman of the Senate Corrections and Penology Committee, the Chairman of the House Ways and Means Committee, the Chairman of the House Judiciary Committee, and the Chairman of the Medical, Military, Public, and Municipal Affairs Committee by January 8, 2013 and the final report shall be provided by May 1, 2013.~~

- 35.df ADD** (Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance)  
**SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the department to establish an interest bearing fund with the State Treasurer to deposit deferred maintenance funds and other one-time funds from any source. Authorize the department, after receiving any required approvals, to spend these funds for deferred maintenance, capital projects and ordinary



**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

repair and maintenance. Authorize the funds to be carried forward and used for the same purpose. Requested by Department of Mental Health.

35.df. (DMH: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance) The Department of Mental Health is authorized to establish an interest bearing fund with the State Treasurer to deposit funds appropriated for deferred maintenance and other one-time funds from any source. After receiving any required approvals, the department is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.

- 35.pdp ADD (Psychiatric Day Program) SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to use \$250,000 to support general operating expenses for Gateway House that are associated with providing a psychiatric day program for persons with serious mental illness.

35.pdp. (DMH: Psychiatric Day Program) Of the funds appropriated to the department, \$250,000 shall be utilized for Gateway House for general operating expenses associated with a psychiatric day program for males and females with serious mental illness.

**SECTION 36 - J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

- 36.12 AMEND (Traumatic Brain Injury)** Directs that Traumatic Brain Injury/Spinal Cord Injury Post-Acute Rehabilitation funds shall not be used for any other purpose and that if a general fund reduction is instituted, any cuts must be assessed proportionately and shall not exceed reductions to other agency services.
- SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to specify that if the agency receives a general fund reduction, the assessment to the post-acute rehabilitation funding cannot exceed reductions in proportion to the agency as a whole.

**36.12. (DDSN: Traumatic Brain Injury)** Funds appropriated ~~by~~ to the agency for Traumatic Brain Injury/Spinal Cord Injury Post-Acute Rehabilitation shall be used for that purpose only. In the event the department receives a general fund reduction in the current fiscal year, any ~~funding~~ reductions to the post-acute rehabilitation funding ~~must be in equal proportion to and~~ shall not exceed reductions in proportion to other the agency services as a whole.

**SECTION 37 - J20-DEPARTMENT OF ALCOHOL & OTHER DRUG ABUSE SERVICES**

- 37.fss ADD (Fire Safety and Suppression Equipment) SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct that non-recurring funds appropriated for the McCord Alcohol and Drug Abuse Treatment Facility, operated by the Tri-County Commission on Alcohol and Drug Abuse are only for installing fire safety and suppression equipment.

37.fss. (DAODAS: Fire Safety and Suppression Equipment) The non-recurring funds appropriated in this act for Section 37, Department of Alcohol and Other Drug Abuse Services, Special Item, McCord Alcohol and Drug Abuse Treatment Facility, and operated by the Tri-

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

County Commission on Alcohol and Drug Abuse, are for the installation of fire safety and suppression equipment only.

**SECTION 38 - L04-DEPARTMENT OF SOCIAL SERVICES**

**38.fcg**     **ADD** (Foster Care Goals) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct that in order to comply with federal requirements, it is the goal of the state that during the fiscal year 2,617 is the maximum number of Title IV-E funded children who will remain in foster care more than 24 months. Direct DSS to develop appropriate plans for timely permanency and use of appropriate data benchmarks and targets to achieve this goal. *DSS states that specific goals need to be enacted otherwise Title IV-E funds could be placed in jeopardy.* Requested by Department of Social Services.

*38.fcg. (DSS: Foster Care Goals) To comply with the requirements of 42 U.S.C. Section 671(a)(14) and 45 C.F.R. Section 1356.21(n), it shall be the goal of the state that the maximum number of Title IV-E funded children who will remain in foster care for more than twenty-four months will not exceed a total of 2,617 during the fiscal year. The Department of Social Services shall develop appropriate plans for timely permanency and use appropriate data benchmarks and targets that will achieve this goal.*

**SECTION 101 - F03-BUDGET AND CONTROL BOARD**

**101.7**     **AMEND** (Vacant Positions) Authorizes the BCB to delete vacant positions more than 12 months old.  
**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to exempt the MUSC Hospital Authority.

**101.7.** (BCB: Vacant Positions) In the event that any permanent position in an agency remains vacant for more than twelve months the position may be deleted by the Budget and Control Board. *The MUSC Hospital Authority shall be exempt from the requirements of this provision.*

**SECTION 117 - X90-GENERAL PROVISIONS**

**117.13**     **AMEND** (SC Health & Human Services Data Warehouse) Establishes the South Carolina Health and Human Services Data Warehouse within the B&C Board, Office of Research and Statistics to ensure that health and human services agencies operations may be enhanced by coordination and integration of client information. Defines client data; provides guidelines for operation of the data warehouse; and specifies agencies which are required to report client information.

**SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to change "Office of Research and Statistics" references to "Research and Statistics Division" and "Office" references to "Division." *Technical.* Requested by Budget and Control Board.

**117.13.** (GP: SC Health & Human Services Data Warehouse) There is hereby established within the ~~Office of~~ Research and Statistics Division, South Carolina Budget and Control Board, the South Carolina Health and Human Services Data Warehouse. The purpose of the Warehouse is to ensure that the operation of health and human services agencies may be enhanced by coordination and integration of client information. Client data is defined as

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

person-level data that is created, received, and/or maintained by state agencies and other entities required to report client information to the ~~Office of~~ Research and Statistics Division under this provision. To integrate client information, client data from health and human services state agencies will be linked to improve client outcome measures, enabling state agencies to analyze coordination and continuity of care issues. The addition of these data will enhance existing agency systems by providing client data from other state agency programs to assist in the provision of client services. Certain client information shall be delivered to the ~~Office of~~ Research and Statistics Division in order to assist in the development and maintenance of this Warehouse. The following agencies shall report client information:

- Departments of
  1. Health and Human Services;
  2. Health and Environmental Control;
  3. Mental Health;
  4. Alcohol and Other Drug Abuse Services;
  5. Disabilities and Special Needs;
  6. Social Services;
  7. Vocational Rehabilitation;
  8. Education;
  9. Juvenile Justice;
  10. Corrections;
  11. Probation, Parole and Pardon Services;
- Office of the Governor
  1. Children's Foster Care Review Board;
  2. Continuum of Care;
- Office of the Lieutenant Governor, Division on Aging;
- South Carolina School for the Deaf and the Blind;
- Commission for the Blind, and
- Other entities as deemed necessary by the ~~Office of~~ Research and Statistics Division.

These agencies and departments shall collect and provide client data in formats and schedules to be specified by the ~~Office of~~ Research and Statistics Division (~~Office~~ Division). The ~~Office~~ Division shall establish a Memorandum of Agreement with each agency, department or division. These Memorandums of Agreement shall specify, but are not limited to, the confidentiality of client information, the conditions for the release of data that may identify agencies, departments, divisions, programs and services, or clients, any restrictions on the release of data so as to be compliant with state and federal statutes and regulations on confidentiality of data, conditions under which the data may be used for research purposes, and any security measures to be taken to insure the confidentiality of client information.

To ensure accountability and the coordinated, efficient delivery of health and human services, the ~~Office~~ Division shall implement, in consultation with state health and human services agencies and other entities as deemed necessary by the ~~Office~~ Division, an integrated data system that includes client data from all participating agencies.

In order to provide for inclusion of other entities into the South Carolina Health and Human Services Data Warehouse and other research and analytic-oriented applications that will assist the state in the efficient and effective provision of services, the ~~Office~~ Division shall have the authority to enter into agreements or transactions with any federal, state or municipal agency or other public institution or with any private individual, partnership, firm, corporation, association or other entity to provide statistical, research and information dissemination services including, but not limited to, program and outcomes evaluation, program monitoring/surveillance, projects to determine the feasibility of data collection and/or analyses,

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

information dissemination and research. The confidentiality of data collected under these initiatives shall comply with applicable state and federal laws governing the privacy of data.

The ~~Office~~ Division shall have the power to promulgate regulations, policies and procedures, in consultation with the participating agencies, for the development, protection and operation of the Data Warehouse, other research and analytic-oriented applications, and their underlying processes.

The ~~Office~~ Division shall develop internet-accessible secure analytic query tools (such as analytic cubes) using integrated client data from the Warehouse. All agencies shall cooperate with the ~~Office~~ Division in the development of these analytic tools. It is the intent of this provision that the analytic tools developed under this provision shall be made available to members of the South Carolina General Assembly and their research staff members, state agencies, and researchers. To that end, the ~~Office~~ Division shall, in consultation with the participating agencies, promulgate regulations addressing access to and use and release of information generated through use of the query tools.

All state agencies participating in the Warehouse shall utilize it and its associated software applications in the day-to-day operation of their programs and for coordination, collaboration, program evaluation and outcomes analysis. The Department of Health and Environmental Control shall be exempt from usage of the integrated client management system and the analytic query tools in the day-to-day operation of their Client Automated Record and Encounter System and their South Carolina Community Assessment Network, but shall provide the Warehouse with client data from the system and network.

No state agency shall duplicate any of the responsibilities of this provision.

For purposes of this subsection, all state laws, regulations, or any rule of any state agency, department, board, or commission having the effect or force of law that prohibits or is inconsistent with any provision of this subsection is hereby declared inapplicable to this subsection.

- 117.15 AMEND** (Personal Service Reconciliation, FTEs) Provides guidelines for the Budget and Control Board to monitor full-time equivalent (FTE) positions and directs that no agency may exceed the total FTEs authorized in the Appropriation Act except upon majority vote of the board. Directs that personal service funding must be at least 97% of the amount required to support the FTEs contained in the Governor's budget recommendations.

**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to exempt the MUSC Hospital Authority from subitem 2(c) - deletion of unfunded or significantly underfunded FTEs and subitem 5 - elimination of unfunded FTEs.

**117.15.** (GP: Personal Service Reconciliation, FTEs) In order to provide the necessary control over the number of employees, the Budget and Control Board is hereby directed to maintain close supervision over the number of state employees, and to require specifically the following:

1. That no state agency exceed the total authorized number of full-time equivalent positions and those funded from state sources as provided in each section of this act except by majority vote of the Budget and Control Board.

2. That the Budget and Control Board shall maintain and make, as necessary, periodic adjustments thereto, an official record of the total number of authorized full-time equivalent positions by agency for state and total funding sources.

(a) That within thirty (30) days of the passage of the Appropriation Act or by August first, whichever comes later, each agency of the State must have established on the Budget and Control Board records all positions authorized in the Act. After that date, the Board shall delete any non-established positions immediately from the official record of authorized full-time

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

equivalent positions. No positions shall be established by the board in excess of the total number of authorized full-time equivalent positions. Each agency may, upon notification to the Budget and Control Board, change the funding source of state FTE positions established on the Budget and Control Board records as necessary to expend federal and other sources of personal service funds to conserve or stay within the state appropriated personal service funds. No agency shall change funding sources that will cause the agency to exceed the authorized number of state or total full-time equivalent positions. Each agency may transfer FTEs between programs as needed to accomplish the agency mission.

(b) That by September thirtieth, the board shall prepare a personal service analysis, by agency, which shows the number of established positions for the fiscal year and the amount of funds required, by source of funds, to support the FTE's for the fiscal year at a funding level of one hundred percent. The board shall then reconcile each agency's personal service detail with the agency's personal service appropriation as contained in the Act adjusted for any pay increases and any other factors necessary to reflect the agency's personal service funding level. The board shall provide a copy of each agency's personal service reconciliation to the Senate Finance and House Ways and Means Committees.

(c) That any position which is shown by the reconciliation to be unfunded or significantly underfunded may be deleted at the direction of the Budget and Control Board.

3. That full-time equivalent (FTE) positions shall be determined under the following guidelines:

(a) The annual work hours for each FTE shall be the agency's full-time standard annual work hours.

(b) The state FTE shall be derived by multiplying the state percentage of budgeted funds for each position by the FTE for that position.

(c) All institutions of higher education shall use a value of 0.75 FTE for each position determined to be full-time faculty with a duration of nine (9) months.

The FTE method of accounting shall be utilized for all authorized positions.

4. That the number of positions authorized in this act shall be reduced in the following circumstances:

(a) Upon request by an agency.

(b) When anticipated federal funds are not made available.

(c) When the Budget and Control Board, through study or analysis, becomes aware of any unjustifiable excess of positions in any state agency.

5. That the Budget and Control Board shall annually reconcile personal service funds with full-time employee count. Unfunded positions will be eliminated no later than January fifteenth of the current fiscal year unless specifically exempted elsewhere in this act or by the Budget and Control Board. The Budget and Control Board must report the full-time employee count and unfunded position status to the Senate Finance Committee and the Ways and Means Committee by February first of the current fiscal year.

6. That no new permanent positions in state government shall be funded by appropriations in acts supplemental to this act but temporary positions may be so funded.

7. That the provisions of this section shall not apply to personnel exempt from the State Classification and Compensation Plan under item I of Section 8-11-260 of the 1976 Code.

8. The MUSC Hospital Authority shall be exempt from the requirements of subitem 2(c) and subitem 5 contained in this provision.

The Governor, in making his appropriation recommendations to the Ways and Means Committee, must provide that the level of personal service appropriation recommended for each agency is at least ninety-seven percent of the funds required to meet one hundred percent of the funds needed for the full-time equivalents positions recommended by the Governor (exclusive of new positions).

**HEALTH CARE SUBCOMMITTEE  
RECOMMENDATIONS FOR FY 2013-14  
TO THE PROVISO SUBCOMMITTEE**

**117.80 AMEND** (IMD Operations) Directs that funds received by State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) be applied only for out of home placement in providers which operate DSS or DHEC licensed institutional, residential, or treatment programs. Requires an annual IMD transition funds expenditure report be provided to the Chairmen of the Senate Finance and House Ways and Means Committees and to the Governor. Directs that funds be allocated based on the DHHS allocation methodology.

**SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to require each agency that receives IMD funds to place them in an earmarked fund. Specify that the annual report is to be made by each state child placing agency by November 1st each year. Delete the requirement that funds be allocated based on Department of Health and Human Services allocation methodology and instead direct DHHS to review the number of out of home placements by type and by agency each year and make recommendations to the General Assembly.

**117.80.** (GP: IMD Operations) All funds received by State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or Department of Health and Environmental Control licensed institutional, residential, or treatment programs and shall be placed in an earmarked fund in each agency. An annual report by each state child placing agency shall be made on the expenditures of all IMD transition funds and shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November 1st each year. ~~Funds must be allocated based on the~~ The Department of Health and Human Services allocation methodology developed for the distribution of these funds shall review the numbers of out of home placements by type and by agency each year and make recommendations to the General Assembly.