

REQUESTS TO DELETE

SECTION 32 VOCATIONAL REHABILITATION (H730)

32.5 Basic Services Program – Educational Scholarships

SECTION 34 DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (J040)

34.33 Coastal Zone Appellate Panel

34.56 Water Quality Initiative

SECTION 117 GENERAL PROVISIONS (X900)

117.66 Sexually Violent Predator Program

REQUESTS TO DELETE

SECTION 32 – H730 – DEPARTMENT OF VOCATIONAL REHABILITATION

32.5. (VR: Basic Services Program Educational Scholarships) For those persons with disabilities who are eligible for and are receiving services under an approved plan of the South Carolina Vocational Rehabilitation Department (consistent with the 1973 Rehabilitation Act, as amended) tuition costs at state supported institutions (four year, technical, or trade schools) will not increase beyond the 1998 tuition rate, will be provided, or will be waived by the respective institution after the utilization of any other federal or state student aid for which the student is eligible. Persons eligible for this tuition reduction or sponsorship must meet all academic requirements of the particular institution and be eligible for State need based scholarships as defined in Chapter 142, Title 59, Code of Laws of South Carolina, 1976.

SECTION 34 – J040 – DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

34.33. (DHEC: Coastal Zone Appellate Panel) The Coastal Zone Appellate Panel as delineated in Section 48-39-40 of the 1976 Code under the Department of Health and Environmental Control shall be suspended for the current fiscal year.

34.56. (DHEC: Water Quality Initiative) The department shall expend the funds remaining from appropriations to the department for State Beachfront Management and Beach Renourishment in prior fiscal years as follows: \$1,000,000 to the City of Myrtle Beach for the Ocean Water Quality Outfall Initiative \$1,000,000 to the City of North Myrtle Beach for the Ocean Water Quality Outfall Initiative and \$187,291 to Horry County for Socastee Creek Flood Control. Unexpended funds may be carried forward from the prior fiscal year into the current fiscal year to be expended for the same purpose.

SECTION 117 - X900-GENERAL PROVISIONS

117.67. (GP: Sexually Violent Predator Program) After the Department of Mental Health obtains all necessary project approvals, the Department of Corrections may utilize inmate labor to perform any portion of the construction of an addition to the Edisto Unit at the Broad River Correctional Institution, which houses the Department of Mental Health's Sexually Violent Predator Treatment Program, such addition to be used for additional treatment space and staff offices. For purposes of this project, the Department of Corrections may exceed the \$350,000 limit on projects for which it may use inmate labor.

REQUESTS TO AMEND - SUBSTANTIVE CHANGES

SECTION 33 DEPARTMENT OF HEALTH AND HUMAN SERVICES (J020)

33.20 Medicaid Accountability and Quality Improvement Initiative

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SECTION 117 GENERAL PROVISIONS (X900)

117.85 Joint Children's Committee

117.125 BabyNet

117.133 Opioid Abuse Prevention and Treatment Plan

REQUESTS TO AMEND - SUBSTANTIVE

SECTION 33 – J020 – HEALTH AND HUMAN SERVICES

33.20. (DHHS: Medicaid Accountability and Quality Improvement Initiative) From the funds appropriated and authorized to the Department of Health and Human Services, the department is authorized to implement the following accountability and quality improvement initiatives:

(A) Healthy Outcomes Initiative - The Department of Health and Human Services may tie Disproportionate Share Hospital (DSH) payments to participation in the Healthy Outcomes Initiative and may expand the program as DSH funding is available.

(B) To improve community health, the department may explore various health outreach, education, patient wellness and incentive programs. The department may pilot health interventions targeting diabetes, smoking cessation, weight management, heart disease, and other health conditions. These programs may be expanded as their potential to improve health and lower costs are identified by the department.

(C) Rural Hospital DSH Payment - Medicaid-designated rural hospitals in South Carolina may be eligible to receive up to one hundred percent of costs associated with uncompensated care as part of the DSH program. Funds shall be allocated from the existing DSH program. To be eligible, rural hospitals must participate in reporting and quality guidelines published by the department and outlined in the Healthy Outcomes Initiative. In addition to the requirements placed upon them by the department, rural hospitals must actively participate with the department and any other stakeholder identified by the department, in efforts to design an alternative health care delivery system in these regions.

(D) Primary Care Safety Net - The department shall implement a methodology to reimburse safety net providers participating in a hospital Healthy Outcomes Initiative program to provide primary care, behavioral health services, and pharmacy services for chronically ill individuals that do not have access to affordable insurance. Qualifying safety net providers are approved, licensed, and duly organized Federally Qualified Health Centers (FQHCs and other entities receiving funding under Section 330 of the Public Health Services Act), Rural Health Clinics (RHCs), local alcohol and drug abuse authorities established by Act 301 of 1973, Free Clinics, other clinics serving the uninsured, and Welvista. The department shall formulate a methodology and allocate ~~\$3,600,000~~ **\$3,200,000** for innovative care strategies for qualifying safety net providers. The department shall formulate a separate methodology and allocate \$5,000,000 of funding to FQHCs, at least ~~\$1,500,000~~ **\$1,400,000** of funding for Free Clinics, and ~~\$1,500,000~~ **\$1,400,000** of funding for local alcohol and drug abuse authorities created under Act 301 of 1973 ~~and up to \$4,000,000 for capital improvements to the Act 301 facilities through consultation with the Department of Alcohol and Other Drug Abuse Services, to ensure funds are provided on a needs based approach.~~ The department may continue to develop and implement a process for obtaining encounter-level data that may be used to assess the cost and impact of services provided through this proviso. Any newly established Community Health Center/FQHC shall receive an amount equivalent to the average disbursement made to all centers/FQHCs.

(E) The department shall allocate funds to be used for obesity education for patients, reimbursement payments for providers, and continuing education for all providers through partnerships with the Department.

(F) To be eligible for funds in this proviso, providers must provide the department with patient, service and financial data to assist in the operation and ongoing evaluation of both the initiatives resulting from this proviso, and other price, quality, transparency and DSH accountability efforts currently underway or initiated by the department. The Revenue and Fiscal Affairs Office shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations.

(G) The department may pilot a behavioral health intervention program for wrap-around care to vulnerable mental health patients who frequent the emergency room in hotspots and underserved areas within the state. The pilot program must provide reports detailing progress on the target population and health outcomes achieved.

These programs may be expanded as their potential to improve health and lower costs are identified by the department.

(H) The department shall publish quarterly reports on the agency's website regarding the department's progress in meeting the goals established by this provision.

33.22. (DHHS: Rural Health Initiative) From the funds appropriated to the Department of Health and Human Services for the Rural Health Initiative in the current fiscal year, the department shall partner with the following state agencies, institutions, and other key stakeholders to implement these components of a Rural Health Initiative to better meet the needs of medically underserved communities throughout the state. The department may leverage any and all available federal funds to implement this initiative. Recurring and non-recurring funding for the Rural Health Initiative may be carried forward by the department and expended for the same purpose.

(A) The Department of Health and Human Services shall incentivize the development of primary care access in rural and underserved areas, leverage Medicaid spending on Graduate Medical Education (GME) by implementing methodologies that support recommendations contained in the January 2014 report of the South Carolina GME Advisory Group, and continue to leverage the use of teaching hospitals to ensure rural physician coverage in counties with a demonstrated lack of adequate access and coverage through the following provisions:

(1) Rural and Underserved Area Provider Capacity - the department shall partner with the University of South Carolina School of Medicine to develop a statewide Rural Health Initiative to identify strategies for significantly improving health care access, supporting physicians, and reducing health inequities in rural communities. In addition, the department shall also contract with the MUSC Hospital Authority in the amount of \$1,000,000, and the USC School of Medicine in the amount of \$2,000,000 to further develop statewide teaching partnerships.

(2) Rural Healthcare Coverage and Education - The USC School of Medicine, in consultation with the South Carolina Office of Rural Health, shall continue to operate a Center of Excellence to support and develop rural medical education and delivery infrastructure with a statewide focus, through clinical practice, training, and research, as well as collaboration with other state agencies and institutions. The center's activities must be centered on efforts to improve access to care and expand healthcare provider capacity in rural communities. The department shall authorize at least \$1,000,000 to support center staffing as well as the programs and collaborations delivering rural health research, the ICARED program, workforce development scholarships and recruitment, rural fellowships, health education development, and/or rural practice support and education. Funding released by the department pursuant to this section must not be used by the recipient(s) to supplant existing resources already used for the same or comparable purposes. No later than February first of the current fiscal year, the USC School of Medicine shall report to the Chairman of the House Ways and Means Committee, the Chairman of the Senate Finance Committee, and the Director of the Department of Health and Human Services on the specific uses of funds budgeted and/or expended pursuant to this provision.

(3) Rural Medicine Workforce Development - The department, in consultation with the Medical Education Advisory Committee (MEAC), shall support the development of additional residency and/or fellowship slots or programs in rural medicine, family medicine, and any other appropriate primary care specialties that have been identified by the department as not being adequately served by existing Graduate Medical Education programs. The department shall ensure that each in-state member of the Association of American Medical Colleges is afforded the opportunity to participate in MEAC. New training sites and/or residency positions are subject to approval as specified by the Accreditation Council for Graduate Medical Education (ACGME). The department may also accept proposals and award grants for programs designed to expose resident physicians to rural practice and enhance the opportunity to recruit these residents for long-term practice in these rural and/or underserved communities. Up to \$500,000 of the recurring funds appropriated to the department for the Rural Health Initiative may be used for this purpose.

(4) Statewide Health Innovations - At least \$2,000,000 must be expended by the department to contract with the USC School of Medicine to develop and continue innovative healthcare delivery and training opportunities through collaborative community engagement via ICARED and other innovative programs that provide clinical services, mental and behavioral health services, children's health, OB/GYN services, and/or chronic disease

coverage gaps. In consultation with the Office of Rural Health, the department must ensure collaborative efforts with the greatest potential for impact are prioritized.

(B) The department shall continue to investigate the potential use of DSH and/or any other allowable and appropriate source of funds in order to improve access to emergency medical services in one or more communities identified by the department in which such access has been degraded due to a hospital's closure during the past five years.

(1) In the current fiscal year, the department is authorized to establish a DSH pool, or carry forward DSH capacity from a previous period as federally permissible, for this purpose and/or if deemed necessary to implement transformation plans for which conforming applications were filed with the department pursuant to this or a previous hospital transformation or rural health initiative proviso, but for which additional negotiations or development were required. An emergency department that is established within 35 miles of its sponsoring hospital pursuant to this or a previous hospital transformation or rural health initiative proviso and which receives dedicated funding pursuant to this proviso shall be exempt from any Department of Health and Environmental Control Certificate of Need requirements or regulations. Any such facility shall participate in the South Carolina Telemedicine Network.

~~—(2) The department may solicit proposals from and provide financial support for capital expenditures associated with the consolidation of two or more rural hospitals, not to exceed one quarter of the total capital budget for the consolidation. Such a consolidation plan must be submitted by a hospital system approved to advise a rural transformation project, and the consolidation must be subject to ongoing advisement by the submitting facility. At least one of the facilities subject to consolidation must be designated as a critical access hospital in a county experiencing not less than four percent decrease in population between the most recent decennial censuses and have been deemed eligible to participate in the rural transformation pool in a prior fiscal year. The department shall require such written agreements which may require project milestone, last dollar funding, and other stipulations deemed necessary and prudent by the department to ensure proper use of the funds.~~

(C) The Revenue and Fiscal Affairs Office and the Area Health Education Consortium's Office of Healthcare Workforce Analysis and Planning shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations.

33.23. (DHHS: BabyNet Compliance) With the funds available to the department, the Department of Health and Human Services shall report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than December 31, 2018~~9~~ on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements. This report must specifically address areas in which the BabyNet program has received low performance scores and include any relevant correspondence from the U.S. Department of Education. The report must explain the department's plan for bringing BabyNet into compliance, including specific steps and the associated timeline.

SECTION 34 – H730 – DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

34.8. (DHEC: Emergency Medical Services) Funds appropriated herein for Emergency Medical Services, shall be allocated for the purpose of improving and upgrading the EMS system throughout the state. The monies allocated to the Counties are for the purpose of improving or upgrading the local EMS system through the licensed ambulance services, the monies allocated to the EMS Regional Councils are for the administration of training programs and technical assistance to local EMS organizations and county systems. All additional funds are to be allocated as follows: to the counties at the ratio of eighty-one percent of the additional funds appropriated herein, to the EMS Regions at a ratio of twelve percent of the additional funds appropriated herein and to the state EMS Office at the ratio of seven percent of the additional funds appropriated herein. The Department of Health and Environmental Control shall develop criteria and guidelines and administer the system to make allocations to each region and county within the state, based on demonstrated need and local match. Funds appropriated to Emergency Medical Services shall not be transferred to other programs within the department's budget. Unexpended funds appropriated to the program may be carried forward to succeeding fiscal years and expended for administrative

and operational support and for temporary and contract employees to assist with duties related to improving and upgrading the EMS system throughout the state, including training of EMS personnel and administration of grants to local EMS providers. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds appropriated for EMS Regional Councils or Aid to Counties greater than such stipulated percentage. ***The funds will be available Jan. 1, 2020.***

34.57. (DHEC: HIV/AIDS Treatment and Prevention) From the funds appropriated to the Department of Health and Environmental Control in the current fiscal year for HIV and AIDS prevention and treatment, the department shall develop ~~one or more~~ partnerships with providers that offer ***the Joseph H. Neal Health Collaborative and CAN Community Health, Inc. to provide*** comprehensive medical, psychological, and educational services to all patients, regardless of their financial situation, insurance status, or ability to pay. ***In addition, CAN Community Health, Inc. shall develop a plan for the treatment and prevention of Hepatitis C.*** The department shall ensure the funds are expended solely for testing, ~~and~~ treatment, ***and follow-up*** services ***of HIV/AIDS and Hepatitis C.*** Funds may be used to enhance the services provided through ~~any allocation of federal~~ ***a combination of Ryan White Part B Grant funds and other federal funds*** or the state's AIDS Drug Assistance Program rebate funds.

SECTION 38 – L040 – DEPARTMENT OF SOCIAL SERVICES

38.1. (DSS: Fee Retention) The Department of Social Services shall recoup all refunds and identified program overpayments and all such overpayments shall be recouped in accordance with established collection policy. ~~Funds of \$800,000 collected under the Child Support Enforcement Program (Title IV-D) which are state funds shall be remitted to the State Treasurer and credited to the General Fund of the State.~~ All state funds above \$800,000 shall be retained by the department ***and may be used*** to fund Self-Sufficiency and Family Preservation and Support initiatives, ***to make improvements to the security of FTI and PII data, and for child support operations.***

SECTION 117 – X900 – GENERAL PROVISIONS

117.85. (GP: Joint Children's Committee) For the current fiscal year, the Department of Revenue is directed to reduce the rate of interest paid on eligible refunds by one percentage point. Of the revenue resulting from this reduction, \$300,000 shall be transferred to the Senate for the Joint Citizens and Legislative Committee on Children to provide the report, research, and other operating expenses as directed in Section 63-1-50 of the 1976 Code. Funds transferred to the University of South Carolina for the Joint Citizens and Legislative Committee on Children shall be maintained in a separate and distinct account. A detailed report of all expenditures shall be made to the Executive Budget Office within thirty days of the close each fiscal quarter, and the Executive Budget Office shall distribute this information to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee. The remaining revenue resulting from this reduction shall be transferred to the Department of Juvenile Justice to be used for mentoring or alternatives to incarceration programs. Unexpended funds authorized by this provision may be retained and carried forward by the Senate or the Department of Juvenile Justice, respectively, and used for the same purposes. The rate of reduction authorized in this provision shall be in addition to the reduction authorized in Proviso ~~93-5~~ ***41.gal.***

117.125. (GP: BabyNet) From funds available in the current fiscal year for budgetary analysis and oversight, the Executive Budget Office shall conduct an inventory of all BabyNet-related spending, which shall be submitted to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than July 15, 2018~~9~~. All affected agencies shall support the Executive Budget Office in this effort by providing information upon request, so that the first recommendation of the Legislative Audit Council's 2011 report on BabyNet may be implemented.

117.133. (GP: Opioid Abuse Prevention and Treatment Plan) From the funds appropriated and authorized to the Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services in the

current fiscal year, the agencies shall establish a coalition of state agencies, providers and other related entities to combat the opioid epidemic in a collaborative manner and ensure that appropriate services and treatments are made available statewide. This initiative should include efforts to coordinate funding for the provision of treatment with an assessment of current programs and funding levels, to enhance available prevention, treatment and recovery services; expand provider capacity; and enable workforce development for substance use disorder services. General Funds appropriated to any state agency for Opioid Abuse Prevention and Treatment may be carried forward and expended for the same purpose.

(A) The Department of Alcohol and Other Drug Abuse Services, the State Law Enforcement Division, and the Department of Health and Human Services shall establish an advisory board with representation from both agencies, to provide both oversight and administrative direction to the coalition. The advisory board may also include representation from the Department of Health and Environmental Control, the Department of Mental Health, the Medical University of South Carolina, the University of South Carolina's School of Medicine, the Department of Labor Licensing and Regulation, the Department of Corrections, state and local law enforcement agencies, the judicial branch, the South Carolina Hospital Association, the South Carolina Medical Association, the South Carolina Primary Health Care Association, Behavioral Health Centers and other related entities. The advisory board must consider recommendations made in the 2018 report by the South Carolina House of Representatives Opioid Abuse Prevention Study Committee, as well as any recommendations made by the South Carolina Behavioral Health Coalition related to substance use disorders and create a plan to ensure implementation of appropriate recommendations.

(B) The Department of Health and Human Services may leverage any and all available federal funds to implement enhanced treatment services and resources for this coalition. ~~The department may also develop a waiver application through the Centers for Medicaid and Medicare Services that could provide coverage for populations that have a substance use disorder diagnosis. Until a waiver is approved to expand access to substance use treatment in Institutions of Mental Disease (IMD), the department shall ensure that IMDs are considered an "in lieu of" service in its managed care contracts, when medically appropriate. The department must also work with Medicaid Managed Care Organizations to ensure policies governing the clinical review, utilization management, and determinations of medical necessity for Medication-Assisted Treatment (MAT) for opioid use disorder are consistent with American Society for Addiction Medicine (ASAM) criteria.~~

(C) In consultation with the Department of Alcohol and Other Drug Abuse Services and the Medical University of South Carolina Hospital Authority, the Department of Health and Human Services shall review and evaluate outcomes data from the ~~2018 pilot~~ program for MAT services for prescription opioid dependency and addiction established by Act 97 of 2017 **and expanded by Act 264 of 2018**. Based on the success rate and ability to ~~replicate this pilot~~ **continue expansion of this model**, the department may provide funding not to exceed \$2,500,000 to continue and expand the program to additional providers that are necessary to ensure greater impact in geographical areas of critical need. All medications proven to be effective in treating opioid addiction shall be considered as viable options on a case by case basis to ensure the greatest level of success for individuals in the program.

(D) The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall assist the Department of Health and Environmental Control with any funding required to implement necessary programmatic enhancements to the Prescription Monitoring Program. The departments must consider changes to strengthen risk assessments and patient support tools, as well as the potential integration of Electronic Health Record systems. To the extent possible, the program must be expanded to include the administration of naloxone and other opioid overdose antidotes.

(E) In order to provide comprehensive treatment, from the point of incarceration, to individuals charged with criminal offenses who suffer from any substance use disorder that is treatable with medication, the Department of Alcohol and Other Drug Abuse Services must solicit potential cooperation from law enforcement, the state's solicitors, Magistrate Courts and Circuit Courts, to establish a diversion program in at least one judicial circuit. This program shall provide both behavioral and medical treatment, consultations with peer support specialists, and continued supervision of participants who are released, which may include electronic monitoring.

(F) The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall also coordinate with at least one four-year college or university and one two-year technical college with on-campus dormitories to establish pilot programs for Collegiate Recovery Programs to target intervention and the retention of students. These programs must offer academic support in designated spaces that provide for group meetings, clinical support, technology access, and academic advising, to assist students in recovery.

(G) The advisory board shall provide a report on the success of the development of the plan and the implementation of recommendations to the Chairman of the Senate Finance Committee, the Chairman of the House Ways & Means Committee, and the Governor no later than January 31, 2019~~20~~20. The report may also include proposals for amending existing recommendations or the establishment of new policies to combat the opioid epidemic.

NEW PROVISO REQUESTS

SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

36.pers (DHHS: Personal Emergency Response System) With funds appropriated and authorized to the Department of Health and Human Services for fiscal year 2019-2020, the department shall develop one or more Requests for Proposals, to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients pursuant to the department's Medicaid Home and Community-based waiver. The PERS devices must include in addition to emergency response services, unlimited twenty-four hour, seven-day a week live phone contact with experienced registered nurses for triage services. A PERS nurse triage call center must be accredited and must be separate from the PERS emergency response call center. The PERS device must have a wireless radio transmitter and a console that is cellular and does not require a traditional land line. A PERS device that includes nurse triage services also must comply with the requirements of Federal Communications Commission rules, 47 C.F.R. Part 68; and be approved by the Underwriters Laboratory or Equipment Testing Laboratories as a health care signaling product. The Department of Health and Human Services shall apply for any waiver necessary under the department's Medicaid Home and Community-based waiver to implement these provisions.

SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.ctf. (DMH: Commitments to Treatment Facilities) The authorization for continued implementation of Article 7, Chapter 17, Title 44 of the 1976 Code, Chapter 24, Title 44 of the 1976 Code, and Chapter 52, Title 44 of the 1976 Code, relating to commitments, admissions and discharges to mental health facilities, or treatment facility for the purpose of alcohol and drug abuse treatment, shall be expended for the compensation of court appointed private examiners, guardians ad litem, and attorneys for proposed patients, and related costs arising from the filing, service and copying of legal papers and the transcription of hearings or testimony. Court appointed private examiners, guardians ad litem and attorneys shall be paid at such rates or schedules as are jointly determined to be reasonable by the South Carolina Association of Probate Judges, the Office of Court Administration, and the Department of Mental Health with the approval of the Attorney General. The Department of Mental Health shall notify the Senate Finance Committee and the House Ways and Means Committee of any fee adjustment or change in schedule before implementation and may enter into an agreement with the Commission on Indigent Defense solely for the purpose of processing vouchers for the payment of above fees and costs.

35.jc. (DMH: Judicial Commitment) Except as otherwise provided in Section 117.5, no money authorized to be expended for the purposes set forth in Proviso 35.ctf shall be used to compensate any state employees appointed by the court as examiners, guardians ad litem, or attorneys nor shall such funds be used in payment to any state agency for providing such services by their employees.

SECTION 40 - L600 - DEPARTMENT ON AGING

40.smf. (AGING: State Matching Funds Carry Forward) Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part IA, Section 40, Distribution to Subdivisions, shall be carried forward into the current fiscal year to be used as required state match for federal funds awarded to subdivisions on or before September thirtieth of the current fiscal year.

40.smff. (AGING: State Match Funding Formula) Of the state funds appropriated under "Distribution to Subdivisions," the first allocation by the Department on Aging shall be for the provision of required State matching funds according to the Department on Aging formula for distributing Older Americans Act funds. The balance of this item shall be distributed to the planning and service areas of the State. In the event state appropriations are

reduced, reductions to the planning and service areas shall be based on amounts distributed in accordance with the previous requirements.

40.rf. (AGING: Registration Fees) The Department on Aging is authorized to receive and expend registration fees for educational, training and certification programs.

40.cmr. (AGING: Council Meeting Requirements) The duties and responsibilities, including the statutory requirement to hold meetings of the Coordinating Council established pursuant to Section 43-21-120 and of the Long Term Care Council established pursuant to Section 43-21-130, both under the Department on Aging, are suspended for the current fiscal year.

40.hcb. (AGING: Home and Community-Based Services) State funds appropriated for Home and Community-Based Services shall be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home. Allowable services as defined in the Department on Aging's State Plan include: group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care (formerly Home Care Level I), homemaker (formerly Home Care Level II), Home Chore, Home Modification, Legal Assistance, and Assessments. Area Agencies on Aging (AAAs) may expend no more than ten percent for administrative services and one-quarter of one percent shall be retained by the Department on Aging to provide monitoring and oversight of the program. However, up to three percent of the annual state appropriation for Home and Community-Based Services may be retained at the Department on Aging to be allocated by the Department on Aging to the affected regions in cases of an emergency and/or natural disaster recognized by the Governor. If these funds are not utilized in the fiscal year allocated, they are to be treated as carry forward funds and reallocated to the AAAs. The Interstate Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services. The Department on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed of, at a minimum, the following factors: a minimum base amount, the fiscal year's federally allocated funds, federal and state carry forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina. Each AAA shall submit a budget for approval by the Department on Aging indicating the services to be provided. Any unexpended Home and Community-Base Services funds in this program shall be carried forward by the Department on Aging and used for the same purposes. Funds may not be transferred from the Home and Community-Based special line item for any other purpose.

40.glf. (AGING: Geriatric Loan Forgiveness Program) In lieu of quarterly payments to a recipient of the Geriatric Physician Loan Program, the Department on Aging is authorized to make a single lump sum payment to the lending institution of up to \$35,000 or the loan balance, whichever is less.

Any unexpended balance on June thirtieth of the prior fiscal year of funds appropriated in Part IA, Section 40, Geriatric Physician Loan Program, shall be carried forward and used for the same purpose as originally appropriated.

40.ccf. (AGING: Caregivers Carry Forward) Unexpended funds from appropriations to the Department on Aging for caregivers shall be carried forward from the prior fiscal year and used for the same purpose.

40.va. (AGING: Vulnerable Adult Guardian ad Litem Carry Forward) Any unexpended funds from appropriation to the Department on Aging for the Vulnerable Adult Guardian ad Litem Program shall be carried forward from the prior fiscal year and used for the same purpose.

SECTION 41 - L800 - DEPARTMENT OF CHILDREN'S ADVOCACY

41.ccre. (DCA: CCRS Evaluations & Placements) The amount appropriated in this section under Special Items Children's Case Resolution System for Private Placement of Handicapped School Age Children must be used for

expenses incurred in the evaluation of children referred to the CCRS to facilitate appropriate placement and to pay up to forty percent when placement is made in state and up to thirty percent when placement must be made out of state of the excess cost of private placement over and above one per pupil share of state and local funds generated by the Education Finance Act, and the one per pupil share of applicable federal funds; provided it has been established that all other possible public placements are exhausted or inappropriate. The balance of funding responsibility necessary to provide the child with services must be determined by the Children's Case Resolution System (CCRS) and apportioned among the appropriate public agencies on the basis of the reasons for the private placement. When the amount appropriated in this section is exhausted, the funding responsibility must be apportioned according to the procedures of the CCRS.

41.ccrs. (DCA: CCRS Significant Fiscal Impact) In accordance with Section 20-7-5240(e) of the 1976 Code, "significant fiscal impact" in the current fiscal year shall be defined for each designated agency as the greater of (1) funds appropriated by the General Assembly for the current fiscal year on cases referred to, decided or placed through the Children's Case Resolution System or (2) that agency's assigned shares in the current fiscal year of five cases decided by the Children's Case Resolution System.

41.fc. (DCA: Foster Care-Private Foster Care Reviews) The Department of Children's Advocacy, Foster Care Program is authorized to restructure its programs, including but not limited to, suspending reviews of children privately placed in private foster care and/or changing the location of reviews of children in public foster care, to maintain continuous operations within existing resources as dictated by recent budget reductions. These decisions must be based upon the availability of existing funds. This provision supersedes any previous statutory or regulatory mandate.

41.gal. (DCA: Guardian Ad Litem Program) Both the program and the funds appropriated to the Department of Children's Advocacy, Guardian ad Litem Program must be administered separately from other programs within the Department of Children's Advocacy and must be expended for the exclusive use of the Guardian ad Litem Program.

For the current fiscal year, the Department of Revenue is directed to reduce the rate of interest paid on eligible refunds by two percentage points. The revenue resulting from this reduction must be used exclusively for operations of the Guardian ad Litem program and be deposited in the State Treasury in a separate and distinct fund known as the "South Carolina Guardian ad Litem Trust Fund." Unexpended revenues in this fund carry forward to succeeding fiscal years, and earnings in this fund must be credited to it. The Guardian ad Litem program may carry forward the other funds authorized herein for its operations from the prior fiscal year into the current fiscal year.

41.cc. (DCA: Continuum of Care Carry Forward) The Department of Children's Advocacy, Continuum of Care Program may carry forward funds appropriated herein to continue services.