

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38



## Fiscal Year 2015-16 Agency Budget Plan

### FORM A – SUMMARY

<b>RECURRING FUNDS (FORM B DECISION PACKAGES)</b>	<p><b>My agency is submitting the following recurring decision packages (Form B):</b> 3706, 4424, 4427, 5054, 5140, 5153, 5156, 5057, 5060, 5063, 5069, 5197, 5217</p> <p>1) SCDSS is in the process of analyzing expenditure reports from Group Home providers. As a result of this analysis, rates paid to Group Home providers may need to be adjusted. This analysis will be completed in time for Ways &amp; Means deliberations and may require additional funds to be appropriated to DSS. <b><u>No Decision Package is being submitted at this time for this item.</u></b></p> <p><b>For FY 2015-16, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%;"> <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.				

<b>CAPITAL &amp; NON-RECURRING FUNDS (FORM C DECISION PACKAGES)</b>	<p><b>My agency is submitting the following one-time decision packages (Form C):</b> 5177, 5194, 5066, 5191</p> <p><b>For FY 2015-16, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%;"> <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.				

<b>PROVISOS</b>	<p><b>For FY 2015-16, my agency is (mark "X"):</b></p> <table border="1" style="width: 100%;"> <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.
<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.						
<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).						
<input type="checkbox"/>	Not requesting any proviso changes.						

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	William Bray	898-7225	William.Brayjr@dss.sc.gov
<b>SECONDARY CONTACT:</b>	Michael Guffee	898-3987	Michael.Guffee@dss.sc.gov

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

	<b><u>Acting Agency Director</u></b>	<b><u>Board or Commission Chair</u></b>
<b>SIGN/DATE:</b>		
<b>TYPE/PRINT NAME:</b>	Amber Gillum	

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

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	<b>#3706</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Transfer of State Agency Match to SCDHHS Base Budget from DSS</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$6,644,907 in General Funds</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	42 CFR 431.10 and §44-6-30 of the South Carolina Code of Laws.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	This request would transfer State match funds for Medicaid expenses for SCDSS clients. Currently these State match funds are transferred to SCDHHS to draw down Federal Medicaid funds to provide emotionally disturbed children (EDC) services to Medicaid eligible children in active foster care and family preservation cases, as well as adopted children up to age 21. Once these funds are transferred to SCDHHS, SCDHHS will be responsible for providing the federal and matching funds for these services to SCDSS clients.
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*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

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**RELATED REQUEST(S)**      SCDHHS decision package number 4795.

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS**      This is the matching funds at a service rate of 70% Federal / 30% State.

*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**      These funds would remain at SCDSS and be transferred to SCDHHS as needed to cover Medicaid match requirements.

*What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.*

**SUMMARY**      This request would transfer State match funds for Medicaid expenses for SCDSS clients. Currently these State match funds are transferred to SCDHHS to draw down Federal Medicaid funds to provide emotionally disturbed children (EDC) services to Medicaid eligible children in active foster care and family preservation cases, as well as adopted children up to age 21. Once these funds are transferred to SCDHHS, SCDHHS will be responsible for providing the federal and matching funds for these services to SCDSS clients.

*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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<b>METHOD OF CALCULATION</b>	<p>The amount is based on actual amounts expended to provide services to Medicaid eligible children less than 21 years of age.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<p>The State will not incur any additional recurring expense obligations. This decision package will not have an impact on future requests as this is a transfer between agencies.</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?*

<b>PRIORITIZATION</b>	<p>N/A</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 2015-16?*

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<b>INTENDED IMPACT</b>	<p>This decision package is intended to reduce administrative burden on State Agencies and allow SCDHHS to be fully responsible for its obligations.</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?*

<b>PROGRAM EVALUATION</b>	<p>This decision package should allow the provision of Medicaid services to Medicaid eligible beneficiaries in a more efficient manner.</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

<b>DECISION PACKAGE</b>	<b>#4424</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Child Support Enforcement System</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$23,905,832 in Total Funds</b> (\$8,127,983 million in General Funds, \$15,777,849 million in Federal Funds)
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	Child Support Enforcement is a federally mandated program funded, in part, by Title IV-D of the federal Social Security Act. It is inextricably linked by federal requirements to Child Welfare Services and the Temporary Assistance for Needy Families (TANF) program.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	The funds would be used to pay State staff, vendors, and contract staff and for other expenses associated with completion of the systems. Services, software, and hardware would be procured in accordance with the Procurement Code and federal requirements. The State is pursuing a settlement agreement and/or damages in the contract controversy described elsewhere in this document that would offset costs and penalties for non-compliance with federal 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?*

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<b>RELATED REQUEST(S)</b>	This decision package is associated with the non-recurring request on Form C, Decision Package number 5177.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	The \$8.1 million in recurring General Funds will be used as match to draw down an additional \$15.7 million in Federal Funds. The total \$23.9 million will be used for the purposes set out below.
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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.*

<b>FUNDING ALTERNATIVES</b>	The amount being requested is the amount needed for the development of the system and provide ongoing support and maintenance of the Child Support Enforcement System and the Family Court Case Management System and pay for services of the State Disbursement Unit during the upcoming fiscal year. SCDSS is currently in a contract controversy with our prior vendor. If the outcome of this contract controversy is an award of damages or in a monetary settlement, then those funds would be used to offset costs associated with development and penalties.
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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.*

<b>SUMMARY</b>	SCDSS is requesting a recurring Total Fund increase of \$23,905,832, consisting of \$8,127,983 million in General Funds and \$15,777,849 million in Federal Fund authorization, for FY 2015-16 to develop and maintain the federally mandated Child Support Enforcement System (CSES) and the Family Court Case Management System (FCCMS) and to pay ongoing costs for the federally mandated State Disbursement Unit (SDU).
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SCDSS is federally mandated to implement an automated child support enforcement system and State Disbursement Unit. Without an operational system, the State is subject to penalties from the federal Office of Child Support Enforcement. In August 2007, the State contracted with Hewlett Packard (HP) to develop and implement a statewide system. The original contract for the project was for 36 months. It was extended three times due to system development delays. The State filed formal contract controversies against HP with the Information Technology Management Office twice. The latest was filed in October 2012 and was due to HP's inability to complete system testing pursuant to the contract. The State terminated the contract with HP on July 10, 2013.

A contract controversy hearing before the Chief Procurement Officer began on October 21, 2013, and lasted for 47 days. A CPO decision has not yet been rendered. The outcome of this hearing may be appealed to the Procurement Review Panel. The State

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is seeking damages from HP in order to complete the system and pay federal penalties incurred due to the delay. With regard to penalties, the federal government will continue to assess penalties to the State until a system can be offered for certification. The State and HP have been pursuing mediated settlement discussions concurrent with the hearing.

The State team has moved forward to assess the product left by HP to determine the best path forward to deliver a certifiable system. The costs herein are based on a preliminary cost benefit for completing the product left behind by the prior vendor and may change once the detailed cost benefit analysis is complete. The State is working with OCSE to gain federal support and funding for the Project.

*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**

The amount being requested is the amount of those remaining funds from prior years' appropriations and the amount needed for the development of the system. The recurring funds requested are based on the amount required for the recurring maintenance and operation of the CSES and FCCMS systems, and continued operations of the SDU.

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

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<b>FUTURE IMPACT</b>	<p>No additional funds would be necessary beyond the \$8.1 million in recurring dollars requested.</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?*

<b>PRIORITIZATION</b>	<p>The Child Support Enforcement System and State Disbursement Unit are Federal mandates. South Carolina is currently the only state in the nation that does not have these systems.</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 2015-16?*

<b>INTENDED IMPACT</b>	<p>Implementation of the federally-mandated CSES and SDU will meet federal requirements for such systems and will increase the effectiveness of child support collections and child support enforcement to the benefit of custodial parents and their children. Based on FFY13 figures, the Child Support Services program in South Carolina collects approximately \$252 million in child support annually on behalf of the children and families it serves. For every \$1 spent on the program, \$6.04 is collected. 97% of this money is distributed to the families with the remaining amount reimbursing the state and federal government for TANF support for those clients receiving TANF. Other states who have implemented a statewide Child Support system have realized a 10-20% increase in collections.</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?*

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<b>PROGRAM EVALUATION</b>	<p>The Federal mandate for a Child Support Enforcement System will be met and no additional penalties will be assessed for not having a system. The CSES and SDU will increase the effectiveness of child support collections and child support enforcement to the benefit of custodial parents and their children.</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**

<b>DECISION PACKAGE</b>	<b>#4427</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Health Insurance for Hourly Temporary Employees</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$817,311 in Total Funds.</b> (\$264,954 in General Funds, \$482,492, and \$69,865 in Other Funds.)
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code and the Federal Affordable Care Act.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS hourly temporary employees.
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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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<b>RELATED REQUEST(S)</b>	None
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	This additional expense would have to be funded through existing Appropriations.
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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.*

<b>SUMMARY</b>	The Affordable Care Act requires that beginning January 2015, employers must provide health and dental coverage for any employee working in excess of 30 hours per week. As of September 16, 2014, SCDSS had 136 hourly temporary employees working in excess of 30 hours per week.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

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<b>METHOD OF CALCULATION</b>	<p>The costs was determined by taking the number of hourly temporary employees on September 16, 2014 by source of funds times the composite annual premium for health and dental as provided by the Executive Budget Office.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<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?*

<b>PRIORITIZATION</b>	<p>This additional expense would have to be funded through existing Appropriations.</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 2015-16?*

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<b>INTENDED IMPACT</b>	Hourly temporary employees are used throughout the agency fulfilling critical roles in Human Services, Economic Services, Early Childhood Education, Integrated Child Support, and administration.
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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?*

<b>PROGRAM EVALUATION</b>	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**

<b>DECISION PACKAGE</b>	#5054
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	Statewide Retention and Recruitment
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$13,517,372 in Total Funds</b> (\$3,967,161 in General Funds, \$320,092 in Other Funds, and \$9,230,119 in Federal Funds.)
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	\$43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS employees.
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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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<b>RELATED REQUEST(S)</b>	The recruiting and retention of Child Welfare workers is related to the hiring of Child Welfare Assistants in decision package number 5217.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	<p>The Department is requesting funding to improve statewide retention and recruitment of Child Welfare workers.</p> <p><b>Improving Caseload Ratios –</b> To reduce caseloads and distribute the workload in county offices more evenly, SCDSS is requesting a total of 202 additional child welfare caseworker and supervisor positions.</p> <p>This caseload standard represents a goal for the continuing improvement of services and reflects those practices considered to be most desirable in providing services to children and their families.</p> <p>Breakdown of 202 staffing request:</p> <ul style="list-style-type: none"> <li>• 109 child welfare caseworkers</li> <li>• 79 child welfare supervisors</li> <li>• 12 second shift caseworkers</li> <li>• 2 second shift supervisors</li> </ul> <p><b>Caseworker Retention (Career Advancement Program) –</b></p>
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<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

Retaining trained and experienced child welfare caseworkers is just as important as recruiting new ones to the agency. Not only does it help to ensure that services are consistent, but keeping qualified staff allows the agency to better serve the citizens of South Carolina in more effective and responsive ways.

To improve retention and provide staff with upward mobility, SCDSS is developing a Career Advancement Program for human service specialists to create opportunities for advancement for front-line workers while retaining their expertise in a direct human service role.

Examples Of Career Advancement Opportunities:

- Establishing lead worker positions for staff with more education or experience who do not wish to become supervisors (or do not have the necessary skill set for supervision / management positions).
- Creating 67 “case worker assistant” positions for staff who need additional experience to qualify for caseworker jobs. These 67 new positions will also relieve caseworkers of some of the more administrative functions, allowing them to focus on working with children and families. (See decision package 5217.)
- Developing a system for front-line workers to earn incremental pay increases for merit and years of service.

**Area Attorneys to Support Child Welfare-**

SCDSS is requesting 4 FTE’s to provide legal support to the county attorneys. SCDSS county attorneys handle a number of legal matters including sexual abuse, termination of parental rights and Vulnerable Adult cases. Area Attorneys provide direction, coordination, training, and supervision for new and veteran attorneys as they navigate the myriad of systems involved in the child welfare system.

**Human Resource Support for Child Welfare-**

SCDSS is requesting 4 FTE’s to provide human resource support to the Child Welfare Division. This will allow the Department to reduce the time to process and hire Child Welfare workers and maintain the newly established caseload standards.

*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.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>METHOD OF CALCULATION</b>	<p>SCDSS reviewed child welfare investigation, family preservation, and foster care caseloads for a 17 quarter time period (January 1, 2010, through March 31, 2014) to calculate a formula for the workload needs. The formula takes into consideration the needs of individual counties, and is predicated upon an average of 16,916 children being served at any time during the three-year period (2,862 children in foster care, 10,440 children in family preservation cases, and 3,614 children involved in investigations).</p> <ul style="list-style-type: none"> <li>• As of May 19, 2014, SCDSS had 814 child welfare caseworker and supervisor positions who were working with child welfare assessment, family preservation, and/or foster care cases.</li> <li>• Out of the total of 202 new caseworkers, an additional 109 child welfare caseworkers are needed to achieve caseload ratios of 24 children per caseworker for investigations/assessments; 24 children per caseworker for family preservation cases; and 20 children per caseworker for foster care cases.</li> <li>• Using a standard supervisory ratio of one supervisor for every six caseworkers, SCDSS will also need an additional <b>79</b> child welfare supervisors.</li> <li>• SCDSS is also implementing a second shift workforce to respond to reports of abuse and neglect and distribute the workload more evenly within county offices. SCDSS is requesting an additional <b>12</b> caseworkers and <b>2</b> supervisors to continue implementation of second shifts.</li> </ul> <p>Area Attorneys are based on 2 attorneys and 2 paralegals to assure consistent practice, efficient processes, adherence to statutory and agency time lines and policies, consistent implementation of best legal practices, and availability of legal staff to provide coverage during times of turnover.</p> <p>Human Resource staff is based 4 additional staff to provide human resource support to the Child Welfare Division.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	N/A
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*Will the state incur any maintenance-of-effort or other obligations by adopting this*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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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?*

<b>PRIORITIZATION</b>	N/A
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>INTENDED IMPACT</b>	<p><b>Onboarding Caseworkers</b>  SCDSS must ensure that newly hired practitioners have enough time to acquire the skills and knowledge to effectively assess safety and provide quality services to children and families. While there may not be an immediate impact on the caseload numbers, new caseworkers are helping to alleviate the workload by taking on some of the duties of case-carrying staff, such as transporting children and gathering records. This allows other, fully-trained caseworkers to focus more of their time on providing direct services to children and families. SCDSS will continue strengthening our workforce to ensure the agency is providing effective, quality services to children and families.</p> <p><b>Staff Retention</b>  The highest quality services come from those caseworkers and supervisors who have been trained and have gained valuable on-the-job experience. In order to build a strong and competent workforce, SCDSS must not focus solely on increasing capacity. It is imperative that SCDSS continue to preserve the skilled and qualified workforce we currently have by addressing turnover rates.</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?*

<b>PROGRAM EVALUATION</b>	This request will allow fully-trained caseworkers the opportunity to provide effective, quality services to children and families.
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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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>#5217</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Child Welfare Caseworker Assistants</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,432,280 in Total Funds</b> (\$1,399,371 in General Funds, \$155,179 in Other Funds, and \$877,729 in Federal Funds.)
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS employees.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	This request is related to the Statewide retention and recruitment of Child Welfare workers in decision package number 5054.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	To reduce caseloads and distribute the workload in county offices more evenly, SCDSS is requesting a total of 67 additional child welfare caseworker assistant positions.
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According to a publication by the Children’s Bureau in 2004, the annual turnover rates for child welfare caseworkers nationally were between 30 and 40 percent, with the average duration of employment lasting less than 2 years. As of September 16, 2014, South Carolina’s turnover rate for child welfare caseworkers was 23.7% this year.

Individuals come to child welfare because of their strong desire to work with families. Often times the burden of the administrative functions take practitioners away from the important work of assuring the safety of children and strengthening families. In order to address this issue, SCDSS will allocate 67 new caseworker assistant positions to counties to assist practitioners in meeting the workload demands and relieving them of some of the more administrative functions, allowing them to focus on working with children and families. These positions will be held by staff who need additional experience to qualify for practitioner positions thereby creating resources readily available to advance into these positions as the need arises.

These positions are expected to impact personnel resources, caseworker retention and the quality of services to children and families.

*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.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>METHOD OF CALCULATION</b>	<p>Child Welfare caseworker assistant positions are based on half the number of Child Welfare supervisors as of September 16, 2014.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<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?*

<b>PRIORITIZATION</b>	<p>N/A</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 2015-16?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>INTENDED IMPACT</b>	<p>SCDSS must ensure that case carrying staff are able to focus the majority of their time on assessing safety and providing quality services to children and families. While there may not be an immediate impact on the caseload numbers, caseworker assistants are helping to alleviate the workload by taking on some of the duties of case-carrying staff, such as transporting children and gathering records. This allows fully-trained caseworkers to focus more of their time on providing direct services.</p> <p>The highest quality services come from those caseworkers and supervisors who have been trained and have gained valuable on-the-job experience. In order to build a strong and competent workforce, SCDSS must not focus solely on increasing capacity. It is imperative that SCDSS continue to preserve the skilled and qualified workforce we currently have by addressing turnover rates.</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?*

<b>PROGRAM EVALUATION</b>	<p>This request will allow fully-trained caseworkers the opportunity to provide effective, quality services to children and families.</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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

### FORM B – PROGRAM REVISION REQUEST

<b>DECISION PACKAGE</b>	<b>#5057</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Improving Employee Retention</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$6,313,385 Total Funds (\$1,839,472 General, \$4,141,275 Federal, \$332,638 Other)</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS employees.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**RELATED REQUEST(S)** N/A

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS** These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.

*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

*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** SCDSS is requesting funding to improve for employee retention by providing a 10% increase for Child Welfare caseworkers and supervisors, and a 5% increase for caseworkers and supervisors in Adult Protective Services, Adoptions, Intensive Foster Care and Clinical Services, Child Support, Economic Services, Child Care, and Clerical staff to include the Economic Services Call Center and Scan Center.

	State Average	Agency Average	Difference
Human Service Specialist I	\$ 24,414	\$ 22,906	\$ (1,508)
Human Service Specialist II	\$ 30,815	\$ 31,203	\$ 388
Administrative Specialist I	\$ 22,572	\$ 20,041	\$ (2,531)
Administrative Specialist II	\$ 24,887	\$ 23,035	\$ (1,852)
Administrative Assistant	\$ 31,882	\$ 29,517	\$ (2,365)
Administrative Coordinator I	\$ 39,996	\$ 38,249	\$ (1,747)

As of September 16, 2014, South Carolina’s turnover rate for child welfare caseworkers was 23.7% this year. SCDSS has been analyzing turnover data for the department and obtaining feedback from county offices. Causes of turnover for South Carolina and for child welfare caseworkers across the nation include low wages, high workload, and insufficient supervision. SCDSS recognizes the negative impact turnover has on staff and the children and families we serve, and has initiated several steps to retain staff.

Historically, SCDSS Economic Services employees’ compensation has been the lowest in comparison to other state employees doing similar work. The request would allow our employees’ salaries to become comparable to other workers within the state as well as in neighboring states. Furthermore, the increase would result in higher employee retention rates and the ability for SCDSS to be more competitive in the hiring process.

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Salaries for some of the positions are so low the SCDSS workers qualify for the very benefit program(s) they administer.

Job Class	Class Service Years	Agency Service Years	State Service Years	Average Salary	Lowest Salary	Highest Salary
Administrative Specialist I	13.37	15.14	15.14	\$20,042	\$17,656	\$22,427
Administrative Specialist II	9.04	11.12	12.25	\$23,104	\$21,063	\$37,234
Administrative Assistant	6.73	11.67	12.87	\$29,675	\$26,139	\$48,252
Administrative Coordinator I	6.40	14.01	20.22	\$38,249	\$31,805	\$58,024
Human Service Specialist I	5.86	7.24	8.56	\$22,949	\$21,063	\$36,652
Human Service Specialist II	6.55	8.27	9.46	\$31,281	\$26,139	\$43,816
Human Service Coord. I	5.99	13.62	15.51	\$35,834	\$31,805	\$49,244

In order to retain a qualified and effective work force it is essential that the salaries of front line staff in SCDSS program areas be increased. Not only will this pay adjustment increase morale, it will also allow SCDSS to become more competitive in the current job market and will have a positive effect on employee retention.

*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**

The percent of increase is based on an analysis of existing salaries and a comparison with comparable salaries within state government and surrounding states.

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>FUTURE IMPACT</b>	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?*

<b>PRIORITIZATION</b>	SCDSS would require recurring funds in order to maintain 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 2015-16?*

<b>INTENDED IMPACT</b>	To reduce turnover and retain a qualified and effective work force to effectively and efficiently serve the citizens of South Carolina by ensuring the safety of children and adults who cannot protect themselves and helping families achieve stability through child support, child care, financial and other temporary benefits while transitioning into employment.
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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?*

<b>PROGRAM EVALUATION</b>	Staff turnover is reduced and SCDSS becomes more competitive in the current job market.
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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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	#5060
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	Registered Family Child Care Home Inspections
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,201,444 Federal Funds
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS employees.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	This is a 100% Federal program.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	<p>SCDSS is requesting funding for implementing Act 295 of 2014. Act 295 of 2014 was passed to improve the safety of child in child care settings by adding inspections of 1,300 Registered Family Child Care Homes to the workload of Child Care Licensing. No funding was provided for this Act by the General Assembly. Act 295 of 2014 adds a new requirement for SCDSS to conduct an annual unannounced inspection of Registered Family Homes. In FY 2013-14, SCDSS conducted 4,449 child care licensing visits. This legislation will add a minimum of approximately 1,300 inspections per year including multiple follow-up inspections to ensure deficiencies have been corrected.</p>
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>METHOD OF CALCULATION</b>	<p>This request is based on providing Child Care licensing staff for each of the four regional offices in South Carolina.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<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?*

<b>PRIORITIZATION</b>	<p>N/A</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 2015-16?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>INTENDED IMPACT</b>	<p>By increasing oversight of homes that care for children, you increase their safety and security.</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?*

<b>PROGRAM EVALUATION</b>	<p>Performance measures for this program include the number of visits made.</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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	#5063
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	Information and Data Security
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$5,709,430 Total Funds</b> <b>(\$2,042,725 General, \$3,593,186 Federal, \$73,519 Other)</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	Recipients include SCDSS employees, and vendors and contractors utilizing the State Procurement Code.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	This decision package is associated with the non-recurring request on Form C, Decision Package number 5194.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	<p>The Department is requesting funding to deploy and maintain essential software for the security of agency Federal Tax Information (FTI) and Personally Identifiable Information (PII). In addition, SCDSS is requesting funding for additional IT Security Auditors to enforce IRS Safeguards in SCDSS county offices and Clerk of Court offices.</p> <p>Automated Testing Software - Necessary for integration and regression testing of applications. Currently, these types of testing require manual processing of test scripts and scenarios by numerous staff with high knowledge of the business policies and practices. Automating the process ensures consistency for business and security process validation while requiring fewer resources.</p> <p>Dell One – Required as part as the Agency Security Plan. Dell One provides a better security posture for the agency and follows state and federal security compliance mandates.</p> <p>Enterprise Imaging – Currently the agency uses a “home grown” solution for document management. The solution is costly, inefficient and antiquated, and is only being used by one program area. The agency is in need of a new document management process for all program areas. SCDSS systems require large amounts of documentation and a more modern solution will decrease paper cost, storage space (physical and digital), and risk associated with hardcopy methods.</p> <p>MS System Center – Provides a more formulized process for ensuring asset control,</p>
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<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

	<p>configuration management, change control, and other IT governance processes. Works along with Dell One to harden the agency's security posture.</p> <p>All items listed in the summary provide the agency with a better posture for security, application development, validation, and/or governance. Failure to acquire Dell One, MS System Center or Appensure, places the agency at risk of not meeting state and federal mandates for security. Failure to acquire ATS (Automated Testing Software) will increase the cost and risk of implementing new systems and enhancements. The agency currently is addressing needs for major projects for Child Support, CAPSS (Child and Adult Protective Services), Child Care, and CHIP (Economic Services Eligibility). A robust document imaging process is needed to tie these systems to a centralized repository for efficiency and reporting.</p>
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>METHOD OF CALCULATION</b>	<p>SCDSS staff working with vendors conducted an evaluation of existing infrastructure to determine the needs of the Department in meeting the mandated July 2016 security requirements.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>FUTURE IMPACT</b>	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?*

<b>PRIORITIZATION</b>	N/A
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>INTENDED IMPACT</b>	SCDSS is mandated by the Division of Information Security to have specific security measures in place by 2016. This request will enable SCDSS to comply with this security mandate.
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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?*

<b>PROGRAM EVALUATION</b>	This request will reduce the risk of security breaches at SCDSS.
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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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	#5069
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	Improve Services and Accountability in Child Welfare Services
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$546,879 Total Funds (\$150,885 General, \$388,384 Federal, \$7,610 Other)</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS will contract with the University of South Carolina, Forensic Pediatrics Department which houses the SC Children's Advocacy Medical Response System to provide board-certified child abuse pediatricians. Constituent Services funding will be provided to SCDSS employees.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	<p>SCDSS is requesting funding to implement a standardized local child death review (CDR) process as recommended by the State Child Fatality Advisory Committee (SCFAC) in 2003. This is a “best practice” model currently in place in the majority of other states across the U.S. By creating local review boards that are able to investigate child fatalities more quickly and efficiently, the SCFAC will be able to operate more effectively and allow local, regional, and state agencies to receive feedback regarding policy, training and Human Resources needs in a more timely fashion. In order to put these local review boards into place SCDSS will contract with the University of South Carolina, Forensic Pediatrics Department which houses the SC Children’s Advocacy Medical Response System to provide board-certified child abuse pediatricians to act as the chairperson during each local review process. The funds requested will be used to compensate the board certified child abuse pediatricians for their role as chairman of the local boards.</p> <p>In addition to these pediatricians, the boards will follow the multidisciplinary model and will include: coroner, law enforcement, SCDSS, public health officials, prosecuting attorney as necessary, healthcare workers, mental health providers, educators, and the Children’s Advocacy Centers. Local boards will meet and gather information which will allow recommendations for practice improvements, quality improvement, and public disclosure to occur more quickly.</p>
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<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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In addition, SCDSS is requesting four additional staff for our Constituent Services and Public Information Office and Disaster Response. Currently SCDSS has two staff conducting constituent services activities. These staff handle over 700 inquiries from the general public and legislature. Many of these inquiries can take up to 10 business days to resolve. SCDSS is requesting 2 additional constituent services staff to handle the increasing number of inquiries from the public as a result of increased publicity and scrutiny of the Department. SCDSS is requesting 1 additional public information staff to handle increased media inquiries and to generate proactive information to the general public in the form of public information and recruitment opportunities. SCDSS is also requesting an additional staff person to work with the Disaster Response Director, as SCDSS is the lead agency for Mass Care operations (ESF-6) and Food Services (ESF-11), as well as the supporting agency for Long-Term Community Recovery and Mitigation (ESF-14), and Donated Goods and Volunteer Services (ESF-18).

*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**

Local Child Fatality Review Team funding is calculated based on \$50,000 per local review board. Constituent Service staffing is based on the costs of four additional staff.

*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>FUTURE IMPACT</b>	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?*

<b>PRIORITIZATION</b>	N/A
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>INTENDED IMPACT</b>	By creating local review boards that are able to investigate child fatalities more quickly and efficiently, the SCFAC will be able to operate more effectively and allow local, regional, and state agencies to receive feedback regarding policy, training and Human Resources needs in a more timely fashion. In addition, this request will provide improved response to the Legislature and general public and increased public awareness about the programs and services provided by SCDSS.
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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?*

<b>PROGRAM EVALUATION</b>	
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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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	#5140
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Economic Services Statewide Recruitment</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$5,902,460 Total Funds (\$2,494,064 General, \$3,359,372 Federal, \$49,026 Other)</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS employees.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	<p>SCDSS is requesting 46 additional administrative support workers for all county offices. The administrative support workers assist both Economic Services and Human Services in the county. The additional administrative positions will allow SCDSS to better meet the needs of clients by assisting them faster in the lobbies of the county offices allowing the workers to spend more time identifying and meeting the clients' needs and ensuring the availability of knowledgeable administrative staff to facilitate clients' application for benefits.</p> <p>Additionally, SCDSS is requesting 92 Economic Services eligibility worker positions. These positions will allow SCDSS to provide more comprehensive services to clients. Specifically, the additional positions will result in decreased workloads which would allow the workers to spend more time assessing, assisting, and linking clients to appropriate services as well as facilitate clients receiving their benefits earlier. Though clients currently receive their benefits within the required 30 day timeframe, additional employees will allow SCDSS to reduce the benefit issuance timeframe to approximately 10 days. Another benefit would be positive affect on employee retention. The reduced workload should result in less turnover.</p> <p>Lastly, 4 IT staff are requested, which will result in a more robust data management system in which SCDSS would be able to more quickly query existing and new databases and provide much needed data to our internal and external stakeholders.</p>
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*Provide a summary of the rationale for the decision package. Why has it been*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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*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.*

<b>METHOD OF CALCULATION</b>	Administrative support is based on one worker per county. Economic Services eligibility staff is based on two workers per county. The IT staff is based on one staff person per system (CHIP, SCOSA, SCCHIP and Work programs database).
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	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?*

<b>PRIORITIZATION</b>	N/A
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>INTENDED IMPACT</b>	<p>The intended impact is to ensure that the daily functions of the SCDSS county offices are able to continue, to reduce the processing time for the issuance of SNAP and TANF benefits to clients, and to allow for a more comprehensive assessment of the needs of our clients in the referrals to outside entities as appropriate.</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?*

<b>PROGRAM EVALUATION</b>	<p>This program is evaluated based on the timeliness and accuracy of benefit issuance. These programs are reviewed each year by their respective federal funding agency.</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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	#5153
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	Adult Protective Services Recruitment
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,777,556 Total Funds (\$405,105 General, \$967,346 Federal, \$405,105 Other)
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS employees.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	<p>The Adult Protective Services (APS) program protects the health and welfare of elderly and disabled adults. Services are provided to meet their basic needs, including safety. SCDSS is requesting funding for 35 additional Adult Protective Services caseworkers and supervisors. Currently the average cases per worker is 27. While there is no national standard for APS cases, SCDSS is establishing a standard of 25 APS cases per worker. Currently not every county has an APS worker. In those counties that do not have an APS worker, APS cases are handled by Child Protective Services workers. By increasing the number of APS workers, SCDSS will be able to more equally distribute APS and CPS cases and address the needs of counties that have higher levels of APS cases.</p>
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>METHOD OF CALCULATION</b>	<p>This request is based on the number of APS workers on September 16, 2014, the number of open cases, and calculating the number of workers needed for a 25 cases per worker standard.</p>
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	<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?*

<b>PRIORITIZATION</b>	<p>N/A</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 2015-16?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>INTENDED IMPACT</b>	To improve the efficiency and effectiveness of services provided to elderly and disabled adults.
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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?*

<b>PROGRAM EVALUATION</b>	Three performance measures have been established for APS. They include APS assessments not initiated timely, APS assessments not completed timely and open APS cases with no monthly activity recorded on them.
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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?*

<b>AGENCY NAME:</b>	SC Department of Social Services		
<b>AGENCY CODE:</b>	L040	<b>SECTION:</b>	38

**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	#5156
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Child Support Enforcement Recruitment</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$2,539,365 in Total Funds (\$863,384 General, \$1,675,981 Federal)</b>
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	SCDSS employees.
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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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	This program has a 66% Federal/34% State match rate.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

The Department is requesting 50 additional FTE's for the Integrated Child Support Services Division (ICSSD) to reduce caseloads.

Based on FFY13 data, ICSSD has 237 FTEs with a caseload of 224,944. That is a caseload of 949 cases per employee. This is the highest in the nation and is more than three times the national average. In addition, South Carolina does not yet have an automated system, requiring manual intervention for many of the child support enforcement processes and interventions. South Carolina is also the state with the highest judicial intervention in child support enforcement. Family Courts issue approximately 42,000 Rules to Show Cause annually. In each of these cases, the US Supreme Court's Turner Decision issued in 2011 and the federal government's subsequent guidance requires certain safeguards be put in place to protect non-custodial parents (NCPs) from being held in contempt of court improperly. The decision and guidance requires SCDSS to screen NCPs at the courthouse to determine the ability to pay prior to the NCPs appearance before a judge. This requires front line staff, supervisors and attorneys to be in court an average of 5 days per month, a significant increase since the Turner Decision. In addition, frontline staff and supervisors handled 5,777 and 4,371 complex case calls referred by the Call Center in May and June, 2014, respectively. They also handled walk-in clients, referrals from other states, and inquiries from the courts.

South Carolina continues to lag behind the national average in the number of cases per full-time equivalent (FTE) staff. In the last five federal fiscal years, the gap has increased as the number of cases has remained constant while staffing has decreased 14%.

**SUMMARY**

State	Caseload FFY2013	FTE FFY2013	Average Caseload/FTE
<b>U.S</b>	<b>15,588,775</b>	<b>54,054</b>	<b>288</b>
<b>South Carolina</b>	<b>224,944</b>	<b>237</b>	<b>949</b>
Minnesota	245,991	1,395	176
Maryland	217,259	1,005	216
Oklahoma	205,416	894	230
Massachusetts	241,759	731	331
Alabama	229,281	682	336
Kentucky	298,928	826	336
Oregon	241,155	705	342
Puerto Rico	227,874	534	426
Connecticut	206,221	438	471

Compared to states with similar caseloads, South Carolina has 324% more cases per staff member than the average of the eight states plus Puerto Rico depicted above. When compared to the rest of the nation, South Carolina has 330% more cases per staff member than the national average. With South Carolina caseworkers having 3.5 times more cases than their national counterparts, SCDSS is significantly disadvantaged in providing financial support to the children and families of South Carolina.

States on par with South Carolina economically (such as Oklahoma, Alabama, and Kentucky) are still able to maintain staff levels 338% above the current number supported in South Carolina.

Between FFY 2009 and FFY 2013 South Carolina staffing levels have decreased 14% (from 276 to

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237), while the average cases per FTE has increased 14% (from 812 to 949). Unfortunately, the total number of cases has remained constant over this five-year period.

As staffing levels continue to decrease, fewer support orders are being established to provide financial support to the children of South Carolina. Support order establishment has decreased 14%. From FFY 2009 through FFY 2013, total collections in the state of South Carolina have decreased \$9.2 million.

Total arrearages due during this five-year period (FFY 2009 through FFY 2013) in South Carolina has increased by \$260 million, or 21%.

2011 U.S. Census Bureau statistics indicates that for all custodial families, 16% of annual income is provided through child support. For custodial families living below the poverty line, a 52% of annual income is provided through child support payments.

The solution is to hire more full-time staff to not only reverse these trends but more importantly, provide the financial support to the children and families of South Carolina.

In order to reverse this trend and provide adequate and efficient financial support to the children and families of South Carolina, SCDSS requests 50 additional full-time equivalents. The cost for these staff will be shared with the federal government at a 34/66 percent split.

*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.*

<b>METHOD OF CALCULATION</b>	Salary, fringe and operating for 50 new FTE's.
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

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<b>FUTURE IMPACT</b>	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?*

<b>PRIORITIZATION</b>	Average caseloads of 949 cases per employee which are the highest in the nation and are more than three times the national average would continue.
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>INTENDED IMPACT</b>	Funding of this request would allow SCDSS to increase the number of child support orders, collections, and decrease arrearages and provide adequate and efficient financial support to the children and families in South Carolina.
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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?*

<b>PROGRAM EVALUATION</b>	The Child Support Program is evaluated on five federal performance measures and is ranked against other state. These performance measures are 1) percent of child support paid vs. child support due; 2) payments on arrears; 3) percent of support orders established vs. total number of cases; 4) statewide paternity establishments; 5) cost 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?*

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**FORM B – PROGRAM REVISION REQUEST**

<b>DECISION PACKAGE</b>	#5197
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	FY 2014-15 2% Cost of Living Increase
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,261,111 in General Funds.
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*What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package’s total in PBF across all funding sources.*

<b>ENABLING AUTHORITY</b>	§43-1-80 of the South Carolina State Code.
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*What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?*

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

<b>RECIPIENTS OF FUNDS</b>	Agency employees.
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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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<b>RELATED REQUEST(S)</b>	N/A
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds will be used to match various Federal programs in accordance with an approved Cost Allocation Plan.
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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.*

<b>FUNDING ALTERNATIVES</b>	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.*

<b>SUMMARY</b>	The Department is requesting recurring funding for the 2% Cost of Living increase granted to state employees as part of the FY 2014-15 Appropriations Act.
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*Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>METHOD OF CALCULATION</b>	2% Cost of Living increase granted to state employees as part of the FY 2014-15 Appropriations Act.
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*How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?*

<b>FUTURE IMPACT</b>	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?*

<b>PRIORITIZATION</b>	N/A
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*If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>INTENDED IMPACT</b>	2% Cost of Living increase granted to state employees as part of the FY 2014-15 Appropriations Act.
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*What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?*

<b>PROGRAM EVALUATION</b>	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?*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>#5177</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Child Support Enforcement System</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$21,565,306 in Total Funds (\$13,988,477 General and \$7,576,829 Federal)</b>
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*How much is requested for this project in FY 2015-16?*

<b>BUDGET PROGRAM</b>	<b>IV. Non-recurring Appropriations</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>SCDSS is requesting General Funds of \$13,988,477 for development and penalties associated with the Child Support Enforcement System.</p> <p>The Department of Social Services is federally mandated to implement an automated child support enforcement system and State Disbursement Unit. Without an operational system, the State is subject to penalties from the federal Office of Child Support Enforcement. In August 2007, the State contracted with Hewlett Packard (HP) to develop and implement a statewide system. The original contract for the project was for 36 months. It was extended three times due to system development delays. The State filed formal contract controversies against HP with the Information Technology Management Office twice. The latest was filed in October 2012 and was due to HP's inability to complete system testing pursuant to the contract. The State terminated the contract with HP on July 10, 2013.</p> <p>A contract controversy hearing before the Chief Procurement Officer began on October 21, 2013, and lasted for 47 days. A CPO decision has not yet been rendered. The outcome of this hearing may be appealed to the Procurement Review Panel. The State is seeking damages from HP in order to complete the system and pay federal penalties incurred due to the delay. With regard to penalties, the federal government will continue to assess penalties to the State until a system can be offered for certification. The State and HP have been pursuing mediated settlement discussions concurrent with the hearing.</p> <p>The State team has moved forward to assess the product left by HP to determine the best path forward to deliver a certifiable system. The State is working with OCSE to gain federal support and funding for the Project.</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.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	This decision package is associated with the recurring request on Form B, Decision Package number 4424.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	Penalties must be paid utilizing 100% state funds. No federal funds can be used for this request.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	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?*

<b>OTHER APPROVALS</b>	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.)*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>#5194</b>
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*Provide the decision package number issued by the PBF system (“Governor’s Request”).*

<b>TITLE</b>	<b>Information and Data Security</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$3,313,648 in Total Funds (\$1,186,949 General, \$2,086,604 Federal, \$40,095 Other)</b>
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*How much is requested for this project in FY 2015-16?*

<b>BUDGET PROGRAM</b>	<b>IV. Non-recurring Appropriations</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>The Department is requesting non-recurring funds to procure essential software for the security of agency Federal Tax Information (FTI) and Personally Identifiable Information (PII).</p> <p>Automated Testing Software - Necessary for integration and regression testing of applications. Currently, these types of testing require manual processing of test scripts and scenarios by numerous staff with high knowledge of the business policies and practices. Automating the process ensures consistency for business and security process validation while requiring fewer resources.</p> <p>Dell One – Required as part as the Agency Security Plan. Dell One provides a better security posture for the agency and follows state and federal security compliance mandates.</p> <p>Enterprise Imaging – Currently the agency uses a “home grown” solution for document management. The solution is costly, inefficient and antiquated, and is only being used by one program area. The agency is in need of a new document management process for all program areas. SCDSS systems require large amounts of documentation and a more modern solution will decrease paper cost, storage space (physical and digital), and risk associated with hardcopy methods.</p> <p>MS System Center – Provides a more formulized process for ensuring asset control, configuration management, change control, and other IT governance processes. Works along with Dell One to harden the agency’s security posture.</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.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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<b>RELATED REQUEST(S)</b>	This decision package is associated with the recurring request on Form B, Decision Package number 5063.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	These funds would be used as matching funds for various federal programs. The overall match rate would be 35.82% State, 1.21% Other and 62.97% Federal.
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	All items listed in the summary provide the agency with a better posture for security, application development, validation, and/or governance. Failure to acquire Dell One, MS System Center or Appensure, places the agency at risk of not meeting state and federal mandates for security. Failure to acquire ATS (Automated Testing Software) will increase the cost and risk of implementing new systems and enhancements. The agency currently is addressing needs for major projects for Child Support, CAPSS (Child and Adult Protective Services), Child Care, and CHIP (Economic Services Eligibility). A robust document imaging process is needed to tie these systems to a centralized repository for efficiency and reporting.
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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?*

<b>OTHER APPROVALS</b>	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.)*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>#5066</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Preservation of Infrastructure to Improve Services to Clients</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$10,510,120 in Total Funds (\$3,764,725 General, \$6,618,223 Federal, \$127,172 Other)</b>
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*How much is requested for this project in FY 2015-16?*

<b>BUDGET PROGRAM</b>	<b>IV. Non-recurring Appropriations</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>The Department is requesting non-recurring funds to upgrade its current eligibility system used by the Economic Services Division. The current system is over thirty years old and resides on a mainframe.</p> <p>This project is the first step in the implementation of a comprehensive Case Management Solution for SCDSS. Activities during this phase will include discovery, onboarding, gap analysis, technical evaluation, Curam certification, and acquisition of required hardware and software.</p> <p>The Department is pursuing to acquire a commercial off-the-shelf (COTS) software package, composed of configurable application modules and domain modules (enterprise framework) that will require customization to fit program needs. The product requires IBM WebSphere, Oracle, and Java, which is outside of the department's infrastructure framework.</p> <p>This complete solution will reduce the time, risk, and cost of delivering a system that provides support for both the current and future automation needs of SCDSS and approximately 520 caseworkers in 46 county offices.</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.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
<b>AGENCY CODE:</b>	<b>L040</b>	<b>SECTION:</b>	<b>38</b>

<b>RELATED REQUEST(S)</b>	This decision package is associated with the recurring request on Form B, Decision Package number.
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*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

<b>MATCHING FUNDS</b>	Estimated Federal 60/40 match
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*Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.*

<b>FUNDING ALTERNATIVES</b>	N/A
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*What other possible funding sources were considered?*

<b>LONG-TERM PLANNING AND SUSTAINABILITY</b>	<p>The base product is available under an agreement with SCDHHS at no cost. However, implementing the system will incur such costs as module customization and infrastructure acquisition. Due to the system’s required technology deviating from SCDSS’ current framework, the project will require additional, specialized personnel to maintain and support the solution.</p> <p>In addition, SCDSS will also seek the following services:</p> <ul style="list-style-type: none"> <li>• Acquisition and installation of necessary hardware, IBM WebSphere, and Oracle database for the host environment (Development, Test, Staging, Training, Production).</li> <li>• Define, configure, and establish the development host environment and then assist the State and/or the Software Integration (SI) vendor with the definition, configuration, and establishment of any other environments at the State’s discretion (e.g., system test, User Acceptance Testing (UAT), production, training) during the course of this project.</li> <li>• Install to the State’s satisfaction the base product software, software customizations, software tools, and any required third-party software during the course of this project.</li> <li>• Train staff on the use of the software solution and tools.</li> <li>• Provide optional technical support services to both the State and any SI vendors</li> </ul>
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<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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	<p>selected through subsequent procurement, from a pool of 5,000 person hours per contract year at the State’s discretion.</p> <ul style="list-style-type: none"> <li>• Provide consultation, tools, and support for data conversion activities.</li> <li>• Provide Operations and Maintenance services for the software Contractor’s base product and any State-approved customizations</li> </ul> <p>The current project cost estimated to be \$30 M - \$50 M over three years requiring funds to be requested during FY16, FY17, FY18.</p>
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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?*

<b>OTHER APPROVALS</b>	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.)*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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**FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST**

<b>DECISION PACKAGE</b>	<b>#5191</b>
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*Provide the decision package number issued by the PBF system ("Governor's Request").*

<b>TITLE</b>	<b>Child Endangerment and Assessment Database</b>
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*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>\$1,250,000 in Total Funds (\$290,875 General, \$947,625 Federal, \$11,500 Other)</b>
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*How much is requested for this project in FY 2015-16?*

<b>BUDGET PROGRAM</b>	<b>IV. Non-recurring Appropriations</b>
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*Identify the associated budget program(s) by name and budget section.*

<b>SUMMARY</b>	<p>SCDSS in collaboration with other agencies, including: the Department of Mental Health, Department of Alcohol and Other Drug Abuse Services (DAODAS), State Law Enforcement Division (SLED), Department of Juvenile Justice (DJJ), Department of Education, and Department of Health and Environmental Control (DHEC), plan to invest in technologies for improving the state's ability to use data from various agencies and entities to better inform child protection staff when alleged child abuse or neglect is reported. This project is designed to substantially enhance SCDSS' capabilities to identify and access risk for children through the use of enhanced data analytics and predictive modeling (data matching). This effort started in FY2015 and has a cross-agency project and leadership team. In FY2015 the project has issued and received responses to a Request for Information (RFI) and the project team is currently drafting a Request for Proposal (RFP) for interested vendors. It is expected that the RFP will be released in mid-FY2015 with implementation beginning in late FY2015 and continuing into FY2016. The funds requested for this project will be used to cover the state portion of the project's implementation during FY2016. This project will be supported by the Administration for Children and Families (ACF) at the federal level and must be funded and administered by the State's Agency (SCDSS) in order to be eligible for enhanced federal matching funds.</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.*

<b>AGENCY NAME:</b>	<b>SC Department of Social Services</b>		
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**RELATED REQUEST(S)** N/A

*Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?*

**MATCHING FUNDS**

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

**FUNDING ALTERNATIVES** If this request is not approved, SCDSS may choose to cut or delay parts of this project or consider the use of fund balances.

*What other possible funding sources were considered?*

**LONG-TERM PLANNING AND SUSTAINABILITY** Design, development and implementation is a multi-year effort in FY2015-2016. This capital request is to cover the required initial/one-time investments only. Ongoing operational and recurring expenses will be requested in FY 2016-17 or shifted from other funds within the agency's base budget.

*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

*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.)*