

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

March 20, 2014

The South Carolina Commission on Disabilities and Special Needs met on Thursday, March 20, 2014, at 9:30 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:

Fred Lynn, Chairman
Christine Sharp, Vice Chairman
Harvey Shiver, Secretary
Katherine Davis
Katherine Finley
Deborah McPherson
Eva Ravenel

DDSN Administrative Staff

Dr. Buscemi, State Director; Mrs. Susan Beck, Associate State Director, Policy; Mr. David Goodell, Associate State Director, Operations; Mr. Tom Waring, Associate State Director, Administration; Mrs. Tana Vanderbilt, General Counsel (For other Administrative Staff see Attachment 1 – Sign In Sheet).

Guests

(See Attachment 1 Sign-In Sheet)

Coastal Regional Center (via videoconference)

(See Attachment 2 Sign-In Sheet)

Pee Dee Regional Center (via videoconference)

(See Attachment 3 Pee Dee Regional Center Sign-In Sheet)

Whitten Regional Center (via videoconference)

(See Attachment 4 Whitten Regional Center Sign-In Sheet)

York County DSN Board (via videoconference)

(See Attachment 5 York County Sign-In Sheet)

News Release of Meeting

Chairman Fred Lynn called the meeting to order and Commissioner Harvey Shiver read a statement of announcement about the meeting that had been mailed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Invocation

Commissioner Katherine Davis gave the invocation.

Adoption of the Agenda

The Commission adopted the March 20, 2014 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the February 20, 2014 Commission Meetings

The Commission approved the minutes of the February 20, 2014 Commission Meeting by unanimous consent.

Public Input

Ms. Mary Leitner, Executive Director, Richland/Lexington DSN Board spoke during the public input.

Ms. Beth Bunge, Executive Director, Bright Start, spoke during the public input.

Ms. Margie Williamson, Executive Director, The ARC of SC, spoke during the public input.

Commissioners' Update

Commissioners Deborah McPherson, Christine Sharp and Fred Lynn spoke of events in their districts.

CLOUD Pilot Project Update

Dr. Kathi Lacy gave a presentation providing a detailed update of the CLOUD (Customized Living Options Uniquely Designed) Pilot Project. The pilot project is designed to create a customized plan for an individual to transition from a 24-hour supervised setting to a semi-independent living arrangement. It is right in line with CMS' new definition of community based settings where people have choices of where they live, with whom they live, and which support

professionals work with them. There is much effort going into backfilling the vacancies in the CTH IIs as a result of people moving to the CLOUD project. Dr. Buscemi added the pilot has been in the works for nine to ten months and is limited to 4 providers. She wanted everyone to know it is still in the pilot stage, and if successful, DDSN would go through the process of getting additional input from the providers before expanding beyond the four current participants. Discussion followed about a pilot from a long time ago, which was more of a home ownership project with financial management of the person's circle of support funded by the DD Council and also whether Vocational Rehabilitation would be involved from a technology perspective. Mr. Tom Waring stated the DD Council project was added to DDSN's RFP process as a service but there have been no applicants. DDSN applied "lessons learned" to this pilot. (Attachment B)

Waiting List Report Update

Mrs. Susan Beck provided an update on the Pervasive Development Disorder (PDD) Program using material from Dr. Buscemi's Senate presentation. Almost 1,540 children have received services since the program's inception; 920 children are currently participating in the PDD program; and 1,272 children are on the waiting list. One hundred ninety-seven children transitioned from BabyNet since October of 2012. The following numbers of individuals were removed from the PDD waiting list in the given year: FY 2012: 307, FY 2013: 407, and the 2-year total: 714. In FY 2014, the waiting list movement is well on its way to meet or exceed these annual numbers. Dr. Buscemi stated additional PDD slots cannot be added because of a limit on provider capacity, not due to funding limitation. The additional allocation of new funds would not help with expanding the program right now due to the slowly growing provider capacity. DDSN continues to provide program training in Columbia to build provider capacity for serving children enrolled in the PDD Program. The year-to-date update was also provided for the other waiting lists. (Attachment C)

Budget Update

Mr. Tom Waring reported the budget process for 2015 is still very positive for the Department. The budget bill has passed out of the House. The \$13.3 million recommended by the Governor in her Executive Budget is appropriated to the Department to address the ID/RD and Community Support waiting lists is in DDSN's budget. The Department is very supportive and thankful of this funding level as a lot of individuals will be served that are currently waiting. There is a proviso in effect that directs DDSN to transfer the funding to DHHS by August 1, 2014. The expectation is that at least 1,400 individuals will receive services from this funding. The majority will be for individuals living at home with some funding made available for residential services. One time funding of \$1.15 million is included in the department's budget for autism services. Also included in the budget bill is a 1.5 percent employee pay raise and with no increase to the employees' health insurance program. DHHS has

agreed to forgive the one-time funding that DDSN requested for the \$4.8 million OIG audit.

Report from DSN Boards

Mr. Jimmy Burton spoke on behalf of the SC Human Service Providers Association.

State Director's Report

Dr. Buscemi spoke of the Disability Awareness Day that she attended yesterday. Her presentation at the event was focused on new funding for the waiting lists.

Dr. Buscemi reported on the employment pilot. Four sites have been selected – CHESCO, UCP, Community Options and Bamberg County DSN Board. They are completing orientation meetings. The pilot will begin in April of this year. It will be a full year to get to the next cycle.

Dr. Buscemi reported that Mary Mack, Executive Director of the Lee County DSN Board, was awarded "The Best Human Service Executive Director" from the South Carolina Department of Transportation on March 3, 2014.

Dr. Buscemi spoke of the DDSN Business Task Force meetings. Dr. Buscemi stated that she is trying to keep the meetings small to maintain group dynamics and keep the discussion aspect functional. She stated that very detailed summaries of the meetings are being sent out and are available on the DDSN provider portal. Discussion followed regarding the openness of the meetings. It was suggested that the meetings be teleconferenced so other providers can attend by just listening. Dr. Buscemi stated she will discuss suggestion with the Task Force.

Dr. Buscemi stated because of the multiple system changes occurring she thought it would be helpful to hold regional meetings. The presentation that she will provide in today's Commission Work Session is what she will present at the regional meetings. She is considering recording the meetings so individuals that cannot attend the meetings, can view on DDSN's website.

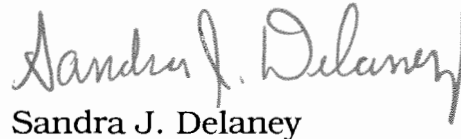
Next Regular Meeting Date

Chairman Fred Lynn announced the next regular Commission Meeting is scheduled for Thursday, April 17, 2014 with the starting time to be determined.

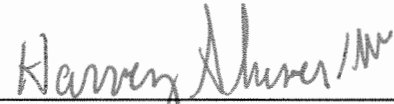
Adjournment

With no further business, Chairman Fred Lynn adjourned the meeting.

Submitted by,


Sandra J. Delaney

Approved:



Commissioner Harvey Shiver
Secretary

SC COMMISSION ON DISABILITIES AND :
Commission Meeting
 March 20, 2014

Attachment 1

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. RICHARD WNEK
2. LISA WEEKS
3. KATNEEN ROBERTS - SC PADD & WHITTEN CENTER PARENTS CLUB
4. Judy Johnson Brunswick Center
5. Mary Leitner RLDSNB
6. Alvia Shook Berkeley
7. Valerie Bishop DD Council
8. Keanne Johnston SCHSP
9. David Foshee DDSW
10. Dorothy Goodwin Community Options
11. Thoyd Warren KC BDSW
12. Joyce David BIASC
13. Margie Williamson Arc of SC
14. Sarah St Onge PTA
15. Beth Bunge Bright Start
16. Daniel David DDIN
17. Diane Eppley SCSCIA
18. Macie Smith DDSN
19. ANDA V DDSN
20. KEVIN YACOBI "

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

March 20, 2014

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- 21. W.C. Hoeft Family Connection
- 22. _____
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SC COMMISSION ON DISABILITIES AND S
Commission Meeting
March 20, 2014

Attachment 2

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Suzanne Johnson parents + Guardians/Coastal Center
2. Linda Bodiford parents + Guardians/Coastal
3. Ronda Ritchie - DDSN Dist. II Office
4. Felita Martino - DDSN Dist II Office
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**SC COMMISSION ON DISABILITIES AND
Commission Meeting**
March 20, 2014

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Susan L John - Henry Co. DSN
- 2. BRENT PARKER Marlboro Co. DSN
- 3. J L Hill SC DSN
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SC COMMISSION ON DISABILITIES AN
Commission Meetir
March 20, 2014

Attachment 4

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. John King DDSN

2. Pat Fran DDSN

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Commission Meeting
3-20-14

Attachment 5

Angela Brown
Janie Fowler

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

**South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251
Columbia, South Carolina**

March 20, 2014

9:30 A.M.

1. Call to Order *Chairman Fred Lynn*
2. Welcome - Notice of Meeting Statement *Commissioner Harvey Shiver*
3. Invocation *Commissioner Katherine Davis*
4. Introduction of Guests
5. Adoption of Agenda
6. Approval of the Minutes of the February 20, 2014 Commission Meeting
7. Public Input
8. Report from DSN Boards *Mr. Jimmy Burton*
9. Commissioners' Update *Commissioners*
10. Business:
 - A. CLOUD Pilot Project *Dr. Kathi Lacy*
 - B. Waiting List Report Update *Mrs. Susan Beck*
 - C. Budget Update *Mr. Tom Waring*
11. State Director's Report *Dr. Beverly Buscemi*
12. Next Regular Meeting Date (April 17, 2014)
13. Adjournment

PLEASE SILENCE CELL PHONES DURING THE MEETING. THANK YOU.

DDSN Pilot Project



THE CLOUD PROJECT
Customized Living Options
Uniquely Designed

The CLOUD

Customized Living Options Uniquely Designed

CMS Key Provisions of the HCBS Settings Final Rule

1. The setting is integrated in and supports full access to the greater community;
2. Is selected by the individual from among setting options;
3. Ensures individual rights of privacy, dignity & respect;
4. Optimizes autonomy and independence in making life choices; and
5. Facilitates choice regarding services and who provides them.

NCL Data

1. % of people who chose or had input in choosing where they live: 53%
2. % of people who chose or had some input choosing roommates: 34%
3. Community Inclusion Scale Score: SC = 9.9 NCI average = 12.7
4. % who would like to live somewhere else: SC = 39% NCI avg. = 27%

Workforce: greater demand for direct support professionals

The CLOUD Project utilizes a variety of supports including community resources, technology, electronic monitoring and self-management programs to support the transition plan and ensure each individual's ongoing success.



THE CLOUD PROJECT
Customized Living Options
Uniquely Designed

About The CLOUD Project

◆ Created to promote development and independence in people with disabilities by working with staff members, the individuals, and families to create a customized plan to transition from a 24- hour supervised setting to a semi-independent living arrangement.

◆ Systematically decreases the need for staff supervision, often using technology, while ensuring health, safety, and protection needs are consistently met. The level of support will change based on need.



The CLOUD

- ◆ Currently working with 30 people living in CTH IIs
- ◆ Partners
Babcock Center, Charles Lea Center, Chesco, Georgetown Co. DSN Board, ECM Consulting Services, SCARC, NADD
- ◆ Design Modified Over 8 months through a collaborative problem-solving process

The Process

- ◆ Identification – interviews, team meetings, SIS
- ◆ Orientation – Leadership teams, family members, persons who are supported by DDSN
- ◆ Transition planning – Addresses needs, modifications, training needs
- ◆ Training – Participants & staff
- ◆ Community resources – Simply Home, banks, leasing agents

The Process

The CLOUD project coordinates the transition of participants over a 3 - 6 month period beginning at the time of acceptance into the program. The CLOUD project works in partnership with the provider agencies to ensure a smooth, planned, successful transition.



Results and Outcome

Measures

Built into The CLOUD project are monthly facility checks to ensure all standardized training programs and approved teaching strategies are effective and appropriately utilized. Skills checks are performed for both participants and staff and serve to guide ongoing skill development across staff.



"I like all of the training sessions."
- Cloud Project Participants



Results and Outcome Measures

Satisfaction Surveys as well as Consumer & Family Interviews provide a qualitative and quantitative data analysis of the evidence-based program.

"Our daughter will have the opportunity to reach her full potential in the CLOUD Project." - Family of Participant

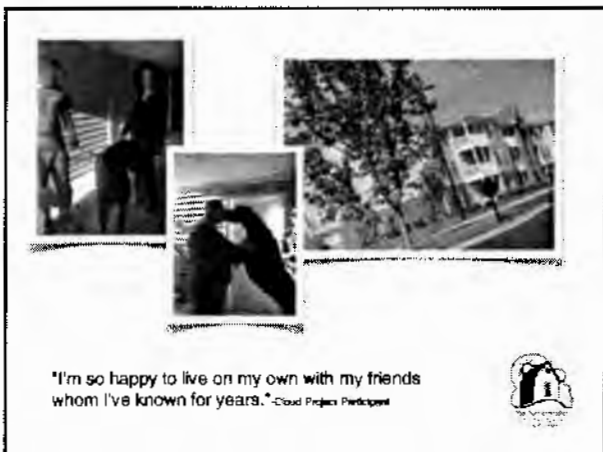
"The most exciting part is knowing that soon I will be moving out on my own." - Cloud Project Participant

"I've always wanted to live in a house like this. I have always dreamed of having a house with a fireplace." - Cloud Project Participant



THE CLOUD PROJECT
Continuing Care Support
Community Development





"I'm so happy to live on my own with my friends whom I've known for years." - Cloud Project Participant



Challenges

- Overall: effective, on-going communication including clarifying roles of all partners
- Budget
- Effort from provider agencies likely more than expected
- Timing of and location of training for both people with disabilities and the support professionals who will work with them.
- Timing of and locating housing to lease.
- Backfilling the vacancies in the CTH Hs.



"To believe your own thought, to believe what is true for you in your private heart is true for all men."



Questions?



THE CLOUD PROJECT
Customized Living Options
Uniquely Designed

Planned Rotation of Monthly Commission Reports on Quarterly Waiting List Progress

FY 2014	Community Supports	PDD	HASCI	ID/RD
July (Annual Report)	X	X	X	X
August	X			
September		X		
October			X	X
November	X			
December		X		
January			X	X
February	X			
March		X		
April			X	X
May	X			
June		X		

*Critical List updates will be provided monthly.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program March 2014

Number of Children

- Almost 1540 children have received PDD services since the program's inception
- 920 children are currently participating in the PDD Program (641 enrolled in the waiver and 279 in state-funded slots)
- 1272 children are on the waiting list; 60% are age 5 and younger; only 10% (125) are age 2 and younger, with two thirds of these (84) receiving services through BabyNet
- Approximately 82% of all participants are male and 18% are female
- Approximately 73% of participants are ages 3-6; 25% are ages 7-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.
- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,588 per year.
- The number of qualified providers is 18 companies with over 55 consultants; an increase of 10 consultants from last year. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 197 children have transitioned since October 2012.
- 80% of children are Medicaid eligible

Funding

\$7.5M Original appropriated amount
 \$6.975M Current appropriated base
 \$6.006M Actual expenditures for FY2012
 Note: DDSN had requested Medicaid’s approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
 \$7.232M Actual expenditures for FY2013
 Note: Includes base and carry forward spending.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services:

- 1) Early Intensive Behavioral Intervention (EIBI) and
- 2) Case Management

EIBI services seek to develop skills of children in the areas of cognition, behavior, communication and social interaction. Case management services assist children and their families in gaining access to needed waiver and other State Medicaid plan services, as well as medical, social, educational and other services.

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three but the ability to apply prevents time delay.

3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 265 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN anticipates 20 to 25 students successfully completing the course requirements in March 2014.
4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking,

understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

Due to the richness of available data, DDSN is uniquely positioned to advance knowledge regarding the predictors of positive outcomes associated with this program. These results will provide important additional insights for the delivery of treatment services at DDSN and for the broader understanding of treatment policy for children with Autism Spectrum Disorder.

This new study will include about 500 more children and families and will specifically aim to:

1. Evaluate the impact of PDD services on child outcomes (cognitive functioning, adaptive functioning and verbal ability)
2. Assess the child-specific factors associated with differences in outcomes (attributes of children who are most likely to experience positive outcomes)
3. Explore the relationship between the changes in adaptive behaviors through time and the actual treatment hours received (how differences in treatment hours contribute to the positive outcomes)

DDSN expects this study to be completed by spring 2014.

Outcomes

DDSN operates an evidence-based program for children with a Pervasive Developmental Disorder (PDD). The interventions are based on Early Intensive Behavior Intervention (EIBI) and focus on enhancing cognition, communication, adaptive behavior and social skills, all of which are significant issues for children with autism spectrum disorders. DDSN's model is a home-based treatment program that requires parental involvement to ensure the interventions are carried out throughout the child's day.

To date, DDSN has provided EIBI programs to more than 1,400 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority of children uses words, sign language or picture exchange systems to communicate with peers, teachers and parents. Quotes from a survey of parents of children in the program include, "He is a different child. I would never have imagined that he would respond to a question or initiate

conversation with his family or schoolmates.” “Please do not take this program away from my child. She is talking! She has made so much progress, and I can’t thank you enough for giving my daughter a chance to be like other children.” To be able to ask for what one wants or needs or to let a parent or teacher know that they are in pain is a huge milestone for these children. By enhancing Expressive Communication, behavior challenges can be markedly decreased, allowing socially significant behaviors to improve.

Receptive communication is a child’s ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one’s ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one’s self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three years of service was seven years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child’s natural environment enhances their skills and abilities in this area. Children who received three years of EIBI services saw a reliable change of 72%.

South Carolina Department Of Disabilities & Special Needs

Community Waiting List			
	6/30/12	6/30/13	2/28/14
Critical	50	45	46
Priority One	321	297	282
Other	1677	1679	1663
Total	1998	1976	1945
Day Supports Waiting List			
	6/30/12	6/30/13	2/28/14
Day Program (Center Based)	987	968	958
Job Coach	183	175	174
Other	182	175	180
Total - Unduplicated	1288	1259	1251
Regional Centers Waiting List			
	6/30/12	6/30/13	2/28/14
Priority One	1	1	0
Other	23	21	20
Total	24	22	20
Intellectual Disability/Related Disabilities (ID/RD) Waiver Waiting List			
	6/30/12	6/30/13	2/28/14
ID/RD – Critical	0	0	0
Autism - Critical	0	0	0
Total – Critical	0	0	0
ID/RD – Regular	2726	3399	3900
Autism – Regular	614	856	1016
Total - Regular	3340	4255	4916
Total	3340	4255	4916
Head & Spinal Cord Injury (HASCI) Waiver Waiting List			
	6/30/12	6/30/13	2/28/14
HASCI - Critical	0	0	0
HASCI - Regular	393	385	338
Total	393	385	338
Pervasive Developmental Disorder (PDD) Waiver Waiting List			
	6/30/12	6/30/13	2/28/14
Total	812	1009	1261
Community Supports Waiver Waiting List			
	6/30/12	6/30/13	2/28/14
Total	3233	3787	4042

South Carolina Department Of Disabilities Special Needs
 Critical List Activity For 1/31/2014 Through 2/28/2014

	As Of 1/31/2014	Added During The Period	Removed During The Period	As Of 2/28/2014
	-----	-----	-----	-----
Coastal	2	5	1	6
Midlands	18	6	7	17
Pee Dee	4	6	4	6
Piedmont	16	7	6	17
	-----	-----	-----	-----
Total:	40	24	18	46
	=====	=====	=====	=====