

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

August 17, 2017

The South Carolina Commission on Disabilities and Special Needs met on Thursday, August 17, 2017, at 10:00 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:

Eva Ravenel, Chairman
Gary Lemel – Vice Chairman
Mary Ellen Barnwell – Secretary
Sam Broughton, Ph.D.
Bill Danielson
Katie Fayssoux
Vicki Thompson

DDSN Administrative Staff

Dr. Buscemi, State Director; Mr. David Goodell, Associate State Director, Operations; Mr. Tom Waring, Associate State Director, Administration; 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)

Georgetown County DSN Board

Pee Dee Regional Center (via videoconference)

(See Attachment 4 Sign-In Sheet)

Pickens County DSN Board (via videoconference)

(See Attachment 5 Sign-In Sheet)

Whitten Regional Center (via videoconference)

(See Attachment 6 Sign-In Sheet)

York County DSN Board (via videoconference)
(See Attachment 7 Sign-In Sheet)

Jasper County DSN Board (via videoconference)

News Release of Meeting

Chairman Ravenel called the meeting to order and Commissioner Barnwell read a statement of announcement about the meeting that was 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 Fayssoux gave the invocation.

Adoption of the Agenda

The Commission adopted the August 17, 2017 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the July 20, 2017 Commission Meetings

The Commission approved the July 20, 2017 Commission Meeting minutes by unanimous consent.

Public Input

The following individuals spoke during Public Input: Linda Lee and Connie Coleman.

Commissioners' Update

There was no Commissioners' Update.

Finance and Audit Committee Report

Committee Chairman Lemel gave an update of the Finance and Audit Committee meeting that was held Wednesday, August 16, 2017. On behalf of the Committee, Chairman Lemel proposed the following recommendations to the DDSN Commission:

1. A review of the Finance/Audit Charter was conducted and it was determined that no changes were necessary at this time. It is recommended the Commission approve the charter in its current format. On motion of Commissioner Lemel the Commission approved the Finance and Audit Charter in its current format.
2. The following recommendations were presented regarding sanctions:

- a. A financial sanction by way of a contract withhold is only applicable to repeat findings as they relate to Health, Safety and Welfare.
- b. The sanction will only apply when a follow-up audit is conducted and finds the accepted corrective action was not implemented. The Provider will then be given notice and be allowed 90 days to implement the agreed upon corrective action. If in the subsequent visit (i.e. the third visit), the corrective action plan was not implemented, the Provider will receive a financial sanction.
- c. The financial sanction will be in the amount of \$500.
- d. An appeals process will be available to any Provider who is assessed a financial sanction. The Appeals Committee membership will include: two (2) DDSN staff members; two (2) community provider members from each provider association; and one (1) consumer or family member. Once appointed the Appeals Committee shall decide among the membership who shall be named as chair. Once appointed, the members shall serve for two (2) years.
- e. The chair will include a statement of intent.
- f. Starting this fiscal year with initial audits.

On motion of Commissioner Lemel the Commission approved the recommended sanction actions as presented.

State Director's Report

Dr. Buscemi reported on the following:

House Legislative Oversight Committee – A meeting has been scheduled for Monday, September 18, 2017 at 10:00 to discuss the overview of the DDSN system.

Senate Oversight – A draft report is expected to be complete this fall.

Residential Habilitation Standards – Effective October 1, 2017, the standards will be updated to include specific requirements related to skills training directed toward the management of problem behavior. The changes will allow Residential Habilitation providers to hire, contract or otherwise secure qualified professionals to develop needed training strategies to address problem behavior. The ID/RD Waiver Behavior Support Service will no longer be used for individuals receiving residential habilitation. Beginning July 1, 2018 the work of person providing intensive behavioral interventions will directly impact the score achieved on the residential habilitation portion of the contract compliance review. Mrs. Beck stated that the service is the same even though the standards have changed. These changes were discussed with providers on August 15, 2107.

Spinal Cord Injury Awareness Month – September has been designated as Spinal Cord Injury Awareness month. Dr. Buscemi encouraged everyone to wear green at the next meeting in honor of the cause.

Budget Forums for Stakeholders – Dr. Buscemi thanked the Coastal and Pee Dee Center, the Greenville County Council and Aiken DSN Board/Trident Development Center for hosting the forums.

Waiting List Reduction Efforts

Mrs. Beck gave a brief update on the Waiting List Reduction Efforts that was previously provided. The Critical Needs List was discussed. (Attachment B)

Financial Update

Mr. Waring gave an overview of the agency's financial activity through July 31, 2017 and the agency's current financial position. The agency's operating cash balance as of July 31, 2017 is \$227,870,727. A SCEIS report reflecting budget versus actual expenditures through July 2017 was also provided. Mr. Waring also provided a summary of open projects off of SPIRS, reporting that projects over 5 years old have been closed. Discussion followed regarding generators. All centers have full generator capacity and the FEMA Grant projects should be complete by summer of 2018. (Attachment C)

Quality Assurance Data Quarterly Report

Mrs. Beck provided a detailed quarterly report of the quality assurance data. (Attachment D)

Fiscal Year 2017-2018 Agency Spending Plan

Mr. Waring provided the spending plan recommendations requesting Commission approval. Discussion followed. Commissioner Lemel moved to approve the spending plan as presented with the exception of the recovery of funds associated with self-direct care options not included as part of the one-time funds available in 2018. The motion was seconded and passed. (Attachment E)

Agency Budget Request Items and Priorities for FY 2018-019

Mr. Waring presented the revised budget request items as discussed in the August 16, 2017 Work Session. Dr. Buscemi clarified that the \$1.3M funding for staff retention will go beyond direct care staff and will be included in the narrative of the budget request within the first priority of \$11.3M Safety and Quality of Care/Workforce Needs. On motion of Commissioner Danielson, seconded and passed, the Commission approved the nine budget priorities totaling \$34.65M in recurring funds and the one budget item totaling \$5M in non-recurring funds. (Attachment F)

On motion of Commissioner Danielson, seconded and passed, the Commission approved that staff submit the three percent reduction plan as last year with new updated figures for the percentages.

On motion of Commissioner Danielson, seconded and passed, the Commission approved that Form F would be submitted as non-recommended.

Executive Session

The Commission entered into Executive Session to discuss the State Director's performance evaluation.

Enter into Public Session

The Commission entered into Public Session. It was noted that no action was taken in the Executive Session.

State Director's Performance Evaluation

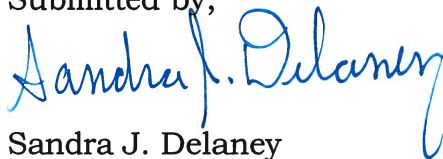
On motion of Commissioner Danielson, seconded and passed, the Commission approved a "meets all expectations" on the State Director's performance evaluation.

On motion of Commissioner Danielson, seconded and passed, the Commission approved to request a three percent standard cost of living raise for the State Director.

Next Regular Meeting


September 21, 2017 to be held at the DDSN Central Office.

Submitted by,



Sandra J. Delaney

Approved:



Commissioner Mary Ellen Barnwell
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

August 17, 2017

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Ben Orner - DDSN Lisa Weeks - DDSN
2. David Rotholz - USC
3. Bob Jones Newberry DSNB
4. TIM SMITZ Carpenville New J
5. CHUCK NORMAN DDSN
6. KATHLEEN ROBERTS WHITTEN CENTER + SC PROD
7. LYDA LEE Whitten Center + SC PADD
8. Aiken Mass Calhoun DSNB
9. Jeff Joh Barbours Center
10. Gerald Bernard Charles Lee Center
11. Daniel Davis Autism
12. Tate Mikell BIASC
13. Marsha Mikell BIASC
14. Dexter Alston DDSN
15. Marty Rawls DDSN
16. Angela Rodriguez SC SC IA
17. Connie Gallman Newberry DSN Board
18. Cindy Farr "
19. Joe White Cherokee County DSN
20. Key Miller SC DD Council

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

August 17, 2017

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

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|-----|--------------------|---|-------------------------|
| 21. | Teri Todd | - | Bright Start |
| 22. | Jerry Mize | - | Oconee |
| 23. | Alfredia Stevenson | | Chester-Lancaster DSNB |
| 24. | Joyce Davis | | BIASC |
| 25. | Lisa Weeks | | DDSN |
| 27. | Suzanne Johnson | | Coasta Center parents |
| 28. | Richard Johnson | " | " " " |
| 29. | Suzanne Hyman | | Project HOPE/Hope Reach |
| 30. | Margie Williamson | | The Arc of SC |
| 31. | Dorothy Goodwin | | Community Optm |
| 32. | Mike Keith | | Merica-Diken DSN |
| 33. | Kathy Martin | | P+A |
| 34. | Amy Sargent | | Parent/Advocate |
| 35. | Sherry Pressley | | LSC |
| 36. | Kevin Hays | | DDSN |
| 37. | Ann Dalton | | DDSN |
| 38. | Barbara Shester | | Agency with Flow |
| 39. | Stephen Hill | | Calhoun DMS |
| 40. | David Goldsmith | | Orangeburg DSN |
| | Tamara Hammonds | | DDSN |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
August 17, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Ronda Ritchie DDSN Dist. II
- 2. Sloan Tudel Path Finders
- 3. Felita Martino DDSN DIST II
- 4. Hester S. Wannamaker AII
- 5. Allen Rose Community Option
- 6. Rufus Britt ~~DDSN~~ Dist. II
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
August 17, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Tyler Rex Anderson DSIT

2. Elaine Thana PCBOSU

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
August 17, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. PT FGAU SCDSN
- 2. Nancy Hall SCDASN
- 3. Maryjo Nabors CareFocus Inc
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

August 17, 2017

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Mary Poole Max Abilities

2. Michelle Shatter Max Abilities

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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

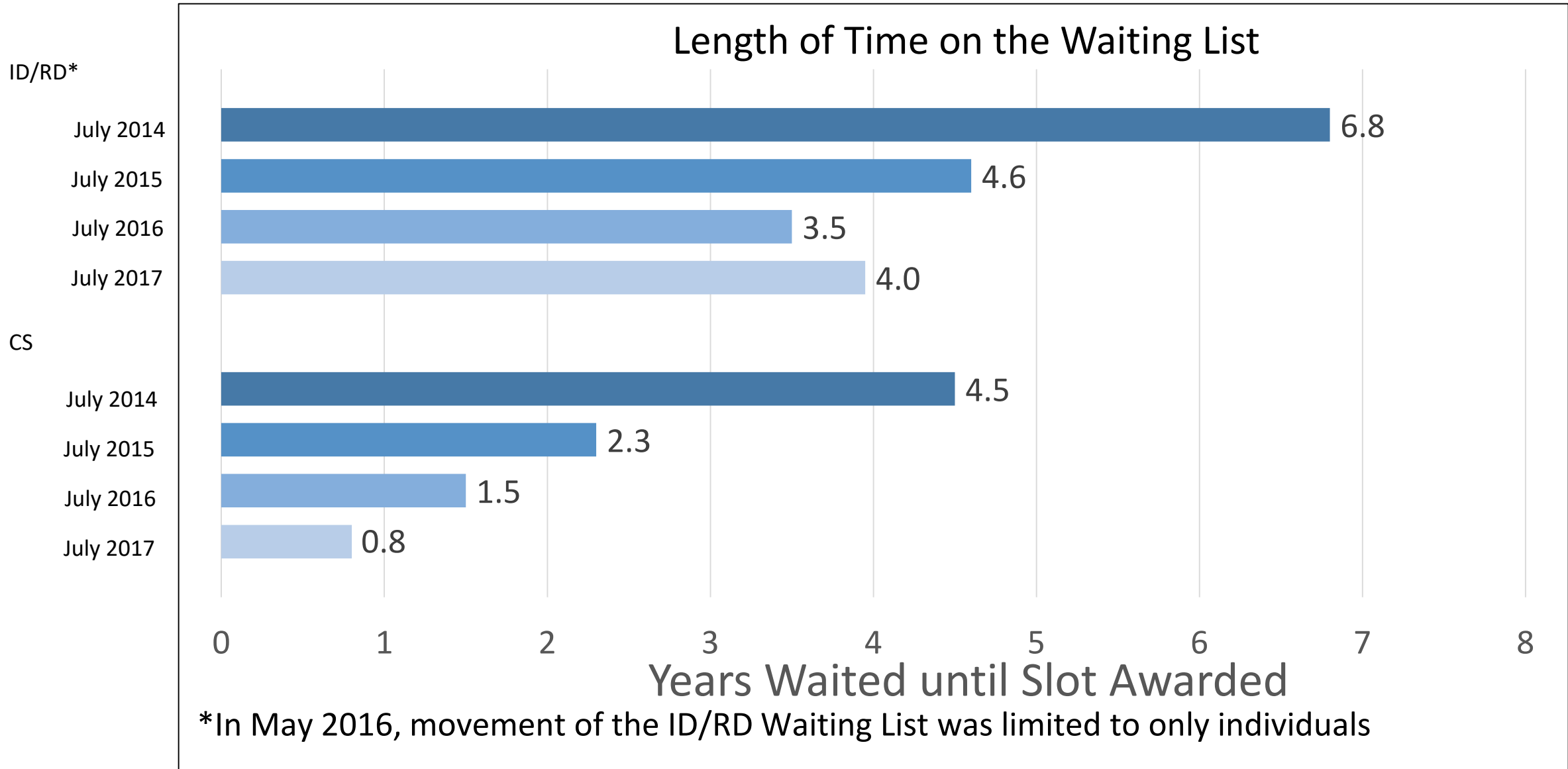
A G E N D A

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

August 17, 2017

10:00 A.M.

1. Call to Order *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement *Commissioner Mary Ellen Barnwell*
3. Invocation *Commissioner Katherine Fayssoux*
4. Introduction of Guests
5. Adoption of Agenda
6. Approval of the Minutes of the July 20, 2017 Commission Meeting
7. Public Input
8. Commissioners' Update *Commissioners*
9. Finance and Audit Committee Report *Committee Chairman Gary Lemel*
10. State Director's Report *Dr. Beverly Buscemi*
11. Business:
 - A. Waiting List Reduction Efforts *Mrs. Susan Beck*
 - B. Financial Update *Mr. Tom Waring*
 - C. Quality Assurance Data Quarterly Report *Mrs. Susan Beck*
 - D. FY 2017-2018 Agency Spending Plan *Mr. Tom Waring*
 - E. Agency Budget Request Items and Priorities for FY 2018-2019 *Mr. Tom Waring*
12. Executive Session
13. Enter into Public Session
14. State Director's Evaluation
15. Next Regular Meeting (September 21, 2017)
16. Adjournment



ID/RD – Intellectual Disability/Related Disabilities Waiver
 CS – Community Supports Waiver

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

As of August 1, 2017 (run on August 1, 2017)

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) 576 (FY17) <u>404 (FY18)</u> 4,527	713 (FY15) 1,048 (FY16) 242 (FY17) <u>30 (FY18)</u> 2,033	536 (FY15) 973 (FY16) 133 (FY17) <u>17 (FY18)</u> 1,659	42 (FY15) 108 (FY16) 302 (FY17) <u>383 (FY18)</u> 835
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) 4,401 (FY17) <u>88 (FY18)</u> 8,756	698 (FY15) 641 (FY16) 1,129 (FY17) <u>53 (FY18)</u> 2,521	1,523 (FY15) 1,075 (FY16) 2,533 (FY17) <u>0 (FY18)</u> 5,131	12 (FY15) 104 (FY16) 901 (FY17) <u>87 (FY18)</u> 1,104
Head and Spinal Cord Injury (As of Oct 1, 2013)	1,042	477	380	185
		5,031	7,170	
Total	14,325	12,201		2,124

Waiting List *	Number of Individuals Added Between July 1, 2014 and August 1, 2017	Number of Individuals Waiting as of August 1, 2017
Intellectual Disability/Related Disabilities	7,079 (158 since 7/1/17)	7,662
Community Supports	8,356 (219 since 7/1/17)	3,554
Head and Spinal Cord Injury	0	0
Total	15,435	11,216

* There is currently no Head and Spinal Cord Injury (HASCI) Waiver waiting list.

** There are 8,198 unduplicated people on a waiver waiting list. Approximately 26.9 percent of the 11,216 names on the combined waiting lists are duplicates.

**SC Department of Disabilities and Special Needs
Waiting List Reduction Efforts**

Row #	Total Numbers At Beginning of the Month	2016				2017							
		September	October	November	December	January	February	March	April	May	June	July	August
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	6,059	6,207	6,362	6,539	6,689	7,099	7,430	7,692	7,857	8,003	7,924	7,662
2	Community Supports Waiver Waiting List Total	2,862	2,788	2,600	2,303	2,418	2,680	3,004	3,025	3,118	3,113	3,427	3,554
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	0
4	Critical Needs Waiting List Total	147	131	136	136	121	130	117	123	128	125	132	126
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	615	553	450	512	558	1,111	993	859	511	482	547	398
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	596	381	484	632	293	439	338	576	253	341	312	533
7	Number of Individuals Enrolled in a Waiver by Month	125	128	92	143	97	160	138	137	121	118	127	91
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	286	200	270	367	148	225	129	205	96	113	38	17
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	10,154	10,667	10,934	11,550	11,822	12,210	12,497	12,947	13,195	13,515	13,807	14,325
10	Total Number of Individuals Pending Waiver Services (Running Total)	2,059	2,251	2,220	2,396	2,341	2,247	2,111	2,132	2,010	2,012	1,881	2,124
11	Total Unduplicated Individuals on the Waiver Waiting Lists	6,425	6,588	6,663	6,824	6,996	7,409	7,827	8,011	8,182	8,366	8,368	8,198

** There are 8,198 unduplicated people on a waiver waiting list. Approximately 26.9 percent of the 11,216 names on the combined waiting lists are duplicates.

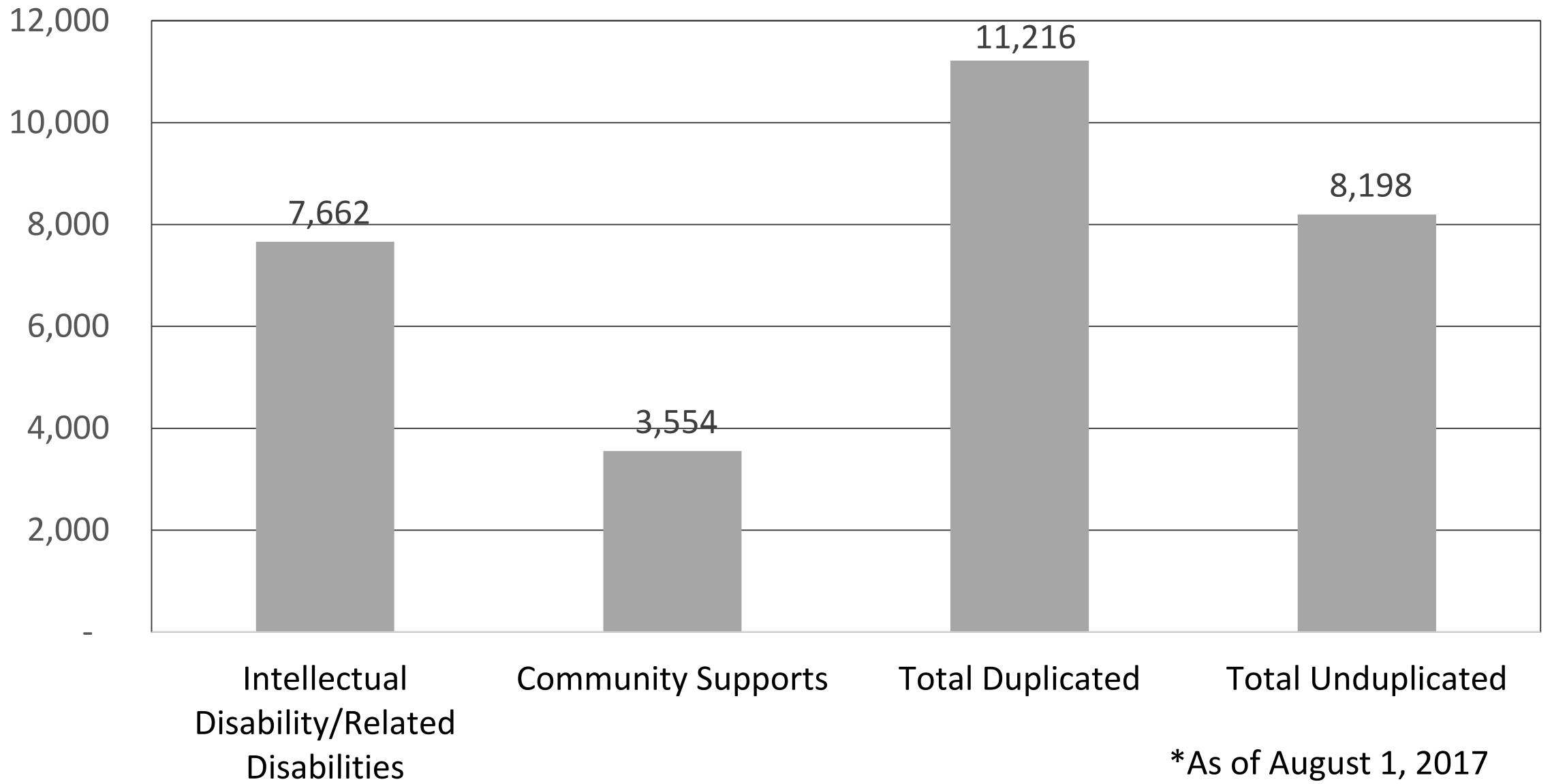
PDD Waiting List Information

12	PDD Program Waiting List Total	1,607	1,596	1,583	1,539	1,514	1,443	1,397	1,317	1,259	1,265	1,247	1,236
13	Total Number <u>Added</u> to the PDD Waiting List	50	44	38	22	53	26	18	20	19	62	0	0
14	Total Number <u>Removed</u> from the PDD Waiting List	73	55	51	66	78	97	64	100	77	56	18	11
15	Number of Individuals Enrolled in the PDD <u>State Funded</u> Program by Month	214	206	190	184	189	195	191	182	159	134	122	119
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	164	169	181	202	221	239	240	271	282	287	269	261
17	Number of Individuals Enrolled in the PDD Waiver by Month	605	591	573	555	536	518	502	484	478	463	434	403

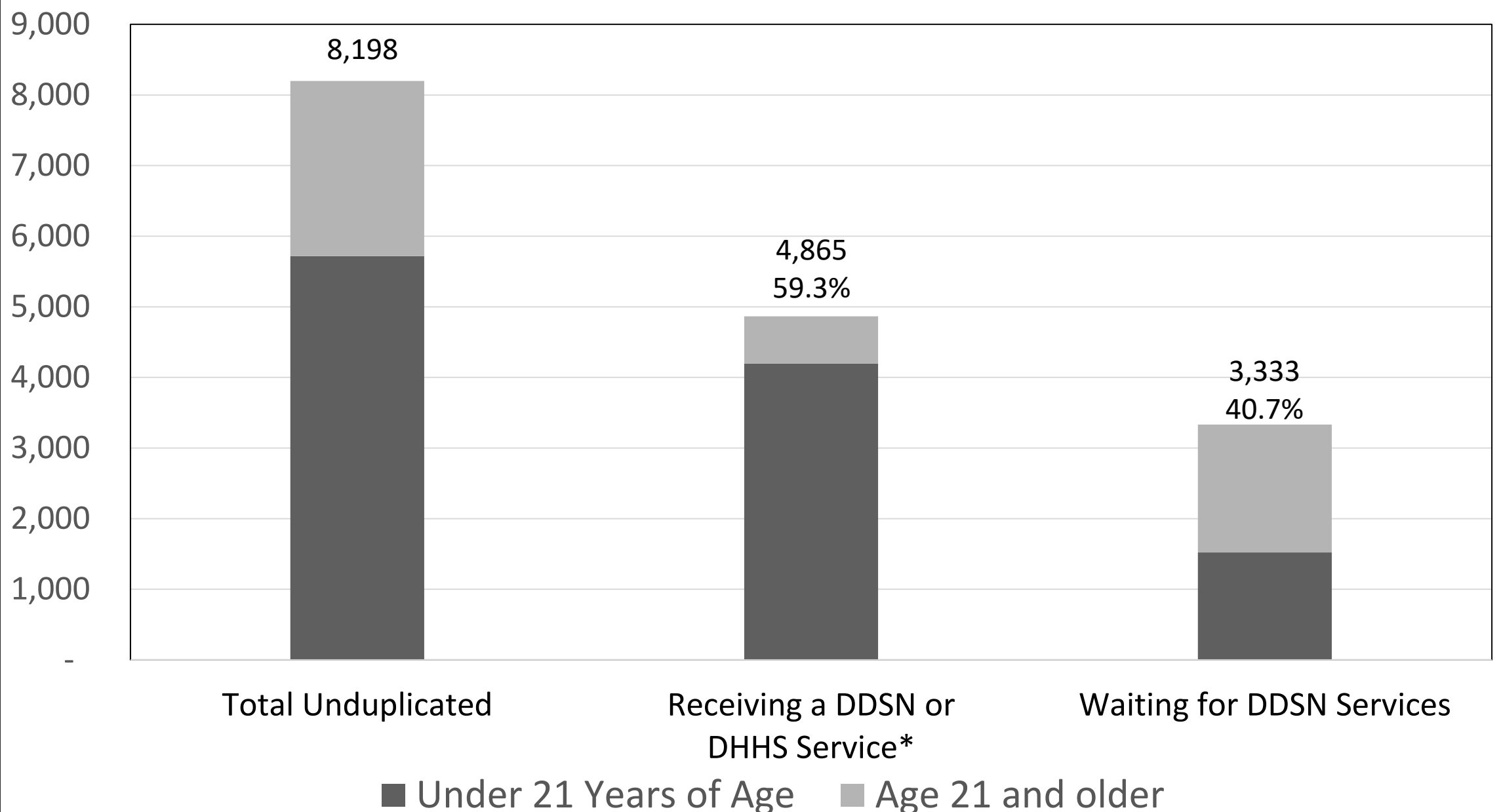
Updated 8/1/2017

SC Department of Disabilities and Special Needs

Intellectual Disability/Related Disabilities and Community Supports Waiver Waiting List Numbers



Additional Analysis of the Number of Individuals Waiting for DDSN Services

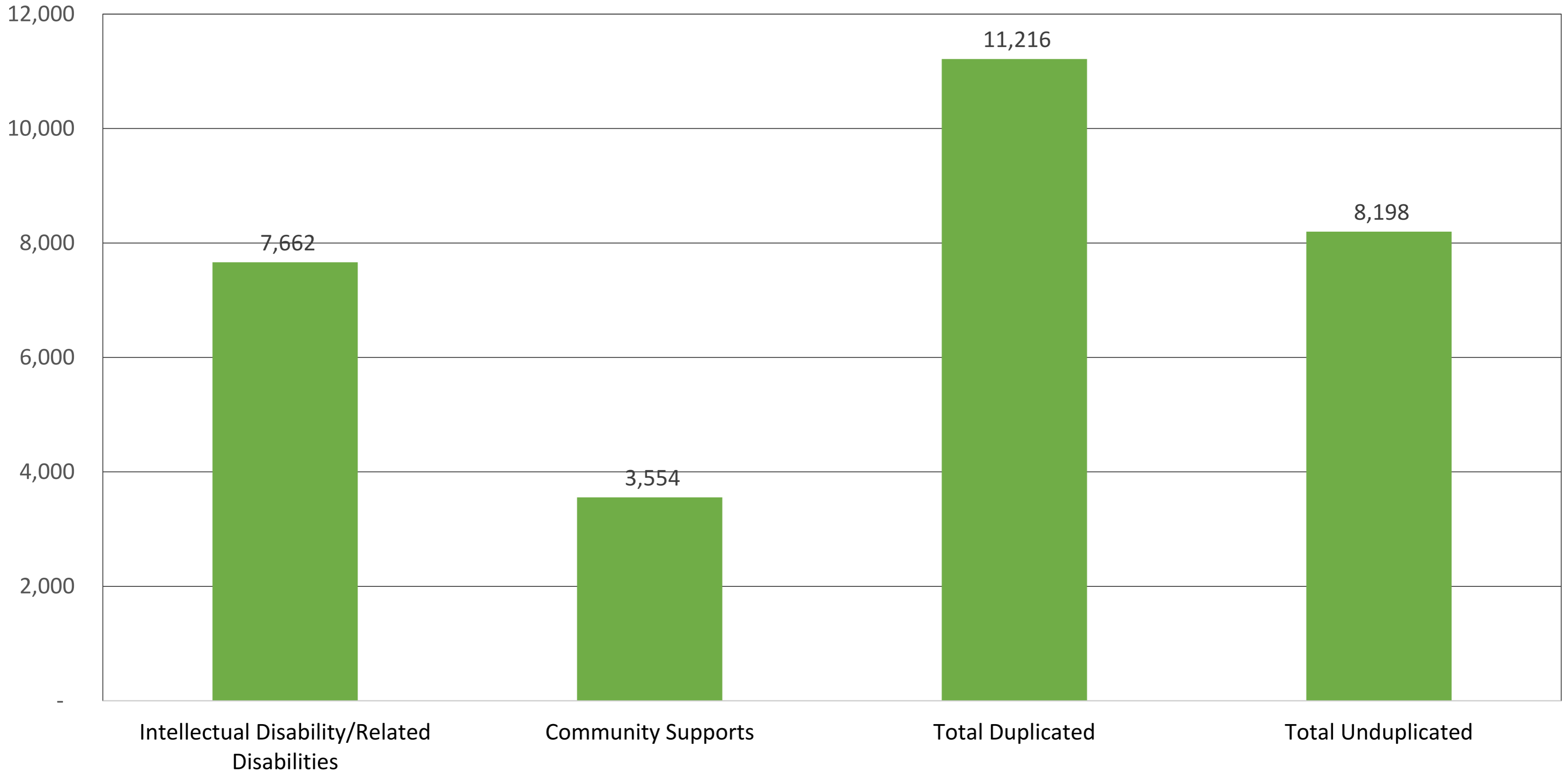


*These services may include: DDSN Family Support Funding, DDSN Family Arranged Respite Funding, and/or Medicaid Services such as prescriptions, personal care, nursing, incontinence supplies, dental, vision, medically necessary Durable Medical Equipment services, etc.

*As of August 1, 2017

SC Department of Disabilities and Special Needs

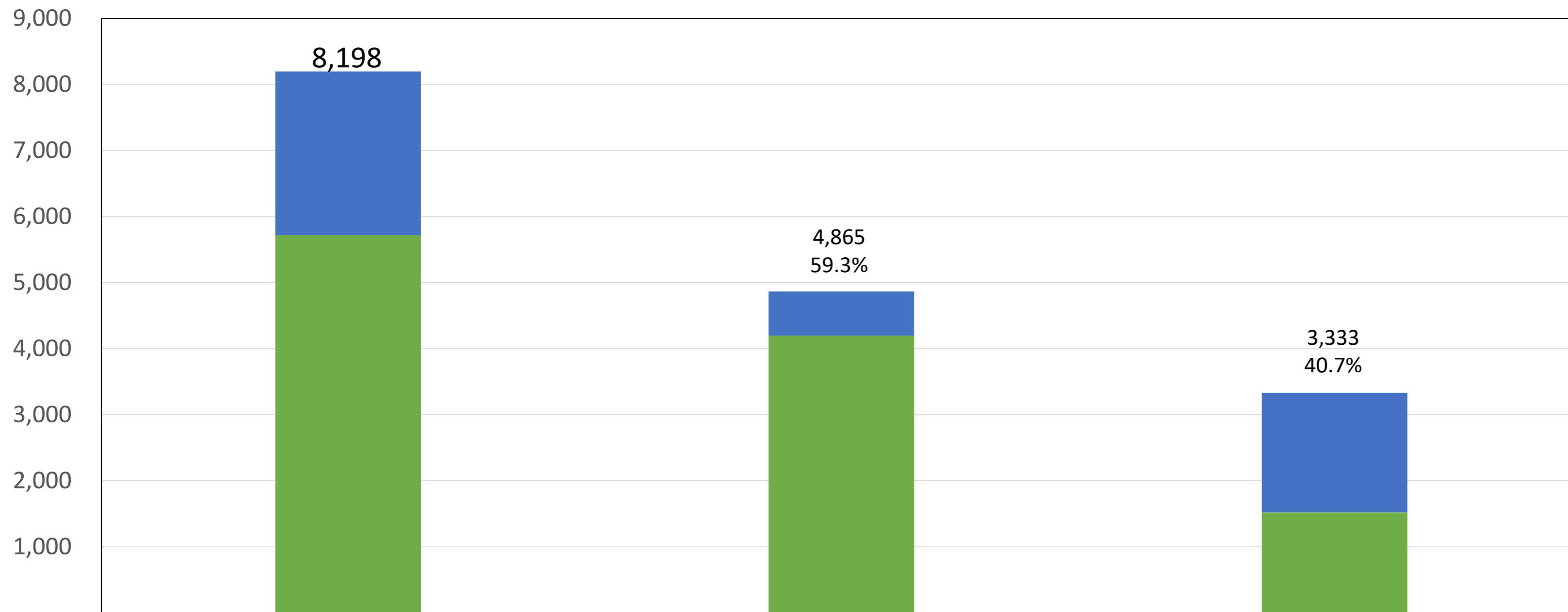
Intellectual Disability/Related Disabilities and Community Supports Waiver Waiting List Numbers



*As of July 1, 2017

SC Department of Disabilities and Special Needs

Additional Analysis of the Number of Individuals Waiting for DDSN Services



*These services may include: DDSN Family Support Funding, DDSN Family Arranged Respite Funding, and/or Medicaid Services such as prescriptions, personal care, nursing, incontinence supplies, dental, vision, medically necessary Durable Medical Equipment services, etc.

■ Under 21 Years of Age ■ Age 21 and older

*As of August 1, 2017

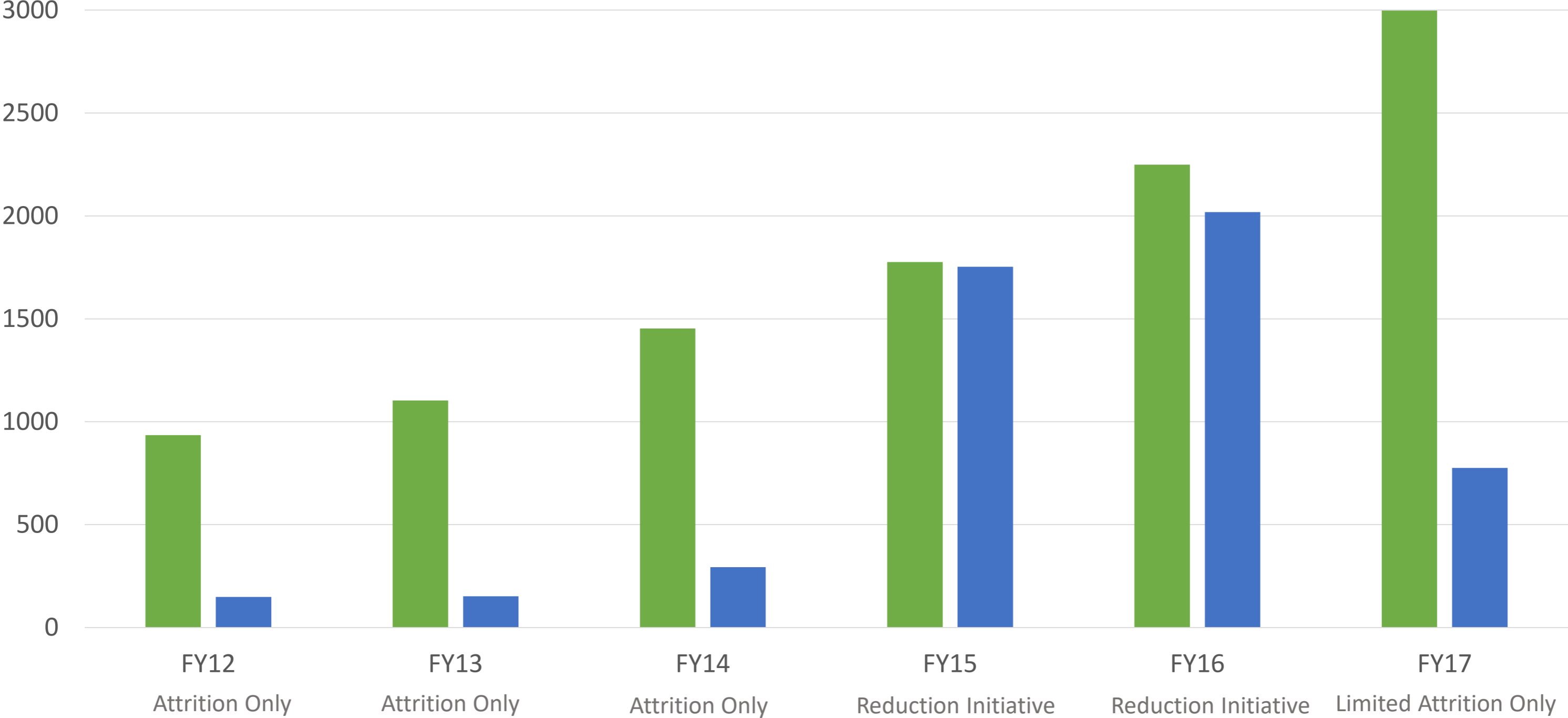
South Carolina Department Of Disabilities & Special Needs
As Of July 31, 2017

Service List	06/30/17	Added	Removed	07/31/17
Critical Needs	132	20	26	126
Pervasive Developmental Disorder Program	1247	0	11	1236
Intellectual Disability and Related Disabilities Waiver	7924	158	420	7662
Community Supports Waiver	3427	219	92	3554
Head and Spinal Cord Injury Waiver	0	21	21	0

Report Date: 8/2/17

SC Department of Disabilities and Special Needs

Intellectual Disability/Related Disabilities Waiver Waiting List Individuals Added and Removed by Fiscal Year



■ Added ■ Removed

*As of August 1, 2017

SC Department of Disabilities and Special Needs

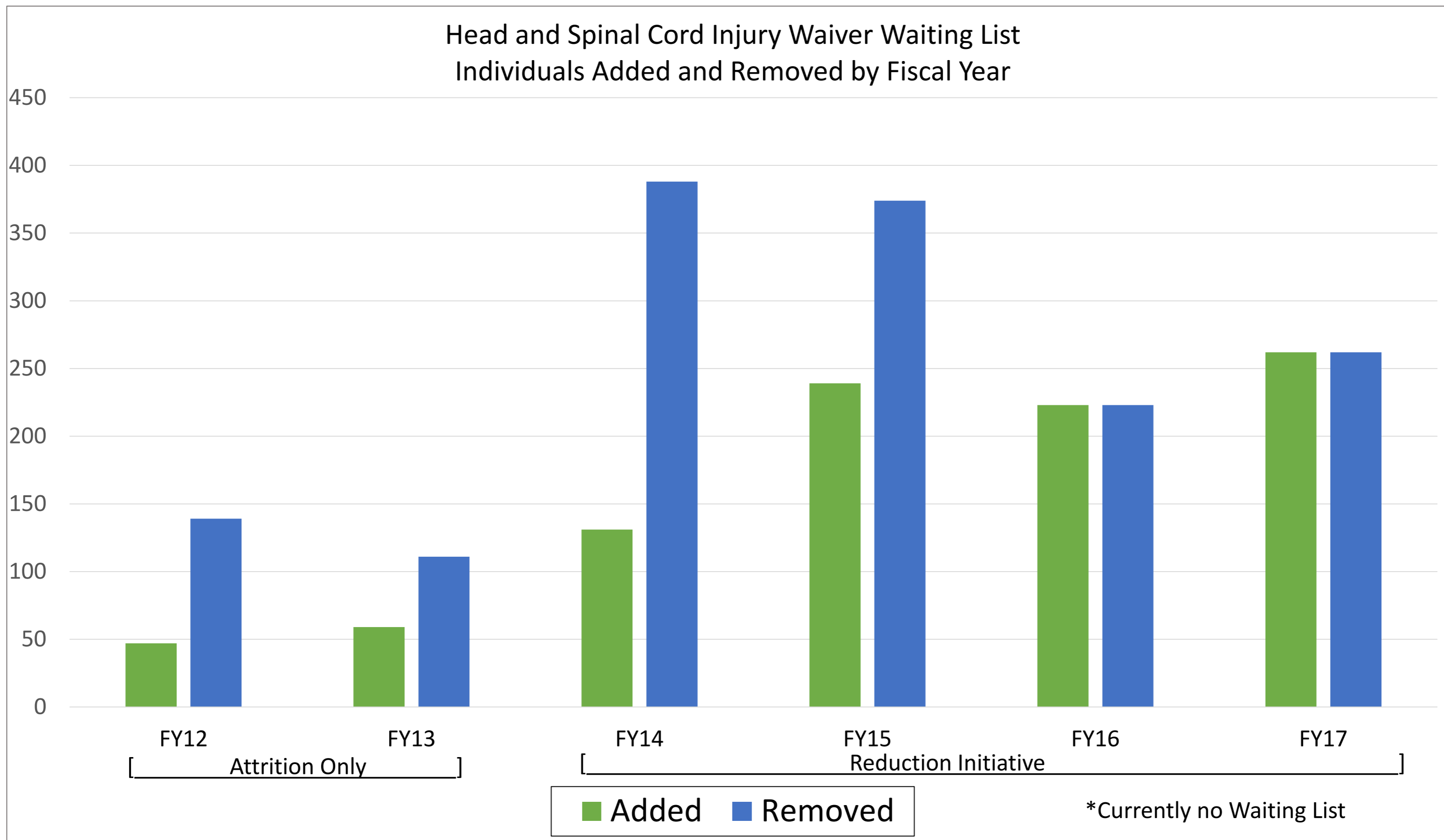
Community Supports Waiver Waiting List Individuals Added and Removed by Fiscal Year



*As of August 1, 2017

SC Department of Disabilities and Special Needs

Head and Spinal Cord Injury Waiver Waiting List Individuals Added and Removed by Fiscal Year



*As of August 1, 2017

SC Department of Disabilities and Special Needs
FY 2018 Monthly Financial Summary - Operating Funds
Month Ended: July 31, 2017

	<u>General Fund (Appropriations)</u>	<u>Medicaid Fund</u>	<u>Other Operating Funds</u>	<u>Federal and Restricted Funds</u>	<u>Total</u>
FY 2017 Unreserved Cash Brought Forward	\$ 947,655	\$ 2,500,725	\$ 4,288,046	\$ 6,586	\$ 7,743,012 ^{1,2}
<u>FY 2018 YTD Activity</u>					
<u>Receipts/Transfers</u>					
Revenue	\$ 248,996,245	\$ 30,225,324	\$ 641,895	\$ -	\$ 279,863,464
Interfund Transfers	\$ -	\$ -	\$ (2,225,000)	\$ -	\$ (2,225,000)
Total Receipts/Transfers	\$ 248,996,245	\$ 30,225,324	\$ (1,583,105)	\$ -	\$ 277,638,464
<u>Disbursements</u>					
Personal Services	\$ (4,085,225)	\$ (1,400,648)	\$ (3,843)	\$ (19,244)	\$ (5,508,960)
Fringe Benefits	\$ (2,145,219)	\$ (556,173)	\$ -	\$ (7,728)	\$ (2,709,120)
Other Operating Expense	\$ (30,539,152)	\$ (18,245,069)	\$ (287,118)	\$ (148,061)	\$ (49,219,400)
Capital Outlays	\$ -	\$ -	\$ -	\$ -	\$ -
Total Disbursements	\$ (36,769,596)	\$ (20,201,890)	\$ (290,961)	\$ (175,033)	\$ (57,437,480)
Outstanding Accounts Payable Balance	\$ (1,687)	\$ (64,422)	\$ (1,790)	\$ (5,370)	\$ (73,269)
Unreserved Cash Balance - 7/31/2017	\$ 213,172,617	\$ 12,459,737	\$ 2,412,190	\$ (173,817)	\$ 227,870,727

¹ \$5,000,000 of the total cash balance has been reserved for future Medicaid Settlements

² \$2,252,616 of the total cash balance has been reserved for PDD Carryforward

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1								
2	JGRANT	Status of Data 8/9/2017 01:46:55						
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15	Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance
16	ADMINISTRATION	\$ 7,883,999.00	\$ 0.00	\$ 7,883,999.00	\$ 459,081.24	\$ 7,424,917.76	\$ 1,279,565.64	\$ 6,145,352.12
17	PREVENTION PROGRAM	\$ 257,098.00	\$ 585,902.00	\$ 843,000.00	\$ 5,000.00	\$ 838,000.00	\$ 583,000.00	\$ 255,000.00
18	GREENWOOD GENETIC CENTER	\$ 11,858,376.00	\$ 0.00	\$ 11,858,376.00	\$ 1,912,728.00	\$ 9,945,648.00	\$ 9,295,648.00	\$ 650,000.00
19	CHILDREN'S SERVICES	\$ 14,859,525.00	\$ 2,391,436.00	\$ 17,250,961.00	\$ 1,191,929.24	\$ 16,059,031.76	\$ 33,813.00	\$ 16,025,218.76
20	BabyNet	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00		\$ 9,312,500.00		\$ 9,312,500.00
21	IN-HOME FAMILY SUPP	\$ 87,577,481.00	-\$ 8,487,050.00	\$ 79,090,431.00	\$ 2,040,847.03	\$ 77,049,583.97	\$ 32,244,407.55	\$ 44,805,176.42
22	ADULT DEV&SUPP EMPLO	\$ 70,022,008.00	\$ 9,679,896.00	\$ 79,701,904.00	\$ 9,962,475.82	\$ 69,739,428.18	\$ 227,748.98	\$ 69,511,679.20
23	SERVICE COORDINATION	\$ 22,707,610.00	\$ 48,530.00	\$ 22,756,140.00	\$ 3,039,994.42	\$ 19,716,145.58	\$ 1,374,945.96	\$ 18,341,199.62
24	AUTISM SUPP PRG	\$ 14,136,026.00	\$ 10,624,169.00	\$ 24,760,195.00	\$ 1,154,732.46	\$ 23,605,462.54	\$ 2,181,388.04	\$ 21,424,074.50
25	Pervasive Developmental Disorder (PDD) Program	\$ 9,780,880.00	\$ 0.00	\$ 9,780,880.00	\$ 37,617.59	\$ 9,743,262.41	\$ 1,749,731.16	\$ 7,993,531.25
26	HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 13,809.00	\$ 3,054,341.00	\$ 354,048.00	\$ 2,700,293.00	\$ 0.00	\$ 2,700,293.00
27	REG CTR RESIDENT PGM	\$ 79,396,018.00	-\$ 405,780.00	\$ 78,990,238.00	\$ 4,884,136.09	\$ 74,106,101.91	\$ 8,398,657.25	\$ 65,707,444.66
28	HD&SPIN CRD INJ FAM	\$ 27,758,987.00	\$ 408,490.00	\$ 28,167,477.00	\$ 851,488.17	\$ 27,315,988.83	\$ 11,034,389.27	\$ 16,281,599.56
29	AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 5,247,396.00	\$ 28,805,005.00	\$ 3,480,888.71	\$ 25,324,116.29	\$ 137,664.46	\$ 25,186,451.83
30	INTELL DISA COMM RES	\$ 333,536,387.00	-\$ 18,785,126.00	\$ 314,751,261.00	\$ 25,425,308.81	\$ 289,325,952.19	\$ 49,497,233.96	\$ 239,828,718.23
31	STATE EMPLOYER CONTR	\$ 32,089,541.00	\$ 0.00	\$ 32,089,541.00	\$ 2,709,119.13	\$ 29,380,421.87	\$ 0.00	\$ 29,380,421.87
32	DUAL EMPLOYMENT				\$ 1,354.18	-\$ 1,354.18		-\$ 1,354.18
33	Result	\$ 747,774,577.00	\$ 1,321,672.00	\$ 749,096,249.00	\$ 57,510,748.89	\$ 691,585,500.11	\$ 118,038,193.27	\$ 573,547,306.84

SC Department of Disabilities and Special Needs
FY 2017 Monthly Financial Summary of Open Projects - Capital Project Funds
Month Ended: June 30, 2017

<u>FY 2017 YTD Activity</u>	<u>FY 11-12</u>	<u>FY 12-13</u>	<u>FY 13-14</u>	<u>FY 14-15</u>	<u>FY 15-16</u>	<u>FY 16-17</u>	<u>TOTAL</u>
<i>Budgets Approved by Executive Budget Office/JBRC</i>	\$ 333,139	\$ 3,296,308	\$ 2,879,941	\$ 2,055,500	\$ 4,074,135	\$ 2,801,950	\$ 15,440,974
<i>Expenditures prior to FY 17</i>	\$ 133,955	\$ 2,989,870	\$ 735,510	\$ 267,613	\$ 19,268	\$ -	\$ 4,146,216
<i>FY 17 Expenditures</i>	\$ 33,019	\$ 44,721	\$ 518,221	\$ 258,676	\$ 875,648	\$ -	\$ 1,730,285 ¹
<i>Total Expenditures to date</i>	\$ 166,974	\$ 3,034,591	\$ 1,253,731	\$ 526,289	\$ 894,916	\$ -	\$ 5,876,501
<i>Balance remaining as of June30, 2017</i>	\$ 166,165	\$ 261,717	\$ 1,626,210	\$ 1,529,211	\$ 3,179,219	\$ 2,801,950	\$ 9,564,473

¹ An additional \$356,845 was expended on projects that were closed during FY 17 (that are not represented above) as the scope had been completed.

STATE BUDGET AND CONTROL BOARD
STATEWIDE PERMANENT IMPROVEMENTS REPORTING SYSTEM
PERMANENT IMPROVEMENT PROGRAM SUMMARY

08/01/17

AGENCY: J16
AGENCY NAME: DEPT OF DISABILITIES & SPECIAL NEEDS F

PROJECT NUMBER	PROJECT NAME	CURRENT APPROVED BUDGET	EXPENDITURES		BALANCE
			CURRENT FISCAL YEAR	TOTAL TO DATE	
9853	STATEWIDE-PAVING/ROADS SITEWORK	158,139.34	.00	80,392.05	77,747.29
9857	MIDLANDS CENTER - RENOVATIONS AND REPLACEMENTS	175,000.00	33,018.78	86,582.02	88,417.98
9863	CENTRAL OFFICE SAFETY/CODE/ENERGY REPAIRS	2,800,808.17	42,181.03	2,749,083.19	51,724.98
9864	STWD SITEWORK LIFECYCLE REPAIRS/IMPROVEMENTS	248,000.00	.00	147,672.08	100,327.92
9866	COASTAL CENTER - GYMNASIUM ROOF REPLACEMENT	247,500.00	2,540.00	137,835.50	109,664.50
9868	REGIONAL CTRS ENERGY MGMT CONTROLS SYST REPLACEMNT	245,000.00	164,128.80	165,268.80	79,731.20
9869	STATEWIDE - FIRE ALARM & HVAC EQUIP REPLACEMENT	249,938.30	66,068.86	75,021.86	174,916.44
9870	STATEWIDE - BUILDING ENVELOPE REPAIRS	240,000.00	79,071.73	153,755.25	86,244.75
9873	COASTAL - DRAINAGE/LANDSC/DOOR/WINDOW REPLACEMENTS	200,000.00	.00	4,620.00	195,380.00
9874	STATEWIDE - NETWORK INFRSTR/TELEPHONE SYST REPLACE	840,000.00	2,473.20	554,396.28	285,603.72
9875	WHITTEN - EIGHT DORMITORIES RENOVATIONS	163,760.63	.00	.00	163,760.63
9877	STATEWIDE-FIRE PROTECTION REPAIR/REPLACEMENT	249,000.00	51,576.13	83,268.93	165,731.07
9878	STATEWIDE-EMERGENCY GENERATORS	240,000.00	.00	13,812.43	226,187.57
9879	MIDLAND CTR CONSUMER LIFE IMPROVEMENTS PM	238,000.00	.00	1,980.00	236,020.00
9881	PEE DEE/SALEEY CTRS CONSUMER LIFE IMPROVEMENTS PM	214,242.21	154,902.48	201,607.44	12,634.77
9882	STATEWIDE-ACCESSIBLE BATH EQUIPMENT PHASE II	215,000.00	26,256.36	26,256.36	188,743.64
9884	COASTAL - CONSUMER LIFE IMPROVEMENTS PM	202,000.00	6,823.00	7,573.00	194,427.00
9885	WHITTEN CTR PREVENTIVE MAINTENANCE	326,500.18	1,392.00	1,392.00	325,108.18
9886	MIDLAND CENTER PREVENTIVE MAINTENANCE	390,000.00	120,685.90	387,521.93	2,478.07
9887	STATEWIDE FACILITIES PREV MAINT & LICENSE CONVERSI	400,000.00	91,595.59	91,595.59	308,404.41
9888	PEE DEE/SALEEY CTRS PREVENTIVE MAINTENANCE	522,000.00	11,950.08	11,950.08	510,049.92
9889	PEE DEE PECAN DORMS/SUPPORT BLDGS ROOF REPAIRS	350,000.00	285,473.75	290,721.25	59,278.75
9890	STATEWIDE - EMERGENCY GENERATORS	225,000.00	.00	.00	225,000.00
9891	COASTAL CTR HIGHLANDS 510 ROOF REPLACEMENT	273,900.00	228,399.07	236,900.00	37,000.00
9892	COASTAL CENTER - PREVENTIVE MAINTENANCE	249,000.00	112,745.90	112,745.90	136,254.10
9893	PEE DEE-WILLIAMSBURG DAY PROGRAM ADDITION	825,000.00	161,861.20	167,381.20	657,618.80
9894	WHITTEN-REGIONAL OFFICE BLDG/STAFF RESID DEMOLITIO	249,500.00	.00	.00	249,500.00
9895	WHITTEN-CONSUMER LIFE IMPROVEMENTS	248,000.00	.00	.00	248,000.00
9896	MIDLANDS-CAMPUS-WIDE PREVENTIVE MAINTENANCE	225,000.00	41,129.65	41,129.65	183,870.35
9897	PEE DEE/SALEEY CTRS-CAMPUS-WIDE PREV MAINTENANCE	240,000.00	1,800.00	1,800.00	238,200.00
9898	STATEWIDE COMMUNITY FACILITIES PREV MAINTENANCE	240,000.00	.00	.00	240,000.00
9899	COASTAL CTR-CAMPUS-WIDE PREVENTIVE MAINTENANCE	195,000.00	15,113.14	15,113.14	179,886.86
9900	COASTAL CTR-DENTAL CLINIC RENOVATIONS	3,735.00	.00	.00	3,735.00
9901	COASTAL CENTER ROOF REPAIRS	750,000.00	29,125.00	29,125.00	720,875.00
9902	STATEWIDE-COMMUNITY FACILITIES-PREVENTIVE MAINTENA	499,950.00	.00	.00	499,950.00
9903	WHITTEN CTR-CAMPUS-WIDE PREVENTIVE MAINTENANCE	247,500.00	.00	.00	247,500.00
9904	COASTAL CENTER-PREVENTIVE MAINTENANCE	200,000.00	.00	.00	200,000.00
9905	MIDLAND CENTER-PREVENTIVE MAINTENANCE	220,000.00	.00	.00	220,000.00
9906	PEE DEE/SALEEY CENTERS PREVENTIVE MAINTENANCE	245,000.00	.00	.00	245,000.00
9907	STATEWIDE-ACCESSIBLE BATHING/LIFTING EQUIPMENT	245,000.00	.00	.00	245,000.00
9908	STATEWIDE-REGIONAL CTRS-PREVENTIVE MAINTENANCE	240,000.00	.00	.00	240,000.00
9909	STATEWIDE-SITE INFRASTRUCTURE PREV MAINTENANCE	200,000.00	.00	.00	200,000.00
9910	WHITTEN CENTER-PREVENTIVE MAINTENANCE	200,000.00	.00	.00	200,000.00
9911	PEE DEE-SUMTER PROG PAVING,GRADING SITE IMPROVEMEN	240,000.00	.00	.00	240,000.00
9912	STWDE-ENERGY MGMT WIRELESS GATEWAY & WIRELESS CONT	245,000.00	.00	.00	245,000.00

GSP703NP

STATE BUDGET AND CONTROL BOARD
STATEWIDE PERMANENT IMPROVEMENTS REPORTING SYSTEM
PERMANENT IMPROVEMENT PROGRAM SUMMARY

08/01/17

AGENCY: J16

AGENCY NAME: DEPT OF DISABILITIES & SPECIAL NEEDS F

PROJECT NUMBER	PROJECT NAME	CURRENT APPROVED BUDGET	E X P E N D I T U R E S		BALANCE
			CURRENT FISCAL YEAR	TOTAL TO DATE	
9913	MIDLAND CENTER-ELECTRICAL POWER GRID CONVERSION	19,500.00	.00	.00	19,500.00
	AGENCY TOTAL	15,440,973.83	1,730,311.65	5,876,500.93	9,564,472.90

SCDDSN Incident Management Review Summary

[8/10/17]

ABUSE, NEGLECT, AND EXPLOITATION REPORTING

DDSN has a comprehensive system for collecting data related to abuse, neglect exploitation or other critical incidents. This review covers reporting within the appropriate time frames, completion of internal reviews, and a review of the provider's management action taken, staff training, risk management and quality assurance activities to provide safeguards for the consumers.

- DDSN follows the procedures for reporting allegations of Abuse, Neglect, and Exploitation according to the procedures outlined in the SC Code of Law for Adult/ Child Protective services and the Omnibus Adult Protection Act. The agency also has a system to capture reports of other critical incidents that do not meet the definitions of an abuse, neglect or exploitation allegation.
- Per 534-02-DD, for all allegations of abuse, neglect or exploitation, the alleged perpetrator must be immediately placed on Administrative Leave Without Pay. Based on the outcome of the internal review for improper conduct and any policy or procedural violations, the provider agency may take appropriate disciplinary action consistent with their human resource policies. Allegations substantiated by SLED, Local Law Enforcement or DSS must result in termination of the employee.

DDSN Review

DDSN has staff dedicated to the review of statewide incident management data. All reports are reviewed for completeness and consistency and to ensure appropriate disciplinary actions, recommendations for training and additional quality management actions to prevent recurrence. Staff ensure reporting procedures are consistent with DDSN policy. Reports are also tracked for various details, including the number of reports, by type, for each provider and other characteristics.

Examples of provider training recommendations and/ QM efforts include the following:

- ✓ Increased staffing to support consumers in day or residential locations or on community outings
 - ✓ Development of new/revised policies
 - ✓ Additional/ refresher MANDT or crisis intervention training for staff
 - ✓ Sensitivity training
 - ✓ Appropriate use of restraints
 - ✓ Rights/ due process
 - ✓ Sign language
 - ✓ Revision of supervision plans/ behavior support
- Evaluation of assistive technology

Tracking and Trending Data

DDSN tracks, trends, and analyzes all Incident Management data through statewide and provider-level profile reports. These reports provide raw data with regard to the number of reports made and cases substantiated and also gives a rate per 100 ratio. As an additional measure, the reports breakdown the types of abuse cases within the provider agency and the number of each type of report. A listing of the top four types of reports for the provider and the state as a whole is given for additional comparison. The rate per 100 information is especially useful in providing a comparative analysis among agencies.

- Over the past 5 years, the number of statewide ANE Allegations per 100 individuals in residential services has remained at or under 11.5. The rate was 11.2 for FY17.
- The rate of substantiated abuse per 100 individuals in residential services remains under .25. For FY17, the rate per 100 is 0.17.
- The number of ANE Allegations per 100 individuals in day services remains low. For FY16, the rate was .72. For FY17, the rate per 100 is 0.94. Two cases have been substantiated each year.

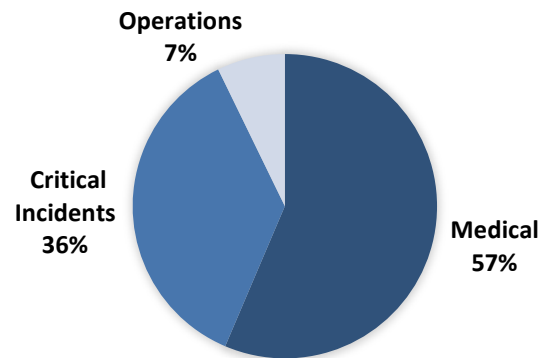
CRITICAL INCIDENT REPORTING

A Critical Incident is defined as an unusual, unfavorable occurrence that is not consistent with routine operations; has harmful or otherwise negative effects involving people with disabilities, employees, or property; and occurs during the direct provision of DDSN service.

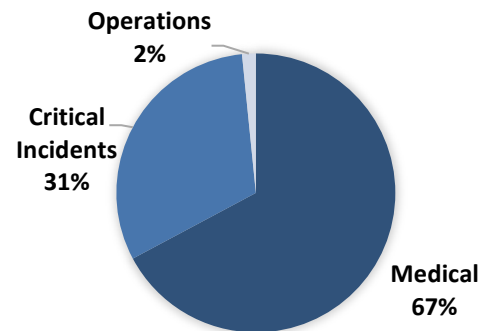
It is also important to remember that Critical Incident numbers are not unduplicated numbers. Critical Incident categories are selected by the reporter and more than one category may be selected for an incident. For example, a van accident would be reported under Motor Vehicle Accidents, but it may also involve injuries and possibly Major Medical. Aggression between 2 consumers may result in Law Enforcement involvement and a report of injuries. With the continued implementation of Therap, DDSN will consider documentation requirements for different types of incidents.

- Statewide, about 15 – 20% of our service population will have a critical Incident of some type each year. The numbers are higher for the Regional Centers due to the medically complex needs and/or behavioral challenges presented by some residents.
- For the past two years, approximately 50% of all critical incidents were related to major medical or hospitalization related reports. This trend continues in FY17 (57%), as DDSN distinguishes medical events from other types of critical incident reports. In the Regional Centers, medical events make up 67% of Critical Incident Reports.
 - The majority of incidents reported to DDSN are for medical issues, accidents, and injuries. Major medical incidents have been steadily increasing, but this is largely impacted by our agency's aging population and increasing medical needs. DDSN will change the reporting process for these incidents in October 2017.
 - There have been more people admitted to the hospital for flu, pneumonia or other respiratory infections, an increase in consumers receiving Hospice care in their DDSN home as opposed to a nursing home, and other medical conditions typically associated with older adults.

FY17 CRITICAL INCIDENTS BY TYPE IN COMMUNITY SETTINGS



FY17 CRITICAL INCIDENTS BY TYPE- REGIONAL CENTERS



Beginning in October 2017, DDSN providers will begin using Therap as their source for documenting consumer events. Rather than using paper logs to communicate unusual or significant events, staff will use Therap to create an electronic record that can be shared simultaneously with provider management staff, nursing, or others who may need to know, such as the person's case manager. DDSN has created a matrix to guide providers in their reporting process to determine which events will continue to require a Critical Incident Report or which events will be maintained in Therap. It is expected that the overall number of Critical Incident Reports will be reduced by approximately 50%. Providers will also have enhanced reporting options for their internal risk management functions to better monitor consumer progress, repeat incidents, and system-wide issues.

SCDDSN Incident Management Report for FY17

(Community Residential, Day Service, and Regional Centers) Thru 6/30/17

Allegations of Abuse/Neglect/Exploitation

Community Residential	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
# of ANE Allegations	30	54	50	39	36	38	43	51	49	27	50	59
# ANE Allegations Substantiated	0	0	1	0	0	1	4	0	0	1	0	1
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	3	10	8	12	1	5	8	8	6	2	5	4
Day Services	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
# of ANE Allegations	10	7	6	4	8	3	3	24	5	0	4	3
# ANE Allegations Substantiated	0	0	0	0	0	1	0	0	0	0	0	0
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	1	3	5	0	1	2	1	0	0	0	1	1
Regional Centers	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
# of ANE Allegations	13	8	17	13	11	10	24	18	13	5	11	3
# ANE Allegations Substantiated	0	0	1	0	0	0	0	0	1	0	0	0
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	1	0	3	5	0	3	3	1	1	0	0	1

Death Reporting

	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
# of Deaths Reported- Community Residential	5	7	10	9	6	3	3	6	10	6	5	8
# of Deaths Reported- Regional Centers	0	3	1	1	4	4	1	0	5	1	2	2

Critical Incident Reporting

	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
# of Reports for Critical Incidents in community-based residential programs	136	106	123	131	109	118	134	145	127	139	157	149
# of Reports for Critical Incidents in Day Service Settings	31	22	13	18	10	14	8	14	9	11	19	24
# of Critical Incidents Reported by other service areas	23	12	6	14	25	8	7	0	1	8	5	7
# of total Incidents reported	190	140	142	163	144	140	149	159	137	158	181	180
Medical Events reported to DDSN through Critical Incidents	106 (56%)	83 (60%)	94 (66%)	93 (57%)	94 (65%)	99 (71%)	105 (70%)	108 (68%)	78 (58%)	99 (62%)	118 (65%)	110 (61%)
Behavioral Incidents	63 (33%)	45 (32%)	37 (26%)	51 (31%)	37 (26%)	27 (19%)	40 (27%)	41 (26%)	42 (30%)	48 (30%)	42 (23%)	54 (30%)
Operations related Incidents	21 (11%)	12 (8%)	11 (8%)	19 (12%)	13 (9%)	14 (10%)	4 (3%)	10 (6%)	17 (12%)	11 (7%)	21 (12%)	16 (8%)
# of Critical Incidents Reported- Regional Centers	33	25	30	26	30	30	26	20	32	25	28	18
Medical Events at Regional Centers reported to DDSN through the Critical Incident Reporting Process.	24 (73%)	18 (72%)	24 (80%)	19 (73%)	27 (90%)	28 (93%)	21 (81%)	19 (99.5%)	22 (69%)	19 (76%)	25 (89%)	17 (94%)
Behavioral Incidents	8 (24%)	5 (20%)	6 (20%)	5 (19%)	2 (7%)	2 (7%)	5 (19%)	1 (.5%)	10 (31%)	4 (16%)	3 (11%)	1 (6%)
Operations related Incidents	1 (3%)	2 (8%)	0	2 (8%)	1 (3%)	0	0	0	0	2 (8%)	0	0

** Critical Incidents reflected in this chart include events that involve all aspects of DDSN Service, including those outside of Residential and Day Services. Not all incidents reported include consumers.

SCDDSN Incident Management Report 5 year trend data
(Community Residential, Day Service, and Regional Centers) Thru 6/30/17

Allegations of Abuse/Neglect/Exploitation

Community Residential	2013	2014	2015	2016	2017
# of ANE Allegations	492	383	437	459	526
Rate per 100	11.5	8.8	9.9	10.0	11.2
# ANE Allegations Substantiated	1	12	7	7	8
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	92 (Day & Res.)	65	74	65	72
Day Services	2013	2014	2015	2016	2017
# of ANE Allegations	61	73	65	58	77
Rate per 100	0.82	0.97	0.84	0.72	0.94
# ANE Allegations Substantiated	2	4	4	1	1
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	92 (Day & Res.)	14	9	17	15
Regional Centers	2013	2014	2015	2016	2017
# of ANE Allegations	111	167	102	110	146
Rate per 100	13.6	22.1	13.5	15.4	20.8
# ANE Allegations Substantiated	1	0	0	2	2
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	21	17	16	24	18
Critical Incident Reporting	2013	2014	2015	2016	2017
# of Reports for Critical Incidents for participants in Community Day & Residential Settings including medical events and business-operations events that require follow-up. *	1338	1277	1385	1666	1883
Rate per 100	16.9	15.8	16.8	19.2	21.1
# of Reports for Critical Incidents for participants in Regional Centers, including medical events and business-operations events that require follow-up. *	248	224	241	287	323
Rate per 100	31.2	29.6	32	40	45.9
Death Reporting	2013	2014	2015	2016	2017
# of Deaths Reported- Community Settings	68	59	65	63	78
Rate per 100	1.6	1.4	1.8	1.4	1.6
# of Deaths Reported- Regional Centers	20	31	31	26	24
Rate per 100	2.5	4.0	4.1	3.6	3.4

*Critical Incident numbers in this chart reflect events that directly affect DDSN consumers.
 Not all incidents currently reported as a critical incident include consumers.

FY17 Community Residential- Disposition of Allegations

Case Closed	107	20.3%
Continues under investigation	120	22.8%
Substantiated	8	1.5%
Unsubstantiated	101	19.2%
Standard of Care Verified (Perpetrator Known)	83	15.8%
Standard of Care Verified (Perpetrator Unknown)	45	8.6%
Standard of Care Not Verified	62	11.8%

FY17 Day Services- Disposition of Allegations

Case Closed	26	33.8%
Continues under investigation	30	38.9%
Substantiated	1	1.3%
Unsubstantiated	14	18.2%
Standard of Care Verified (Perpetrator Known)	4	5.2%
Standard of Care Verified (Perpetrator Unknown)	0	0.0%
Standard of Care Not Verified	2	2.6%

FY17 Regional Centers- Disposition of Allegations

Case Closed	29	19.9%
Continues under investigation	26	17.8%
Substantiated	2	1.4%
Unsubstantiated	54	37.0%
Standard of Care Verified (Perpetrator Known)	5	3.4%
Standard of Care Verified (Perpetrator Unknown)	16	10.9%
Standard of Care Not Verified	14	9.6%

ANE Investigations and Disposition

Status

All allegations of ANE for consumers in residential services must be reported to SLED. SLED may vet allegations that appear to be criminal in nature to law enforcement. SLED will vet allegations that appear to be a Standard of Care violation (non-criminal) to the State Long Term Care Ombudsman (SLTCOP) for investigation. DSS will investigate allegations in the community or involving children. DSS also investigates most allegations in day programs, although some may be investigated by law enforcement.

The State Long Term Care Ombudsman may “verify” an allegation of Standard of Care, but according to their Federal terminology, they do not “substantiate.” It is also important to note that there is no due process for a verified Standard of Care allegation.

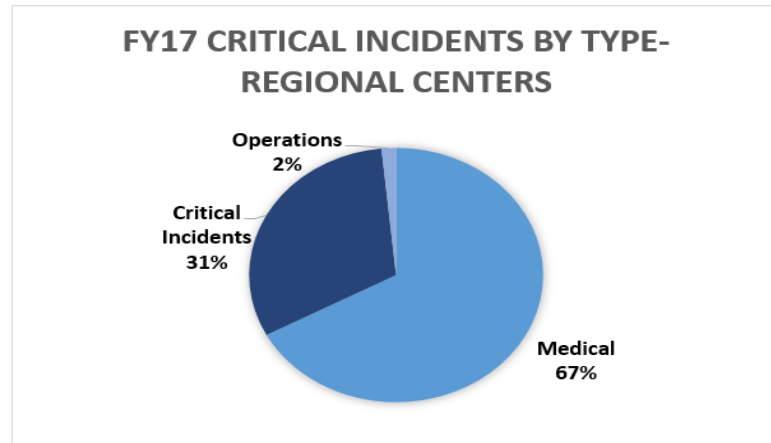
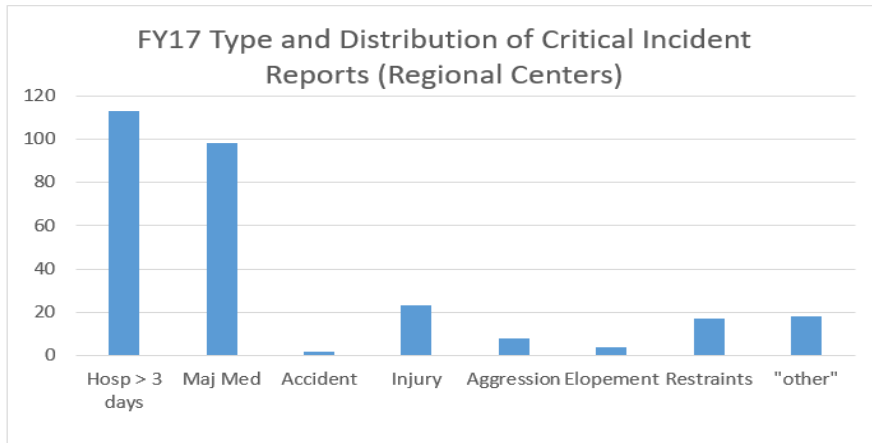
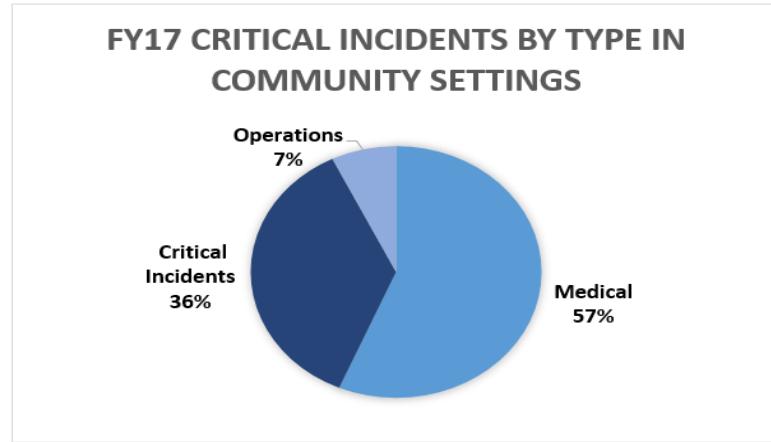
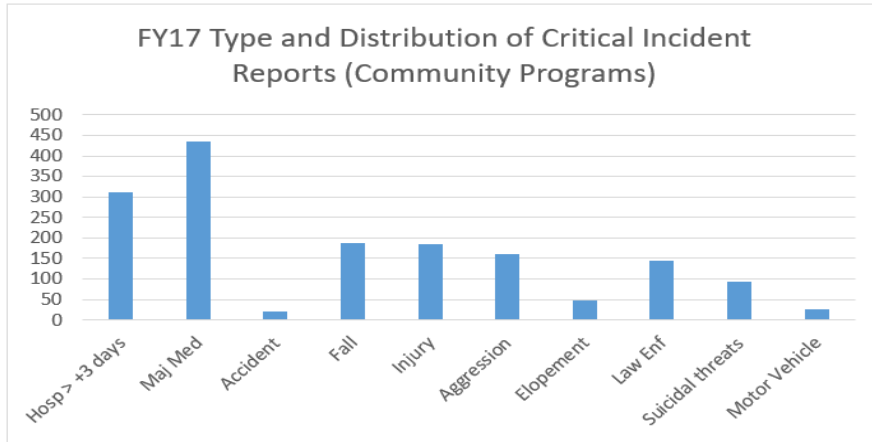
Within the DDSN network, Standard of Care violations typically result from the following: hygiene concerns (odor, soiled clothing, incontinence, nails, or oral care), safety issues (Improper transferring/handling, symptoms unattended, or assistive devices not used or maintained correctly, dietary concerns are not properly addressed (nutrition and hydration), and environmental safety (building, equipment, furnishings, or lighting). choice/rights issues, including respect, privacy, and access are also common within the allegations of ANE. SLED vets these types of allegations to the State Long Term Care Ombudsman for investigation. If the SLTCOP investigator finds there may be a criminal element to the allegation, then SLED will vet to law enforcement.

Injuries of Unknown Origin must be reported to SLED and are typically vetted to the State Long Term Care Ombudsman for investigation. Most injuries of unknown origin result in a Verified Standard of Care violation-Perpetrator Unknown. The SLTCOP investigation is able to verify that a bruise is present, but often there is no way to determine how the bruise occurred during the normal routine of daily care. Often, the person may have medications that cause them to bruise easily of they may have

South Carolina Department of Disabilities & Special Needs

FY17 Critical Incident Reporting Distribution

Reporting through 6/30/17



South Carolina Department of Disabilities and Special Needs
 FY 2017-2018 Spending Plan - Draft for Approval by the DDSN Commission August 17, 2017

Financial Projections for Fiscal Year 2018	Description	Base Expenditures as of July 1, 2017 (Total Funds)	Commitments after July 1, 2017 (Total Funds)
Base Expenditures*:			
Agency Budget for Community Contracts	FY 18 Community Contracts - Approved by DDSN Commission June 22, 2017	\$535,809,823	
Regional Centers/Community Program Services		\$106,328,014	
Administration		\$8,947,863	
Subtotal		\$651,085,700	
* Base expenditures do not include system wide employer benefit increases or expansion funding.			
Service Development			
Residential Services:			
Movement of Individuals from Regional Centers	Community Residential Placements Resulting from Regional Center Movements	\$0	
Statewide Initiatives:			
Personal Services and Employer Fringe Benefits Increase			
System Wide Increase	Direct Support Professional \$.89 per hour Increase & Employer Contributions Increase*		\$25,292,428
Capital Needs			
1. Capital Development/Infrastructure	Required Maintenance, Health/Safety Upgrades, Increase Capacity, Technology Needs	\$3,247,510	
2. System Wide State Facilities	Capital Projects Debt Service Expenditures	\$2,100,000	
Projected Expenditures for Funding		\$656,433,210	\$25,292,428
Total			\$681,725,638
* Employer Contributions Increase is estimated as final amounts have not been given to State agencies at time of publication.			

South Carolina Department of Disabilities and Special Needs			
Financial Projections for Fiscal Year 2018			
FY 2018 Revenue			
Revenue Sources		FY 2018 Base	Percentage of Revenue
State Appropriated Funds	1, 2	\$248,996,245	36.44%
State Allocation for Employer Share of Retirement and Health Insurance Increase (Estimated)		\$2,043,661	0.30%
State Carry Forward Funds		\$947,655	0.14%
State Carry Forward Funds - PDD Program	2	\$2,252,616	0.33%
Other Carry Forward Funds		\$3,560,511	0.52%
Federal Funds		\$340,000	0.05%
Federal Funds - FEMA Generator Project		\$1,321,672	0.19%
Medicaid Revenue		\$417,165,662	61.05%
Education Improvement Act (EIA) Funds		\$548,653	0.08%
Other Earnings		\$803,204	0.12%
Debt Service Funds		\$5,347,510	0.78%
Total Projected Revenue		\$683,327,389	100.00%
Notes:			
1 - BabyNet related funds/authorization may be transferred to DHHS during FY 18. \$3.725M (State) plus \$5.587M (Medicaid)			
2 - Up to \$3.2M PDD State Funds will be transferred to DHHS during FY 18. Additionally, carry forward funding from FY 17 net of obligations will be transferred to DHHS.			

South Carolina Department of Disabilities and Special Needs
 Estimated One-time State Funds Available to the Agency and Proposed Utilization
 For DDSN Commission Approval August 2017

FY 2017 Carry Forward State Funds Available One-time	<u>\$947,655</u>
Estimated One-time Funds:	
Recurring Appropriations Available One-time in FY 2018 due to Timing of Individuals Enrolling into Ongoing Services	\$300,000
Recovery of Funds Associated with Self-Directed Care Options	\$2,067,222
Total	<u>\$2,367,222</u>
Proposed One-time Expenditures:	
Reconciliation of Medicaid Obligations	\$2,000,000
Intake Process	\$540,000
Additional Funding to Increase Access to Respite	\$70,000
Equipment and Training Assistance for Service Providers for use with Therap	\$100,000
Subtotal	\$2,710,000
<i>Estimated Balance of One-time Funds Available</i>	<u>\$604,877</u>

South Carolina Department of Disabilities and Special Needs
 FY 2018 – 2019 Budget Request Items In Priority Order (Without Narrative)
 Approved by the Commission on 8/17/2017 Based On 8/16/17 Commission Work Session

Program Need – Recurring Funds		Budget Request for FY 2018-2019	New Services By Individual Based on FY 2019 Request
1	Safety and Quality of Care/Workforce Needs.	\$11,300,000 <hr/> Increase Hiring Wage \$10M Compression & Retention \$1.3M	Statewide <hr/>
2	Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists.	\$9,500,000 <hr/> In-Home Supports \$4.5M Added Waiver Services \$700K Targeted Residential/Aging Caregivers \$2.3M Targeted Residential/High Management \$2M	Statewide <hr/> 950 ID/RD/ASD 50 HASCI Statewide 100 Beds 45-50 Beds

South Carolina Department of Disabilities and Special Needs
 FY 2018 – 2019 Budget Request Items In Priority Order (Without Narrative)
 Approved by the Commission on 8/17/2017 Based On 8/16/17 Commission Work Session

Program Need – Recurring Funds		Budget Request for FY 2018-2019	New Services By Individual Based on FY 2019 Request
3	Psychiatric Intervention and Stabilization for Individuals. (Narrative will include tele-health)	\$1,800,000	Statewide
		Psychiatric and Behavioral Supports \$900K	Statewide
		Temporary Residential \$400K	4 Beds
		TBI Inpatient \$500K	3 to 4
4	Ensure Compliance with CMS New Final Rule Regulations.	\$6,700,000	Statewide
		Individualized Employment/Day Supports \$5.1M	600-625
		CMS Requirements \$1.6M	Statewide
5	Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care.	\$1,200,000	25-28
6	Community ICF/IID Provider Rate Increase.	\$1,500,000	Statewide

South Carolina Department of Disabilities and Special Needs
 FY 2018 – 2019 Budget Request Items In Priority Order (Without Narrative)
 Approved by the Commission on 8/17/2017 Based On 8/16/17 Commission Work Session

Program Need – Recurring Funds		Budget Request for FY 2018-2019	New Services By Individual Based on FY 2019 Request
7	Strengthen Provider Support, Oversight and System Changes.	\$1,650,000	Statewide
		Intake \$1.2M Training \$200K Provider Oversight \$250K	
8	Assure Statewide Access to Genetic Services.	\$500,000	Statewide
9	Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries.	\$500,000	8-10
TOTAL		\$34,650,000	

Program Need – Non-Recurring Funds		Budget Request for FY 2018-2019	New Services By Individual Based on FY 2019 Request
1	Vehicle and Building Maintenance	\$5,000,000	Community and Regional Centers Statewide

Budget Request Forum Results Summary

Date of Report: 08/14/2017

DDSN held five budget request input forums from 4:30-6:30 PM in Columbia, Charleston, Greenville, Aiken and Florence. The meetings offered individuals an opportunity to provide input on what issues or needs should be included in DDSN's FY 2019 budget request to the Governor and General Assembly. Additionally, the FY 2018 budget request was reviewed and input was sought about the continued need of those priority items.

Across the 5 regional forums, 79 individuals attended and 43 individuals provided input specific to the budget request. The results are summarized below by categories and by the number of individuals speaking on each need raised.

INCREASE WAGES

- Direct Support Professional wage increase – 25 people
- Middle management (example: House Manager), and other staff pay increase (administrative support, or Case Managers or Early Interventionists) – 14 people
- Staffing schedule alternatives, professional staff working off hours – different pay scale – 3 people
- Increase for Personal Care Aids – 1 person
- Increase for Respite Caregivers – 1 person

EMPLOYMENT SUPPORTS

- Increased funding for employment support services– 9 people
- Increased funding for transportation costs – 4 people

VEHICLE AND BUILDING MAINTANCE

- One time funds for homes, day programs, and vehicle maintenance (community and regional centers) – 11 people

COMPLIANCE WITH HCBS FINAL RULE TO INCREASE COMMUNITY INTEGRATION AND INDEPENDENCE

- Expansion or relocation of homes to be compliant with setting requirements in the rule – 7 people
- Additional waiver services to maintain Independence – 1 person

TRAINING

- Increased training for provider staff – 5 people
- Creating a career ladder for DSPs to assist with retention – 3 people
- Funding for advocacy organizations to do more training with community partners/families/providers – 1 person

RESIDENTIAL EXPANSION

- Funding for additional homes (critical needs, aging caregivers, medically complex, and behavioral needs) – 6 people

ICF/IID COMMUNITY RATE

- Funds for increase in ICF/IID community rates – 6 people

OTHER ITEMS MENTIONED

- Waiting list reduction efforts – 1 person
- Funding for Post-Acute Rehabilitation – 1 person
- Transportation for those without jobs – 1 person
- Increased home and vehicle modification financial caps in the waivers – 1 person
- Increased funding for ASD State Plan Services – 2 people advocated for this but understood was not part of DDSN budget

Table on the following page illustrates the above results in rank ordered quantity of comments received.

REVIEW OF FISCAL YEAR 2017/2018

At these meetings DDSN staff also reviewed FY 2017/2018 agency budget request priorities with attendees. Without exception, everyone agreed that the budget request items of last year remain a priority for this budget request cycle this year. No attendees suggested a change in specific ranking of the budget request items reviewed from FY 2017/2018.

FY 2019 Budget Request Forum Public Input Results by Rank Order

Topics from Public Input	Rank Ordered Quantity of Comments
Direct Support Professional Wage Increase	25
Middle Management and Other Staff Pay Increase	14
One-Time Funds for Homes, Day Programs and Vehicle Maintenance (Regional Center and Community)	11
Employment First - Employment Supports and Transition (Staffing and Transportation)	9
Compliant with HCBS Final Rule Setting requirements (Expansion or Relocation of Homes)	7
Funding for Additional Homes (Critical needs, Aging caregivers, Medically Complex and Behavioral Needs)	6
Funds for Increase in ICF/IID Community Rates	6
Increased Training for Provider Staff	5
Increased Funding for Employment Transportation Costs	4
Staffing Schedule Alternatives, Professional Staff Working Second Shift-Different Pay Scale	3
Creating a Career Ladder for DSPs to Assist with Retention	3
Increased Funding for ASD State Plan Services	2
Waiting List Reduction Efforts	1
Funding for Advocacy Organizations to Do More Training With Community Partners/Families/Providers	1
Funding for Post-Acute Rehabilitation Services	1
Increase to the Home and Vehicle Modification Financial Caps in the Waivers	1
Increase for Personal Care Aids	1
Increase for Respite Caregivers	1
Transportation for Those Without Jobs	1
Additional Waiver Services to Maintain Independence	1



SOUTH CAROLINA HUMAN
SERVICE PROVIDERS ASSOCIATION

August 2, 2017

Dr. Beverly Buscemi
SCDDSN
3440 Harden Street Extension
Columbia, SC 29203

Dear Dr Buscemi:

The South Carolina Human Services Association met yesterday to discuss the budget priorities for the fiscal year 2017-2018. The following is a list outlining the priorities as voted upon at the meeting.

1. Increase in wages and benefits for direct support to include compression pay for middle management, case managers and Early Interventionists.
2. Expansion and adequate resource for new services to address the critical waiting list, aging caregivers, individuals with medically complex needs and individuals with complex behavioral needs.
3. Infusion of funding to support employment first initiatives to include staffing and transportation resources.
4. Expansion of services to address compliance with the CMS Final Rule to include capital funding for mandated initiatives.

Should you have questions or need additional clarification on these priorities, please feel free to reach and for further discussion.

Sincerely,

Susan L. John
Chair of SCHSP

SLJ;slj

Deborah McPherson

DDSN Stakeholder Forum, Columbia, SC – July 27, 2017

Each year DDSN has told the General Assembly that more money is needed for residential services, specifically for individuals living with aging caregivers. In response, legislators have allocated monies, only to have the money used for other purposes.

DDSN set aside \$5 million dollars from its FY16 remaining funds for Medicaid settlements that have not been used and could have been matched to provide \$11.5 million in federal dollars. Staff estimated last week that \$4.9 million may be remaining from FY17 funds, which may result in a loss of another \$11.4 million in federal dollars. Over 8,300 people are on the waiting lists. Why are additional people not being served on the waiting lists from these carryover funds?

As Albert Einstein said, **“Insanity is doing the same thing over and over again and expecting different results.”** As a taxpayer, I am reluctant to recommend that the General Assembly appropriate additional funding next fiscal year to address my top priorities for the needs of aging caregivers and the growing waiting lists if the response from DDSN is to take the funds and use it for other purposes. I am also concerned that providers are still unable to bill Medicaid directly in violation of the Medicaid Act.

My recommendation regarding funding are as follows:

1. Should providers continue to not be able to directly bill Medicaid, then the General Assembly should appropriate any matching funds for Medicaid services to DHHS, rather than DDSN. Direct Medicaid billing would likely result in additional funds at the local level, as well as greater transparency to SC's taxpayers.
2. Restrict the use of any carryover funds to address the waiting lists.
3. Address the critical needs of people with disabilities on the waiting lists by surveying the families of these individuals to find out, if exceptions were made to the waiver caps, what services would be needed for the family to continue to serve their family member with a disability at home. Funds received from the General Assembly to address the waiting list should be used first to pay for the additional in-home supports needed in order to avoid out of home residential placements.
4. Provide information to the DSN providers regarding the needs of those in the high management homes statewide, the funding they are currently receiving, the county where their family members live, etc. to find out if DSN providers were guaranteed the same level of funding and supports as received by the individual's current high management provider would they be willing to serve these individuals. If so, provide this information as an option to the individual with a disability and his/her family and let them make their choice of provider.
5. Increase the hiring wages of direct care staff by \$1.00 per hour in order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers.

6. Review DDSN's administrative rate for community ICF/IDs, which may be as high as 30%, to determine whether this rate needs to be adjusted so that funding for other residential placements are not negatively impacted. This concern would likely be addressed through direct Medicaid provider billing.
7. Given the CMS Final Rule, no additional funds should be appropriated for day programs buildings until the CMS assessments have been completed and its findings reviewed by the Commission. Consideration should be given by providers to operate two shifts to be more flexible to the needs of individuals with disabilities and their families.

Delaney, Sandra

From: Ed Emmer <edjames1963@gmail.com>
Sent: Friday, July 28, 2017 5:46 PM
To: Budget Request
Subject: DDSN budget request comments for Ms Buscemi

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

My name is Ellen L. Emmer, I am the Mother and Guardian of a mentally challenged adult, my son, Peter J. Emmer.

I would like to request that funds for the following services remain in the budget.

1. United Cerebral Palsy day care program
2. Personal Care Aide services
3. Companion Services

Thank You For your Consideration,
Ellen L. Emmer,
Mother and Guardian

Please feel free to call me at 803-356-0181 if you have any questions.

**South Carolina Department of Disabilities and Special Needs
 FY 2017 – 2018 Budget Request In Priority Order
 Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017**

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
1	<p>Safety and Quality of Care/Workforce Needs. Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers. This request has three components:</p> <p>(1) Increase the hiring wage for direct care staff and immediate supervisors. Direct care wages are no longer competitive. An increased hiring wage of \$12.00 to \$13.00 per hour is needed to be highly competitive. This request supports moving toward that goal by increasing the hiring wages to \$11.00 per hour, an 8.8 percent increase from \$10.11 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases. In the last year, large private companies, like Walmart and McDonald’s, have raised their hiring pay rate to remain competitive.</p> <p>(2) Retain essential 24/7 nursing and direct care staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.</p> <p>NOTE: Commission Approved on 01/19/17 to remove DOL portion of the request. This is no longer needed as the new DOL requirements are now under a court ordered injunction. Commission approval reduced priority # 1 request and DDSN’s total budget request by \$1.5 M.</p> <p>(3) Comply with new overtime regulations imposed by the federal Department of Labor. The federal Department of Labor has imposed a new regulation scheduled to become effective during FY 2017. This regulation dramatically changes the overtime exception raising it from employees earning \$23,660 or less to employees earning \$47,476 or less. All DDSN regional centers and community providers will be required to change which staff are exempt and which staff must be paid overtime. This new requirement will result in a significant increase in workforce costs. New recurring funds are necessary to cover the increased personnel cost.</p>	<p>\$10,000,000</p> <p>\$11,500,000</p> <hr style="width: 100%;"/> <p>Increase Hiring Wage \$9M</p> <p>Compression & Retention \$1M</p> <p>Dept. Of Labor \$1.5M</p>	<p>Statewide</p> <hr style="width: 100%;"/>

South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
2	<p>Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists. This request has two components:</p> <p>(1) The first will provide approximately 950 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 6,400 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.</p> <p>(2) The second component of this request will provide necessary residential supports and services for approximately 100 individuals who are living at home with caregivers aged 72 and over. Providing services now prevents waiting until the family is in crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are over 1,200 individuals with severe disabilities being cared for by parents aged 72 and over. Over 500 of these caregivers are 80 years old or older. This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request would be an expansion of DDSN's current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals.</p>	<p>\$6,400,000</p> <hr/> <p>In-Home Supports \$4.3M</p> <p>Targeted Residential/Aging Caregivers \$2.1M</p>	<p>Statewide</p> <hr/> <p>950</p> <p>100 Beds</p>
3	<p>Crisis Intervention and Stabilization for Individuals.</p> <p>(1) This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings.</p> <p>(2) Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. This request also includes increased access to psychiatric support for individuals receiving community services and support.</p> <p>(3) Funds are requested to develop approximately 50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual cost of providing a very high level of supports required for individuals with aggressive and extremely challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others. The number of providers willing to serve them is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders.</p>	<p>\$3,800,000</p> <hr/> <p>Regional Team \$750K</p> <p>Temporary Residential \$400K</p> <p>TBI Inpatient \$500K</p> <p>Psychiatric Support \$150K</p> <p>Residential \$2M</p>	<p>Statewide</p> <hr/> <p>1 Team</p> <p>4 Beds</p> <p>3 to 4</p> <p>Statewide</p> <p>50 Beds</p>

South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017

	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
<p>4 Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care. The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The new Final Rule issued by Centers for Medicare & Medicaid Services requires states to provide services in less restrictive, more inclusive, community settings. This request represents the state's need to boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings while maintaining quality care. These funds will allow approximately 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations. Funds will be used to purchase and develop community residential settings, day services and provide necessary supports.</p>	\$1,200,000	28
<p>5 Community ICF/IID Provider Rate Increase. These funds will be used to cover the increased cost of providing consumer care in Community ICF/IID settings. Service funding rates must be sufficient to cover the cost of care or the local community providers will not be able to continue to provide the service. Services include nursing, supervision, medical specialists, medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these more intensive supports. Funding for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services are maintained. Funding this request will ensure compliance with current federal regulations. This request will provide sufficient funding as a maintenance of effort to the providers of community ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, the providers will have to serve fewer people.</p>	\$1,500,000	Statewide
<p>6 Strengthen Provider Support, Oversight and System Changes.</p> <p>(1) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization will offer individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction.</p> <p>(2) This request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be provided directly by DDSN staff, national subject matter experts would be brought in and provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training.</p> <p>(3) The third component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance.</p>	\$1,650,000 <hr style="width: 20%; margin: auto;"/> Intake \$1.2M Training \$200K Provider Oversight \$250K	Statewide

South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
7	Assure Statewide Access to Genetic Services. Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center. This request will assure that all babies identified to have a genetic metabolic disease through newborn screening will receive prompt curative treatment. Both the number of infants referred for treatment and the number of infants underserved has increased which has resulted in the need for increased resources to meet the needs of these babies. This request will support maintenance and expansion of both diagnosis and monitoring of patients. This request will also increase access to services to patients with disabilities and genetic disorders in remote areas of South Carolina through tele-genetics implemented in partnership with MUSC and the Palmetto Telehealth Alliance.	\$500,000	Statewide
8	Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries. DDSN has a recurring appropriation of \$3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 would serve an additional 8 to 10 individuals and help bridge the gap. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.	\$500,000	8-10
9	Ensure Compliance with Federal Regulations. (1) New federal requirements defined by the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) new Final Rule necessitate an increased emphasis on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the CMS HCBS new Final Rule. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment. (2) The new Final Rule also requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement. (3) New state funds are necessary to increase the state's participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.	<p style="text-align: center;">\$6,700,000</p> <hr/> <p style="text-align: center;">Individualized Employment/Day Supports \$5.1M</p> <p style="text-align: center;">Conflict Free Case Management \$1.1M</p> <p style="text-align: center;">CMS Requirements \$500K</p>	<p style="text-align: center;">625</p> <p style="text-align: center;">Statewide</p> <p style="text-align: center;">Statewide</p>
TOTAL		\$32,750,000	
AMENDED TOTAL		\$32,250,000	

SC DDSN Commission
August 18, 2016

Fiscal Year Budget Discussions 2017-2018

Notes

These items are presented to the Commission for discussion concerning potential budget request items. The list is derived from discussions with consumers, families, advocates, DSN boards and private providers. Items reflect prior agency budget request priorities, items related to identified strategic planning goals, and increased funding needs due to recent actions made by the agency or outside regulatory agencies. The items are listed alphabetically, not in priority order.

- Aging Caregivers
 - Targeted residential expansion
 - As of June 30, 2016, almost 1300 individuals live with caregivers aged 72 and over
 - Allows DDSN to be more proactive for these families and not only reacting to them once in crisis
 - Budget request priority in previous years

- Community ICF and CRCF Rates
 - Provider cost reports indicate the need for a rate adjustment to Community ICF/IID settings (increase) and CRCF settings (decrease)
 - Additional funds will allow the agency to make these needed adjustments and hold provider funding harmless in the aggregate
 - Has not been a budget request priority

- Compression Pay for Employees
 - In addition to the need for overall increased wages, there is little difference between the hiring wage and the wage of employees with more than 5 years of service
 - Aligned with the Strategic Planning Issue of Recruitment and Retention of Staff
 - Budget request priority in previous years

- Conflict Free Case Management
 - Requirement of the CMS HCBS Final Rule that ongoing case management must be separate from provision of direct services; DHHS is the lead agency
 - DDSN current case management system is not compliant
 - Budget request priority in previous years

SC DDSN Commission
August 18, 2016

Notes

- Crisis Management
 - DDSN must respond to consumer crisis situations in a timely manner
 - Aligned with the Strategic Planning Issue of Crisis Management
 - Budget request priority in previous years

- Day (Individualized) Service Opportunities
 - Requirement of the CMS HCBS Final Rule
 - DDSN system has heavy reliance on congregate day supports; to become compliant with new Final Rule the service delivery system will need to offer more individualized day supports
 - Budget request priority in previous years

- Employment Services
 - Requirement of the CMS HCBS Final Rule
 - DDSN system has heavy reliance on congregate day supports; to become compliant with new Final Rule the service delivery system will need to offer more individualized employment options
 - Budget request priority in previous years

- Greenwood Genetics Center
 - DDSN's major prevention of disabling conditions related to intellectual disabilities, related disabilities, and autism
 - Budget request priority in previous years
 - DDSN received \$500,000 in new recurring appropriations FY 2016-2017

- High Management/Forensic Residential Services
 - Increased number of court ordered residential placements of individuals with challenging behaviors
 - Need to increase provider rate to cover the actual cost of providing high level of supports and to build system capacity
 - Complements the Strategic Planning Goals of responding quickly and appropriately to situations in which consumers and/or others are threatened and achieve same day placements for consumers in crisis
 - Has not been a budget request priority

SC DDSN Commission
August 18, 2016

Notes

- Intake Costs Related to System Changes
 - Aligned with the Increase Strategic Issue Intake Process, the DDSN Commission decentralized the function of Intake to have local providers complete this service to be effective October 2016
 - Staff will recommend use of funds one time to be used this fiscal year to transition into the new system
 - New funds will be required to maintain a decentralized system
 - Has not been a budget request priority

- Maintenance of Effort for Provider Network
 - Service funding rates must be sufficient to cover the actual cost of care
 - Budget request priority in previous years

- Medicaid Requirements Increased
 - CMS required change to DDSN's administrative oversight of four HCBS Waivers
 - Loss of revenue due to change in FMAP (70%/30% reduced to 50%/50% federal match)
 - Increased requirements by Medicaid of DDSN Waiver program oversight
 - Budget request priority in previous years

- Post-Acute Rehabilitation
 - New funds are still necessary to meet the needs of uninsured or underinsured individuals
 - Budget request priority in previous years
 - DDSN received \$500,000 in new recurring appropriations FY 2016-2017

- Provider Oversight
 - Strengthen system to focus on quality outcome measures separate from Contract Compliance Review
 - The agency must improve its ability to track and report on outcome-driven performance
 - Anticipate related recommendations from the current SIG review
 - Aligned with Strategic Issue Oversight of Providers
 - Has not been a budget request priority

SC DDSN Commission
August 18, 2016

Notes

- Non-Emergency Respite
 - Expand opportunities for families and increase service capacity for non-emergency respite
 - Complements Strategic Planning Goal to address potential crisis situations proactively
 - Budget request priority in previous years
 - DDSN received \$500,000 in new recurring appropriations FY 2016-2017

- Training
 - DDSN to offer increased training opportunities for providers and families
 - Increased opportunities offered or facilitated by DDSN was identified as a strategy in multiple goal specific action plans of the DDSN Strategic Plan
 - Additional resources are required to provide additional training statewide
 - Has not been a budget request priority in recent years

- Transition of Individuals from Regional Center to the Community
 - DDSN must continue to move individuals based on choice consistent with US Supreme Court Olmstead decision
 - Budget request priority in previous years
 - DDSN received \$1.2 M in new recurring appropriations FY 2016-2017

- Waiting List Reduction Efforts
 - Continue to move individuals off waiting list
 - Request for continued appropriations for waiting list reduction efforts
 - Aligned with Strategic Issue Waiting List
 - Budget request priority in previous years
 - DDSN received \$6.6 M in new recurring appropriations for FY 2016-2017

- Workforce Development Wage Increase
 - Direct care wages are no longer competitive
 - Aligned with Strategic Issue of Recruitment and Retention of Qualified Staff
 - Hiring wage would need to be \$12 - \$13 per hour to be highly competitive
 - Address identified needs of Direct Care professional career ladder development and/or possible wage increase for completion of desired certified training
 - Has not been a budget request priority in recent years

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration




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Catherine O. Fayssox
Vicki A. Thompson

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

MEMORANDUM

TO: DDSN Stakeholders

FROM: Beverly A.H. Buscemi, Ph.D., State Director 

RE: DDSN FY 2018-2019 Budget Request Stakeholder Forum

DATE: July 7, 2017

The SC Department of Disabilities and Special Needs is hosting five stakeholder forums across the state to hear from stakeholders what items or needs they feel should be considered priority for inclusion in DDSN's budget request for FY 2018-2019. All state agencies must submit their budget requests by September 15, 2017. Therefore, the SC Commission on Disabilities and Special Needs will determine what items will be included in the agency's request at their August 17, 2017 meeting.

All DDSN stakeholders are invited to attend a forum to share their perspective about potential budget request items. Please see the dates and locations below. Each person who signs up will have three (3) minutes to speak. Interpreter services for people with hearing impairments will be available if requested in advance. Individuals who are unable to attend a forum or who do not wish to speak may email their comments to budgetrequest@ddsn.sc.gov, fax them to (803) 898-9656, or mail to SCDDSN, PO Box 4706, Columbia, SC 29240. All comments must be received by close of business August 11, 2017.

We look forward to hearing from you and learning what needs stakeholders feel should be DDSN's priorities for the FY 2018 -2019 budget request. While it is recognized there are many compelling needs and goals we want to accomplish, the state has limited resources. Governors and the General Assembly have consistently made DDSN supports and services a state priority. We are grateful for the ongoing dedication of South Carolina's elected leaders to individuals with lifelong disabilities, their families and the staff who provide essential care and assistance.

Please refer to the second page for forum dates and locations

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

DDSN Stakeholder Budget Forum Dates and Locations:

Thursday, July 27, 2017 4:30 pm – 6:30 pm
DDSN Central Office Building, Conference Room 251
3440 Harden Street Extension
Columbia, SC 29203
Contact number for directions: Sandra Delaney (803) 898-9769

Tuesday, August 1, 2017 4:30 pm – 6:30 pm
Coastal Center – Developmental Building, Training Center
9995 Jamison Road
Summerville, SC 29485
Contact number for directions: Bobbie Taylor (843) 821-5802

Thursday, August 3, 2017 4:30 pm – 6:30 pm
Greenville County Council Chambers
301 University Ridge
Greenville, SC 29601
Contact for directions: Jessica Stone (864) 467-7115

Tuesday, August 8, 2017 4:30 pm – 6:30 pm
Tri-Development Center West - (Aiken County Board of Disabilities)
5080 Jefferson Davis Highway
Beech Island, SC 29842
Contact for directions: Joan Lioi (803) 642-8812

Thursday, August 10, 2017 – 4:30 pm – 6:30 pm
Pee Dee Center – Multipurpose Building, Multipurpose Room
714 East National Cemetery Road
Florence, SC 29506
Contact for directions: Susan Baker (843) 664-2618

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	10185
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

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

AMOUNT	\$7,156,268
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What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package’s total in PBF.

METHOD OF CALCULATION	ADMINISTRATION	-\$119,000 (3%)
	CAPITAL IMPROVEMENTS	-\$2 Million (80%)
	ATTRITION FROM STATE FUNDED COMMUNITY SUPPORTS	-\$350,000 (25 slots)
	ATTRITION FROM IN-HOME WAIVER SUPPORTS	-\$868,000 (175 slots)
	NON-EMERGENCY RESPITE	-\$500,000 (100% of expansion)
	PROVIDER NETWORK STATE FUND REDUCTION	-\$1.2 Million (1%)
	REGIONAL CENTERS	-\$240,000 (1%)
	DDSN COMMUNITY PROGRAM SERVICES	-\$40,000 (1%)
	GREENWOOD GENETIC CENTER	-\$43,000 (1%)
	INTERAGENCY & SPECIAL CONTRACTS	-\$16,000 (1%)
	STATE FUNDED CASE MGMT WAIVER ENROLLMENT	-\$700,000 (100%)
	PREVENTATIVE HEALTH PROGRAM	-\$150,000 (100%)
	CAREGIVER RELIEF	-\$386,000 (100%)
	POST-ACUTE REHABILITATION	-\$31,000 (1%)
	FAMILY SUPPORT/RESPITE	-\$300,000 (20%)
CHILD DEVELOPMENT CENTERS	-\$218,000 (100%)	

Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	None.
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How many FTEs would be reduced in association with this General Fund reduction?

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

PROGRAM/ACTIVITY IMPACT	<ul style="list-style-type: none"> • Capital Improvements will be deferred. • Attrition from in-home supports will reduce service capacity by 200 slots. • All expansion of Non-emergency respite will be eliminated. • Eliminates state funded case management, preventative health program, caregiver relief and child development centers. • Reduces post-acute rehabilitation and family support/respite services. • Reduces service rates/contracts to provider network, Greenwood Genetic Center and interagency and specialized business partners. • Reduces funding in DDSN regional centers, community program services and administration.
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What programs or activities are supported by the General Funds identified?

SUMMARY	<p>The agency reviewed all areas within its statewide system that could be reduced in part or in whole to meet the required 3 percent state funding reduction analysis. Items were grouped based on the impact and consequences of each reduction action. First, items that would not take away services individuals are receiving today or reduce funding to any service provider were considered. However, two items related to attrition and the non-emergency respite item would significantly restrict the availability of new services to individuals and families. Second, items that reduce funding to service providers were considered and third, items that reduce or eliminate existing services or availability of service to individuals and families were considered last.</p> <p>No one or two actions were sufficient to meet the reduction required. Items from each of the three groups was necessary to achieve the required funding reduction amount and follow Governor Haley’s instruction to minimize negative impact to services. DDSN must ensure its ability to respond to individuals whose health and safety are in jeopardy and maintain compliance with Medicaid, other federal and state requirements.</p>
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AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.

AGENCY NAME:

AGENCY CODE:

SECTION:

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE

Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS

What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST

Mark "X" for all that apply:

<input type="checkbox"/>	Repeal or revision of regulations.
<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.
<input type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.
<input type="checkbox"/>	Other

METHOD OF CALCULATION

Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES

Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION

Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

AGENCY NAME:

AGENCY CODE:

SECTION:

SUMMARY

*Provide an explanation of the proposal and its positive results on businesses or citizens.
How will the request affect agency operations?*

GREENWOOD GENETIC CENTER 2018-2019 BUDGET REQUEST

Since its founding in 1974, the Greenwood Genetic Center (GGC) has had a close relationship with the S.C. Department of Disabilities and Special Needs (DDSN). Together, DDSN and the GGC have developed a comprehensive, state-wide system of genetic services with the ultimate goal of preventing and treating disabilities in South Carolina. To better serve the clients of DDSN and the citizens of S.C., the GGC has established a statewide presence with offices in Greenwood, Greenville, Columbia, Charleston and Florence. The collaboration between DDSN and GGC has benefited patients and their families state-wide and resulted in significant economic savings for the State.

Despite the success of the collaboration between DDSN and GGC, we are still unable to identify the underlying cause for intellectual disability in approximately 40% of the individuals evaluated. For individuals with autism, we are unable to determine an underlying cause in 80% of those evaluated. The lack of a specific cause is not acceptable to families and physicians, and significantly limits optimum medical management, treatment options and informed reproductive decision making.

We are proposing a systematic and comprehensive application of new genomic technologies to address this problem with the goal of increasing the diagnostic yield in intellectual disability an additional 20% over the next 5 years. The ultimate goal of improved diagnosis is to optimize prevention and treatment options for patients and families.

This ambitious goal will require a significant commitment of personnel and resources. The GGC is actively pursuing support from multiple sources, such as the Duke Endowment, Self Regional Healthcare, the Self Family Foundation, other foundations and private philanthropists. We are requesting a new appropriation of \$500,000 recurring state dollars to support this new initiative to ensure that all individuals served by DDSN have access to this new technology and, more importantly, the opportunity to be empowered with the knowledge of a specific diagnosis with a known causation.

GGC FY 2018-2019 Budget Request: \$500,000