

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

February 15, 2018

The South Carolina Commission on Disabilities and Special Needs met on Thursday, February 15, 2018, 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.
Chris Neeley
Vicki Thompson

Absent:

Lorri Unumb

DDSN Administrative Staff

Mr. Pat Maley, Interim State Director; Mr. David Goodell, Associate State Director, Operations; Mr. Tom Waring, Associate State Director, Administration; Mrs. Susan Beck, State Director, Policy; Ms. 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)

Georgetown County DSN Board

(See Attachment 3 Sign-In Sheet)

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)

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 Ravenel gave the invocation.

Adoption of the Agenda

The Commission adopted the February 15, 2018 Meeting Agenda by unanimous consent. (Attachment A)

Introduction of New Commission Members

Commissioner Ravenel introduced and welcomed the newest Commission Member, Mr. Chris Neeley representing District 4. Commissioner Ravenel also read resolutions for both outgoing Commissioners Danielson and Fayssoux.

Approval of the Minutes of the December 14, 2017 Commission Meetings

The Commission approved the December 14, 2017 Commission Meeting minutes by unanimous consent.

Public Input

The following individuals spoke during Public Input: Deborah McPherson and Beth Bunge.

Commissioners' Update

Commissioner Thompson spoke of an event in her district.

State Director's Report

Pat Maley reported on the following:

The Silver Palmetto Award

Governor's Proclamation – (Attachment B)

Presentation to the House Oversight Committee

The new process of the Environmental Modification Program

High Management Housing

Employment Showcase

Commissioner Lemel along with Ms. Mary Poole and members of her staff shared a presentation showcasing York Coffee Roastery, a MaxAbilities of York County mission to develop a non-Medicaid funding stream that will support 21 year olds as they exit high school to help them develop marketable skills and build a resume. Samples of their coffee beans were also shared. (Attachment C)

Waiting List Reduction Efforts

Mrs. Beck provided an update on the Waiting List Reduction Efforts. Ms. Beck stated the climate is good working with DHHS, communication is improving and staff is working with case managers to aid in not keeping persons in pending status. Discussion followed regarding critical needs. (Attachment D)

Quarterly Quality Management Report

Mr. Maley provided a detailed presentation sharing a collection of data relating to critical incidents and ANE. Discussion followed. Mr. Maley stated past data would be reviewed to understand where we are in measuring results (Attachment E)

Global Analysis of Home and Community Based Setting (HCBS) Final Rule Site Assessment Results

Mrs. Beck spoke of the communication that went out to the provider network January 31, 2018 regarding the HCBS Assessment Data. Non-residential settings must be compliant by March 17, 2022. Residential settings must be in compliance by December 31, 2018, but more challenging geographical compliance (co-location of settings) was extended a deadline of March 17, 2022. Upcoming information will be shared and technical assistance will be provided. (Attachment F)

Provider Contract Increases

Mr. Waring presented information for the amendment of the Fiscal Agent Services contract to Charles Lee Center for requesting approval to increase the contract by \$317,151 for a total award of \$ 5,024,151. On motion of

Commissioner Neeley, seconded and passed, the Commission approved the increase as presented. Mr. Waring also presented information for the amendment of the Fiscal Agent Services contract to the Jasper County DSN Board to increase the contract by \$1,000,000 for a total award of \$6,355,000. On motion of Commissioner Broughton, seconded and passed, the Commission approved the increase as presented. (Attachment G)

Whitten Center Easement Request

Mr. Waring presented information on the Whitten Center easement. On motion of Commissioner Broughton, seconded and passed, the Commission approved the Whitten Center easement as presented. (Attachment H)

FY 2018-2019 Budget Update

Mr. Waring provided a detailed update on the agency's nine budget request items as presented by the Governor in his Executive Budget. Priority nine was partially funded at \$200,000 an increase in Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries. Mr. Waring explained the next steps of the budget process. Commissioners requested staff to look at how the agency will deal with the other budget priorities that are not funded so that there will not be a repeat of the ICF rate issue. (Attachment I)

Financial Update

Mr. Waring provided an overview of the agency's financial activity through January 31, 2018 and the agency's current financial position. A SCEIS report reflecting budget versus actual expenditures through January 2018 was presented as well as an Analysis of Expenditures July 1, 2017 through December 31, 2017 for the Regional Centers. (Attachment J)

Mid-Year Spending Plan Review

Mr. Waring gave an update of the Mid-year Spending Plan that the Commission approved in December. Discussion followed. The Commission requested a breakdown of the Administration increase. (Attachment K)

Update on CPIP Projects

Mr. Waring provided an update on the CPIP projects that included an update on the generator needs project. (Attachment L)

Capital Improvement Interim Project

Mr. Waring presented information on a bid for roof repairs at the Coastal Center Highlands Dorm 310. Discussion followed. It was requested the accurate square footage of the dorm be provided (actual footage is 11,178

square feet). On motion of Commissioner Thompson, seconded and passed, the Commission approved the bid of \$280,000 as presented. (Attachment M)

ICF Band Increase and Statewide Funding

Mr. Maley presented information requesting Commission approve increasing annual Community ICF funding by \$3,675,131 effective February 1, 2018. Discussion followed with Mr. Maley stating the funding would come from the Band A's that are sitting idle. On motion of Commission Broughton, seconded and passed, the Commission approved increasing the annual Community ICF funding by \$3,675,131 effective February 1, 2018. (Attachment N)

Executive Session

On motion of Commissioner Broughton, seconded and passed, the Commission entered into Executive Session to discuss a contractual matter regarding Mentor.

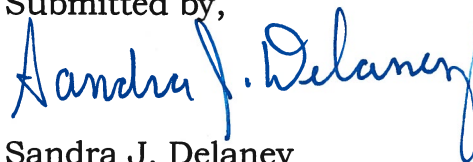
Enter into Public Session

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

Next Regular Meeting


March 15, 2018 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
 February 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- | | | |
|-----|----------------------------|------------------------------|
| 1. | Deborah & Heather Mepheron | Richland County |
| 2. | Joy Johnson | Robcock center |
| 3. | Thoyd Warren | Sumter DSNB |
| 4. | Chuck Norman | DDSN |
| 5. | David Davis | Autism |
| 6. | Carolyn O'Connell | Advocate |
| 7. | Jeany C Mize | Oconee DSN |
| 8. | Dexter Alston | DDSN |
| 9. | KATHLEEN ROBERTS | WHITTEN CENTER / SC PARADO |
| 10. | David Rotholz | PARENTS CLUB
WSC |
| 11. | Lynn Lygo | DDSN |
| 12. | Juno Davenport | SC SPINAL CORD INJURY ASSOC. |
| 13. | KSWIN YACUBI | DDSN |
| 14. | Sham Keith | Columbus Og |
| 15. | Alfredia Stevenson | Chester-Lancaster DSNB |
| 16. | Aike Moss | Calhoun DSNB |
| 17. | Bob Jones | Newberry DSNB |
| 18. | Zenobia Corly | Kershaw DSNB |
| 19. | Beth Bunge | Bright Start |
| 20. | Max Perle | Max Abilities |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

February 15, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- | | | |
|-----|---------------------|-------------------------|
| 21. | LINDA LEE | WCPC & PADD |
| 22. | Dorothy Goodwin | Community Options |
| 23. | Marge Williamson | The Arc of SC |
| 24. | Sera Mathury | LEND |
| 25. | Mike Keith | Merion-Dillon DSN |
| 27. | Anna Borders | Aging with Flair |
| 28. | Anne Connor-Schiska | " " |
| 29. | Heather Waddell | TDC |
| 30. | Ralph Canty | TDC |
| 31. | Thomas S. W. | PTA |
| 32. | Ann Dalton | ODSN |
| 33. | Joyce Davis | BIASC |
| 34. | Jan Kello | DDSN |
| 35. | Suzanne Hyma | Project HOPE Foundation |
| 36. | Shirley Jones | KCDSNB |
| 37. | Crystal Wright | CHASCO Services |
| 38. | Mary Maen | Lee Co DSN Board |
| 39. | Donna | CCBSO |
| 40. | Rachael Fulmer | ABDSNB
LJC |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting February 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Elizabeth Keaus Georgetown DSN

2. Stacey Raulolph ''

3. Yvonne Gordon ''

4. Kathy Gray ''

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
February 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Susan John Henry County DSN
- 2. Arlan Cernus Henry County DSN
- 3. Ruth Blocker Darlington County
- 4. Deborah Smutle District II
- 5. Clara Faye Dozier Williamsburg DSN
- 6. John Hitchman SCDDSN
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

February 15, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Elaine M. Thena PCBDSN

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting February 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. *FR FIGIN* *SCODSN*
- 2. *Jimmy Burk* *Burk Center*
- 3. *Nancy M Hall* *SCODSN*
- 4. *JR* *LCOSNB*
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

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**

February 15, 2018**10:00 A.M.**

1. Call to Order *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement *Commissioner Mary Ellen Barnwell*
3. Invocation *Commissioner Eva Ravenel*
4. Introduction of Guests
5. Adoption of Agenda
6. Introduction of New Commission Members *Chairman Eva Ravenel*
7. Approval of the Minutes of the December 14, 2017 Commission Meeting
8. Public Input
9. Commissioners' Update *Commissioners*
10. State Director's Report *Mr. Pat Maley*
11. Business:
 - A. Employment Showcase *Commissioner Gary Lemel*
Mrs. Mary Poole
Executive Director
MaxAbilities of York County
 - B. Waiting List Reduction Project Report *Mrs. Susan Beck*
 - C. Quarterly Quality Management Report *Mrs. Susan Beck*
 - D. Global Analysis of Home and Community Based Setting (HCBS) Final Rule Site Assessment Results *Mrs. Susan Beck*
 - E. Provider Contract Increases *Mr. Tom Waring*
 - F. Whitten Center Easement Request *Mr. Tom Waring*
 - G. FY 2018-2019 Budget Update *Mr. Tom Waring*
 - H. Financial Update *Mr. Tom Waring*
 - I. Mid-Year Spending Plan Review *Mr. Tom Waring*
 - J. Update on CPIP Projects *Mr. Tom Waring*
 - K. Capital Improvement Interim Project *Mr. Tom Waring*
 - L. ICF Band Increase and Statewide Funding *Mr. Pat Maley*
12. Executive Session *Chairman Eva Ravenel*
13. Next Regular Meeting (March 15, 2018)
14. Adjournment

State of South Carolina

Governor's Proclamation

WHEREAS, our state's senior citizens and adults with disabilities are valued members of our families, our society, and our communities; and

WHEREAS, tragically, these residents are often vulnerable to physical and psychological abuse, burglary, fraud, neglect, exploitation, and other crimes because they are not able to provide for their own care or protection; and

WHEREAS, the Omnibus Adult Protection Act protects vulnerable disabled and elderly persons by creating a system for reporting, investigating, and prosecuting adult abuse, neglect, and exploitation and by allowing law enforcement to take adults into protective custody when necessary; and

WHEREAS, the annual observance of Vulnerable Adult Awareness Month reminds us of our shared responsibility to help ensure the health, safety, dignity, and well-being of all disabled and elderly adults each and every day.

NOW, THEREFORE, I, Henry McMaster, Governor of the great State of South Carolina, do hereby proclaim February 2018 as

VULNERABLE ADULT AWARENESS MONTH

throughout the state and encourage all South Carolinians to support the worth and dignity of all individuals and to work together to secure the right of all our residents to live free of abuse, neglect, and exploitation.



A handwritten signature in black ink, reading "Henry McMaster".

HENRY McMASTER
GOVERNOR
STATE OF SOUTH CAROLINA

York Coffee Roastery

a promise fulfilled - Sustainable and Self-Funded



a MaxAbilities mission
www.maxabilities.org of York County

Inspiration from and Partnership with Furnace Hills Coffee Company



Erin Baldwin
Chief Coffee
Roaster

“Our coffee is roasted in the Furnace Hills of Maryland by Erin Baldwin who is developmentally disabled (Down syndrome). The vision of Furnace Hills Coffee Company is to employ developmentally disabled people in competitive jobs while providing high quality product that keep customers coming back.”

Dave Baldwin



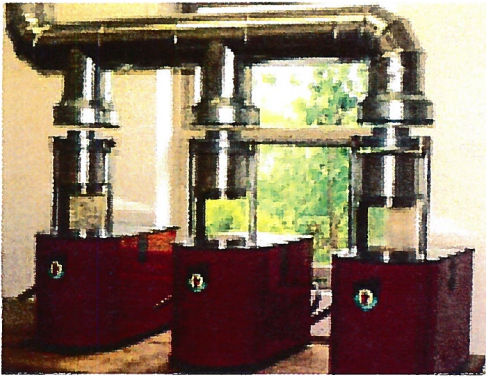
Found Furnace Hills Coffee on-line after watching a video of Erin and her dad, Dave Baldwin. Mr. Baldwin started roasting coffee in his home to give his daughter something to do. They started small and now have a store front, another employee and a manager. They have a contract with Whole Foods in Maryland, sell in the store, at local events and on-line. Their mission and model are congruent with the MaxAbilities mission. Discussions ensued and plans for partnering were made. We have traveled to Maryland to “learn the trade” of roasting coffee.

Why Coffee?

Why Now?

- ▶ Well - we like coffee ☺
- ▶ And we *REALLY* like *GOOD* coffee!
- ▶ We were inspired by what Furnace Hills was doing.
- ▶ But we felt employing only 2 people was not what we wanted to do we needed to do more.
- ▶ Many individuals in our county who require our vocational supports do not have a funding source to pay for those supports.
- ▶ We need an opportunity to create a funding source to support individuals who do not have Medicaid or a Medicaid Waiver (funding source) by providing training, building resumes and integrating into the community in a meaningful and productive way while earning wages.
- ▶ Develop final rule compliant employment and training strategies.
- ▶ Be less dependent on the ever changing economic and political winds.
- ▶ More involved in the community.
- ▶ Roasting offers more job opportunities and opens up computer job possibilities.
- ▶ Get families more involved in the “*expectation of employment*”

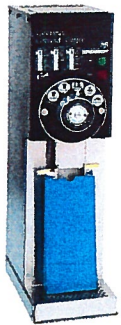




We are the proud owners of four fluid bed coffee roasters manufactured by *Sonofresco*.

They are recommended for several reasons:

1. They have a reputation for roasting a brighter tasting coffee with something called “fluid bed technology”.
2. Operation is uncomplicated making it easier for people with developmental disabilities to use them.
3. They are simple to maintain.
4. We have been trained on their operation.



Buy whole bean - or we will grind it for you. You choose the grind.



NTEP Certified Scales
Approved Legal for
Trade Balances - so
when you pay for a
pound of coffee - you
get a pound of coffee



Coffee Beans -

Using the highest quality beans from small growers in Burundi to the shaded beans grown by the Garcia family in Honduras. From Ethiopia, Sumatra and Bolivia - the beans are roasted and blended to give the coffee drinker a truly wonderful experience.

Where are we now?



- ▶ We were granted approval from the MaxAbilities Board of Directors to proceed with the project.
- ▶ Working with York School District 1 to develop a work skills program.
- ▶ Developing Individual and Family participation agreements.
- ▶ We have purchased our roasting recipes.
- ▶ We have our roasters and other equipment to roast and brew coffee.
- ▶ We have a community location to roast/sell coffee.
- ▶ We have built our product web site: www.yorkcoffeeroastery.com
- ▶ We have Facebook page - like us!
- ▶ Continue to develop our marketing strategy
- ▶ Working with Furnace Hills to develop a consortium of small roasters in an effort to get lower green bean prices.
- ▶ We have been selling coffee on a limited basis to work on training strategies, task delineation and, of course, to whet the appetite for this delicious coffee.



What is our Vision for this Project?

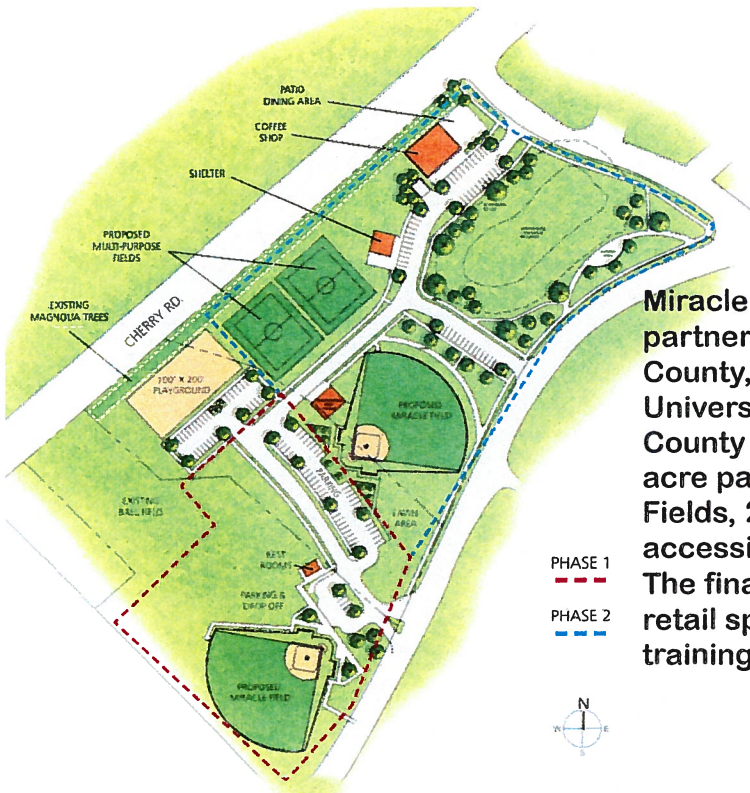
- ▶ To develop a non-Medicaid funding stream that will support 21 year olds as they exit High School and graduate “to their living room couch”. Help them develop marketable skills and build a resume.
- ▶ To pay a minimum wage to the roasters.
- ▶ Develop an on-line store.
- ▶ Sell in retail establishments.
- ▶ Have a fundraising coffee brand for organizations tired of selling candy bars and pizza kits.
- ▶ Develop kiosk system to sell brewed coffee at community events, at a downtown location in Rock Hill and York, local businesses and at Winthrop University.
- ▶ A location for “*Coffee Talk*”
- ▶ Open a retail space in the Miracle Park in Rock Hill as part of their building plan.





MIRACLE PARK

★★★★ ROCK HILL ★★★★★



Miracle Park in Rock Hill is a public-private partnership between the citizens of York County, the City of Rock Hill, Winthrop University, MaxAbilities and the York County Disabilities Foundation. The 15 acre park will house 2 Miracle Baseball Fields, 2 multipurpose fields and an fully accessible intergenerational playground. The final phase will be the development of retail space to be used for vocational training.



Fulfilling the promise... one cup at a time.

- ▶ MaxAbilities of York County, formerly the York County Board of Disabilities and Special Needs, has been in operation for over 40 years providing services and supports to individuals in York County with intellectual disabilities, autism and head and spinal cord injuries.
- ▶ Teaching job readiness skills has long been a part of the service array offered in the county. However, for those individuals who need the support of a job coach; but do not have a funding source for such a support, the service has simply been unavailable.
- ▶ The York Coffee Roastery is a new brand in the MaxAbilities family of innovative services.
- ▶ Our mission at The York Coffee Roastery is provide work training opportunities for adults with developmental disabilities, autism and head and spinal cord injuries in the York County area regardless of a funding source.
- ▶ In order to make the mission a reality, The York Coffee Roastery will provide a quality product to the general public for purchase. From the far away regions of Ethiopia, to the shade covered mountain slopes of Honduras, we look far and wide to gather the highest quality beans from around the world. We freshly roast our coffee, package it in sealed valve bags, and immediately ship it to you. This is how we ensure that you receive your coffee in the freshest condition possible.
- ▶ With public support and a line of quality products the funding for the job coaching becomes sustainable and does not reply of a grant or government funding.
- ▶ It becomes a promise fulfilled - *Sustainable and Self-Funded*



MaxAbilities

www.maxabilities.org of York County

YORK
COFFEE
ROASTERY



a MaxAbilities mission
www.maxabilities.org of York County

www.yorkcoffeeroastery.com

 Encouraging Steps
Where Every Step Matters

a MaxAbilities mission
www.maxabilities.org of York County



Horizon Industries

a MaxAbilities mission
www.maxabilities.org of York County

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

As of February 1, 2018 (run on February 1, 2018)

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) 580 (FY17) <u>1,751 (FY18)</u> 5,878	713 (FY15) 1,048 (FY16) 245 (FY17) <u>432 (FY18)</u> 2,438	537 (FY15) 996 (FY16) 237 (FY17) <u>727 (FY18)</u> 2,497	40 (FY15) 73 (FY16) 101 (FY17) <u>729 (FY18)</u> 943
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) 4,401 (FY17) <u>720 (FY18)</u> 9,388	698 (FY15) 640 (FY16) 1,130 (FY17) <u>329 (FY18)</u> 2,797	1,527 (FY15) 1,099 (FY16) 2,840 (FY17) <u>253 (FY18)</u> 5,719	7 (FY15) 67 (FY16) 424 (FY17) <u>374 (FY18)</u> 872
Head and Spinal Cord Injury (As of Oct 1, 2013)	1,167	534	461	172
		5,769	8,677	
Total	16,433	14,446		1,987

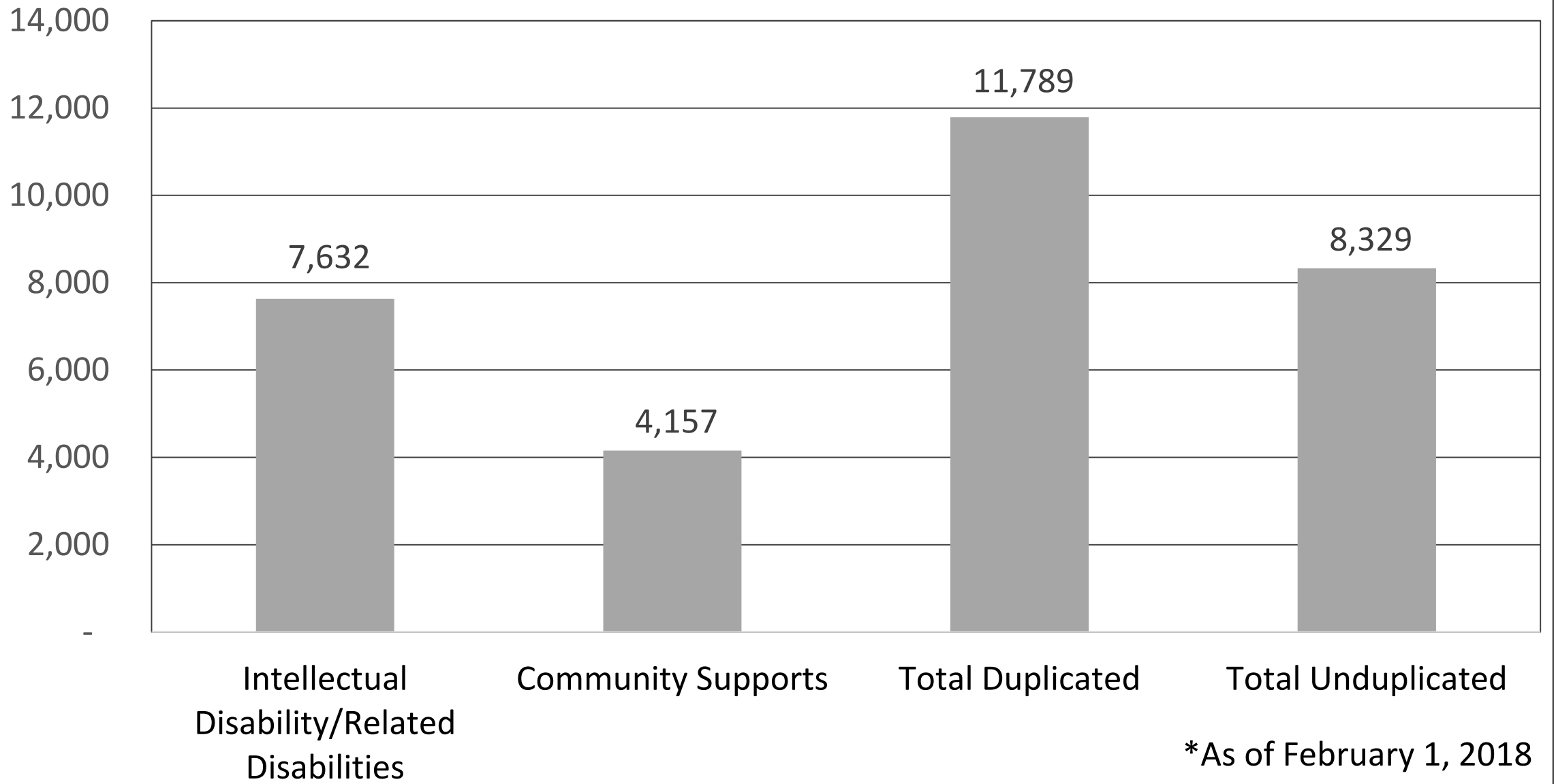
Waiting List *	Number of Individuals Added Between July 1, 2014 and February 1, 2018	Number of Individuals Waiting as of February 1, 2018
Intellectual Disability/Related Disabilities	8,418 (1,497 since 7/1/17)	7,632
Community Supports	9,559 (1,422 since 7/1/17)	4,157
Head and Spinal Cord Injury	0	0
Total	17,977	11,789

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

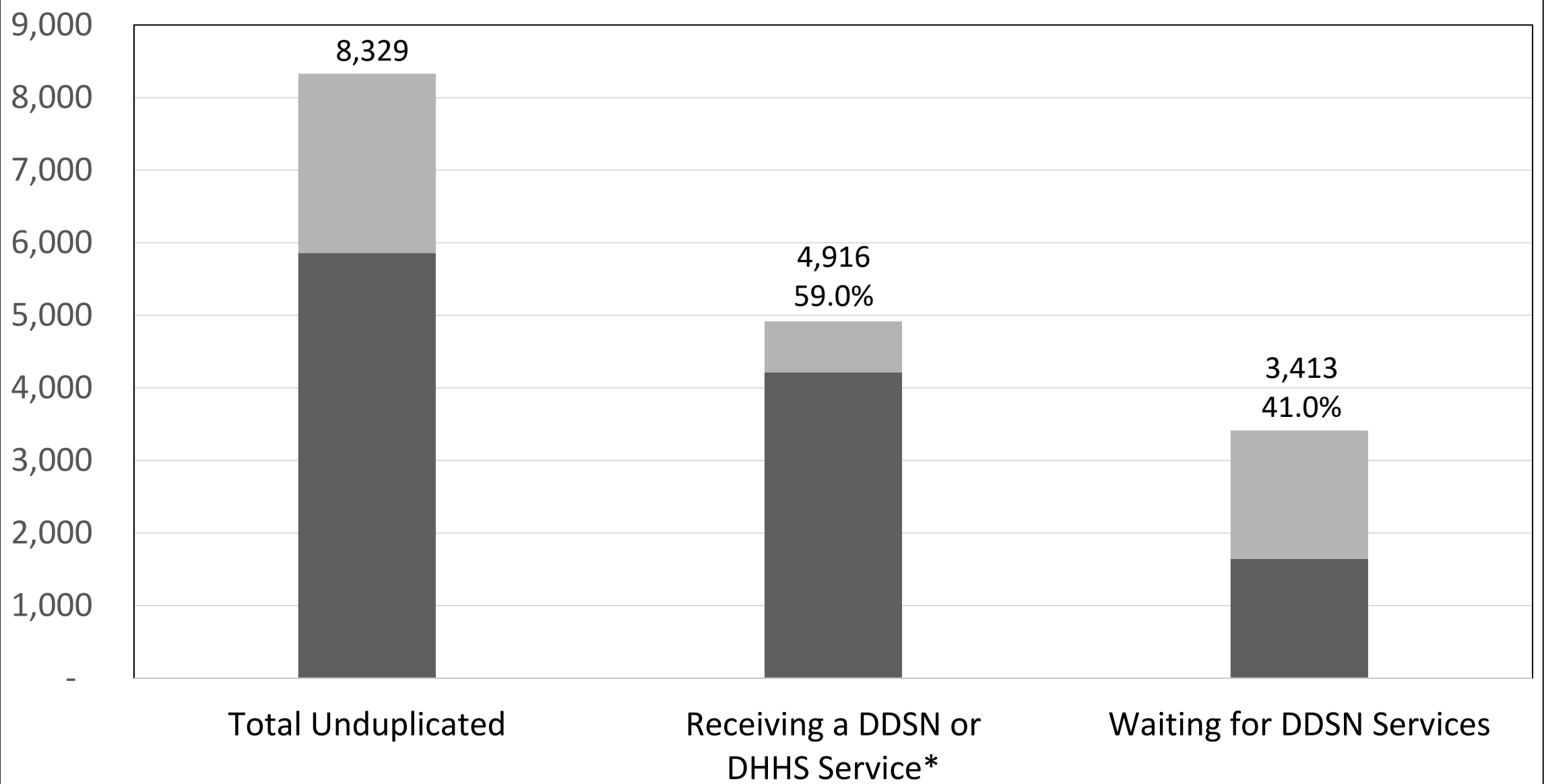
** There are 8,329 unduplicated people on a waiver waiting list. Approximately 29.4 percent of the 11,789 names on the combined waiting lists are duplicates.

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



■ Under 21 Years of Age ■ Age 21 and older

*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 February 1, 2018

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

Row #	Total Numbers At Beginning of the Month	2017										2018	
		March	April	May	June	July	August	September	October	November	December	January	February
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	7,430	7,692	7,857	8,003	7,924	7,662	7,538	7,395	7,467	7,524	7,583	7,632
2	Community Supports Waiver Waiting List Total	3,004	3,025	3,118	3,113	3,427	3,554	3,737	3,820	3,889	3,972	4,025	4,157
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	117	123	128	125	132	126	123	117	94	84	98	108
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	993	859	511	482	547	398	544	340	590	415	268	581
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	338	576	253	341	312	533	485	400	449	275	156	400
7	Number of Individuals Enrolled in a Waiver by Month	138	138	123	118	128	94	164	137	110	114	94	112
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	162	257	147	197	129	271	230	170	170	86	41	34
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	12,497	12,947	13,195	13,515	13,807	14,325	14,799	15,196	15,616	15,875	16,033	16,433
10	Total Number of Individuals Pending Waiver Services (Running Total)	2,111	2,132	2,010	2,012	1,881	2,124	2,180	2,192	2,179	2,097	2,003	1,987
11	Total Unduplicated Individuals on the Waiver Waiting Lists	7,827	8,011	8,182	8,366	8,368	8,198	8,140	8,017	8,110	8,186	8,254	8,329

** There are 8,329 unduplicated people on a waiver waiting list. Approximately 29.4 percent of the 11,789 names on the combined waiting lists are duplicates.

PDD Waiting List Information

All individuals in the PDD Waiver and on the PDD Waiting List have been transitioned into Medicaid Autism State Plan Services.

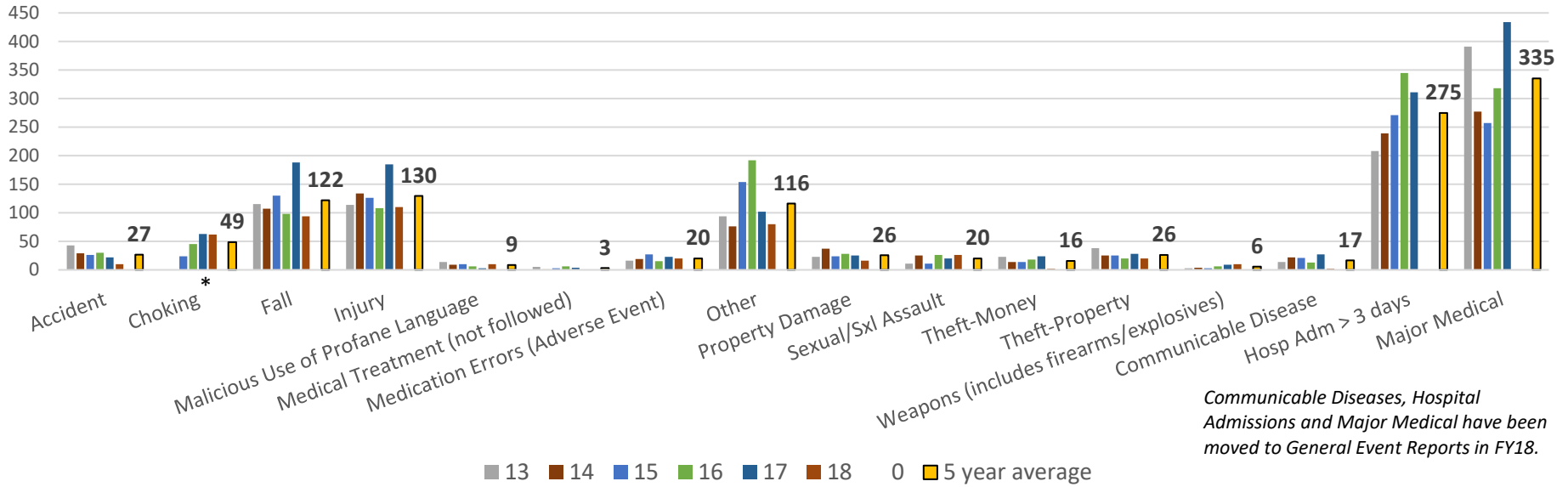
**South Carolina Department Of Disabilities & Special Needs
As Of January 31, 2018**

Service List	12/31/17	Added	Removed	01/31/18
Critical Needs	98	50	40	108
Intellectual Disability and Related Disabilities Waiver	7583	263	214	7632
Community Supports Waiver	4025	283	151	4157
Head and Spinal Cord Injury Waiver	0	35	35	0

Report Date: 2/5/18

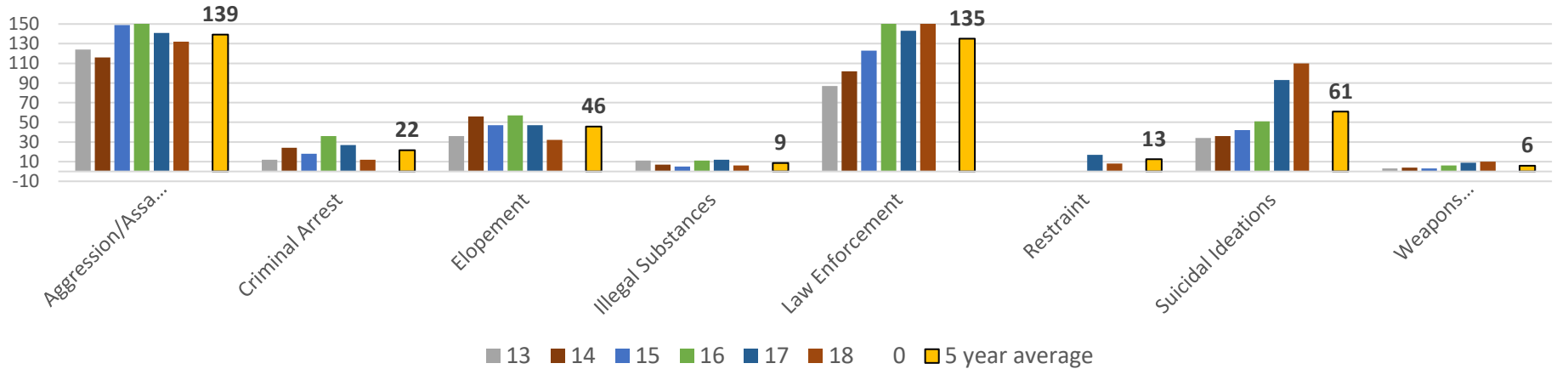
SCDDSN Incident Management Report for FY17/18 (Through 12/31/2017)

Critical Incidents By Type FY13-FY18 [annualized] Community-Based Programs- Excludes Behavioral Types

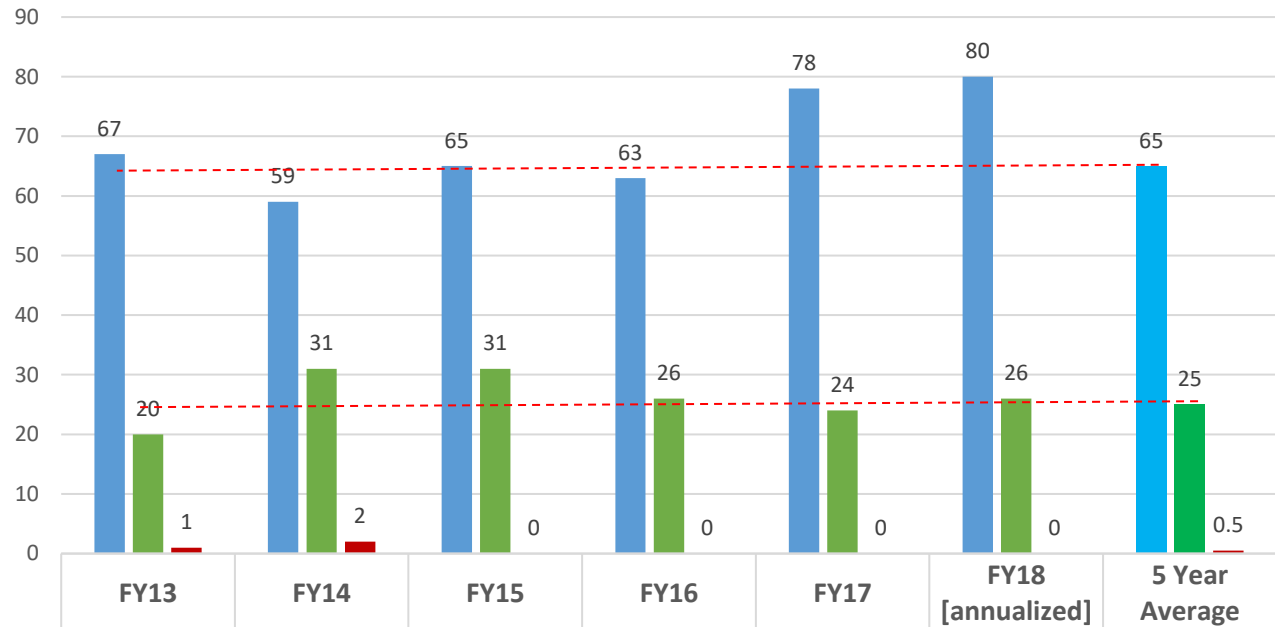


Communicable Diseases, Hospital Admissions and Major Medical have been moved to General Event Reports in FY18.
*The Choking category was added in FY15.

Critical Incidents By Type FY13-FY18 [annualized] Community-Based Programs- Behavioral Types

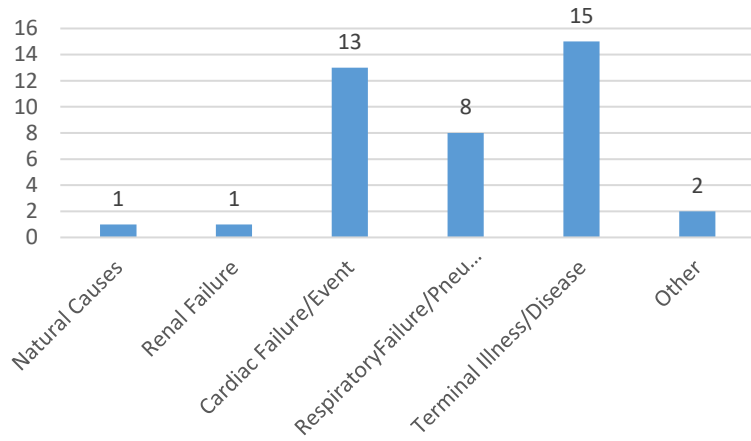


DDSN Death Reporting- 5 Year Trend Data

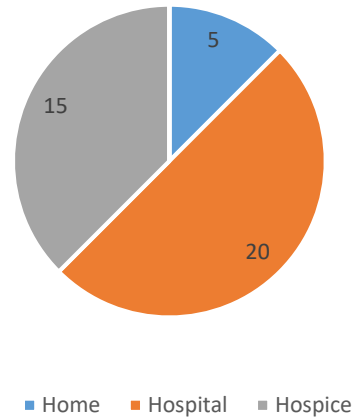


■ Total # of deaths in community residential settings	67	59	65	63	78	80	65
■ Total # of deaths in Regional Centers	20	31	31	26	24	26	25
■ Total # of deaths with substantiated ANE Allegations	1	2	0	0	0	0	0.5

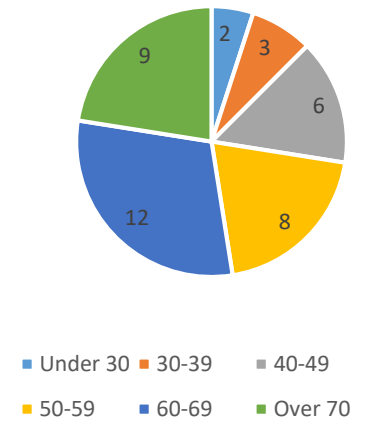
Community Settings - Cause of Death FY18



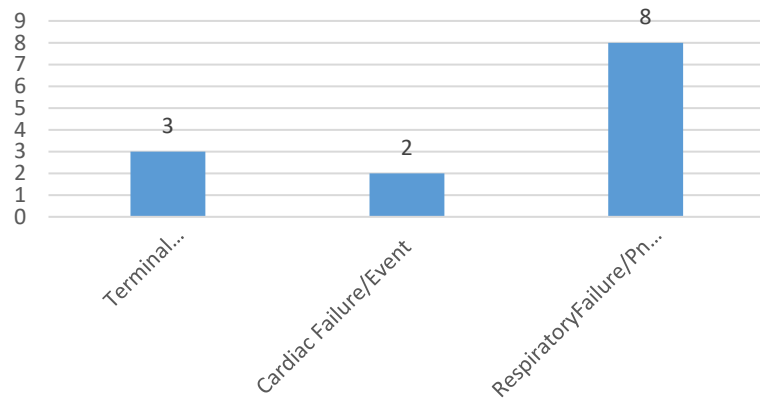
Community Settings - Place of Death FY18



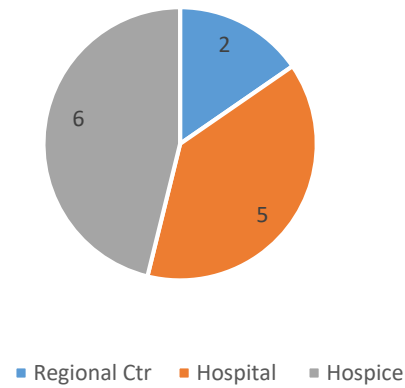
Community Settings - Age at Death FY18



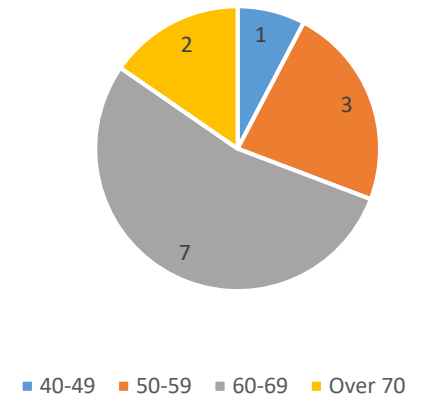
Regional Centers - Cause of Death FY18



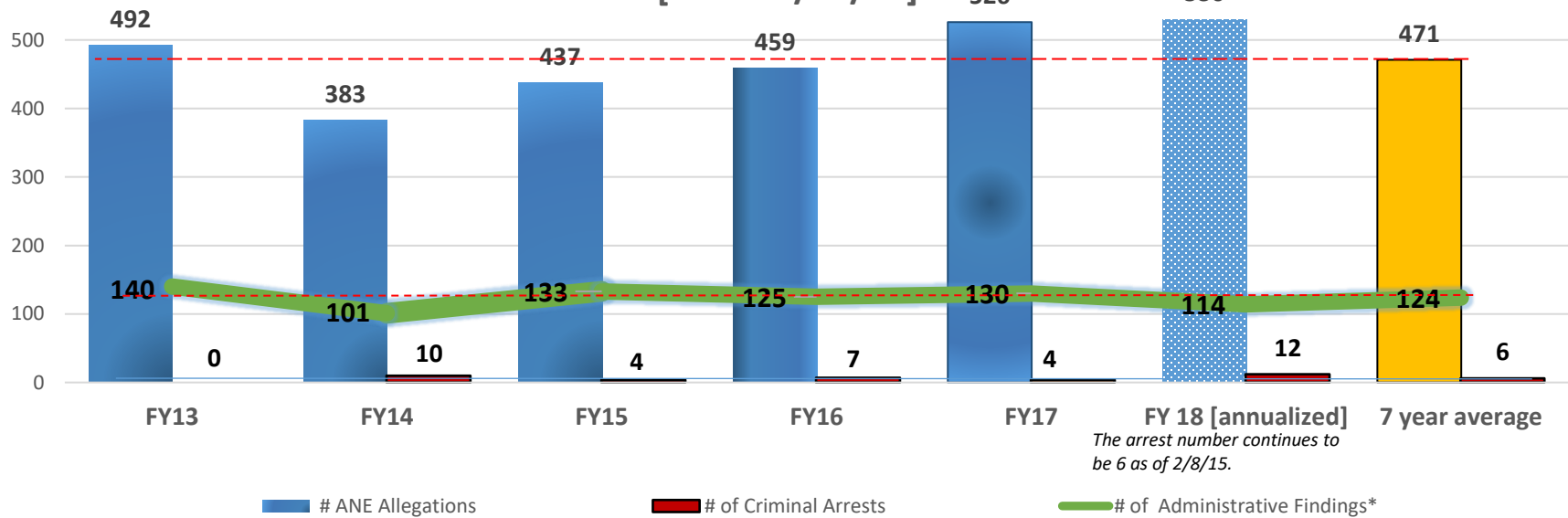
Regional Centers - Place of Death FY18



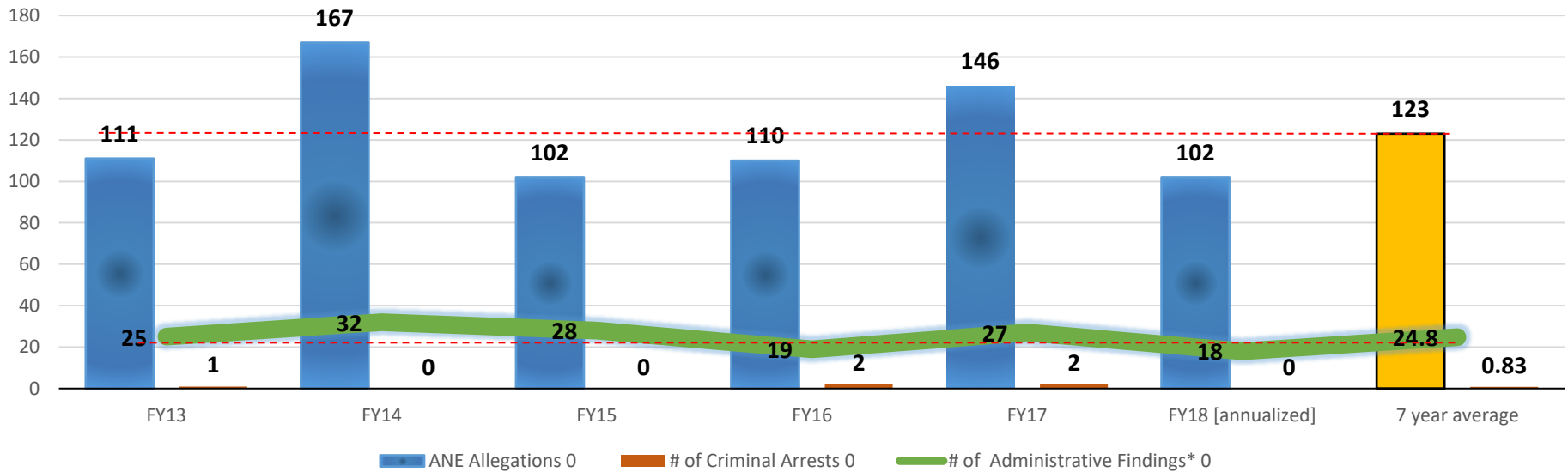
Regional Centers - Age at Death FY18



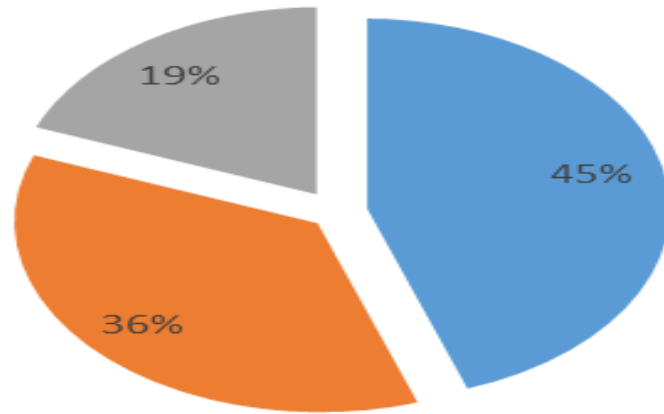
ANE Allegations- Community Residential [as of 12/31/17]



ANE Allegations- Regional Centers [as of 12/31/2017]



Summary of FY17 Administrative Findings in Community Residential Settings



- Accidental Injury/ Injury of Unknown Origin
- Dignity & Respect Issues
- Inadequate Personal Care

SCDDSN Incident Management Report 5 year trend data (Community Residential, Day Service, and Regional Centers) Thru 12/31/2017

Allegations of Abuse/Neglect/Exploitation

Community Residential	FY13	FY14	FY15	FY16	FY17	FY18 [Q1, Q2]	FY18 [annualized]	5 Year Average
# of Individual ANE Allegations	492	383	437	459	526	265	530	471
# of ANE Incident Reports (The same incident may involve multiple allegations)	324	285	315	370	399	175	350	341
Rate per 100	11.5	8.8	9.9	10.0	11.2	5.8	11.3	10.5
# ANE Allegations resulting in Criminal Arrest	0	10	4	7	4	6	12	6
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	140	101	133	125	130	57	114	124
# 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	38	76	70
Day Services	FY13	FY14	FY15	FY16	FY17	FY18 [Q1, Q2]	FY18 [annualized]	5 Year Average
# of Individual ANE Allegations	61	73	65	58	77	26	52	64
# of ANE Incident Reports (The same incident may involve multiple allegations)	46	61	36	49	56	24	48	49
Rate per 100	0.82	0.97	0.84	0.72	0.94	0.32	0.64	0.8
# ANE Allegations resulting in Criminal Arrest	1	1	1	0	1	0	0	0.7
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	5	8	6	6	5	0	0	5
# 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	7	14	14
Regional Centers	FY13	FY14	FY15	FY16	FY17	FY18 [Q1, Q2]	FY18 [annualized]	5 Year Average
# of Individual ANE Allegations	111	167	102	110	146	51	102	123
# of ANE Incident Reports (The same incident may involve multiple allegations)	100	112	84	87	104	43	86	96
Rate per 100	13.6	22.1	13.5	15.4	20.8	7.6	15.2	16.7
# ANE Allegations resulting in Criminal Arrest	1	0	0	2	2	0	0	0.8
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	25	32	28	19	27	9	18	25
# 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	3	6	17

Death Reporting	FY13	FY14	FY15	FY16	FY17	FY18 [Q1, Q2]	FY18 [annualize ..]	5 Year Average
# of Deaths Reported- Community Settings	68	59	65	63	78	40	80	67
Rate per 100	1.6	1.4	1.8	1.4	1.6	0.87	1.74	1.6
# of Deaths Reported- Regional Centers	20	31	31	26	24	13	26	26
Rate per 100	2.5	4.0	4.1	3.6	3.4	1.9	3.8	3.5
Critical Incident Reporting	FY13	FY14	FY15	FY16	FY17	FY18 [Q1, Q2]	FY18 [annualized]	5 Year Average
# 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			1509
Critical Incidents reported excluding Major Medical, 3 day hospitalizations, and operations-related events consistent with Commission approved changes for FY18 and Revised Directive 100-09-DD, effective 11/1/17.						582	1164	
Rate per 100	16.9	15.8	16.8	19.2	21.1	6.7	13.4	18
# 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			265
Critical Incidents reported excluding Major Medical, 3 day hospitalizations , and operations-related events consistent with Commission approved changes for FY18 and Revised Directive 100-09-DD, effective 11/1/17.						60	120	
Rate per 100	31.2	29.6	32	40	45.9	8.9	17.8	35.8

Note: Change in Reporting process applied to FY18. Major Medical events, hospitalizations related to general health care and operations events are no longer reflected in this category.

SCDDSN Incident Management Report for FY17/18

(Community Residential, Day Service, and Regional Centers) Thru 21/31/2017

Allegations of Abuse/Neglect/Exploitation

Community Residential	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
# of ANE Allegations	43	51	49	27	50	59	34	50	60	40	44	37
# of ANE Incident Reports (The same incident may involve multiple allegations)	33	38	36	25	35	43	28	30	37	28	26	26
# Allegations resulting in Criminal Arrest	1	0	0	1	0	1	0	5	0	1	0	0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	15	6	8	8	11	19	8	18	11	14	4	2
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	8	8	6	2	5	4	3	11	8	7	7	2
Day Services	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
# of ANE Allegations	3	24	5	0	4	3	3	9	4	5	3	2
# of ANE Incident Reports (The same incident may involve multiple allegations)	3	10	5	0	4	3	3	9	4	3	3	2
# ANE Allegations resulting in Criminal Arrest	0	0	0	0	0	0	0	0	0	0	0	0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	0	1	0	0	0	0	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	0	0	0	1	1	1	2	0	3	1	0
Regional Centers	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
# of ANE Allegations	24	18	13	5	11	3	6	5	12	12	8	8
# of ANE Incident Reports (The same incident may involve multiple allegations)	10	14	10	5	9	3	6	5	10	10	8	4
# ANE Allegations resulting in Criminal Arrest	0	0	1	0	0	0	0	0	0	0	0	0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	1	2	1	2	4	1	1	2	3	3	0	0
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	3	1	1	0	0	1	1	0	1	1	0	0

Death Reporting												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
# of Deaths Reported- Community Residential	3	6	10	6	5	8	7	9	10	4	8	2
# of Deaths Reported- Regional Centers	1	0	5	1	2	2	4	2	2	1	3	1
Critical Incident Reporting												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
# of Reports for Critical Incidents in community-based residential programs	134	145	127	139	157	149	82	77	103	77	62	47
# of Reports for Critical Incidents in Day Service Settings	8	14	9	11	19	24	15	26	21	18	14	9
# of Critical Incidents Reported by other service areas	7	0	1	8	5	7	1	7	21	0	0	2
# of total Incidents reported	149	159	137	158	181	180	98	110	145	95	76	58
Medical Events reported to DDSN through Critical Incidents	05 (70%)	08 (68%)	07 (58%)	09 (62%)	18 (65%)	10 (61%)	03 (44%)	03 (48.2%)	03 (24.8%)	04 (46.3%)	02 (28.9%)	05 (1%)
Behavioral Incidents	40 (27%)	41 (26%)	42 (30%)	48 (30%)	42 (23%)	54 (30%)	09 (39.8%)	06 (32.7%)	04 (33.1%)	04 (42.1%)	00 (52.6%)	03 (75%)
Operations related Incidents	4 (3%)	10 (6%)	17 (12%)	11 (7%)	21 (12%)	16 (8%)	06 (16.3%)	01 (19.1%)	01 (13.1%)	01 (11.6%)	04 (18.4%)	01 (24%)
# of Critical Incidents Reported- Regional Centers	26	20	32	25	28	18	17	5	9	8	10	11
Medical Events at Regional Centers reported to DDSN through Critical	21 (81%)	09 (99.5%)	22 (69%)	19 (76%)	25 (89%)	17 (94%)	00 (58.8%)	04 (80%)	06 (66.7%)	04 (50%)	05 (50%)	05 (45.4%)
Behavioral Incidents	5 (19%)	01 (.5%)	10 (31%)	04 (16%)	03 (11%)	01 (6%)	05 (35.3%)	01 (20%)	03 (33.3%)	04 (50%)	05 (50%)	06 (54.5%)
Operations related Incidents	0	0	0	2 (8%)	0	0	01 (5.9%)	0	0	0	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.

Note: Change in Reporting process applied to FY18 calculations. Major Medical events, hospitalizations related to general health care and operations events are no longer reflected in this category.

Data Current as of 2/2/18.

GOOD NEWS STORY:

The National Core Indicators (NCI) Program is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) to do just that – establish indicators that measure the performance of ID services across 30+ participating states. It has produced annual reports for 20 years and is considered a foundational measurement tool in the ID service arena. The NCI survey obtains DDSN consumer input through interviews conducted by independent interviewers on wide variety of topical areas.

In recent NCI consumer surveys, **South Carolina providers distinguished themselves in the area of consumer safety.** The NCI survey measures consumer safety by directly asking consumers. South Carolina's results for the two key NCI consumer safety survey questions for FYs 15, 16, and 17 were:

NCI survey question: "NEVER OR RARELY FEEL AFRAID OR SCARED AT HOME":

FY 15: 96% of respondents (388 total; 170 residential & 218 at-home) from South Carolina and 83% across NCI states reported that they never or rarely feel afraid or scared in their home. States ranged from 71% to 96%.

FY 16: 98% of respondents (289 total; 153 residential & 136 at-home) from South Carolina and 93% across NCI states reported that they never or rarely feel afraid or scared in their home. States ranged from 80% to 99%.

FY 17: 94% of respondents (272 total; 204 residential & 68 at-home) from South Carolina reported that they never or rarely feel afraid or scared in their home. The FY 17 national average and range are not yet available from NCI.

NCI survey question: "NEVER OR RARELY FEEL AFRAID OR SCARED IN NEIGHBORHOOD":

FY 15: 97% of respondents from South Carolina and 85% across NCI states reported that they never or rarely feel afraid or scared in their neighborhood. States ranged from 77% to 97%.

FY 16: 99% of respondents from South Carolina and 93% across NCI states reported that they never or rarely feel afraid or scared in their neighborhood. States ranged from 82% to 99%.

FY 17: 99% of respondents from South Carolina reported that they never or rarely feel afraid or scared in their neighborhood. The FY 17 national average and range are not yet available from NCI.

South Carolina's sample size in FY15 (388 consumers) was statistically significant (95% confidence); FY 16 (289 consumers) and FY 17 (272 consumers) did not reach the minimum threshold, but were still sufficiently large and consistent with FY 15 to add considerable weight as to how DDSN consumers view their safety. In summary, 949 consumers (527 residential; 422 at-home) over the past three FYs consistently rated South Carolina at or near the top on these two key safety questions compared to 32 other states. There were two other safety questions, which South Carolina equally excelled in: "never or rarely feel afraid or scared at work, day program or regular activity" (FY15: 98%-SC; 89%-NCI states) and "someone to go to for help if afraid" (FY 15: 97%-SC; 93%-NCI states).

With all the ways we try to measure performance in this complex service delivery system, this NCI survey data seems a compelling tool to get to the heart of the safety issue.




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

COMMISSION
Eva R. Ravenel
Chairman
Gary C. Lemel
Vice Chairman
Mary Ellen Barnwell
Secretary
Sam F. Broughton, Ph.D.
William O. Danielson
Catherine O. Fayssoux
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.dds.sc.gov

MEMORANDUM

TO: Central Office Distribution List
Executive Directors, DSN Boards
CEOs, Contracted Service Providers

FROM: Susan Beck, Associate State Director-Policy 

RE: HCBS Setting Assessment Data

DATE: January 31, 2018

As part of the compliance efforts for the HCBS Rule regulation [42 CFR 441.301 (c)(4-5)], the South Carolina Department of Health and Human Services (DHHS) contracted with Public Consulting Group, Inc. (PCG) to assess the DDSN provider nonresidential and residential settings where waiver services are provided. In a memorandum dated September 19, 2017, DDSN shared the preliminary DDSN Global Analysis and the notice of the extension of the compliance deadline issued by the Centers for Medicare and Medicaid. Non-residential settings must be compliant by March 17, 2022. Residential settings must be in compliance by December 31, 2018, but more challenging geographical compliance (co-location of settings) was extended a deadline of March 17, 2022.

Final Global Analysis of Residential and Non-Residential Settings

The Final Global Analysis was recently sent to DDSN to include the remaining assessments completed through October 2017 and is attached to this memorandum. In recent weeks, DDSN has analyzed this data and initiated plans to ultimately reach state level compliance. Next, DDSN will develop a statewide compliance action plan (CAP) and providers will be required to develop and submit to DDSN provider level compliance action plans. The initial CAP must be

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

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

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

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

submitted to DDSN Quality Management in early FY 2019. DDSN will be providing additional tools and guidance to assist the providers in completing the CAP in the near future.

Individual Provider Setting Assessment Reports, the CAP and Resources

Over the next few days, the following documents will be uploaded to the DDSN Applications Portal under the Business Tools Section:

- 1) Individual Provider Analysis;
- 2) Individual PCG Reports by location;
- 3) Compliance Action Plan Template; and
- 4) HCBS Settings Assessments Preliminary Data Discussion Guide.

Within the HCBS Assessment folder, each provider will have secure access to the information for their agency. Only those staff with ED/Designee access will have access to these reports on the system. Providers may download and distribute, as needed, to additional staff. Additional resources are available in the Business Tools folder “HCBS Settings Final Rule Resources.” These include an overview of the HCBS Assessment Process and a summary of HCBS Assessment Findings. In the coming weeks, additional data analysis tools and support will also be provided by DDSN.

The PCG results should be interpreted as raw data reviewed in conjunction with other sources of data (e.g., self-assessments, consumer satisfaction surveys, compliance reviews). There are no consequences as a result of the PCG data; therefore, there is no appeal process for the data collected.

Webinar Co-hosted by DHHS and DDSN

DHHS and DDSN will be holding a webinar to review the global analysis, state requirements for submission of the compliance action plans, provider level compliance action plan requirements and technical assistance/resources offered through DDSN. This webinar will be held on Tuesday, February 20, 2018 at 2:30 PM. The webinar connection information will be provided when it is available.

If you have questions or experience difficulties accessing your files, please email DDSN at hcbs@ddsn.sc.gov. Thank you for all you do to support South Carolinians with disabilities. DDSN looks forward to working with you to move toward compliance with the HCBS Final Rule.

Attach: DHHS Final Global Analysis Letter and Data, January 24, 2018

January 24, 2018

Susan Kreh Beck, Ed.S., L.P.E.S., N.C.S.P.
Associate State Director – Policy
South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, SC 29203

Ms. Beck,

The South Carolina Department of Health and Human Services (SCDHHS) and its partner-provider, the South Carolina Department of Disabilities and Special Needs (SCDDSN), have been working to meet the requirements of the Home and Community-Based Services (HCBS) regulation [[42 CFR 441.301 \(c\)\(4-5\)](#)]. A major part of that effort is determining the compliance level of non-residential and residential settings contracted with SCDDSN to provide waiver services. SCDHHS contracted with Public Consulting Group, Inc. (PCG) to assess the non-residential and residential settings where waiver services are provided as part of the compliance efforts for the HCBS Rule.

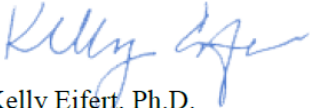
Included in this letter are the final global results of the non-residential and residential settings assessments, completed in October of 2017. The results are provided by setting type with all non-residential setting results combined. The results show compliance percentages for each assessed area based upon site visit observations, staff interviews, and waiver participant interviews.

Based on previous conversations with you, I understand that technical assistance will be available through your agency (SCDDSN) for providers to address changes in their settings to demonstrate compliance with the HCBS Rule. We will have additional resources available on the [HCBS website](#). We would encourage collaboration among providers to share their own success stories and offer assistance amongst themselves.

As this is the final global analysis, SCDHHS looks forward to SCDDSN's compliance action plan (CAP) detailing how they will oversee their providers addressing areas of non-compliance. The action plan must include a timeframe for its providers to be compliant; a review process for individual provider CAPs, including the approval process and communication; the process for monitoring how changes will be made at the provider and setting level; and the process for monitoring ongoing compliance with the new standards.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Kelly Eifert". The signature is fluid and cursive, with the first name "Kelly" being more prominent than the last name "Eifert".

Kelly Eifert, Ph.D.
Project Manager, Long Term Care and Behavioral Health
SC Dept. of Health and Human Services

cc: Joshua Baker, Interim Director, SCDHHS
Peter Liggett, Ph.D., Deputy Director, SCDHHS
Patrick Maley, Interim State Director, SCDDSN
Scott Tanner, Director of Operations & Community Options

SCDDSN Contracted Provider HCBS Assessment Data 2017- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Community Integration	A1	The location is free from a surrounding high wall, fence, closed gate, or locked gate	89.80%	91.30%	90.74%	91.23%	98.21%
	A2	The setting is free from locked doors, gates, or other barriers which inhibit entry to or egress from the location	85.71%	92.03%	90.46%	89.47%	98.21%
	A3	The setting is located among other private residences, businesses, and/or community resources	91.84%	94.20%	92.78%	91.23%	96.43%
	A4	The setting is not on the grounds of, nor adjacent to, either a public institution or building where inpatient institutional treatment is provided. (A public institution is an inpatient facility that is financed and operated by a county, state, municipality)	91.84%	94.20%	93.46%	91.23%	96.43%
	B1	Waiver participants participate in outings with their housemates.	91.84%	93.48%	93.05%	87.72%	100.00%
	B2	Waiver participants run errands independent of their housemates.	83.67%	85.51%	77.11%	89.47%	94.64%
	B3	Waiver participants go on outings with family members	93.88%	83.33%	92.92%	91.23%	100.00%
	B4	Waiver participants participate in outings with friends, or other people important to	93.88%	84.78%	92.78%	91.23%	100.00%
	B5	Waiver participants access the community through planned events with their residential provider.	93.88%	87.68%	92.92%	91.23%	94.64%
	B6	Group and individual activities are planned with input from the waiver participants rather than chosen by staff.	87.76%	89.86%	90.46%	91.23%	94.64%
	C1	Waiver participants have access to and control over their own money.	30.61%	29.71%	33.38%	57.89%	57.14%
	W1	Do you go to community events to do things you like to do? Waiver participants have access to the community through planned events with their residential provider.	61.22%	51.45%	74.25%	85.96%	85.71%
	W2	Do you go on errands (drug store, shopping for clothing, etc.) in the community? Who do you go with? Do you have to do errands with everyone in the house?	51.02%	49.28%	57.49%	80.70%	64.29%
Choice of Setting	A1	The waiver participant is provided options when choosing the setting, including non-disability specific settings	79.59%	73.19%	74.11%	77.19%	83.93%
	A2	Waiver participants have the option for a private bedroom.	67.35%	89.86%	92.37%	91.23%	100.00%
	A3	Waiver participants who share bedrooms have a choice of roommates.	36.73%	23.19%	17.30%	56.14%	37.50%
	A4	Waiver participants can decorate their bedrooms in the manner of their choosing.	93.88%	87.68%	89.78%	77.19%	96.43%

SCDDSN Contracted Provider HCBS Assessment Data 2017- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

			CRCF	CTH I	CTH II	SLP I	SLP II
			PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule
Choice of Setting	W1	Did you choose this house or apartment? Was there another place you wanted to live? The waiver participant was provided options when choosing the setting, including non-disability specific settings.	59.18%	42.03%	61.04%	66.67%	69.64%
	W2	Did you get to choose to have a private bedroom? Waiver participants have the option for a private bedroom.	36.73%	54.35%	82.02%	89.47%	94.64%
Individual Rights	A1	Waiver participants are informed of their rights.	77.55%	89.13%	83.24%	91.23%	98.21%
	A2	Rights information is posted in an area easily accessible to the waiver participant.	89.80%	38.41%	72.34%	54.39%	60.71%
	A3	Waiver participants are informed of the process for filing grievances or complaints.	91.84%	86.96%	90.05%	91.23%	100.00%
	A4	Waiver participants freely express complaints without fear of staff imposed consequences.	85.71%	91.30%	90.74%	91.23%	100.00%
	A5	The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas and visible to residents.	44.90%	87.68%	47.68%	91.23%	94.64%
	B1	Waiver participant's health information is only discussed with those authorized by the waiver participant.	91.84%	91.30%	91.01%	91.23%	100.00%
	B2	Health information is stored in a central, secure location which is only accessible to professional staff.	93.88%	91.30%	86.24%	89.47%	94.64%
	B3	Waiver participant's schedules for PT, OT, medications, restricted diet, etc. are kept private.	89.80%	92.75%	84.60%	87.72%	91.07%
	B4	Health related and personal care activities (ex: blood pressure readings, medication administration, personal hygiene, etc.), including discussions of health, are conducted in private locations.	87.76%	65.22%	65.12%	91.23%	91.07%
	C1	The setting provides a secure place for waiver participants to store personal belongings.	79.59%	86.23%	88.83%	89.47%	100.00%
	C2	Individuals are afforded privacy in receipt and sending of mail.	91.84%	90.58%	88.56%	91.23%	96.43%
	C3	Individuals are afforded privacy in receipt and making of phone calls.	83.67%	89.86%	83.51%	91.23%	98.21%
	D1	The setting prohibits the use of un-authorized restraining interventions such as seclusion, physical restraints, chemical restraints, or locked doors.	85.71%	91.30%	90.05%	91.23%	100.00%

SCDDSN Contracted Provider HCBS Assessment Data 2017- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

		CRCF	CTH I	CTH II	SLP I	SLP II	
		PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	
Individual Rights	W1	Do the people who work here treat you nicely? If someone is unkind do you know who to tell? Does someone help you? Waiver participants are informed of their rights.	67.35%	51.45%	76.16%	78.95%	78.57%
	W2	If you tell someone that you are unhappy with the staff do you feel safe? Does anyone question you about what you said? Staff do not retaliate or impose consequences on waiver participants in response to complaints.	63.27%	50.00%	71.39%	77.19%	83.93%
	W3	Has anyone given you a telephone number you can call if you have a problem? Do you know what to do if you have a problem? Waiver participants are informed of the process for filing grievances or complaints.	48.98%	44.20%	58.31%	77.19%	60.71%
	W4	Are you able to use the phone? Do you get your own mail? Individuals are afforded privacy in receipt and sending of mail/phone calls.	53.06%	50.00%	68.12%	84.21%	85.71%
	W5	Are you able to keep things that are important to you /valuable (such as photos, or mementos) to you safe or locked up? The setting provides a secure place for waiver participants to store personal belongings.	53.06%	44.20%	67.98%	87.72%	91.07%
Autonomy and Independence	A1	Waiver participants choose their own personal activities and create their own activities schedule based on their individual interests and preferences.	91.84%	92.03%	91.42%	91.23%	98.21%
	A2	Waiver participants are provided the flexibility to remain at home during the day rather than being required to participate in day programs or employment.	87.76%	85.51%	80.93%	91.23%	96.43%
	A3	Waiver participants participate in meal preparation, meal planning, and shopping for ingredients.	46.94%	73.91%	60.90%	91.23%	96.43%
	A4	Waiver participants participate in laundry, cleaning, and household chores.	81.63%	80.43%	89.78%	91.23%	100.00%
	B1	Waiver participants have reasonable flexibility with wake-up times that ensure they are ready for scheduled activities (such as transportation to work).	83.67%	92.03%	79.56%	91.23%	96.43%
	C1	Waiver participants choose what time they go to their rooms or to bed each evening.	93.88%	81.88%	90.74%	91.23%	96.43%
	W1	Do you make decisions about what you do, when and where you go and who you see? Waiver participants are encouraged to create their own personal activities schedule/initiate and create activities of their choice/go on outings with people important to them.	61.22%	47.10%	70.16%	85.96%	85.71%

SCDDSN Contracted Provider HCBS Assessment Data 2017- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

			CRCF	CTH I	CTH II	SLP I	SLP II
			PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule
Autonomy and Independence	W2	Do you help plan the meals you eat (breakfast, lunch, dinner)? Are you able to eat what you want to eat? Waiver participants are provided opportunities to participate in meal planning.	44.90%	43.48%	55.99%	89.47%	87.50%
	W3	Do you get to eat at the time you want? Are you able to eat where you want and with whom you want (i.e. in a place other than the dining room or kitchen)? Do you always have to sit by the same person? Waiver participants can eat wherever they would like	40.82%	41.30%	47.14%	85.96%	78.57%
	W4	Do you go grocery shopping? Do you help cook the meals you eat? Waiver participants are provided opportunities to participate in meal planning and shopping for the necessary items/meal preparation.	28.57%	41.30%	47.82%	85.96%	83.93%
	W5	Do you have to go to bed at a certain time? Wake up at a certain time? Waiver participants do not have to go to their rooms or bed at a specific time each evening/ reasonable flexibility wake up times.	42.86%	34.78%	51.23%	73.68%	57.14%
Choice of Services	A1	Waiver participants and their representatives participate in their planning meetings.	93.88%	84.78%	91.69%	91.23%	98.21%
	A2	Participants are offered the option of having a facilitator for service planning.	79.59%	71.01%	76.16%	64.91%	83.93%
	W1	Who comes to your service planning meetings? Do you go to the planning meeting? Who else comes to your meeting (family, friends, others)? Waiver participants and their representatives are offered and encouraged to participate in their planning meetings.	51.02%	40.58%	61.58%	70.18%	58.93%
	W2	Do you get to decide on who is invited to your planning meeting? Waiver participants communicated that they have the ability to select those invited to the planning meeting.	48.98%	36.23%	55.59%	64.91%	53.57%
Choice of Services	W3	Do you think you are listened to during the meeting? Does your service plan include things that are important to you? Waiver participants communicated that their input is reflected in the service plan.	44.90%	38.41%	60.35%	75.44%	64.29%
	W4	If you later wanted to change some of your services what would you do? Who would you talk to? Waiver participants communicated that they are aware of how to request changes to their current services.	55.10%	41.30%	63.35%	78.95%	66.07%

SCDDSN Contracted Provider HCBS Assessment Data 2017- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

			CRCF	CTH I	CTH II	SLP I	SLP II
			PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule
Landlord Tenant Rights	A1	Each waiver participant living in the setting has a legally enforceable lease.	85.71%	36.23%	68.94%	75.44%	80.36%
	A2	If CTH I only, each waiver participant in the setting has a residential agreement.	0.00%	55.80%	0.00%	0.00%	0.00%
Privacy	A1	Waiver participants have keys to their rooms, unless otherwise specified in the waiver participant's plan.	30.61%	23.19%	50.95%	77.19%	85.71%
	A2	Waiver participants have keys to the home/apartment, unless otherwise specified in	28.57%	36.23%	43.73%	91.23%	98.21%
	A3	Waiver participants can lock the bathroom door, unless otherwise specified in the waiver participant's plan.	51.02%	81.88%	80.38%	89.47%	98.21%
	B1	Waiver participants can go inside, outside, and to all common areas of the home at their choosing.	81.63%	86.96%	87.19%	89.47%	100.00%
	W1	Do you have a key to your home? Waiver participants have keys to the home/apartment, unless specified in the waiver participant's plan.	26.53%	29.71%	31.47%	87.72%	85.71%
	W1	Can you close and lock your bedroom door? Do you have a key to your bedroom? Waiver participants have keys to their rooms/homes unless specified in the waiver participant's plan.	26.53%	29.71%	42.64%	71.93%	75.00%
	W3	Can you close and lock your bathroom door?	40.82%	44.93%	59.67%	82.46%	83.93%
Self-Determination	A1	Waiver participants have the flexibility to eat meals at the time of their own choosing.	89.80%	91.30%	91.55%	91.23%	98.21%
	A2	Waiver participants are able to dine in the location of their own choosing (without additional charges or advance notification to staff).	69.39%	64.49%	72.89%	91.23%	100.00%
	A3	Waiver participants can eat wherever they would like and are not assigned a specific seat for dining.	89.80%	92.03%	91.69%	91.23%	98.21%
	A4	Waiver participants have access to food items throughout the day without requesting these items from staff.	57.14%	83.33%	78.88%	91.23%	96.43%

SCDDSN Contracted Provider HCBS Assessment Data 2017- Residential

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Residential Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

			CRCF	CTH I	CTH II	SLP I	SLP II
			PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule	PERCENT meeting HCBS Rule
Self-Determination	W1	When other people in the house go out to do an activity or to run an errand, do you have to go? Waiver participants do not always go on or attend all the same outings together/ run errands at the same time.	26.53%	31.88%	38.96%	64.91%	48.21%
	W2	Do you get to help decide what activities you get to do or restaurants you go to? Group and individual activities are planned with input from the waiver participants rather than chosen by staff.	55.10%	46.38%	69.48%	85.96%	87.50%
Visitors	A1	Visitors may enter the residence without signing in or out.	57.14%	93.48%	67.30%	91.23%	75.00%
	A2	Waiver participants can have people over at any time they choose.	83.67%	80.43%	87.74%	87.72%	92.86%
	A3	Waiver participants have a private place to meet their visitors.	91.84%	91.30%	91.96%	91.23%	100.00%
	A4	Waiver participants can have visitors stay over-night.	22.45%	52.90%	45.91%	80.70%	85.71%
	A5	Visitors may make unscheduled or unannounced visits.	89.80%	74.64%	90.74%	89.47%	94.64%
	A6	Waiver participants have a method to allow guests to enter the location without the assistance of staff.	75.51%	65.94%	81.34%	91.23%	98.21%
	W1	Can you have visitors come to the house whenever you want? Waiver participants can have people over at any time they choose.	59.18%	44.93%	69.21%	80.70%	76.79%
	W2	Are you able to let your visitors in the house? Waiver participants have a method to allow guests to enter the location without the assistance of staff.	38.78%	39.13%	56.40%	85.96%	76.79%
	W3	Do you have to tell anyone or ask anyone before having someone over? Waiver participants do not need to give advanced notice when a visitor is coming.	20.41%	24.64%	34.33%	54.39%	33.93%
	W4	Can you have someone stay the night if you want? Waiver participants can have visitors stay over-night.	18.37%	21.01%	20.44%	59.65%	48.21%
Physical Accessibility	A1	The setting is physically accessible for waiver participants who have a physical disability (i.e. a ramp is in place if a resident uses a wheelchair).	93.88%	90.58%	90.60%	91.23%	100.00%
	A2	All waiver participants have access to all common areas of the house (i.e. there are not stairs in a home that a resident in a wheelchair cannot use thus keeping them out of a portion of the home).	93.88%	92.75%	91.83%	91.23%	100.00%
	A3	The site is free from gates, or other barriers preventing waiver participants entrance to and exit from all areas of the setting.	93.88%	92.03%	91.42%	91.23%	98.21%
	A4	Assistive devices (e.g. sight and hearing impairment devices) are available for waiver participants who require them to move or access the setting	93.88%	92.75%	91.28%	91.23%	98.21%

SCDDSN HCBS Assessment Data- Non Residential 2017

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

		PERCENT meeting HCBS Rule	
Community Integration	A1	The location is free from a surrounding high wall, fence, closed gate, or locked gate	87.50%
	A2	The setting is free from locked doors, gates, or other barriers which inhibit entry to or egress from the location	84.09%
	A3	The setting is located among other private residences, businesses, and/or community resources	89.77%
	A4	The setting is not on the grounds of, nor adjacent to, either a public institution or building where inpatient institutional treatment is provided. (A public institution is an inpatient facility that is financed and operated by a county, state, municipal	92.05%
	A5	This location is the only setting operated by the provider in the immediate area.	52.27%
	A6	This location is the only setting of its type located in the immediate area	67.05%
	A7	The setting is located separately from a sheltered workshop or other employment setting. (Co-location refers to being on the same grounds, within the same building of, or sharing common spaces)	45.45%
	B1	Community resources outside of the setting are utilized to provide services to waiver participants	90.91%
	B2	Waiver participants spend the majority of their daytime hours involved in activities of their choice that include opportunities to participate in the community per their interests and preferences.	90.91%
	B3	In non-employment setting, the program provides waiver participants with opportunities for typical meaningful non-work activities in integrated community settings (i.e. volunteering in the community such as at an animal shelter)	57.95%
	B4	If an employment setting, waiver participants have the opportunity to participate in determining his/her work schedule, break and lunch times, including leave (vacation/sick time) and receipt of medical benefits with his/her employer	47.73%
	C1	Waiver participants have access to and control over their own money	78.41%
	W1	What do you like to do during the day here? Do you choose what you want to do while you are here? Waiver participants spend the majority of their daytime hours involved in activities of their choice that include opportunities to participate in the community.	82.95%
	W2	Do you go into the community from here? What do you do there? The program provides waiver participants with opportunities for typical meaningful non-work activities in integrated community settings (i.e. volunteering in the community based on individual	73.86%
	W3	Are you allowed to bring and keep your own money? Waiver participants have access to and control over their own money.	78.41%

SCDDSN HCBS Assessment Data- Non Residential 2017

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

**PERCENT
meeting
HCBS Rule**

		PERCENT meeting HCBS Rule	
Choice of Setting	A1	The waiver participant was provided options when choosing the setting, including non-disability specific settings	92.05%
	A2	The program offers employment options outside of employment services offered at the setting (i.e. the provider has options for waiver participants to obtain employment in the community)	78.41%
	A3	Waiver participants have a choice to participate in individual and/or group employment opportunities and to work in integrated public settings. (i.e. the waiver participant can choose the type of work setting.)	82.95%
	B1	The program provides services to individuals not receiving HCBS services (state funded services are acceptable)	87.50%
	B2	Waiver participants and non-waiver participants are integrated within the setting.	89.77%
	B3	The program provides waiver participants the ability to interact with non-waiver participants, excluding paid staff and/or volunteers	82.95%
	W1	Do you want to have a job? Do the staff help you find a job? Waiver participants have a choice to participate in employment opportunities (individual and/or group) and work in integrated public settings.	76.14%
Individual's Rights	A1	Waiver participants are informed of their rights	94.32%
	A2	Rights information is posted in an area easily accessible to the waiver participant.	84.09%
	A3	Waiver participants are informed of the process for filing grievances or complaints.	92.05%
	A4	Waiver participants freely express complaints without fear of staff imposed consequences.	90.91%
	B1	Waiver participant's health information is only discussed with those authorized by the waiver participant.	89.77%
	B2	Health information is stored in a central, secure location which is only accessible to professional staff.	92.05%
	B3	Waiver participant's schedules for PT, OT, medications, restricted diet, etc. are kept private.	90.91%
	B4	Health related and personal care activities (ex: blood pressure readings, medication administration, personal hygiene, etc.), including discussions of health, are conducted in private locations	80.68%
	C1	The setting provides a secure place for waiver participants to store personal belongings	75.00%
	C2	Waiver participants are allowed to use private mobile devices as appropriate AND allowed privacy to do so during personal time or emergencies	92.05%
	D1	The setting prohibits the use of un-authorized restrictive interventions and restraints interventions such as seclusion, physical or mechanical restraints, chemical restraints, or locked doors.	85.23%
	W1	If you were unhappy here, who would you tell? Waiver participants are informed of their rights.	89.77%
	W2	Are you able to make a complaint if you are not happy? How do you do this? Does someone help you? Staff do not retaliate or impose consequences on waiver participants in response to complaints.	80.68%
	W3	Is there a telephone number you can call if you have a problem? Waiver participants are informed of the process for filing grievances or complaints.	64.77%

SCDDSN HCBS Assessment Data- Non Residential 2017

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations

*Orange shading indicates questions for people supported by the agencies.

**Highlighted questions resulted in a positive response rate of less than 85%.

**PERCENT
meeting
HCBS Rule**

Autonomy and Independence	A1	Waiver participants are encouraged to choose their own personal activities and create their own activities schedule based on their individual interests and preferences	92.05%
	A2	The program provides a variety of meaningful non-work activities that are responsive to the goals, interests, and needs of the waiver participants.	92.05%
	A1	If work is completed or unavailable, the waiver participant is engaged in meaningful non-work activities that are responsive to the goals, interests, and needs of the waiver participant.	89.77%
	A2	The program provides for large group activities as well as solitary activities.	95.45%
	A3	The program provides for stimulating as well as calming activities	87.50%
	B1	The program provides indoor and outdoor gathering spaces for the waiver participants	92.05%
	B2	The program allows waiver participants the freedom to move about inside and outside of the setting.	90.91%
	B3	Waiver participants may move about the setting freely.	88.64%
	B4	Waiver participants are involved in activities and work with various people throughout the day.	80.68%
	W1	If you want to do an activity that is not on the schedule, are you able to do so? Waiver participants are encouraged to initiate and create activities of their choice/create schedule.	72.73%
	W2	If you want to do an activity by yourself instead of with a group, could you? The program provides for large group activities as well as solitary activities.	69.32%
	W3	Do you have to stay in the same room all day? Waiver participants are not restricted to the same room for the majority of or all of the day.	51.14%
	W4	Do you have to stay with the same people all day? Sit in the same seat? Waiver participants are not assigned to be with the same group of people throughout the day.	40.91%
	W5	Are you able to go outside if you want to? The program provides indoor and outdoor gathering spaces for the waiver participants.	67.05%
	Choice of Services	A1	Waiver participants and their representatives are offered and encouraged to participate in their planning meetings
A2		Participants are offered the option of having a facilitator for service planning	81.82%
W1		Who comes to your service planning meetings? Do you attend the meeting? Waiver participants and their representatives are offered and encouraged to participate in their planning meetings.	76.14%
W2		Do you get to choose who is invited? Waiver participants communicated that they have the ability to select those invited to the planning meeting.	77.27%
W3		Do you feel everyone listens to what you have to say during the meeting? Waiver participants communicated that their input is reflected in the service plan.	78.41%
W4		If you later wanted to change some of your services what would you do? Waiver participants communicated that they are aware of how to request changes to their current services.	78.41%

SCDDSN HCBS Assessment Data- Non Residential 2017

Assessments completed by PCG/ Contracted by SCDHHS in DDSN Contracted Day Service Locations

**Orange shading indicates questions for people supported by the agencies.*

***Highlighted questions resulted in a positive response rate of less than 85%.*

**PERCENT
meeting
HCBS Rule**

Physical Accessibility	A1	The setting is physically accessible for waiver participants who have a physical disability (i.e. a ramp is in place if a resident uses a wheelchair)	94.32%
	A2	The site is free from gates, or other barriers preventing waiver participants? entrance to and exit from all areas of the setting	92.05%
	A3	Assistive devices (e.g. sight and hearing impairment devices) are available for waiver participants who require them to move or access the setting	89.77%

Summary- Charles Lea Center- Fiscal Agent Respite Payroll
Fiscal Year: 2018

	Amount	Description
Original Contract	\$ 4,307,000	Amount in June Commission Package (May 1 numbers)
Amendment One	\$ 400,000	Adjustment for annualization of 2017 service level
Amendment Two	\$ 317,151	Amendment for increase activity for current fiscal year
Total	\$ 5,024,151	

Summary- JASPER- Fiscal Agent
Fiscal Year: 2018

	Amount	Description
Original Contract CSW	\$ 1,675,000	Amount in June Commission Package (May 1 numbers)
Amendment One	\$ 1,000,000	Adjustment for Annualization of 2017 service levels
Amendment Two	\$ 800,000	Amendment for increase activity for current fiscal year
Total	\$ 3,475,000	

Original Contract Respite Payroll	\$ 2,680,000	Amount in June Commission Package (May 1 numbers)
Amendment One	\$ 200,000	Amendment for increase activity for current fiscal year
Total	\$ 2,880,000	

**REQUEST FOR
SEWER FORCE MAIN UTILITY EASEMENT
AT WHITTEN CENTER
28373 HWY. 76 EAST
CLINTON, SC
FROM
LAURENS COUNTY WATER AND SEWER COMMISSION**

Laurens County Water and Sewer Commission (LCWSC) requests the South Carolina Department of Disabilities and Special Needs (DDSN) grant a utility easement for the construction of a sewer force main connecting system lift station on the southeast side of campus to lift station on the northwest side of campus along 7th Avenue and along the dirt road as shown on attached drawing provided by W. K. Dickson & Co, Inc.

LCWSC has been awarded DHEC grant funding to construct small sewer lift stations on site at Whitten Center to redirect sewer flow away from the large gravity lines. The large lines will then be decommissioned.

The Whitten Center sewer system improvement project is part of the proposed Whitten Center land transfer to the City of Clinton, through which the City of Clinton will take ownership, operation, inspection, maintenance, repair, and replacement responsibility for Whitten Center's sewer system, water system, and storm drainage system.

LCWSC understands that Whitten Center is home to residents with intellectual and other disabilities. In the interest of the safety and welfare of the vulnerable residents, staff, and visitors at Whitten Center, LCWSC will notify Whitten Center staff when LCWSC's personnel or contractors are present and working on Whitten Center campus, to the greatest extent reasonable.

DDSN staffs reviewed the request, and anticipate no detriment to Whitten Center residents, staff, or State property in granting the easement request.

Pending Commission approval, DDSN will submit the request to South Carolina Department of Administration staff for review and consideration at a State Fiscal Accountability Authority meeting. Commission approval of this Utility Easement is requested.

Date: February 8, 2018

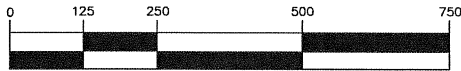


REFERENCES:

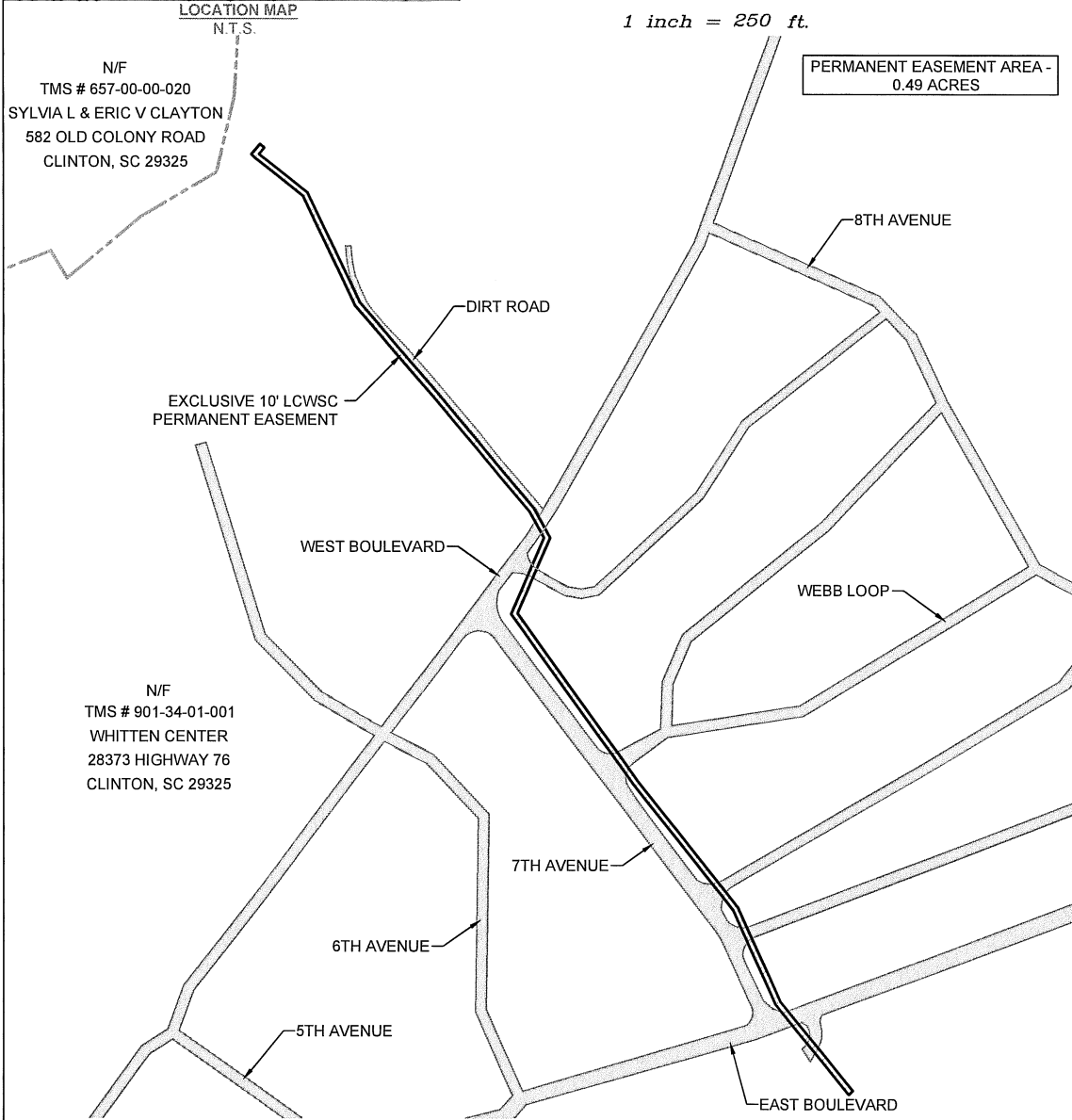
1. CONSTRUCTION PLANS FOR THE "WHITTEN CENTER SEWER LIFT STATIONS" PREPARED FOR LAURENS COUNTY WATER AND SEWER COMMISSION BY W.K. DICKSON, AS OF FEBRUARY 5, 2018.
2. LAURENS COUNTY TAX MAP #901-34-01-001; 2018 EDITION
3. PROPERTY INFORMATION BASED ON SURVEY BY ADTECH SURVEYING, INC. DATED DECEMBER 27, 2017 AND LAURENS COUNTY GIS.



GRAPHIC SCALE



1 inch = 250 ft.



N/F
TMS # 657-00-00-020
SYLVIA L & ERIC V CLAYTON
582 OLD COLONY ROAD
CLINTON, SC 29325

PERMANENT EASEMENT AREA -
0.49 ACRES

N/F
TMS # 901-34-01-001
WHITTEN CENTER
28373 HIGHWAY 76
CLINTON, SC 29325

OWNER INFORMATION:
TMS# 901-34-01-001
WHITTEN CENTER
28373 HIGHWAY 76
CLINTON SC, 29325

- LEGEND**
- IRON PIPE (FOUND)
 - ◻ CON. MONUMENT FOUND
 - CALCULATED POINT
 - PROPERTY LINE
 - EXCLUSIVE LAURENS COUNTY WATER & SEWER COMMISSION EASEMENT

SYM.	REVISION DESCRIPTION	DATE	APPROV. BY
PREPARED FOR: LAURENS COUNTY WATER AND SEWER COMMISSION PO BOX 1006 LAURENS, SOUTH CAROLINA 29360			
SCALE: 1" = 250'	APPROVED BY:		DRAWN BY: TDM
DATE: 2/5/18			CKD. ERB
REVISION DATE:	PREPARED BY: W.K. DICKSON & CO., INC.		
WHITTEN CENTER SEWER LIFT STATIONS			DRAWING NO. 1 OF 1

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Program Need – Recurring Funds		Budget Request for FY 2018-2019	FY 2018 – 2019 Executive Budget
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 care to consumers. This request is the second year of a multiyear request and has two 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 \$12.00 per hour, a 9.1 percent increase from \$11.00 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. Large private companies, like Walmart and McDonald’s, are raising their hiring pay rate to remain competitive.</p> <p>(2) Retain essential staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists at supervisory and manager levels 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>\$11,300,000</p> <hr/> <p>Increase Hiring Wage \$10M</p> <p>Compression & Retention \$1.3M</p>	<p>_____</p>
2	<p>Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists. This request has three components:</p> <p>(1) The first component will provide approximately 1,000 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development and independence, keep them at home and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 8,100 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This initiative 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 requests new funds required to cover the new costs associated with changes to services or service levels in the ID/RD and HASCI Medicaid Waivers. Pest control/bed bug infestation will be a new service in the HASCI Waiver and the caps on environmental modifications and private vehicle modifications in the ID/RD waiver will be increased from \$7,500 to \$15,000 each.</p> <p>(3) The third component of this request will provide necessary residential supports and services to two target groups (a) 100 individuals who are living at home with caregivers aged 72 and over and (b) 45-50 individuals with intensely challenging behaviors. 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. For aging caregivers, providing services now prevents waiting until the family is in a state of crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are almost 1,400 individuals with severe disabilities being cared for by parents aged 72 and over. Over 570 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. For individuals with extremely challenging behavior, 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</p>	<p>\$9,500,000</p> <hr/> <p>In-Home Supports \$4.5M</p> <p>Added Waiver Services \$700K</p> <p>Targeted Residential/Aging Caregivers \$2.3M</p> <p>Targeted Residential/High Management \$2M</p>	<p>_____</p>

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Program Need – Recurring Funds		Budget Request for FY 2018-2019	FY 2018 – 2019 Executive Budget
	cost of providing a very high level of supports required for individuals with aggressive, intense 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.		
3	<p>Psychiatric Intervention and Stabilization for Individuals. This request would build crisis intervention capacity within DDSN's system in three major areas.</p> <p>(1) Psychiatric intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Nurse practitioners will assist in medical diagnosis and treatment. Intensive supports would be provided in individuals' current living environment. The use of telehealth will be integrated in order to increase access to psychiatrists, nurse practitioners and other specialists. This will also improve management of complex physical and psychological conditions and is cost efficient. Existing mental health resources are not sufficient or tailored to meet the needs of individuals with developmental disabilities. This request also includes increased access to psychiatric support for individuals receiving community services and supports. The primary objective is to prevent a crisis situation, intervene to support an individual escalating to crisis and stabilize individuals in crisis in order that they can remain in their home.</p> <p>(2) The crisis response and stabilization 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 psychiatric service 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>(3) 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. Increasing access to psychiatric services in a timely manner will increase the success of interventions. These interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement.</p>	<p>\$1,800,000</p> <hr/> <p>Psychiatric and Behavioral Supports \$900K</p> <p>Temporary Residential \$400K</p> <p>TBI Inpatient \$500K</p>	<p>_____</p>
4	<p>Ensure Compliance with CMS Final Rule Regulations.</p> <p>(1) New federal requirements defined by the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) 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. More individualized settings require increased staffing models, necessitating additional funding. This request would provide funding to develop these new service models for individualized day supports and employment opportunities to be compliant with the CMS HCBS 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.</p> <p>(2) The 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</p>	<p>\$6,700,000</p> <hr/> <p>Individualized Employment/Day Supports \$5.1M</p> <p>CMS Requirements \$1.6M</p>	<p>_____</p>

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Program Need – Recurring Funds		Budget Request for FY 2018-2019	FY 2018 – 2019 Executive Budget
	<p>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.</p> <p>(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>		
5	<p>Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care.</p> <p>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 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 25 to 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	_____
6	<p>Community ICF/IID Provider Rate Increase.</p> <p>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. There are no automatic increases to cover increasing operating expenses. 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	_____
7	<p>Strengthen Provider Support, Oversight and System Changes.</p> <p>This request has three components:</p> <p>(1) The first 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> <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 (a) provided directly by DDSN staff, (b) national subject matter experts would be brought in and (c) provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training.</p>	<p>\$1,650,000</p> <hr/> <p>Provider Oversight \$250K</p> <p>Training \$200K</p> <p>Intake \$1.2M</p>	_____

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Program Need – Recurring Funds		Budget Request for FY 2018-2019	FY 2018 – 2019 Executive Budget
	(3) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization offers 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.		
8	<p>Assure Statewide Access to Genetic Services.</p> <p>This request will assure statewide access to genetic services for infants born with complex developmental disabilities and their families. It also supports development of a systematic and comprehensive application of new genomic technologies. The Greenwood Genetic Center would receive these funds through contracts. Currently the underlying cause for intellectual disabilities in approximately 40% of individuals evaluated is not identified. For individuals with autism, an underlying cause is not identified in 80% of those evaluated. The lack of a specific cause is not acceptable to families and physicians. It also significantly limits optimum medical management, treatment options and informed decision-making. This request supports the use of new and emerging genomic technologies, such as whole genome sequencing, whole exon array, transcriptomics, metabolomics and structural variant assessment technologies, to improve the ability to determine the underlying causation of intellectual disability for individuals served by DDSN. The request of \$500,000 of new state funds will be used in conjunction with funds from the private sector. Anticipated private partners include Duke Endowment, Self Healthcare, Self Family Foundation and individual donors.</p>	\$500,000	_____
9	<p>Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries.</p> <p>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 these 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.</p>	\$500,000	\$200,000
TOTAL RECURRING FUNDS		\$34,650,000	\$200,000

**South Carolina Department of Disabilities and Special Needs
 FY 2018 – 2019 Budget Request Items In Priority Order
 Approved by the Commission on 8/17/2017**

Program Need – Non-Recurring Funds		Budget Request for FY 2018-2019	FY 2018 – 2019 Executive Budget
1	<p>Vehicle and Building Maintenance. DDSN’s statewide network of community service providers own and operate hundreds of buildings for the provision of day services, residential services, case management and early intervention services and administration of programs and services. In addition, a multitude of vehicles is associated with the provision of care and services. This request for \$5,000,000 of non-recurring state funds will provide sufficient funding as a maintenance of effort regarding the infrastructure needs of DDSN’s network of community service providers. Federal, state and local requirements require compliance with ADA and Medicaid regulations, Fire Marshal specifications, licensure standards, building codes, etc. for buildings. Health and safety of individuals receiving services and staff must be protected during the operation of vehicles. The provision of funds for this request will ensure buildings and vehicles are compliant, well maintained and safe. Maintenance cannot be continually deferred. Eventually these costs must be covered or services have to be reduced or eliminated. Reducing quality is not an option due to the nature of services provided to individuals with disabilities.</p>	\$5,000,000	_____
TOTAL NON-RECURRING FUNDS		\$5,000,000	
TOTAL FUNDS REQUESTED		\$39,650,000	\$200,000

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

	<u>General Fund</u> <u>(Appropriations)</u>	<u>Medicaid</u> <u>Fund</u>	<u>Other Operating</u> <u>Funds</u>	<u>Federal and</u> <u>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
<u>FY 2018 YTD Activity</u>					
<u>Receipts/Transfers</u>					
Revenue	\$ 251,398,355	\$ 218,608,187	\$ 3,269,873	\$ 738,334	\$ 474,014,749
Interfund Transfers	\$ (28,000,000)	\$ 28,000,000	\$ (2,425,000)	\$ -	\$ (2,425,000)
Total Receipts/Transfers	\$ 223,398,355	\$ 246,608,187	\$ 844,873	\$ 738,334	\$ 471,589,749
<u>Disbursements</u>					
Personal Services	\$ (28,652,783)	\$ (9,684,504)	\$ (33,091)	\$ (134,709)	\$ (38,505,087)
Fringe Benefits	\$ (11,805,646)	\$ (3,984,688)	\$ -	\$ (57,384)	\$ (15,847,718)
Other Operating Expense	\$ (111,320,771)	\$ (227,813,016)	\$ (1,112,724)	\$ (657,798)	\$ (340,904,309)
Capital Outlays	\$ -	\$ (239,348)	\$ (25,504)	\$ -	\$ (264,852)
Total Disbursements	\$ (151,779,200)	\$ (241,721,556)	\$ (1,171,319)	\$ (849,891)	\$ (395,521,966)
Outstanding Accounts Payable Balance	\$ (27,573)	\$ (152,764)	\$ (10,142)	\$ (23,244)	\$ (213,723)
Unreserved Cash Balance - 1/31/2018	\$ 72,539,237	\$ 7,234,592	\$ 3,951,458	\$ (128,215)	\$ 83,597,072

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

FM Budget vs Actual											
Author		JGRANT								Status of Data 2/8/2018 01:59:43	
Filter		Information									
Table											
Fiscal Year	Business area	Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance		
2018	DDSN	ADMINISTRATION	\$ 7,883,999.00	\$ 0.00	\$ 7,883,999.00	\$ 3,998,986.68	\$ 3,885,012.32	\$ 603,966.78	\$ 3,281,045.54		
		PREVENTION PROGRAM	\$ 257,098.00	\$ 585,902.00	\$ 843,000.00	\$ 100,955.00	\$ 742,045.00	\$ 327,350.00	\$ 414,695.00		
		GREENWOOD GENETIC CENTER	\$ 11,858,376.00	\$ 0.00	\$ 11,858,376.00	\$ 8,215,912.00	\$ 3,642,464.00	\$ 3,642,464.00	\$ 0.00		
		CHILDREN'S SERVICES	\$ 14,859,525.00	\$ 2,391,436.00	\$ 17,250,961.00	\$ 8,141,782.29	\$ 9,109,178.71	\$ 15,330.00	\$ 9,093,848.71		
		BABYNET	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00	\$ 7,944,063.00	\$ 1,368,437.00	\$ 0.00	\$ 1,368,437.00		
		IN-HOME FAMILY SUPP	\$ 87,577,481.00	-\$ 9,501,917.00	\$ 78,075,564.00	\$ 31,094,455.69	\$ 46,981,108.31	\$ 14,670,748.90	\$ 32,310,359.41		
		ADULT DEV&SUPP EMPLO	\$ 70,022,008.00	\$ 9,679,896.00	\$ 79,701,904.00	\$ 48,813,130.55	\$ 30,888,773.45	\$ 60,000.00	\$ 30,828,773.45		
		SERVICE COORDINATION	\$ 22,707,610.00	-\$ 974,697.00	\$ 21,732,913.00	\$ 12,417,956.45	\$ 9,314,956.55	\$ 779,846.65	\$ 8,535,109.90		
		AUTISM SUPP PRG	\$ 14,136,026.00	\$ 10,955,882.00	\$ 25,091,908.00	\$ 7,930,103.16	\$ 17,161,804.84	\$ 923,136.89	\$ 16,238,667.95		
		Pervasive Developmental Disorder (PDD) Program	\$ 9,780,880.00	\$ 0.00	\$ 9,780,880.00	\$ 1,456,321.10	\$ 8,324,558.90	\$ 1,150,155.73	\$ 7,174,403.17		
		HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 1,336,219.00	\$ 4,376,751.00	\$ 2,441,781.16	\$ 1,934,969.84	\$ 0.00	\$ 1,934,969.84		
		REG CTR RESIDENT PGM	\$ 79,396,018.00	\$ 502,756.00	\$ 79,898,774.00	\$ 40,001,065.79	\$ 39,897,708.21	\$ 3,765,142.52	\$ 36,132,565.69		
		HD&SPIN CRD INJ FAM	\$ 27,758,987.00	\$ 640,914.00	\$ 28,399,901.00	\$ 10,249,167.58	\$ 18,150,733.42	\$ 5,922,067.77	\$ 12,228,665.65		
		AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 5,305,351.00	\$ 28,862,960.00	\$ 18,019,644.12	\$ 10,843,315.88	\$ 80,520.21	\$ 10,762,795.67		
		INTELL DISA COMM RES	\$ 333,536,387.00	-\$ 17,239,360.00	\$ 316,297,027.00	\$ 179,071,013.83	\$ 137,226,013.17	\$ 18,876,679.31	\$ 118,349,333.86		
		STATEWIDE CF APPRO		\$ 3,200,271.29	\$ 3,200,271.29		\$ 3,200,271.29		\$ 3,200,271.29		
		STATE EMPLOYER CONTR	\$ 32,089,541.00	\$ 590,053.00	\$ 32,679,594.00	\$ 15,847,717.76	\$ 16,831,876.24	\$ 0.00	\$ 16,831,876.24		
		DUAL EMPLOYMENT				\$ 2,708.32	-\$ 2,708.32	\$ 0.00	-\$ 2,708.32		
		CAPITAL PROJECTS				-\$ 11,075.00	\$ 11,075.00	\$ 0.00	\$ 11,075.00		
		Result	\$ 747,774,577.00	\$ 7,472,706.29	\$ 755,247,283.29	\$ 395,735,689.48	\$ 359,511,593.81	\$ 50,817,408.76	\$ 308,694,185.05		

South Carolina Department of Disabilities and Special Needs
Analysis of Expenditures July 1, 2017 through December 31, 2017
Regional Centers

Description	Annual Budget	YTD Expenditures	YTD Balance	% Expended
Personal Services	\$ 53,569,573	\$ 26,948,846	\$ 26,620,727	50%
Other Operating	\$ 12,830,547	\$ 6,635,685	\$ 6,194,862	52%
Total Regional Centers	<u>\$ 66,400,120</u>	<u>\$ 33,584,531</u>	<u>\$ 32,815,589</u>	<u>51%</u>
Personal Services	\$ 11,570,643	\$ 5,758,934	\$ 5,811,709	50%
Other Operating	\$ 2,980,602	\$ 1,672,819	\$ 1,307,783	56%
Total Midlands Center	<u>\$ 14,551,245</u>	<u>\$ 7,431,753</u>	<u>\$ 7,119,492</u>	<u>51%</u>
Personal Services	\$ 15,603,112	\$ 7,912,796	\$ 7,690,316	51%
Other Operating	\$ 3,900,953	\$ 1,839,362	\$ 2,061,591	47%
Total Whitten Center	<u>\$ 19,504,065</u>	<u>\$ 9,752,158</u>	<u>\$ 9,751,907</u>	<u>50%</u>
Personal Services	\$ 12,299,311	\$ 6,059,756	\$ 6,239,555	49%
Other Operating	\$ 2,795,927	\$ 1,521,123	\$ 1,274,804	54%
Total Coastal Center	<u>\$ 15,095,238</u>	<u>\$ 7,580,879</u>	<u>\$ 7,514,359</u>	<u>50%</u>
Personal Services	\$ 14,096,507	\$ 7,217,360	\$ 6,879,147	51%
Other Operating	\$ 3,153,065	\$ 1,602,381	\$ 1,550,684	51%
Total Pee Dee Center	<u>\$ 17,249,572</u>	<u>\$ 8,819,741</u>	<u>\$ 8,429,831</u>	<u>51%</u>

South Carolina Department of Disabilities and Special Needs					
FY 2017-2018 Spending Plan - Approved 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)	Committed or Expended as of 12/31/17	Balance to be Completed by 6/30/18
Base Expenditures*:					
Agency Budget for Community Contracts	FY 18 Community Contracts - Approved by DDSN Commission June 22, 2017	\$535,809,823		\$535,809,823	\$0
Regional Centers/Community Program Services		\$106,328,014		\$51,486,669	\$54,841,345
Administration		\$8,947,863		\$4,254,568	\$4,693,295
Subtotal		\$651,085,700		\$591,551,060	\$59,534,640
* 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		\$0	\$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	\$25,292,428	\$0
Capital Needs					
1. Capital Development/Infrastructure	Required Maintenance, Health/Safety Upgrades, Increase Capacity, Technology Needs	\$3,247,510		\$2,008,201	\$1,239,309
2. System Wide State Facilities	Capital Projects Debt Service Expenditures	\$2,100,000		\$1,799,160	\$300,840
Projected Expenditures for Funding					
		\$656,433,210	\$25,292,428	\$620,650,849	\$61,074,789
Total			\$681,725,638		\$681,725,638

SC Department of Disabilities and Special Needs
Capital Improvement Project Status
Projects Approved by Commission - Fiscal Years 2015 through 2018
As of : November 30, 2017

<u>Project Number</u>	<u>WBS</u>	<u>Description</u>	<u>Commission Approval</u>	<u>Executive Budget Office Approval</u>	<u>Amount Approved</u>	<u>Prior or Subsequent Approved Amts/Adjust</u>	<u>Project Expense To Date</u>	<u>Current Encumbrances</u>	<u>Current Project balance</u>
<u>Fiscal Year 2014-2015</u>									
9888	M.J160.0082	Pee Dee Saleeby Center Preventive Maintenance	4/17/2014	3/18/2015	522,000.00	-	13,950.08	-	508,049.92
9890	M.J160.0087	Statewide-Emergency Generators	4/17/2014	10/2/2015	225,000.00	-	4,600.00	-	220,400.00
9887	M.J160.0081	Statewide Community Facilities PM & Lisc Conv	4/17/2014	3/18/2015	400,000.00	-	99,198.00	-	300,802.00
9886	M.J160.0080	Midland Center Preventive Maint	4/17/2014	3/18/2015	390,000.00	-	387,521.93	-	2,478.07
9885	M.J160.0079	Whitten Center Preventive Maint	4/17/2014	3/18/2015	325,000.00	1,500.18	1,392.00	-	325,108.18
9892	M.J160.0089	Coastal Center - Preventive Maintenance	4/17/2014	10/2/2015	250,000.00	(1,000.00)	148,689.46	8,800.00	91,510.54
9900	M.J160.0095	Coastal Center Dental Clinic Renovations	4/17/2014	4/11/2016	250,000.00	-	-	-	250,000.00
9894	E.J160.0045	Whitten - Regional Office Building/Staff Residence Demolition Year 2	4/17/2014	3/11/2016	50,000.00	199,500.00	-	-	249,500.00
9874	C.J160.0025	STWD-Network Infra/Telephone Rplc - Year 2	4/17/2014	12/10/2013	340,000.00	500,000.00	586,751.71	-	253,248.29
9912	M.J160.0106	STWD Webbased Energy Mgt Control Re - Year 2	4/17/2014	4/11/2017	245,000.00	-	-	-	245,000.00
Subtotal					2,997,000.00	700,000.18	1,242,103.18	8,800.00	2,446,097.00
<u>Fiscal Year 2015-2016</u>									
9896	M.J160.0091	Midlands Center-Campuswide Prev Maintenance	5/21/2015	3/11/2016	225,000.00	-	182,390.18	861.20	41,748.62
9903	M.J160.0097	Whitten Center Campuswide Prev Maint	5/21/2015	9/1/2016	212,500.00	35,000.00	41,725.00	9,390.01	196,384.99
9891	M.J160.0088	Coastal Center - Highlands 510 Roof	5/21/2015	10/2/2015	249,000.00	24,900.00	236,900.00	18,000.00	19,000.00
9899	M.J160.0094	Coastal Center Campuswide Prev Maint	5/21/2015	4/11/2016	195,000.00	-	15,113.14	-	179,886.86
9889	M.J160.0085	Pee Dee - Pecan 201-205, Admin	5/21/2015	9/2/2015	350,000.00	-	324,838.75	2,700.00	22,461.25
9897	M.J160.0092	Pee Dee/Saleeby-Campuswide-Prev Maint	5/21/2015	4/11/2016	240,000.00	-	32,485.25	13,252.25	194,262.50
9898	M.J160.0093	Statewide Comm Facilities Prev Maint	5/21/2015	4/11/2016	240,000.00	-	-	-	240,000.00
Unassigned	Unassigned	Statewide Emergency Generators	5/21/2015	11/25/2017	230,000.00	-	-	-	230,000.00
Unassigned	Unassigned	Regional Centers - Emergency Management Controls - Year 3	5/21/2015	Pending	245,000.00	-	-	-	245,000.00
Subtotal					2,186,500.00	59,900.00	833,452.32	44,203.46	1,368,744.22
<u>Fiscal Year 2016-2017</u>									
9894	E.J160.0045	Whitten - Regional Office Building/Staff Residence Demolition	5/19/2016	12/17/2014	98,500.00	151,000.00	-	-	249,500.00
9902	M.J160.0098	Statewide-Comm Facilities Prev Maint	5/19/2016	9/19/2016	499,950.00	-	-	-	499,950.00
9907	M.J160.0102	Statewide-Accessible Bathing/Lifting Equip	5/19/2016	1/3/2017	245,000.00	-	53,812.28	-	191,187.72
9904	M.J160.0105	Coastal Center-Prev Maintenance	5/19/2016	1/3/2017	200,000.00	-	-	-	200,000.00
9906	M.J160.0103	Pee Dee/Saleeby-Prev Maintenance	5/19/2016	1/3/2017	245,000.00	-	-	-	245,000.00
9910	M.J160.0099	Whitten Center-Prev Maint	5/19/2016	1/3/2017	200,000.00	-	-	-	200,000.00
9905	M.J160.0104	Midlands Center-Prev Maintenance	5/19/2016	1/3/2017	220,000.00	-	1,500.00	-	218,500.00
9908	M.J160.0101	Statewide-Regional Centers-Prev Maint	5/19/2016	1/3/2017	240,000.00	-	-	-	240,000.00
9909	M.J160.0100	Statewide-Infrastructure-Prev Maint	5/19/2016	1/3/2017	200,000.00	-	-	-	200,000.00
Subtotal					2,148,450.00	151,000.00	55,312.28	-	2,244,137.72
<u>Fiscal Year 2017-2018</u>									
Unassigned	Unassigned	Midlands Center - Palmetto Dorm Renovations - Bathing/Dining	7/20/2017	12/5/2017	480,000.00	-	-	-	480,000.00
Unassigned	Unassigned	Coastal Ctr Roof Repl - Admin/Highlands 210/Kitchen/Warehouse/Annex	7/20/2017	12/5/2017	600,000.00	-	-	-	600,000.00
Unassigned	Unassigned	Coastal Ctr HVAC Repl - Highlands 510/Highlands 110/Hillside 520	7/20/2017	12/5/2017	845,000.00	-	-	-	845,000.00
Unassigned	Unassigned	Pee Dee HVAC Repl - Gymnasium	7/20/2017	12/5/2017	300,000.00	-	-	-	300,000.00
Subtotal					2,225,000.00	-	-	-	2,225,000.00
Total FY 2015 - FY 2018					9,556,950.00	910,900.18	2,130,867.78	53,003.46	8,283,978.94

SC Department of Disabilities and Special Needs
 Capital Improvement Project Status
 Summary of Statewide Generator Projects
 As of : November 30, 2017

<u>Project Number</u>	<u>WBS</u>	<u>Description</u>	<u>Commission Approval</u>	<u>Executive Budget Office Approval</u>	<u>Amount Approved</u>	<u>Prior or Subsequent Approved</u> <u>Amts/Adjust</u>	<u>Project Expense To Date</u>	<u>Current Encumbrances</u>	<u>Current Project balance</u>
<u>Fiscal Year 2013-2014</u>									
9878	C.J160.0027	Statewide - Emergency Generators	8/30/2013	1/22/2014	240,000.00	-	23,636.43	71,373.72	144,989.85
		Subtotal			240,000.00	-	23,636.43	71,373.72	144,989.85
<u>Fiscal Year 2014-2015</u>									
9890	M.J160.0087	Statewide-Emergency Generators	4/17/2014	10/2/2015	225,000.00	-	4,600.00	60,090.00	160,310.00
		Subtotal			225,000.00	-	4,600.00	60,090.00	160,310.00
<u>Fiscal Year 2015-2016</u>									
Unassigned	Unassigned	Statewide Emergency Generators	5/21/2015	11/25/2017	230,000.00	-	-	-	230,000.00
		Subtotal			230,000.00	-	-	-	230,000.00
Total Statewide Generator Projects					695,000.00	-	28,236.43	131,463.72	535,299.85

CAPITAL IMPROVEMENT INTERIM PROJECTS**Request Commission Approval at the February 15, 2018 Meeting****1 Coastal Center - Highlands Dorm 310 - Roof Repairs \$ 280,000.00**

The project scope includes roof structural evaluation, preparation of contract documents for repairs, and roof replacement at Coastal Center Highlands Dorm 310. Following the report of a small leak, Coastal Center maintenance staff observed a large depression in the shingled roof surface. DDSN's IDC roofing consultant investigated, and the structural engineer reported two areas of concern where wood member failures were observed. The report recommends a structural analysis should be performed on the existing over-framing, and modifications to the existing over-framed roof structure or possible complete demolition and replacement of the over-framed areas to meet current code loading and construction requirements. This issue requires an expedient response to assure the continued safety of the building occupants.

Total \$ 280,000.00



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

COMMISSION
Eva R. Ravenel
Chairman
Gary C. Lemel
Vice Chairman
Mary Ellen Barnwell
Secretary
Sam F. Broughton, Ph.D.
William O. Danielson
Catherine O. Fayssoux
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.dds.sc.gov

MEMORANDUM

TO: Chairman Eva Ravenel

FROM: Interim State Director Pat Maley

RE: Proposal to Address Insufficient Funding for Community ICF Costs

DATE: 1/11/2018

ENCLOSURES: 1) Enclosed is Interim State Director Maley memorandum to Chairman Eva Ravenel, dated 12/6/2017, titled, "Proposal to Address Tri-Development Center (TDC) Terminating its Capitated Contract with DDSN;" and 2) Schedule of FY 2017 Community ICF providers' losses net of same providers' CRCF profits, if applicable.

The purpose of this memorandum is to request the Commission approve increasing annual Community ICF (ICF) funding by \$3,675,131, effective February 1, 2018.

Enclosure #1 set forth the ICF insufficient funding issue and options for resolutions. The Commission supported the concept of addressing this issue on a system-wide basis during the December 2018 Commission meeting.

DDSN held provider input meetings on 1/3/2018 in Columbia and 1/9/2018 at the Coastal Regional Center with attendance in-person and via conference call with the providers. The providers uniformly supported recommendation "5b" in enclosure #1 without any dissent. Staff also recommends "5b." This "5b" recommendation was to convert all FY 17 ICF losses totaling (\$4,555,214) into an across the board ICF rate increase net of CRCF revenue (\$880,083), which would be a \$3,675,131 net loss.

During the Columbia meeting, providers raised several questions pertaining to individual provider and system accounting issues for exploration to arrive at a consensus ICF loss calculation (net CRCF profits). A smaller provider subcommittee met with DDSN to analyze these questions and arrive at a consensus of how to establish a final ICF loss calculation (net CRCF profits). This final calculation was \$3,675,131; enclosure #2 is a schedule setting forth the detail calculation by impacted ICF provider. The reduction of \$390,657 from the preliminary ICF loss (\$4,065,788) in enclosure #1 was due to adding additional CRCF revenue from "other income" categories, such as OSS Medicaid Supplement and Room & Board.

The provider subcommittee in Columbia and all participants (4) in the Coastal Regional Center meeting recommended to allocate the total ICF loss (net or CRCF profits) first to convert 18 ICF Band Gs to Band Hs at a cost of \$368,347, which would be equitable inasmuch as ICF consumers have high needs warranting an H Band. Second, the residual balance of \$3,306,784 would be allocated as an across the board rate increase of 8.4% ($\$3,306,784/\$39,409,370$ ICF FY 17 revenue).

Staff will implement this increase by establishing a new standalone Community ICF band. Funding this initiative will be as set forth in enclosure #1, which is through Band A budgeted funds and annual one-time construction funding. DDSN is aggressively pursuing an ICF rate increase to obtain Medicaid matching funds, which when accomplished, will then only require approximately \$1.1 million in state matching funds from currently unused Band A funding.

RECOMMENDATION: Staff requests the Commission approve increasing annual Community ICF (ICF) funding by \$3,675,131, effective February 1, 2018.

Enclosure #1

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



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

COMMISSION
Eva R. Ravenel
Chairman
Gary C. Lemel
Vice Chairman
Mary Ellen Barnwell
Secretary
Sam F. Broughton, Ph.D.
William O. Danielson
Catherine O. Fayssoux
Vicki A. Thompson

MEMORANDUM

TO: Chairman Eva Ravenel
FROM: Interim State Director Pat Maley
RE: Proposal to Address Tri-Development Center (TDC) Terminating its Capitated Contract with DDSN
DATE: December 6, 2017

Issue

The purpose of this memo is to request the Commission's approval of a proposal to address TDC's termination of its capitated contract with DDSN, effective 12/11/2017. Via TDC letter to DDSN, dated 10/12/2017 (Attachment A), TDC notified DDSN of its intent to terminate "the portion" of its capitated contract pertaining to Community Intermediate Care Facilities (ICF). TDC opined DDSN's funding band system does not provide sufficient funding to operate its ICFs. TDC's most recent financial statements (year-end 6/30/2017) identified \$643,469 in combined ICF losses.

TDC cited a number of relevant issues in its termination letter. Two issues are noteworthy inasmuch as both are consistent with DDSN's proposed interim TDC remedy and long-term statewide solution:

- "DDSN acknowledges that, while payments received for the operation of community ICFs/IDD across the state are insufficient to meet the needs of the population served, there are payments for some other services that are more than sufficient to cover needs, based upon an analysis of costs. DDSN has, however, refrained from taking any action to allocate existing resources in a more equitable manner."
- "No statewide corrective action on the part of the SC Department of Disabilities and Special Needs has been taken to address this problem even though DDSN has been made aware of this problem by Tri-Development Center and other providers for years."

DDSN's initial response to TDC's termination was to assure the ICF residents these facilities will not close. Further, it is DDSN's intent to continue to work out financial issues, if possible, with TDC. It

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

DISTRICT I

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

DISTRICT II

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

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

should be noted this issue is well known to DDSN. DDSN requested a \$1.5 million budget enhancement specifically for the Community ICF Program in FY 18 (unfunded), and has an identical budget enhancement request pending in its proposed FY 19 budget.

Analysis

After an analysis of TDC's ICF financial losses and a review of DDSN's statewide band funding of ICFs, DDSN agrees with TDC's above two comments – DDSN has not taken statewide corrective action to address the ICF underfunding issue in allocating existing resources in a more equitable manner. TDC's situation is only a symptom of a larger issue. The root cause issue is an imbalance in DDSN bands funding Community Residential Care Facilities (CRCF) and ICFs.

The genesis of TDC's ICF financial problem goes back a decade. At that time, a statewide initiative began to convert ICFs to CRCFs for consumers with lower needs suitable for a CRCF model. CRCFs have lower staffing requirements and other financial benefits. To illustrate, ICFs currently operate with an average 11% loss and CRCFs at a 9% profit; a 20% differential. This migration from ICFs to CRCFs has resulted in DDSN's current funding of these facilities at \$65,167,422; 40% to CRCFs (\$25,758,052) and 60% towards ICFs (\$39,409,370). Yet, DDSN has not "rebalanced" its funding bands to account for this shift in actual costs. This has resulted in general annual "windfall" profits in CRCFs and "predictable" annual losses in ICFs, which have a higher cost structure required to serve higher needs consumers.

DDSN agrees with TDC this ICF and CRCF revenue/cost "imbalance" has been known for years. However, DDSN's lack of rebalancing was an intentional decision and not one of complacency. The bands were not rebalanced because it would cause an immediate ripple effect throughout all 39 Boards leading to abrupt "winners" and "losers," potentially destabilizing the service delivery system. As a result, there was an understanding in the capitated model the ICF predictable losses would be offset by the predictable CRCF profits. At the statewide level, this might possibly be accurate; however, this is not accurate at the individual Board level where each Board has a different portfolio of CRCFs and ICFs. To illustrate, nine boards currently have CRCFs without any ICFs; these Boards' CRCFs averaged a 12% profit. Nine Boards currently have ICFs without any CRCFs; these Boards' ICFs averaged a 15% loss. This is a 27% swing in profit margin, which is not surprising in that both ICFs and CRCFs have the same DDSN band revenue yet much different cost structures.

TDC is only one of 17 boards with ICF losses; two boards have greater ICF losses. When ICF losses are combined with CRCF profits, there are five boards with greater losses than TDC. TDC's situation is not unique; this is a statewide problem. TDC's ICF loss situation has just become more visible because of sizable FY 17 losses in its Adult Day Program, which had traditionally assisted offsetting ICF losses along with CRCF profits. TDC's Adult Day Program has turned upside down from a FY 16 \$594,232 profit to a FY 17 \$590,755 loss (\$1.18 million net change), primarily due to an expansion of services and a new Adult Day building.

Based on the above, DDSN views TDC as the "canary in the coal mine" on the ICF statewide issue. The entire ICF issue is symptomatic of the broader issue questioning the effectiveness of the band system, particularly how it accounts for differing consumer acuity levels. A November 2017 South Carolina Senate report stated, "the band system is unnecessarily complex and has proven to be divisive in the provider community...DDSN should adopt a process of provider reimbursement that is essentially a fee for service model." DDSN's internal band system review, dated 11/21/2017, similarly noted, "DDSN's

current band system’s bands are not actuarially sound or calibrated to assure fair provider compensation...DDSN needs to robustly engage this issue.”

Of the 39 Boards, 29 have a CRCF, ICF, or combination of the two models. The aggregate FY 17 (7/1/2016 – 6/30/2017) financial results for these two models were:

Service Model	Revenue	Expenses	Profit (Loss)	% Profit/Loss
CRCF	\$25,758,052 (40%)	\$23,339,143	\$2,418,909	9.4%
ICF	\$39,409,370 (60%)	\$43,687,090	(\$4,277,720)	(10.9%)
Total	\$65,167,422 (100%)	\$67,026,233	(\$1,858,811)	(2.9%)

Attachment B to this memo is a spreadsheet providing greater insight into this issue by analyzing the FY 17 CRCF/ICF actual costs through establishing five categories:

Board CRCF & ICF Portfolio	# of Boards	Revenue	Expenses	Profit (Loss)	% Profit/Loss
CRCF Only	9	\$13,647,422	\$12,032,126	\$1,615,296	11.8%
ICF Only-Profit	3	\$5,947,150	\$5,763,453	\$183,697	3.1%
CRCF & ICF-Net Profit	3	\$12,930,951	\$12,508,064	\$422,887	3.3%
CRCF& ICF-Net Loss	5	\$17,420,682	\$19,276,283	(\$1,855,601)	(10.7%)
ICF Only-Loss	9	\$15,221,217	\$17,446,307	(\$2,225,090)	(14.6%)
Total	29	\$65,167,422	\$67,026,233	(\$1,858,811)	(2.9%)

The above data clearly shows the pattern of CRCFs profitability and, reciprocally, ICFs pattern of losses. It should be noted there are some CRCFs that may actually operate at a small loss or an ICF operating at a small gain, which is likely attributed to unusual consumer acuity levels or management proficiency.

Options

This memo is only seeking approval of an interim solution to address TDC’s ICF chronic loss situation causing it to terminate services to 32 ICF consumers, while DDSN pursues a comprehensive solution to the statewide ICF and CRCF inequitable band funding impacting 29 Boards operating CRCFs or ICFs.

To start the collaborative process with the provider community to develop a comprehensive solution, staff will develop a range of DRAFT options to be vetted through stakeholders, who can critique by proposing to add/subtract/modify these DRAFT options.

Staff developed six options. Options #1, #2, and #3 were deemed not feasible by staff, but are still presented to assist stakeholder analysis and not exclude any option from final consideration. Options #4, #5, and #6 were consistent with the strategy of a statewide solution and deemed feasible by staff. Vetting through stakeholders, adjusting options as needed, and a staff recommendation should be completed by the January 2017 Commission meeting.

#1 – Increase DDSN revenue to TDC to mitigate its ICF losses, which were \$643,469 for FY 17:

Staff analysis: Does not recommend. First, the \$643,469 loss requires an adjustment to \$540,200 due to \$103,269 accounting error (revenue misallocation) identified by DDSN. Second, TDC's ICF losses excluded factoring in its companion CRCFs profits (\$220,541), which are "understood" as offsetting ICF losses within the capitated band model. This adjusts TDC's net loss to \$319,659. Excluding the CRCF inherent companion profits (\$220,541) under the capitated contract is not fair to taxpayers, nor to sister Boards operating within the capitated system as contractually agreed upon. Third, and most important, TDC is a symptom of a statewide problem requiring a statewide solution. Any ad hoc attempt to back into establishing outliers to address TDC losses would be perceived as putting a Band-Aid on the statewide systemic problem. Addressing only TDC's situation would result in all other providers impacted by this issue requesting the same consideration; this would lead to piecemeal remedies to a statewide problem.

#2 – Rebalance the DDSN bands in the near-term to account for the CRCF and ICF imbalance:

Staff analysis: Does not recommend. A new funding band would have to be established for CRCFs, which would be used to rebalance revenue and costs for CRCFs and ICFs. Using FY 17 results, \$2,418,909 in CRCF profits (revenue in excess of associated costs) would be redistributed from 16 Boards. This would impact 26 Boards; 16 net "winners" and 10 net "losers." With already thin operating profit margins, such an abrupt redistribution could destabilize the provider network.

#3 – Expedite a statewide cost/rate study and continue operating under current funding band rates:

Staff analysis: Does not recommend. A pragmatic estimation of implementing a completed cost/rate study would be at the start of FY 2021 (2.5 years; start 7/1/2020). SC DHHS has agreed to conduct this cost/rate study with DDSN. This would not remedy TDC's current situation where 32 consumers are at risk of being destabilized, nor address the root cause statewide imbalance between ICFs and CRCFs.

#4 – Provide funding (grants or outlier) for Boards with FY 17 ICF losses and expedite statewide cost/rate study:

Staff analysis of two variations within option #4 (staff considers feasible option):

- 4a) Provide funding (grants or outliers) for all FY 17 ICF losses in 16 Boards totaling \$4,555,214 (\$1,357,909 state match). This would stabilize the loss situation in the short-term until implementing the results of a cost/rate study for a long-term solution (estimated start 7/1/2020). It is understandable not to reallocate reciprocal profits from Boards with only CRCFs due to the risk of destabilizing the service delivery system; the future rate study will, if appropriate, adjust this CRCF revenue/cost imbalance. However, providing complete relief for ICF losses to Boards without offsetting companion CRCF profits (\$489,426) in a capitated payment system appears inconsistent with taxpayer value. A capitated model assumes programs will balance out, so addressing a known recurring "loser" without considering its companion known recurring "winner" is not fair to unsuspecting taxpayers.

- 4b) Provide funding for all FY 17 \$4,555,214 ICF losses in 16 Boards less these 16 Boards' \$489,426 CRCF profits, which totals \$4,065,788 (\$1,212,011 state match). Same as #4a but with CRCF profits netted out to respect taxpayer value.

NOTE: Both #4a and #4b provide no additional funding to the four Boards who actually operated profitable ICFs. The band system does not have a measurement tool to attribute losses due to either an insufficient rate, mismanagement, differing acuity levels, or a combination of all three. However, if a Board realizes a profit in ICFs, it clearly should be viewed as a management accomplishment. Leaving these four Boards out of any type of additional funding benefits would be tantamount to punishing good management.

#5 – Provide ICF rate increase based on FY 17 ICF losses and expedite statewide cost/rate study:

Staff analysis of two variations within option #5 (staff considers feasible option):

- 5a) Convert all FY 17 ICF losses totaling \$4,555,214 (\$1,357,909 match) into an across the board ICF rate increase of approximately 11.5%. This approach is consistent with the current DDSN capitated model having one consumer band rate for all providers regardless of each Board's unique operating circumstances or consumers' acuity levels within the same band. It is also simple and quick to implement. On the negative side, if higher consumer acuity is driving higher ICF costs more than a Board's management proficiency, the across the board rate increase will, again, create the risk of windfall profits for some (lower acuity consumers) and predictable lesser losses for others (higher acuity). This exact situation is the driver in TDC's original decision to jettison its ICFs.

As noted in #4a above, it is understandable not to reallocate reciprocal profits from Boards with only CRCFs due to the destabilizing risk. However, providing complete relief for ICF losses to Boards without offsetting each Board's inherent companion CRCF profits (\$489,426) in a capitated payment system appears inconsistent with taxpayer value. A capitated model assumes programs will balance out, so addressing a known recurring "loser" without considering its companion known recurring "winner" is not fair to unsuspecting taxpayers.

- 5b) Same as #5a (\$4,555,214) except net of CRCF revenue (\$489,426), which would be \$4,065,788 net loss (\$1,212,011 state match). This would yield an estimated 10.3% rate increase.

#6– DDSN reviews all Boards with ICF losses to assess staffing levels and consumer acuities & provide funding (grants or outliers) on an as needed basis (staff considers feasible option):

Staff analysis: This process addresses the likely "driver" in higher ICF costs by better matching revenue with consumers having higher acuity needs. However, this process is inconsistent with capitated model providing a single fair consumer band rate to all providers. It also increases the probability of friction between DDSN and Boards over the perceived subjective process of evaluating acuity, staffing levels, and other idiosyncratic issues Boards will bring to bear to individually justify outliers for its ICF consumers, as well as fuel a current perception of DDSN "playing favorites" with certain Boards. Further, it does not account for the underlying issue in the capitated band system of an imbalance between ICFs and CRCFs.

Proposed Funding Source for Statewide Solutions

It is estimated that Boards' existing Medicaid allowable expenses coupled with DDSN's 2.2% overhead allocated costs already exceed SC DHHS's daily rate to DDSN of \$247/day. As a result, any immediate ICF funding relief will be from only state funds and not benefit from a 70% Medicaid match. Certainly, DDSN will pursue SC DHHS to raise its ICF rate to DDSN; there is ample provider costs to support such an increase, particularly if DDSN is judicious in offsetting this request where feasible with net CRCF profits (revenue exceeds costs).

Given the statewide problem, DDSN could commit to funding all ICF losses net of CRCF profits from state funds until an ICF rate increase is approved by SC DHHS. Approximately \$1.5 million can be reallocated from the two-year old "Band A" state funded program, which have not been utilized as anticipated. DDSN will also identify other program funds with perceived lower utility and conduct performance audits, followed by ranking these program funds in priority order to be used for the ICF initiative. In a worse-case scenario, DDSN could use end of FY one-time capital funding to support this ICF initiative in addition to the identified "Band A" funding.

Next Steps

- 1) **Interim solution to address TDC's contract termination:** Inasmuch as vetting a range of statewide tactical change options through the provider community will not be completed prior to TDC's 12/11/2017 termination deadline, DDSN proposes to offer TDC \$259,544 in annualized grant funding (\$21,628/month) as a temporary interim measure. The consumers caught in this financial issue should not be subjected to stress and uncertainty, particularly over the holiday season. This \$259,544 interim annualized funding will continue until the implementation of the final statewide solution. Acceptance of this interim funding does not prohibit TDC from exercising its right to terminate its capitated contract with DDSN at any time. DDSN will require sufficient time to identify another provider to take over the ICFs. DDSN has no intention of taking over TDC's CRCFs; however, TDC unilaterally terminating its capitated contract through jettisoning losing ICFs and retaining profitable CRCFs will be considered in its new capitated contract through the prism of the final statewide solution option selected.

The proposed \$259,544 interim funding is based on option #5b above, which is an across the board 10.3% ICF increase to account for all FY 17 ICF losses net of CRCF profits [\$2,519,854 (TDC FY 17 ICF revenue) X 10.3%]. DDSN shares with TDC's frustration with recurring ICF losses caused by the capitated band system not rebalancing CRCFs and ICFs. However, staff currently views it to be inconsistent with taxpayer value that TDC seeks relief by isolating the ICF program losses and not recognizing TDC benefited directly from the reciprocal annual CRCF profits in its contracted capitated model. Allowing recoupment of ICF losses without offsetting its CRCF companion inherent profits is not fair to taxpayers funding the capitated model, as well as undermines a future ICF rate increase. As a result, staff recommends option #5b be used as the tool to establish TDC's interim outlier funding pending final statewide solution to the ICF issue.

A due diligence analysis of the proposed \$259,544 interim funding determined this funding level appears quite reasonable based on an audit of TDC's FY 17 ICF losses. TDC's initial ICF \$643,469 loss was reduced to \$540,200 based on a \$103,269 TDC accounting error. This \$540,200 ICF loss net of its \$220,541 CRCF profit yielded a net ICF/CRCF loss of \$319,659. Due to a recent change

of accounting practices to recognize potential employee retirement liability, TDC's ICFs and CRCFs claimed a combined \$54,649 accrued "Other Post-Employment Benefits" expense. This accrued expense for retirees' future health benefits promised, but not contractually obligated, had no impact on TDC's current operational cash flow and an uncertain future date of even being realized. Factoring in this \$54,649 non-cash retirement accrued expense; TDC's net loss impact is now \$265,010.

- 2) Vet preliminary range of options through the provider community. Based on input adjust options as needed. Present range of options to the Commission with staff recommendations and provider input in the January 2017 Commission meeting.
- 3) DDSN will use state funds to initially fund any ICF rate increase while it pursues an ICF rate increase with SC DHHS to obtain the benefits of a Medicaid match. DDSN will analyze current obligated funds with perceived lower utility through performance audits, followed by ranking these program funds in priority order to be used for the ICF initiative. In a worse-case scenario, DDSN will use end of FY one-time capital funding to support this ICF initiative in addition to the \$1.5 million in Band A funds identified.

REQUEST OF THE COMMISSION: Approve a \$21,629 monthly grant (\$259,544 annualized) to TDC as a temporary interim solution to address TDC ICFs' chronic loss situation to prevent TDC from terminating services to 32 ICF consumers. This will permit additional time for DDSN to pursue a comprehensive solution to the statewide ICF and CRCF inequitable band funding impacting 29 Boards operating CRCFs or ICFs. The grant will be effective immediately upon approval.

Enclosure #2

DDSN
ICF Comparison
as of June 30, 2017

FY 16/17 ICF Providers Profit/Loss

TYPE	CRCF			ICF			TOTAL		
	REVENUE	EXPENSES	PROFIT / (LOSS)	REVENUE	EXPENSES	PROFIT / (LOSS)	REVENUE	EXPENSES	PROFIT / (LOSS)
1. ICF Only - Profit	-	-	-	1,422,770	1,417,497	5,273	1,422,770	1,417,497	5,273
1. ICF Only - Profit	-	-	-	2,504,986	2,493,958	11,028	2,504,986	2,493,958	11,028
1. ICF Only - Profit	-	-	-	2,019,394	1,851,998	167,396	2,019,394	1,851,998	167,396
1. ICF Only - Profit Total	-	-	-	5,947,150	5,763,453	183,697	5,947,150	5,763,453	183,697
2. CRCF & ICF - Net Profit	1,694,585	1,585,166	109,419	1,001,816	1,099,893	(98,077)	2,696,401	2,685,059	11,342
2. CRCF & ICF - Net Profit	1,976,959	1,683,796	293,163	3,002,772	3,061,787	(59,015)	4,979,731	4,745,583	234,148
2. CRCF & ICF - Net Profit	3,362,803	3,050,411	312,392	634,219	691,889	(57,670)	3,997,022	3,742,300	254,722
2. CRCF & ICF - Net Profit	1,212,815	953,919	258,896	3,160,059	3,066,262	93,797	4,372,874	4,020,181	352,693
2. CRCF & ICF - Net Profit Total	8,247,162	7,273,292	973,870	7,798,866	7,919,831	(120,965)	16,046,028	15,193,123	852,905
3. CRCF & ICF - Net Loss	1,370,518	1,022,357	348,161	2,519,854	3,060,054	(540,200)	3,890,372	4,082,411	(192,039)
3. CRCF & ICF - Net Loss	1,100,591	1,068,274	32,317	1,183,244	1,530,639	(347,395)	2,283,835	2,598,913	(315,078)
3. CRCF & ICF - Net Loss	1,627,025	1,398,329	228,696	4,962,453	5,620,858	(658,405)	6,589,478	7,019,187	(429,709)
3. CRCF & ICF - Net Loss	600,912	544,765	56,147	1,776,586	2,345,948	(569,362)	2,377,498	2,890,713	(513,215)
3. CRCF & ICF - Net Loss Total	4,699,046	4,033,725	665,321	10,442,137	12,557,499	(2,115,362)	15,141,183	16,591,224	(1,450,041)
4. ICF Only - Loss	-	-	-	1,337,240	1,402,621	(65,381)	1,337,240	1,402,621	(65,381)
4. ICF Only - Loss	-	-	-	1,244,780	1,319,118	(74,338)	1,244,780	1,319,118	(74,338)
4. ICF Only - Loss	-	-	-	626,469	771,113	(144,644)	626,469	771,113	(144,644)
4. ICF Only - Loss	-	-	-	889,169	1,077,232	(188,063)	889,169	1,077,232	(188,063)
4. ICF Only - Loss	-	-	-	1,328,271	1,533,704	(205,433)	1,328,271	1,533,704	(205,433)
4. ICF Only - Loss	-	-	-	4,585,832	4,939,511	(353,679)	4,585,832	4,939,511	(353,679)
4. ICF Only - Loss	-	-	-	2,695,508	3,077,699	(382,191)	2,695,508	3,077,699	(382,191)
4. ICF Only - Loss	-	-	-	1,263,166	1,658,777	(395,611)	1,263,166	1,658,777	(395,611)
4. ICF Only - Loss	-	-	-	1,250,782	1,666,532	(415,750)	1,250,782	1,666,532	(415,750)
4. ICF Only - Loss Total	-	-	-	15,221,217	17,446,307	(2,225,090)	15,221,217	17,446,307	(2,225,090)
Grand Total	12,946,208	11,307,017	1,639,191	39,409,370	43,687,090	(4,277,720)	52,355,578	54,994,107	(2,638,529)