SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

June 20, 2019

The South Carolina Commission on Disabilities and Special Needs met on Thursday, June 20, 2019, 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
Vicki Thompson – Secretary
Robin Blackwood
Lorri Unumb

DDSN Administrative Staff
Director Mary Poole; Mr. Pat Maley, Deputy Director; Mr. Rufus Britt, Associate State Director, Operations; Mrs. Susan Beck, Associate State Director, Policy; Mr. Chris Clark, Chief Financial Officer; Ms. Tana Vanderbilt, General Counsel, Mr. Robb McBurney, Legislative Liaison; Ms. Sandra Delaney, Administrative Coordinator (For other Administrative Staff see Attachment 1 – Sign In Sheet).

Guests
(See Attachment 1 Sign-In Sheet)

Coastal Regional Center (via videoconference)
(See Attachment 2 Sign-In Sheet)

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

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

Pickens DSN Board
(See Attachment 5 Sign-In Sheet)

Notice of Meeting Statement

Chairman Ravenel called the meeting to order and Commissioner Thompson read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the

Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

On motion of Commissioner Lemel, seconded by Commissioner Unumb, the Commission adopted the June 20, 2019 Meeting Agenda. (Attachment A)

Invocation

Commissioner Blackwood gave the invocation.

Approval of the Commission Meeting Minutes

On motion of Commissioner Blackwood, seconded by Commissioner Thompson, the Commission approved the minutes of the May 16, 2019 Commission Meeting.

Public Input

The following individuals spoke during Public Input: Dana McConnell, Evelyn Turner, Susan John and Deborah McPherson.

Commissioners' Update

There were no commission updates.

Policy Committee Update

Committee Chairman Thompson gave an update of the Policy Committee meeting that was held June 5, 2019. On behalf of the Policy Committee, Commissioner Thompson motioned that the Commission approve 738-01-DD with changes as presented and the Waiver and Case Management standards as presented. The motion passed. (Attachment B)

Golden Palmetto Award

Mr. McBurney presented DDSN's recommendation for the Golden Palmetto Award for 2018 which is awarded annually to a county government in South Carolina that has best demonstrated exemplary support of citizens with disabilities and special needs during the previous year. Commissioner Unumb made the motion to accept the recommendation to award Fairfield County the 2017 Golden Palmetto Award. The motion was seconded by Commissioner Lemel and passed. The award will be presented during the annual meeting of the SC Association of Counties in Hilton Head on August 5, 2019.

Legislative Update

Mr. McBurney gave an update of the various Legislative topics relating to the agency. (Attachment C)

Budget Update

Mr. Clark gave a brief update on the budget stating the agency will start moving toward a true operating budget in February 2020 and will present to the Commission in May or June. The agency will start with a zero-based budget with the regional centers. He also added a memo was sent to the provider network regarding the two percent cost-of-living adjustment and the final one-dollar increase.

Financial Update

Mr. Clark provided an overview of the agency's financial activity and the agency's current financial position. He stated expenses are below the budgeted expenses per the spending plan, but we have some revenue issues that negatively impact our actual financial results. The Finance Team is working hard to make sure the agency remains in a positive cash position. Chairman Ravenel asked that the revenue information be included in the report. Mr. Clark stated we would look at taking a full income state type of approach and present cash balance information as well. Commissioner Blackwood motioned to accept the financial report as presented. The motion was seconded by Commissioner Lemel and passed. (Attachment D)

Community Provider Contacts

Mr. Clark presented information on the agency budget for FY 2019-2020 community contracts in the amount of $543,895,841 for Commission approval. Discussion followed. Mr. Clark will research Commissioner Thompson's questions as to (1) why are the number of individuals receiving case management and family support services down from last year, (2) what is the change in the Community Options contract amount, and (3) what is the day service add-on for SC Mentor? Mr. Clark stated future reports would be updated to show comparative consumers served information as well as explanations to help minimize the confusion on some of the changes. Commissioner Thompson made the motion to approve the contracts for FY 2019-2020 as presented. The motion was seconded by Commissioner Unumb and passed. (Attachment E)

Comprehensive Property Improvement Plan (CPIP) Projects

Ms. Hall presented information on the FY 19-20 CPIP projects totaling $1,370,000.00. She requested approval from the Commission to start the bidding process. Discussion followed. Commissioner Thompson motioned to

approve the CPIP projects as presented. The motion was seconded by Commissioner Lemel and passed. (Attachment F)

Sale of Property

Mr. Maley presented information on Lots 2 and 3 Diane Road, York, SC, requesting Commission approval to sell the property. Discussion followed. Commissioner Blackwood made the motion to sell the property with the Commission approving unanimously. (Attachment G)

Case Management Update

Ms. Beck provided a PowerPoint presentation on case management. Discussion followed. The Commission urged agency staff to negotiate with DHHS on the travel rates. Mr. Clark also provided information on how DHHS developed the rates in 2014 for case management. (Attachment H)

Waiting List Report

Ms. Beck provided information and discussed the waiting list summary in detail. (Attachment I)

Consideration of Bids

Mr. Tharin presented information on the bid for three generators for emergency shelters in Fairfield, Williamsburg and Florence counties with the recommendation to award the contract to DNB Electric of West Columbia in the amount of $413,237.00. Commissioner Blackwood moved to approve the bid as presented with the permission to award to the second low bidder should the low bidder be determined non-responsible. The motion was seconded by Commissioner Unumb and passed. Mr. Tharin also presented information on the bid for a generator upgrade at the Coastal Center with the recommendation to award the contract to LC's Electric of Chapin, SC in the amount of $124,960.00. Commissioner Blackwood moved to approve the bid as presented with the permission to award to the second low bidder should the low bidder be determined non-responsible. The motion was seconded by Commissioner Lemel and passed. (Attachment J)

Review of Special Contracts/Grants

Mr. Maley provided information on the special contracts and grants. He stated that staff have looked closely for ones that were non cost-effective. Commissioner Thompson moved to accept the recommended reductions. The motion was seconded by Commissioner Unumb and passed. (Attachment K)

Nominating Committee-Election of Officers

Committee Chairman Thompson presented the following slate of officers for FY 2019-2020 – Commissioner Lemel as Chairman, Commissioner Thompson as Vice Chairman, and Commissioner Unumb as Secretary. Chairman Ravenel moved to close nominations and accept the slate of officers by acclamation. The motion was seconded by Commissioner Lemel and the motion passed.

State Director's Report

Director Poole reported on various topics. (Attachment L)

Executive Session

An Executive Session was not held.

Next Regular Meeting

July 18, 2019.

Submitted by,

Sandra J. Delaney

Sandra Delaney

Approved:

Vicki Thompson /AW

Commissioner Vicki Thompson
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
June 20, 2019

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1.	Stephanie Williams	Calhoun DSNB
2.	Jerry C Mizzell	Oconee DSN
3.	Susan L. John	Horry DSN
4.	Deborah + Hector Mathews	Richland County
5.	Michelle Shaffer	MacAbilities
6.	Evelyn Turner	Dr. Moore Chas Co
7.	ROY ROBERTS	WHITTEN CENTER PARENTS' CLUB
8.	KATHLEEN ROBERTS	" " " "
9.	ANDREW THARIN	DDSN
10.	LINDA LEE	Whitten Center Parents' Club
11.	CHUCK NORMAN	DDSN
12.	Phil Clarkson	BIASC
13.	Ray Miller	SC DD Council
14.	Nancy M Hall	DDSN
15.	Sharon Keith	SC DSB
16.	Anslie Patrick	Autism Academy of SC
17.	Jen Todd	BS
18.	Thad Warren	Babcock Center
19.	Joyce Davis	BIASC
20.	Angela Rodriguez	SCSCIA

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
June 20, 2019

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

21. [illegible] CCBDSN
22. [illegible] ABDSNC
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
June 20, 2019

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

1. Suzanne Johnson Parents + Guardians
2. [signature] community Options
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
June 20, 2019

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

21. Amy Mclean ~ Pee Dee Regional
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
June 20, 2019

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
June 20, 2019

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

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

June 20, 2019 **10:00 A.M.**

1. Call to Order — *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement — *Commissioner Vicki Thompson*
3. Adoption of Agenda
4. Invocation — *Commissioner Robin Blackwood*
5. Introduction of Guests
6. Approval of the Minutes of the May 16, 2019 Commission Meeting
7. Public Input
8. Commissioners' Update — *Commissioners*
9. Policy Committee Update — *Committee Chairman Vicki Thompson*
10. Business:
    - A. Golden Palmetto Award — *Mr. Robb McBurney*
    - B. Legislative Update — *Mr. Robb McBurney*
    - C. Budget Update — *Mr. Chris Clark*
    - D. Financial Update — *Mr. Chris Clark*
    - E. Community Provider Contracts — *Mr. Chris Clark*
    - F. Comprehensive Property Improvement Plan (CPIP) Projects — *Ms. Nancy Hall*
    - G. Sale of Property — *Mr. Pat Maley*
    - H. Case Management Update — *Ms. Susan Beck*
    - I. Waiting List Report — *Ms. Susan Beck*
    - J. Consideration of Bids — *Mr. Andrew Tharin*
    - K. Review of Special Contracts/Grants — *Mr. Pat Maley*
11. Nominating Committee–Election of Officers — *Committee Chairman Vicki Thompson*
12. State Director's Report — *Director Mary Poole*
13. Executive Session — *Chairman Eva Ravenel*
14. Next Regular Meeting (July 18, 2019)
15. Adjournment

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

Reference Number:	738-01-DD
Title of Document:	Discharge Planning for Individuals Leaving ICFs/IID and Enrolling in DDSN Operated Home and Community-based Waiver
Date of Issue:	February 1, 2008
Effective Date:	February 1, 2008
Last Review Date:	June 20, 2019
Date of Last Revision:	June 20, 2019 **(REVISED)**
Applicability:	Community ICFs/IID, DDSN Regional Centers, and Case Management Providers rendering Waiver Case Management

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PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for residents who will need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that

needed services are available to newly discharged ICF/IID residents on the day of discharge and beyond, appropriate planning prior to discharge must occur.

ICF/IID residents who are preparing for discharge **must** receive Waiver Case Management Services. Waiver Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the resident for discharge, thereby deterring the need for institutional (ICF/IID) care, by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. Waiver Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability or Developmental Disability Professionals (QID/DDPs) or designees must provide the resident or his/her representative information about Waiver Case Management Services (Attachment 1) and information about the Case Management Services providers available in the county in which the resident will live after discharge. NOTE: Most Case Management Services providers render Waiver Case Management. The resident/representative must choose a provider to render Waiver Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov., select "Resources," then select "Find a Service Provider," then select "DDSN Provider/Service Directory" and then select "Provider Directory." Select "Case Management" from the "Service" list; select the person's disability category from the disability" list; and select the county to which the resident will be moving from the "county" list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the resident/representative or the resident's QID/DDP or designee must contact the Case Management Services provider to request services. The caller must be prepared to provide basic demographic information, information about the anticipated setting in which the resident will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a Waiver Case Manager to service the ICF/IID resident. Services rendered will be in accordance with DDSN Waiver Case Management Standards and applicable DDSN policies and procedures. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Waiver Case Manager using the "Report of Case Management Services Rendered for ICF/IID Discharge Planning" (Attachment 3). Activity should be recorded as often as monthly for up to six (6) consecutive months prior to the date of discharge from the ICF/IID. For example, if discharged from an ICF/IID on June 15, the Report may be submitted for reportable activities provided prior to discharge, during June, May, April, March, February and January. If the discharge did not occur on the planned date of discharge, the Case Management provider can still report activity, provided the activity rendered is still within the six (6) months, prior to the actual discharge date. The completed "Report of Case Management Services Rendered for ICF/IID Discharge Planning" and a copy of case notes supporting the units of service reported must be submitted to DDSN.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID residents to move from the ICF/IID to another setting (e.g., a home of their own, a family member's home, Community Training Home, Supervised Living Program, Community Residential Care Facility) that is not an institution (e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many ICF/IID residents, living outside of an institution would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the "Related Documents" section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid
- Be assessed to have needs that can be met through the provision of waiver services
- Be allocated a waiver slot
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For ICF/IID residents preparing for discharge, the "Request for Waiver Slot Allocation" form (see appropriate Waiver manual) must be completed by the Waiver Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. At the same time, the process outlined in DDSN Directive 502-01-DD: Admissions/Discharges/Transfers To/From DDSN Funded Community Residential Settings, must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver "Freedom of Choice" and "Acknowledgement of Rights and Responsibilities" forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).

- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual's DDSN Eligibility Letter should be included.

- A current plan including Behavior Support Plan.

- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [*W203*] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QID/DDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is complete for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID resident has been assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through the waiver, has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the resident is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID resident decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the resident/representative declining Waiver services (see the appropriate Waiver manual for more information).

Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [*W205*] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that ***only*** the

services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.
The Waiver Case Manager, with input from QID/DDPs, will develop one plan. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

Once the plan is developed, the resident/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).

Gary Lemel Vice-Chairman (Originator)	Eva Ravenel Chairman (Approved)

To access the following attachments, please see the agency website page "Current Directives" at: https://www.ddsn.sc.gov/providers/directives-and-standards/current-directives.

Attachment 1:	Case Management Services
Attachment 2:	Freedom of Choice
Attachment 3:	Report of Case Management Services Rendered for ICF/IID Discharge Planning

Related Documents:

Intellectual Disability/Related Disability Waiver Information Sheet
https://www.ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/ID-RD%20Information%20Sheet.PDF

Community Support Waiver Information Sheet
https://www.ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/Community%20Support%20Waiver%20Information%20Sheet%201-2019.PDF

HASCI Waiver Information Sheet
https://www.ddsn.sc.gov/sites/default/files/Documents/Services/HASCI%20Waiver%20Fact%20Sheet%209-18.pdf

DDSN Directive 502-01-DD: Admissions/Discharges/Transfers of Individuals to/from DDSN Funded Community Residential

Mary Poole
State Director
Patrick Maley
Deputy Director
Rufus Britt
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
W. Chris Clark
Chief Financial Officer

SOUTH CAROLINA Department OF Disabilities AND Special Needs

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

Reference: Number:	800-03-CP
Title of Document:	South Carolina Department of Disabilities and Special Needs Executive Limitations Policy
Date of Issue:	January 18, 2007
Effective Date:	January 18, 2007
Last Review Date:	May 16, 2019
Date of Last Revision:	May 16, 2019 (**REVISED**)

The State Director of the South Carolina Department of Disabilities and Special Needs (DDSN) is selected and appointed by the Commission and serves at its pleasure. The Director is responsible for department operation, subject to Commission policies and actions applied through department directives. The State Director shall:

1. Maintain ethics and prudence in the administration of DDSN and to conform DDSN to all federal, state, and Commission requirements, and to protect DDSN assets.

2. Hire adequate qualified personnel, and implement effective programs necessary to carry out the legislative mandate and Commission policies of DDSN.

3. Use resources effectively and efficiently and maintain transparency and accountability with the Commission through reports on services, finances, and other monitoring data necessary to the Commission's policy governance.

    a. Bring any contracts for procurement to the Commission for approval when the full contractual amount exceeds $200,000, excluding contract adjustments due to filling vacancies based on consumer choice. Contracts with providers to increase capacity that exceed $200,000 will need to be approved by the Commission.

b. Follow through with Capital Improvement expenditures within the fiscal year as approved by the Commission. An explanation will be provided to the Commission on Capital Improvement expenditures approved by the Commission, but not spent within the fiscal year on the year following the year of approval. All Capital Improvement Accounts retaining balances not expended will be closed out within the five (5) year Material Management time frame. New Capital Improvement Accounts may not be created without the approval of the Commission. No more than 10% of the project costs may not be transferred from one Capital Improvement Account to the other without Commission approval.

c. Present to the Commission positions, programs and divisions that result in additional positions exceeding $200,000 prior to implementation.

4. Follow the personnel grievance procedures of the Office of Human Resources of the Budget and Control Board.

5. Communicate effectively with the Commission, staff and the public, allow the Commission to be aware of relevant trends, anticipated adverse media coverage, material change, or assumptions on which Commission policy has been established.

6. Present information clearly necessary for monitoring, making decisions, and for policy deliberations.

7. Inform the Commission if, in the Director's opinion, the Commission is not in compliance with its own policies.

8. Present draft policies, directives and standards to the Commission for review and approval. Present to the Commission for vote any Administrative Directives that cause significant changes to the service delivery system, or increase restrictions in reporting abuse, neglect, exploitation, critical incidents or sexual assault, prior to implementation.

   Policies will be defined as guiding principles and courses of action used to set direction for DDSN. Procedures will be defined as the step by step methods used in order to obtain compliance with the policies. Administrative Directives that are Policies according to this definition will require approval of the Commission. Administrative Directives that are Procedures according to this definition will not require approval of the Commission.

   As the Policies and Procedures are differentiated, the Commission Policy Chair shall reach agreement with the staff on the category of each particular policy. In the case of ambiguity, the Policy Committee shall make the determination of the Policy vs Procedure category.

   Present assessment tools to the Commission for review and approval if the assessment tool is to be used for resource allocation.

9. Enforce directives concerning eligibility of applicants and make final decisions on sequence of admissions.

10. Oversee the Audit Director administratively according to an annual work plan, while not restricting the auditor's independence or the functional oversight of the Commission. The State Director shall obtain Commission consent before hiring or firing the Audit Director.

11. Deal with the Commission as a whole except when individuals are specifically authorized to speak for the Commission.

12. Present to the Commission for vote any recommended changes to legislation prior to requesting changes from the General Assembly.

13. Implement an interim policy when faced with a time-sensitive decision. The State Director is encouraged to attempt to consult with the Executive Committee of the Commission or the Commission Chairperson whenever possible prior to implementation of the interim policy. Director will present the interim policy to the full Commission at the next Commission meeting.

14. The Director shall present to the Commission for approval all proposed new Home and Community Based Waivers, Waiver renewals and/or amendments, as well as Waiver Manuals and Policies recommended to the SCDHHS at least 30 days prior to submitting the documents to SCDHHS. The Director shall advise the Commissioners of any matter involving DDSN prior to the matter being considered by the SCDHHS Medical Care Advisory Committee. The Director shall keep the Commission informed of all matters involving inquiries from CMS regarding DDSN programs and all submissions to CMS involving DDSN programs of which the Director is familiar.

15) [1]In order to assist the Commission in making recommendations to SCDHHS concerning the implementation and operation of all programs it operates directly or through contracted Providers, the Director will submit relevant information to the Commission concerning all changes being considered by SCDHHS that would affect the administering of federal funds for programs governed by DDSN, including but not limited to:

- Rates and proposed changes in rates.
- Billing methodology for Providers contracted with DDSN, including recommending which agency providers are to bill for services.
- Timelines of implementation for program changes, billing changes, or rate changes.

[1] SECTION 44-20-270. Administration of federal funds.

The department is designated as the state's intellectual disability, related disabilities, head injuries, and spinal cord injuries authority for the purpose of administering federal funds allocated to South Carolina for intellectual disability programs, related disability programs, head injury programs, and spinal cord injury programs. This authority does not include the functions and responsibilities granted to the South Carolina Department of Health and Environmental Control or to the South Carolina Department of Vocational Rehabilitation or the administration of the "State Hospital Construction and Franchising Act".

The Director will also submit relevant information to the Commission concerning all Requests for Provider policy changes or corrections from entities contracted by SCDHHS or DDSN.

Gary C. Lemel Vice Chairman (Originator)	Eva R. Ravenel Chairman (Approved)

South Carolina
Department of Disabilities and Special Needs

Case Management Standards
[Medicaid Targeted Case Management (MTCM)
And
State-Funded Case Management (SFCM)]

Effective July 1, 2014

Revised July 1, 2019

NOTE: These Standards do <u>not</u> apply to Home and Community Based Services (HCBS) Waiver participants. Please see the DDSN Waiver Case Management Standards for the requirements for HCBS Waiver participants.

STANDARDS	GUIDANCE
I. STAFF QUALIFICATIONS AND PROVIDER REQUIREMENTS	
A. Case Management (CM) services shall be rendered by qualified staff. 1. Case Management Supervisors (CMSs) must possess a bachelor's degree from an accredited college or university[1], or licensure from the South Carolina Labor Licensing and Regulation Board as a Registered Nurse and have two (2) years of supervisory experience and two (2) years of case management experience. 2. Case Managers (CMs) must possess a bachelor's or graduate degree from an accredited college or university[1], or licensure from the South Carolina Labor, Licensing and Regulation Board as a Registered Nurse, and at least one (1) year of experience working with the target population. ***[1]The degree must be from an institution that is accredited by a nationally recognized educational accrediting body.***	Case Management activities or activities, functions of Case Management Supervisors and Case Managers who do not meet qualifications are NOT reportable. No exceptions can be made. Case Managers must have at least one (1) year of experience working with the target population for which they are providing case management (i.e., ID/RD, HASCI). A Case Manager may not provide Case Management services to a family member.
B. Each Case Manager or Case Management Supervisor must be an employee of DDSN, a DSN Board, or a DDSN qualified Case Management provider.	
C. Each Case Management provider shall maintain: 1. a current list of staff members 2. a signature sheet for Case Managers and Case Management supervisors which includes all signatures and initial variations used by those staff 3. a credentials folder for each staff member which includes: a. Resume'/Equivalent Application; b. Official copies of transcripts from an accredited university or college; c. Training records; d. Job description;	The signature sheet must include each way a Case Manager has abbreviated his or her name in the record, as well as his/her professional title and the user identification (ID) for electronic files.

e. Criminal Checks (including SLED Background checks and/or FBI Checks); f. Child Abuse and Neglect Registry Checks; g. Registry for Centers for Medicare and Medicaid Services (CMS) List of Excluded Individuals/ Entities (LEIE); h. Nurse Registry, if applicable; i. Sex Offender Registry; j. Proof of current licensure as a Registered Nurse, if applicable; k. TB Test results; l. Department of Motor Vehicles Driving Record, if applicable;	
D. Prior to delivering Case Management services, Case Management staff must be provided training in the following topic areas: a. DDSN Case Management Standards including, but not limited to Assessment, Care Planning, Referral and Linkage, Monitoring and Follow Up, and reportable and non-reportable activities and case note documentation; b. Basic Case Management skills; c. DDSN policies and procedures applicable to Case Management; d. Rights of people; e. Local, state, and national resources that comprise the system of care for DDSN's target populations; f. Access to and use of CDSS/STS; g. Nature of Developmental and Intellectual Disabilities, Autism, Traumatic Brain Injury, Spinal Cord Injury and Similar Disability (as appropriate);	Case Management staff must be trained. Documentation must be available and reflect that information presented in training is understood by the Case Manager. In order to ensure competency, training in excess of the minimum requirements is encouraged. Training in a classroom setting is not required. Other venues for training may be used such as: • Shadowing an experienced Case Manager or other professional staff • One on one instruction (not routine supervision) by a supervisor or other designated staff • Site visits to disability programs and services of other community service providers for the purpose of understanding the disability community and its service provider network. • Reference: DDSN Directive 534-02-DD DDSN Directive 167-06-DD

h. Abuse and Neglect; i. Confidentiality. 2. Annually, Case Management staff must receive training on: • Procedures for Reporting Abuse, Neglect or Exploitation of People (DDSN Directive 534-02-DD), and • Confidentiality of Personal Information (DDSN Directive 167-06-DD). 3. As needed, Case Management staff must be provided training on programmatic changes and/or updates.	
E. Case Management providers must be accessible to people served and must have a system in place which allows people served to receive assistance with any crisis situation 24 hours a day, 7 days a week.	A back-up on-call system may be implemented which will allow immediate accessibility for people receiving services. People receiving services and providers should be encouraged to call 911 in the event of a medical or police emergency; however, Case Management providers must still be accessible to provide assistance as needed. It is acceptable to have a general on-call number (beyond working hours) provided there is a response to crisis calls within two hours.

STANDARDS	GUIDANCE
II. REQUESTING ACTIVE CASE MANAGEMENT	**PROCEDURES**
A. DDSN approval for active Case Management services must be reflected by an active precertification date range in CDSS.	Before Case Management services are delivered, the person must be approved by DDSN for active Case Management services. Those needing active Case Management services may be identified by: • A Case Management provider; • An Intake provider; or • DDSN. When the need for Case Management services is identified by a Case Management provider or an Intake provider a request for approval of active Case Management services should be initiated by sending a Therap S-Comm to "DDSN, CM Referral" that includes the following information: • The name of the person; • Social Security Number (SSN); • Date of birth (DOB); • A description of the need for the services; • An indication of whether the person is receiving MTCM from another provider; and • An indication of whether the person is enrolled in an HCB Waiver operated by SCDHHS. Response to the requests will be returned via Therap S-Comm within two (2) business days. If the request is approved, the precertification date range in CDSS will be updated to reflect the appropriate case management type and the approved period. Case Management providers are not required to keep copies of the approvals as the pre-certification date range will serve as DDSN's official approval. If the request is denied, the decision may be appealed in accordance with DDSN Directive 535-11-DD: Appeal and

	Reconsideration Policy and Procedures (https://www.ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Directives/535-11-DD%20-%20Revised%20%28091015%29.pdf). When the need for active Case Management services is identified by DDSN: DDSN will offer the choice of provider from among the DDSN qualified providers serving the county in which the person resides. • DDSN will make a referral to the chosen provider via Therap S-Comm to Case Management Supervisor(s). • Providers will have four (4) business days to accept the referral. • If the provider accepts the referral, the precertification date range in CDSS will be updated to reflect the appropriate case management type and the approved period. If needed, the person's record will be transferred to the chosen provider on CDSS within two (2) business days.
B.	The person receiving Case Management services or his/her representative must verify the choice of the Case Management provider. The choice can be documented in the case notes or on an Acknowledgement of Choice form.

STANDARDS	GUIDANCE
III. SERVICE DESCRIPTION	
A. Case Management services will be provided in accordance with all applicable DDSN policies and procedures.	Please refer to: https://www.ddsn.sc.gov/providers/directives-and-standards
B. ASSESSMENT Either the "Case Management Annual Assessment" or the "Abbreviated Case Management Assessment" must initially be completed: • Within 45 days of the approval date[1] of active case management, • Prior to the initiation of the Case Management Support Plan, and • In conjunction with a face-to-face visit in the person's residence during which information is gathered. The assessment must be re-completed at least annually in conjunction with a face-to-face visit in the person's residence.	Case Managers have the choice of completing either the "Case Management Annual Assessment" or the "Abbreviated Case Management Assessment." While either assessment may be used, if services are being provided to someone who is projected to receive a DDSN Waiver slot within the next year, the use of the "Case Management Annual Assessment" is strongly recommended. If the "Abbreviated Case Management Assessment" is completed, upon Waiver enrollment and prior to receipt of Waiver services, the "Case Management Annual Assessment" must be completed. Assessment and periodic reassessment is conducted to determine service needs, including activities that focus on needs identification, to determine the need for any medical, educational, social, or other services must be completed. Such assessment activities include the following: • Taking individual history; • Identifying the needs of the person supported and completing related documentation; • Gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment. Both the assessment and the Case Management Support Plan can be completed on the same day. A face-to-face contact in the person's natural environment is permissible in lieu of the visit in the person's residence under the following circumstances: • The person is homeless. • The person or homeowner refuses to allow access to the home.

	• There is documented evidence of criminal activity, violence, or isolation in the residence that places the Case Manager in danger. When these circumstances exist, the assessment and the Plan should address safety issues or housing concerns for the person. ***[1]The approval date for active case management is the precertification date range begin date in CDSS.***
C. CARE PLANNING The Case Management Support Plan (the Plan) must be completed within 45 calendar days of authorization for case management services. The Plan must be re-completed annually (within 365 calendar days of the previous plan). The Plan must include: • Statement(s) of need(s); • The case management action(s) to address the need(s); • The name or type of provider to which the person will be referred; and • A projected completion date. The Plan must be signed, titled and dated by a qualified Case Manager. The Plan must be signed by the person or his/her representative indicating agreement with the Plan. The Plan must be provided, by copy, to the person or his/her representative. The Plan must be updated as needed and be current at all times.	Care planning includes the development and periodic revision of a specific care plan (Case Management Support Plan) based on the information collected through the assessment, that includes the following: • Specific goals and actions to address the medical, social, educational, and other services needed by the person. • Activities such as ensuring the active participation of the person and working with the person or his /her representative and others to develop such goals. • A course of action to respond to the assessed needs of the person. The Plan must be signed, titled, and dated by a qualified Case Manager; this signature, title, and date are generated electronically in Therap. The Plan must be signed by the person or his/her representative. This signature can be obtained on a separate form (attestation) rather than on the Plan itself. If a plan is not signed by the person or his/her representative at the time of plan completion, the Case Manager must document why the signature could not be obtained and must have the Plan (or separate form) signed at the next face-to-face contact. A copy of the completed plan must be provided to the person or his/her representative and documented in the case notes. The Case Manager must document that the person or his/her representative participated in the planning process. Evidence of participation may be in the form of a plan meeting sign-in sheet when

	the person was present and/or a specific description of participation documented in case notes. Documentation, in case notes, that the completed plan was provided to the person, or his/her representative is also indicative of participation in planning, as is documentation of participation in completion of the Assessment. Payment for any Case Management services delivered in the absence of a current/valid Plan may be subject to sanctions/recoupment when identified through quality assurance reviews, Medicaid audits, or other means.
D. REFERRAL AND LINKAGE Following the completion or re-completion of the Plan, the Case Manager will implement/follow the Plan. Prior to referring/linking to planned services, the Case Manager must offer the person or his/her representative choice of available providers. The offering of choice must be documented. Annually, written information about abuse, neglect and exploitation and how to report it is provided to the person or his/her representative.	Regarding Referral and Linkage, referral includes making actual referrals and activities related to making referrals (such as scheduling appointments) to help the person obtain needed services. Linkage includes activities that help link the person with medical, social, or education providers and/or other programs and services that could provide services to address identified needs and achieve goals specified in the Plan. CHOICE OF PROVIDERS – The person receiving services or his/her representative must be given a choice of all qualified providers of services and supports to which the person will be referred or linked. In addition to the initial choice offered when a service begins, choice should minimally be offered: • Annually during plan development, and • Any time the person receiving services or representative requests a change in services or providers. The offering of choice must be documented in case notes along with the choice made by the person or his/her representative. If only one potential provider is available, the person or his/her representative must be informed and the Case Manager must document this discussion in a case note. Case Managers should be responsive to preferences of the person or his/her representative by promptly responding to a request for a change in <u>any</u> service provider.

E. MONITORING OR FOLLOW UP Face-to-face, email or telephone contact must occur with the person, his/her representative, or the service provider at least every 60 calendar days. The assessment must be monitored/reviewed at least every 180 days <u>in conjunction with a face–to-face visit</u> with the person to determine if the assessment information remains current. The Plan must be monitored/reviewed in consultation with the person or his/her representative: • At least every 180 days; • To determine if the actions included in the Plan should continue, be updated or be discontinued.	Monitoring and follow-up includes activities, contacts, and reviews that are necessary to ensure the Plan is effectively implemented and adequately addresses the needs of the person. Monitoring and follow-up may be conducted with the person, his/her family members or representative, service providers, or other people or entities. Case Management "contact" is defined as a communication exchange with the person, his or her family, authorized representative, representative or the provider when a component of case management (assessment, planning, referral or monitoring) is rendered. Contact may occur as frequently as necessary but must occur at least every 60 days in order to determine if: • Services are being furnished in accordance with Case Management Support Plan, and • Services in the Case Management Support Plan are adequate to meet the needs of the person, and • There have been changes in the person's needs or status. If there have been changes, monitoring and follow-up activities include making necessary adjustments in the Plan and/or service arrangements with providers. Monitoring and follow-up includes reviewing the most recent assessment completed for the person. The assessment must be reviewed at least every 180 days and be completed in conjunction with a face-to-face visit with the person. Monitoring and follow-up includes reviewing the person's current Plan. The Plan must be reviewed at least every 180 days in consultation with the person or his/her representative. "In consultation" means that a face-to-face contact is made with the person in his/her natural environment. The outcome of reviewing the Plan is to determine if the actions included in the Plan should continue, be updated or be discontinued.

STANDARDS	GUIDANCE
IV. RECORD KEEPING AND DOCUMENTATION	
A. A primary case record will be maintained for each person receiving services.	Case records (paper files and electronic records) maintained by the Case Manager are considered to be the person's primary case record with DDSN.
B. The primary case record must be organized in accordance with a File Index determined by the provider agency.	Primary case records should be logically and consistently organized such that the identification of needs, referrals, follow-up, plan development and monitoring can be easily and clearly reviewed, copied, and audited. Case Management providers will have the flexibility to use the filing system of their choice (i.e., six-section divided files, three-ring binders, etc.).
C. The primary case record must identify records or documents that are maintained electronically.	
D. As appropriate records will include, but are not limited to, the following: 1. Assessment Information. 2. Current Plan and previous year's plan in paper or electronic format as applicable. The paper file will identify records that are maintained electronically. 3. Initial Social History Assessment (CIS) and updates (If applicable). 4. Medical information as applicable and when available. 5. Psychological Assessment, if applicable. 6. IEPs, IFSPs, FSPs, if applicable by age. 7. Eligibility Letter (after 1988). 8. HIPAA Acknowledgement. 9. Correspondence, including emails, and any other documentation intended to support Medicaid reimbursement for Case Management. 10. Legal records determining competency or determining a change in representativeship or documenting a legal name change, if applicable.	Case notes should provide a clear/concise description of the circumstances being recorded. The contents should be current, complete, timely, and meet documentation requirements. Documentation and record organization should also permit someone unfamiliar with the person receiving services to quickly acquire knowledge sufficient to provide Case Management, or to review the records to assure compliance with contracts, policies, standards and procedures. Purged record contents should also be maintained according to the provider agency's File Index and in close proximity to the primary case record. Closed records and backup records will also be retained according to the provider's primary case record index. Closed case records must be retained for a period of no less than six (6) years after the end of the annual contract period. If any litigation, claims or other actions involving the records are initiated prior to the expiration of the six (6) year period, the records must be retained until completion of the actions and resolution of all issues which arise from it, or until the end of the required period whichever is later. (For more detailed information regarding record retention, please refer to DDSN Directive 368-01-DD: Individual Service Delivery Records Management).

11. Information from other service agencies providing services to the person. 12. Other documents which from time to time may be deemed essential by DDSN or the State Medicaid agency.	
E. The primary case record including the electronic assessment, planning, monitoring and case note system will be kept secure according to DDSN and HIPAA security, confidentiality and privacy policies.	Refer to DDSN Directives: • 167-06-DD: Confidentiality of Personal Information. • 368-01-DD: Individual Service Delivery Records Management • 367-12-DD: Computer Data Security
F. Case notes must document all Case Management activity delivered on behalf of the specific person represented by the primary case record and, upon review, must justify the need for Case Management.	Multiple actions which support the same activity and which occurred on the same day may be incorporated into a single case note provided all necessary information is included and is clear to any other readers or reviewers.
G. Case notes will include the following if a reportable activity is being documented: • Type of activity and type of contact; • Place of contact or activity; • Person with whom the contact occurred and relationship to the person receiving Case Management services; • Purpose of the contact or activity; • Description of the Case Management intervention delivered; • Outcome(s) of the contact or activity, and, if applicable, next step(s) or follow-up to be completed; • Each case management activity performed and the case management component being provided; • Be authored, signed, titled and signature dated by the qualified Case Manager who rendered the case management activity; • Be filed or entered in the beneficiary's record within seven calendar days of delivery of the activity.	In order to determine the rate paid for the activity, each case note must indicate the type of Case Management activity as: • Office Visit; or • Home/Residential. "Office Visit" is defined as the completion of a component of case management that did not include travel away from the office. "Home/Residential" is defined as a planned, in-person contact requiring travel away from the office to meet with the person, parent, guardian, or provider. "Case management component" refers to the core functions of Case Management services which are assessment, planning, referral/linkage and monitoring/follow-up.

H. All case notes must: 1. Be entered within seven (7) calendar days of the activity/event being documented. 2. Be completed on the correct case note template in Therap so that activities may be reported to DDSN for billing. 3. Be completed by a qualified Case Manager.	It is strongly recommended and considered a best practice to complete case notes on the day the service or activity is rendered. Case notes in Therap are the electronic documentation of core functions and other activities performed by the Case Manager. The Case Note module of Therap conforms to the Uniform Electronic Transactions Act (S.C. Code § 26-6-10 et seq.) When a case note for a core function or other activity is completed ("Submit" not "Save" is chosen) in Therap it is automatically transmitted to DDSN for possible billing. When a case note is "Saved" ("Submit" not chosen) in Therap, the note is still in progress (not completed) and will not be automatically transmitted to DDSN for possible billing. Case notes completed on Therap do not have to be printed and placed in the primary case record.
I. All manual case notes must be typed or handwritten in black or dark blue ink.	Electronic case notes can only be typed and printed in black.
J. All case notes must be legible and kept in chronological order according to the date of entry.	All case notes should be entered into Therap.
K. All manual and electronic case notes must be dated and legibly signed with the Case Manager's name or initials, professional title, and dated.	Non-electronic case notes must be manually signed by a Case Manager.
L. A list of any abbreviations or symbols used in the records must be maintained.	This list must be clear as to the meaning of each abbreviation or symbol, and only abbreviations and symbols on this approved list may be used.
M. Any person(s) referenced in case notes or any supporting correspondences must be identified in each entry.	Identify person(s) in case notes by their full name and title or relationship to the person. References in case notes must be done at least one time for each entry/case note.
N. Errors in case notes must be corrected appropriately.	When an error is made in a Therap case note, the Case Manager will edit the case note. Therap will retain the history of the note and changes made to the note.
O. Case notes must be individualized to the specific person represented by the primary case record.	A single identical case note cannot be used to document activity about two or more people.

STANDARDS	GUIDANCE
V. SERVICE REPORTING	
Electronic case notes intended to document Case Management activities must be sufficient in content to support billing to Medicaid.	Reportable Case Management activities must represent at least one (1) of the four (4) Case Management activities (assessment, care planning, referral and linkage, monitoring and follow up). Case notes must correspond to reporting in type of activity, length of activity, units of service, and date of delivery. INITIAL REPORTING No Case Management activity is reportable unless a Pre-certification date range is available in CDSS (Refer to Section II-Requesting Active Case Management) regardless of the number of case notes or the type of activity described. SUPPORT PLAN Case Management activity may be reported only when a current Support Plan is in place or when a plan is in process according to established timeframes. If a plan is not in place or not in process within established time frames, the activity must be documented as non-reportable. PERSON/APPLICANT NOT LOCATED If a DDSN applicant or DDSN eligible person is missing and his/her whereabouts cannot be determined within 30 calendar days, Case Management activity must not be reported until that person is located. Reporting must be discontinued after 30 calendar days from the date the Case Manager is made aware the person is missing, not the actual date the person went missing. After 30 calendar days, all Case Management activity is not reportable until such time as the person is located and documented by a case note. As mentioned previously, Case Management activities and non-reportable electronic case notes may be entered at any time. **EXAMPLES OF REPORTABLE ACTIVITIES:** • Assessing needs, access to services or client functioning.

	• Assessing the medical and/or mental needs through review of evaluations completed by other providers of services. • Assessing of physical needs, such as food and clothing. • Assessing of social and/or emotional status. • Assessing for housing, financial and/or physical environmental needs. • Assessing for familial and/or social support system. • Assessing for vocational and/or educational needs. • Assessing for independent living skills and/or abilities. • Ensuring the active participation of the person supported or his/her representative. • Working with those supported and others to develop goals. • Identifying a course of action to respond to the assessed needs of the person supported. • Linking the person with medical, social, educational, and/or other providers, programs, and services that are capable of providing the assessed needed services. • Ensuring the Plan is implemented effectively and is adequately addressing the needs of the person. • Contacting the person, family members, outside service providers, or other entities to ensure services are being furnished In accordance with person's Plan. • Ensuring the adequacy of the services in the Plan, and changes in the needs or status of the person. • Assisting in obtaining required educational, treatment, residential, medical, social, or other

	support services by accessing available services or advocating for service provision. • Contacting social, health, and rehabilitation service providers, either via telephone or face-to-face, in order to promote access to and appropriate use of services. Additionally, services by multiple providers may be coordinated. • Monitoring the progress through the services and performing periodic reviews and reassessment of treatment needs. When an assessment indicates the need for medical treatment, referrals or arrangements for such treatment may be included as case management services, but the actual treatment must not be included. • Arranging and monitoring the person's access to primary healthcare providers including written correspondence sent to a primary health care provider, which gives a synopsis of the treatment the individual is receiving. • Coordinating and monitoring other health care needs by arranging appointments for medical services with follow-up and documentation. • Staffing's related to receiving consultation and supervision on a specific case to facilitate optimal case management. This includes recommending and facilitating movement from one program to another or from one agency to another. • Contacting the person to deal with specific and identifiable problems of service access and requiring the case manager to guide or advice his or her in the resolution of the problem. • Contacting the family, representatives of human service agencies, and other service providers to form a multidisciplinary team to develop a comprehensive and individualized Plan. The individualized Plan describes the problems, corresponding needs, and details services to be accessed or procured to meet the person's needs.

	• Preparing a written report that details a psychiatric and/or functional status, history, treatment, or progress (other than for legal or consultative purposes) for physicians, other service providers, or agencies **EXAMPLES OF <u>NON-REPORTABLE</u> ACTIVITIES** • Attempting but not completing a contact whether in person or by telephone. • Reviewing case management record (of own agency files). • Referring and monitoring of one's own activities. • Completing special requested information regarding the people supported or the provider, public agencies or other private entities for administration purposes. • Participating in recreation or socialization activities with the person supported or his or her family. • Rendering case management to individuals in institutional placements [i.e., Intermediate Care Facilities (ICFs) or ICF-IIDs (Intellectual Disabilities), nursing homes, etc.], except during the last 180 days of the stay for the purpose of transition and/or discharge planning.** • Rendering services while incarcerated, an evaluation center (formerly known as reception and evaluation centers), a local jail and/or prison, or a detention center.** • Documenting Case Notes. • Performing administrative duties such as copying, filing, mailing of reports, etc. • Rendering activities (SC Family Court, General Sessions or Federal Court), which are convened to address custody, criminal charges, or other judicial matter by the individual or others.**

	• Rendering services on behalf of a person supported after Death. • Rendering services as Case Management components that are mandated functions required by another payer source (*i.e.,* an assessment that has been completed as a program intake requirement). A treatment plan that covers court mandated services only should not be the basis for MTCM services. • Rendering services provided as administrative case management including Medicaid eligibility determination, intake processing, and preadmission screening for inpatient care.** • Performing utilization review and prior authorization for Medicaid. • Rendering the actual or direct provision of medical services or treatment: ➢ Training in daily living skills; ➢ Training in work skills and social skills; ➢ Grooming and other personal services; ➢ Training in housekeeping, laundry, cooking; ➢ Individual, group or family therapy services; ➢ Crisis intervention services; ➢ Diagnostic testing and assessments; • Rendering services which go beyond assisting individuals in gaining access to needed services: ➢ Paying bills and/or balancing the person's checkbook; ➢ Completing application forms, paperwork, evaluations and reports including applying for Medicaid;

	➢ Escorting or transporting person to scheduled medical appointments; ➢ Providing childcare so the person can access services; ➢ Shopping or running errands for the person; ➢ Delivering groceries, medications, gifts; ➢ Reading the mail for the person; ➢ Setting up the person's medication; ➢ Traveling to and from appointments on behalf of the person. • Performing Outreach – Outreach activities in which a state agency or other provider attempts to contact potential recipients of a service do not constitute Case Management services. • Rendering Case Management services when there is no Plan in place except during the first 45 days while a Plan is being developed. ******** ***For those who are approved for State Funded Case Management (active precertification date range with DHHS N), these activities may be entered as reportable as long as a component of case management was rendered.***

Standards	Guidance
VI. Case Transfers	
When a new Case Management provider who is a DDSN qualified provider is chosen by the person and transfer is requested, within ten (10) business days of the request for transfer, the sending provider must: • Update CDSS to transfer to the newly chosen provider; and • Send the original paper/hardcopy record to the newly chosen provider.	To prevent any disruption in services, the sending Case Management provider should contact the chosen provider by email or phone or fax to determine if the provider will accept the case. Please note, if the person independently contacts/chooses another provider or if any circumstances prohibit the sending provider from doing so, the receiving chosen provider can contact the sending provider to initiate the transfer. If the case is accepted, both Case Management providers should discuss the logistics of transferring, discuss current services and providers, and set a date (within 10 business days) for mailing the case record and transfer on CDSS. Within 10 business days of the transfer on CDSS the sending provider must: • Update/change CDSS as needed. • Review case record with Case Management Supervisor. • Copy the case record and maintain a copy of all records of service according to DDSN Directive 368-01-DD: Individual Service Delivery Records Management. • Send originals of the paper case record to the receiving Case Management provider. Records may be sent via US Mail, a package shipping company, or otherwise delivered. Regardless of the method used for sending, documentation of the sending of the records should be maintained. The receiving Case Management provider should: • Ensure that the Financial Manager on the CDSS (county to county transfers only) is correct. • Contact chosen providers and refer for services if necessary. • Update existing plan or complete a new plan as necessary. • Organize all case record information and insert into a file.

South Carolina
Department of Disabilities and Special Needs

Waiver Case Management Standards

Applicable to:
Intellectual Disabilities/Related Disabilities (ID/RD) Waiver
Community Supports (CS) Waiver
Head and Spinal Cord Injury (HASCI) Waiver

Effective: July 1, 2019

	STANDARDS	GUIDANCE
I.	**STAFF QUALIFICATIONS AND PROVIDER REQUIREMENTS**	
1.	Waiver Case Management services must be rendered by qualified staff. Waiver Case Management Supervisors must meet the minimum requirements for a Waiver Case Manager and possess the skills and experience needed to provide oversight. Waiver Case Managers must possess a bachelor's degree from an accredited college or university, or licensure from the South Carolina Department of Labor, Licensing and Regulation Board as a Registered Nurse, **and** have at least one (1) year of experience working with people with disabilities **or** one (1) year of Case Management experience.	Any functions, tasks or activities performed by a Waiver Case Manager or Waiver Case Management Supervisor who does not meet the qualifications stated herein are not reportable. No exceptions to these qualifications can be made. A Waiver Case Manager cannot provide Waiver Case Management to a family member.
2.	Each Waiver Case Manager or Waiver Case Management Supervisor must be an employee of the South Carolina Department of Disabilities and Special Needs (DDSN), a Disabilities and Special Needs (DSN) Board, or a DDSN-qualified Waiver Case Management provider.	
3.	Each Waiver Case Management provider must maintain: • A current list of staff members; • A signature sheet for Waiver Case Managers and Waiver Case Management supervisors which includes all signatures and initial variations used by those staff; and • A credentials folder for each staff member which includes: a. Resume'/Equivalent Application; b. Official copies of transcripts from an accredited university or college;	

	c. Training records; d. Job description; e. Documentation of minimal background checks and screenings.	
4.	Waiver Case Management staff must have the following background checks and screenings <u>prior to employment</u>: • National federal fingerprint-based criminal background check if prospective employee cannot establish South Carolina residency for the 12 months preceding the date of the employment application and/or prospective employee will work with children under the age of 18; • South Carolina Law Enforcement Division (SLED);[1] • DSS Child Abuse and Neglect Central Registry; • Medicaid Exclusion List; • Proof of current licensure as a SC Registered Nurse, if applicable; • Nurse Registry, if applicable; • Sex Offender Registry; • Tuberculosis screening;[2] • Validation of a driver's license	For any Case Manager delivering services to Waiver participants on or before June 30, 2019 who does not meet the minimum initial background check requirements, the initial (prior to employment) checks and screenings must be completed by July 1, 2020. After the initial completion of checks and screenings, the requirements for re-checks and re-screening stated herein must be applied. ***[1]If a National federal fingerprint-based criminal background check is performed, then a SLED background check is not also required.*** ***[2]Waiver Case Management staff may be employed by the provider agency prior to completion of Tuberculosis screening; however, staff cannot have any direct contact with any Waiver participant until the screening is complete.***
5.	Waiver Case Management staff must have the following background re-checks and re-screenings performed <u>at least every five (5) years</u>: • National federal fingerprint-based criminal background check if prospective employee cannot establish South Carolina residency for the 12 months preceding the date of the employment application and/or prospective employee will work with children under the age of 18;	***[1]If a National federal fingerprint-based criminal background check is performed, then a SLED background check is not also required.*** The 5-year clock for re-checks will begin on the date of initial check or date of last re-check for each screening. For employees who have been employed for more than 5 years on June 30, 2019, <u>all</u> background re-checks and screenings must be less than 5 years old or must be performed by July 1, 2020.

	• South Carolina Law Enforcement Division (SLED);[1] • Child Abuse and Neglect Central Registry; • Medicaid Exclusion List; • Proof of current licensure as a SC Registered Nurse, if applicable; • Nurse Registry, if applicable; • Sex Offender Registry.	
6.	All Waiver Case Management staff must successfully complete the South Carolina Department of Health and Human Services (SCDHHS) Waiver Case Management curriculum before delivering Waiver Case Management services.[1] Waiver Case Management staff must, at a minimum, successfully complete the following training annually: • Procedures for Reporting Abuse, Neglect or Exploitation of People (DDSN Directive 534-02-DD); • Confidentiality of Personal Information (DDSN Directive 167-06-DD); • Person-centered planning; • Level of Care; • Assessments and Plans of Support; • Programmatic changes (as required); • One topic of the provider's choosing.	Waiver Case Management staff must be trained. ***[1]Any Case Manager delivering services to Waiver participants on or before June 30, 2019, must complete the SCDHHS Waiver Case Management curriculum no later than December 31, 2019.*** ***[1]Any Waiver Case Manager hired after July 1, 2019 must complete the SCDHHS Waiver Case Management curriculum before delivering Waiver Case Management services.*** ***[1]Beginning January 1, 2020 and thereafter, no Case Manager may deliver Waiver Case Management services until the SCDHHS Waiver Case Management curriculum is completed.*** Documentation must be available and reflect that information presented in training was understood by the Waiver Case Manager. To ensure competency, training beyond the minimum established by these standards is encouraged. Training in a classroom setting is not required. Other venues for training may be used such as: • Shadowing an experienced Waiver Case Manager or other professional staff; • One on one instruction (not routine supervision) by a supervisor or other designated staff; • Site visits to disability programs and services of other community service providers for the purpose of understanding the disability community and its service provider network. Refer to DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.

7.	Waiver Case Management providers must be accessible to people served and must have a system in place which allows people served to receive assistance with any crisis situation 24 hours a day, 7 days a week.	A back-up on-call system may be implemented which allows immediate accessibility for people receiving services. People receiving services and providers should be encouraged to call 911 in the event of a medical or police emergency; however, Waiver Case Management providers must still be accessible to provide assistance as needed. It is acceptable to have a general on-call number (outside of normal business hours) provided there is a response to crisis calls within two (2) hours.

	STANDARDS	GUIDANCE
II.	**SERVICE DESCRIPTION**	
1.	When delivered, Waiver Case Management services must conform to the definition of the service.	Definition - Waiver Case Management: Services that assist participants in gaining access to needed waiver, State plan and other services, regardless of the funding sources for the services to which access is gained. Waiver case managers are responsible for initiating and/or conducting the process to evaluate and/or re-evaluate the participant's level of care as specified in waiver policy. Waiver case managers are responsible for conducting assessments and planning as specified in waiver policy. This includes the ongoing monitoring of the provision of services included in the participant's "*Case Management Support Plan."* Waiver case managers are responsible for the ongoing monitoring of the participant's health and welfare, which may include crisis intervention, and referral to non-waiver services.
2.	Waiver Case Management services will be provided in accordance with all applicable DDSN policies and procedures.	Please refer to: https://www.ddsn.sc.gov/providers/directives-and-standards
3.	ASSESSMENT The "*Case Management Annual Assessment"* must: • Be completed within 60 days of Waiver enrollment; • Be completed prior to the initiation of the "*Case Management Support Plan;*" • Include a face-to-face contact in the participant's residence to gather information; • Be completed prior to the provision of any Waiver-funded services except Waiver Case Management; • Be re-completed in conjunction with a face-to-face contact in the participant's residence.	Assessment and periodic reassessment, in accordance with person-centered planning principles, is conducted to determine the participant's need for any medical, educational, social, or other services. Such assessment activities include the following: • Identifying the needs and goals of the participant and completing related documentation; • Gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the participant. When the information in the most recently completed "*Case Management Annual Assessment"* changes or is no longer current, the updated information should be documented in case notes. Assessment and the planning can be conducted on the same day. "Face-to-face" means an in-person contact between the Waiver Case Manager and the Waiver participant. A face-to-face contact in the participant's natural environment is permissible in lieu of the contact in the residence / residential setting under the following circumstances:

		• The participant is homeless; • The participant or homeowner refuses to allow access to the home; • There is documented evidence of criminal activity, violence, or isolation that places the Waiver Case Manager in danger. When these circumstances exist, the assessment and "*Case Management Support Plan"* should address safety issues or housing concerns for the participant. Waiver Case Management services can be delivered prior to the initial assessment. The results of the *"Abbreviated Case Management Assessment"* cannot be used to complete the "*Case Management Support Plan"* for Waiver participants.
4.	SUPPORT PLAN The "*Case Management Support Plan"* (Plan), must: • Be completed or updated[1] within 60 calendar days of the participant's enrollment in the Waiver; • Be completed prior to the provision of any Waiver-funded services except Waiver Case Management; • Be re-completed annually;[2] • Reflect consideration of the need to contact the Waiver participant more frequently than minimally required herein; • Include information about what is important to the participant. • Include information about the participant's plan for responding to emergencies. • Address the Waiver participant's identified health and safety needs when residing in a DDSN-sponsored residential settings.	Planning includes the development and periodic revision of a plan ("*Case Management Support Plan"*) which is based on the information collected through assessment ("*Case Management Annual Assessment" and specific Waiver service assessments*). The plan documents the participant's needs/goals and documents the Waiver-funded services, State Plan-funded services and the medical, social, educational and/or other services, regardless of the funding sources which are required to address the needs/goals of the participant. ***[1]A Plan is "completed", "updated" or "re-completed" when approved by the DDSN Waiver Administration Division. The Plan date is assigned by the DDSN Waiver Administration Division based on the date of approval.*** ***[1]Prior to the delivery of Waiver-funded services, if a Plan was completed for the provision of Medicaid Targeted Case Management or State Funded Case Management services and developed based on the results of the "Case Management Annual Assessment," that Plan can be updated and used for the Waiver participant. The Plan must be updated within 60 calendar days of Waiver enrollment and prior to the delivery of all Waiver services except Waiver Case Management.*** ***[1]A Plan developed based on the results of the "Abbreviated Case Management Assessment" cannot be used as the Support Plan for Waiver participants.*** ***[2]"Annually" means every 365 calendar days from the completion date of the last plan. To allow adequate time for approval by the Waiver Administration Division, it is strongly recommended that the annual re-completion of Plans be performed at least 30 days prior to expiration date of the last plan.***

	• Include the following: ➢ A statement of need(s); ➢ The service or intervention to address the need(s);[3] ➢ Type of provider to which the participant will be referred; ➢ The funding source; ➢ The amount, frequency and duration of the service; • Be signed, titled, and dated by a qualified Waiver Case Manager;[4] • Be signed by the participant, his/her representative if available within three (3) months of Plan completion;[5] • Be updated as needed using the "*Plan Change Request"* form and remain current at all times;[6] • Be provided, by copy, to the participant or his/her representative within three (3) months of completion.[7] The case record must document the participant's/representative's participation in the planning process.[8]	***[3]Waiver Case Management must be included as a service on the Plan.*** ***[4]The Plan must be signed, titled, and dated by the Waiver Case Manager; this signature, title, and date are generated within Therap.*** ***[5]The signature of the participant or his/her representative can be obtained on a printed copy of the Plan or a separate form indicating the participant's/representative's agreement with the Plan.*** ***[6]The Plan must be updated when problems or concerns are noted and/or when there are changes in family circumstances, participant strengths/needs/goals, risk factors, resources, and, the support network. Updates to the Plan must be made using the "Plan Change Request" form in Therap.*** ***[7]A copy of the completed Plan must be provided to the participant/representative within three months of Plan approval. This must be documented in the case notes.*** ***[8]The Waiver Case Manager must document that the participant/representative participated in the planning process. Evidence of participation may be in the form of a plan meeting sign-in sheet when the participant was present and/or a specific description of his/her participation documented in case notes.*** Documentation, in case notes, that the completed plan was provided to the participant / representative is also indicative of their participation in planning, as is documentation of his/her participation in completion of the Assessment. "Within three (3) months of completion" means by the last day of the third month following the Plan completion date. For example, if a Plan is dated January 13, 2019, the due date would be April 30, 2019. Payment for any services (except Waiver Case Management) delivered in the absence of a current/valid Plan may result in sanctions/recoupment when identified through quality assurance reviews, Medicaid audits, or other means.
5.	<u>REFERRAL AND LINKAGE</u> Following the completion, update, or re-completion of the Plan, the Waiver Case Manager will implement/follow the Plan. Prior to referring/linking to planned services and <u>annually</u> thereafter, the Waiver Case Manager must offer the participant or his/her representative choice	Referral includes making actual referrals, issuing authorizations, and activities related to making referrals/issuing authorization (such as scheduling appointments) that help the participant obtain needed services. Linkage includes activities that help link the participant with medical, social and educational providers and/or other programs and services that could provide services to address identified needs and achieve goals specified in the Plan.

	of available providers. The offering of choice must be documented[1]. Authorization(s) for all Waiver-funded services must be issued prior to service delivery.[2] Annually, written information about abuse, neglect and exploitation and how to report it is provided to the participant or his/her representative.	For each intervention in the Plan, the Waiver Case Manager will either make an initial referral for services or confirm services are still needed. ***[1]The participant/representative must be given the opportunity to select each service provider from all qualified providers of the service.*** ***[1]Choice should be offered:*** • ***Annually during plan development;*** • ***Any time the participant /representative requests a change;*** • ***Or when an intervention/service to address a new need is identified.*** ***[1]The offering of choice must be documented in case notes along with the choice made by the participant or his/her representative. If only one potential provider is available, the participant or his/her representative must be informed and the Waiver Case Manager must document this discussion in a case note.*** ***[1]Waiver Case Managers should be responsive to preferences of the participant /representative including a request for a change in <u>any</u> service provider. When a change is requested, documentation must reflect that choice was offered.*** ***[2]Authorization for Waiver-funded services must be issued prior to service delivery except for the following services which do not require the issuance of authorization:*** • ***Waiver Case Management (ID/RD, CS, and HASCI Waivers);*** • ***Adult Dental (ID/RD Waiver);*** • ***Adult Vision (ID/RD Waiver).*** ***[2]When electronic authorizations are issued in Therap, Waiver Case Managers must issue or re-issue authorizations for all services requiring authorization each Plan year. Authorizations corresponding to services in the new Plan must be issued prior to the end date of the previous Plan <u>and</u> no later than ten (10) business days from the approval date of the new Plan.***
6.	<u>MONITORING AND FOLLOW UP</u> Monitoring and follow-up must be conducted as frequently as necessary in order to ensure: • The health, safety and well-being of the participant; • The Plan is being effectively implemented;	Monitoring and follow-up may be with the participant, representative, service providers, or other relevant entities. Monitoring and follow-up includes activities and contacts necessary to ensure: • The participant's health, safety and well-being; • The Plan is being effectively implemented; • Services adequately address the needs of the participant;

	• Services adequately address the needs of the participant; • Services are being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations; • The participant/representative is satisfied with their chosen providers; • At least two (2) Waiver services have been received by the participant monthly; • The participant will continue to receive at least two (2) waiver services monthly. The frequency of Waiver Case Management contact[1] must be determined based on the participant's needs. At a minimum, the following contacts with the participant/representative must be provided: • A contact at least monthly;[2] • A face-to-face contact[3] at least once every three (3) months; • A face-to-face contact in the participant's residence/residential setting every six (6) months.	• Providers are furnishing services in accordance with their authorizations, relevant policies and quality expectations; • The participant/representative is satisfied with the selected providers; • At least two (2) waiver services have been received by the participant monthly; • The participant will continue to receive at least two (2) waiver services monthly. ***[1]A "Waiver Case Management contact" is defined as a meaningful communication exchange with the participant or his representative to provide one or more Waiver Case Management activities. Methods of contact include both face to face conversations and telephone calls, text messages, email messages, or written correspondence that are not face-to-face. The use of social media (e.g., Snapchat, Instagram, Twitter) is not allowed.*** ***[2] For the purposes of monthly contact, a face-to-face contact is not required. Also for the purpose of monthly contact, contact with a "representative" is allowed. A "representative" is a person who knows the needs of the participant. It is preferred that this representative live with the participant and/or has daily contact with the participant (such as a parent, other family member or residential staff member).*** When exceptional circumstances prevent the completion of a required face-to-face contact, a contact that is not face-to face may be made in lieu of the required face-to-face contact. Documentation must include details describing the nature of the circumstances preventing a face-to-face encounter. A face-to-face contact in the participant's natural environment that is not his/her residence is permissible in lieu of the contact in the participant's residence under the following circumstances: • The participant is homeless. • Participant or homeowner refuses to allow access to the home. • There is documented evidence of criminal activity, violence, or isolation in the residence that places the Case Manager in danger. When these circumstances exist, the assessment and the Plan should address safety issues or housing concerns for the participant.

		If the participant/representative cannot be reached for the purposes of a non-face-to-face contact after three (3) documented attempts on different days and varying times, it is acceptable for the case manager to conduct the non-face-to-face contact with a "knowledgeable resource" previously identified by the participant/representative. In order to utilize a knowledgeable resource, prior to contact, the Waiver Case Manager must obtain written consent from the participant/representative identifying the person(s) who will be designated as a knowledgeable resource(s) and consenting for the Waiver Case Manager to discuss the participant with the designated person(s). The consent must remain in the participant record. Contact with a knowledgeable resource is expected to be rare and is not allowed for consecutive monthly contacts. Regarding contact requirements: • "Monthly" means once each calendar month (Ex: any date in July, any date in August, etc.); • "Quarterly" means once every three (3) calendar months (Ex: any day in July, any day in October); • "Every six (6) months" means once every six (6) calendar months (Ex: any day in July, any date in January).

	STANDARDS	GUIDANCE
III.	**RECORD KEEPING AND DOCUMENTATION**	
1.	A primary case record will be maintained for each participant.	Case records (paper and electronic records) maintained by the Waiver Case Manager are considered to be the participant's primary case record with DDSN.
2.	The primary case record must be organized in accordance with a File Index determined by the provider agency.	Primary case records should be logically and consistently organized. Waiver Case Management providers may use the filing system of their choosing (i.e., six-section divided files, three-ring binders, etc.). Primary case record organization should permit someone unfamiliar with the participant to quickly acquire knowledge sufficient to provide Waiver Case Management, or to review/audit the record. Purged contents of the primary case record should also be maintained according to the provider agency's File Index and in close proximity to the primary case record. HASCI Waiver recipients' files must follow the HASCI Waiver index (refer to the HASCI Waiver Manual). Primary case records and backup records for former Waiver participants whose DDSN case has been closed will also be retained according to the provider's primary case record index. Primary case records for closed cases must be retained for a period of no less than six years after the end of the annual contract period. If any litigation, claims or other actions involving the records are initiated prior to the expiration of the six-year period, the records must be retained until completion of the actions and resolution of all issues which arise from it, or until the end of the required period whichever is later. (For more detailed information regarding record retention, please refer to DDSN Directive 368-01-DD: Individual Service Delivery Records Management.
3.	The primary case record must identify records or documents that are maintained electronically.	
4.	At a minimum, Waiver Case Management providers must maintain the following documentation/information for all participants: • The name of the participant;	

	• The dates of the Waiver Case Management services; • The name of the Waiver Case Management provider agency and the staff members providing the service; • The nature, content and units of the services received; • If the participant has declined services in the Plan; • The need for, and occurrences of, coordination with other case managers; • Assessment information; • Plan/planning documents; • Case notes; • All attempts to contact the participant/ representative, including date, time, and method; • All correspondence by the Waiver Case Manager for which Medicaid reimbursement was claimed; • Medical information; • Psychological assessments/psychiatric reports, if applicable; • Individualized Education Plans (IEPs) and Individual Family Service Plans (IFSPs), as appropriate and/or available; • Information from other service agencies providing services to the participant.	
5.	The participant's primary case record contains the Waiver forms required by the applicable Waiver manual.	*Therap and/or the Consumer Data Support System (CDSS) are considered the electronic portion of the primary case record. Any form completed in the

		electronic system is considered a part of the primary case record and should not be printed for inclusion in a paper file. Community Supports Waiver: https://www.ddsn.sc.gov/resources/medicaid-home-and-community-based-waiver-services-programs/community-supports-waiver Head and Spinal Cord Injury Waiver: https://www.ddsn.sc.gov/resources/medicaid-home-and-community-based-waiver-services-programs/head-and-spinal-cord-injury Intellectual Disability/Related Disabilities Waiver: https://www.ddsn.sc.gov/resources/medicaid-home-and-community-based-waiver-services-programs/intellectual-disability-and
6.	The primary case record (paper and electronic records) must be securely and confidentially maintained/kept.	Refer to DDSN Directives: • 167-06-DD: Confidentiality of Personal Information; • 368-01-DD: Individual Service Delivery Records Management; • 367-12-DD, Computer Data Security.
7.	Case notes must document all Waiver Case Management activity on behalf of the specific participant represented by the primary case record.	Case notes should provide a clear/concise description of the circumstances being recorded. The contents should be current, complete, timely, and meet documentation requirements. Multiple actions which support the same activity and which occurred on the same day may be incorporated into a single case note provided all necessary information is included and is clear to any other readers or reviewers.
8.	Case notes will include the following if a reportable activity is being documented: • The activity completed and type of contact. • Place of contact or activity. • Person with whom the contact occurred and relationship to the participant.	In order to determine the rate paid for the activity, each case note must indicate the type of Waiver Case Management activity as: • WCM Without Travel; or • WCM With Travel. WCM Without Travel should be selected when a case manager provides WCM to a person and does not leave the provider's location to do so.

	• Purpose of the activity. • Outcome(s) of the activity and, if applicable, the next step(s) to be taken. • The date of the activity. • Signature and title of case manager completing activity and the date of the signature. • All efforts to obtain services that are included in the Plan, but are unavailable to a participant.	WCM With Travel should be selected when a case manager providers WCM to a person and leaves the providers' location to do so. Case notes should provide a clear/concise description of the circumstances being recorded. The contents should be current, complete, timely, and meet documentation requirements. Signature, title, and date of the signature are electronically created by Therap.
9.	All case notes must: • Be entered on the Waiver Case Management template in Therap. • Must be entered in Therap within seven (7) calendar days of the activity/event being documented. • Be completed by a qualified Waiver Case Manager. • Properly document any omissions.	It is strongly recommended and considered a best practice to complete case notes on the day an activity is performed. Case notes in Therap are the electronic documentation of Waiver Case Management activities performed by the Waiver Case Manager. The case note module in Therap is in accordance with the Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 et seq.) <u>Only case notes entered for participants on the Waiver Case Management template are reportable. Providers will only be reimbursed for units of Waiver Case Management services reported on the Waiver Case Management template.</u> <u>Case notes entered for participants on any other Therap case note template are not reportable. Providers will not be reimbursed for units of Waiver Case Management services reported on any Therap case note template other than the Waiver Case Management template</u>. When a case note for a reportable activity is completed ("Submit" <u>not</u> "Save" is chosen) in the Waiver Case Management template in Therap, it is automatically transmitted to DDSN for <u>possible</u> billing. When a case note is "Saved" ("Submit" not chosen), the note is considered to be in progress (not complete) and will <u>not</u> be transmitted to DDSN for possible billing. In exceptional circumstances, it may be necessary to handle omissions in the documentation. All documentation should be entered into Therap.

		Case notes completed in Therap should not be printed and placed in the primary case record. Please note that case records in Therap that contain case notes that are "Saved" (i.e., not submitted or complete) will not transfer to another provider. Any "Saved" case notes must be completed ("Submit") or terminated before the transfer can occur.
10.	A list of any abbreviations or symbols used in the records must be maintained.	This list must be clear as to the meaning of each abbreviation or symbol, and only abbreviations and symbols on this approved list may be used.
11.	Any person(s) referenced in case notes or any supporting correspondences must be identified in each entry.	Identify person(s) in case notes by their full name and title or relationship to the participant. References in case notes must be done at least one time for each entry/case note.
11.	Errors in case notes must be corrected appropriately.	When an error is made to a case note in the Waiver Case Management template, the Waiver Case Manager must follow error correction procedures identified in Therap. The history of all case notes is maintained.

	STANDARDS	GUIDANCE
IV.	**SERVICE REPORTING**	
1.	Electronic case notes intended to document Waiver Case Management activities must be sufficient in content to support Medicaid billing.	Reportable Waiver Case Management case notes must represent Waiver Case Management activities. SCDHHS will reimburse for no more than 40 units per calendar quarter per participant of WCM. In exceptional cases, where medical necessity has been demonstrated, additional hours over the 40-unit limit can be approved through the prior authorization process. Waiver case managers must monitor the usage of WCM services as necessary. Prior authorization should be requested through the applicable Waiver policy director when more than 40 units of WCM is needed during a calendar quarter. Case notes must correspond to reporting in type of activity, length of activity, units of service, and date of delivery. SUPPORT PLAN Waiver Case Management activity may be reported only when a participant is enrolled in a DDSN Waiver and a current "*Case Management Support Plan"* is in place or is in process according to established timeframes. If a Plan is not in place or not in process within established time frames, the activity must be documented as non-reportable. **Activities listed below are reportable when documented in a case note on the Therap Waiver Case Management template:** • Conducting Level of Care reevaluations; • Re-establishing/re-documenting Freedom of Choice; • Assessing needs; • Completing an assessment; • Assessing a participant's medical and/or mental health needs through review of evaluations completed by other providers of services; • Assessing physical needs, such as food and clothing; • Assessing social and/or emotional status; • Assessing housing, financial and/or environmental needs;

		• Assessing family and/or social supports;
		• Assessing vocational and/or educational needs;
		• Assessing independent living skills and/or abilities;
		• Reviewing professional records;
		• Developing a Plan that contains waiver services and non-waiver services;
		• Providing information on the following topics to participant/representative:
		  ➢ Self-directed care;
		  ➢ Abuse, neglect and exploitation;
		  ➢ Reconsideration process and/or appeal rights.
		• Assessing a participant's/representative's eligibility for self-directed care;
		• Providing a copy of the completed Plan to participant/representative;
		• Working with the participant and others to identify actions to respond to the participant's assessed needs and goals in the Plan;
		• Linking participants with medical, social, educational, and other providers, programs, and services;
		• Completing service authorizations;
		• Ensuring the Plan is implemented effectively and is adequately addressing the needs of the participant;
		• Completing contacts; conducting necessary follow-up activities as a result of the contacts;
		• Contacting the participant, family members, outside service providers, or other entities to ensure services are being furnished in accordance with participant's Plan;
		• Ensuring the adequacy of the services in the Plan, particularly as changes occur in the needs or status of participants

		• Reviewing service provider documentation directly connected to a Waiver or state plan service on the participant's plan. The case note must include the purpose for the record review including any conclusions drawn. • Review records of those served with supervisors for the purposes of problem solving and/or ensuring participants receive quality services; • Monitoring access to and receipt of services; addressing and correcting problems identified; • Determining a participant's other payers and providing this information to providers to ensure TPL guidelines are followed; • Monitoring participant progress and performing periodic reviews and reassessments. When an assessment indicates the need for medical treatment, referrals or arrangements for such treatment may be included as Waiver Case Management services, but the actual treatment **must not** be included; • Arranging and monitoring the participant's access to healthcare providers. This may include written correspondence to a healthcare provider which gives a synopsis of the treatment the participant is receiving, follow-up and documentation; • Contact with the participant in which the case manager helps in the resolution of service issues; • Contacting the family, representatives of human service agencies, and other providers to form a multidisciplinary team to develop a Plan; • Preparing a written report that details psychiatric and/or functional status, history, treatment, or progress (other than for legal purposes) for service providers; • Carrying out activities related to assisting a participant in executing his emergency/evacuation plan or an alternative solution during an emergency; • Responding to participant's urgent, emergent or unplanned circumstances; • Carrying out activities related to ensuring a CS Waiver participant does not exceed the individual cost limit and providing information to the participant/representative about the cost limit;

		• Suspending services when a participant enters an inpatient facility; • Preparing for, taking part in, or completing follow-up activities related to Medicaid appeals/hearings on behalf of SCDHHS and/or SCDDSN, acting as an agent of the State; • Dis-enrolling participants from a waiver; • Reporting critical incidents; • Providing Waiver Case Management to participants in the hospital. **The following activities are not reimbursable as Waiver Case Management. This list is intended as a guide and does not represent all non-reimbursable activities**. • Activities provided by anyone other than a person who meets the qualifications to be a waiver case manager, even if they are working under the supervision of a waiver case manager; • Attempting but not completing a contact with a participant in-person or by telephone; • Attempting but not completing a contact with a provider; • Reviewing case management records to familiarize oneself with a case or complete quality assurance activities; • Organizing and/or monitoring one's own activities; • Providing information regarding participants to a provider, public agency or other private entity for administrative purposes; • Participating in recreational or socialization activities with a participant or his family; • Providing Waiver Case Management to people in institutional placements other than hospitals [i.e., Psychiatric Residential Treatment Facilities (PRTFs), Intermediate Care Facilities (ICFs/ICF-IIDs), nursing homes, etc.].; **NOTE:** If a person in an institutional setting is being discharged from the setting and entering a Waiver program, the DDSN Waiver Coordinator for the

		Waiver program the person intends to enter must be contacted for additional instructions regarding transitional case management. • Rendering services to a participant while incarcerated, in an evaluation center, jail, prison, or detention center; • Documenting activity notes; • Completing reports required by provider; • Performing administrative duties such as copying, filing, mailing, etc.; • Preparing documentation, filing appeals or testifying at appeals hearings on behalf of participant/family member or an entity other than SCDHHS or SCDDSN; • Completing activities on behalf of the participant/representative related to judicial matters and/or court/legal proceedings; • Rendering services on behalf of a participant, his representative or his family after the participant's death; • DJJ-required probation contacts and/or activities; • Rendering Waiver Case Management services for adjudicated juveniles who have not been placed on formal probation, parole, or a diversion contract; • Rendering services as Waiver Case Management components that are mandated functions required by another payer source (*i.e.,* an assessment that has been completed as a program intake requirement); • Rendering services for foster care programs, such as, but not limited to, the following: ➢ Research and completion of documentation required by the foster care program; ➢ Assessing adoption placements; recruiting or interviewing potential foster care parents; ➢ Serving legal papers, performing home investigations or providing transportation;

		➢ Administering foster care subsidies; ➢ Making placement arrangements. • Rendering actual services or treatment, such as: ➢ Training in daily living skills; ➢ Training in work skills and social skills; ➢ Grooming and other personal services; ➢ Training in/providing of housekeeping, laundry, cooking services; ➢ Participant, group or family therapy; ➢ Crisis intervention (The direct service of crisis intervention provided for de-stabilization); ➢ Diagnostic testing and assessments; ➢ Personal care. • Rendering services which go beyond assisting participants in gaining access to needed services: ➢ Paying bills, balancing the participant's checkbook and other financial tasks; ➢ Completing application forms, paperwork, evaluations and reports including applying for Medicaid; ➢ Escorting or transporting participants to medical appointments; ➢ Accompanying participant/family to medical visits; ➢ Providing childcare so the participant can access services; ➢ Shopping or running errands for the participant; ➢ Delivering groceries, supplies, medications, gifts; ➢ Reading mail to the participant/representative; ➢ Setting up the participant's medication;

		➢ Decorating home or doing yard work for the participant/family; ➢ Taking participant/family items in for repairs (e.g., vehicles, electronics, appliances); • Providing participant transportation. • Travel time. • Time during which case manager is attending training. • Services provided by more than one case manager to the same participant at the same time. • Supporting participant outreach activities in which a state agency or other provider attempts to contact potential participants of a service. • Performing administrative functions for participants under the Individuals with Disabilities Education Act (IDEA) such as the development of an Individual Education Plan and/or an Individual Family Service Plan (IFSP) for Early Intervention Services. • Rendering Waiver Case Management services when there is no Plan in place except during the first 60 days of Waiver enrollment. • Rendering WCM services when not enrolled as a WCM provider. • Rendering, ordering, or authorizing WCM services when excluded from participation in Medicaid, Medicare, CHIP or other federal program. • Rendering WCM services that are not documented and directly linked to the participant's assessed needs and goals documented in the service plan. • Claim submission, collection and resolution activities.

	Standards	Guidance
V.	**CASE TRANSFERS**	
1.	When a new Waiver Case Management provider who is DDSN-qualified is chosen by the participant and transfer to the new provider is requested, within 10 business days of the request, the sending provider must: • If necessary, issue a "*Notice of Termination of Service"* for any service(s) that will be terminated and notify the affected service providers.[1] • Update/change the Consumer Data Support System (CDSS) to reflect the new Waiver Case Management provider. • Send the original paper portion of the primary case record to the receiving Waiver Case Management provider. Once the case is received, within 10 business days, the receiving provider must: • Ensure that the Financial Manager on the CDSS is correct.[2] • Notify the Waiver Administration Division to ensure the Waiver budget is updated as needed. • Update existing plan or complete a new plan as necessary. • Complete a new Waiver budget within 20 business days of transfer on CDSS. • Update services on CDSS. • If necessary, contact chosen providers and authorize services.[3] • Organize and file the paper portion of the primary case record in accordance with the File Index determined by the provider.	Transfer to a new Waiver Case Management provider can be initiated by the participant/representative in a number of ways. If there is clear documentation of the participant's/representative's choice, the transfer must be initiated. To prevent any disruption in services, the sending Waiver Case Management provider should contact the chosen provider by email or phone or fax to determine if the provider will accept the case. Please note, if the participant/representative independently contacts/chooses another provider or if any circumstances prohibit the sending provider from doing so, the receiving chosen provider can contact the sending provider to initiate the transfer. If the case is accepted, both Waiver Case Management providers should discuss the logistics of transferring, discuss current services and providers, and set a date (within 10 business days) for mailing the case record and transfer on CDSS. Within 10 business days of the transfer on CDSS the sending provider must: • Issue Service Termination if necessary. Service termination may not be necessary if the participant is not moving out of the provider's service area or if the service does not require authorization.[1] • Update/change CDSS as needed. • Review case record with Case Management Supervisor. • Copy the case record and maintain a copy of all records of service according to DDSN Directive 368-01-DD: Individual Service Delivery Records Management. • Send originals of the paper case record to the receiving Case Management provider. Records may be sent via US Mail, a package shipping company, or otherwise delivered. Regardless of the method used for sending, documentation of the sending of the records should be maintained.

		The receiving Waiver Case Management provider should: • Ensure that the Financial Manager on the CDSS is correct. Change will be needed if the participant moves from one county to another. Change will not be needed if the participant does not move but chooses a different Waiver Case Management provider.[2] • Contact chosen providers and authorize services if necessary. Issuing new service authorizations may not be necessary if the participant did not moving out the provider's service area or if the service does not require authorization. • Update existing plan or complete a new plan as necessary. • Organize and file the paper portion of the primary case record in accordance with the File Index determined by the provider. Please note that the Therap portion of the primary case records contains case notes that are "Saved" (i.e., not submitted or not complete), the record will not transfer to another provider. Any "Saved" case notes must be completed ("Submit") or terminated before the transfer can occur.

DDSN Commission Legislative Update ---June 20, 2019

1 **Budget**, **H. 4000**- The budget was agreed upon by the House/ Senate conference committee on May 21. We were not affected by the Governor's vetoes. Chris will review the budget numbers with you in his presentation.

2. **H 3825 and S. 529 and H3602 – Medical decisions under the Adult Healthcare Consent Act**. -3-M Health and Environmental Sub-Committee and Senate Medical.

At our last update, Sen Tom Young had attached our bill S 529 to a House bill, H3602 also dealing with the Adult Health Care Consent Act and a conference committee was set to meet on the bill.

I am happy to report that the Conference Committee met and adopted our bill into H 3602 in its entirety. The House and Senate adopted it and the Governor signed the bill into law.

Bills of interest carried over to next year:

H 3824 DDSN Commissioner Training and Qualifications. House 3-M subcommittee.

H. 3273-Vulnerable Adult Abuse Registry-Judiciary Special Laws Sub-Committee

S.291 –Creation of a SC Dept of Early Childhood Development and Education-Family and Veterans Services Sub Committee

Looking forward to next year- In addition to the carried over legislation, we will be working with the 3-M and Medical Committees on more of the legislative recommendations from the LOC. In December I will give an update on pre filed legislation. We will also be working on updates to the Department's regulations.

Attachment D

Chart | Filter | Information

FY 18/19 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 5/31/2019)

Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance
ADMINISTRATION	$ 8,256,999.00	$ 0.00	$ 8,256,999.00	$ 5,712,229.71	$ 2,544,769.29
PREVENTION PROGRAM	$ 657,098.00	$ 0.00	$ 657,098.00	-$ 15,495.00	$ 672,593.00
GREENWOOD GENETIC CENTER	$ 13,185,571.00	$ 0.00	$ 13,185,571.00	$ 12,657,026.00	$ 528,545.00
CHILDREN'S SERVICES	$ 16,302,094.00	$ 22,316,571.00	$ 38,618,665.00	$ 30,543,135.58	$ 8,075,529.42
BABYNET	$ 5,587,500.00	-$ 5,587,500.00	$ 0.00		$ 0.00
IN-HOME FAMILY SUPP	$ 89,589,626.00	-$ 3,067,213.23	$ 86,522,412.77	$ 46,156,841.83	$ 40,365,570.94
ADULT DEV&SUPP EMPLO	$ 81,402,958.00	-$ 5,463,475.00	$ 75,939,483.00	$ 75,397,621.49	$ 541,861.51
SERVICE COORDINATION	$ 22,656,140.00	-$ 810,828.00	$ 21,845,312.00	$ 20,146,992.19	$ 1,698,319.81
AUTISM SUPP PRG	$ 26,355,826.00	$ 262,500.00	$ 26,618,326.00	$ 12,788,802.79	$ 13,829,523.21
Pervasive Developmental Disorder (PDD) Program	$ 0.00		$ 0.00	$ 0.00	$ 0.00
HD&SPINL CRD INJ COM	$ 5,040,532.00	$ 154,893.00	$ 5,195,425.00	$ 4,339,645.90	$ 855,779.10
REG CTR RESIDENT PGM	$ 84,032,118.00	$ 1,768,075.00	$ 85,800,193.00	$ 65,694,971.17	$ 20,105,221.83
HD&SPIN CRD INJ FAM	$ 28,742,377.00	$ 2,040,000.00	$ 30,782,377.00	$ 17,107,740.68	$ 13,674,636.32
AUTISM COMM RES PRO	$ 29,739,084.00	$ 2,300,000.00	$ 32,039,084.00	$ 30,066,561.83	$ 1,972,522.17
INTELL DISA COMM RES	$ 317,799,720.00	$ 5,034,804.00	$ 322,834,524.00	$ 298,742,697.27	$ 24,091,826.73
STATEWIDE CF APPRO		$ 0.00	$ 0.00		$ 0.00
STATE EMPLOYER CONTR	$ 32,745,158.00	$ 1,198,348.00	$ 33,943,506.00	$ 26,021,144.14	$ 7,922,361.86
DUAL EMPLOYMENT			$ 0.00	$ 0.00	$ 0.00
Legislative Authorized Total	**$ 762,092,801.00**	**$ 20,146,174.77**	**$ 782,238,975.77**	**$ 645,359,915.58**	**$ 136,879,060.19**
Legislative authorization capacity above actual spending plan budget			**-$63,705,658.77**		
DDSN spending plan budget			**$ 718,533,317.00**	**$ 645,359,915.58**	**$ 73,173,401.42**
Percent of total spending plan budget			100.00%	89.82%	10.18%
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	91.67%	8.33%
Difference			0.00%	-1.85%	1.85%

REASONABLE

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 19 Estimated Expenditure Commitments: YES_X_ ; At-Risk___ ; NO___

Expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:

Expenditure	FY 18 - % of total	FY 17 - % of total
Central Office Admin & Program	2.37%	2.36%
Indirect Delivery System Costs	1.56%	1.42%
Lander University	0.00%	0.05%
Board & QPL Capital	0.14%	0.59%
Greenwood Autism Research	0.03%	0.10%
Direct Service to Consumers	95.90%	95.48%
Total	**100.00%**	**100.00%**

NOTE: Prior FY data will be calculated and presented to provide assurance as to the consistent pattern of direct service & non-direct service expenditures and explanation for increases/decreases

Methodology & Report Owner: DDSN Budget Division

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
AGENCY BUDGET FOR COMMUNITY CONTRACTS
FISCAL YEAR 2019 TO 2020

	FY 2018-2019 ORIGINAL AMOUNT	FY 2019-2020 ORIGINAL AMOUNT	INCREASE (DECREASE)	% INCREASE (DECREASE)	Explanations
RESIDENTIAL SERVICES	**$ 294,852,633**	**$ 312,460,459**	**$ 17,607,826**	6.0%	
DAY SUPPORTS	**$ 82,995,065**	**$ 90,039,761**	**$ 7,044,696**	8.5%	
PREVENTION	**$ 12,316,376**	**$ 12,657,026**	**$ 340,650**	2.8%	
INDIVIDUAL/FAMILY SUPPORT SERVICES	**$ 63,565,946**	**$ 70,849,626**	**$ 7,283,680**	11.5%	
Caregiver Relief Program - Support Services	$ 75,875	$ 18,969	$ (56,906)		1
Community Supports Waiver - Support Services	$ 22,973,936	$ 23,689,960	$ 716,024		
Head & Spinal Cord Injury Waiver - Support Services	$ 3,900,000	$ 4,412,857	$ 512,857		
Intellectual & Developmental Disabilities Waiver - Support Services	$ 31,727,045	$ 37,338,750	$ 5,611,705		
Individual/Family Support and Respite	$ 1,348,200	$ 1,348,200	$ -		
TBI/SCI Post-Acute Rehabilitation	$ 3,100,000	$ 3,600,000	$ 500,000		
Respite - Admin	$ 440,890	$ 440,890	$ -		
SPECIAL SERVICE CONTRACTS	**$ 255,650**	**$ 74,400**	**$ (181,250)**	-70.9%	2
INTERAGENCY SERVICE CONTRACTS	**$ 1,506,916**	**$ 716,050**	**$ (790,866)**	-52.5%	2
SUBTOTAL CONTRACTS	**$ 455,492,586**	**$ 486,797,322**	**$ 31,304,736**	**6.9%**	
Fee for Service - Market Rate - Contracts					
CASE MANAGEMENT	**$ 20,812,720**	**$ 20,019,869**	**$ (792,851)**	-3.8%	3
EARLY INTERVENTION	**$ 29,227,687**	**$ 15,062,208**	**$ (14,165,479)**	-48.5%	4
INDIVIDUAL/FAMILY SUPPORT SERVICES	**$ 35,718,095**	**$ 8,979,767**	**$ (26,738,328)**	-74.9%	
Head & Spinal Cord Injury Waiver - Direct Billed	$ 27,051,214	$ -	$ (27,051,214)		5
Intake	$ 375,000	$ -	$ (375,000)		6
Respite	$ 8,291,881	$ 8,979,767	$ 687,886		
SUBTOTAL FEE FOR SERVICE CONTRACTS	**$ 85,758,501**	**$ 44,061,844**	**$ (41,696,657)**	**-127.1%**	
GRAND TOTAL	**$ 541,251,087**	**$ 530,859,166**	**$ (10,391,921)**	**-1.9%**	

Explanations:

1) These contracts are under review. The initial contracts reflect the 3 month extension to the contracts. It is possible that the programs will be funded beyond the initial three months.
2) Contracts were reviewed and several were not renewed.
3) Case management revenues are estimated at prior year levels. Since this is our first year of the fee for service model, we are not able to accurately project the underlying increases in productivity level of the providers from the May 2019 levels.
4) BabyNet services to birth to 3 years of age are being moved to HHS. The projected contract figures for current year reflect anticipated billings for children age 3 to 6.
5) HASCI Waiver Direct Billed amounts were removed from current year figures since these dollars do not flow through Provider contracts or their books.
6) Intake funds are not contract funds and should not have been in the prior year numbers.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
AGENCY BUDGET FOR COMMUNITY CONTRACTS

SERVICE	NUMBER INDIVIDUALS		AMOUNT
RESIDENTIAL SERVICES	4,562	$	312,460,459
DAY SUPPORTS	6,891	$	90,039,761
CASE MANAGEMENT	11,867	$	17,633,805
EARLY INTERVENTION	3,202	$	15,062,208
PREVENTION	-	$	12,657,026
INDIVIDUAL/FAMILY SUPPORT SERVICES	8,083	$	79,829,393
SPECIAL SERVICE CONTRACTS	-	$	74,400
INTERAGENCY SERVICE CONTRACTS	-	$	716,050
GRAND TOTAL	34,605	$	528,473,102

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - RESIDENTIAL SERVICES

		Amount	Total Number Served
Residential Services			
ICF (Intermediate Care Facilities)	$	49,826,484	487
CRCF (Community Residential Care Facilities)	$	30,583,744	405
CTH II (Community Training Home II)	$	208,070,326	2,763
CTH I (Community Training Home I)	$	7,670,913	191
SLP I (Supervised Living Program I)	$	4,151,828	256
SLP II (Supervised Living Program II)	$	12,157,164	460
Alternative Placements	$	-	-
	$	312,460,459	4,562
Residential Services by Service Provider			
Aldersgate	$	965,075	14
Allendale-Barnwell	$	5,647,048	76
Anderson	$	5,629,028	94
Arc of the Midlands	$	86,942	4
Babcock	$	22,984,693	323
Bamberg	$	2,262,360	40
Beaufort	$	2,982,000	50
Berkeley	$	7,251,171	102
Burton Center	$	11,568,121	162
Calhoun	$	4,972,689	56
Care Focus	$	4,522,091	48
Charles Lea	$	18,763,428	294
Charleston	$	13,430,982	216
Cherokee	$	3,001,918	36
Chesco	$	17,448,572	244
Chester/Lancaster	$	4,132,950	56
Clarendon	$	4,217,770	72
Colleton	$	4,062,494	65
Community Options	$	11,719,814	145
Darlington	$	3,759,951	49
Dorchester	$	7,524,479	120
ECM Suppport Services	$	71,668	1
Excalibur	$	3,436,694	28
Fairfield	$	3,744,544	49
Florence	$	9,583,786	145
Georgetown	$	2,796,665	41
Greenville/Thrive Upstate	$	16,133,629	263
Growing Homes SE	$	493,250	10
Hampton	$	878,017	13
Heart and Hands	$	59,754	2
Horry	$	4,727,496	90
Jasper	$	1,744,598	24
Kershaw	$	1,591,773	24
Laurens	$	7,444,049	118
Lee	$	4,173,239	64
Lifeshare	$	895,812	16
Lutheran Family	$	6,067,837	75

Marion-Dillon	$	4,090,610		58	
Marlboro	$	805,233		15	
MaxAbilities of York	$	9,561,715		151	
MBH of Elgin	$	1,000,096		11	
MIRCI	$	1,148,086		12	
Newberry	$	4,238,438		69	
Oconee	$	4,623,737		95	
Orangeburg	$	8,931,355		133	
PADD	$	645,010		9	
Pickens	$	5,456,175		89	
Richland-Lexington	$	881,805		27	
SAFY	$	585,013		11	
SC Mentor	$	16,083,524		162	
Sumter	$	7,402,572		105	
Tri-Development	$	12,085,780		193	
UCP	$	7,871,296		100	
Union	$	2,900,992		44	
Williamsburg	$	1,937,202		33	
Willowglen	$	1,435,436		16	
	$	312,460,459		4,562	

Residential Services by Provider Type

Private Providers	$	57,087,397	18%	664	15%
Public Providers	$	255,373,062	82%	3,898	85%
	$	312,460,459		4,562	

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - DAY SERVICES

Day Supports		Amount	Total Number Served
Adult Day Supports	$	77,549,080	5,760
Adult Day Supports - Regional Center Consumers	$	51,480	6
Adult Day Supports - State Funded Consumers	$	3,428,430	258
Child Daycare Centers	$	317,594	33
HASCI Community Opportunities	$	575,829	200
HASCI Division Rehabilitation Supports	$	1,147,500	105
Supported Employment	$	6,969,848	529
	$	90,039,761	6,891
Allendale-Barnwell	$	1,266,318	94
Anderson	$	2,459,175	203
Babcock	$	9,047,536	731
Bamberg	$	962,640	72
Beaufort	$	2,493,995	185
Berkeley	$	2,475,558	184
Burton Center	$	3,577,210	265
Calhoun	$	903,546	67
Charles Lea	$	5,547,550	412
Charleston	$	6,148,169	496
Cherokee	$	1,116,755	82
Chesco	$	3,485,552	253
Chester/Lancaster	$	1,511,749	112
Clarendon	$	1,639,192	122
Colleton	$	1,251,215	93
Darlington	$	928,751	69
Dorchester	$	2,029,085	151
Fairfield	$	819,596	61
Florence	$	3,155,930	235
Georgetown	$	1,351,935	100
Greenville/Thrive Upstate	$	6,069,491	497
Hampton	$	626,391	46
Horry	$	3,165,671	278
Jasper	$	833,032	62
Kershaw	$	982,495	73
Laurens	$	2,008,632	149
Lee	$	953,956	71
Marion-Dillon	$	2,017,067	150
Marlboro	$	567,646	42
MaxAbilities of York	$	3,348,977	250
Newberry	$	1,316,728	98
Oconee	$	1,953,221	145
Orangeburg	$	2,858,434	212
Pickens	$	1,861,434	139
Richland-Lexington	$	241,848	18
Sumter	$	2,067,377	153
Tri-Development	$	4,857,913	362
Union	$	942,187	70
Williamsburg	$	1,195,804	89
	$	90,039,761	6,891

Day Supports by Provider Type

Private Providers				
Public Providers	$ 90,039,761	100%	6,891	100%

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - CASE MANAGEMENT (formerly Service Coordination)

Case Management		Amount	Total Number Served
Aiken	$	836,104	499
Allendale-Barnwell	$	191,014	114
Anderson	$	561,313	335
ARC of South Carolina	$	626,659	374
Bamberg	$	129,018	77
Beaufort	$	335,112	200
Berkeley	$	464,130	277
Bright Start	$	1,196,350	714
Burton Center	$	561,313	335
Calhoun	$	140,747	84
Center for Develop	$	1,320,341	788
Charles Lea	$	1,070,683	639
Charleston	$	1,204,728	719
Cherokee	$	177,609	106
Chesco	$	368,623	220
Chester/Lancaster	$	380,352	227
Clarendon	$	241,281	144
Colleton	$	207,769	124
Columbus Organization	$	72,049	43
Darlington	$	288,196	172
Dorchester	$	484,237	289
DSN Advocates	$	93,831	56
Fairfield	$	108,911	65
Florence	$	708,762	423
Georgetown	$	204,418	122
Hampton	$	92,156	55
Hermeione L. Flowers	$	31,836	19
Horry	$	594,824	355
Jasper	$	159,178	95
Kershaw	$	251,334	150
Laurens	$	221,174	132
Lee	$	127,343	76
Marion-Dillon	$	291,547	174
Marlboro	$	100,534	60
MaxAbilities of York	$	693,682	414
Newberry	$	165,880	99
Oconee	$	361,921	216
Orangeburg	$	499,317	298
Path Finders Team Services	$	55,293	33
Pattison's DREAM Academy	$	6,702	4
Pickens	$	320,032	191
Prime Community Development	$	3,351	2
Richland-Lexington	$	2,687,878	1523
SC Autism Society	$	805,944	481
Sumter	$	315,005	188
Union	$	85,454	51
Williamsburg	$	175,934	105
	$	20,019,869	11,867

Case Management by Provider Type					
Private Providers	$	4,212,356	21%	2,514	21%
Public Providers	$	15,807,513	79%	9,353	79%
	$	20,019,869		11,867	

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - EARLY INTERVENTION

Early Intervention		Amount	Total Number Served
About Play	$	1,166,592	248
Above and Beyond of Upstate	$	70,560	15
Aging with Flair	$	635,040	135
Ahead Start	$	884,352	188
Aiken	$	493,920	105
All About Children	$	404,544	86
Allendale-Barnwell	$	61,152	13
Amazing Kids	$	108,192	23
Anderson	$	239,904	51
Awesome Kids	$	56,448	12
Babcock	$	-	-
Bamberg	$	-	-
Beaufort	$	550,368	117
Berkeley	$	84,672	18
Better Beginnings	$	145,824	31
Beyond Early Intervention	$	268,128	57
Bright Start	$	1,994,496	424
Brilliant Beginnings	$	103,488	22
Burton Center	$	47,040	10
Calhoun	$	-	-
Carolina Behavior & Beyond	$	907,872	193
Carolina Early Intervention	$	23,520	5
Charles Lea	$	197,568	42
Charleston	$	112,896	24
Cherokee	$	84,672	18
Chesco	$	84,672	18
Chester/Lancaster	$	37,632	8
Clarendon	$	4,704	1
Coastal Early Intervention	$	150,528	32
Colleton	$	-	-
Cornerstone Support Services	$	136,416	29
Creative Development	$	-	-
Darlington	$	122,304	26
Dorchester	$	127,008	27
Easter Seals	$	879,648	187
Epworth	$	103,488	22
Fairfield	$	65,856	14
Florence	$	112,896	24
Georgetown	$	47,040	10
Great Kids and Awesome Adults	$	282,240	60
Greenville/Thrive Upstate	$	188,160	40
Hampton	$	98,784	21
Hands on Development	$	211,680	45
Horry	$	202,272	43
I Shine	$	84,672	18
Jasper	$	9,408	2
Kershaw	$	4,704	1
Kid in Development	$	183,456	39

Kids 1st	$	56,448		12
Laurens	$	51,744		11
Lee	$	18,816		4
Marion-Dillon	$	61,152		13
Marlboro	$	75,264		16
MaxAbilities of York	$	197,568		42
Newberry	$	51,744		11
Oconee	$	206,976		44
Orangeburg	$	89,376		19
Palmetto Early Intervention	$	272,832		58
Path Finders Team Services	$	174,048		37
Pattison's DREAM Academy	$	98,784		21
Pediatric Therapy of Aiken	$	75,264		16
Pee Dee Kids	$	65,856		14
Pee Dee Professional Interv	$	-		-
Pickens	$	-		-
Playworks	$	315,168		67
Promising Futures	$	183,456		39
Richland-Lexington	$	498,624		106
Smart Start EI	$	4,704		1
Sumter	$	70,560		15
Therapy Solutions	$	310,464		66
Tina Greene & Associates	$	42,336		9
Tiny Feet EI	$	159,936		34
Union	$	65,856		14
Upstate Supp. Services	$	127,008		27
Vision Institute of SC	$	-		-
Williamsburg	$	9,408		2
	$	15,062,208		3,202

Early Intervention by Provider Type

Private Providers	$	10,687,488	71%	2,272	71%
Public Providers	$	4,374,720	29%	930	29%
	$	15,062,208		3,202	

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS

Prevention		**Amount**	**Total Number Served**
Greenwood Genetic	$	12,657,026	-
Injury Prevention Initiatives	$	-	-
	$	12,657,026	-

Individual/Family Support Services		**Amount**	**Total Number Served**
Caregiver Relief Program - Support Services	$	18,969	-
Community Supports Waiver - Support Services	$	23,689,960	2,904
Head & Spinal Cord Injury Waiver - Support Services	$	4,412,857	955
Intellectual & Developmental Disabilities Waiver - Support Services	$	37,338,750	4,159
Individual/Family Support and Respite	$	1,348,200	-
TBI/SCI Post-Acute Rehabilitation	$	3,600,000	65
Respite Fiscal Agents	$	9,420,657	955
Intake	$	-	-
	$	79,829,393	9,038

Special Service Contracts		**Amount**	**Total Number Served**
ARC of South Carolina - Support Activities For Families	$	6,250	-
Brain Injury Association of SC - Support Activities For Consumers and Families	$	15,625	-
Family Connection of SC - Support Network For Families	$	36,900	-
SC Autism Society - Support Activities For Families	$	-	-
SC Spinal Cord Injury Assoc. - Support Network For Peers	$	15,625	-
	$	74,400	-

Interagency Service Contracts		**Amount**	**Total Number Served**
Children's Trust Fund - Children's Injury Prevention	$	-	-
LLR - State Fire Marshall			
SC Special Olympics	$	250,000	-
USC - Center for Disability Research - Attendant Care Training	$	200,000	-
USC - Center for Disability Research - SIS Assessments /Toll Free Access/ Professional Development Training	$	153,218	-
USC - Department of Pediatrics - Medical Policy Advisor	$	111,332	-
USC - Behavior Support Center	$	-	-
MUSC - Sponsorship of Special Dental Training	$	1,500	-
	$	716,050	-

GRAND TOTAL ALL COMMUNITY CONTRACTS	$	530,859,166	35,560

2019 vs. 2020 Community Contract Background Document
Provider Level Detail Package

- The Provider Level Detail Package provides band information and other contract information by provider and in summary.
- The number served columns represent the total number of funding bands awarded. These numbers will not agree with the number of persons served by service area reported in the "Agency Budget for Community Contracts" package. Funding bands include funding for a bundle of services and people will be reflected in head count for reported numbers for each service they receive. For example, Band G includes funding for Residential services, Day Program services, Supported Employment services, and IDRD Waiver services. As a result, one person receiving one band can be reflected as a person served four different times in the number reported by service.
- FY 2019 information reported did not include case management funding, but it was added in FY 2020. The case management contracts exist and should be reported in our community contracts as estimated billings. As a result, we added case management to our 2020 figures.
- You will see that we added a case management column for persons served. Many of these people are also receiving band payments and will be duplicated.
- The total contract figures for 2019 can be reconciled by adjusting for items reported in prior year in an inconsistent manner between the two packages. The following items were not in the prior year Provider Level Detail Package, but were reported in the "Agency Budget for Community Contracts" package. Example items that were inconsistently reported are the following:
    - Fire Marshal contract
    - Alternative Placements contracts
    - Case Management prospective payments
    - HASCI Waiver direct billed
    - Injury Prevention Grants
    - Intakes
- The $530,859,166 represents the total amount of Community Contracts to be awarded for FY 2020, including anticipated billings under fee for service for Case Management, Early Intervention, and State Funded Community Supports.
- In FY 2019, all Early Intervention services for birth to 6 years of age were reported in the contract figures, but in 2020 we are only projecting contracts for children 3-6 years of age. As a result, contract amounts for this service are down $14,165,479 from prior year.
- Case Management contract amounts are estimated at 100% of current year revenues based off of the current number of Waiver Case Management cases as of May 21.
- State Funded Community Services (Band A) is transitioning to fee-for-service in FY 2020. The contract amounts reflected are based on the maximum amount that can be billed for that service.
- The FY 2019 figures are based off what was reported to the Commission in its June 2018 meeting and those figures were before the increases for the $1 direct care increase, the compression increase, the increase from State Health Plan employer cost, and the SCRS 1% increase.
- The FY 2020 figures include the increases from July 2018. Due to timing and not having information at the time of this report, FY 2020 (similar to FY 2019) does not include the $1 direct care increase, the 2% cost of living adjustment, the compression increase, or the SCRS 1% employer increase that will be effective July 1, 2019.
- The $40 million increase from 2019 to 2020 consists of the following at a high level:

BabyNet Revenues	$	(14,165,479)
Direct Care Increases/Compression/SCRS/Health	$	30,000,000
Addition of Case Management to Contract Numbers	$	20,019,869
Increase in projected SFCS	$	1,564,500
High Level Explanation of Increase	$	37,418,890

SUMMARY OF COMMUNITY CONTRACTS BY PROVIDER	FY2019		FY2020				Variance	
	# Served	Contract $	# Served	CM #	Total #	Contract $	# Served	Contract $
Early Intervention Contracts	4,480	$ 17,443,730	1789	-	1,789	$ 8,420,160	(2,691)	$ (9,023,570)
Special Grants	-	$ 17,126,768	-	-	-	$ 17,199,052	-	$ 72,284
Aiken County	95	$ 459,671	105	499	604	$ 1,366,140	10	$ 906,469
Aldersgate	14	$ 886,173	14	-	14	$ 965,075	-	$ 78,902
Allendale/Barnwell Counties	182	$ 7,076,311	163	114	277	$ 7,612,536	(19)	$ 536,226
Anderson County	440	$ 10,119,302	435	335	770	$ 11,280,161	(5)	$ 1,160,859
ARC of the Midlands	11	$ 220,249	4	-	4	$ 86,942	(7)	$ (133,306)
ARC of South Carolina	-	$ 47,354	-	374	374	$ 655,263	-	$ 607,909
Babcock Center	1,433	$ 39,190,275	1,647	-	1,647	$ 43,787,397	214	$ 4,597,122
Bamberg County	75	$ 2,761,122	81	77	158	$ 3,483,922	6	$ 722,800
Beaufort County	323	$ 6,079,807	335	200	535	6,865,391	12	$ 785,584
Berkeley Citizens	395	$ 10,732,556	324	277	601	11,747,634	(71)	$ 1,015,078
Bright Start	1,182	$ 4,780,207	424	714	1,138	3,271,669	(758)	$ (1,508,538)
Burton Center	417	$ 15,232,484	403	335	738	16,835,768	(14)	$ 1,603,285
Calhoun County	128	$ 5,869,380	119	84	203	6,335,122	(9)	$ 465,743
Care Focus	45	$ 4,189,623	48	-	48	4,522,091	3	$ 332,468
Center for Develop	-	$ -	-	788	788	1,403,539	-	$ 1,403,539
Charles Lea Center	849	$ 32,162,675	829	639	1,468	35,599,004	(20)	$ 3,436,328
Charleston County	789	$ 22,062,813	767	719	1,486	24,263,021	(22)	$ 2,200,208
Cherokee County	182	$ 4,509,578	152	106	258	4,930,399	(30)	$ 420,821
Chesco	368	$ 19,844,625	348	220	568	22,013,820	(20)	$ 2,169,194
Chester/Lancaster Counties	262	$ 7,081,141	235	227	462	7,589,293	(27)	$ 508,152
Clarendon County	150	$ 5,819,774	139	144	283	6,375,118	(11)	$ 555,344
Colleton County	187	$ 5,632,100	141	124	265	6,101,735	(46)	$ 469,635
Columbus Organization	-	$ -	-	43	43	72,049	-	$ 72,049
Community Options	141	$ 11,036,617	145	-	145	11,719,814	4	$ 683,197
Darlington County	182	$ 5,118,163	149	172	321	5,650,281	(33)	$ 532,119
Dorchester County	385	$ 10,995,146	353	289	642	12,130,683	(32)	$ 1,135,538
DSN Advocates	-	$ -	-	56	56	93,831	-	$ 93,831
ECM Consulting	1	$ 65,788	1	-	1	71,668	-	$ 5,880
Excalibur	24	$ 2,718,316	28	-	28	3,436,694	4	$ 718,378
Fairfield County	85	$ 4,417,625	91	65	156	4,947,825	6	$ 530,201
Florence County	492	$ 14,089,357	424	423	847	15,524,503	(68)	$ 1,435,146
Georgetown County	166	$ 4,469,147	146	122	268	5,068,335	(20)	$ 599,188
Thrive Upstate (Greenville County)	1,076	$ 27,323,331	1,130	-	1,130	29,738,625	54	$ 2,415,294
Growing Homes	10	$ 415,189	10	-	10	493,250	-	$ 78,061
Hampton County	74	$ 1,803,043	81	55	136	1,946,692	7	$ 143,650
Heart and Hands	2	$ 42,347	2	-	2	59,754	-	$ 17,406
Hermeione L. Flowers	-	$ -	-	19	19	31,836	-	$ 31,836
Horry County	467	$ 9,576,122	452	355	807	10,638,471	(15)	$ 1,062,349
Jasper County	80	$ 13,922,717	72	95	167	15,322,847	(8)	$ 1,400,131
Kershaw County	151	$ 3,637,515	146	150	296	4,063,166	(5)	$ 425,652
Laurens County	266	$ 9,787,656	236	132	368	10,716,244	(30)	$ 928,588
Lee County	102	$ 4,862,889	95	76	171	5,341,654	(7)	$ 478,765
LifeShare	13	$ 684,216	16	-	16	895,812	3	$ 211,596
Lutheran Family Services	71	$ 5,853,046	75	-	75	6,317,837	4	$ 464,792
Marion/Dillon Counties	217	$ 6,357,667	184	174	358	6,862,746	(33)	$ 505,079
Marlboro County	88	$ 1,636,080	80	60	140	1,872,891	(8)	$ 236,812
MIRCI	12	$ 1,087,532	12	-	12	1,148,086	-	$ 60,554
Newberry County	165	$ 5,596,545	146	99	245	6,069,246	(19)	$ 472,702
Oconee County	293	$ 7,171,531	264	216	480	8,055,997	(29)	$ 884,467
Orangeburg County	356	$ 12,275,417	333	298	631	13,351,182	(23)	$ 1,075,765
PADD	10	$ 687,069	9	-	9	645,010	(1)	$ (42,059)
Path Finders Team Services	-	$ -	37	33	70	229,341	37	$ 229,341
Pattison's DREAM Academy	-	$ -	21	4	25	105,486	21	$ 105,486
Pickens County	210	$ 7,790,565	219	191	410	8,664,722	9	$ 874,157
Pine Grove	11	$ 946,576	11	-	11	1,000,096	-	$ 53,520
Prime Community Development	-	$ -	-	2	2	3,351	-	$ 3,351
Richland/Lexington Counties	139	$ 1,809,263	134	1,523	1,657	4,432,001	(5)	$ 2,622,738
SAFY	9	$ 443,030	11	-	11	585,013	2	$ 141,983
SC Autism	-	$ 132,398	-	481	481	918,342	-	$ 785,944
SC Mentor	173	$ 16,291,400	162	-	162	16,083,524	(11)	$ (207,876)
Sumter County	251	$ 9,057,886	238	188	426	10,523,346	(13)	$ 1,465,460
Tri-Development Center	548	$ 17,823,624	561	-	561	19,192,098	13	$ 1,368,474
UCP	98	$ 7,530,190	100	-	100	7,871,296	2	$ 341,106
Union County	118	$ 3,965,535	111	51	162	4,249,217	(7)	$ 283,683
Williamsburg County	125	$ 3,339,542	104	105	209	3,602,333	(21)	$ 262,792
Willowglen Academy	16	$ 1,380,401	16	-	16	1,435,436	-	$ 55,035
MaxAbilities of York	540	$ 14,985,781	521	414	935	16,966,286	(19)	$ 1,980,505
TOTAL COMMUNITY CONTRACTS	**19,174**	**$ 490,453,972**	**15,428**	**11,867**	**27,295**	**$ 530,859,166**	**(3,746)**	**$ 40,405,194**

	EARLY INTERVENTION ONLY	FY2019		FY2020	
		#	$	#	$
	About Play	415	$ 1,512,550	248	$ 1,166,592
	Above and Beyond of Upstate	34	$ 93,080	15	$ 70,560
	Advantage EI	-	$ -	-	$ -
	Aging with Flair	370	$ 1,279,850	135	$ 635,040
	Ahead Start	508	$ 2,098,954	188	$ 884,352
	All About Children	132	$ 467,727	86	$ 404,544
	Amazing Kids	105	$ 325,780	23	$ 108,192
	Awesome Kids	25	$ 74,464	12	$ 56,448
	Better Beginnings	40	$ 114,954	31	$ 145,824
	Beyond EI	191	$ 814,450	57	$ 268,128
	Brilliant Beginnings	75	$ 349,050	22	$ 103,488
	Carolina Behavior and Beyond	240	$ 884,260	193	$ 907,872
	Carolina Early Intervention	36	$ 125,658	5	$ 23,520
	Coastal Early Intervention	111	$ 395,590	32	$ 150,528
	Cornerstone Support	34	$ 116,350	29	$ 136,416
	Creative Development	16	$ 38,977	-	$ -
	Easter Seals	470	$ 2,094,300	187	$ 879,648
	Epworth	37	$ 109,558	22	$ 103,488
	Great Kids and Awesome Adults	176	$ 651,560	60	$ 282,240
	Hands on Development	76	$ 307,164	45	$ 211,680
	I Shine	76	$ 372,320	18	$ 84,672
	Kids 1st	34	$ 111,696	12	$ 56,448
	Kids in Development	184	$ 874,952	39	$ 183,456
	Palmetto Early Intervention	130	$ 600,366	58	$ 272,832
*	Path Finders Team Services	115	$ 372,320	-	$ -
*	Pattison's DREAM Academy	64	$ 139,620	-	$ -
	Pediatric Therapy of Aiken	54	$ 232,700	16	$ 75,264
	Pee Dee Kids	73	$ 293,202	14	$ 65,856
	Pee Dee Professional Intervention	9	$ 27,924	-	$ -
	Playworks	275	$ 1,070,420	67	$ 315,168
	Promising Futures	106	$ 465,400	39	$ 183,456
	Therapy Solutions	86	$ 314,145	66	$ 4,704
	Tina Greene	20	$ 93,080	9	$ 310,464
	Tiny Feet	74	$ 290,875	34	$ 42,336
	Upstate Support	48	$ 186,160	27	$ 159,936
	Vision Institute	41	$ 144,274	-	$ 127,008
	TOTAL EI ONLY	**4,480**	**$ 17,443,730**	**1,789**	**$ 8,420,160**
*	Provider has own tab				

CASE MANAGEMENT ONLY		FY2019		FY2020	
		#	$	#	$
	Columbus Organization	-	$ -	43	$ 72,049
	DSN Advocates	-	$ -	56	$ 93,831
	Hermeione L. Flowers	-	$ -	19	$ 31,836
	Prime Community Development	-	$ -	2	$ 3,351
TOTAL CM ONLY		**-**	**$ -**	**120**	**$ 201,067**

	SPECIAL GRANTS	FY2019		FY2020	
		#	$	#	$
*	Brain Injury Association of SC	-	$ 62,500	-	$ 15,625
	Carolinas Rehab - TBI/SCI Post-Acute Rehabilitation	-	$ 815,000	-	$ 1,040,000
*	Children's Trust Fund - Safe Kids Injury Prevention	-	$ 5,000	-	$ -
*	Family Connection - Family Support Network	-	$ 65,000	-	$ 16,250
*	Family Connection - Education and Training	-	$ 20,650	-	$ 20,650
*	Greenwood Genetics Center - Autism Research	-	$ 200,000	-	$ 200,000
*	Greenwood Genetics Center - Neural Tube Defect Prevention	-	$ 678,600	-	$ 678,600
	Greenwood Genetics Center - Genetic Testing and Counseling	-	$ 3,309,856	-	$ 3,309,856
	Greenwood Genetics Center - Institutional Testing and Counseling	-	$ 3,448,295	-	$ 3,448,295
	Greenwood Genetics Center - Metabolic Disorders	-	$ 3,839,625	-	$ 3,839,625
*	Greenwood Genetics Center - Specialized Equipment & Testing	-	$ 315,000	-	$ 315,000
*	Greenwood Genetics Center - Laboratory Equipment Purchase	-	$ 260,000	-	$ 115,650
	Greenwood Genetics Center - Genomic Technologies	-	$ 250,000	-	$ 750,000
*	MUSC - Sponsorship of Special Dental Training	-	$ 2,500	-	$ 1,500
	Rehab Without Walls - TBI/SCI Post-Acute Rehabilitation	-	$ 250,000	-	$ 430,000
	Roger C. Peace Hospital - TBI/SCI Post-Acute Rehabilitation	-	$ 1,160,000	-	$ 1,270,000
	Roper Rehab Hospital - TBI/SCI Post-Acute Rehabilitation	-	$ 875,000	-	$ 860,000
*	SC Arts Commission	-	$ -	-	$ -
*	SC Respite Coalition	-	$ 157,826	-	$ 157,826
*	SC Special Olympics	-	$ 250,000	-	$ 250,000
*	SC Spinal Cord Injury Association	-	$ 62,500	-	$ 15,625
*	USC - Physician Services	-	$ 111,332	-	$ 111,332
*	USC - Training Programs for Attendant Care	-	$ 200,000	-	$ 200,000
*	USC - Training Programs and Technical Assistance for Staff	-	$ 638,812	-	$ 153,218
	USC - Behavior Support Center	-	$ 149,272	-	$ -
	York Adult Day Care - Care Giver Relief	-	$ -	-	$ -
	TOTAL SPECIAL GRANTS	**-**	**$ 17,126,768**	**-**	**$ 17,199,052**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

AIKEN		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Early Intervention	86	$ 333,555	105	$ 493,920	19	$ 160,365
	Family Support	-	$ 36,116	-	$ 36,116	-	$ -
	Case Management	-	$ -	499	$ 836,104	499	$ 836,104
TOTAL AIKEN CONTRACTS		**86**	**$ 369,671**	**604**	**$ 1,366,140**	**518**	**$ 996,469**
	HASCI Rehab Supports was moved to Tri-Development						

ALDERSGATE		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	CTH 2	4	$ 228,297	4	$ 248,397	-	$ 20,101
	CRCF	10	$ 657,876	10	$ 716,678	-	$ 58,802
TOTAL ALDERSGATE CONTRACT		**14**	**$ 886,173**	**14**	**$ 965,075**	**-**	**$ 78,902**

ALLENDALE/BARNWELL	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	27	$ 359,856	31	$ 422,809	4	$ 62,953
Band I - At-Home CSW	46	$ 647,956	42	$ 610,722	(4)	$ (37,234)
Band D - Residential	5	$ 101,560	5	$ 106,865	-	$ 5,305
Band G - Residential	28	$ 1,855,476	28	$ 2,046,968	-	$ 191,492
Band H - Residential	19	$ 1,648,345	18	$ 1,662,498	(1)	$ 14,153
Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
Band T - ICF/IID	23	$ 2,150,270	23	$ 2,287,281	-	$ 137,011
Total Capitated Contract	**149**	**$ 6,858,922**	**148**	**$ 7,312,071**	**(1)**	**$ 380,043**
Special Contracts						
Early Intervention	33	$ 199,296	13	$ 61,152	(20)	$ (138,144)
Case Management	-	$ -	114	$ 191,014	114	$ 191,014
Family Support	-	$ 18,093	-	$ 18,093	-	$ -
State Funded Community Supports	-	$ -	2	$ 30,206	2	$ 30,206
Total Special Contracts	**33**	**$ 217,389**	**129**	**$ 300,465**	**96**	**$ 83,077**
TOTAL ALLENDALE/BARNWELL CONTRACTS	**182**	**$ 7,076,311**	**277**	**$ 7,612,536**	**95**	**$ 463,120**

		ANDERSON	FY2019		FY2020		Variance	
		Capitated Contract	**#**	**$**	**#**	**$**	**#**	**$**
		Band B - At-home ID/RD Waiver	137	$ 1,915,733	146	$ 2,055,143	9	$ 139,410
		Band I - At-Home CSW	88	$ 1,239,568	95	$ 1,381,395	7	$ 141,827
		Band C - Residential	20	$ 670,400	19	$ 683,411	(1)	$ 13,011
		Band D - Residential	6	$ 121,872	6	$ 128,238	-	$ 6,366
		Band G - Residential	34	$ 2,253,078	36	$ 2,631,816	2	$ 378,738
		Band H - Residential	34	$ 3,054,712	33	$ 3,152,955	(1)	$ 98,243
		Total Capitated Contract	**319**	**$ 9,255,363**	**335**	**$ 10,032,958**	**16**	**$ 777,595**
		Special Contracts						
		Early Intervention	85	$ 278,776	51	$ 239,904	(34)	$ (38,872)
		Case Management	-	$ -	335	$ 561,313	335	$ 561,313
*		Child Day	22	$ 192,016	22	$ 192,016	-	$ -
		HASCI - Individual Rehab Supports	11	$ 112,500	11	$ 112,500	-	$ -
		Family Support	-	$ 55,955	-	$ 55,955	-	$ -
		State Funded Community Supports	3	$ 22,350	5	$ 75,515	2	$ 53,165
*		Walgreen Follow Along	-	$ 202,342	11	$ 10,000	11	$ (192,342)
		Total Special Contracts	**121**	**$ 863,939**	**435**	**$ 1,247,203**	**314**	**$ 383,264**
		TOTAL ANDERSON CONTRACTS	**440**	**$ 10,119,302**	**770**	**$ 11,280,161**	**330**	**$ 1,160,859**
*		Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.						

ARC OF THE MIDLANDS	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Supported Employment	-	$ -	-	$ -	-	$ -
SLP 1	11	$ 220,249	4	$ 86,942	(7)	$ (133,306)
TOTAL ARC OF THE MIDLANDS CONTRACTS	**11**	**$ 220,249**	**4**	**$ 86,942**	**(7)**	**$ (133,306)**

	ARC OF SOUTH CAROLINA	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Family Support	-	$ 22,354	-	$ 22,354	-	$ -
	Case Management	-	$ -	374	$ 626,659	374	$ 626,659
*	General Operating for Awareness Project	-	$ -	-	$ 6,250	-	$ 6,250
	TOTAL ARC OF SC CONTRACTS	**-**	**$ 22,354**	**374**	**$ 655,263**	**374**	**$ 632,909**
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.						

	BABCOCK CENTER	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	731	$ 9,927,573	840	$ 11,641,565	109	$ 1,713,992
	Band I - At-Home CSW	312	$ 4,394,832	359	$ 5,220,219	47	$ 825,387
	Band C - Residential	42	$ 1,416,238	39	$ 1,402,791	(3)	$ (13,447)
	Band D - Residential	7	$ 142,184	6	$ 128,238	(1)	$ (13,946)
	Band F - Residential	4	$ 155,480	3	$ 118,926	(1)	$ (36,554)
	Band G - Residential	82	$ 5,433,894	83	$ 6,067,798	1	$ 633,904
	Band H - Residential	127	$ 11,578,432	127	$ 12,290,394	-	$ 711,962
	Band R - Residential	6	$ 572,754	8	$ 814,576	2	$ 241,822
	Band T - Residential	38	$ 3,585,384	37	$ 3,712,303	(1)	$ 126,919
	Total Capitated Contract	**1,349**	**$ 37,206,771**	**1,506**	**$ 41,469,916**	**153**	**$ 4,190,039**
	Special Contracts						
	HASCI Day	50	$ 172,555	50	$ 135,452	-	$ (37,103)
	HASCI Residential	4	$ 174,107	4	$ 185,672	-	$ 11,565
	HASCI - Individual Rehab Supports	17	$ 191,250	17	$ 191,250	-	$ -
	Medically Fragile Home	8	$ 858,242	8	$ 1,069,012	-	$ 210,770
**	Caregiver Relief	-	$ 50,000	-	$ 12,500	-	$ (37,500)
	State Funded Follow Along	19	$ 101,650	28	$ 149,800	9	$ 48,150
	State Funded Community Supports	26	$ 193,700	26	$ 392,678	-	$ 198,978
	CIRS	5	$ 185,848	3	$ 124,041	(2)	$ (61,807)
*	Healthy Outcomes	-		-		-	$ -
*	Maintenance for Autism Home	-	$ 7,500	-	$ 7,500	-	$ -
	DDSN Autism Slot	1	$ 12,512	1	$ 13,436	-	$ 924
	Regional Center Attending Day	4	$ 36,140	4	$ 36,140	-	$ -
	Total Special Contracts	**134**	**$ 1,983,504**	**141**	**$ 2,317,481**	**7**	**$ 333,977**
	TOTAL BABCOCK CONTRACTS	**1,483**	**$ 39,190,275**	**1,647**	**$ 43,787,397**	**160**	**$ 4,524,016**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

** Contract renewed for three months

BAMBERG	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	12	$ 159,936	13	$ 177,307	1	$ 17,371
Band I - At-Home CSW	25	$ 352,150	25	$ 363,525	-	$ 11,375
Band D - Residential	6	$ 121,872	6	$ 128,238	-	$ 6,366
Band F - Residential	1	$ 38,870	1	$ 39,642	-	$ 772
Band G - Residential	18	$ 1,192,806	23	$ 1,681,438	5	$ 488,632
Band H - Residential	10	$ 867,550	10	$ 923,610	-	$ 56,060
Total Capitated Contract	**72**	**$ 2,733,184**	**78**	**$ 3,313,760**	**6**	**$ 580,576**
Special Contracts						
Family Support	-	$ 5,588	-	$ 5,588	-	$ -
Case Management	-	$ -	77	$ 129,018	77	$ 129,018
Caregiver Relief	-	$ -	-		-	$ -
State Funded Community Supports	3	$ 22,350	2	$ 30,206	(1)	$ 7,856
State Funded Follow Along	-	$ -	1	$ 5,350	1	$ 5,350
Total Special Contracts	**3**	**$ 27,938**	**80**	**$ 170,162**	**77**	**$ 142,224**
TOTAL BAMBERG CONTRACTS	**75**	**$ 2,761,122**	**158**	**$ 3,483,922**	**83**	**$ 722,800**

BEAUFORT	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	75	$ 1,019,254	81	$ 1,124,413	6	$ 105,159
Band I - At-Home CSW	90	$ 1,267,740	82	$ 1,192,362	(8)	$ (75,378)
Band D - Residential	8	$ 162,496	7	$ 149,611	(1)	$ (12,885)
Band E - Residential	2	$ 49,908	2	$ 51,694	-	$ 1,786
Band F - Residential	1	$ 38,870	1	$ 39,642	-	$ 772
Band G - Residential	21	$ 1,391,607	20	$ 1,462,120	(1)	$ 70,513
Band H - Residential	19	$ 1,648,345	19	$ 1,754,859	-	$ 106,514
Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
Total Capitated Contract	**217**	**$ 5,673,679**	**213**	**$ 5,876,523**	**(4)**	**$ 202,844**
Special Contracts						
Early Intervention	100	$ 333,555	117	$ 550,368	17	$ 216,813
Case Management	-	$ -	200	$ 335,112	200	$ 335,112
Family Support	-	$ 27,873	-	$ 27,873	-	$ -
Caregiver Relief	-	$ -	-	$ -	-	$ -
State Funded Community Supports	6	$ 44,700	5	$ 75,515	(1)	$ 30,815
Total Special Contracts	**106**	**$ 406,128**	**322**	**$ 988,868**	**216**	**$ 582,740**
TOTAL BEAUFORT CONTRACTS	**323**	**$ 6,079,807**	**535**	**$ 6,865,391**	**212**	**$ 785,584**

BERKELEY CITIZENS	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	111	$ 1,479,408	113	$ 1,541,207	2	$ 61,799
Band I - At-Home CSW	86	$ 1,211,396	89	$ 1,294,149	3	$ 82,753
Band D - Residential	2	$ 40,624	2	$ 42,746	-	$ 2,122
Band E - Residential	5	$ 124,770	5	$ 129,235	-	$ 4,465
Band G - Residential	37	$ 2,451,879	37	$ 2,704,922	-	$ 253,043
Band H - Residential	40	$ 3,512,148	40	$ 3,736,388	-	$ 224,240
Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
Band T - Residential	15	$ 1,402,350	15	$ 1,491,705	-	$ 89,355
Total Capitated Contract	**297**	**$ 10,318,034**	**303**	**$ 11,042,174**	**5**	**$ 724,140**
Special Contracts						
HASCI Residential	1	$ 86,755	1	$ 92,361	-	$ 5,606
Early Intervention	95	$ 278,776	18	$ 84,672	(77)	$ (194,104)
Case Management	-	$ -	277	$ 464,130	277	$ 464,130
Family Support	-	$ 34,091	-	$ 34,091	-	$ -
State Funded Community Supports	2	$ 14,900	2	$ 30,206	-	$ 15,306
CIRS					-	$ -
Total Special Contracts	**98**	**$ 414,522**	**298**	**$ 705,460**	**200**	**$ 290,938**
TOTAL BERKELEY CITIZENS CONTRACTS	**395**	**$ 10,732,556**	**601**	**$ 11,747,634**	**205**	**$ 1,015,078**

	BRIGHT START	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Early Intervention	1,182	$ 4,654,000	424	$ 1,994,496	(758)	$ (2,659,504)
	Case Management	-	$ -	714	$ 1,196,350	714	$ 1,196,350
	Family Support	-	$ 80,823	-	$ 80,823	-	$ -
*	Mortgage Expenses	-	$ 45,384	-	$ -	-	$ (45,384)
	TOTAL BRIGHT START CONTRACTS	**1,182**	**$ 4,780,207**	**1,138**	**$ 3,271,669**	**(44)**	**$ (1,508,538)**
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.						

BURTON CENTER	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract					-	$ -
Band B - At-home ID/RD Waiver	95	$ 1,266,160	103	$ 1,404,817	8	$ 138,657
Band I - At-Home CSW	125	$ 1,760,750	118	$ 1,715,838	(7)	$ (44,912)
Band C - Residential	18	$ 603,360	18	$ 647,442	-	$ 44,082
Band D - Residential	9	$ 182,808	9	$ 192,357	-	$ 9,549
Band E - Residential	5	$ 124,770	6	$ 155,082	1	$ 30,312
Band F - Residential	1	$ 38,870	1	$ 39,642	-	$ 772
Band G - Residential	36	$ 2,385,612	37	$ 2,704,922	1	$ 319,310
Band H - Residential	35	$ 3,036,425	35	$ 3,232,635	-	$ 196,210
Band T - Residential	56	$ 5,606,049	56	$ 5,939,641	-	$ 333,592
Total Capitated Contract	**380**	**$ 15,004,804**	**383**	**$ 16,032,376**	**3**	**$ 1,027,572**
Special Contracts						
Early Intervention	25	$ 94,271	10	$ 47,040	(15)	$ (47,231)
Case Management	-	$ -	335	$ 561,313	335	$ 561,313
Family Support	-	$ 44,009	-	$ 44,009	-	$ -
State Funded Follow Along	-	$ -	-	$ -	-	$ -
State Funded Community Supports	12	$ 89,400	10	$ 151,030	(2)	$ 61,630
Total Special Contracts	**37**	**$ 227,680**	**355**	**$ 803,392**	**318**	**$ 575,713**
TOTAL BURTON CENTER CONTRACTS	**417**	**$ 15,232,484**	**738**	**$ 16,835,768**	**321**	**$ 1,603,285**

CALHOUN	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	30	$ 399,840	29	$ 395,531	(1)	$ (4,309)
Band I - At-Home CSW	33	$ 464,838	32	$ 465,312	(1)	$ 474
Band G - Residential	10	$ 662,670	10	$ 731,060	-	$ 68,390
Band H - Residential	14	$ 1,214,570	14	$ 1,293,054	-	$ 78,484
Band T - Residential	32	$ 3,080,415	32	$ 3,271,039	-	$ 190,624
Total Capitated Contract	**119**	**$ 5,822,333**	**117**	**$ 6,155,996**	**(2)**	**$ 333,663**
Special Contracts						
Early Intervention	8	$ 31,424	-	$ -	(8)	$ (31,424)
Case Management	-	$ -	84	$ 140,747	84	$ 140,747
Family Support	-	$ 8,173	-	$ 8,173	-	$ -
State Funded Community Supports	1	$ 7,450	2	$ 30,206	1	$ 22,756
Total Special Contracts	**9**	**$ 47,047**	**86**	**$ 179,126**	**77**	**$ 132,080**
TOTAL CALHOUN CONTRACTS	**128**	**$ 5,869,380**	**203**	**$ 6,335,122**	**75**	**$ 465,743**

CARE FOCUS	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Low Needs CTH 2	2	$ 131,575	4	$ 286,671	2	$ 155,096
High Needs CTH 2	27	$ 2,329,426	30	$ 2,727,536	3	$ 398,109
HASCI Residential CTH 2	3	$ 258,157	4	$ 371,132	1	$ 112,975
Band R	5	$ 474,902	6	$ 596,009	1	$ 121,107
High Needs CTH 2 with Outliers	8	$ 995,563	4	$ 540,744	(4)	$ (454,819)
Room & Board	-	$ -	-	$ -	-	$ -
TOTAL CARE FOCUS CONTRACTS	**45**	**$ 4,189,623**	**48**	**$ 4,522,091**	**3**	**$ 332,468**

	CENTER FOR DEVELOP	FY2019		FY2020		Variance	
		#	$	#	$	#	$
*	Family Support	-	$ -	-	$ 83,198	-	$ 83,198
*	Case Management	-	$ -	788	$ 1,320,341	788	$ 1,320,341
	TOTAL CENTER FOR DEVELOP CONTRACTS	**-**	**$ -**	**788**	**$ 1,403,539**	**788**	**$ 1,403,539**
	*Transferred from Thrive Upstate in FY2019						

	CHARLES LEA CENTER	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	283	$ 3,993,112	293	$ 4,217,515	10	$ 224,403
	Band I - At-Home CSW	177	$ 2,493,222	187	$ 2,719,167	10	$ 225,945
	Band C - Residential	16	$ 536,320	17	$ 611,473	1	$ 75,153
	Band D - Residential	18	$ 365,616	18	$ 384,714	-	$ 19,098
	Band E - Residential	1	$ 24,954	1	$ 25,847	-	$ 893
	Band G - Residential	119	$ 7,885,773	126	$ 9,211,356	7	$ 1,325,583
	Band H - Residential	95	$ 8,224,029	91	$ 8,473,910	(4)	$ 249,881
	Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
	Total Capitated Contract	**710**	**$ 23,618,485**	**737**	**$ 25,745,804**	**24**	**$ 2,127,319**
	Special Contracts						
	HASCI Residential	1	$ 86,755	2	$ 165,467	1	$ 78,712
	Early Intervention	80	$ 333,555	42	$ 197,568	(38)	$ (135,987)
	Case Management	-	$ -	639	$ 1,070,683	639	$ 1,070,683
	Family Support	-	$ 60,076	-	$ 60,076	-	$ -
	Medically Fragile Home	12	$ 1,283,823	12	$ 1,467,647	-	$ 183,823
	State Funded Follow Along	2	$ 10,700	1	$ 5,350	(1)	$ (5,350)
	State Funded Community Supports	15	$ 111,750	12	$ 181,236	(3)	$ 69,486
	CIRS	29	$ 1,049,996	23	$ 906,805	(6)	$ (143,191)
*	Healthy Outcomes	-	$ -	-	$ -	-	$ -
*	Maintenance for Autism Home	-	$ 7,535	-	$ 7,535	-	$ -
*	Fiscal Agent - Respite Admin	-	$ 100,000	-	$ 100,000	-	$ -
	Fiscal Agent - Respite Payroll	-	$ 5,500,000	-	$ 5,690,833	-	$ 190,833
	Total Special Contracts	**139**	**$ 8,544,190**	**731**	**$ 9,853,200**	**592**	**$ 1,309,009**
	TOTAL CHARLES LEA CENTER CONTRACTS	**849**	**$ 32,162,675**	**1,468**	**$ 35,599,004**	**616**	**$ 3,436,328**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

		CHARLESTON	FY2019		FY2020		Variance	
			#	$	#	$	#	$
		Capitated Contract						
		Band B - At-home ID/RD Waiver	197	$ 2,746,188	210	$ 2,984,762	13	$ 238,574
		Band I - At-Home CSW	230	$ 3,239,780	211	$ 3,068,151	(19)	$ (171,629)
		Band C - Residential	25	$ 838,000	25	$ 899,225	-	$ 61,225
		Band D - Residential	19	$ 385,928	18	$ 384,714	(1)	$ (1,214)
		Band E - Residential	7	$ 174,678	7	$ 180,929	-	$ 6,251
		Band F - Residential	1	$ 38,870	1	$ 39,642	-	$ 772
		Band G - Residential	57	$ 3,777,219	56	$ 4,093,936	(1)	$ 316,717
		Band H - Residential	101	$ 8,963,976	100	$ 9,409,206	(1)	$ 445,230
		Band T - Residential	8	$ 747,920	8	$ 795,576	-	$ 47,656
		Total Capitated Contract	**645**	**$ 20,912,559**	**636**	**$ 21,929,247**	**(9)**	**$ 943,582**
		Special Contracts						
		HASCI Day	50	$ 184,227	50	$ 147,124	-	$ (37,103)
		Early Intervention	86	$ 278,776	24	$ 112,896	(62)	$ (165,880)
		Case Management	-	$ -	719	$ 1,204,728	719	$ 1,204,728
		HASCI - Individual Rehab Supports	17	$ 191,250	17	$ 191,250	-	$ -
*		Child Day	11	$ 125,578	11	$ 125,578	-	$ -
		Family Support	-	$ 94,585	-	$ 94,585	-	$ -
		State Funded Follow Along	3	$ 16,050	4	$ 21,400	1	$ 5,350
		State Funded Community Supports	27	$ 201,150	25	$ 377,575	(2)	$ 176,425
*		Mortgage Expenses for Day Program	-	$ 58,638	-	$ 58,638	-	$ -
		Total Special Contracts	**194**	**$ 1,150,254**	**850**	**$ 2,333,774**	**656**	**$ 1,183,520**
		TOTAL CHARLESTON CONTRACTS	**839**	**$ 22,062,813**	**1,486**	**$ 24,263,021**	**647**	**$ 2,127,102**
*		Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.						

CHEROKEE	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	48	$ 639,744	50	$ 681,950	2	$ 42,206
Band I - At-Home CSW	44	$ 619,784	39	$ 567,099	(5)	$ (52,685)
Band G - Residential	13	$ 861,471	13	$ 950,378	-	$ 88,907
Band H - Residential	7	$ 607,285	7	$ 646,527	-	$ 39,242
Band R - Residential	-	$ -	1	$ 101,822	1	$ 101,822
Band T - Residential	16	$ 1,576,046	15	$ 1,571,911	(1)	$ (4,135)
Total Capitated Contract	**128**	**$ 4,304,330**	**125**	**$ 4,519,687**	**(3)**	**$ 215,357**
Special Contracts						
Early Intervention	45	$ 125,694	18	$ 84,672	(27)	$ (41,022)
Case Management	-	$ -	106	$ 177,609	106	$ 177,609
Family Support	-	$ 12,504	-	$ 12,504	-	$ -
State Funded Community Supports	9	$ 67,050	9	$ 135,927	-	$ 68,877
Total Special Contracts	**54**	**$ 205,248**	**133**	**$ 410,712**	**79**	**$ 205,464**
TOTAL CHEROKEE CONTRACTS	**182**	**$ 4,509,578**	**258**	**$ 4,930,399**	**76**	**$ 420,821**

	CHESCO	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	42	$ 683,025	50	$ 829,979	8	$ 146,954
	Band I - At-Home CSW	40	$ 563,440	32	$ 465,312	(8)	$ (98,128)
	Band C - Residential	40	$ 1,340,800	39	$ 1,402,791	(1)	$ 61,991
	Band D - Residential	6	$ 121,872	6	$ 128,238	-	$ 6,366
	Band F - Residential	4	$ 155,480	4	$ 158,568	-	$ 3,088
	Band G - Residential	49	$ 3,247,083	49	$ 3,582,194	-	$ 335,111
	Band H - Residential	118	$ 10,528,103	116	$ 11,004,889	(2)	$ 476,786
	Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
	Total Capitated Contract	**300**	**$ 16,735,262**	**298**	**$ 17,673,793**	**(3)**	**$ 938,531**
	Special Contracts						
	Early Intervention	43	$ 157,118	18	$ 84,672	(25)	$ (72,446)
	Case Management	-	$ -	220	$ 368,623	220	$ 368,623
	Family Support	-	$ 16,346	-	$ 16,346	-	$ -
	State Funded Follow Along	1	$ 5,350	2	$ 10,700	1	$ 5,350
	State Funded Community Supports	3	$ 22,350	2	$ 30,206	(1)	$ 7,856
	CIRS	1	$ 26,311	1	$ 27,566	-	$ 1,255
	High Management Homes	20	$ 2,774,807	26	$ 3,610,471	6	$ 835,664
	HASCI Residential	-	$ -	1	$ 92,361	1	$ 92,361
	Leisure Activities for Nursing Home Residents	-	$ 8,000	-	$ -	-	$ (8,000)
*	Mortgage Expenses for Day Program	-	$ 99,082	-	$ 99,082	-	$ -
	Total Special Contracts	**68**	**$ 3,109,363**	**270**	**$ 4,340,027**	**202**	**$ 1,230,663**
	TOTAL CHESCO CONTRACTS	**368**	**$ 19,844,625**	**568**	**$ 22,013,820**	**199**	**$ 2,169,194**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

CHESTER/LANCASTER	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	102	$ 1,502,062	108	$ 1,566,196	6	$ 64,134
Band I - At-Home CSW	62	$ 873,332	53	$ 770,673	(9)	$ (102,659)
Band C - Residential	6	$ 201,120	5	$ 179,845	(1)	$ (21,275)
Band G - Residential	23	$ 1,524,141	24	$ 1,754,544	1	$ 230,403
Band H - Residential	13	$ 1,195,438	12	$ 1,175,955	(1)	$ (19,483)
Band T - Residential	16	$ 1,564,181	15	$ 1,560,046	(1)	$ (4,135)
Total Capitated Contract	**222**	**$ 6,860,274**	**217**	**$ 7,007,259**	**(5)**	**$ 146,985**
Special Contracts						
Early Intervention	30	$ 125,694	8	$ 37,632	(22)	$ (88,062)
Case Management	-	$ -	227	$ 380,352	227	$ 380,352
Family Support	-	$ 22,773	-	$ 22,773	-	$ -
State Funded Follow Along	1	$ 5,350	1	$ 5,350	-	$ -
State Funded Community Supports	9	$ 67,050	9	$ 135,927	-	$ 68,877
Total Special Contracts	**40**	**$ 220,867**	**245**	**$ 582,034**	**205**	**$ 361,167**
TOTAL CHESTER/LANCASTER CONTRACTS	**262**	**$ 7,081,141**	**462**	**$ 7,589,293**	**200**	**$ 508,152**

CLARENDON	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	33	$ 461,131	35	$ 498,672	2	$ 37,541
Band I - At-Home CSW	34	$ 478,924	31	$ 450,771	(3)	$ (28,153)
Band D - Residential	6	$ 121,872	6	$ 128,238	-	$ 6,366
Band E - Residential	1	$ 24,954	1	$ 25,847	-	$ 893
Band F - Residential	5	$ 194,350	5	$ 198,210	-	$ 3,860
Band G - Residential	36	$ 2,385,612	38	$ 2,778,028	2	$ 392,416
Band H - Residential	24	$ 2,082,120	21	$ 1,939,581	(3)	$ (142,539)
Band R - Residential	-	$ -	1	$ 101,822	1	$ 101,822
Total Capitated Contract	**139**	**$ 5,748,963**	**138**	**$ 6,121,169**	**(1)**	**$ 372,206**
Special Contracts						
Early Intervention	11	$ 62,847	1	$ 4,704	(10)	$ (58,143)
Case Management	-	$ -	144	$ 241,281	144	$ 241,281
Family Support	-	$ 7,964	-	$ 7,964	-	$ -
Total Special Contracts	**11**	**$ 70,811**	**145**	**$ 253,949**	**134**	**$ 183,138**
TOTAL CLARENDON CONTRACTS	**150**	**$ 5,819,774**	**283**	**$ 6,375,118**	**133**	**$ 555,344**

COLLETON	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	55	$ 762,365	56	$ 841,664	1	$ 79,299
Band I - At-Home CSW	21	$ 295,806	20	$ 290,820	(1)	$ (4,986)
Band C - Residential	20	$ 670,400	20	$ 719,380	-	$ 48,980
Band G - Residential	5	$ 331,335	5	$ 365,530	-	$ 34,195
Band H - Residential	33	$ 2,862,915	32	$ 2,955,552	(1)	$ 92,637
Band R - Residential	5	$ 477,295	5	$ 509,110	-	$ 31,815
Total Capitated Contract	**139**	**$ 5,400,116**	**139**	**$ 5,774,417**	**(1)**	**$ 281,940**
Special Contracts						
Early Intervention	46	$ 125,694	-	$ -	(46)	$ (125,694)
Case Management	-	$ -	124	$ 207,769	124	$ 207,769
Family Support	-	$ 12,085	-	$ 12,085	-	$ -
State Funded Community Supports	1	$ 7,450	1	$ 15,103	-	$ 7,653
HASCI Residential	1	$ 86,755	1	$ 92,361	-	$ 5,606
Total Special Contracts	**48**	**$ 231,984**	**126**	**$ 327,318**	**78**	**$ 95,334**
TOTAL COLLETON CONTRACTS	**187**	**$ 5,632,100**	**265**	**$ 6,101,735**	**77**	**$ 377,274**

COMMUNITY OPTIONS	FY2019		FY2020		Variance	
	#	$	#	$	#	$
SLP 1	11	$ 275,868	13	$387,430	2	$ 111,562
HASCI Residential SLP 1	-	$ -	-	$ -	-	$ -
SLP 3	3	$ 100,302	3	$114,942	-	$ 14,640
CTH 1	10	$ 297,035	9	$268,891	(1)	$ (28,144)
Low Needs CTH 2	10	$ 657,876	17	$ 1,218,352	7	$ 560,476
High Needs CTH 2	68	$ 5,866,703	66	$ 6,000,578	(2)	$ 133,875
HASCI Residential CTH 2	5	$ 430,262	6	$ 556,698	1	$ 126,436
Band R	30	$ 2,849,409	28	$ 2,812,033	(2)	$ (37,376)
High Needs CTH 2 with Outliers	4	$ 559,162	3	$ 360,890	(1)	$ (198,272)
Supported Employment Services	-	$ -	-	$ -	-	$ -
TOTAL COMMUNITY OPTIONS CONTRACTS	**141**	**$ 11,036,617**	**145**	**$ 11,719,814**	**4**	**$ 683,197**

DARLINGTON	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	36	$ 501,338	38	$ 539,812	2	$ 38,474
Band I - At-Home CSW	36	$ 507,096	35	$ 508,935	(1)	$ 1,839
Band F - Residential	1	$ 38,870	1	$ 39,642	-	$ 772
Band G - Residential	30	$ 1,988,010	31	$ 2,266,286	1	$ 278,276
Band H - Residential	2	$ 173,510	1	$ 92,361	(1)	$ (81,149)
Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
Band T - Residential	15	$ 1,560,129	15	$ 1,649,484	-	$ 89,355
Total Capitated Contract	**121**	**$ 4,864,412**	**122**	**$ 5,198,342**	**1**	**$ 333,930**
Special Contracts						
Early Intervention	60	$ 219,965	26	$ 122,304	(34)	$ (97,661)
Case Management	-	$ -	172	$ 288,196	172	$ 288,196
Family Support	-	$ 26,336	-	$ 26,336	-	$ -
State Funded Community Supports	1	$ 7,450	1	$ 15,103	-	$ 7,653
Total Special Contracts	**61**	**$ 253,751**	**199**	**$ 451,939**	**138**	**$ 198,189**
TOTAL DARLINGTON CONTRACTS	**182**	**$ 5,118,163**	**321**	**$ 5,650,281**	**139**	**$ 532,119**

			FY2019		FY2020		Variance	
			#	$	#	$	#	$
	Capitated Contract							
		Band B - At-home ID/RD Waiver	139	$ 1,914,288	140	$ 1,971,156	1	$ 56,868
		Band I - At-Home CSW	63	$ 887,418	60	$ 872,460	(3)	$ (14,958)
		Band C - Residential	5	$ 167,600	6	$ 215,814	1	$ 48,214
		Band D - Residential	15	$ 304,680	16	$ 341,968	1	$ 37,288
		Band G - Residential	59	$ 3,909,753	55	$ 4,020,830	(4)	$ 111,077
		Band H - Residential	24	$ 2,082,120	25	$ 2,309,025	1	$ 226,905
		Band T - Residential	15	$ 1,402,350	16	$ 1,591,152	1	$ 188,802
	Total Capitated Contract		**320**	**$ 10,668,209**	**319**	**$ 11,322,405**	**(2)**	**$ 654,196**
	Special Contracts							
		Early Intervention	61	$ 254,075	27	$ 127,008	(34)	$ (127,067)
		Case Management	-	$ -	289	$ 484,237	289	$ 484,237
		Family Support	-	$ 35,906	-	$ 35,906	-	$ -
		State Funded Community Supports	4	$ 29,800	5	$ 75,515	1	$ 45,715
		State Funded Follow Along	-	$ -	1	$ 5,350	1	$ 5,350
		HASCI Residential	-	$ -	1	$ 73,106	1	$ 73,106
*		Maintenance for Autism Homes	-	$ 7,156	-	$ 7,156	-	$ -
	Total Special Contracts		**65**	**$ 326,937**	**323**	**$ 808,278**	**258**	**$ 481,342**
TOTAL DORCHESTER CONTRACTS			**385**	**$ 10,995,146**	**642**	**$ 12,130,683**	**256**	**$ 1,135,538**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

ECM CONSULTING	FY2019		FY2020		Variance	
	#	$	#	$	#	$
SLP 1	1	$ 65,788	1	$71,668	-	$ 5,880
TOTAL ECM CONSULTING CONTRACT	**1**	**$ 65,788**	**1**	**$ 71,668**	**-**	**$ 5,880**

EXCALIBUR		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	High Management CTH 2	24	$ 2,718,316	28	$ 3,436,694	4	$ 718,378
TOTAL EXCALIBUR CONTRACT		**24**	**$ 2,718,316**	**28**	**$ 3,436,694**	**4**	**$ 718,378**

FAIRFIELD	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	16	$ 261,874	15	$ 253,211	(1)	$ (8,663)
Band I - At-Home CSW	12	$ 169,032	13	$ 189,033	1	$ 20,001
Band G - Residential	22	$ 1,457,874	22	$ 1,608,332	-	$ 150,458
Band H - Residential	24	$ 2,334,694	25	$ 2,561,599	1	$ 226,905
Total Capitated Contract	**74**	**$ 4,223,474**	**76**	**$ 4,612,175**	**1**	**$ 388,701**
Special Contracts						
HASCI Residential	1	$ 146,755	1	$ 152,361	-	$ 5,606
Early Intervention	9	$ 31,424	14	$ 65,856	5	$ 34,433
Case Management	-	$ -	65	$ 108,911	65	$ 108,911
Family Support	-	$ 8,522	-	$ 8,522	-	$ -
State Funded Community Supports	1	$ 7,450	-	$ -	(1)	$ (7,450)
Total Special Contracts	**11**	**$ 194,151**	**80**	**$ 335,650**	**69**	**$ 141,500**
TOTAL FAIRFIELD CONTRACTS	**85**	**$ 4,417,625**	**156**	**$ 4,947,825**	**70**	**$ 530,201**

FLORENCE	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	150	$ 2,325,806	158	$ 2,399,664	8	$ 73,858
Band I - At-Home CSW	86	$ 1,211,396	89	$ 1,294,149	3	$ 82,753
Band C - Residential	33	$ 1,106,160	33	$ 1,186,977	-	$ 80,817
Band E - Residential	2	$ 49,908	2	$ 51,694	-	$ 1,786
Band G - Residential	43	$ 2,849,481	43	$ 3,143,558	-	$ 294,077
Band H - Residential	28	$ 2,429,140	28	$ 2,586,108	-	$ 156,968
Band T - Residential	39	$ 3,646,110	39	$ 3,878,433	-	$ 232,323
Total Capitated Contract	**381**	**$ 13,618,001**	**392**	**$ 14,540,583**	**11**	**$ 922,582**
Special Contracts						
Early Intervention	103	$ 333,555	24	$ 112,896	(79)	$ (220,659)
Case Management	-	$ -	423	$ 708,762	423	$ 708,762
Family Support	-	$ 56,304	-	$ 56,304	-	$ -
Caregiver Relief	-	$ -	-	$ -	-	$ -
State Funded Community Supports	6	$ 44,700	6	$ 90,618	-	$ 45,918
Leisure Activities - Manor House	-	$ 21,457	-	$ -	-	$ (21,457)
Regional Center Attending Day	2	$ 15,340	2	$ 15,340	-	$ -
Total Special Contracts	**111**	**$ 471,356**	**455**	**$ 983,920**	**344**	**$ 512,564**
TOTAL FLORENCE CONTRACTS	**492**	**$ 14,089,357**	**847**	**$ 15,524,503**	**355**	**$ 1,435,146**

GEORGETOWN	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	61	$ 1,027,710	64	$ 1,058,671	3	$ 30,961
Band I - At-Home CSW	27	$ 380,322	26	$ 378,066	(1)	$ (2,256)
Band G - Residential	15	$ 994,005	16	$ 1,169,696	1	$ 175,691
Band H - Residential	21	$ 1,821,855	21	$ 1,939,581	-	$ 117,726
Band R - Residential	-	$ -	1	$ 101,822	1	$ 101,822
Total Capitated Contract	**124**	**$ 4,223,892**	**128**	**$ 4,647,836**	**4**	**$ 423,944**
Special Contracts						
Early Intervention	35	$ 125,694	10	$ 47,040	(25)	$ (78,654)
Case Management	-	$ -	122	$ 204,418	122	$ 204,418
Family Support	-	$ 10,828	-	$ 10,828	-	$ -
State Funded Community Supports	4	$ 29,800	5	$ 75,515	1	$ 45,715
CIRS	3	$ 78,933	3	$ 82,698	-	$ 3,765
Total Special Contracts	**42**	**$ 245,255**	**140**	**$ 420,499**	**98**	**$ 175,244**
TOTAL GEORGETOWN CONTRACTS	**166**	**$ 4,469,147**	**268**	**$ 5,068,335**	**102**	**$ 599,188**

THRIVE UPSTATE	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	356	$ 5,175,636	400	$ 5,886,468	44	$ 710,832
Band I - At-Home CSW	305	$ 4,296,230	325	$ 4,725,825	20	$ 429,595
Band C - Residential	41	$ 1,374,320	41	$ 1,474,729	-	$ 100,409
Band D - Residential	15	$ 304,680	20	$ 427,460	5	$ 122,780
Band G - Residential	81	$ 5,367,627	83	$ 6,067,798	2	$ 700,171
Band H - Residential	34	$ 2,949,670	48	$ 4,463,772	14	$ 1,514,102
Band T - Residential	63	$ 5,920,314	48	$ 4,773,456	(15)	$ (1,146,858)
Total Capitated Contract	**895**	**$ 25,388,477**	**975**	**$ 27,911,869**	**70**	**$ 2,431,031**
Special Contracts						
HASCI Day	50	$ 184,551	50	$ 147,448	-	$ (37,103)
HASCI Residential	9	$ 661,025	11	$ 849,453	2	$ 188,428
HASCI - Individual Rehab Supports	35	$ 393,750	35	$ 393,750	-	$ -
Early Intervention	122	$ 500,580	40	$ 188,160	(82)	$ (312,420)
Family Support	-	$ 83,198	-	$ -	-	$ (83,198)
State Funded Community Supports	15	$ 111,750	15	$ 226,545	-	$ 114,795
State Funded Follow Along	-	$ -	4	$ 21,400	4	$ 21,400
Total Special Contracts	**231**	**$ 1,934,854**	**155**	**$ 1,826,756**	**(76)**	**$ (108,098)**
TOTAL THRIVE UPSTATE CONTRACTS	**1,126**	**$ 27,323,331**	**1,130**	**$ 29,738,625**	**(6)**	**$ 2,322,933**

GROWING HOMES	FY2019		FY2020		Variance	
	#	$	#	$	#	$
TFH - Level 1	4	$ 102,010	3	$ 78,818	(1)	$ (23,192)
TFH - Level 2	1	$ 38,011	1	$ 38,781	-	$ 770
TFH - Level 3	5	$ 262,599	6	$ 319,740	1	$ 57,141
Day Service Add-Ons	-	$ 12,568	-	$ 55,910	-	$ 43,342
TOTAL GOWING HOMES CONTRACT	**10**	**$ 415,189**	**10**	**$ 493,250**	**-**	**$ 78,061**

HAMPTON	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	27	$ 392,187	24	$ 359,667	(3)	$ (32,520)
Band I - At-Home CSW	21	$ 295,806	18	$ 261,738	(3)	$ (34,068)
Band D - Residential	2	$ 40,624	1	$ 21,373	(1)	$ (19,251)
Band G - Residential	4	$ 265,068	4	$ 292,424	-	$ 27,356
Band H - Residential	8	$ 694,040	8	$ 738,888	-	$ 44,848
Total Capitated Contract	**62**	**$ 1,687,725**	**55**	**$ 1,674,090**	**(7)**	**$ (13,635)**
Special Contracts						
Early Intervention	10	$ 94,271	21	$ 98,784	11	$ 4,514
Case Management	-	$ -	55	$ 92,156	55	$ 92,156
Family Support	-	$ 6,147	-	$ 6,147	-	$ -
State Funded Community Supports	2	$ 14,900	5	$ 75,515	3	$ 60,615
Total Special Contracts	**12**	**$ 115,318**	**81**	**$ 272,602**	**69**	**$ 157,285**
TOTAL HAMPTON CONTRACTS	**74**	**$ 1,803,043**	**136**	**$ 1,946,692**	**62**	**$ 143,650**

Heart and Hands		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	CTH I HASCI	1	$ 29,667	1	$ 29,877	-	$ 209
	CTH I	1	$ 12,680	1	$ 29,877	-	$ 17,197
TOTAL HEART AND HANDS CONTRACT		**2**	**$ 42,347**	**2**	**$ 59,754**	**-**	**$ 17,406**

HORRY	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	155	$ 2,188,366	166	$ 2,386,600	11	$ 198,234
Band I - At-Home CSW	81	$ 1,140,966	76	$ 1,105,116	(5)	$ (35,850)
Band C - Residential	17	$ 569,840	17	$ 611,473	-	$ 41,633
Band D - Residential	8	$ 162,496	11	$ 235,103	3	$ 72,607
Band E - Residential	2	$ 49,908	2	$ 51,694	-	$ 1,786
Band G - Residential	27	$ 1,789,209	29	$ 2,120,074	2	$ 330,865
Band H - Residential	28	$ 2,450,292	27	$ 2,514,899	(1)	$ 64,607
Band R - Residential	2	$ 190,918	2	$ 203,644	-	$ 12,726
Total Capitated Contract	**320**	**$ 8,541,995**	**331**	**$ 9,228,603**	**10**	**$ 686,608**
Special Contracts						
HASCI Day	50	$ 145,805	50	$ 145,805	-	$ -
HASCI Residential	2	$ 144,445	1	$ 92,361	(1)	$ (52,084)
HASCI - Individual Rehab Supports	15	$ 157,500	15	$ 157,500	-	$ -
Early Intervention	118	$ 445,801	43	$ 202,272	(75)	$ (243,529)
Case Management	-	$ -	355	$ 594,824	355	$ 594,824
Family Support	-	$ 50,576	-	$ 50,576	-	$ -
State Funded Follow Along	2	$ 10,700	2	$ 10,700	-	$ -
State Funded Community Supports	10	$ 74,500	10	$ 151,030	-	$ 76,530
Special Family Support	-	$ 4,800	-	$ 4,800	-	$ -
Total Special Contracts	**197**	**$ 1,034,127**	**476**	**$ 1,409,868**	**279**	**$ 375,741**
TOTAL HORRY CONTRACTS	**517**	**$ 9,576,122**	**807**	**$ 10,638,471**	**289**	**$ 1,062,349**

			FY2019		FY2020		Variance	
			#	$	#	$	#	$
	Capitated Contract							
		Band B - At-home ID/RD Waiver	17	$ 213,248	19	$ 259,141	2	$ 45,893
		Band I - At-Home CSW	30	$ 422,580	27	$ 392,607	(3)	$ (29,973)
		Band G - Residential	9	$ 596,403	10	$ 731,060	1	$ 134,657
		Band H - Residential	15	$ 1,330,837	14	$ 1,322,566	(1)	$ (8,271)
	Total Capitated Contract		**71**	**$ 2,563,068**	**70**	**$ 2,705,374**	**(1)**	**$ 142,306**
	Special Contracts							
		Early Intervention	9	$ 31,424	2	$ 9,408	(7)	$ (22,016)
		Case Management	-	$ -	95	$ 159,178	95	$ 159,178
		Family Support	-	$ 7,335	-	$ 7,335	-	$ -
		HASCI - Individual Rehab Supports	-	$ -	-	$ -	-	$ -
		State Funded Community Supports	-	$ -	-	$ -	-	$ -
		Fiscal Agent - ID/RD Attendant Care	-	$ 500,000	-	$ 556,345	-	$ 56,345
		Fiscal Agent - CS Waiver Attendant Care	-	$ 3,700,000	-	$ 4,250,352	-	$ 550,352
*		Fiscal Agent - Self-Arranged Attendant Care	-	$ 245,945	-	$ 245,945	-	$ -
		Fiscal Agent - Respite Payroll	-	$ 2,880,000	-	$ 3,127,053	-	$ 247,053
*		Fiscal Agent - Respite Payroll Admin	-	$ 94,945	-	$ 94,945	-	$ -
		Fiscal Agent - HASCI Self-Directed Care	-	$ 3,900,000	-	$ 4,166,912	-	$ 266,912
	Total Special Contracts		**9**	**$ 11,359,649**	**97**	**$ 12,617,473**	**88**	**$ 1,257,825**
TOTAL JASPER CONTRACTS			**80**	**$ 13,922,717**	**167**	**$ 15,322,847**	**87**	**$ 1,400,131**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

KERSHAW	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	82	$ 1,342,906	87	$ 1,436,603	5	$ 93,697
Band I - At-Home CSW	34	$ 478,924	34	$ 494,394	-	$ 15,470
Band D - Residential	1	$ 20,312	1	$ 21,373	-	$ 1,061
Band G - Residential	17	$ 1,126,539	15	$ 1,096,590	(2)	$ (29,949)
Band H - Residential	6	$ 520,530	6	$ 554,166	-	$ 33,636
Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
Total Capitated Contract	**141**	**$ 3,584,670**	**144**	**$ 3,778,054**	**3**	**$ 120,278**
Special Contracts						
Early Intervention	9	$ 31,424	1	$ 4,704	(8)	$ (26,720)
Case Management	-	$ -	150	$ 251,334	150	$ 251,334
Family Support	-	$ 13,971	-	$ 13,971	-	$ -
Caregiver Relief	-	$ -	-	$ -	-	$ -
State Funded Community Supports	1	$ 7,450	1	$ 15,103	-	$ 7,653
Total Special Contracts	**10**	**$ 52,845**	**152**	**$ 285,112**	**142**	**$ 232,268**
TOTAL KERSHAW CONTRACTS	**151**	**$ 3,637,515**	**296**	**$ 4,063,166**	**145**	**$ 352,546**

	LAURENS	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	54	$ 1,010,525	58	$ 1,081,875	4	$ 71,350
	Band I - At-Home CSW	44	$ 619,784	45	$ 654,345	1	$ 34,561
	Band C - Residential	16	$ 536,320	16	$ 575,504	-	$ 39,184
	Band D - Residential	10	$ 203,120	11	$ 235,103	1	$ 31,983
	Band G - Residential	33	$ 2,186,811	39	$ 2,851,134	6	$ 664,323
	Band H - Residential	35	$ 3,267,250	31	$ 2,981,516	(4)	$ (285,734)
	Band R - Residential	1	$ 95,459	3	$ 305,466	2	$ 210,007
	Band T - Residential	16	$ 1,495,840	16	$ 1,591,152	-	$ 95,312
	Total Capitated Contract	**209**	**$ 9,415,109**	**220**	**$ 10,276,095**	**10**	**$ 860,986**
	Special Contracts						
	HASCI Residential	1	$ 66,267	1	$ 73,106	-	$ 6,839
	Early Intervention	49	$ 195,511	11	$ 51,744	(38)	$ (143,767)
*	Case Management	-	$ -	132	$ 221,174	132	$ 221,174
	Family Support	-	$ 27,244	-	$ 27,244	-	$ -
	Caregiver Relief	-	$ 25,875	-	$ 6,469	-	$ (19,406)
	State Funded Community Supports	7	$ 52,150	4	$ 60,412	(3)	$ 8,262
	Maintenance for Northside		$ 5,500		$ -	-	$ (5,500)
	Total Special Contracts	**57**	**$ 372,547**	**148**	**$ 440,149**	**91**	**$ 67,602**
	TOTAL LAURENS CONTRACTS	**266**	**$ 9,787,656**	**368**	**$ 10,716,244**	**101**	**$ 928,588**
*	Contract renewed for three months						

LEE		FY2019		FY2020		Variance	
		#	$	#	$	#	$
Capitated Contract							
	Band B - At-home ID/RD Waiver	5	$ 79,968	7	$ 95,473	2	$ 15,505
	Band I - At-Home CSW	23	$ 323,978	20	$ 290,820	(3)	$ (33,158)
	Band C - Residential	10	$ 335,200	10	$ 359,690	-	$ 24,490
	Band D - Residential	3	$ 60,936	3	$ 64,119	-	$ 3,183
	Band G - Residential	22	$ 1,457,874	23	$ 1,681,438	1	$ 223,564
	Band H - Residential	13	$ 1,127,815	12	$ 1,108,332	(1)	$ (19,483)
	Band T - Residential	15	$ 1,402,350	16	$ 1,591,152	1	$ 188,802
Total Capitated Contract		**91**	**$ 4,788,121**	**91**	**$ 5,191,024**	**-**	**$ 402,903**
Special Contracts							
	Early Intervention	10	$ 62,847	4	$ 18,816	(6)	$ (44,031)
	Case Management	-	$ -	76	$ 127,343	76	$ 127,343
	Family Support	-	$ 4,471	-	$ 4,471	-	$ -
	State Funded Community Supports	1	$ 7,450	-	$ -	(1)	$ (7,450)
Total Special Contracts		**11**	**$ 74,768**	**80**	**$ 150,630**	**69**	**$ 75,862**
TOTAL LEE CONTRACTS		**102**	**$ 4,862,889**	**171**	**$ 5,341,654**	**69**	**$ 478,765**

LIFESHARE		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	TFH - Level 1	2	$ 51,005	3	$ 78,818	1	$ 27,813
	TFH - Level 2	2	$ 76,022	5	$ 193,906	3	$ 117,884
	TFH - Level 3	9	$ 472,679	8	$ 426,320	(1)	$ (46,359)
	Day Service Add-Ons		$ 84,510		$ 196,768	-	$ 112,258
TOTAL LIFESHARE CONTRACT		**13**	**$ 684,216**	**16**	**$ 895,812**	**3**	**$ 211,596**

LUTHERAN	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Low Needs CTH 2	1	$ 65,788	-	$ -	(1)	$ (65,788)
High Needs CTH 2	18	$ 1,552,951	21	$ 1,909,275	3	$ 356,324
HASCI Residential - CTH 2	2	$ 171,398	1	$ 92,783	(1)	$ (78,615)
Band R	6	$ 569,882	3	$ 301,289	(3)	$ (268,593)
High Needs CTH 2 with Outliers	12	$ 1,447,232	12	$ 1,455,620	-	$ 8,388
Enhanced CTH I	1	$ 29,667	1	$ 29,877	-	$ 209
TFH - Level 1	2	$ 51,005	2	$ 52,545	-	$ 1,540
TFH - Level 2	5	$ 190,056	9	$ 349,031	4	$ 158,976
TFH - Level 3	24	$ 1,342,178	26	$ 1,466,117	2	$ 123,939
Day Service Add-Ons	-	$ 182,889	-	$411,299.20	-	$ 228,410
Overnight Respite	-	$ 250,000	-	$ 250,000	-	$ -
TOTAL LUTHERAN CONTRACTS	**71**	**$ 5,853,046**	**75**	**$ 6,317,837**	**4**	**$ 464,792**

MARION/DILLON	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	44	$ 634,362	39	$ 567,722	(5)	$ (66,640)
Band I - At-Home CSW	70	$ 1,019,235	73	$ 1,061,493	3	$ 42,258
Band C - Residential	1	$ 35,969	1	$ 35,969	-	$ -
Band G - Residential	18	$ 1,315,908	18	$ 1,315,908	-	$ -
Band H - Residential	37	$ 3,417,357	37	$ 3,417,357	-	$ -
Total Capitated Contract	**170**	**$ 6,422,831**	**169**	**$ 6,398,449**	**(2)**	**$ (24,382)**
Special Contracts						
Early Intervention	46	$ 223,997	13	$ 61,152	(33)	$ (162,845)
Case Management	-	$ -	174	$ 291,547	174	$ 291,547
Family Support	-	$ 22,703	-	$ 22,703	-	$ -
HASCI Residential	-	$ -	1	$ 73,792	1	$ 73,792
Caregiver Relief	-	$ -	-	$ -	-	$ -
State Funded Community Supports	1	$ 7,450	1	$ 15,103	-	$ 7,653
Total Special Contracts	**47**	**$ 254,150**	**189**	**$ 464,297**	**142**	**$ 210,147**
TOTAL MARION/DILLON CONTRACTS	**217**	**$ 6,676,981**	**358**	**$ 6,862,746**	**140**	**$ 185,765**

MARLBORO	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	26	$ 368,910	29	$ 417,913	3	$ 49,003
Band I - At-Home CSW	18	$ 253,548	18	$ 261,738	-	$ 8,190
Band D - Residential	3	$ 60,936	3	$ 64,119	-	$ 3,183
Band G - Residential	10	$ 662,670	10	$ 731,060	-	$ 68,390
Band H - Residential	2	$ 173,510	2	$ 184,722	-	$ 11,212
Total Capitated Contract	**59**	**$ 1,519,574**	**62**	**$ 1,659,552**	**3**	**$ 139,978**
Special Contracts						
Early Intervention	27	$ 94,271	16	$ 75,264	(11)	$ (19,007)
Case Management	-	$ -	60	$ 100,534	60	$ 100,534
Family Support	-	$ 7,335	-	$ 7,335	-	$ -
State Funded Community Supports	2	$ 14,900	2	$ 30,206	-	$ 15,306
Total Special Contracts	**29**	**$ 116,506**	**78**	**$ 213,339**	**49**	**$ 96,834**
TOTAL MARLBORO CONTRACTS	**88**	**$ 1,636,080**	**140**	**$ 1,872,891**	**52**	**$ 236,812**

MIRCI		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	CRCF - High Needs	6	$ 517,650	6	$ 545,507	-	$ 27,857
	CRCF - Band R	6	$ 569,882	6	$ 602,579	-	$ 32,697
TOTAL MIRCI CONTRACT		**12**	**$ 1,087,532**	**12**	**$ 1,148,086**	**-**	**$ 60,553**

NEWBERRY	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	33	$ 439,824	31	$ 422,809	(2)	$ (17,015)
Band I - At-Home CSW	37	$ 521,182	35	$ 508,935	(2)	$ (12,247)
Band C - Residential	5	$ 167,600	6	$ 215,814	1	$ 48,214
Band D - Residential	8	$ 162,496	7	$ 149,611	(1)	$ (12,885)
Band G - Residential	36	$ 2,385,612	37	$ 2,704,922	1	$ 319,310
Band H - Residential	8	$ 694,040	7	$ 646,527	(1)	$ (47,513)
Band T - Residential	12	$ 1,121,880	12	$ 1,193,364	-	$ 71,484
Total Capitated Contract	**139**	**$ 5,492,634**	**135**	**$ 5,841,982**	**(4)**	**$ 349,348**
Special Contracts						
Early Intervention	26	$ 51,744	11	$ 51,744	(15)	$ -
Case Management	-	$ -	99	$ 165,880	99	$ 165,880
Family Support	-	$ 9,640	-	$ 9,640	-	$ -
Total Special Contracts	**26**	**$ 61,384**	**110**	**$ 227,264**	**84**	**$ 165,880**
TOTAL NEWBERRY CONTRACTS	**165**	**$ 5,554,018**	**245**	**$ 6,069,246**	**80**	**$ 515,228**

OCONEE	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	93	$ 1,265,006	82	$ 1,118,398	(11)	$ (146,608)
Band I - At-Home CSW	37	$ 539,837	41	$ 596,181	4	$ 56,344
Band C - Residential	15	$ 539,535	15	$ 539,535	-	$ -
Band D - Residential	16	$ 341,968	16	$ 341,968	-	$ -
Band G - Residential	23	$ 1,681,438	23	$ 1,681,438	-	$ -
Band H - Residential	26	$ 2,401,386	26	$ 2,401,386	-	$ -
Band W - Residential	12	$ 563,004	12	$ 563,004	-	$ -
Total Capitated Contract	**222**	**$ 7,332,174**	**216**	**$ 7,334,271**	**(7)**	**$ (90,264)**
Special Contracts						
HASCI Residential	2	$ 128,330	1	$ 92,361	(1)	$ (35,969)
Early Intervention	79	$ 206,976	44	$ 206,976	(35)	$ -
Case Management	-	$ -	216	$ 361,921	216	$ 361,921
Family Support	-	$ 15,159	-	$ 15,159	-	$ -
State Funded Community Supports	3	$ 45,309	3	$ 45,309	-	$ -
Total Special Contracts	**84**	**$ 395,774**	**264**	**$ 721,726**	**180**	**$ 325,952**
TOTAL OCONEE CONTRACTS	**306**	**$ 7,727,948**	**480**	**$ 8,055,997**	**173**	**$ 235,688**

ORANGEBURG	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	101	$ 1,485,839	105	$ 1,535,041	4	$ 49,202
Band I - At-Home CSW	75	$ 1,056,450	70	$ 1,017,870	(5)	$ (38,580)
Band C - Residential	18	$ 603,360	18	$ 647,442	-	$ 44,082
Band G - Residential	41	$ 2,716,947	40	$ 2,924,240	(1)	$ 207,293
Band H - Residential	31	$ 2,718,635	32	$ 2,984,782	1	$ 266,147
Band R - Residential	-	$ -	1	$ 101,822	1	$ 101,822
Band T - Residential	32	$ 2,991,680	30	$ 2,983,410	(2)	$ (8,270)
Total Capitated Contract	**298**	**$ 11,572,911**	**302**	**$ 12,194,607**	**(2)**	**$ 621,696**
Special Contracts						
HASCI Residential	6	$ 403,164	6	$ 431,719	-	$ 28,555
Early Intervention	48	$ 223,997	19	$ 89,376	(29)	$ (134,621)
Case Management	-	$ -	298	$ 499,317	298	$ 499,317
Family Support	-	$ 45,545	-	$ 45,545	-	$ -
State Funded Community Supports	4	$ 29,800	6	$ 90,618	2	$ 60,818
Total Special Contracts	**58**	**$ 702,506**	**329**	**$ 1,156,575**	**271**	**$ 454,069**
TOTAL ORANGEBURG CONTRACTS	**356**	**$ 12,275,417**	**631**	**$ 13,351,182**	**269**	**$ 1,075,765**

PADD		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	CRCF/CTHII - Low Needs	9	$ 592,088	9	$ 645,010	-	$ 52,921
	CRCF - Band R	1	$ 94,980	-	$ -	(1)	$ (94,980)
TOTAL PADD CONTRACT		**10**	**$ 687,069**	**9**	**$ 645,010**	**(1)**	**$ (42,059)**

PATH FINDERS TEAM SERVICES		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Early Intervention	115	$ 372,320	37	$ 174,048	(78)	$ (198,272)
	Case Management	-	$ -	33	$ 55,293	33	$ 55,293
TOTAL PATH FINDERS TEAM SERVICES CONTRACT		**115**	**$ 372,320**	**70**	**$ 229,341**	**(45)**	**$ (142,979)**

PATTISON'S DREAM ACADEMY		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Early Intervention	64	$ 139,620	21	$ 98,784	(43)	$ (40,836)
	Case Management	-	$ -	4	$ 6,702	4	$ 6,702
TOTAL PATTISON'S DREAM ACADEMY CONTRACT		**64**	**$ 139,620**	**25**	**$ 105,486**	**(39)**	**$ (34,134)**

PICKENS	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	36	$ 479,808	40	$ 545,560	4	$ 65,752
Band I - At-Home CSW	72	$ 1,014,192	83	$ 1,206,903	11	$ 192,711
Band C - Residential	18	$ 603,360	19	$ 683,411	1	$ 80,051
Band D - Residential	12	$ 243,744	10	$ 213,730	(2)	$ (30,014)
Band G - Residential	19	$ 1,259,073	23	$ 1,681,438	4	$ 422,365
Band H - Residential	41	$ 4,043,007	36	$ 3,792,935	(5)	$ (250,072)
Total Capitated Contract	**198**	**$ 7,643,184**	**211**	**$ 8,216,338**	**13**	**$ 480,793**
Special Contracts						
Early Intervention	4	$ 62,847	-	$ -	(4)	$ (62,847)
Case Management	-	$ -	191	$ 320,032	191	$ 320,032
Family Support	-	$ 27,034	-	$ 27,034	-	$ -
State Funded Follow Along	1	$ 5,350	2	$ 10,700	1	$ 5,350
State Funded Community Supports	7	$ 52,150	6	$ 90,618	(1)	$ 38,468
Total Special Contracts	**12**	**$ 147,381**	**199**	**$ 448,384**	**187**	**$ 301,003**
TOTAL PICKENS CONTRACTS	**210**	**$ 7,790,565**	**410**	**$ 8,664,722**	**200**	**$ 781,796**

PINE GROVE		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	CTH 2 - High Needs	11	$ 946,576	11	$ 1,000,096	-	$ 53,520
TOTAL PINE GROVE CONTRACT		**11**	**$ 946,576**	**11**	**$ 1,000,096**	**-**	**$ 53,520**

	RICHLAND/LEXEXINGTON	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	1	$ 13,328	1	$ 13,639	-	$ 311
	Band F - Residential	24	$ 932,880	24	$ 951,408	-	$ 18,528
	Total Capitated Contract	**25**	**$ 946,208**	**25**	**$ 965,047**	**-**	**$ 18,839**
	Special Contracts						
	Early Intervention	112	$ 500,580	106	$ 498,624	(6)	$ (1,956)
	Case Management	-	$ -	1,523	$ 2,551,878	1,523	$ 2,551,878
	Family Support	-	$ 108,207	-	$ 108,207	-	$ -
	Special Supports - ID/RD Individual	-	$ 12,000	-	$ 12,000	-	$ -
*	Rent Expenses	-	$ 124,000	-	$ 124,000	-	$ -
	BEAP Program	-	$ -	-	$ -	-	$ -
	TFH - Level 2	1	$ 38,011	2	$ 77,563	1	$ 39,551
	TFH - Level 3	1	$ 52,520	1	$ 53,290	-	$ 770
	Day Service Add-Ons		$ 27,737		$ 41,392	-	$ 13,655
	Total Special Contracts	**114**	**$ 863,055**	**1,632**	**$ 3,466,954**	**1,518**	**$ 2,603,899**
	TOTAL RICHLAND/LEXINGTON CONTRACTS	**139**	**$ 1,809,263**	**1,657**	**$ 4,432,001**	**1,518**	**$ 2,622,738**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

SAFY		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	TFH - Level 1	-	$ -	1	$ 26,273	1	$ 26,273
	TFH - Level 2	4	$ 152,044	5	$ 193,906	1	$ 41,862
	TFH - Level 3	5	$ 262,599	5	$ 266,450	-	$ 3,851
	Day Service Add-Ons		$ 28,387		$ 98,384	-	$ 69,997
TOTAL SAFY CONTRACT		**9**	**$ 443,030**	**11**	**$ 585,013**	**2**	**$ 141,983**

	SC AUTISM	FY2019		FY2020		Variance	
		#	$	#	$	#	$
	Family Support	-	$ 112,398	-	$ 112,398	-	$ -
	Case Management	-	$ -	481	$ 805,944	481	$ 805,944
*	Support Project	-	$ 20,000	-	$ -	-	$ (20,000)
*	Teaching Toy Box	-	$ -	-	$ -	-	$ -
	TOTAL SC AUTISM CONTRACTS	**-**	**$ 132,398**	**481**	**$ 918,342**	**481**	**$ 785,944**
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.						

SC MENTOR	FY2019		FY2020		Variance	
	#	$	#	$	#	$
CTH 1	1	$ 29,667	1	$ 29,877	-	$ 209
Low Needs CTH 2	4	$ 263,150	4	$ 286,671	-	$ 23,521
High Needs CTH 2	51	$ 4,400,028	46	$ 4,182,221	(5)	$ (217,806)
HASCI Residential - CTH 2	9	$ 774,472	9	$ 835,047	-	$ 60,575
High Management Homes - CTH 2	90	$ 9,805,725	83	$ 9,601,697	(7)	$ (204,028)
Band R - CTH 2	4	$ 379,921	4	$ 401,719	-	$ 21,798
TFH - Level 1	3	$ 76,508	3	$ 78,818	-	$ 2,310
TFH - Level 2	3	$ 114,033	4	$ 155,125	1	$ 41,092
THH - Level 3	8	$ 420,159	8	$ 426,320	-	$ 6,161
Day Service Add-Ons	-	$ 27,737	-	$ 86,029	-	$ 58,292
TOTAL SC MENTOR CONTRACTS	**173**	**$ 16,291,400**	**162**	**$ 16,083,524**	**(11)**	**$ (207,876)**

SUMTER	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	33	$ 439,824	41	$ 559,199	8	$ 119,375
Band I - At-Home CSW	64	$ 901,504	71	$ 1,032,411	7	$ 130,907
Band C - Residential	12	$ 402,240	12	$ 431,628	-	$ 29,388
Band G - Residential	40	$ 2,650,680	43	$ 3,143,558	3	$ 492,878
Band H - Residential	22	$ 1,908,610	18	$ 1,662,498	(4)	$ (246,112)
Band R - Residential	4	$ 381,836	7	$ 712,754	3	$ 330,918
Band T - Residential	23	$ 2,150,270	24	$ 2,386,728	1	$ 236,458
Total Capitated Contract	**198**	**$ 8,834,964**	**216**	**$ 10,001,882**	**18**	**$ 1,093,812**
Special Contracts						
Early Intervention	44	$ 125,694	15	$ 70,560	(29)	$ (55,134)
Case Management	-	$ -	188	$ 315,005	188	$ 315,005
Family Support	-	$ 30,178	-	$ 30,178	-	$ -
State Funded Community Supports	9	$ 67,050	7	$ 105,721	(2)	$ 38,671
Total Special Contracts	**53**	**$ 222,922**	**210**	**$ 521,464**	**157**	**$ 298,542**
TOTAL SUMTER CONTRACTS	**251**	**$ 9,057,886**	**426**	**$ 10,523,346**	**175**	**$ 1,392,354**

	TRI-DEVELOPMENT CENTER	FY2019		FY2020		Variance	
	Capitated Contract	**#**	**$**	**#**	**$**	**#**	**$**
	Band B - At-home ID/RD Waiver	178	$ 2,372,384	194	$ 2,739,914	16	$ 367,530
	Band I - At-Home CSW	167	$ 2,352,362	151	$ 2,195,691	(16)	$ (156,671)
	Band C - Residential	20	$ 670,400	18	$ 647,442	(2)	$ (22,958)
	Band D - Residential	15	$ 304,680	16	$ 341,968	1	$ 37,288
	Band F - Residential	11	$ 427,570	11	$ 436,062	-	$ 8,492
	Band G - Residential	59	$ 3,909,753	58	$ 4,240,148	(1)	$ 330,395
	Band H - Residential	53	$ 4,702,711	51	$ 4,815,107	(2)	$ 112,396
	Band R - Residential	1	$ 95,459	1	$ 101,822	-	$ 6,363
	Band T - Residential	30	$ 2,804,700	31	$ 3,082,857	1	$ 278,157
	Total Capitated Contract	**534**	**$ 17,640,019**	**534**	**$ 18,674,117**	**(3)**	**$ 960,992**
	Special Contracts						
	HASCI Residential	1	$ 86,755	3	$ 201,436	2	$ 114,681
**	HASCI Rehab Supports	9	$ 90,000	9	$ 90,000	-	$ -
	State Funded Community Supports	13	$ 96,850	15	$ 226,545	2	$ 129,695
*	Healthy Outcomes	-	$ -	-	$ -	-	$ -
	Total Special Contracts	**23**	**$ 273,605**	**27**	**$ 517,981**	**4**	**$ 244,376**
	TOTAL TRI-DEVELOPMENT CENTER CONTRACTS	**557**	**$ 17,913,624**	**561**	**$ 19,192,098**	**1**	**$ 1,205,368**

* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.

** Previously under Aiken

UCP		FY2019		FY2020		Variance	
		#	$	#	$	#	$
	CTH 1	4	$ 118,670	4	$119,507.04	-	$ 837
	SLP 1	9	$ 177,276	11	$239,081.55	2	$ 61,805
	SLP 2	9	$ 318,171	8	$277,648.20	(1)	$ (40,522)
	Low Needs CTH 2	15	$ 986,814	17	$ 1,218,352	2	$ 231,538
	High Needs CTH 2	48	$ 4,141,202	47	$ 4,273,139	(1)	$ 131,937
	HASCI Residential - CTH 2	4	$ 444,512	3	$ 328,500	(1)	$ (116,012)
	High Needs CTH 2 with Outliers	7	$ 1,069,111	7	$ 1,113,779	-	$ 44,669
	Band R - CTH 2	2	$ 189,961	3	$ 301,289	1	$ 111,329
	Day Services	-	$ -	-	$ -	-	$ -
	Final Rule Initiative - Day Service Add-On	-	$ 84,474	-	$ -	-	$ (84,474)
TOTAL UCP CONTRACTS		**98**	**$ 7,530,190**	**100**	**$ 7,871,296**	**2**	**$ 341,106**

UNION	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	25	$ 333,200	21	$ 286,419	(4)	$ (46,781)
Band I - At-Home CSW	31	$ 436,666	31	$ 450,771	-	$ 14,105
Band D - Residential	3	$ 60,936	5	$ 106,865	2	$ 45,929
Band G - Residential	16	$ 1,060,272	18	$ 1,315,908	2	$ 255,636
Band H - Residential	13	$ 1,127,815	11	$ 1,015,971	(2)	$ (111,844)
Band T - Residential	8	$ 771,438	8	$ 819,094	-	$ 47,656
Total Capitated Contract	**96**	**$ 3,790,327**	**95**	**$ 3,995,028**	**(2)**	**$ 204,701**
Special Contracts						
Early Intervention	21	$ 94,271	14	$ 65,856	(7)	$ (28,415)
Case Management	-	$ -	51	$ 85,454	51	$ 85,454
Family Support	-	$ 14,670	-	$ 14,670	-	$ -
State Funded Community Supports	-	$ -	1	$ 15,103	1	$ 15,103
HASCI Residential	1	$ 66,267	1	$ 73,106	-	$ 6,839
Total Special Contracts	**22**	**$ 175,208**	**67**	**$ 254,189**	**45**	**$ 78,982**
TOTAL UNION CONTRACTS	**118**	**$ 3,965,535**	**162**	**$ 4,249,217**	**43**	**$ 283,683**

WILLIAMSBURG	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	20	$ 290,916	23	$ 366,980	3	$ 76,064
Band I - At-Home CSW	49	$ 690,214	46	$ 668,886	(3)	$ (21,328)
Band D - Residential	1	$ 20,312	1	$ 21,373	-	$ 1,061
Band E - Residential	1	$ 24,954	1	$ 25,847	-	$ 893
Band F - Residential	3	$ 116,610	3	$ 118,926	-	$ 2,316
Band G - Residential	17	$ 1,126,539	20	$ 1,462,120	3	$ 335,581
Band H - Residential	11	$ 954,305	8	$ 738,888	(3)	$ (215,417)
Total Capitated Contract	**102**	**$ 3,223,850**	**102**	**$ 3,403,020**	**-**	**$ 179,170**
Special Contracts						
Early Intervention	22	$ 94,271	2	$ 9,408	(20)	$ (84,863)
Case Management	-	$ -	105	$ 175,934	105	$ 175,934
Family Support	-	$ 13,971	-	$ 13,971	-	$ -
Caregiver Relief	-	$ -	-	$ -	-	$ -
State Funded Community Supports	1	$ 7,450	-	$ -	(1)	$ (7,450)
Total Special Contracts	**23**	**$ 115,692**	**107**	**$ 199,313**	**84**	**$ 83,622**
TOTAL WILLIAMSBURG CONTRACTS	**125**	**$ 3,339,542**	**209**	**$ 3,602,333**	**84**	**$ 262,792**

WILLOWGLEN ACADEMY	FY2019		FY2020		Variance	
	#	$	#	$	#	$
High Needs CTH 2	16	$ 1,380,401	16	$ 1,435,436	-	$ 55,035
TOTAL WILLOWGLEN ACADEMY CONTRACT	**16**	**$ 1,380,401**	**16**	**$ 1,435,436**	**-**	**$ 55,035**

MAX ABILITIES OF YORK	FY2019		FY2020		Variance	
	#	$	#	$	#	$
Capitated Contract						
Band B - At-home ID/RD Waiver	199	$ 2,697,523	219	$ 3,032,192	20	$ 334,669
Band I - At-Home CSW	108	$ 1,521,288	102	$ 1,483,182	(6)	$ (38,106)
Band C - Residential	20	$ 670,400	20	$ 719,380	-	$ 48,980
Band D - Residential	11	$ 223,432	10	$ 213,730	(1)	$ (9,702)
Band G - Residential	45	$ 2,982,015	44	$ 3,216,664	(1)	$ 234,649
Band H - Residential	72	$ 6,438,228	73	$ 6,998,820	1	$ 560,592
Band R - Residential	-	$ -	1	$ 101,822	1	$ 101,822
Total Capitated Contract	**455**	**$ 14,532,886**	**470**	**$ 15,838,896**	**14**	**$ 1,232,904**
Special Contracts						
HASCI Residential	1	$ 86,755	1	$ 92,361	-	$ 5,606
HASCI - Individual Rehab Supports	1	$ 11,250	1	$ 11,250	-	$ -
Early Intervention	78	$ 278,776	42	$ 197,568	(36)	$ (81,208)
Case Management	-	$ -	414	$ 693,682	414	$ 693,682
Family Support	-	$ 46,314	-	$ 46,314	-	$ -
State Funded Community Supports	5	$ 29,800	5	$ 75,515	-	$ 45,715
State Funded Follow Along	-	$ -	2	$ 10,700	2	$ 10,700
Total Special Contracts	**85**	**$ 452,895**	**465**	**$ 1,127,390**	**380**	**$ 674,495**
TOTAL MAX ABILITIES OF YORK CONTRACTS	**540**	**$ 14,985,781**	**935**	**$ 16,966,286**	**394**	**$ 1,907,399**

FY 19-20 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN
Request Commission Approval at the June 20, 2019 Meeting

1 HVAC Replacement of VAV Terminals and EM Controls **$ 275,000.00**

Whitten Center - Dorm 205

The project scope includes replacement of 25-year-old variable air volume (VAV) terminals for the Whitten Center Dorm 205 HVAC system. The new VAV terminals will be connected to existing ductwork and existing piping. New control valves and VAV terminal controls are included and will connect full building HVAC system to the existing campus energy management control system. The work includes necessary ceiling work, test & balance, and other miscellaneous work associated with the HVAC system for this dormitory with medically fragile residents.

2 Replacement of HVAC Equipment with R-22 Refrigerant **$ 500,000.00**

Statewide - Coastal, Pee Dee, Saleeby, Midlands, and Whitten Centers

The project scope includes prioritization of HVAC equipment replacement based on age and maintenance issues to advance removal of old HVAC systems with R-22 refrigerant. The U.S. EPA, in cooperation with other agencies and groups around the world, initiated a phase out of many ozone-depleting agents as part of an international agreement known as the Montreal Protocol. The production and import of R22 will be continually reduced by law until 2020, when all production and import will be eliminated. Only recycled R22 refrigerant will be available to service existing air conditioners after 2020.

3 Replacement of Two Emergency Generators **$ 425,000.00**

Midlands Center - Magnolia/Willow/Palm/Cedar & Sycamore/Mesquite/Palmetto/Oak

The scope of work for this project is to replace one 27-year-old 400 kW diesel generator that serves four dormitory buildings, including the medically fragile Magnolia Dorm. The project also includes replacement of one 28-year-old 508 kW diesel generator that serves four buildings, including the medically fragile Sycamore Dorm. Reliable backup power is a code requirement for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). According to OMB Circular A-76, Performance of Commercial Activities, the useful life for generators or generator sets is 19 years, thus these two generators have more than met their useful life expectancy.

4 Replacement of Generator and Transfer Switches **$ 170,000.00**

Coastal Center - Dorm 110 and Building 210

The project scope includes relocating the 2008 60 kW natural gas generator from Dorm 110 to Building 210. The 210 facility is a program building and is also used to house staff during an emergency situation. The existing Building 210 generator is 32 years old, and is due for replacement. The existing Dorm 110 generator is not large enough to fully power the entire HVAC system and building load. The project scope includes installation of a new 100 kW natural gas generator for Dorm 110, transfer switch replacement, and other emergency backup power related work.

Total $ 1,370,000.00

Consideration of Surplus Property

Disposition of Lots 2 and 3 Diane Road, York, SC

Staff needs approval from the Commission to surplus Lots 2 and 3 Diane Road, York, SC. The relevant facts are:

- **The lots were bequeathed to SC Department of Mental Retardation in 1985, per the deed recorded in York County courthouse. These two un-improved residential lots are recorded in a single plat totaling ~ 1.6 acres.**

- **DDSN was unaware of owing these lots (one parcel) until February 2019 after researching questions raised by a York realtor. The two lots do in fact belong to DDSN and not Mental Health or another state agency.**

- **DDSN has no plans for these Diane Road lots.**

- **An appraisal in April 2019 gave an opinion of a market value of $20,000.**

- **Once the lots are fully approved as surplus property by all involved parties, DDSN will move forward via the Division of Real Property Services, State Fiscal Accountability Authority's (SFAA), to list the property with the state contracted realtor (CBRE) for marketing and selling the property. The property has to be sold on the open market at or above the appraised value.**

- **Proceeds from such sale will be split between DDSN and the state after reimbursing DDSN for its outlay for the recent appraisal.**

- **Upon approval by the Commission, DDSN will work with staff at the Division of Real Property Services, SFAA, to complete the sale.**

SOUTH CAROLINA Department OF Disabilities AND Special Needs

DDSN Executive Memo

TO: **EXECUTIVE DIRECTORS, DSN BOARDS**
CEOS, CONTRACTED SERVICE PROVIDERS
CASE MANAGEMENT SUPERVISORS
FINANCIAL MANAGERS

FROM: **SUSAN KREH BECK, ED.S., LPES, NCSP**

DATE: **JUNE 11, 2019**

RE: **Market Rate Case Management Issue – May 2019 Billing Report**

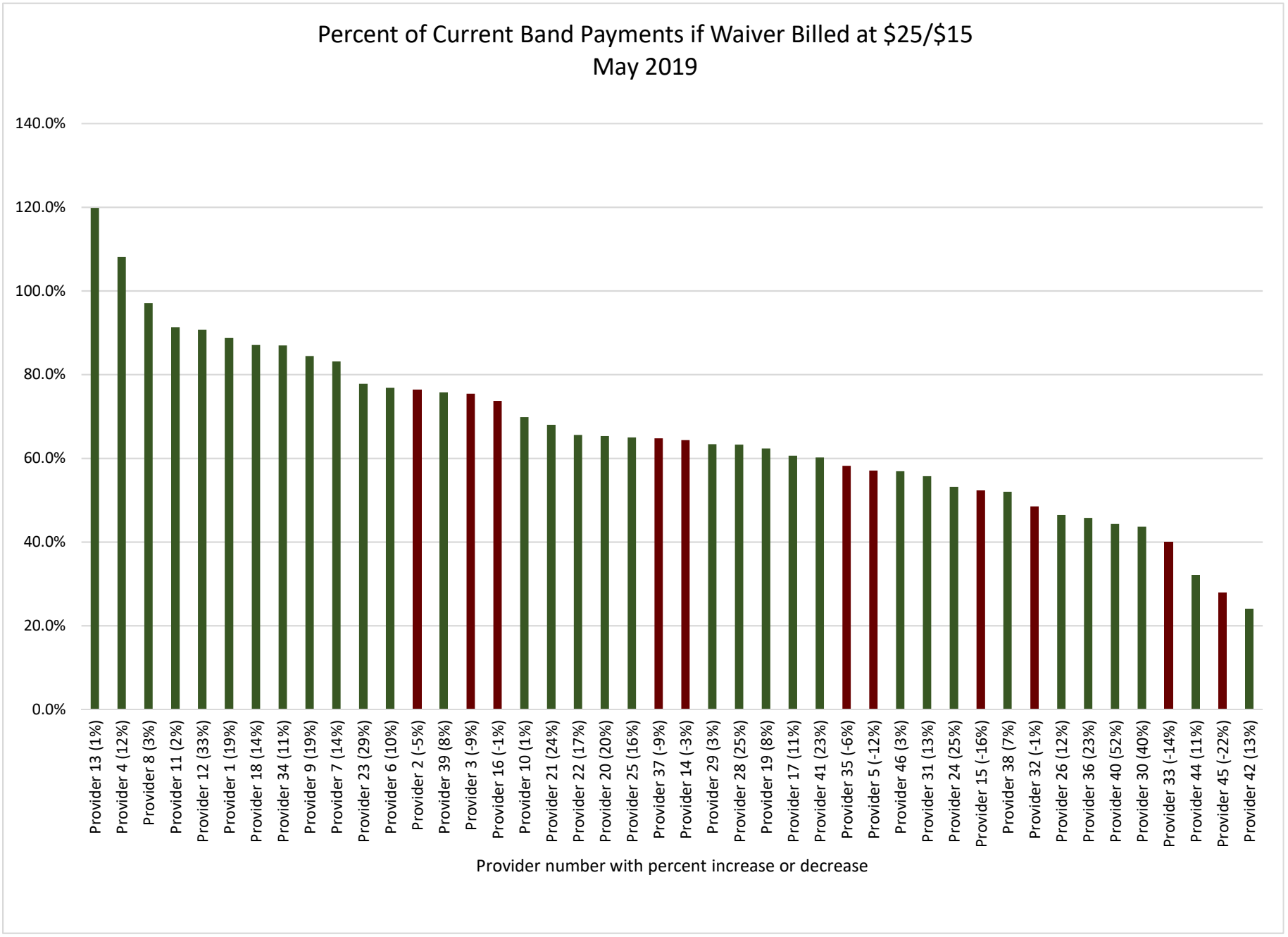
Attached are the following reports: May 2019 Billing Efficiency Report; Sensitivity Analysis of Case Management Market Rate Risk; and "Analysis of High and Low Billing Rates from June 2018 to May 2019."

The May 2019 Billing Efficiency Report average provider market rate revenue was 69.2% of the current monthly capitated band payment. Below is a chart of each month's average provider market rate revenue compared to the current monthly capitated band payment since the beginning of tracking this issue.

Month	Average Provider Market Rate Revenue	Estimated Revenue/Consumer	Estimated Revenue Reduction/Consumer
May 2019	69.2%	$96	$43
April 2019	63.8%	$89	$50
March 2019	60.0%	$83	$56
February 2019	50.4%	$70	$69
January 2019	51.5%	$72	$67
December	38.4%	$53	$86
November	42.4%	$59	$80
October	52.1%	$72	$67
September	45.4%	$63	$76
August	52.8%	$73	$66
July	47.6%	$66	$73
June	43.1%	$60	$79
May	39.9%	$55	$84
April*	--	--	--
March (Month Prior to Change)	31.5%	$44	$95
			*Month of Change (not measured)

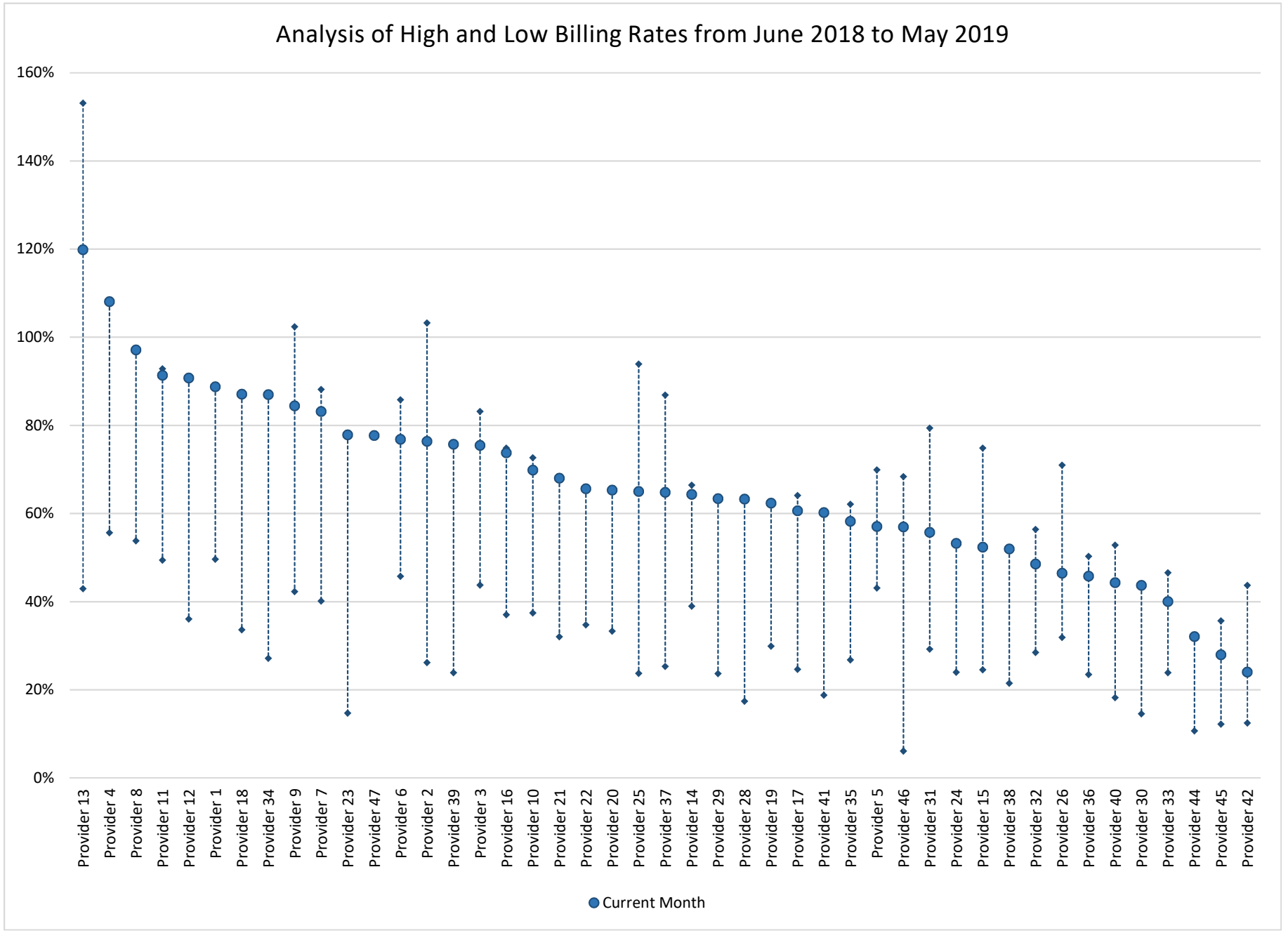
If you have misplaced your previously supplied unique provider number to interpret the attached charts, please send email to Sandra Delaney (sdelaney@ddsn.sc.gov) who can provide you with your unique number.

If you have questions about the above data please contact Ben Orner at borner@ddsn.sc.gov or (803) 898-3520.


Percent of Current Band Payments if Waiver Billed at $25/$15
May 2019
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Provider 13 (1%)
Provider 4 (12%)
Provider 8 (3%)
Provider 11 (2%)
Provider 12 (33%)
Provider 1 (19%)
Provider 18 (14%)
Provider 34 (11%)
Provider 9 (19%)
Provider 7 (14%)
Provider 23 (29%)
Provider 6 (10%)
Provider 2 (-5%)
Provider 39 (8%)
Provider 3 (-9%)
Provider 16 (-1%)
Provider 10 (1%)
Provider 21 (24%)
Provider 22 (17%)
Provider 20 (20%)
Provider 25 (16%)
Provider 37 (-9%)
Provider 14 (-3%)
Provider 29 (3%)
Provider 28 (25%)
Provider 19 (8%)
Provider 17 (11%)
Provider 41 (23%)
Provider 35 (-6%)
Provider 5 (-12%)
Provider 46 (3%)
Provider 31 (13%)
Provider 24 (25%)
Provider 15 (-16%)
Provider 38 (7%)
Provider 32 (-1%)
Provider 26 (12%)
Provider 36 (23%)
Provider 40 (52%)
Provider 30 (40%)
Provider 33 (-14%)
Provider 44 (11%)
Provider 45 (-22%)
Provider 42 (13%)
Provider number with percent increase or decrease

Sensitivity Analysis of Case Management Market Rate Risk (6/10/2019)			
Provider Name	Market Rate (25/15) Rev. Compared to band Payment for May 2019	May Provider Size (by consumer count)	25% Quartiles
Provider 13	119.9%	Very Small	Top Quartile 74.8%-119.2%
Provider 4	108.1%	Medium	
Provider 8	97.1%	Small	
Provider 11	91.4%	Small	
Provider 12	90.8%	Small	
Provider 1	88.8%	Large	
Provider 18	87.1%	Medium	
Provider 34	87.0%	Very Small	
Provider 9	84.4%	Very Small	
Provider 7	83.1%	Very Small	
Provider 23	77.9%	Small	
Provider 47	77.7%	Very Small	
Provider 6	76.8%	Medium	
Provider 2	76.3%	Very Small	Upper Middle Quartile 68.5%-74.4%
Provider 39	75.7%	Very Small	
Provider 3	75.4%	Large	
Provider 16	73.8%	Large	
Provider 10	69.9%	Large	
Provider 21	68.0%	Small	Lower Middle Quartile 54.9%-66.4%
Provider 22	65.6%	Large	
Provider 20	65.3%	Medium	
Provider 25	65.0%	Very Small	
Provider 37	64.8%	Very Small	
Provider 14	64.4%	Small	
Provider 29	63.4%	Small	
Provider 28	63.3%	Very Small	
Provider 19	62.4%	Large	
Provider 17	60.6%	Small	
Provider 41	60.2%	Medium	Bottom Quartile 2.7%-54.8%
Provider 35	58.2%	Very Small	
Provider 5	57.1%	Medium	
Provider 46	57.0%	Very Small	
Provider 31	55.7%	Very Small	
Provider 24	53.2%	Medium	
Provider 15	52.4%	Very Small	
Provider 38	52.0%	Small	
Provider 32	48.5%	Small	
Provider 26	46.5%	Very Small	
Provider 36	45.8%	Very Small	
Provider 40	44.3%	Small	
Provider 30	43.7%	Very Small	
Provider 33	40.0%	Very Small	
Provider 44	32.1%	Very Small	
Provider 45	27.9%	Very Small	
Provider 42	24.0%	Small	
Total		-	**100%**

Size	**Number**
Large	500+
Medium	300-499
Small	150-299
Very Small	0-149


Analysis of High and Low Billing Rates from June 2018 to May 2019
160%
140%
120%
100%
80%
60%
40%
20%
0%
Provider 13
Provider 4
Provider 8
Provider 11
Provider 12
Provider 1
Provider 18
Provider 34
Provider 9
Provider 7
Provider 23
Provider 47
Provider 6
Provider 2
Provider 39
Provider 3
Provider 16
Provider 10
Provider 21
Provider 22
Provider 20
Provider 25
Provider 37
Provider 14
Provider 29
Provider 28
Provider 19
Provider 17
Provider 41
Provider 35
Provider 5
Provider 46
Provider 31
Provider 24
Provider 15
Provider 38
Provider 32
Provider 26
Provider 36
Provider 40
Provider 30
Provider 33
Provider 44
Provider 45
Provider 42
Current Month

South Carolina Department of Disabilities and Special Needs		
June 1, 2019		
Waiting List Summary Analysis (OVER 21 Years old)		
Total Count: 1,651 on CS Waiting List and 2,751 on IDRD Waiting List:	4,402	Remaining on List
Number of Individuals on both lists (to show "unduplicated individuals waiting"):	1,321	3,081
Number already receiving services in another DDSN waiver:	647	2,434
Of those remaining…number that has declined a slot in the past 4 years:	593	1,841
Of those remaining…number with closed cases in DDSN System*:	253	1,588

*Closed in the DDSN System could indicate they are not eligible for DDSN Services, no longer desired services (requested closure), have moved out of state, etc.

South Carolina Department of Disabilities and Special Needs		
June 1, 2019		
Waiting List Summary Analysis (UNDER 21 Years old)		
Total Count: 4,489 on CS Waiting List and 6,427 on IDRD Waiting List:	10,916	Remaining on List
Number of Individuals on both lists (to show "unduplicated individuals waiting"):	3,872	7,044
Number already receiving services in another DDSN waiver:	1,090	5,954
Of those remaining…number that has declined a slot in the past 4 years:	1,445	4,509
Of those remaining…number with closed cases in DDSN System:	600	3,909
Of those remaining…number under 21 years old with active Medicaid:**	2,901	1,008
Of those remaining…number under 21 years old with NO Medicaid (per our info):***	1,008	-

*Closed in the DDSN System could indicate they are not eligible for DDSN Services, no longer desired services (requested closure), have moved out of state, etc.

** Individuals under 21 have access to a large array of State Plan services. The only additional service that Waivers would offer this population would be respite.

***If these children are DDSN eligible they likely could qualify for TEFRA Medicaid and have access to the full array of Medicaid Services for Children.

South Carolina Department of Disabilities and Special Needs

FY 19 Monthly Report-- Waiver Process Performance

June 3, 2019

	CSW	HASCI	ID/RD	Total
Analysis of Waiver Slots:				
Budgeted Waiver Slots	3,409	1,055	8,576	13,040
Enrolled Waiver Slots	2,848	951	8,108	11,907
Available Waiver Slots	561	104	468	1,133
Available Waiver Slots Comparison:				
Three Months Ago	515	124	544	1,183
Six Months Ago	442	142	674	1,258
Twelve Months Ago	365	167	799	1,331
Analysis of Pending Waiver Slots:				
Total Pending	555	100	727	1,382
Avg. Days Pending	**430**	**312**	**296**	351
Pending Greater than 6 Months	321	46	300	667
Avg. Days Pending Comparison:				
Three Months Ago	440	286	257	
Six Months Ago	400	318	267	
Twelve Months Ago	346	281	294	
Analysis of Waiver Slot Movement-Rolling Average 12-18 Months Prior:				
Awarded	635	105	839	1,579
Enrolled	175	59	298	532
Removed	405	36	463	904
Pending > 1 year	55	10	78	143
Conversion Rate (Enrolled/Award)	**28%**	**56%**	**36%**	
Conversion Rate Comparison:				
Three Months Ago	28%	45%	33%	
Six Months Ago	29%	35%	34%	
Twelve Months Ago	25%	31%	46%	
Estimated Cost to Eliminate Waiver Waiting List:				
Current Waiver Waiting List	6,140	N/A	9,178	
X Current Conversion Rate	x 28%		x 36%	
Estimated Waiver Slots Required	1,719		3,304	**5,023**
X $14,000 B or I Band	x $14,000		x $14,000	
X 30% State Match	x .30		x .30	
Estimated Cost to Elim. Waiver Wait list	$7,219,800	$0	$13,876,800	**$21,096,600**

NOTE: CURRENT System Capacity to Reasonably Enroll is 1200/year

Waiting List Length of Time (Years):			
Jun-19	2.3	0	3.6
Jul-18	1.5	0	3.4
Jul-17	0.8	0	4.0
Jul-16	2.3	0	3.5
Jul-15	4.5	0	4.6

Opportunities to Improve -- Process Improvement Initiatives:

PROBLEM-INORDINATE TIME TO CONVERT SLOT AWARD TO ENROLLMENT; ACTIONS: 1) Require Medicaid prior to slot award; 2) case worker assigned prior to slot award; 3) education prior to slot award; 4) CSW to ID/RD without starting enrollment over; 5) six month limit on holding the slot award; 6) Re-examine respite model

Report & Methodology Owner Ben Orner

South Carolina Department Of Disabilities & Special Needs
Summary of Waiting Lists as of May 31, 2019

Service List	04/30/19	Added	Removed	05/31/19
Critical Needs	78	25	28	75
Intellectual Disability and Related Disabilities Waiver	9035	220	77	9178
Community Supports Waiver	6062	202	124	6140
Head and Spinal Cord Injury Waiver	0	19	19	0

CONSIDERATION OF BID

THREE GENERATORS FOR EMERGENCY SHELTERS –
FAIRFIELD, WILLIAMSBURG, AND FLORENCE COUNTIES
FEMA-18-03 (U,V,W)

The project scope includes the installation of new emergency generators at three sites. This is the seventh group to bid, leaving no remaining sites to design and procure of the twenty-three statewide locations that will provide reliable and continuous power for special needs shelters during emergency situations. Fairfield Day Program will receive a 125 kW diesel generator. Williamsburg Day Activity will receive a 100 kW diesel generator. Pee Dee Center Gymnasium Complex will receive a 125 kW natural gas generator. Alternates include the controls packages, which are an important feature that will assist the local Disabilities & Special Needs Boards with the routine exercise, maintenance, and record keeping for the generators.

Costs at each location will be shared by DDSN and the Federal Emergency Management Agency (FEMA) Federal Mitigation Grant Program. DDSN is a Sub-Recipient of the FEMA grant awarded to South Carolina Emergency Management Division (SCEMD).

Bids from two contractors were received on Tuesday, June 11, 2019. As the lowest responsive bidder, it is recommended that a contract be awarded to **DNB Electric** of West Columbia, SC to include all three location Base Bids and all three location Alternates for a total contract award of **$413,237.00.** While no problem is anticipated, permission is requested to award to the second low bidder should the low bidder be determined non-responsible.

ATTACHMENT:	BID TABULATION
FUNDS:	FEMA and SCDDSN Match
Bid Date:	June 11, 2019
Date:	June 11, 2019

PROJECT NO.: FEMA-18-03 (U,V,W)

PROJECT NAME: Three Generators for Emergency Shelters -Fairfield, Williamsburg, and Florence Counties

BID DATE: June 11, 2019

TIME: 2:00 p.m.

LOCATION: SCDDSN, Rm. 247

SCDDSN Engineering and Planning
3440 Harden St. Extension
Columbia, SC 29203
Phone: (803) 898-9796
Fax: (803) 832-6188

BID TABULATION

	CONTRACTOR	Bid Security	Adden. One		(U) Fairfield		(V) Williamsburg		(W) Florence	TOTAL
1	**DNB Electric** West Columbia, SC	✓	✓	Base Bid U	$ 132,690.00	Base Bid V	$ 134,777.00	Base Bid W	$ 122,970.00	$ 413,237.00
				Alternate 1	$ 7,600.00	Alternate 2	$ 7,600.00	Alternate 3	$ 7,600.00	
				(U) Total	$ 140,290.00	(V) Total	$ 142,377.00	(W) Total	$ 130,570.00	
				Electrical Sub	DNB Electric	Electrical Sub	DNB Electric	Electrical Sub	DNB Electric	
				Electrical Sub Alt 1	Generator Services, Inc.	Electrical Sub Alt 2	Generator Services, Inc.	Electrical Sub Alt 3	Generator Services, Inc.	
2	**Southern Energy Resources, LLC** Lexington, SC	✓	✓	Base Bid U	$ 162,250.00	Base Bid V	$ 157,850.00	Base Bid W	$ 148,500.00	$ 491,100.00
				Alternate 1	$ 7,500.00	Alternate 2	$ 7,500.00	Alternate 3	$ 7,500.00	
				(U) Total	$ 169,750.00	(V) Total	$ 165,350.00	(W) Total	$ 156,000.00	
				Electrical Sub	Southern Energy Resources, LLC	Electrical Sub	Southern Energy Resources, LLC	Electrical Sub	Southern Energy Resources, LLC	
				Electrical Sub Alt 1	Southern Energy Resources, LLC	Electrical Sub Alt 2	Southern Energy Resources, LLC	Electrical Sub Alt 3	Southern Energy Resources, LLC	

Project Manager - Andrew Tharin

Witness

CONSIDERATION OF BID
COASTAL CENTER
HILLSIDE 220 AND 320 GENERATOR UPGRADES
STATE PROJECT NO. J16-9890-(E)

Currently both Coastal Center Hillside 220 and 320 Dormitories are served by a single 130 kW generator; however, neither building's emergency power needs are fully met. The project scope includes the installation of a new emergency generator to provide backup power to Hillside 220. Hillside 220 will receive a new 125 kW natural gas fired generator, and Hillside 320 will be fully powered by the existing generator. The work performed will provide reliable and continuous power for two special needs dorms during emergency situations.

Bids from three contractors were received on Tuesday, June 11, 2019. As the lowest responsive bidder, it is recommended that a contract be awarded to **LC's Electric of Chapin, SC** in the amount of **$124,960.00** While no problem is anticipated, permission is requested to award to the second low bidder should the low bidder be determined non-responsible.

BASE BID:	**$ 124,960.00**
CONTRACT AMOUNT:	**$ 124,960.00**

ATTACHMENT:	Bid Tabulation
FUNDS:	Debt Service
Bid Date:	June 11, 2019
Date:	June 11, 2019

PROJECT NO.: J16-9890-(E)

PROJECT NAME: Coastal Center - 220 & 320 Generator Upgrades
BID DATE: June 11, 2019
TIME: 2:00 PM

LOCATION: SCDDSN Central Office, 3440 Harden St. Ext., Columbia, SC 29203 - **Conf Rm 247**

SCDDSN Engineering & Planning
3440 Harden St. Extension
Columbia, SC 29203
Phone: (803) 898-9796
Fax: (803) 832-8188

BID TABULATION:

	CONTRACTOR NAME	BID SECURITY	ADDENDUM #1	BASE BID	SUBCONTRACTORS
1	**LC's Electric** Chapin, SC	✓	✓	$124,960.00	LC's Electric
2	**DNB Electric** West Columbia, SC	✓	✓	$133,302.94	DNB Electirc
3	**Southern Energy Resources, LLC** Lexington, SC	✓	✓	$178,500.00	Southern Energy Resources, LLC

Project Manager - Andrew Tharin

Witness

Report on Review of Grants/Contracts for Consulting, Non-Direct Service, and State Funded Direct Service

During the latter half of the current FY, DDSN reviewed 23 pending grants/contracts totaling $3,134,240 for consulting, non-direct service, and state funded direct services. The purpose of the review was three-fold. First, perform a due diligence management review to re-justify substantial expenditures which have not been reviewed for results for many years. Second, organize and re-validate DDSN's non-service and state funded costs in preparation for establishing an administrative contract with SCDHHS, which is required prior to implementing a fee for service payment model. Third, DDSN has inordinately outsourced rather than developing in-house subject matter expertise, to include medical, training, provider skills, and ID/DD best practices. This practice needs to be reversed to rebuild DDSN's internal subject matter capabilities and expertise, as well as be less costly.

The review of these 23 pending grants/contracts resulted in a maintaining $1,068,509 (34.1%), eliminating $1,430,731 (45.6%), and maintaining with reforms $635,000 (20.3%).

DDSN specifically needs concurrence from the Commission to eliminate or phase out with a transition plan five direct service contracts totaling $486,794 due to relative lack merit compared to other DDSN service needs. These five contracts are all state funded, which have an opportunity cost of $1,621,024 if redirected towards Medicaid reimbursable waiver services. These five are:

1) Caregiver Relief ($75,000): This is a group respite legacy program for non-waiver consumers established during the 2009-2012 recession when DDSN was reducing waivers slots as vacated due financial budget constraints. This condition has lifted with thousands of new waiver slots over the past five years. These state funded Caregiver Relief grants have receded due to lack of consumer use from 13 providers and $409,000 in FY16 to currently two providers with $75,000 state grants ($270,000 Medicaid services).

   Recommendation: The two remaining programs will be retained for three months into FY20 to finalize transition to address current consumers' needs through other resources, such as Family Supports. After ensuring transition plans for those truly using the group respite services as intended, the program will be discontinued.

2) Vocational Rehabilatation Grants ($111,000): One FTE is state funded legacy program providing one FTE ($37,000/FTE) to Charleston, Babcock, and Greenville connected to HASCI Drop-In Centers. These three FTE costs total $111,000 annually in state funds (370,000 Medicaid services). The employment related services provided through these legacy state funded positions are accessible through the waiver with a Medicaid match for employment services.

   Recommendation: Discontinue if FY20.

3) Walgreens Employment ($202,342): This contract of $202,342 in state funds ($674,000 in Medicaid services) is designed to place consumers in individual employment along with transportation at a major Walgreen's Distribution Center. Since 2016, Voc Rehab has used a new federal program, WIOA, as a mandate to be the singular conduit for employment services for high school consumers, which has undermined the effectiveness of this program. Over the past year, one consumer was placed in a part-time job and transportation no longer is an issue with the 12 consumers placed in prior years of this contract. Anderson County has not fully spent prior years' funding of this contract, and currently has $140,000 of unspent funds due to DDSN.

   Recommendation: Discontinue contract in FY 20. Provide Anderson County with a $10,000 transition grant to provide state funded employment follow along for the 12 consumers previously placed.

4) Leisure & Recreational Grants to CHESCO & Florence DSN ($29,457): In FY18, Chesco received $8000 and Florence DSN $21,457. These are legacy grants for services to consumers in nursing homes being served in another Medicaid funded program.

   Recommendation: Discontinue in FY20.

5) UCP Day Program Pilot ($67,811): Legacy pilot project contract to pay for UCP costs for consumers to travel to libraries and zoos as an alternative to Day Programs. UCP provided no annual reports as required and could not explain use of funds with specificity. UCP and all other residential providers' have a daily residential placement rate which includes funding for Day Program or alternative activities.

   Recommendation: Discontinue in FY20.

These five grants/contracts will be briefed at the Commission meeting and staff will request concurrence for reducing direct services. Funding elimination/reduction due to relative merit compared to other DDSN needs can be directed to other services currently in need, such as $800,000 needed in FY 2020 for Early Intervention services requested but not funded by the General Assembly.

Director's Report 06/20/2019 –

Much like last month - a few of the items I had been reporting on every month – like the CM and EI update, have already been covered.

1. We have given DHHS information that will help them consider the 2% salary increase for the market based rates in EI and CM. The issue at this point is the fact that we have a hybrid system at the moment. – These rates are market based and our other rates are cost based. As we move to FFS for other services this issue should resolve with that change.

2. Please remember that we cannot distribute the 2% increase, compression or dollar increase until we get the money and do the computations necessary to disburse the increases. We have informed the providers that, if they have the cash they can start in July, if not they can make the raise retro to July 1.

3. The OIG – Office of Inspector General's (OIG) who's mission is to protect the integrity of Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries. We have just provided them more detailed information regarding the cases they pulled for review as well as answered some questions they had regarding our processes.

4. The State, in order to complete its CAFR Comprehensive Annual Financial Report has a couple of state auditors testing a list of agreed upon procedures – actually they tell us what those things are – which provides the state with a level of basic assurance that we are operating as required.

5. Our review teams are finishing up the unannounced visits of the mentor programs as we wrap up the six months of programmatic review and data collection. The team will present that information to the commission in July for their review.

6. As reported last month, Organization changes are underway as we marshal our resources where most needed – which includes putting the Autism division out in the field and autism eligibility alongside the ID/RD and HASCI eligibility model. Starting in July, I will ask departmental heads to map out their departments with the discussion around form and function – one department a month. The purpose:
    a. To give the commission members an organizational overview in a format that is digestible and where questions can be asked and answered.
    b. And to help orientate new commission members

7. Next Month will be the first executive director's meeting and we will continue those meetings the first month of the quarter.
8. Collaboration continues:
    a. Meeting with DOE on June 26
    b. DSP cert is moving forward
    c. Meeting with the executive team of DMH
    d. DSS collaboration

I know some of you think that I am not listening to what you are saying – but that is not true. I tried the same arguments – 6 years ago. I stopped arguing when:

1. I realized the CM only billed 6 hours per year per consumer
2. That SCDDSN paid 5 million dollars last year for months that had no billing activity
3. That we were at 31% productivity in April of 2018
4. That we are at 69% now
5. Finally – after speaking to so many families who are woefully ill informed about their services and supports
6. Rate development