

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

October 20, 2016

The South Carolina Commission on Disabilities and Special Needs met on Thursday, October 20, 2016, 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:

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

DDSN Administrative Staff

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

Guests

(See Attachment 1 Sign-In Sheet)

Coastal Regional Center (via videoconference)

(See Attachment 2 Sign-In Sheet)

Georgetown County DSN Board

(See Attachment 3 Sign-In Sheet)

Pee Dee Regional Center (via videoconference)

(See Attachment 4 Sign-In Sheet)

Pickens County DSN Board (via videoconference)

(See Attachment 5 Sign-In Sheet)

Whitten Regional Center (via videoconference)

(See Attachment 6 Sign-In Sheet)

York County DSN Board (via videoconference)

Jasper County DSN Board (via videoconference)

News Release of Meeting

Chairperson Danielson called the meeting to order and Commissioner Lemel read a statement of announcement about the meeting that was mailed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

The Commission adopted the October 20, 2016 Meeting Agenda by unanimous consent. (Attachment A)

Invocation

Commissioner Barnwell gave the invocation.

Approval of the Minutes of the September 15, 2016 Commission Meetings

The Commission approved the September 15, 2016 Commission Meeting minutes by unanimous consent.

Public Input

The following individual spoke during Public Input: Ms. Deborah McPherson.

Commissioners' Update

Commissioners Thompson and Ravenel spoke of events in their districts.

State Director's Report

Dr. Buscemi reported on the following:

Gray Court – She and staff attended the opening of the Laurens DSN Board's new day program. The town worked with the board to complete minor renovations on a school building that was not being used in order to accommodate DDSN individuals starting November 1. The YMCA is also using part of the same space and DDSN individuals will be attending the Y classes.

Therap Implementation – Overall, the implementation is going well, though some timelines will have to be adjusted. A summary sheet was provided. Discussion followed. It is a seven-year contract and Mr. Waring stated the total contract cost would be a little over \$7.3 million. The amounts are approved in the spending plan each year. Dr. Buscemi stated we are meeting HIPAA requirements and security is in place so only certain individuals have access to records. It was verified that Therap has ownership of the Certification Commission for Health Information Technology.

Screening – Transfer of screening and referral lines to DDSN occurred on September 27. Callers reach a live person and are referred on to intake with care coordinators. Care Coordination has continued to streamline its process to expedite processing of records requests, consumer information collection, and records receipt.

Intake – Decentralized Intake will not begin until some point after November 1 due to delays in the State Purchasing Office. If all goes smoothly the soonest the service of Intake could go live is December 1.

SIG Report Recommendations – Chief Keel with SLED has been contacted. He is generally supportive of the recommendations of the SIG regarding the state’s ANE system. A meeting will be scheduled during the month of November with other agency heads and stakeholders in order to move towards implementation for the statewide system recommendations.

Resource Communications – DDSN sent resource materials to the provider and advocacy network after the shooting in Anderson and Hurricane Matthew and these were posted on our website.

Senate Healthcare Fall Subcommittee Meeting – DDSN is scheduled to present on Wednesday, October 26 at 1:00 p.m. in Gressette Building Room 207. Commissioners, providers, and families are welcome to attend.

Executive Branch Budget Discussions – DDSN will meet with the Department of Administration budget staff in early November to go over the agency’s budget request for FY 2017-2018.

Policy Committee Update

Committee Chairman Ravenel gave an update of the Policy Committee meeting that was held prior to the Commission meeting. The following recommendations were presented:

Recommended up to 35 minutes for public input with a maximum of 7 minutes per individual speaker and not more than 5 individuals with same legal limitations. The document will be placed on the agency website. A vote was taken. The recommendation was adopted.

Recommended to suspend current standing rules and continue to work on/discuss at the next Policy Committee Meeting; at this point continue to follow Roberts Rules for Small Boards and for Chairman to moderate meetings using Roberts Rules for Small Boards. A vote was taken. The recommendation was adopted.

Recommended Commission Policy 800-01-CP Ends Policy – Change Mental Retardation to Intellectual Disability. The Commission adopted the recommendation to Commission Policy 800-01-CP by unanimous consent.

Recommended no changes to Commission Policy 800-02-CP Governance Process Policy. The policy was adopted with no changes.

Recommended Commission Policy 800-03-CP Executive Limitations be reduced from \$250,000 limit to a \$200,000 limit. A vote was taken. The recommendation was adopted.

Recommended no changes to Commission Policy 800-05-CP Public Invocation Act. The policy was adopted with no changes.

National Disability Employment Awareness Month

Ms. Susan Davis spoke of the former DDSN Employment Pilot that offers career options for individuals transitioning from school to employment. She then introduced Miss Jessica Spencer and her mother Ms. Barbara Spencer. Miss Spencer shared her experience as an employee of Panera Bread. Ms. Spencer also shared her experience seeing the positive results in her daughter being involved in the Employment Pilot. Dr. Buscemi spoke of the Governor's proclamation recognizing October 2016 as Disability Employment Awareness Month. (Attachment B)

Hurricane Matthew Update

Dr. Buscemi spoke of the providers that went above and beyond to assist other providers. She stated there were no negative outcomes. She also spoke of lessons learned. Additional cots will be needed and DDSN has applied for additional generators. Documents were provided with information of specific damages and data of estimated damage costs and total number of individuals that were evacuated. Dr. Buscemi stated the agency would like to give a token of appreciation to the staff that stayed for days and sacrificed their time. We would use onetime funds giving a \$100.00 - \$150.00 bonus. Mr. Waring stated that staff worked with the SC Emergency Management Division as well as with DHEC and the Governor's Office to address various storm related issues. Special permission was granted to not evacuate the Coastal Center as required by the Governor's mandatory evaluation. (Attachment C)

Capital Improvement Projects Process

Mr. Waring explained in detail the capital improvement projects process and gave an update on the agency's projects. Discussion followed. It was explained that the funding cannot be used for the Waiting List or for Direct Care Workers as it is onetime funds and can only be used for infrastructure. Dr. Buscemi stated that staff will evaluate the older accounts to determine if they still need to remain open. (Attachment D)

Waiting List Reduction Efforts

Mrs. Beck presented an update on the Waiting List Reduction Efforts. It was noted that the Waiting List numbers are increasing. Dr. Buscemi stated

that in some cases, the case managers were still trying to locate individuals after the hurricane further delaying enrollment processes. (Attachment E)

Medication Technician Certification Training

Dr. Buscemi stated a need to maintain consistency. She spoke of the memo and the directive that were communicated to the provider network and that the revised directive went out a second time for provider comments. Discussion followed regarding the directive and that the agency needs to make sure it is very clear to the providers. Dr. Buscemi stated she will re-evaluate to ensure the agency is being consistent. (Attachment F)

Public Reporting of Provider Data

Mrs. Beck shared a demonstration of the Public Reporting of Provider Data system currently in development. Dr. Buscemi explained this version was phase one. The agency has the intention to add more options to the reporting system. Dr. Buscemi stated the system should go live after the new year. (Attachment G)

Financial Reports

Mr. Waring gave an overview of the agency's financial activity through September 30, 2016 and the agency's current financial position. The agency's operating cash balance as of September 30, 2016 is \$169,235,997. Also, a SCEIS report reflecting budget verses actual expenditures through September 2016 was provided. Discussion followed. Commissioner Thompson requested a review of why the appropriations for Greenwood Genetic Center and the Autism Program remained the same between FY16 to FY17 when new appropriations were increased for both in 2017. Dr. Buscemi stated that the leading agency for BabyNet has changed, however, funding will continue to be appropriated to DDSN. (Attachment H)

FY 2017 – 2018 Budget Request

Mr. Waring shared in detail the nine budget requests with new services by individual that were approved by the Commission on September 15, 2016. The total funding of the budget request is \$33,750,000. (Attachment I)

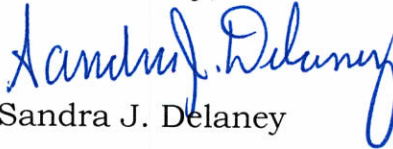
Executive Session

An Executive Session was not held.

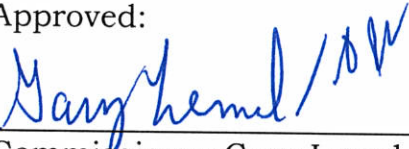
Next Regular Meeting

November 17, 2016

Submitted by,


Sandra J. Delaney

Approved:



Commissioner Gary Lemel
Secretary

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**

October 20, 2016

10:00 A.M.

1. Call to Order *Chairman Bill Danielson*
2. Welcome - Notice of Meeting Statement *Commissioner Gary Lemel*
3. Invocation *Commissioner Mary Ellen Barnwell*
4. Introduction of Guests
5. Adoption of Agenda
6. Approval of the Minutes of the September 15, 2016 Commission Meeting
7. Public Input
8. Commissioners' Update *Commissioners*
9. State Director's Report *Dr. Beverly Buscemi*
10. Policy Committee Update *Committee Chairman Eva Ravenel*
11. Business:
 - A. National Disability Employment Awareness Month *Ms. Susan Davis*
 - B. Hurricane Matthew Update *Dr. Beverly Buscemi*
 - C. Capital Improvement Projects Process *Mr. Tom Waring*
 - D. Waiting List Reduction Efforts *Mrs. Susan Beck*
 - E. Med Tech Certification Program *Dr. Beverly Buscemi*
 - F. Public Reporting of Provider Data *Mrs. Susan Beck*
 - G. Financial Update *Mr. Tom Waring*
 - H. FY 2017-2018 Budget Request *Mr. Tom Waring*
12. Executive Session
13. Next Regular Meeting (October 20, 2016)
14. Adjournment

State of South Carolina

Governor's Proclamation

WHEREAS, South Carolinians with disabilities have the same aspirations to competitively work and contribute to their communities as everyone else; and

WHEREAS, business and community leaders have called for a diverse and capable work force to further advance the economy of the Palmetto State; and

WHEREAS, the support and cooperation of all people are needed to reduce the attitudinal and physical barriers that hinder full acceptance of people with disabilities and their rightful place in employment; and

WHEREAS, National Disability Employment Awareness Month recognizes that individuals with disabilities are capable, contributing members of society worthy of earning a competitive wage in an inclusive environment.

NOW, THEREFORE, I, Nikki R. Haley, Governor of the great State of South Carolina, do hereby proclaim October 2016 as

DISABILITY EMPLOYMENT AWARENESS MONTH

throughout the state and encourage all South Carolinians to work together to advance the message that people with disabilities are equal to the task.



Handwritten signature of Nikki R. Haley in cursive script.

NIKKI R. HALEY
GOVERNOR
STATE OF SOUTH CAROLINA

Department of Disabilities & Special Needs and Network Providers
Hurricane Matthew Evacuation Stats and Estimated Damages

10/18/2016

County	Sheltering Facility	Clients evacuated	Staff evacuated	Total evacuated	Estimated Damages
Beaufort (Beaufort DSNB)	Burton Center	46	37	83	
Berkeley (Berkeley Citizens)	Berkeley Program Bldg	35	20	55	
Calhoun (Calhoun Co DSNB)	Calhoun Program Bldg	34	20	54	
Charleston (Disabilites Board of Charleston Co)	Babcock Center	169	117	286	\$75,000.00
Chesterfield (CHESCO)					\$25,000.00
Clarendon (Clarendon Co DSNB)	Clarendon Program Bldg	35	20	55	
Colleton (Colleton Co DSNB)	Aiken Co DSNB	40	25	65	\$60,000.00
Darlington (Saleeby Center)					\$42,500.00
Dorchester (Coastal Center)					\$150,000.00
Dorchester (Dorchster Co DSNB)	York Co DSNB	19	18	37	
Florence (Pee Dee Center)					\$40,000.00
Florence (Florence Co DSNB)	Pee Dee Center	8	6	14	\$175,000.00
Georgetown (Georgetown Co DSNB)	Florence Co DSNB, then Cooper Center	41	15	56	
Horry (Horry Co DSNB)	Horry Day Program, then Hotels	24	18	42	
Jasper (Jasper Co DSNB)	Hotels in Greenville and Spartanburg	24	20	44	
Laurens (Whitten Center)					\$2,500.00
Richland (Midlands Center)					\$5,000.00
Williamsburg (Williamsburg Co DSNB)					\$3,500.00
Autism	Best Western in north Columbia	4	6	10	
Care Focus		2	0	2	
Comminty Options	Community Options Houses in Columbia area	25	15	40	
SC Mentor	Howard Johnson in Manning and Marriott in Columbia	32	23	55	
		538	360	898	\$578,500.00

Damages from Hurricane Matthew

Pee Dee Center – Debris removal for downed trees, limbs, and debris; repair of roof damaged by fallen tree; cleaning of wet carpeting

Saleeby Center – Debris removal for downed trees, limbs, and debris; repair or replacement of damaged generator, electrical system, refrigeration equipment, and other miscellaneous appliances

Coastal Center – Debris removal for downed trees, limbs, and debris; repair of roofs and ceilings damaged by debris and resulting leaks; deployment of hurricane panels; trenching courtyards; repair of damage to storm drains; repair of roof damage by fallen tree and limbs; repair of ceiling damage from storm related leaks; repair or replacement of aging generator at kitchen freezer.

Whitten Center – Removal of limbs and debris by WC staff.

Midlands Center – Removal of limbs and debris by MC staff. Repair of storm related roof leaks and ceiling damage.

Colleton Co DSNB – Wilkes Community Residence: home damaged by tree that crushed the roof.

Florence Co DSNB – The Oaks Community Residence: home damaged by rising water; numerous HUD Apartments sustained roof leaks; Sparrow Point CTH II has water seeping up through concrete slab; Dabney CTH II had two trees down in yard; Graham St. CTH II lost siding at gable; Matthew B. Wallace Center experienced roof leaks.

Disabilities BD of Charleston Co – Alwood Community Residence: home damaged by flood.

Williamsburg Co DSNB – Day Program Building: tree fell on fence at back side of property.

CHESCO –Kensington I: home damaged by tree that fell on corner of roof.

SC Department of Disabilities and Special Needs

Permanent Improvement Project Process for State Owned Property

Assessment of Need

Throughout the year DDSN's engineering division, regional center staff and community provider staff review and assess state owned property, equipment and infrastructure. Current needs are identified. Short-term and long-term future needs to be anticipated are identified. All of these needs are then matched up to the inventory of existing approved capital projects and budget balances to determine if they can be met through existing resources. If so, work is authorized, procured and monitored until completion. When existing projects are insufficient to meet the needs, especially those that are projected for the future and those for needs that are routinely reoccurring, it is determined to propose new projects.

Commission Approval of the Comprehensive Permanent Improvement Plan (CPIP)

The results of the needs assessment are prioritized and included in an annual project list, the Comprehensive Permanent Improvement Plan (CPIP). DDSN's CPIP is submitted annually to the Commission for approval for the upcoming fiscal year. The prioritized needs include current and foreseeable future life cycle replacement of a multitude of various building and campus components, property and infrastructure. This affords the agency the funding capability to respond to needs in a timely manner as they arise or when failure happens.

Approval Process of Projects by External Entities

Upon the Commission's approval of the CPIP, department staff then further develop details of each project in the plan. Every project must go through the central state government approval process. This includes the Department of Administration and the Joint Bond Review Committee (JBRC). In some cases it may include the State Fiscal Accountability Authority (SFAA). DDSN staff complete the application form to request initial approval from the Department of Administration and the Joint Bond Review Committee (JBRC) for both project approval and budget authorization. The process requires a Phase I and a subsequent Phase II approval from the Department of Administration and JBRC. The Phase I aspect approves the general concept of the project and authorizes 1.5% of projected budget for Architect & Engineer (A&E) pre-design phase cost to develop the scope and potential cost of the project. At the completion of Phase I the department submits a request for approval to proceed to Phase II of the project. The Department of Administration and then JBRC reviews the Phase II request. Once Phase II of the project receives approval, this provides the department full budget authorization to implement the full scope of the project.

Best Practice

DDSN's practice is to maximize all resources and use equipment in existence through testing and repair until failure. If a new project related to equipment has been approved, the funds related to that project remain set aside for this purpose as equipment failure occurs. Assessment of

appropriateness to meet the need, review of new models/technology and craftsmanship are considered prior to purchase. Then the state's procurement process is followed as required for the purchase and installment of equipment. Resources are maximized to maintain DDSN property, campuses and infrastructure. Minor or significant repairs are made to property whenever feasible prior to total overhaul or replacement. Once a construction project receives Phase I approval, DDSN proceeds with schematic design and budget. After Phase II is approved, the agency moves forward with development of scope and full design of project. The design team puts forth specifications and a bid package for the solicitation of bids in accordance with state procurement requirements.

Procurement

Many projects include pre-bid conferences with potential contractors which often result in necessary addenda to the original bid specifications. State procurement requires a minimum bid period. Once bids are received and opened publicly, each bid must be reviewed to determine if it is both responsive and responsible. Once all responsive and responsible bids are determined, if the bid amount is within staff authority, the notice of intent to award is posted. If the bid amount exceeds staff authority, the bid is placed on the Commission agenda for its review and consideration. Upon Commission approval, the notice of intent to award is posted. This is followed by a protest period. If there is no protest, DDSN may proceed. If there is a protest, the procurement process is followed until resolution.

Project Management

After the lowest responsible bidder is issued the contract award, the contract agreement, bonds and insurance certificates must be completed and reviewed before the start of construction. After a pre-construction and safety meeting, the contractor then proceeds with construction according to the scope of the project. DDSN engineering division staff monitor the work and coordinate with regional center or community provider staff. Throughout the duration of the construction process the contractor submits pay applications for DDSN approval and payment.

Utilization and Accountability of Capital Projects

Many aspects of DDSN's state owned property require ongoing repair, replacement, and lifecycle maintenance. Capital projects are established or closed accordingly to ensure that needs are anticipated and that projects and associated budgets are approved and in place so that when needs arise, resources are in place and available to meet needs in a timely manner. Source and availability of funds for permanent improvement projects must be identified and verified prior to Phase I or Phase II approval by the Department of Administration or JBRC. Funds for one established project cannot be moved or utilized for another purpose or project without prior approval of the Department of Administration or JBRC.

October 2016

**SC Department of Disabilities and Special Needs
Capital Project Status Report for the 10/20/2016 Commission Meeting**

Project No.	Project Name	Year Approved by Commission	Total Amount Approved by Commission	Budget on an Approved A-1	A-1 Form Date	Expended	Contract/ Purchase Order	Committed Unspent Balance
9879	Midland Center- Campuswide Consumer Life Improvements Preventive Maintenance	2013	\$238,000	\$238,000	Phase 1 - 12/13/13 Phase 2 - 5/28/14	\$1,980	\$0	\$236,020
9876	Whitten Center - Dorms and Kitchen Upgrades	2013	\$249,900	\$249,900	Phase 1 - 12/12/13 Phase 2 - 5/28/14	\$226,227		\$23,673
	Whitten Center - Sloan Building Adaptive Reuse	2013	\$55,000	\$0		\$0	\$0	\$0
9903	Whitten Center - Campus Wide - Preventive Maintenance	2013 2015	\$35,000 \$212,500	\$3,713	Phase 1 - 9/1/16	\$0	\$0	\$3,713
9894	Whitten Center - Demolition of Regional Office Building & Vehicle Services Building	2013 2014 2016	\$101,000 \$50,000 \$98,500	\$249,500	Phase 1 - 3/11/16 Phase 2 - 6/26/16	\$0	\$0	\$249,500
9895	Whitten Center- Consumer Life Improvements Preventive Maintenance	2013	\$248,000	\$248,000	Phase 1 - 3/11/16 Phase 2 - 9/1/16	\$0	\$0	\$248,000
9883	Coastal Center - Centerview HVAC Replacement	2013	\$247,000	\$249,500	Phase 1 - 6/30/14 Phase 2 - 10/2/15	\$102,857	\$133,398	\$13,245
9884	Coastal Center - Consumer Life Improvements Preventive Maintenance	2013	\$202,000	\$202,000	Phase 1 - 6/30/14 Phase 2 - 10/2/15	\$7,660	\$4,183	\$190,157
9881	Pee Dee & Saleeby Center- Consumer Life Improvements Preventive Maintenance	2013 2012	\$150,000 \$50,000	\$214,242	Phase 1 - 1/24/14 Phase 2 - 5/28/14 Increase - 5/27/16	\$57,734	\$95,994	\$60,515
9874	Statewide -Network Infrastructure/ Telephone System Replace	2013 2014	\$500,000 \$340,000	\$840,000	Phase 1 - 12/10/13 Phase 2 - 4/30/14	\$554,396	\$1,714	\$283,890
9871	Statewide- Community Facilities Life Cycle Repairs	2013	\$249,500	\$249,500	Phase 1 - 10/23/13 Phase 2 - 6/30/14	\$25,970	\$0	\$223,530
9878	Statewide- Emergency Generators	2013	\$240,000	\$240,000	Phase 1 - 12/13/13 Phase 2 - 6/30/14	\$13,812	\$0	\$226,188
9877	Statewide- Fire Protection Repair/Replacement	2013	\$250,000	\$249,000	Phase 1 - 1/13/14 Phase 2 - 6/30/14	\$40,970	\$29,520	\$178,510
9882	Statewide-Accessible Bathing Equipment	2013	\$215,000	\$215,000	Phase 1 - 6/30/14 Phase 2 - 10/2/15	\$0	\$215,000	\$0

Notes:

No funds can be transferred from one established project to another project without submitting a request to the Department of Administration and receiving approval.

**SC Department of Disabilities and Special Needs
Capital Project Status Report for the 10/20/2016 Commission Meeting**

Project No.	Project Name	Year Approved by Commission	Total Amount Approved by Commission	Budget on an Approved A-1	A-1 Form Date	Expended	Contract/ Purchase Order	Committed Unspent Balance
9868	Regional Centers - Energy Management Controls Replacement (FY 2 of 5)	2014	\$245,000	\$0		\$0	\$0	\$0
9888	Pee Dee & Saleeby Centers- Preventive Maintenance	2014	\$522,000	\$522,000	Phase 1 - 1/21/15 Phase 2 - 6/18/15	\$0	\$0	\$522,000
9890	Statewide - Emergency Generators	2014	\$225,000	\$225,000	Phase 1 - 10/2/15 Phase 2 - 3/11/16	\$0	\$0	\$225,000
9887	Statewide - Community Facilities- Preventive Maintenance & License Conversion	2014	\$400,000	\$400,000	Phase 1 - 1/21/15 Phase 2 - 6/18/15	\$35,445	\$15,929	\$348,626
9886	Midland Center - Preventive Maintenance	2014	\$390,000	\$390,000	Phase 1 - 1/21/15 Phase 2 - 6/18/15	\$363,707	\$9,864	\$16,429
9885	Whitten Center - Preventive Maintenance	2014	\$325,000	\$326,500	Phase 1 - 1/21/15 Phase 2 - 6/18/15 Increase - 3/16/16	\$0	\$0	\$326,500
9892	Coastal Center - Preventive Maintenance	2014	\$250,000	\$249,000	Phase 1 - 10/2/15 Phase 2 - 3/11/16	\$15,948	\$0	\$233,052
9900	Coastal Center - Dental Clinic Renovations	2014	\$250,000	\$3,735	Phase 1 - 4/11/16	\$0	\$0	\$3,735
9896	Midland Center - Campus Wide Preventive Maintenance	2015	\$225,000	\$225,000	Phase 1 - 3/11/16 Phase 2 - 6/26/16	\$0	\$0	\$225,000
9891	Coastal Center - Highlands 510 Roof Replacement	2015	\$249,000	\$273,900	Phase 1 - 3/11/16 Phase 2 - 7/22/16 Increase - 9/19/16	\$66,475	\$188,425	\$19,000
9899	Coastal Center - Campus Wide Preventive Maintenance	2015	\$195,000	\$195,000	Phase 1 - 4/11/16 Phase 2 - 6/26/16	\$0	\$0	\$195,000
9889	Pee Dee - Pecan Dorms & Other Support Buildings - Roof Repair & Replacement	2015	\$350,000	\$350,000	Phase 1 - 9/2/15 Phase 2 - 6/6/16	\$22,965	\$249,872	\$77,163
9897	Pee Dee/Saleeby - Campus Wide - Preventive Maintenance	2015	\$240,000	\$240,000	Phase 1 - 4/11/16 Phase 2 - 6/26/16	\$0	\$0	\$240,000
9898	Statewide - Community Facilities Preventive Maintenance	2015	\$240,000	\$240,000	Phase 1 - 4/11/16 Phase 2 - 6/26/16	\$0	\$0	\$240,000
	Statewide - Emergency Generators	2015	\$230,000	\$0		\$0	\$0	\$0
9868	Regional Centers - Energy Management Controls Replacement (FY 3 of 5)	2015	\$245,000	\$0		\$0	\$0	\$0

TOTAL

\$8,312,400

\$7,088,490

\$1,536,146

\$943,898

\$4,608,446

Notes:

No funds can be transferred from one established project to another project without submitting a request to the Department of Administration and receiving approval.

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

Row #	Total Numbers At Beginning of the Month	2015		2016									
		November	December	January	February	March	April	May	June	July	August	September	October
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	4,793	4,779	4,925	4,935	5,001	5,191	5,312	5,545	5,702	5,815	6,059	6,207
2	Community Supports Waiver Waiting List Total	3,534	3,478	3,530	3,501	3,551	3,566	3,734	3,563	3,028	3,010	2,862	2,788
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	0
4	Critical Needs Waiting List Total	118	124	122	122	133	125	129	137	149	160	147	131
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	367	214	406	285	389	544	602	456	452	346	615	553
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	518	284	208	304	272	340	313	394	830	251	596	381
7	Number of Individuals Enrolled in a Waiver by Month	154	125	176	180	137	196	135	124	138	118	125	118
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	232	128	100	138	132	152	125	54	71	438	89	26
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	6,549	6,837	7,050	7,327	7,631	7,935	8,229	8,676	9,412	9,650	10,154	10,667
10	Total Number of Individuals Pending Waiver Services (Running Total)	1,952	1,815	1,833	1,743	1,690	1,606	1,598	1,736	2,084	1,999	2,059	2,251
11	Total Unduplicated Individuals on the Waiver Waiting Lists (*Approximate)	5,495*	5,449*	5,580	5,575*	5,635	5,776	5,879	6,148	6,129	6,246	6,425	6,588

** There are 6,588 unduplicated people on a waiver waiting list. Approximately 26.7 percent of the 8,995 names on the combined waiting lists are duplicates.

PDD Waiting List Information

12	PDD Program Waiting List Total	1,621	1,619	1,633	1,638	1,649	1,659	1,679	1,653	1,639	1,630	1,607	1,596
13	Total Number <u>Added</u> to the PDD Waiting List	53	56	60	51	48	63	69	34	62	44	50	44
14	Total Number <u>Removed</u> from the PDD Waiting List	47	58	43	46	37	53	49	60	76	53	73	55
15	Number of Individuals Enrolled in the PDD <u>State Funded</u> Program by Month	279	291	276	264	259	263	256	253	241	227	214	206
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	72	81	84	82	75	81	97	110	137	143	164	169
17	Number of Individuals Enrolled in the PDD Waiver by Month	695	686	684	691	695	690	671	656	631	625	605	591

Updated 10/3/2016

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

As of October 1, 2016 (run on October 3, 2016)

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) <u>22 (FY17)</u> 3,569	713 (FY15) 1,042 (FY16) <u>70 (FY17)</u> 1,825	520 (FY15) 870 (FY16) <u>2 (FY17)</u> 1,392	67 (FY15) 273 (FY16) <u>12 (FY17)</u> 352
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,837 (FY16) <u>2,012 (FY17)</u> 6,278	694 (FY15) 635 (FY16) <u>256 (FY17)</u> 1,585	1,514 (FY15) 928 (FY16) <u>546 (FY17)</u> 2,988	31 (FY15) 365 (FY16) <u>1,309 (FY17)</u> 1,705
Head and Spinal Cord Injury (As of Oct 1, 2013)	820	373	253	194
		3,783	4,633	
Total	10,667	8,416		2,251

Waiting List *	Number of Individuals Added Between July 1, 2014 and October 1, 2016	Number of Individuals Waiting as of October 1, 2016
Intellectual Disability/Related Disabilities	4,517 (594 since 7/1/16)	6,207
Community Supports	4,615 (835 since 7/1/16)	2,788
Head and Spinal Cord Injury	0	0
Total	9,132	8,995**

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

** There are 6,588 unduplicated people on a waiver waiting list. Approximately 26.7 percent of the 8,995 names on the combined waiting lists are duplicates.

**South Carolina Department of Disabilities and Special Needs
As of September 30, 2016**

Service List	08/31/16	Added	Removed	09/30/16
Critical Needs	148	27	44	131
Pervasive Developmental Disorder Program	1607	44	55	1596
Intellectual Disability and Related Disabilities Waiver	6023	215	30	6207
Community Supports Waiver	2821	295	328	2788
Head and Spinal Cord Injury Waiver	0	23	23	0

Report Date: 10/10/16

Medication Technician Certification Program

As part of DDSN's quality management program the agency contracts with Alliant, a federally recognized Quality Improvement Organization. DDSN added an indicator for Alliant to monitor compliance with the Medication Technician Certification Program beginning July 1, 2015. Alliant reviewed this indicator for those providers that self-reported the use of the Medication Technician Certification program. If a provider did not report the use of the Medication Technician Certification program, Alliant did not review that indicator. Alliant reviewed the documentation for those employees the provider indicated had completed the Medication Technician Certification program.

- During FY 2015-2016 and the first quarter of FY 2016-2017 fifty-nine (59) providers of Residential and Day Services, out of a possible 60 providers, were reviewed by Alliant.
- Of those 59 providers, 18 (30.5%) chose not to participate in the Medication Technician Certification Program.
- Of those 59 providers, 41 (69.5%) reported they chose to participate in a Medication Technician Certification Program.
- Alliant reviews identified three areas requiring improvement:
 - Provision of required quarterly oversight was insufficiently documented.
 - Provider modification of the training curriculum resulted in fewer training hours than the amount required in DDSN approved curricula.
 - Frequency of the training varied significantly from provider to provider.
- In addition to Alliant's review, anecdotal information gathered from multiple communications between various DDSN and provider staff suggested implementation of the program was not across all settings and the determination of consumers' ability to self-administer medications was too broadly defined.

In review of the information, DDSN elected to invest staff time and resources into remediation. The following actions were taken:

- On August 26th DDSN staff discussed the issue of medication administration compliance with the DDSN Business Process Task Force.
- On August 31st DDSN issued a memorandum to alert providers to DDSN's concerns and actions to take to improve this component of consumer care.
- A revised Med Tech directive was issued September 8th to solicit written feedback on proposed changes.
- DDSN held a special meeting on October 3rd with provider Executive Directors, Nursing Staff, and high level management staff to discuss this issue.
- Feedback and comments were received in writing, through the meeting, and individual communication with providers.
- Substantial changes were made to the initial draft directive in response to the feedback.
- DDSN verified certain DHEC practices and allowances.
- DDSN issued a second revision of the draft directive on October 12th for further feedback.
- Comments were received until COB October 19th.
- DDSN has arranged Medication Technician Certification Train-the-Trainer sessions to begin on October 25th and 26th.
- DDSN is facilitating provider to provider assistance to increase access to ongoing staff training.
- The new revised directive will be issued by October 25th.



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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Website: www.ddsn.sc.gov

MEMORANDUM

TO: Executive Directors/Chief Executive Officers
DSN Boards/Private Residential Providers

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

A handwritten signature in blue ink that reads "Beverly A. H. Buscemi Ph.D.".

DATE: August 31, 2016

RE: Medication Technician Certification

A large percentage of the individuals supported by your organization require prescribed medications to live healthy and happy lives. Consequently, medication administration is a crucial component of their care and an important responsibility of the provider. Generally, our system does a good job in management of medication administration as evidenced by medication error rates that are lower than those seen in nursing facilities and hospitals.

A major reason for our system's superior performance is the thorough training in medication administration received by staff. The majority of the residential providers partnering with DDSN train their staff in a DDSN approved Medication Technician program. DDSN has established detailed requirements for providers about this training in the Medication Technician Certification directive (603-13-DD). However, DDSN's increased monitorship in this area discovered that several providers have discontinued training staff in one of the approved programs. If your agency is currently allowing unlicensed staff who have not successfully completed a DDSN approved Medication Technician Certification program administer medications, they must stop doing so immediately.

A number of DDSN consumers are "self-administering" medications. In keeping with our mission to promote independence of the people we serve, this is a desirable outcome. However, it is essential that consumers deemed to be self-administering medication actually have the skills to accurately administer

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Medication Technician Certification

August 31, 2016

Page two

their medications before discontinuing staff assistance. Unlicensed staff having completed a DDSN approved Medication Technician Certification program can assist individuals learn to self-administer medications. However, assistance by unlicensed staff who have not completed approved training is not allowed. To better assure consistency in how individuals are assessed to be able to self-administer medications, DDSN is establishing a uniform assessment process to verify an individual's ability to independently administer medications.

The Medication Technician Certification directive is being revised to state requirements more clearly and improve this important aspect of care. If you have any questions about these issues or you need assistance in locating someone to offer Medication Technician Certification for your staff ,please contact David Goodell at (803) 898-9646 or dgoodell@ddsn.sc.gov.

Cc: David Goodell
Susan Beck
John King
Rufus Britt
Ann Dalton

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

TO: Executive Directors/Chief Executive Officers
DSN Boards/Private Residential and Day Program Providers

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

DATE: October 12, 2016

RE: Medication Technician Certification Directive Revisions

As noted in my August 31st memo, DDSN is in the process of revising its Medication Technician Certification directive. The purpose is to more clearly communicate that any unlicensed staff who administer medications must complete a DDSN approved Medication Technician Certification Program and how to determine when an individual is appropriate to self-administer medications. Such training and skill competency evaluation is required by the South Carolina Nurse Practice Act and the DDSN Unlicensed Medication Providers proviso in the Appropriations Act.

DDSN disseminated a revised draft Medication directive in September to solicit written feedback on the proposed changes and also held a special meeting on October 3rd with provider executive directors, nursing staff, and high level management staff to specifically discuss this directive. The agency received valuable feedback both written and during this meeting. Changes to the prior draft directive are substantial in response to the feedback. So much so that DDSN is issuing a second version of the draft directive for review. The revised draft of the directive incorporated many of the recommended changes. DDSN requests your comments on the second version of the draft directive be submitted by October 19, 2016. DDSN wishes to ensure the second revision of the directive incorporates the feedback of the providers. Therefore, this additional short response time is being provided while still ensuring the directive is finalized quickly. DDSN acknowledges and appreciates that providers have already taken steps towards improved implementation of Medication Technician Training across the state. This quick response assists in ensuring the highest standards of care are provided across the state.

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Medication Technician Certification Directive

October 12, 2016

Page two

The following changes were made to the draft directive based on provider feedback and discussion:

- DDSN verified that DHEC permits unlicensed CRCF staff who complete medication administration training to be able to administer eye drops, ear drops, nasal sprays and asthma inhalers. Consistent with the practice of other health care agencies, DDSN will allow these medications to be administered by unlicensed staff who complete a DDSN approved Medication Technician Certification program.
- The directive was modified to allow an LPN under the supervision of an RN to be a Medication Technician instructor.
- Several providers requested that a pharmacist be allowed to provide Medication Technician instruction. DDSN cannot allow a licensed pharmacist to provide Medication Technician instruction as this is not authorized in the DDSN Medication Technician proviso. DDSN is supportive of requesting a change to the current proviso to include licensed pharmacists in addition to licensed nurses in the type of person who can provide the Medication Technician instruction.
- The prior draft directive included a new requirement for individuals who are self-administering medications to be reviewed. Specific review tools, which are attached to the revised directive, must be used to verify an individual's ability to self-administer medications. This formal review is only required if the person is being considered appropriate to self-administer medication. Based upon provider feedback, the initial review tools have been modified to provide clearer direction for completion. The prior draft directive indicated an RN must complete this review. Again, based on provider feedback, the directive was revised to allow an LPN under the supervision of an RN is able to complete the review. Further, the directive now waives the requirement for a nurse to complete a review for an individual if his or her physician issues a written order permitting the individual to self-administer. This change is consistent with DHEC CRCF regulations.

DDSN is arranging for several Medication Technician Train-the-Trainer sessions beginning on October 24 and 25. The sessions are expected to last 4 hours. Please contact David Goodell at (803) 898-9646 or dgoodell@ddsn.sc.gov if you are interested in having any of your nurses participate in this training. Additional details will be provided. Also, please contact Mr. Goodell if you have any questions about these issues or if you need assistance in locating a nurse to offer Medication Technician Certification training to your staff.

Thank you for all your feedback and for participating in the meeting. Medication administration is an important aspect of care and we appreciate your attention and work in this area. We look forward to receiving your comments on the second draft. Please get those to us by close of business Wednesday, October 19th.

Beverly A. H. Buscemi, Ph.D.

State Director

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Associate State Director

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Reference Number: 603-13-DD

Title of Document: Medication Technician Certification

Date of Issue: November 1, 2002

Effective Date: November 1, 2002

Last Review Date: ~~October 12, 2016~~

Date of Last Revision: ~~October 12, 2016~~ (REVISED)

Applicability: Boards/Providers of Community-Based Residential & Day Programs who have contracts with DDSN (Excluding ICFs/IID)

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PURPOSE

The purpose of this departmental directive is to establish a framework within which a Medication Technician Certification program shall be initiated for unlicensed assistive personnel (i.e., non-nursing staff) who administer medications to DDSN consumers in Community-Based Residential and Day Program settings.

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INTRODUCTION

As a result of a provision contained in the ~~2016-2017 Budget Bill, H.5001-~~ Part 1B, ~~36.7,~~ the General Assembly of the State of South Carolina has granted to the Department of Disabilities and Special Needs (DDSN) the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings only when those individuals have successfully completed a DDSN approved Medication Technician Certification program. This provision does not apply to a facility licensed as a habilitation center for individuals with intellectual or developmental disabilities (i.e., ICFs/IID) either at the DDSN Regional Centers or in the community, but may apply to those individuals receiving ICF/IID services when they are attending an offsite DDSN Licensed Day Program. Furthermore, with regard to injectable medications, this authority only applies to "regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale

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insulin or other injectable medications.” All other regulations within the South Carolina Nurse Practice Act remain intact.

In accordance with state law (Section 40-33-42 and the Proviso noted above), unlicensed assistive personnel shall not administer any medications to DDSN consumers unless they have been certified through a DDSN approved Medication Technician Certification program. Periodic review of the training being provided to prospective Medication Technicians will be conducted by DDSN.

While an individual served may “self-administer” their own medications, a review of the individual’s ability to self-administer medications shall be conducted and documented in writing using DDSN approved standardized review tools or there must be a written physician’s order authorizing the self-administration of medication. These reviews must be completed by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN. The individual’s ability to self-administer medications should be re-reviewed at least annually.

OVERVIEW

DDSN has reviewed the Medication Technician Certification courses of a number of states that have successfully implemented this program. Most of these states’ programs contain common elements that have been incorporated into the DDSN approach.

In order to make this training available to as many staff as possible, the DDSN Medication Technician Certification course may be offered in one of three ways:

- 1) by selected technical or four (4) year colleges;
- 2) by DDSN employed or contracted clinical staff; or
- 3) by community provider organizations themselves.

Regardless of the forum, all Medication Technician Certification courses will be required to meet the standards enumerated below while adhering to pre-approved curriculum guidelines.

STANDARDS

Two types of standards govern DDSN’s Medication Technician Certification program: Program Standards and Curriculum Standards. The Program Standards outline the general requirements of the overall program. The Curriculum Standards outline the specific requirements of the units to be taught, the practicum experience, and the supervised medication passes.

Program Standards

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¶ A number of significant changes have occurred both nationally and in South Carolina in the long-term disability field since the mid 1980s when South Carolina discontinued its program to delegate the administration of medications to selected direct care staff (sometimes referred to as Unlicensed Assistive Personnel or UAPs) ¶

¶ First, there has been a significant increase in community based services for people with disabilities, often accompanied by a reduction in either the census and/or the reliance upon institutional settings (e.g., DDSN Regional Centers, Department of Mental Health (DMH) hospitals, etc.) Most of these community based alternatives do not have/do not need nursing services available on a daily basis. This trend toward serving people with special needs in community settings will certainly continue ¶

¶ Secondly, over the last 25 years, people with disabilities and their families have demanded more control over the services and supports they receive and those who provide them. They are demanding more choice in providers and more options in service delivery models. They are no longer willing to grant to licensed professionals all decisions regarding their health and safety, and are more involved than ever before in defining what “quality of life” means to them ¶

¶ Lastly, a nationwide shortage of licensed nursing personnel continues. This reality makes it literally impossible for Registered Nurses (RN) and Licensed Practical Nurses (LPN) to be available in South Carolina’s hundreds of community settings where people with disabilities live and work, and who take various kinds of medications multiple times per day ¶

¶ In response to these factors, approximately one-half of the states in the country have initiated programs that authorize, train and supervise selected direct care staff in administering medications safely. These states have found the proper balance between the competing goods of community based home-like living arrangements on the one hand, and maintaining appropriate health and safety practices on the other. The following outline is consistent with highly successful programs of this kind in other states ¶

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- Length of Program:** The length of the initial medication technician training program, including classroom instruction, practicum experience, and supervised medication passes, shall not be less than 16 hours, but may be longer, if required to develop the necessary student competencies.
- Approved Instructors:** Instructors must be RN's or LPNs under the supervision of an RN with at least two (2) years of clinical nursing experience. Instructors should have prior experience in training, supervision, and/or working with persons with disabilities. For those Nurse Instructors who do not work in an academic setting (i.e., DDSN employed or community provider employed), completion of a "train the trainer" orientation class will be required by DDSN in order to enhance the consistency and the quality of the Medication Technician courses being offered. Exceptions to the "train the trainer" requirement may be approved by DDSN through a formal process on an individual basis, based on experience.

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NOTE: It is recommended that all instructors observe an approved Medication Technician class or attend a "Train the Trainer" course prior to teaching Medication Technician training classes.

- Instructor/Student Ratio:** For classroom instruction, no more than 1:24; for supervised practicum experience, no more than 1:8; for supervised medication passes; no more than 1:1; LPNs under the direction of the RN Instructor, may be authorized to oversee the 1:1 supervised medication passes.
- Testing:** Competence testing will occur for each unit in the curriculum. Tests will measure the knowledge and all basic skills required for safe and effective functioning as a Medication Technician. A passing score of 85% will be required on each unit test with an opportunity to retake each test after additional tutoring has occurred.
- Certificate:** A certificate will be awarded to the employee upon successful completion of all components of the training program.
- Roster:** A roster of all currently employed Medication Technicians will be maintained by each DSN board/provider.
- Continuing Education Units:** Each Medication Technician will be required to complete a standardized, annual refresher course on the administration of medication of not less than two (2) hours duration. The instructor for the annual refresher course may be an RN or LPN under the supervision of an RN.
- Oversight:** Each provider will have a policy regarding medication administration by Medication Technicians that includes information on the process for Medication Technicians to contact an RN, LPN or Registered Pharmacist if they have questions while performing their duties. An RN, LPN or Registered Pharmacist will review medication records and provide onsite consultation tailored to the specific needs of the board/providers and its Medication Technicians on a quarterly basis. Documentation of the type of oversight and evidence must be maintained in a centralized location for each

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Deleted: , Registered Pharmacist, or a Certified Medication Technician, having completed the Medication Technician Training within 36 months and having a minimum of one (1) year of experience with the provider organization. *Exception*. Staff in a CRCF must receive annual training from an RN or LPN

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board/provider. This documentation must be available for DDSN staff or approved contractors to review, upon request. Documentation of Quarterly Oversight should address the review and discussion of any training and/or technical assistance needs for the Medication Technicians. This would include Medication Errors along with any trends discovered during the review. Other items to note might include whether there were particular staff/ shifts that need more training, any new types of medications that have been initiated for residents.

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9. **Medication error reporting:** All DSN boards/providers who utilize Medication Technicians to administer medications will be required to follow DDSN Directive 100-29-DD: Medication Error/Event Reporting. This will include tracking of medication errors and error rates on a monthly basis, by individual location.

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10. **Sanctions:** Boards/Providers will track and appropriately follow up with Medication Technicians who commit medication errors. Tracking records should be maintained for each Medication Technician as well as the aggregate for each board/provider and available for review by the RN, LPN or Registered Pharmacist who provides quarterly oversight. Appropriate follow up may include closer nursing supervision, re-training, progressive discipline or the removal of medication administration privileges. Boards/Providers will also be responsible for ensuring Medication Technicians are working within their designated training and supervision and following the SC Nurse Practice Act.

11. **Evaluation:** Periodic review of the training being provided to prospective Medication Technicians by instructors will be conducted by DDSN staff and/or consultants.

12. **Records:** Each RN or LPN instructor teaching a Medication Technician course will be required to maintain the following records:

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- their qualifications;
- student attendance;
- lesson/curriculum plans;
- all tests administered;
- student test results;
- a list of all graduates; and
- a copy of their course completion certificate.

The documentation of the return demonstration includes oral and topical medications and and may also include a simulation of nasal sprays, eye and ear drops and asthma inhalers. For medication administration that does not fall into one of these categories (i.e., regularly scheduled insulin, and prescribed anaphylactic treatments), the RN must also document the individualized, one-on-one instruction provided to the staff (by name) regarding the specific type of medication and consumer, their supervision of the administration and continued monitoring, and plans for re-evaluation for this type of

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medication. The RN may approve the designated staff on a time limited basis, subject to re-evaluation.

Boards/Providers employing Medication Technicians are required to maintain the following records:

- a roster of all Medication Technicians employed;
- Medication Technician certificates with date of award;
- record of quarterly oversight sessions;
- record of annual refresher class attendance;
- record of any medication errors committed, and
- corrective actions taken.

These records will be available for review during DDSN's annual licensing and contractual compliance review processes.

Curriculum Standards

1. **Integrated:** Classroom instruction that establishes a knowledge base will be integrated with practicum experiences that the student receives at a simulated (or real) treatment setting, and with the supervised medication passes that occur.
2. **Objectives:** Classroom instruction will be based on objectives for each unit that reflect the purposes of the training program and give direction to the instructor and the students. These objectives will be tied to the various competencies that the students will be tested on.
3. **General Information:** Classroom instruction shall include general information relevant to the administration of medication. Topics will include:
 - relevant state & federal laws and regulations;
 - terminology;
 - forms of medication;
 - routes of administration;
 - abbreviations/symbols;
 - documentation guidelines; and
 - medication reference works, etc. (See the attached curriculum outline.)
4. **Body Systems:** Classroom instruction shall include an overview of the general structure and function of body systems, and the pharmacological effect of medications on these systems.
5. **Classes of Medication:** Classroom instruction shall address the major categories of medications and how each category is related to a body system and its pathology.
6. **Duties of a Medication Technician:** Classroom instruction shall focus on the role and scope of practice of the Medication Technician, as well as what is not within their scope of practice, according to the SC Nurse Practice Act. The instructor must distinguish

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between the approved Medication Technician Curriculum and Nursing Delegation, which is not a part of the Medication Technician Curriculum approved by DDSN.

7. **Practicum Experience:** This portion of the curriculum will utilize physical facilities that reasonably simulate a health care setting (or utilize an actual health care setting) and the types of medication delivery systems used in that area. The instructor will design exercises for skill demonstration that simulate the various aspects of safe and effective medication administration and documentation. Oral and topical medications and eye drops, ear drops, nasal sprays and asthma inhalers may be included in a simulated skill demonstration. Other types of medications, such as injection of regularly scheduled insulin, will require individualized instruction and documentation of training from a Registered Nurse.
8. **Supervised Medication Passes:** At the conclusion of the course, each candidate for the Medication Technician Certification will be required to demonstrate their competency by participating in three (3) supervised medication passes, including medication setup, delivery and documentation. The nurse may observe the candidate passing medications to three (3) different people during a single visit to a facility. Follow-up supervised medication passes will occur as appropriate based on the performance of the Medication Technician (i.e., if the medication technician has not had any med errors/event they would not require an annual supervised medication pass). This may occur as part of the quarterly oversight provided by an RN or LPN, as mentioned above. Oral, topical medications and ear drops, eye drops, nasal sprays and asthma inhalers may be included in the Medication Technician Supervised Medication Pass. Other types of medications, such as injection of regularly scheduled insulin, will require individualized instruction and documentation of training from the RN.
9. **Curriculum Outline:** An outline of an approved curriculum is attached to this document. Any curriculum used in the training of DDSN Medication Technicians must address each of the components of this outline; possess corresponding learning objectives; and require competency-based testing. All Medication Technician Certification courses must be approved by the DDSN Division of Quality Management in writing. This will include core curriculums such as One Little Pill, Administering Meds the Right Way, etc., to ensure addition of individual procedures per provider. Curricula must be adapted, as necessary, to comply with the SC Nurse Practice Act.

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Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)

Beverly A. H. Busecni, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Attachment 1 - CURRICULUM - Medication Technician Certification

603-13-DD
October 12, 2014
Page 7

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Attachment 2 - Glucometer Self Use Review
Attachment 3 - SAM Insulin Injection form
Attachment 4 - SAM Oral Medication form
Attachment 5 - SAM Topical Medication form
Attachment 6 - Guidance for completing SAM and Glucometer Review

**South Carolina Department of Disabilities and Special Needs
Curriculum – Medication Technician Certification**

The following topics should be included in curriculum for the SCDDSÑ Medication Technician Certification courses. Additional information may be added.

Unit 1: Introduction

- Legal and Ethical Framework of Medication Administration
- SC Nurse Practice Act and the DDSN Exception
- What can and cannot be delegated to Unlicensed Assistive Personnel (UAPs)?
- Risks and Benefits Involved in Delegation
- DDSN Policies, Procedures, and Standards
- Relevant OSHA Regulations and Guidelines
- Importance of Clear Communication
- Safety First
- Objectives of the Course
- Competencies Expected from the Course

Unit 2: General Principles of Medication Administration

- Terminology
- Abbreviations
- Trade vs Generic Names
- Parts of Drug Order
- Parts of a Drug Label
- Parts of Medication Administration Record (MAR)
- Importance of Accurate Transcription and Documentation
- Storage and Security of Medications
- Counting Pill Inventories
- Dosage and Liquid Measures
- Contraindications
- Medication Interactions
- Polypharmacy
- Monitoring Effects of Medication
- Side Effects of Medication
- Adverse Reactions vs. Allergic Reactions to Medication
- Emergency Situations and Responses

Unit 3: Medications and the Body

- Medication Actions – Anatomy, Physiology, and Pathology
- Musculoskeletal System
- Nervous System
- Cardiovascular (Circulatory) System
- Respiratory System
- Reproductive System
- Urinary System
- Gastrointestinal System
- Endocrine System
- Integumentary System
- Sensory System

**South Carolina Department of Disabilities and Special Needs
Curriculum – Medication Technician Certification**

Unit 4: Rights, Roles, and Responsibilities

- 8 Rights of Medication Administration
 - Right Person
 - Right Drug
 - Right Dose
 - Right Time
 - Right Route
 - Right Documentation
 - Right Position
 - Right Texture
- Role of the Individual
- Role of Nurses
- Role of Pharmacists
- Role of Primary Care Providers (Doctors, Nurse Practitioners, Physician Assistants)
- Role of Family or Guardian
- Role of Unlicensed Assistive Personnel – Medication Technician
- Controlled Substances
- Compliance and the Reluctant Individual

Unit 5: Medication Administration Procedures

- Oral Medications
- Topical Medications
 - Topical skin and mucous membrane medications
 - Topical (inhaled) asthma medications
 - Topical nasal spray medications
 - Topical ophthalmic (eye) medications
 - Topical otic (ear) drops
- Regularly Scheduled Insulin Injections (Instruction, supervision and follow-up must be provided by an RN on an individual basis)
- Prescribed anaphylactic treatments (Instruction, supervision and follow-up must be provided by an RN on an individual basis)

Unit 6: Medication Documentation

- Documentation Rules with Examples
- Medication Administration Record (MAR)
- Medication Error Definition
- Types of Medication Errors and Incidents
- Recording and Reporting Medication Errors

Unit 7: Resources

- Supervising Nurse
- Primary Care Provider (Doctor, Nurse Practitioner, Physician Assistant)
- Pharmacist
- Family
- Medication References and Guides
- Forms

**South Carolina Department of Disabilities and Special Needs
Glucometer Self Use Review**

Review time	Reviewer	Credential	Date
1			
2			
3			

SCORING: If the individual can complete the task independently (without verbal prompts or manual assistance), place a 'Y' in the assessment results column. If the individual cannot complete the skill or requires verbal or manual guidance, place a 'N' in the assessment results column. **An individual is not considered 'independent' in the use of a glucometer unless all items are rated as 'Y'.**

Does the individual complete the following steps independently (without verbal prompts or manual assistance)? Record a Yes ('Y') or No ('N') in the appropriate column.

Item	Review time		
	1	2	3
Preparation: Locates and places the following items on a clean surface:			
Glucometer			
Test strips for the glucometer			
Lancing device and lancet			
Alcohol prep pad			
Log book or record sheet and pen/pencil			
Testing:			
Washes hands			
Opens lancing device and puts a lancet in without touching the needle			
Selects site for sticking - ensures sites are rotated			
Turns on glucometer			
Removes one test strip from container and close container			
Tears open the foil cover to get strip out			
Places test strip in glucometer			
Waits for the glucometer to indicate the glucometer is ready to use			
Wipes selected site with alcohol - allow to air dry			
Pierces selected finger with lancing device to obtain a drop of blood			
Puts one drop of blood on the test strip			
Waits for results to show on glucometer			
Applies light pressure on puncture site using alcohol prep pad			
Documents blood sugar reading in log book or on record sheet			
Clean up:			
Removes test strip and turns off glucometer			
Discards test strip in sharps container			
Removes lancet from lancing device without touching the needle			
Discards lancet in sharps container			
Discards contaminated items (i.e. alcohol prep pads) in appropriate receptacle			
Wipes off glucometer and places in proper storage area			
Washes hands			

**South Carolina Department of Disabilities and Special Needs
Self-Administration of Insulin Injection Review**

Individual:		Residence/Site:		
Review time	Reviewer	Credential	Date	
1				
2				
3				
<p>SCORING: If the individual can complete the task independently (without verbal prompts or manual assistance), place a 'Y' in the assessment results column. If the individual cannot complete the skill or requires verbal or manual guidance, place a 'N' in the assessment results column. An individual is not considered 'independent' in self-administration of insulin injections unless all items are rated as 'Y'.</p>				
<p>Does the individual complete the following steps independently (without verbal prompts or manual assistance)? Record a Yes ('Y') or No ('N') in the appropriate column.</p>				
Item		Review Time		
FOR INSULIN INJECTION		1	2	3
Getting Ready:				
Recognizes the time the insulin is to be given (e.g. tells time; associates with a particular activity)				
Washes hands				
Locates and places the following items on a clean surface:				
<ul style="list-style-type: none"> • Insulin pen 				
<ul style="list-style-type: none"> • Alcohol prep pads 				
<ul style="list-style-type: none"> • Pen needle 				
<ul style="list-style-type: none"> • Medication Administration Record (MAR) and pen 				
Identifies when insulin and supplies need to be reordered and notifies appropriate person OR a system is in place to support the individual in re-ordering insulin				
Identifies the correct insulin pen to be used and removes from locked storage area				
Checks the expiration date – Does not give if expired				
Identifies the purpose of insulin				
Identifies the most common side effects of insulin				
Selects the site for insulin administration ensuring sites are rotated				
Cleans site with alcohol prep pad				
Rechecks that the insulin pen selected is correct				
Removes pen cap				
Looks at insulin to be sure it is clear or evenly mixed (cloudy white) with no clumping of particles. Does not use if drug appears to have pieces in it or is discolored.				
<ul style="list-style-type: none"> • Short or rapid acting insulin and Lantus or Levemir should be clear. 				
<ul style="list-style-type: none"> • Intermediate or mixed insulin should be cloudy and white. It will look cloudy and white AFTER it is mixed. 				
<ul style="list-style-type: none"> • Gently mixes intermediate or mixed insulin before use by rolling pen between hands 10 times and turning the pen up and down 10 times. Repeats if necessary until insulin is cloudy and white. 				
Identifies how much insulin is to be given based on glucometer reading or primary care prescriber's standing order				

**South Carolina Department of Disabilities and Special Needs
Self-Administration of Insulin Injection Review**

Preparation of the insulin pen:			
Wipes the tip of the pen where the needle will attach with alcohol prep pad			
Removes the protective seal from new needle			
Screws needle onto insulin pen			
Removes the outer needle cover and sets aside			
Removes inner needle cover to expose the needle – discard the cover			
Safety Test – Priming the insulin pen:			
Looks at the dose window and turns dosage knob to '2' units			
Holds the pen with the needle pointing up			
Lightly taps the reservoir so air bubbles rise to the top of the reservoir			
Presses the injection button until at least a drop of insulin appears. Repeats this step if needed until a drop appears.			
Selecting the correct dose:			
Looks at the dose window to make sure it shows '0'			
Checks the amount of insulin to be given based on glucometer reading or primary care prescriber's standing order			
Uses dosage knob to dial the correct dose			
Rechecks the amount of insulin to be given based on glucometer reading or primary care prescriber's standing order and the administration amount selected in the insulin pen			
Administering the medication:			
Keeping the pen straight, inserts the needle into the skin at a 45 to 90 degree angle.			
Curled fingers around the pen leaving the thumb free to press the injection button			
Keeps needle inserted and continues to press injection button until the dosage window returns to '0'. (Count to 10)			
Releases injection button			
Removes needle from skin			
Places an alcohol swab over the injection site if bleeding occurs. Presses gently on the swab until bleeding stops. Does not rub skin.			
Documents amount of insulin administered and injection site on MAR			
Removing the needle from insulin pen:			
Places the outer needle cover over the needle			
Twists the outer needle cover to unscrew the needle. [The needle should come off pen inside the needle cover. Never leave needle on pen when not in use.]			
Disposes of needle in sharps container			
Puts pen cap back on the insulin pen			
Returns insulin pen to proper locked storage location			
Clean up:			
Wipes off counter			
Returns MAR to proper location			
Washes hands			

**South Carolina Department of Disabilities and Special Needs
Self-Administration of Oral Medication Review**

Individual:		Residence/Site:		
Review time	Reviewer	Credential	Date	
1				
2				
3				
<p>SCORING: If the individual can complete the task independently (without verbal prompts or manual assistance), place a 'Y' in the assessment results column. If the individual cannot complete the skill or requires verbal or manual guidance, place a 'N' in the assessment results column. An individual is not considered 'independent' in self-administration of oral medications unless all items are rated as 'Y'.</p>				
<p align="center">Does the individual complete the following steps independently (without verbal prompts or manual assistance)? Record a Yes ('Y') or No ('N') in the appropriate column.</p>				
Item		Review Time		
FOR ORAL MEDICATION		1	2	3
Preparation:				
Recognizes the time the medication is to be taken (e.g. tells time; associates with a particular activity)				
Identifies when medications need to be reordered and notifies appropriate person OR a system is in place to support the individual in re-ordering medication				
Washes hands				
Obtains appropriate fluids or food needed to ingest the medication				
Identifies correct medication container(s)/bottle(s)/blister pack(s)/medication organizer and removes from locked storage space				
Identifies the purpose of each medication				
Identifies the most common side effects of each medication				
Identifies if the medication is taken whole, chewed, or by other method				
Identifies who to contact if problems with medication occur				
Rechecks that the medication container(s) selected are correct.				
Opens the correct container(s) /compartment				
Removes the correct dose from the container(s)/bottle(s)/blister pack(s)/ compartment independently and places it in a medication cup. (For liquid medication, accurately pours the correct amount of medicine into a medication cup.)				
Closes the medication container(s)				
Returns the medication containers to the appropriate locked storage space				
Taking the medication:				
Places medications in mouth without spilling				
Sips enough water or other fluid to swallow medication				
Takes medication properly, swallowing medication completely				
Documents medications taken on Medication Administration Record (MAR)				
Clean up:				
Disposes of medication cups in appropriate receptacle				
Wipes off counter				
Returns MAR to proper location				
Washes hands				

**South Carolina Department of Disabilities and Special Needs
Self-Administration of Topical Medication Review**

Individual:		Residence/Site:		
Review time	Reviewer	Title	Date	
1				
2				
3				
<p>SCORING: If the individual can complete the task independently (without verbal prompts or manual assistance), place a 'Y' in the assessment results column. If the individual cannot complete the skill or requires verbal or manual guidance, place a 'N' in the assessment results column. An individual is not considered 'independent' in self-administration of topical medications unless all items are rated as 'Y'.</p>				
<p>Does the individual complete the following steps independently (without verbal prompts or manual assistance)? Record a Yes ('Y') or No ('N') in the appropriate column.</p>				
Item		Review Time		
FOR TOPICAL MEDICATION		1	2	3
Preparation:				
Recognizes the time the medication is to be applied (e.g., tells time; associates with a particular activity, etc.)				
Identifies when medications need to be reordered and notifies appropriate person OR a system is in place to support the individual in re-ordering medication				
Washes hands				
Locates and places the following items on a clean surface				
<ul style="list-style-type: none"> • Gloves • Applicator such as tongue blade, clean gauze pads, cotton-tipped swab • Medication Administration Record 				
Identifies and removes correct topical medication from locked medication supply				
Identifies the purpose of the topical medication				
Identifies the most common side effects of the topical medication				
Identifies who to contact if problems with medication occur				
Identifies correct site for application of topical medication				
Applying the medication:				
Puts gloves on				
Prepares site for application (e.g. cleans and dries the site)				
Rechecks that the medication selected is correct				
Opens medication container				
Applies the appropriate amount of medication on the designated area using gloved finger or applicator				
Closes medication container				
Using gloved hand, spreads medication onto affected area until absorbed. Avoids rubbing the skin.				
Applies dressing to area (if appropriate)				
Removes gloves				

**South Carolina Department of Disabilities and Special Needs
Self-Administration of Topical Medication Review**

Applying the medication, cont'd			
Disposes of tongue blades, gauze pads, cotton-tipped swabs and gloves in appropriate receptacle			
Washes hands immediately			
Documents medication applied on Medication Administration Record (MAR)			
Returns medication container to the appropriate locked storage space			
Clean up:			
Wipes off counter			
Returns MAR to proper location			
Washes hands			

SAMPLE

South Carolina Department of Disabilities and Special Needs
Guidance for Completing Review Forms for Self-Administration of Medications
and Self-Use of Glucometers

Who administers the review?

Reviews and forms are to be completed by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN at least annually and at any time a concern arises based on a medication error or staff concern about accuracy of glucometer use.

The review process requires actual observation of the person administering his/her own medication, not recall of what they may have done in the past or reports from other staff.

Prior to conducting the review, the nurse should discuss the person's abilities with staff that are familiar with the person to ensure that an accurate review takes place. The person's methods of communication (verbal, picture boards, etc.) should be incorporated into the review process to ensure they are given the appropriate level of credit for their participation.

Completing the Self-Administration Review Forms

At the top of each form, fill in the person's name. In the Residence/Site space, fill in the name of the residence where the person lives or the day program they attend and receive medication. If the person receives medication at both locations and the medication administration process is not the same, the review will need to be completed at both locations.

The name and the professional credential of the person completing the review is to be legibly written in the Reviewer and Credential spaces. The date (day/month/year) the review is completed is to be written in the date space. The same form may be used up for up to three review times.

For each item the person completes on the review form without verbal prompts or manual assistance, write a 'Y' for Yes in the Review column. If the person does not complete a step without verbal prompts or manual assistance write a 'N' for No on the Review column.

Tips for ensuring realistic review results

Recognizes the time a medication is to be taken/applied: The person does not necessarily need to tell time but may respond that the medication is to be taken based on an activity such as 'before breakfast' or 'at bedtime'.

Identifies correct medication: The person does not necessarily need to read the label on the medication container. A consistent method that the person has developed to accurately identify the specific medication can be used (e.g., the pharmacy or licensed nurse putting coded markings that do not obscure the label on the medication container).

Opens the correct container: If a bottle, the pharmacy may be able to replace child proof caps with non-child proof caps as long as doing so does not put any person at the site at risk.

South Carolina Department of Disabilities and Special Needs
Guidance for Completing Review Forms for Self-Administration of Medications
and Self-Use of Glucometers

Obtains appropriate fluids or food to ingest the medication: This includes pouring the fluid independently from a large container or using serving size fluids.

Returns the medication containers to appropriate locked storage area: If a central medication storage area is used at the site, this may mean handing the medication containers to a staff member to return to the central locked storage area.

Takes medication properly, swallowing medication completely: This means that they person does not 'cheek' the medication and/or chew it (unless the medication is supposed to be chewed).

Washes hands: Hands should be washed with soap and water (preferred) or an alcohol-based hand sanitizer that contains at least 60% alcohol.

Authorization to Self-Administer medications and/or use Glucometer independently

When a person independently performs (without verbal prompts or manual assistance) all items of the appropriate Self-Administration of Medication review or Self-Use of Glucometer review, he/she may be considered for self-administration of those medications or to use the glucometer independently.

A background image featuring four stylized, 3D paper figures holding hands in a circle. The figures are light blue and have a simple, geometric design. The background is a solid, medium blue color.

Public Reporting of Provider Data

SCDDSN Provider Agencies

Public Reporting of Provider Data



- Many other state and federal agencies are reporting provider performance through the use of score cards or “report cards.” Licensing data for health care facilities, child care facilities, licensure for many types of professionals, individual school and district information, etc... are available through agency web-sites.
- There are a variety of formats that are currently in use at both the state and federal level.

Public Reporting of Provider Data



- The DDSN reporting system will be a resource for consumers and family members to use as they select service providers.
- When viewing the Dashboard information, the viewer will be able to click on the provider name and find contact information and location for the selected provider.

Public Reporting of Provider Data



- The development of the actual web-page is still a work in progress.
- The final product will be an interactive design that will allow the user to click on various tabs for additional information, such as a list of the applicable indicators represented.

Public Reporting of Provider Data



The current DDSN framework for Reporting Provider Performance is based on the following:

- An average of three review cycles for Contract Compliance Reviews (May cover a four fiscal year period based on 18 month reviews). Provider data will reflect a minimum of two review cycles.
- An average of three review cycles for Licensing Reviews. (All licensing inspections completed within one fiscal year count as one cycle).

Public Reporting of Provider Data



- Helpful questions for the consumer and family to consider in selecting a service provider will be provided for follow-up contact, such as the questions below:
 - *How can I arrange a visit?*
 - *How would you describe the philosophy and values of your agency?*
 - *May I talk to individuals and families who use your services?*
 - *May I talk with some of your staff? What are the qualifications of the staff that would be supporting me/my relative?*
 - *May I have a copy of your annual report?*
 - *For how long have you provided services and supports in this county and in other counties?*
 - *What training do you provide to staff who work directly with individuals? To supervisors?*
 - *How long do staff remain with your agency (by position, by site)?*

Public Reporting of Provider Data



Detailed information will be available to look at how a single provider performs across all service areas. Indicator compliance scores are listed for all services provided.

Areas covered include:

- Administrative Indicators
- Case Management
- Early Intervention
- Residential
- Day Services
- Employment Services

Public Reporting of Provider Data



- Data included for each provider:
 - Designation for 18 month review cycle, based on past performance
 - Positive Behavior Supports training program in place
 - Other special certifications and training programs like CARF or NADD
 - DDSN Current Sanctions
- Data will be updated quarterly.
- Additional data will be available as the reporting tool continues to develop.

Public Reporting of Provider Data



- As additional information for the reader, the review process will be included in a prelude to the data reports. This will include a description of the criteria for providers to qualify for an 18 month review and the process for determining how often a particular site is licensed.

Public Reporting of Provider Data



- Administrative Indicator compliance scores reveal how well the provider performs on a set of key indicators that look at the agency's overall structure, including risk management and the establishment of a Human Rights Committee, following reporting procedures for critical incidents and allegations of abuse, neglect or exploitation, and conducting unannounced visits to monitor programs.

Public Reporting of Provider Data



- Case Management includes eligibility, assessment and planning, referrals and linkage to other community service providers. It may also include the authorization and monitoring of Waiver funded services. The Case Management Indicators are reflected in a composite score for each provider, to include both Waiver and non-Waiver supports.

Public Reporting- Service Selection



Microsoft Office Home SCDDSN Dashboard for Pro... x

File Edit View Favorites Tools Help

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SC Department of Disabilities & Special Needs
Dashboard for Provider Performance

**List providers meeting the following criteria:
(must choose a service)**

QA Service: - Select a Service -
Case Management
County: Day Services
Early Intervention
Employment Services
Residential Services

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Case Management Reporting



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=7&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

Page navigation: Home RSS Print Page Safety Tools

SC Department of Disabilities & Special Needs

Dashboard for Provider Performance

Providers

[[Dashboard for Provider Performance Home](#)]

Providers meeting the following criteria ([change filter](#)):

Providing: Case Management

In: Any County

State Wide Case Management Averages

Case Management Average	91.3
Admin Average	85.7

PROVIDER 1

★★★★☆ ⓘ

[[provider information](#)]

Case Management

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Case Management Reporting



State Wide Case Management Averages

Case Management Average	91.3
Admin Average	85.7

PROVIDER 1



[[provider information](#)]

Case Management



Average CM Composite	92.3
Admin Average	98.0
Provider Size	Large
18 Month Cycle	Yes

^ Fiscal Year Averages

(click to show/hide)

Case Management FY Averages

FY16 Case Management Average	88.8
FY15 Case Management Average	No Review
Current Provider Sanctions	No

Star Rating Scale



Browser window showing the SCDDSN Dashboard for Professionals. The URL is <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=7&countyId=>

File Edit View Favorites Tools Help

SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

DDSN Board Service Ratings

The Provider Ratings Stars are assigned based on their 3 year average of their Overall agency score. This score is a composite of all service areas and the administrative indicator score. The star scale is based on the following criteria:

- 94- 100 = 5 stars
- 87- 93 = 4 stars
- 80- 86 = 3 stars
- 75- 79 = 2 stars
- 70- 74 = 1 star
- 69 and below= no stars

Individual services scores that make up the Overall Score are designated below:

Individual Service Ratings	
Service Composite	★★★★★
EI Average	★★★★★
Residential Services Average	★★★★★
Day Services Average	★★★★★
Employment Average	★★★★★

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Description of Service Type



The screenshot shows a web browser window with the following elements:

- Browser Address Bar:** <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=7&countyId=>
- Browser Tabs:** SCDDSN Dashboard for Pro...
- Browser Menu:** File Edit View Favorites Tools Help
- Browser Icons:** SCDD..., SCDD..., Mail..., Sout..., DDSN..., S.C..., Web..., DDSN...
- Page Content:**
 - Case Management** (4.5 stars)
 - Average CM Composite: 92.3
 - Admin Average: 98.0
 - Case Management** (4.5 stars)
 - Average CM Composite: 93.6
 - Admin Average: 87.8
- Tooltip:** Case Management Average. Service Coordination includes eligibility, assessment and planning, referrals and linkage to other community service providers. It may also include the authorization and monitoring of Waiver funded services. The Service Coordination Indicators are reflected in a composite score for each provider, to include both Waiver and non-Waiver supports. For a complete listing of the Key Indicators, please [click here](#).

Administrative Score Narrative



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=7&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

Provider Information

Case Management

★★★★★

Average CM Composite 92.3

Admin Average 98.0

Admin Average

Administrative Indicator compliance scores reveal how well the provider performs on a set of key indicators that look at the agency's overall structure, including risk management and the establishment of a Human Rights Committee, following reporting procedures for critical incidents and allegations of abuse, neglect or exploitation, and conducting unannounced visits to monitor programs.

(click to show/hide)

PROVIDER 2

[provider information]

Case Management

★★★★★

Average CM Composite 93.6

Admin Average 87.8

150%

1:45 PM 10/13/2016

Description of Provider Size



The screenshot shows a web browser window displaying a provider rating page. The browser's address bar shows the URL: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=7&countyId=>. The page title is "SCDDSN Dashboard for Pro...". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The toolbar shows various icons for home, RSS, mail, print, and other functions. The main content area displays a "Case Management" section with a 4.5-star rating and an information icon. Below this, the "Average CM Composite" is listed as 92.3 and the "Admin Average" as 98.0. A tooltip window titled "Provider Size" is open, providing a definition of provider sizes based on the number of consumers supported. The background page also shows a "Fiscal Year A" dropdown and a "PROVIDER 2" section with another "Case Management" section showing a 4.5-star rating, an "Average CM Composite" of 93.6, and an "Admin Average" of 87.8. The Windows taskbar at the bottom shows icons for Internet Explorer, File Explorer, VLC, Chrome, and PowerPoint, along with system tray icons for volume, network, and battery.

Case Management
★★★★★ ⓘ

Average CM Composite ⓘ 92.3
Admin Average ⓘ 98.0

Provider Size ⓘ

The size of the provider is indicated in terms of the number of consumers supported. Small providers are those serving less than 200 consumers. Medium providers serve between 201 and 499 consumers. Large providers serve over 500 consumers. DDSN uses an approximate 5% statewide average for sample sizes in Quality Assurance Reviews, so larger providers will have larger sample sizes and smaller providers will have smaller samples.

Case Management
★★★★★ ⓘ

Average CM Composite ⓘ 93.6
Admin Average ⓘ 87.8

Review Cycle information



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=7&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

Browser navigation: Home RSS Mail Print Page Safety Tools

Average CM Composite	92.3
Admin Average	98.0
Provider Size	Large
18 Month Cycle	Yes

18 Month Review

The designation for 18 month review cycle is based on past performance. A provider will be reviewed on a 12 month review cycle if their overall Quality Assurance review score is below 75% compliance. Providers scoring above 75% are reviewed on an 18 month review cycle.

Average CM Composite	93.6
Admin Average	87.8
Provider Size	Medium
18 Month Cycle	Yes

PROVIDER 2 [provider information]

★ ★ ★ ★ ★ (click to show/hide)

150%

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Case Management Reporting



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=7&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

Provider 1 Rating: **PROVIDER 1** [[provider information](#)] ★★★★☆ [Read mail](#)

Case Management ★★★★☆ [i](#)

Average CM Composite	i 92.3
Admin Average	i 98.0
Provider Size	i Large
18 Month Cycle	i Yes

Fiscal Year Averages (click to show/hide)

Provider 2 Rating: **PROVIDER 2** [[provider information](#)] ★★★★☆ [i](#)

Case Management ★★★★☆ [i](#)

System tray: 150% 1:42 PM 10/13/2016

Public Reporting of Provider Data



- DDSN Day Services includes Career Preparation, Employment Services through a Mobile Work Crew or Enclave, Community Service, Day Activity, or Support Center.
- Employment Services through Individual Community Employment are reviewed within the Alliant Contract Compliance Review .

Day Services Reporting Information



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=6&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

Page navigation: Home RSS Mail Print Page Safety Tools

SC Department of Disabilities & Special Needs

Dashboard for Provider Performance

Providers

[[Dashboard for Provider Performance Home](#)]

Providers meeting the following criteria ([change filter](#)):

- Providing: Day Services
- In: Any County

State Wide Day Services Averages

Day Services Average	89.9
Admin Average	89.0

PROVIDER 1

[[provider information](#)]

★★★★☆ ⓘ

Day Services

Windows taskbar: 150% 1:47 PM 10/13/2016

Day Services Reporting Information



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=6&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

PROVIDER 1



[[provider information](#)]

Day Services



Day Services Average	88.9
Day Licensing 3 Year Avg	97.2
Admin Average	98.0
Provider Size	Large
18 Month Cycle	Yes

^ Fiscal Year Averages

(click to show/hide)

Day Services FY Averages

FY16 Day Services Average	96.1
FY15 Day Services Average	No Review
Positive Behavior Support	Yes

Windows taskbar: Includes icons for Internet Explorer, File Explorer, Chrome, PowerPoint, and system tray with date 10/13/2016 and time 1:47 PM.

Day Services Licensing Information



Day Services



Day Services Average 88.9

Day Services Licensing

For Day Services Licensing, an average has been calculated for the provider for each of the prior three years (if more than one day program) then an agency average has been calculated for the past three years. The licensing requirements relate to the health and safety aspects of facilities and services. The requirements authorize the establishment of standards for the qualifications of staff, staff to consumer ratios, fire safety, medication management, facility size and construction, storage of hazardous liquids and health maintenance. All Facility-Based Day Programs must be licensed according to state law and the licensing standards. DDSN contracts with the QIO to coordinate the licensing inspections. For a complete listing of the Licensing Indicators, please [click here](#).

FY16 D

FY15 D

Positive Behavior Support

Yes

Current Provider Sanctions

No

(click to show/hide)

Detail of Provider Sanctions



Day Services



Day Services Average	88.9
Day Licensing 3 Year Avg	97.2
Admin Average	98.0

DDSN Sanctions



When there are recurring compliance issues, DDSN may implement sanctions for a provider and require a plan of correction. Sanctions may range from a freeze on new referrals to the termination of a service contract, depending on the particular concerns.

FY16 D

FY15 Day Services Average	No Review
Positive Behavior Support	Yes
Current Provider Sanctions	No

(click to show)

Public Reporting of Provider Data



- Residential services are reviewed to ensure appropriate assessment and planning for consumers.
- In addition to the Residential Habilitation Indicators, the provider performance data also includes the residential observation component of the review and the residential licensing score.

Residential Services Reporting



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=5&countyId=>

SCDDSN Dashboard for Pro...

File Edit View Favorites Tools Help

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State Wide Residential Services Averages

Residential Services Average	90.5
Admin Average	92.0

PROVIDER 1 ★★★★★ ⓘ

[[provider information](#)]

Residential Services ★★★★★ ⓘ

Res Hab Average	90.2
Res Licensing 3 Year Avg	96.7
Res Obs Average	93.5
Admin Average	98.0
Provider Size	Large
18 Month Cycle	Yes

⌵ **Fiscal Year Averages** (click to show/hide)

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Residential Observation Information



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=5&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

Residential Services Average	90.5
Admin Average	92.0

PROVIDER 1
[provider information]

Residential Observation Tool

The Residential Observation Tool is used to make observations during a scheduled visit to one or more of the provider's residential services location. It includes data collected about the staff's interaction with people who receive services. The reviewers often ask questions of the staff and residents to ensure that that the Plan is implemented as written, including the type/degree of assistance described in the plan and the supervision level indicated. An important component of the residential observation is to ensure services are delivered in a way that promotes dignity and respect. For a complete listing of the Key Indicators, please [click here](#).

18 Month Cycle Yes

Fiscal Year Averages (click to show/hide)

System tray: 150% 1:49 PM 10/13/2016

Public Reporting of Provider Data



- Early Intervention services are available to children from birth (or time of diagnosis) up to age six. Most children are referred from Babynet through age 3. Early Intervention is a separate domain within the provider's Quality Assurance Review.

Early Intervention Reporting Information



PROVIDER 3

[[provider information](#)]



Early Intervention



EI Average	90.5
Admin Average	98.0
Provider Size	Large
18 Month Cycle	Yes

⤴ Fiscal Year Averages

(click to show/hide)

Early Intervention FY Averages

FY16 Early Intervention Average	92.1
FY15 Early Intervention Average	No Review
Current Provider Sanctions	No

Early Intervention Reporting Information



Browser address bar: <http://ddsnwas.ddsn.gov/public/ratings/listing.do?serviceId=8&countyId=>

Browser tabs: SCDDSN Dashboard for Pro...

Browser menu: File Edit View Favorites Tools Help

Browser toolbar: SCDD... SCDD... Mail... Sout... DDSN... S.C... Web ... DDSN...

Page: Page Safety Tools

PROVIDER 8 [provider information] ★★★★★

Early Intervention

Services Ratings Stars

Stars are based on the providers 3 year average score for a designated service. The star scale is based on the following criteria:

- 94- 100 = 5 stars
- 87- 93 = 4 stars
- 80- 86 = 3 stars
- 75- 79 = 2 stars
- 70- 74 = 1 star
- 69 and below= no stars

Fiscal Year A (click to show/hide)

PROVIDER 9 [provider information] ★★★★★

Early Intervention

FI Average 94.4

Taskbar: 150% 1:54 PM 10/13/2016

Public Reporting of Provider Data



- Questions?
- Comments?
- Suggestions?

SC Department of Disabilities and Special Needs
FY 2017 Monthly Financial Summary - Operating Funds
Month Ended: September 30, 2016

	<u>General Fund</u> <u>(Appropriations)</u>	<u>Medicaid</u> <u>Fund</u>	<u>Other Operating</u> <u>Funds</u>	<u>Federal and</u> <u>Restricted Funds</u>	<u>Total</u>
FY 2016 Unreserved Cash Brought Forward	\$ 939,561	\$ 527,877	\$ 877,569	\$ 16,190	\$ 2,361,197
<u>FY 2017 YTD Activity</u>					
<u>Receipts/Transfers</u>					
Revenue	\$ 238,842,266	\$ 95,401,631	\$ 1,612,743	\$ 137,163	\$ 335,993,803
Interfund Transfers	\$ (25,000,000)	\$ 25,000,000	\$ -	\$ -	\$ -
Total Receipts/Transfers	\$ 213,842,266	\$ 120,401,631	\$ 1,612,743	\$ 137,163	\$ 335,993,803
<u>Disbursements</u>					
Personal Services	\$ (13,707,205)	\$ (4,315,658)	\$ (6,944)	\$ (47,462)	\$ (18,077,269)
Fringe Benefits	\$ (5,887,736)	\$ (1,938,469)	\$ (939)	\$ (19,395)	\$ (7,846,539)
Other Operating Expense	\$ (41,918,435)	\$ (99,228,352)	\$ (119,172)	\$ -	\$ (141,265,959)
Capital Outlays	\$ -	\$ (64,152)	\$ -	\$ -	\$ (64,152)
Total Disbursements	\$ (61,513,376)	\$ (105,546,631)	\$ (127,055)	\$ (66,857)	\$ (167,253,919)
Outstanding Accounts Payable Balance	\$ (23,936)	\$ (1,840,023)	\$ (1,125)	\$ -	\$ (1,865,084)
Unreserved Cash Balance - 9/30/2016	\$ 153,244,515	\$ 13,542,854	\$ 2,362,132	\$ 86,496	\$ 169,235,997

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

FM Budget vs Actual										
Author		JGRANT								
Filter		Information								
Status of Data		10/5/2016 04:35:08								
Table										
Fiscal year	Business area	Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance	
2017	DDSN	ADMINISTRATION	\$ 7,278,969.00	\$ 172,575.00	\$ 7,451,544.00	\$ 1,974,271.29	\$ 5,477,272.71	\$ 899,684.80	\$ 4,577,587.91	
		PREVENTION PROGRAM	\$ 257,098.00	\$ 0.00	\$ 257,098.00	\$ 19,200.00	\$ 237,898.00	\$ 0.00	\$ 237,898.00	
		GWOOD GENETIC CTR	\$ 11,358,376.00	\$ 0.00	\$ 11,358,376.00	\$ 3,282,124.00	\$ 8,076,252.00	\$ 7,025,957.00	\$ 1,050,295.00	
		CHILDREN'S SERVICES	\$ 14,859,135.00	\$ 7,251,573.00	\$ 22,110,708.00	\$ 5,247,262.61	\$ 16,863,445.39	\$ 0.00	\$ 16,863,445.39	
		Babynet	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00		\$ 9,312,500.00		\$ 9,312,500.00	
		IN-HOME FAMILY SUPP	\$ 102,211,827.00	-\$ 14,562,850.81	\$ 87,648,976.19	\$ 13,844,908.00	\$ 73,804,068.19	\$ 21,325,086.23	\$ 52,478,981.96	
		ADULT DEV&SUPP EMPLO	\$ 67,475,832.00	\$ 12,405,105.00	\$ 79,880,937.00	\$ 21,375,744.10	\$ 58,505,192.90	\$ 83.00	\$ 58,505,109.90	
		SERVICE COORDINATION	\$ 22,707,610.00	\$ 50,145.00	\$ 22,757,755.00	\$ 5,796,511.60	\$ 16,961,243.40	\$ 879,664.00	\$ 16,081,579.40	
		AUTISM SUPP PRG	\$ 14,113,306.00	\$ 22,720.00	\$ 14,136,026.00	\$ 2,811,865.99	\$ 11,324,160.01	\$ 1,465,321.86	\$ 9,858,838.15	
		Pervasive Developmen	\$ 10,780,880.00	\$ 0.00	\$ 10,780,880.00	\$ 1,214,349.32	\$ 9,566,530.68	\$ 1,898,952.89	\$ 7,667,577.79	
		HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 673,210.00	\$ 3,713,742.00	\$ 790,934.88	\$ 2,922,807.12	\$ 0.00	\$ 2,922,807.12	
		REG CTR RESIDENT PGM	\$ 73,912,065.00	\$ 1,205,686.00	\$ 75,117,751.00	\$ 17,442,144.13	\$ 57,675,606.87	\$ 7,474,180.68	\$ 50,201,426.19	
		HD&SPIN CRD INJ FAM	\$ 26,258,987.00	\$ 938,539.00	\$ 27,197,526.00	\$ 4,860,592.45	\$ 22,336,933.55	\$ 7,765,343.60	\$ 14,571,589.95	
		AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 0.00	\$ 23,557,609.00	\$ 5,319,704.89	\$ 18,237,904.11	\$ 121,117.06	\$ 18,116,787.05	
		INTELL DISA COMM RES	\$ 311,439,097.00	-\$ 774,365.00	\$ 310,664,732.00	\$ 77,289,049.59	\$ 233,375,682.41	\$ 45,130,007.38	\$ 188,245,675.03	
		STATEWIDE CF APPRO		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00	
		STATEWIDE PAY PLAN		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00	
		STATE EMPLOYER CONTR	\$ 29,857,979.00	\$ 1,004,673.00	\$ 30,862,652.00	\$ 7,845,600.45	\$ 23,017,051.55	\$ 0.00	\$ 23,017,051.55	
		DUAL EMPLOYMENT				\$ 4,739.58	-\$ 4,739.58		-\$ 4,739.58	
		Lander University		\$ 300,000.00	\$ 300,000.00		\$ 300,000.00		\$ 300,000.00	
		Result	\$ 728,421,802.00	\$ 8,687,010.19	\$ 737,108,812.19	\$ 169,119,002.88	\$ 567,989,809.31	\$ 93,985,398.50	\$ 474,004,410.81	

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

Attachment H

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
1	<p>Safety and Quality of Care/Workforce Needs. Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers. This request has three components:</p> <p>(1) Increase the hiring wage for direct care staff and immediate supervisors. Direct care wages are no longer competitive. An increased hiring wage of \$12.00 to \$13.00 per hour is needed to be highly competitive. This request supports moving toward that goal by increasing the hiring wages to \$11.00 per hour, an 8.8 percent increase from \$10.11 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases. In the last year, large private companies, like Walmart and McDonald’s, have raised their hiring pay rate to remain competitive.</p> <p>(2) Retain essential 24/7 nursing and direct care staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.</p> <p>(3) Comply with new overtime regulations imposed by the federal Department of Labor. The federal Department of Labor has imposed a new regulation scheduled to become effective during FY 2017. This regulation dramatically changes the overtime exception raising it from employees earning \$23,660 or less to employees earning \$47,476 or less. All DDSN regional centers and community providers will be required to change which staff are exempt and which staff must be paid overtime. This new requirement will result in a significant increase in workforce costs. New recurring funds are necessary to cover the increased personnel cost.</p>	<p>\$11,500,000</p> <hr/> <p>Increase Hiring Wage \$9M</p> <p>Compression & Retention \$1M</p> <p>Dept. Of Labor \$1.5M</p>	<p>Statewide</p> <hr/>
2	<p>Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists. This request has two components:</p> <p>(1) The first will provide approximately 950 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 6,400 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.</p> <p>(2) The second component of this request will provide necessary residential supports and services for approximately 100 individuals who are living at home with caregivers aged 72 and over. Providing services now prevents waiting until the family is in crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are over 1,200 individuals with severe disabilities being cared for by parents aged 72 and over. Over 500 of these caregivers are 80 years old or older. This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request would be an expansion of DDSN's current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals.</p>	<p>\$6,400,000</p> <hr/> <p>In-Home Supports \$4.3M</p> <p>Targeted Residential/Aging Caregivers \$2.1M</p>	<p>Statewide</p> <hr/> <p>950</p> <p>100 Beds</p>

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

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
3	<p>Crisis Intervention and Stabilization for Individuals.</p> <p>(1) This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings.</p> <p>(2) Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. This request also includes increased access to psychiatric support for individuals receiving community services and support.</p> <p>(3) Funds are requested to develop approximately 50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual cost of providing a very high level of supports required for individuals with aggressive and extremely challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others. The number of providers willing to serve them is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders.</p>	<p>\$3,800,000</p> <hr/> <p>Regional Team \$750K</p> <p>Temporary Residential \$400K</p> <p>TBI Inpatient \$500K</p> <p>Psychiatric Support \$150K</p> <p>Residential \$2M</p>	<p>Statewide</p> <hr/> <p>1 Team</p> <p>4 Beds</p> <p>3 to 4</p> <p>Statewide</p> <p>50 Beds</p>
4	<p>Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care. The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The new Final Rule issued by Centers for Medicare & Medicaid Services requires states to provide services in less restrictive, more inclusive, community settings. This request represents the state's need to boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings while maintaining quality care. These funds will allow approximately 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations. Funds will be used to purchase and develop community residential settings, day services and provide necessary supports.</p>	<p>\$1,200,000</p>	<p>28</p>

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

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
5	<p>Community ICF/IID Provider Rate Increase. These funds will be used to cover the increased cost of providing consumer care in Community ICF/IID settings. Service funding rates must be sufficient to cover the cost of care or the local community providers will not be able to continue to provide the service. Services include nursing, supervision, medical specialists, medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these more intensive supports. Funding for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services are maintained. Funding this request will ensure compliance with current federal regulations. This request will provide sufficient funding as a maintenance of effort to the providers of community ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, the providers will have to serve fewer people.</p>	\$1,500,000	Statewide
6	<p>Strengthen Provider Support, Oversight and System Changes. (1) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization will offer individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction. (2) This request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be provided directly by DDSN staff, national subject matter experts would be brought in and provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training. (3) The third component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance.</p>	\$1,650,000 <hr style="width: 20%; margin: auto;"/> Intake \$1.2M Training \$200K Provider Oversight \$250K	Statewide
7	<p>Assure Statewide Access to Genetic Services. Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center. This request will assure that all babies identified to have a genetic metabolic disease through newborn screening will receive prompt curative treatment. Both the number of infants referred for treatment and the number of infants underserved has increased which has resulted in the need for increased resources to meet the needs of these babies. This request will support maintenance and expansion of both diagnosis and monitoring of patients. This request will also increase access to services to patients with disabilities and genetic disorders in remote areas of South Carolina through tele-genetics implemented in partnership with MUSC and the Palmetto Telehealth Alliance.</p>	\$500,000	Statewide

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

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
8	<p>Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries. DDSN has a recurring appropriation of \$3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 would serve an additional 8 to 10 individuals and help bridge the gap. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.</p>	\$500,000	8-10
9	<p>Ensure Compliance with Federal Regulations.</p> <p>(1) New federal requirements defined by the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) new Final Rule necessitate an increased emphasis on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the CMS HCBS new Final Rule. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment.</p> <p>(2) The new Final Rule also requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement.</p> <p>(3) New state funds are necessary to increase the state’s participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.</p>	<p style="text-align: center;">\$6,700,000</p> <hr/> <p style="text-align: center;">Individualized Employment/Day Supports \$5.1M</p> <p style="text-align: center;">Conflict Free Case Management \$1.1M</p> <p style="text-align: center;">CMS Requirements \$500K</p>	<p style="text-align: center;">625</p> <p style="text-align: center;">Statewide</p> <p style="text-align: center;">Statewide</p>
TOTAL		\$33,750,000	