

# **SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**

## **MINUTES**

September 21, 2017

The South Carolina Commission on Disabilities and Special Needs met on Thursday, September 21, 2017, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

### **COMMISSION**

#### **Present:**

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

#### **Absent:**

Mary Ellen Barnwell – Secretary

#### **DDSN Administrative Staff**

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

#### **Guests**

(See Attachment 1 Sign-In Sheet)

#### **Coastal Regional Center (via videoconference)**

(See Attachment 2 Sign-In Sheet)

#### **Georgetown County DSN Board**

#### **Pee Dee Regional Center (via videoconference)**

(See Attachment 4 Sign-In Sheet)

#### **Pickens County DSN Board (via videoconference)**

(See Attachment 5 Sign-In Sheet)

Whitten Regional Center (via videoconference)  
(See Attachment 6 Sign-In Sheet)

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

Jasper County DSN Board (via videoconference)

### News Release of Meeting

Chairman Ravenel called the meeting to order and Commissioner 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.

### Invocation

Commissioner Lemel gave the invocation.

### Adoption of the Agenda

The Commission adopted the September 21, 2017 Meeting Agenda by unanimous consent with the amendment to place Agenda Item No. 15, State Director's State Director Evaluation Planning Document, on the October 19 2017 Commission Meeting agenda. (Attachment A)

### Approval of the Minutes of the August 17, 2017 Commission Meetings

The Commission approved the August 17, 2017 Commission Meeting minutes by unanimous consent.

### Public Input

The following individuals spoke during Public Input: Matt LeGray, Susan John, Judy Johnson, Carolyn O'Connell, Deborah McPherson, Mary Poole and Aimee Davenport

### Commissioners' Update

Commissioners Ravenel, Thompson and Lemel spoke of activities and events in their districts.

### Legislative Committee Report

Committee Chairman Thompson stated the Committee met on Thursday, September 14, 2017 to discuss 26 recommendations from staff to change current statutes. The Committee did not change 17 of the recommendations,

as they were primarily updated definitions and terminology. Seven recommendations were changed, one tabled and one was removed completely. The Committee motioned to recommend the Commission approve recommendations Nos. 1 through No. 7, Nos. 9 through No. 17, Nos. 19 and No. 22 as presented and distributed by staff. Discussion followed in regards to the removal of No. 6. Committee Chairman restated her motion to recommend the Commission approve recommendations Nos. 1 through No. 5, No. 7, No. 9 through No. 17, No. 19 and No. 22. The motion carried. **(Recommendations Listed in Attachment B)**

Law Recommendations No. 8 – The Committee had amended section 3 of the statute. Discussion followed. The Committee motioned to amend section 3 of the statute and remove section 8 of the statute to be placed as number 10 in the statute so that that DDSN would be placed last in the list of priorities. The motion carried.

Law Recommendation No. 18, No. 20 and No. 21 – The Committee responded to the staff recommendations, however, new information has developed concerning parents, guardians and families since the Committee met, there is no recommendation at this point until further discussion.

Law Recommendation No. 22 and No. 23 – The Committee motioned that the Commission approve all changes except those in section 10 of the regulation in Recommendation No. 23. The motion carried.

Law Recommendation No. 20 – The recommended changes were discussed. The Committee tabled and has no recommendation. Staff will go back and review.

Law Recommendation No. 6 – The Committee did not recommend any changes. Discussion followed. Commissioner Danielson motioned to place this law recommendation on the agenda until the problem is solved and receive updates from staff, providers and legal to come up with language. The motion carried.

### Policy Committee Report

Committee Chairman Thompson gave an update of the Policy Committee meeting that was held prior to the Commission meeting. On behalf of the Committee, Chairman Thompson moved that Commission approve the following Committee recommendations: **(Recommendations Listed in Attachment C)**

Executive Limitation Policy 800-03-CP – Revise 3a and 3b, and add 3c. Discussion followed. It was recommended that 3b of the policy state “no more than 10% of the project costs may be transferred from one Capital Improvement Account to the other without Commission approval.” The Committee recommended adding No. 12. The motion carried. The Committee

recommended adding No. 13. The motion carried. The Committee recommended adding No. 14. Discussion followed. Commissioner Danielson requested it be on record that the Commission should not be having this discussion regarding No. 14 in this forum. The motion failed.

Committee Chairman Thompson presented the Committee recommendation for the Commission to approve the Draft Policy for Video Recording of DDSN Commission Meetings 800-06-CP. The motion carried.

### State Director's Report

Dr. Buscemi reported on the following:

House Legislative Oversight Committee – Presented an overview of the DDSN system at the Monday, September 18, 2017 meeting. Scheduled meetings are as follows: October 3, October 10, October 24, November 2 (Subject to change) and November 30. All meetings will begin at 10:00 a.m. and will be held in the Blatt Building.

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

RFP for Quality Improvement Organization – Based on the posting date a new contract would be awarded in November to go into effect January 1, 2018. Changes are to move towards more outcome focused reviews.

Upcoming Webinar – A webinar is scheduled on September 28, 2017 at 10:00 a.m. will be hosted by DHHS regarding PCG reviews. The data shared will be preliminary.

Critical Needs Changes Directive – the directive should be issued by the end of the week. We are breaking out operational material in a separate directive to make it more clear.

### Spinal Cord Awareness Month

Ms. Melissa Ritter, Director of the Head and Spinal Cord Injury Division, spoke on Spinal Cord Awareness Month and then introduced Ms. Angela Rodriguez, Executive Director of the Spinal Cord Injury Association. Ms. Rodriguez shared information on spinal cord injuries. (Attachment D)

### Direct Support Professional Proclamation Governor McMaster

Dr. Buscemi shared Governor McMaster's proclamation proclaiming September 10-16, 2017 as Direct Support Professionals Recognition Week. (Attachment E)

### Hurricane Irma Update

Mr. Goodell shared information on how the hurricane was a challenge to our system. There was great collaborative within the provider networks and the outcome was favorable though the agency will make changes for the future. Mr. Waring reported how many individuals and staff were evacuated and what receiving agency accommodated their relocation. During the preparedness for Irma, several items were identified such as some additional inventory of cots adapted for the special needs population. Also, identified utility companies the prioritizing of community facilities when power outages occur and reliable vehicles for DDSN's mobile generators. Mr. Waring thanked the dedicated staff. Discussion followed regarding the need for generators. Dr. Buscemi stated that staff can would identify areas of the state within DDSN service delivery system that generator power is needed and what financial resources would be needed to accomplish the task. (Attachment F)

### Waiting List Reduction Efforts

Mrs. Beck provided an update on the Waiting List Reduction Efforts. She stated that she will provide an update on Option 4 at the October Commission meeting. (Attachment G)

### Intake Update and Eligibility Directive Additions

Mrs. Beck shared a PowerPoint presentation regarding Intake as well as information on the eligibility determination process. Discussion followed as to how the process can be made more family-friendly and to condense the Intake flow chart as it is too confusing. Ms. Beck stated that the information could be analyzed in an Ad Hoc Committee. It was requested by Commissioner Lemel for a meeting to be scheduled in a month or two. Mrs. Beck provided a proposal for Commission approval to add a \$25.00 payment for terminated intake referrals assigned to qualified intake providers for non-EI referrals. Commissioner Lemel motioned to approve the proposal as presented. The motion was seconded and passed. (Attachment H)

### Behavioral Supports in Residential Expansion

Mrs. Beck provided detailed information and provided slides that included an overview of SCDHHS approved updates to the Residential Habilitation Standards. Discussion followed on concerns of trying to expand the pool of persons providing the Intensive Behavioral Intervention service. (Attachment I)

### High Management Residential Expansion with Critical Needs Consumers

Mr. David Goodell provided detailed information on expansion of residential service to respond to individuals with behavioral challenges which included two



options to choose. Discussion followed. It was requested that staff bring back options on how the providers can be used for this effort. (Attachment J)

### Financial Update

Mr. Waring provided an overview of the agency's financial activity through August 31, 2017 and the agency's current financial position. A SCEIS report reflecting budget versus actual expenditures through August 2017 was also provided. (Attachment K)

### Community ICF Rate

Mr. Waring provided two comparison reports of community ICF rates. The comparisons were for FY 18 and FY 17. The comparisons showed what percentage of the Medicaid Revenue received by the department for Community ICF beds remained at DDSN and what percentage was paid to the ICF providers FY 2017, the percentage remaining at DDSN was .44% and for 2018, the percentage is 3.44%. The department is allocating a very high percentage (over 95%) of the dollars it is receiving from Medicaid for ICF community services to the local board providing the service. (Attachment L)

### Easement for Utility Line at Whitten Center

Mr. Waring provided information of a request for three utility easements at the Whitten Center for Commission approval. On motion of Commissioner Lemel, seconded and passed, the Commission approved the easements as presented by staff. (Attachment M)

### Consideration of Bid-Sumter Day Program Improvements

Mr. Waring presented information on the bid for paving, grading, and site improvements at the Sumter Day Program. On motion of Commissioner Lemel, seconded and passed, the Commission approved the low bid of \$244,016 as presented by staff. (Attachment N)

### Executive Session

On motion of Commissioner Lemel, seconded and passed, the Commission entered into Executive Session to discuss the Greenville DSN Board Internal Audit and to discuss an employment matter.

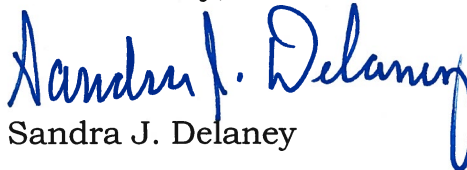
### Enter into Public Session

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

Next Regular Meeting

October 19, 2017 to be held at the DDSN Central Office.

Submitted by,

  
Sandra J. Delaney

Approved:

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Commissioner Mary Ellen Barnwell  
Secretary

## SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

## Commission Meeting

September 21, 2017

## Guest Registration Sheet

**(PLEASE PRINT)**

Name and Organization

- |     |                           |                                  |
|-----|---------------------------|----------------------------------|
| 1.  | KEVIN YACOBST             | DPSN                             |
| 2.  | MATT LeGRAY, P.D., DCOA-O | Incentive Behavioral Health, LLC |
| 3.  | TIM SMITH                 | Leoperville News                 |
| 4.  | Deborah Heather McPherson | Richland County                  |
| 5.  | Daniel David              | Antin                            |
| 6.  | Lisa B. Weeks             | DDSN                             |
| 7.  | Cardyn O'Connell          | Greenville                       |
| 8.  | Jeremy C Mize             | Oconee DSN                       |
| 9.  | Ann Dalton                | DDSN                             |
| 10. | Judy Johnson IV           | Felton                           |
| 11. | Susan L John              | Henry Co. DSN                    |
| 12. | Ray Miller                | SC DD Council                    |
| 13. | Dexter Alston             | DDSN                             |
| 14. | Alan Corneil              | Henry Co. DSN                    |
| 15. | Melissa Ritter            | DDSN                             |
| 16. | Marty Rawls               | DDSN                             |
| 17. | Ariky Moss                | Calhoun DSN                      |
| 18. | DAVID LeGRAY              | David R. Zettray                 |
| 19. | Stephanie Milk            | Calhoun DSN                      |
| 20. | Ben Orner                 | DDSN                             |



# SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

## Commission Meeting

September 21, 2017

### Guest Registration Sheet

**(PLEASE PRINT)**

Name and Organization

- |     |                  |                              |
|-----|------------------|------------------------------|
| 21. | Joe White        | Cherokee Co DSNB             |
| 22. | Phil Clarkson    | BIASC                        |
| 23. | Kathryn Padgett  | Family Connection            |
| 24. | Theod Warren     | Sumter DSNB                  |
| 25. | My Goyet         | Parent Advocate              |
| 27. | Florida Gordon   | Community Option             |
| 28. | Beth Ann         | DDSN                         |
| 29. | Melody Wynn      | DDSN                         |
| 30. | Mary Poole       | Max Abilities                |
| 31. | Bob Jones        | Newberry DSNB                |
| 32. | Beth Bunge       | Bright Start                 |
| 33. | Kendra Wilkerson | House Legis. Oversight Comm. |
| 34. | Vivian Davis     | BIASC                        |
| 35. | Scott Turner     | DHHS                         |
| 36. | Angele Rodriguez | SCSCIA                       |
| 37. | Sherry Pressley  | LSC                          |
| 38. | Kalysta Crumley  | Dikew / TDC                  |
| 39. | Debra Penn       | COLLEGE BOS                  |
| 40. |                  |                              |

# SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting September 21, 2017

## Guest Registration Sheet

**(PLEASE PRINT)** Name and Organization

1. Maryjo Nabors CareFocus Inc
2. Sloan Todd Pathfinders
3. Suzanne Johnson Parents & Guardians
4. Alan Rose community options
5. Felita Martini District II
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**SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS**  
**Commission Meeting**  
September 21, 2017

**Guest Registration Sheet**

**(PLEASE PRINT)** Name and Organization

1. Deborah K. Smith DDSN - District II

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# SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

## Commission Meeting

September 21, 2017

### Guest Registration Sheet

**(PLEASE PRINT)**

Name and Organization

1. Tyler Rex ACDSNB

2. Elaine M Thena PCBOSN

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# SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting September 21, 2017

## Guest Registration Sheet

**(PLEASE PRINT)** Name and Organization

- 1. PDE FAGAN SCDDSN
- 2. Jonn Toverner LCOSNA
- 3. Brooke Franklin SC DDSN
- 4. Dawn Sheady District I
- 5. Jimmy Burt Burt Center
- 6. Nancy McHall SC DDSN - District One
- 7. Linda Lee WCPC - PADD
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**SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**

**A G E N D A**

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

**September 21, 2017**

**10:00 A.M.**

1. Call to Order *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement *Commissioner Mary Ellen Barnwell*
3. Invocation *Commissioner Gary Lemel*
4. Introduction of Guests
5. Adoption of Agenda
6. Approval of the Minutes of the August 17, 2017 Commission Meeting
7. Public Input
8. Commissioners' Update *Commissioners*
9. Legislative Committee Report *Committee Chairman Vicki Thompson*
10. Policy Committee Report *Committee Chairman Vicki Thompson*
11. State Director's Report *Dr. Beverly Buscemi*
12. Business:
  - A. Spinal Cord Awareness Month *Ms. Angela Rodriguez  
Executive Director  
SC Spinal Cord Injury Association*
  - B. Direct Support Professional Proclamation by Governor McMaster *Dr. Beverly Buscemi*
  - C. Hurricane Irma Update *Mr. Tom Waring and Mr. David Goodell*
  - D. Waiting List Reduction Efforts *Mrs. Susan Beck*
  - E. Intake Update and Eligibility Directive Additions *Mrs. Susan Beck*
  - F. Behavioral Supports in Residential Habilitation *Mrs. Susan Beck*
  - G. High Management Residential Expansion with Critical Needs Consumers *Mr. David Goodell*
  - H. Financial Update *Mr. Tom Waring*
  - I. Community ICF Rate Comparison *Mr. Tom Waring*
  - J. Easement for Utility Line at Whitten Center *Mr. Tom Waring*
  - K. Consideration of Bid-Sumter Day Program Improvements *Mr. Tom Waring*
13. Executive Session
14. Enter into Public Session
15. State Director Evaluation Planning Document *Chairman Eva Ravenel*
16. Next Regular Meeting (October 19, 2017)
17. Adjournment

## LAWS DDSN RECOMMENDS FOR POTENTIAL REVISION OR ELIMINATION

### Recommendations Approved by the DDSN Commission Legislative Committee:

#### Law Recommendation #1

- Law: SC Code 44-20-370 (A)
- Summary of current statutory requirement: Notification applicant qualifying for services.
- Recommendation and Rationale for Recommendation: Should be amended to reflect that services are offered through private qualified providers as well as the county DSN boards.
  - (2) Establish standards of operation and service for private qualified providers and county disabilities and special needs programs funded in part or in whole by state appropriations to the department or through other fiscal resources under its control;
  - (3) Review service plans submitted by private qualified providers and county boards of disabilities and special needs and determine priorities for funding plans or portions of the plans subject to available funds;
  - (4) Review private qualified providers and county programs covered in this chapter;
  - (5) Offer consultation and direction to private qualified providers and county boards;
 (B) The department shall seek to develop and utilize the most current and promising methods for the training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries. It shall utilize the assistance, services, and findings of other state and federal agencies. The department shall disseminate these methods to private qualified providers and the county boards and programs providing related services.
- Other agencies impacted: Private qualified providers.

#### Law Recommendation #2

- Law: SC Code 44-28-10 thru 44-28-80
- Summary of current statutory requirement: Establishes the Self-Sufficiency Trust Fund.
- Recommendation and Rationale for Recommendation: Should be repealed because it was never established and the ABLE act is now in effect.
- Other Agencies Impacted: Department of Mental Health, Vocational Rehabilitation and State Treasurer's Office.
- Note: Service recipients of the Department of Mental Health and Vocational Rehabilitation use ABLE accounts. The ABLE accounts are administered by the State Treasurer's Office.

#### Law Recommendation #3

- Law: SC Code 44-28-10 through 44-28-80
- Summary of current statutory requirement: Establishes the Disability Trust Fund.
- Recommendation and Rationale for Recommendation: Should be repealed because it was never established and the ABLE act is now in effect.
- Other Agencies Impacted: Department of Mental Health, Vocational Rehabilitation and State Treasurer's Office.
- Note: Service recipients of the Department of Mental Health and Vocational Rehabilitation use ABLE accounts. The ABLE accounts are administered by the State Treasurer's Office.

#### Law Recommendation #4

- Law: SC Code 44-23-10 (22)
- Summary of current statutory requirement: Defines person with intellectual disability
- Recommendation and Rationale for Recommendation: Should be amended to have the same definition as the statute for DDSN
- Law Wording: To be consistent, this code section should be amended to have the same definition as the statute of the DDSN 44-20-30 (12)  
~~(22) "Person with intellectual disability" means a person, other than a person with a mental illness primarily in need of mental health services, whose inadequately developed or impaired intelligence and adaptive level of behavior require for the person's benefit, or that of the public, special training, education, supervision, treatment, care, or control in the person's home or community or in a service facility or program under the control and management of the Department of Disabilities and Special Needs.~~  
"Intellectual disability" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.
- Other Agencies Impacted: None.

#### Law Recommendation #5

- Law: SC Code 44-25-20g
- Summary of current statutory requirement: Defines Person with Mental Deficiency.
- Recommendation and Rationale for Recommendation: Should be amended to have the same definition as the statute for DDSN.
- Law Wording: To be consistent, this code section should be amended to have the same definition as the statute of the DDSN 44-20-30 (12).  
~~(g) "Mental deficiency" shall mean mental deficiency as defined by appropriate clinical authorities to such extent that a person so afflicted is incapable of managing himself and his affairs, but shall not include mental illness as defined herein.~~  
"Intellectual disability" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.
- Other Agencies Impacted: None.

#### Law Recommendation #7

- Law: SC Code 6-29-770
- Summary of current statutory requirement: Governmental entities subject to zoning ordinances
- Recommendation and Rationale for Recommendation: The notice provision Subsection (E) needs to be amended to remove requirement that notice must be given for a home for persons with disabilities as it violates the Federal Fair Housing Law.
- Law Wording: (E) The provisions of this section do not apply to a home serving nine or fewer mentally or physically handicapped persons provided the home provides care on a twenty-four hour basis and is approved or licensed by a state agency or department or under contract with the agency or department for that purpose. A home is construed to be a

natural family or such similar term as may be utilized by any county or municipal zoning ordinance to refer to persons related by blood or marriage. ~~Prior to locating the home for the handicapped persons, the appropriate state agency or department or the private entity operating the home under contract must first give prior notice to the local governing body administering the pertinent zoning laws, advising of the exact site of any proposed home. The notice must also identify the individual representing the agency, department, or private entity for site selection purposes. If the local governing body objects to the selected site, the governing body must notify the site selection representative of the entity seeking to establish the home within fifteen days of receiving notice and must appoint a representative to assist the entity in selection of a comparable alternate site or structure, or both. The site selection representative of the entity seeking to establish the home and the representative of the local governing body shall select a third mutually agreeable person. The three persons have forty five days to make a final selection of the site by majority vote. This final selection is binding on the entity and the governing body. In the event no selection has been made by the end of the forty five day period, the entity establishing the home shall select the site without further proceedings. An application for variance or special exception is not required. No person may intervene to prevent the establishment of a community residence without reasonable justification.~~

- Other Agencies Impacted: Local County Governments.
- Note: As County Zoning Ordinances should already be compliant with federal statutes, there should be no negative impact to county government operations.

#### Law Recommendation # 8

- Law: SC Code 44-66-30
- Summary of current statutory requirement: Priority list of persons who can make healthcare decisions
- Recommendation and Rationale for Recommendation: Amend to replace previous number eight (8) as new number eight (8) which was removed with an amendment.
- Law Wording: Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions.
  - (A) Where a patient is unable to consent, decisions concerning his health care may be made by the following persons in the following order of priority:
    - (1) a guardian appointed by the court pursuant to Article 5, Part 3 of the South Carolina Probate Code, if the decision is within the scope of the guardianship;
    - (2) an attorney-in-fact appointed by the patient in a durable power of attorney executed pursuant to Section 62-5-501, if the decision is within the scope of his authority;
    - (3) a person given priority to make health care decisions for the patient when the agency has taken custody of the patient by another statutory provision;
    - (4) a spouse of the patient unless the spouse and the patient are separated pursuant to one of the following:
      - (a) entry of a pendente lite order in a divorce or separate maintenance action;
      - (b) formal signing of a written property or marital settlement agreement; or
      - (c) entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;

- (5) an adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
- (6) a parent of the patient;
- (7) an adult sibling of the patient, or if the patient has more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation;
- (8) a grandparent of the patient, or if the patient has more than one grandparent, a majority of the grandparents who are reasonably available for consultation;
- (9) any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient, or if the patient has more than one other adult relative, a majority of those other adult relatives who are reasonably available for consultation.

(10) a person given authority to make health care decisions for the patient by another statutory provision

- Other agencies impacted: All persons with a statutory authority to consent, **and all agencies who are responsible for care without custodial rights.**

#### Law Recommendation # 9

- Law 43-35-10 (4): Omnibus Adult Protection Act (OAPA)
- Summary of current statutory requirement: Definition of Facility
- Recommendation and Rationale for Recommendation: To add day programs to the definition of facility type.
- Law Wording: 4) "Facility" means a nursing care facility, community residential care facility, a psychiatric hospital, day program or any residential program operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.
- Other Agencies Impacted: Department of Mental Health.

#### Law Recommendation # 10

- Law: SC Code 43-35-60
- Summary of current statutory requirement: Permits sharing of information related to investigations under the Adult Protection Act (OAPA).
- Recommendation and Rationale for Recommendation: Require agencies to share the case disposition with the relevant facility.
- Law Wording: Unless otherwise prohibited by law, a state agency, an investigative entity, and law enforcement may share information related to an investigation conducted as a result of a report made under this chapter. An investigative entity and law enforcement shall share specific case dispositions with the relevant facility. Information in these investigative records must not be disclosed publicly.
- Other Agencies Impacted: SLED, Long term Care Ombudsman, DSS, DMH, local law enforcement agencies and Office of the Attorney General.



#### Law Recommendation #11

- Law: Agency Regulations 88-105 thru 88-920 et seq.
- Summary of current statutory requirement: License Requirement for Facilities and Programs.
- Recommendation and Rationale for Recommendation: Should be amended to change the name of the agency from the ~~South Carolina Department of Mental Retardation~~ to the Department of Disabilities and Special Needs throughout the regulations.
- Law Wording: See above.
- Other Agencies Impacted: None.

#### Law Recommendation #12

- Law: Regulation 88-105A.
- Summary of current statutory requirement: Scope.
- Recommendation and Rationale for Recommendation: Should be amended to denote programs receiving funds through DDSN and to rename the Department.
- Law Wording: A. No program receiving funds through DDSN shall be operated in part or in full for the care, maintenance, education, training or treatment of ~~more than two~~ persons with intellectual disability unless a license is first obtained from the ~~South Carolina Department of Mental Retardation~~ Department of Disabilities and Special Needs. “In part” shall mean a program operating for at least ten (10) hours a week.
- Other Agencies Impacted: None.

#### Law Recommendation #13

- Law: Regulation 88-110 D(1) and
- Summary of current statutory requirement: Recreational Camp.
- Recommendation and Rationale for Recommendation: Should be repealed as DDSN no longer licenses recreational camps or Sheltered Workshops.
- Law Wording: D. The license will specify the name of the licensee, the maximum number of participants to be present at the facility at one time and the type of program it is determined to be. The program type is designated as follows:
  - (1) ~~Recreation Camp~~;
  - (a) ~~Residential~~;
  - (b) ~~Day~~;
  - (5) ~~Sheltered Workshop~~;
- Other Agencies Impacted: None.

#### Law Recommendation #14

- Law: Regulation 88-120A and B
- Summary of current statutory requirement: Applications for License.
- Recommendation and Rationale for Recommendation: Should be amended to have applications going to the Department of Disabilities and Special Needs.

- Law Wording: A. Applications for license shall be made to Department. ~~the appropriate regional office of the South Carolina Department of Mental Retardation, Community Program Division:~~  
 1) ~~Coastal Region~~  
~~Suite 907 Summerall Center~~  
~~19 Hagoood Street~~  
~~Charleston, South Carolina 29403~~  
 (2) ~~Midlands Center~~  
~~8301 Farrow Road.~~  
~~Columbia, South Carolina 29203~~  
 (3) ~~Pee Dee Center~~  
~~Post Office Box 3209~~  
~~Florence, South Carolina 29502~~  
 (4) ~~Whitten Center~~  
~~Post Office Drawer 239~~  
~~Clinton, South Carolina 29325~~  
 B. Applicants will be provided the appropriate forms for licensing upon request from ~~one of the above locations~~ the Department.
- Other Agencies Impacted: None.

Law Recommendation #15

- Law: Regulation 88-130 A and B
- Summary of current statutory requirement: Waivers.
- Recommendation and Rationale for Recommendation: Should be amended to change Commissioner to Department throughout.
- Law Wording: A. ~~The Commissioner~~ Department may waive compliance with one or more of the requirements of these regulations if, in ~~his~~ the Department's judgment, the waiver would not endanger the safety of the participants, staff, or the public, and would not reduce significantly the quality or quantity of the services to be provided.  
 B. To request a waiver, the applicant or licensee must make a written application to the ~~Commissioner~~ Department which includes the justification for the request for a waiver and must first be reviewed by the appropriate ~~regional superintendent~~ Department staff with approval by the state director.
- Other Agencies Impacted: None.

Law Recommendation #16

- Law: Regulation 88-210
- Summary of current statutory requirement: Definitions.
- Recommendation and Rationale for Recommendation: Should be amended to reflect current definitions.
- Law Wording: C. Client - A person ~~with intellectual disability~~ who has been deemed eligible for services by the Department and who is participating in a program in the State or is on the waiting list for services from the Department.

The Department is required to provide community and residential service programs similar to those provided to persons with intellectual disability/related disability, substantially handicapped epileptic, cerebral palsied, autism and head and spinal cord injury. whose treatment and training needs approximate those of the persons with intellectual disability.

D. Commissioner/Director - The chief administrator of the Department of Mental Retardation/Department of Disabilities and Special Needs-or his/her designee.

J. Licensor - The Department of Mental Retardation/Department of Disabilities and Special Needs.

K. Mental Retardation—Refers to significantly sub-average general intellectual functioning resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period. "Intellectual disability" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

L. Participant - Any person with intellectual/related disability, autism or head and spinal cord injury who is participating in a program licensed by the Department.

M. Regional Office—The SCDMR office which performs the license survey and issues the license.

- Other agencies Impacted: None.

#### Law Recommendation #17

- Law: Regulation 88-310 thru 88-325
- Summary of current statutory requirement: Recreational Camps for Persons with Intellectual Disability.
- Recommendation and Rationale for Recommendation: Repeal the regulations as DDSN does not license Recreational Camps for Persons with Intellectual Disabilities.
- Other Agencies Impacted: None.

#### Law Recommendation #18

- Law: Regulation 88-405
- Summary of current statutory requirement: Day Programs for Persons with Intellectual Disability
- Recommendation and Rationale for Recommendation: Amend to reflect current programs.
- Law Wording: D. Direct Care Staff -~~Those employees whose job descriptions indicate the duty of directly working with participants. That amount of time the job description indicates is directly devoted to client contact will be counted in the staff/participant ratio.~~ Those employees whose job descriptions indicate the duty of directly working with participants as determined by the each participant's supervision needs within the program per DDSN Directives.
- F. Program Site - ~~Any location where at least three participants are working or playing in an area that is physically separate from the main program, such as separate workshops, work crews, isolated class rooms, and field trips.~~ Any location where programming is provided to participants that is physically separate from the main center.
- H. Program Space—~~Area which participants use for programs, training or work. Areas excluded in space calculations are offices, storage, bathrooms, kitchen, isolation area and~~

hallways. If any program routinely and regularly uses an excluded area for scheduled client use this area can be included in the space calculations. The program will show a written justification for such consideration

- I. "Regular Work Program" is a type of certificate issued by the Department of Labor which allows a workshop to pay handicapped clients at 50% of minimum wage.
- J. Sheltered Workshop—A work program whose purpose is to assist participants to achieve their potential through the use of individual work goals, remunerative employment, supportive services and a controlled environment. The workshop will maintain a certificate with the United States Department of Labor which designates it as a "regular work program".
- K. Work Activity Center - A workshop having an identifiable program designed to provide therapeutic activities for clients with intellectual disability) whose physical or mental impairment is so severe as to interfere with normal productive capacity. Work or production is not the main purpose of the program; however, the development of work skills is its main purpose. The program will have a certificate from the United States Department of Labor designating it as a Work Activity Program when applicable 14(c) certificate holder when applicable.
- Add definition of Individual Support Team: An individual Support team is composed of persons chosen by the participant, including involved family members, to aid in the formulation of services.
- Other Agencies Impacted: None

#### Law Recommendation #19

- Law: Regulation 88-410(2)
- Summary of current statutory requirement: Personnel.
- Recommendation and Rationale for Recommendation: Amend to reflect current staff qualifications, ratios and supervision.
- Law Wording: 2) Direct Care Staff - The direct care staff will meet the following qualifications:
  - (a) Be at least eighteen years old.
  - (b) Have a valid high school diploma or its certified equivalent.
- B. Participant/Staff Ratios
  - (1) There will be at least the following minimum participant/staff ratio for each program:
    - (a) Child Development Center—5:1;
    - (b) Adult Activity Center—7:1;
    - (c) Work Activity Center—7:1;
    - (d) Sheltered Workshop—10:1.
  - Ratios for each program should be determined based on each participant's supervision needs as outlined in DDSN Directives with a minimum participant/staff ratio of 7:1.
  - (2) Upon consideration of the ages, the severity of handicapping conditions, and the services needed by the participants, the support needs and the of the participant, the Department may approve a different participant/staff ratio.
- D. Supervision of Clients

~~(1) A designated responsible staff member must be present and in charge at all times a participant is present. The staff member left in charge must know how to contact the Director at all times.~~

~~(1) At no time shall any participant be without supervision unless a specified activity which allows for an adult participant's independent functioning is planned and documented. Each participant will be supervised as needed based on DDSN Directives to allow for maximum independence.~~

- Other Agencies Impacted: None

#### Law Recommendation #21

- Law: Regulation 88-425
- Summary of current statutory requirement: Medical Care.
- Recommendation and Rationale for Recommendation: Amend to reflect current practice.
- Law Wording: A. Routine Medical Care  
~~(1) Every participant will be examined by a licensed physician within twelve 12 months prior to admission or within 30 days after admission. The results of the exam will be kept at the main program site.~~  
B. Medication  
(1) Medication to be administered by staff shall be stored in a locked cabinet not accessible to unauthorized persons. Prescribed medication shall be kept in the original containers bearing the pharmacy label which shows drug name, the prescription number, date filled, physician's name, directions for use, and the patient's name.  
(2) Employees supporting and supervising the taking of medication supervising will document that medication was taken by client as authorized by ~~parents or guardian.~~ the participant, parent, guardian or legal guardian (if applicable).  
(3) Written authorization to administer give any medication must be given by ~~parents or guardian or community residence assuming that authority~~ the participant, parent, guardian, or legal guardian (if applicable).  
C. Emergency Medical Care - A written plan for emergency medical services shall be developed to meet participant's needs. This shall include the name of the physician to be notified and means of transportation for emergency medical care. If a physician's services are not immediately available and the client's condition requires immediate medical attention, the Executive director of the provider is responsible for securing transportation to the nearest medical emergency facility. Written permission from ~~each parent/guardian~~ the participant, parent, guardian or legal guardian (if applicable) authorizing such care shall be on file in the agency.
- Other Agencies Impacted: None.

#### Law Recommendation #22

- Law: Regulation 88-430
- Summary of current statutory requirement: Evaluations.
- Recommendation and Rationale for Recommendation: Amend to reflect current practice.
- Law Wording: A. ~~Psychological evaluations will be required according to the following schedule:~~



(1) Children shall be evaluated by using a restrictive test of intelligence administered by a licensed or certified psychologist once upon entry into a day program and once more between ages three and five or prior to matriculation to Headstart or public school unless entry into the program occurs after the age of two years.

(2) Adults shall be tested using a restrictive test of intelligence administered by a licensed or certified psychologist on program entry, re-entry or at age twenty-two (22) whichever occurs first, unless there is a valid psychological evaluation completed within three years of admission on record.

**B. Social History** A social history which includes basic information on participant's personal history, family situation and specific problem areas will be completed on admission to the day program and updated annually thereafter. Information from the parents/guardian will be included in the history. The update shall indicate any change in the family situation or living environment that may affect participant's progress and need for continued enrollment.

**C. Assessment of Skills** Each participant in both adult and child programs will be assessed using an approved assessment tool(s) within thirty (30) calendar days of enrollment and annually thereafter. The assessment of needs will contain evaluations in the following areas:

(1) Children:

(a) Sensorimotor skills;

1. Gross motor;

2. Fine motor;

(b) Communication and language;

(c) Social interaction/play;

(d) Self help skills;

(e) Cognitive skills;

(f) Behavior needs.

(2) Adults:

(a) Self care (e.g., hygiene, appearance, nutrition, eating habits, dressing, toileting, physical fitness, sex education etc.)

(b) Community Living Skills (e.g., budgeting, shopping, cooking, laundry, telephone usage, transportation, appropriate use of leisure etc.)

(c) Communication (e.g., speech, language, sign language, or other communication skills etc.)

(d) Socialization (e.g., appropriate behaviors for successful interaction with others, recreation and leisure)

(e) Vocational (e.g., physical capabilities, psychomotor skills, work habits, job seeking skills, knowledge of work practices, work related skills etc.)

(f) Education (e.g., academic and cognitive skills etc.)

(g) Behavioral needs (behavioral management plans)

(h) Motor Development (e.g. gross motor, fine motor and perceptual motor needs)

The participant must be evaluated and determined eligible for DDSN services pursuant to Department Directives. The participant must be determined to require or likely benefit from day services.

- Other Agencies Impacted: None

### Law Recommendation #23

- Law: Regulation 88-435
- Summary of current statutory requirement: Programs
- Recommendation and Rationale for Recommendation: Amend to reflect current practice and consistent with new federal regulations.
- Law Wording: A. Plan-Each participant will have a written plan developed and approved by the Individual Support program team within thirty days of admission for adults and for children and annually thereafter. The plan will be based on the professional evaluations, regional recommendations, the assessment of skills, parent/guardian and/or community residence staff conferences, staff and client recommendations and discussed in a team meeting. The date and signature of all team members will be documented on the plan. The plan will be based on an assessment of the participant's abilities, interests, preferences and needs. The date and signature of those in attendance will be documented.
  - (1) ~~The plan will contain written, individualized, long range and short range goals which are time limited and measurable~~
  - 2) The plan will contain written objectives which may include a training schedule and /or ongoing supports and the method of evaluation of progress.
  - (3) ~~The plan will contain documented evidence of parent/guardian involvement in the meeting.~~

The plan will document the participant's, Individual Support team, and the legal guardian's (if applicable) involvement in the meeting.
  - (4) Summary notations of progress made toward goals are made monthly by staff involved in the training and/or ongoing supports. The notes will be signed and dated.
  - (6) When the participant is observed to be making no progress in reaching a goal after three months of working on the same goal, the methodology and objective will be reviewed and evaluated by the team with the participant and a new goal will be set, the methodology or objective changed or the recommendation may be made to continue the goal. If no progress has been made after one year the goal or methodology will be changed. six (6) months, the methodology or objective is to be re-evaluated or recommendation to the Individual Support Team for a new goal to be written.
  - (7) The plan will be reviewed and updated by the program Individual Support team at least annually with input from the participant and their legal guardian (if applicable).
  - (9) ~~The plan will address the participant's movement toward a less restrictive program and include goals and objectives which will help him progress to a higher level program toward their personal goals in the least restrictive environment.~~
  - (10) The plan will be developed by a team which will consist of program staff, family, and any others who work with the client by the participant, involved family members, legal guardian (if applicable) and the Individual Support team.

B. Services

  - (1) ~~The services offered at the program will be directed toward the identified needs of the participant. based on the participant's abilities, interests, preferences and needs. He/He/She will be involved in activities which will help him him/her progress toward goals identified in the plan. Activities should be age appropriate and allow for choices by the participant.~~
  - (2) ~~The services for children will include the following:~~

- (a) ~~Gross motor development;~~
- (b) ~~Fine motor development;~~
- (c) ~~Communication and language;~~
- (d) ~~Socialization;~~
- (e) ~~Self help skills;~~
- (f) ~~Cognitive development;~~
- (g) ~~Behavior management;~~

(3) The services for adults will include but not be limited to the following:

- (a) Activities of daily living, AAC, WAC;
- (b) Independent living skills, AAC, WAC;
- (c) Socialization, AAC, WAC;
- (d) Recreation/Leisure Skills, AAC, WAC;
- (e) Habilitation/Vocational/Work Related, AAC, WAC, SW;
- (f) Behavior management, AAC, WAC, SW;
- (g) Physical development, AAC, WAC;
- (h) Communication/Language, AAC, WAC;

(4) The program may offer the services at the home of the participant, in the community, in the center, or any other appropriate site which can be arranged by the program and which is deemed appropriate by the Individual Support team.

C. Hours of the Program

- (1) ~~Each program will have a current activity schedule posted~~
- (2) ~~The schedule will reflect the hours the facility is open and the hours the program offers supervised services.~~
- (3) ~~The schedule must reflect the scheduled activities of the day.~~

- Other Agencies Impacted: None.

Law Recommendation #24

- Law: Regulation 88-440
- Summary of current statutory requirement: Records.
- Recommendation and Rationale for Recommendation: Amend to reflect current practice.
- Law Wording: 3) Report of Social History ~~which is updated annually; as available.~~

~~C. Confidentiality All information in a participant's record shall be considered privileged and confidential. Staff shall not disclose or knowingly permit the disclosure of any information concerning the client or his family directly to any unauthorized person.~~

Compliance with HIPPA

- Other Agencies Impacted: None.

Law Recommendation #25

- Law: Regulation 88-915
- Summary of current statutory requirement: Application for License of an Unclassified Program.
- Recommendation and Rationale for Recommendation: Amend to reflect current practice.
- Law Wording: B. Name and address of the ~~Administrator~~ Executive Director.
- Other Agencies Impacted: None.

Law Recommendation #26

- Law: Regulation 88-920
- Summary of current statutory requirement: Determination by the Department.
- Recommendation and Rationale for Recommendation: Amend to reflect current language.
- Law Wording: (1) Provides a beneficial service to its ~~developmentally disabled clients~~ participants.  
(4) Does not exploit the ~~developmentally disabled, participants,~~ participants, their families or the public.

DRAFT

## **Staff Recommendations Tabled by the DDSN Commission Legislative Committee:**

### Law Recommendation #20

- Law: Regulation 88-415
- Summary of current statutory requirement: Facility.
- Recommendation and Rationale for Recommendation: Amend to reflect current practice.
- Law Wording: A. Size-Each Facility shall provide a minimum of fifty (50) square feet of program space per participant present in the center.  
H. Safety of Equipment  
(1) Furniture, equipment and training materials shall be ~~appropriate to the ages of the individuals in the program; shall be sturdily constructed without sharp edges; shall not be covered with toxic paint; and shall present minimal hazards to individuals~~ age appropriate and safe for both participants and staff.  
(2) ~~Stationary outdoor equipment shall be firmly anchored.~~  
(3) The use of tools and equipment shall be supervised by staff as needed.  
I. Equipment and Materials for Learning, Recreational Experiences—~~Indoor and outdoor equipment and materials shall be provided in sufficient quantity and variety to meet the developmental need of the participants. The equipment will be age appropriate for the clients who use it.~~
- Other Agencies Impacted: None.

## **Staff Recommendations Removed by the DDSN Commission Legislative Committee:**

### Law Recommendation #6

- Law: SC Code 44-7-2910
- Summary of current statutory requirement: Criminal Record Check for Direct Caregivers.
- Recommendation and Rationale for Recommendation: Should be amended to allow persons to be hired pending the criminal background check as long as they do not have contact with vulnerable persons until the check has been received. This would allow a new hire to go through training before receipt of the criminal background check report.
- Law Wording: (A)(1) A direct care entity employing or contracting with a direct caregiver shall conduct a criminal record check as provided in this section ~~prior to employing or contracting with the direct caregiver~~. A person maybe employed, pending the receipt of the criminal record check so long as they are not in contact with a vulnerable person prior to the receipt of the criminal record report. A direct care entity may consider all information revealed by a criminal record check as a factor in evaluating a direct caregiver's application to be employed by or contract with the entity.
- Other Agencies Impacted: Department of Mental Health, Department of Health and Environmental Control and certain types of facilities subject to their licensure such as nursing homes and CRCFs, Department of Health and Human Services.

Reference: Number: 800-03-CP

Title of Document: South Carolina Department of Disabilities and Special Needs Executive Limitations Policy

Date of Issue: January 18, 2007

Effective Date: January 18, 2007

Last Review Date: October 20, 2016

Date of Last Revision: October 20, 2016 (REVISED)

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

1. Maintain ethics and prudence in the administration of DDSN and to conform DDSN to all federal, state, and Commission requirements, and to protect DDSN assets.
2. Prescribe DDSN organizational structure, adequate qualified personnel, and effective programs necessary to carry out the legislative mandate and Commission policies of DDSN.
3. Use resources effectively and efficiently and maintain transparency and accountability with the Commission through reports on services, finances, and other monitoring data necessary to the Commission's policy governance.
  - ~~a) Is authorized to approve any contracts or purchases below \$200,000.00 per fiscal year.~~
  - ~~b) Bring any contracts or purchases over \$200,000.00 per fiscal year to the Commission for approval.~~
  - a) **Bring any contracts for procurement to the Commission for approval when the full contractual amount exceeds \$200,000, excluding contract adjustments due to filling vacancies based on consumer choice. Contracts with providers to increase capacity that exceed \$200,000 will need to be approved by the Commission.**
  - b) **Follow through with Capital Improvement expenditures within the fiscal year as approved by the Commission. An explanation will be provided to the Commission on Capital Improvement expenditures approved by the Commission but not spent within the fiscal year on the year following the year of approval. All Capital Improvement Accounts retaining balances not expended will be closed out within the five year Materials Management timeframe. New Capital**



**Improvement Accounts may not be created without the approval of the Commission. Money may not be transferred from one Capital Improvement Account to the other without Commission approval.**

No more than 10% of the project costs

- c) Present to the Commission changes to the organizational chart that result in additional positions exceeding \$200,000 prior to implementation.**
4. Follow the personnel grievance procedures of the Office of Human Resources of the Budget and Control Board.
  5. Communicate effectively with the Commission, staff and the public, allow the Commission to be aware of relevant trends, anticipated adverse media coverage, material change, or assumptions on which Commission policy has been established.
  6. Present information clearly necessary for monitoring, making decisions, and for policy deliberations.
  7. Inform the Commission if, in the Director's opinion, the Commission is not in compliance with its own policies.
  8. Develop directives for the receipt of gifts, establishment of fees, and promote funding and support for DDSN and its agents.
  9. Enforce directives concerning eligibility of applicants and make final decisions on sequence of admissions.
  10. Oversee the Audit Director administratively according to an annual work plan, while not restricting the auditor's independence or the functional oversight of the Commission. The State Director shall obtain Commission consent before hiring or firing the Audit Director.
  11. Deal with the Commission as a whole except when individuals are specifically authorized to speak for the Commission.
  12. **Present to the Commission for vote any Administrative Directives that cause significant changes to the service delivery system, or increase restrictions in reporting abuse, neglect, exploitation, critical incidents or sexual assault, prior to implementation.**
  13. **Present to the Commission for vote any recommended changes to legislation prior to requesting changes from the General Assembly.**
  14. **Be responsible for ensuring the safety, security, and welfare of the individuals served and staff of DDSN and perform the duties to maintain their wellbeing during a disaster situation or when a disaster is considered imminent. Follow the agency disaster preparedness plan and remain in or return to the command area and remain in areas with non-limited communication other than communication lost by reason of the disaster the entire duration of the event.**





This data sheet is a quick reference on demographics and the use of services by people with spinal cord injury (SCI).

The National SCI Database is a prospective longitudinal multicenter study that currently captures data from an estimated 6% of new SCI cases in the U.S. The database has demographic and condition status data through 2015 for 31,255 people with SCI.

**National SCI Statistical Center**  
515 Spain Rehabilitation Center  
1717 6th Avenue South  
Birmingham, AL 35233-7330

For Statistics: 205-934-3342  
For Business: 205-934-3320  
TDD: 205-934-4642  
FAX: 205-934-2709  
E-mail: [NSCISC@uab.edu](mailto:NSCISC@uab.edu)  
Website: [uab.edu/NSCISC](http://uab.edu/NSCISC)



## Incidence

Given the current population size of 314 million people in the U.S., the recent estimate showed that the annual incidence of spinal cord injury (SCI) is approximately 54 cases per million population in the U.S. or approximately 17,000 new SCI cases each year.

- New SCI cases do not include those who die at the scene of the accident.
- Estimates are obtained from several studies and not derived from the National SCI Database.

## Prevalence

The number of people in the U.S. who are alive in 2016 who have SCI has been estimated to be approximately 282,000 persons, with a range from 243,000 to 347,000 persons.

- Estimates are obtained from several studies and not derived from the National SCI Database.

## Age at Injury

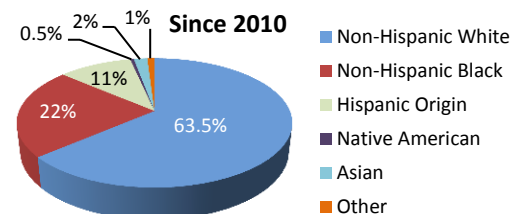
The average age at injury has increased from 29 years during the 1970s to 42 years currently.

## Gender

Males account for approximately 80% of new SCI cases.

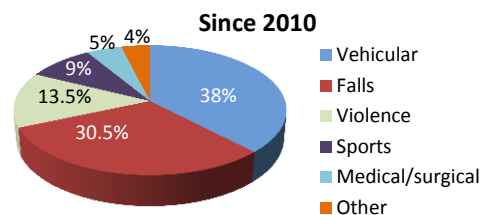
## Race/Ethnicity

About 22% of injuries have occurred among non-Hispanic blacks since 2010, which is higher than the proportion of non-Hispanic blacks in the general population (12%).



## Etiology

Vehicle crashes are currently the leading cause of injury, followed by falls, acts of violence (primarily gunshot wounds), and sports/recreation activities.

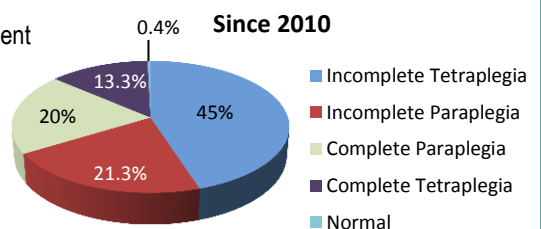


## Lengths of stay

Lengths of stay in the hospital acute care unit have declined from 24 days in the 1970s to 11 days currently. Rehabilitation lengths of stay have also declined from 98 days in the 1970s to 35 days currently.

## Neurological level and extent of lesion

Incomplete tetraplegia is currently the most frequent neurological category followed by incomplete paraplegia, complete paraplegia, and complete tetraplegia. Less than 1% of persons experienced complete neurological recovery by hospital discharge.



## Marital status

More than half of persons with SCI are single/never married at time of their injury. The percentage of persons who are married slowly increases over time, as does divorce.

Status (%)	At injury	Year 1	Year 10	Year 20	Year 30	Year 40
Single	51.4	50.2	41.4	35.3	29.5	21.3
Married	32.8	32.3	33.8	35.8	39.1	43.4
Divorced	9.5	11.2	19.1	23.5	24.6	21.3

## Occupational status

At one year after injury, 12% of persons with SCI are employed, and by 20 years post-injury, about one third is employed.

Status (%)	At injury	Year 1	Year 10	Year 20	Year 30	Year 40
Employed	58.1	12.4	27.7	34.3	32.7	25.9
Student	15.1	15.8	6.9	2.6	0.7	0.0

## Lifetime costs

The average yearly expenses (health care costs and living expenses) and the estimated lifetime costs that are directly attributable to SCI vary greatly based on education, neurological impairment, and pre-injury employment history. These estimates do not include any indirect costs such as losses in wages, fringe benefits, and productivity (indirect costs averaged \$72,047 per year in 2015 dollars).

Severity of Injury	Average Yearly Expenses (in 2015 dollars)		Estimated Lifetime Costs by Age At Injury (discounted at 2%)	
	First Year	Each Subsequent Year	25 years old	50 years old
High Tetraplegia (C1–C4) AIS ABC	\$1,065,980	\$185,111	\$4,729,788	\$2,599,411
Low Tetraplegia (C5–C8) AIS ABC	\$770,264	\$113,557	\$3,455,879	\$2,125,674
Paraplegia AIS ABC	\$519,520	\$68,821	\$2,312,846	\$1,517,851
Motor Functional at Any Level AIS D	\$347,896	\$42,256	\$1,580,148	\$1,115,312

**Data Source:** Economic Impact of SCI published in the journal *Topics in Spinal Cord Injury Rehabilitation*, Volume 16, Number 4, in 2011. ASIA Impairment Scale (AIS) is used to grade the severity of a person's neurological impairment following spinal cord injury.

## Life expectancy

The average remaining years of life for persons with SCI have not improved since the 1980s and remain significantly below life expectancies of persons without SCI. Mortality rates are significantly higher during the first year after injury than during subsequent years, particularly for persons with the most severe neurological impairments.

Age at Injury	Life expectancy (years) for post-injury by severity of injury and age at injury										
	For persons who survive the first 24 hours						For persons surviving at least 1 year post-injury				
	No SCI	AIS D—Motor Functional at Any Level	Para	Low Tetra (C5–C8)	High Tetra (C1–C4)	Ventilator Dependent Any Level	AIS D—Motor Functional at Any Level	Para	Low Tetra (C5–C8)	High Tetra (C1–C4)	Ventilator Dependent-Any Level
20	59.5	52.6	45.1	40.0	35.7	19.3	52.9	45.5	40.7	36.9	25.3
40	40.6	34.2	27.7	23.5	20.1	8.9	34.5	28.1	24.1	21.0	12.6
60	23.1	17.9	13.1	10.3	8.1	2.2	18.2	13.4	10.6	8.7	4.0

## Cause of death

Persons enrolled in the National SCI Database since its inception in 1973 have now been followed for 40 years after injury. During that time, the causes of death that appear to have the greatest impact on reduced life expectancy for this population are pneumonia and septicemia. Mortality rates are declining for cancer, heart disease, stroke, arterial diseases, pulmonary embolus, urinary diseases, digestive diseases, and suicide. However, these gains are being offset by increasing mortality rates for endocrine, metabolic and nutritional diseases, accidents, nervous system diseases, musculoskeletal disorders and mental disorders. There has been no change in the mortality rate for septicemia in the past 40 years, and only slight decrease in mortality due to respiratory diseases.

## Education

Over half of persons with SCI are high school graduates at time of their injury. Level of education slowly increases over time.

Education (%)	At injury	Year 1	Year 10	Year 20	Year 30	Year 40
High school only	51.5	54.1	51.1	46.5	43.9	33.3
College or higher	10.9	12.2	21.8	29.1	35.7	43.7

## Re-hospitalization

About 30% of persons with SCI are re-hospitalized one or more times during any given year following injury. Among those re-hospitalized the length of hospital stay averages about 22 days. Diseases of the genitourinary system are the leading cause of re-hospitalization, followed by disease of the skin. Respiratory, digestive, circulatory, and musculoskeletal diseases are also common causes.

© 2016, Board of Trustees, University of Alabama. This is a publication of the National Spinal Cord Injury Statistical Center in collaboration with the Model Systems Knowledge Translation Center. The contents of this publication were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0011). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this publication do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

Data from the National SCI Database is from 28 federally funded SCI Model Systems since 1973. Presently, there are 14 systems and 5 Form II (follow up) centers sponsored by NIDILRR. For a complete list of current SCI Model Systems, go to [www.msctc.org/sci/model-system-centers](http://www.msctc.org/sci/model-system-centers).

**Citation:** National Spinal Cord Injury Statistical Center, Facts and Figures at a Glance. Birmingham, AL: University of Alabama at Birmingham, 2016.

# State of South Carolina

## Governor's Proclamation

**WHEREAS,** direct support professionals, including direct care workers, personal assistants, personal attendants, and in-home support workers, are the primary providers of publicly-funded, long-term supports and services for millions of individuals with disabilities; and

**WHEREAS,** direct support professionals must build close, respectful, and trusting relationships with the persons they help support; and

**WHEREAS,** providing a broad range of individualized supports, from navigating the routines of daily home life and job training and coaching to opportunities to access school, work, religious, and recreational activities, direct support professionals empower people with disabilities to fully participate in their communities; and

**WHEREAS,** direct support professionals provide essential supports that help individuals with disabilities stay connected to their families, friends, and communities; and

**WHEREAS,** direct support professionals support individuals with disabilities in making choices that lead to meaningful, productive, and successful lives in the community or in specialized residential care and avoid more costly institutional care; and

**WHEREAS,** increased awareness and recognition of direct support professionals can help alleviate the critical and growing shortage of these important healthcare workers in the Palmetto State.

**NOW, THEREFORE, I, Henry McMaster, Governor of the great State of South Carolina, do hereby proclaim September 10 - 16, 2017, as**

### **DIRECT SUPPORT PROFESSIONALS RECOGNITION WEEK**

throughout the state and encourage all South Carolinians to honor our direct support professionals for their dedication and contributions that enhance the lives of individuals of all ages with disabilities.



**HENRY MCMASTER**

**GOVERNOR**

**STATE OF SOUTH CAROLINA**

9/19/2017

**Hurricane Irma - Evacuations**

<b>Provider</b>	<b>Sheltering Facility</b>	<b>Consumers Evacuated</b>	<b>Staff Evacuated</b>	<b>Total Evacuated</b>
Autism (Charleston)	Homes in Spartanburg	4	4	8
Beaufort Co DSNB	Burton Center	62	34	96
Care Focus	Hotels in Gaffney & Family/Natural Supports	8	5	13
Community Options	Hotels & Homes in Columbia	32	19	51
Charleston Co DSNB (Allwood CTH II)	Local Homes within County	3	2	5
Dorchester Co DSNB (Canvasback CTH II)	Local Homes within County	3	1	4
Florence Co DSNB (Oaks ICF)	Pee Dee Center	8	3	11
Hampton Co DSNB	Charles Lea Center	13	8	21
Jasper Co DSNB (5 Homes)	Jasper Program Bldg.	20	19	39
Mentor	Homes in Columbia, Florence & Greenville	31	21	52
		184	116	300

**Hurricane Irma - Damages**

<b>Regional Center/Community</b>	<b>Description of Damages</b>	<b>Estimated Cost</b>
Coastal Center	Storm debris clean-up, replace ceiling tiles	\$ 5,725.00
Midlands Center	Analyze roof leaks, replace insulation & ceiling tiles	\$ 4,800.00
Pee Dee Center	Analyze roof leaks, replace insulation & ceiling tiles	\$ 1,200.00
Saleeby Center	Analyze roof leaks, replace insulation & ceiling tiles	\$ 1,200.00
Whitten Center	Reconnect street light; remove limbs	\$ 750.00
Anderson Community Residence	Remove fallen tree	\$ 1,200.00
		\$ 14,875.00

# **Damages from Hurricane Irma**

September 2017

**Coastal Center** – Debris removal for downed trees, limbs, and debris; Minimal fence damage from falling limbs and trees; several roof leaks noted due to wind driven rain, and roofing consultant is addressing

**Pee Dee Center** – minor roof leaks at the gymnasium, and roofing consultant will address

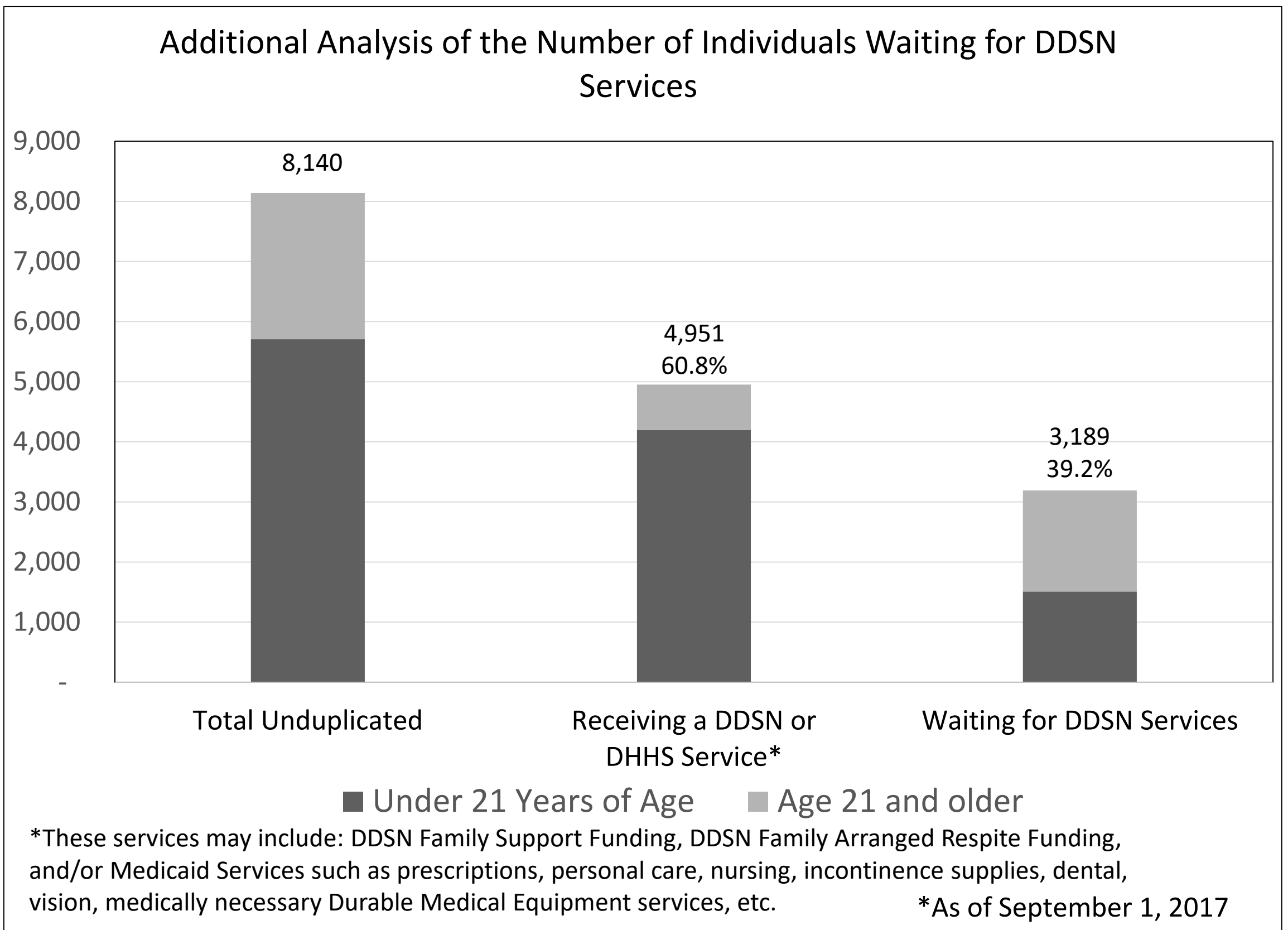
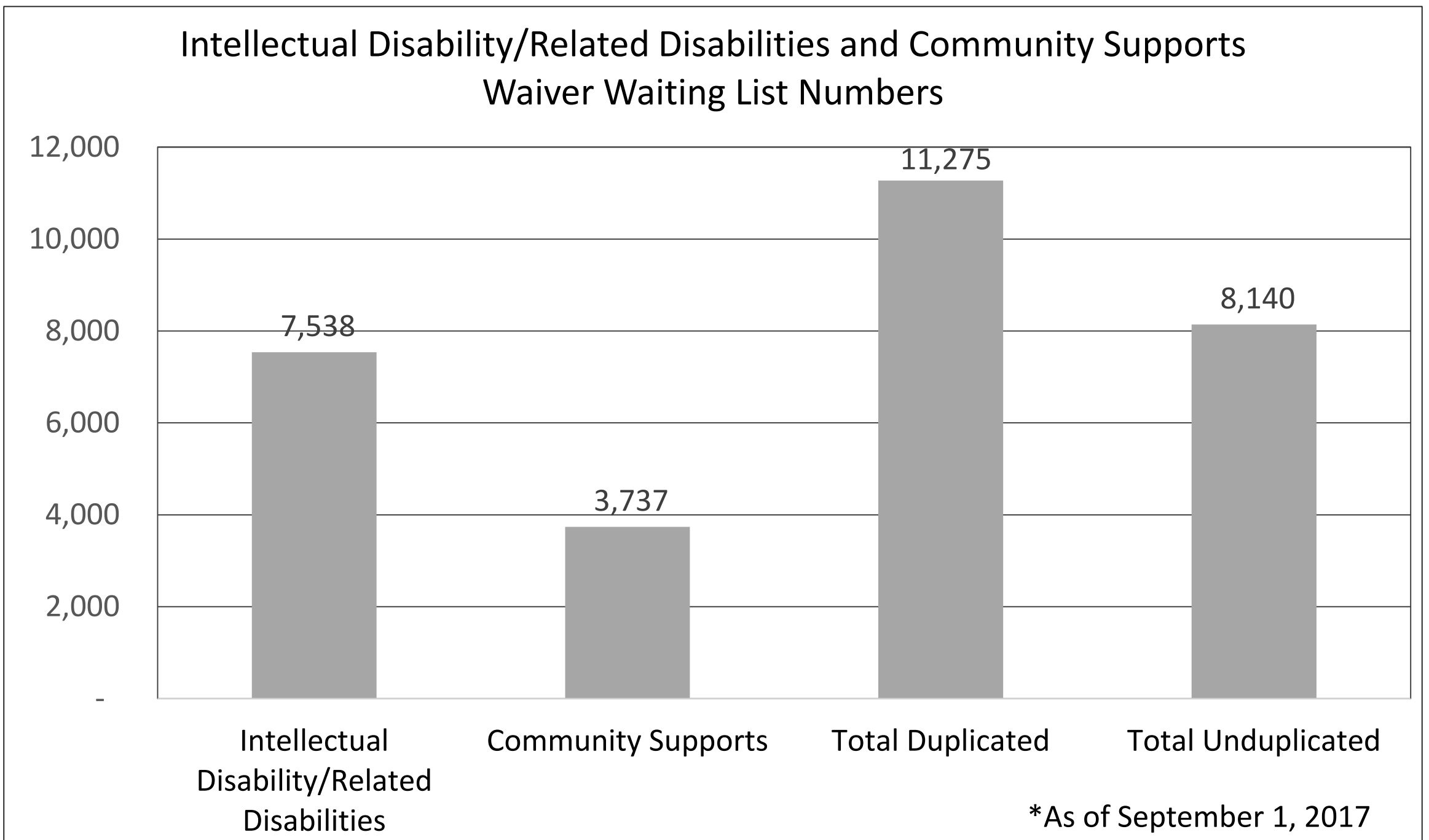
**Saleeby Center** – roof leaks in the laundry building, and roofing consultant will address

**Midlands Center** – several roof leaks due to wind driven rain, and roofing consultant will address

**Whitten Center** – very minor limbs and debris; minor repair to street light due to wire down

**Anderson County Community Residence, Holly Street** – fallen tree; no damage to house

**Disabilities Board of Charleston Co** – Tree damaged one of their day program vehicles; Siding damage at one home is already repaired



**SC Department of Disabilities and Special Needs**

**Waiting List Reduction Efforts**

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

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) 578 (FY17) <u>795 (FY18)</u> 4,920	713 (FY15) 1,048 (FY16) 243 (FY17) <u>95 (FY18)</u> 2,099	536 (FY15) 977 (FY16) 170 (FY17) <u>142 (FY18)</u> 1,825	42 (FY15) 102 (FY16) 233 (FY17) <u>619 (FY18)</u> 996
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) 4,401 (FY17) <u>141 (FY18)</u> 8,809	698 (FY15) 641 (FY16) 1,130 (FY17) <u>113 (FY18)</u> 2,582	1,524 (FY15) 1,080 (FY16) 2,610 (FY17) <u>18 (FY18)</u> 5,232	10 (FY15) 97 (FY16) 772 (FY17) <u>116 (FY18)</u> 995
Head and Spinal Cord Injury (As of Oct 1, 2013)	1,070	486	395	189
		5,167	7,452	
<b>Total</b>	<b>14,799</b>	<b>12,619</b>		<b>2,180</b>

Waiting List *	Number of Individuals Added Between July 1, 2014 and September 1, 2017	Number of Individuals Waiting as of September 1, 2017
Intellectual Disability/Related Disabilities	7,349 (428 since 7/1/17)	7,538
Community Supports	8,601 (464 since 7/1/17)	3,737
Head and Spinal Cord Injury	0	0
<b>Total</b>	<b>15,950</b>	<b>11,275</b>

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

\*\* There are 8,140 unduplicated people on a waiver waiting list. Approximately 27.8 percent of the 11,275 names on the combined waiting lists are duplicates.



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

Row #	Total Numbers At Beginning of the Month	2016			2017								
		October	November	December	January	February	March	April	May	June	July	August	September
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	6,207	6,362	6,539	6,689	7,099	7,430	7,692	7,857	8,003	7,924	7,662	7,538
2	Community Supports Waiver Waiting List Total	2,788	2,600	2,303	2,418	2,680	3,004	3,025	3,118	3,113	3,427	3,554	3,737
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	131	136	136	121	130	117	123	128	125	132	126	123
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	553	450	512	558	1,111	993	859	511	482	547	398	544
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	381	484	632	293	439	338	576	253	341	312	533	485
7	Number of Individuals Enrolled in a Waiver by Month	128	92	143	97	160	138	137	122	118	128	94	130
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	202	273	374	153	230	136	224	121	128	65	104	57
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	10,667	10,934	11,550	11,822	12,210	12,497	12,947	13,195	13,515	13,807	14,325	14,799
10	Total Number of Individuals Pending Waiver Services (Running Total)	2,251	2,220	2,396	2,341	2,247	2,111	2,132	2,010	2,012	1,881	2,124	2,180
11	Total Unduplicated Individuals on the Waiver Waiting Lists	6,588	6,663	6,824	6,996	7,409	7,827	8,011	8,182	8,366	8,368	8,198	8,140

\*\*There are 8,140 unduplicated people on a waiver waiting list. Approximately 27.8 percent of the 11,275 names on the combined waiting lists are duplicates.

**PDD Waiting List Information**

12	PDD Program Waiting List Total	1,596	1,583	1,539	1,514	1,443	1,397	1,317	1,259	1,265	1,247	1,236	1,225
13	Total Number <u>Added</u> to the PDD Waiting List	44	38	22	53	26	18	20	19	62	0	0	0
14	Total Number <u>Removed</u> from the PDD Waiting List	55	51	66	78	97	64	100	77	56	18	11	11
15	Number of Individuals Enrolled in the PDD <u>State Funded</u> Program by Month	206	190	184	189	195	191	182	159	134	122	119	105
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	169	181	202	221	239	240	271	282	287	269	261	256
17	Number of Individuals Enrolled in the PDD Waiver by Month	591	573	555	536	518	502	484	478	463	434	403	368

Updated 9/1/2017

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

<b>Service List</b>	<b>07/31/17</b>	<b>Added</b>	<b>Removed</b>	<b>08/31/17</b>
Critical Needs	126	30	33	123
Pervasive Developmental Disorder Program	1236	0	11	1225
Intellectual Disability and Related Disabilities Waiver	7662	270	394	7538
Community Supports Waiver	3554	245	62	3737
Head and Spinal Cord Injury Waiver	0	29	29	0

Report Date: 9/6/17

## DDSN ELIGIBILITY DETERMINATION PROCESS DEVELOPMENT AND IMPROVEMENT

Eligibility Process Component	Process Prior to October 2016	Phase 1 Process Improvements	Phase 2 Process Improvements	Phase 3 Process Improvements			Next Steps/ Recommendations	
		October 2016	December 2016	January 2017	May 2017	June 2017	August & September 2017	September 2017
<b>Information and Eligibility Referral Line</b>	Contracted with USC Center for Disability Resources operated; voice mail message and return calls.	Began DDSN operated live call center available 8:30-5:00 Monday through Friday. Staff trained to refer to other agencies and/or determine potential for DDSN eligibility given stated concern.	Intake office begins to process referrals through Intake Providers and Autism Division. For ID/RD or HASCI they call family to offer waiver waiting lists and establish 3 choices of intake provider.  Bi-lingual (Spanish) staff available to assist families.	Began 24-hour self-serve screening and access to upload records for DDSN eligibility. This increased access to families and expedited the process for those families with records in hand.		Physically moved call center to Eligibility Office to provide better access to psychologist to confer on stated disabilities during the calls. This increased continuous improvement of types of referrals sent to Intake Providers.  Streamlined call process so initial call to toll free line continues from information/referral and eligibility request to confirming 3 choices of intake provider. This increased accessibility to families through faster response	Waiver Waiting List information previously shared (1) by phone during referral, (2) by intake, through mailed information sheets and request for addition to waiting list, and (3) by case manager during eligibility, if applicable, shared again when family/individual is contacted re: eligibility determination. This fourth opportunity assures families have heard information repeatedly and in a timely fashion.	Continue upload feature of Self-Serve Screening and redirect other eligibility requests to toll free line.  Eligibility Customer Satisfaction Survey development.

DDSN ELIGIBILITY DETERMINATION PROCESS DEVELOPMENT AND IMPROVEMENT

Eligibility Process Component	Process Prior to October 2016	Phase 1 Process Improvements	Phase 2 Process Improvements	Phase 3 Process Improvements			Next Steps/ Recommendations	
		October 2016	December 2016	January 2017	May 2017	June 2017	August & September 2017	September 2017
						time and only one phone call to be referred to approved Intake Provider.	Quality Assurance process added for recording calls.	
<b>Intake Referrals</b>	Care Coordination	Intake providers began the certification process and provider fixed price bids were reviewed and approved in order to begin the transition to using Approved Intake Providers.	Approved Intake Providers began receiving Intake Referrals. This improved access to families given that 52 Intake Provider agencies of which 17 statewide providers became accessible.	Continued to expand Intake Provider list. List increased to 64 Intake providers with 20 offering statewide coverage.	Intake Process moved to Therap, allowing for electronic documentation exchange and improved tracking. Intake providers and case managers begin using settings to receive automatic notification when eligibility is determined.	Increased guidance to Intake Providers listing with the referral the required documentation. This increased Intake Provider consistency due to reminders.	Addition of a second measure by use of a monthly report and contact for individuals age 3-5 who may be eligible for Early Intervention to assure the family has been informed and they have been offered EI.	Set deadline to require all qualified intake providers to utilize Therap to send in documentation. This will assist to ensure documents are easily accessible and reduces paperwork and time that records are handled.  Revised Eligibility Directive and created family friendly process flow chart, per provider feedback.

DDSN ELIGIBILITY DETERMINATION PROCESS DEVELOPMENT AND IMPROVEMENT

Eligibility Process Component	Process Prior to October 2016	Phase 1 Process Improvements	Phase 2 Process Improvements	Phase 3 Process Improvements			Next Steps/ Recommendations	
		October 2016	December 2016	January 2017	May 2017	June 2017	August & September 2017	September 2017
<b>Intake Provider Payment</b>	N/A	Prior to Phase1 implementation, determined the minimum documentation required to determine eligibility and developed the standards for service provision.	\$175 for complete, accurate submitted records for non-EI referrals and \$25 for EI cases.		Report created in Therap to report on complete, accurate submitted records for payment.			Seek approval for \$25 payment for referral terminations, as defined.
<b>Autism Division Referrals</b>	Care Coordination referred to Autism Division for Evaluations and Records Reviews.  Determined that the eligibility for ASD is based solely on the results of 4 standardized assessments. Either a review of records (RR) or an Autism Division evaluation (eval) are requested in each case.		ASD Referrals were sent to the Autism Division. Division staff contacts family and offers MTCM, choice of Waiver Waiting Lists, begins eligibility process; families/individuals either need required set of standardized testing eval (30%) or possess/share records (RR; records review) (70%).	Waiver requests sent to DDSN Waiver Coordinator for assistance.	ASD Eligibility Process moved to Therap allowing for electronic documentation exchange and improved tracking.		Updated ASD Eligibility packet and ASD Eligibility Determination Letter.	Requesting additional Therap reports/documents to streamline document preparation.

## **PROPOSAL FOR COMMISSION CONSIDERATION**

**DATE:** September 21, 2017

**TOPIC:** Terminated Intake Referrals

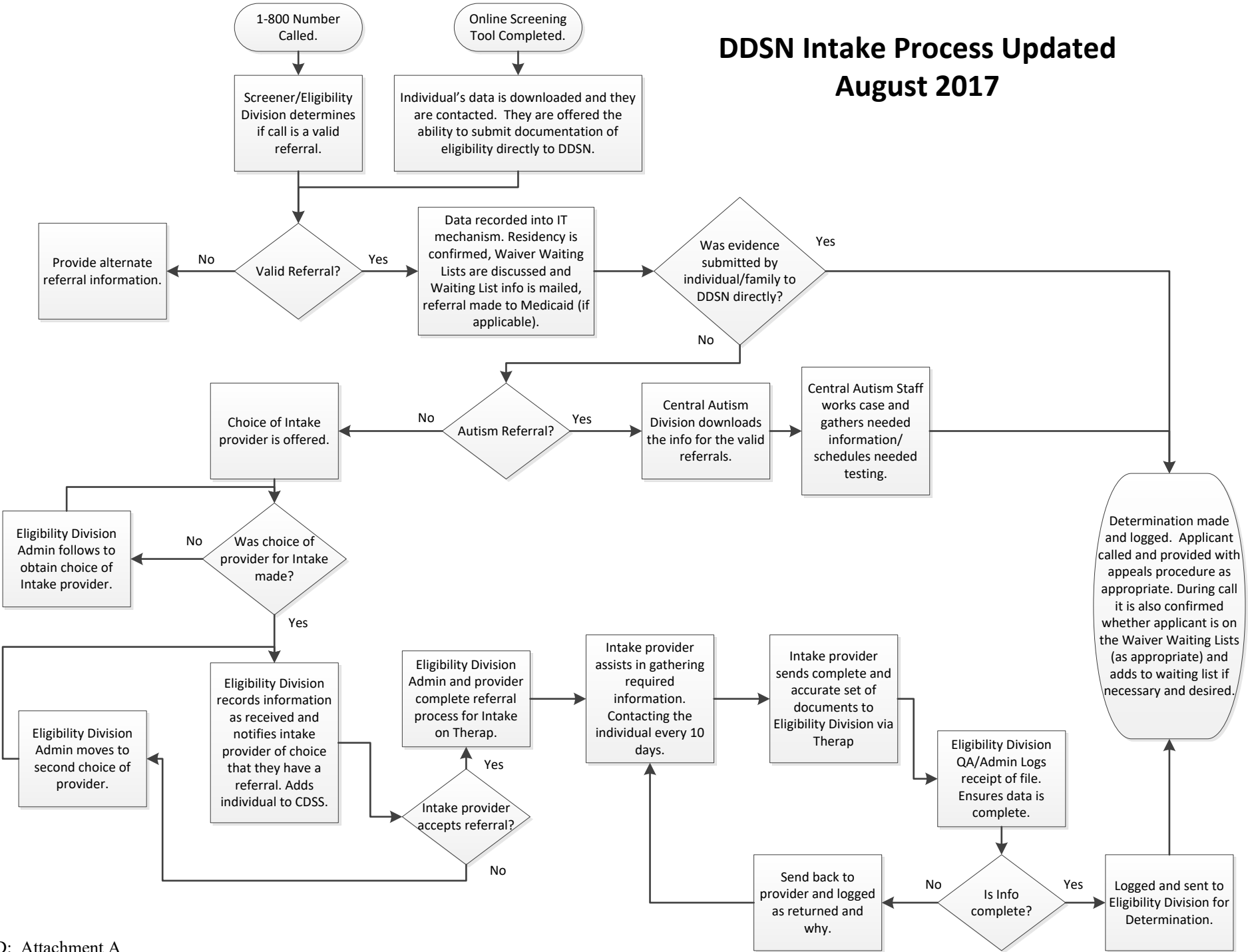
**RECOMMENDATION:** Add a \$25.00 payment for terminated Intake Referrals assigned to qualified intake providers for non-EI referrals.

**FISCAL IMPACT:** \$6,000.00 (estimate based on projection of 240 cases)

### **JUSTIFICATION:**

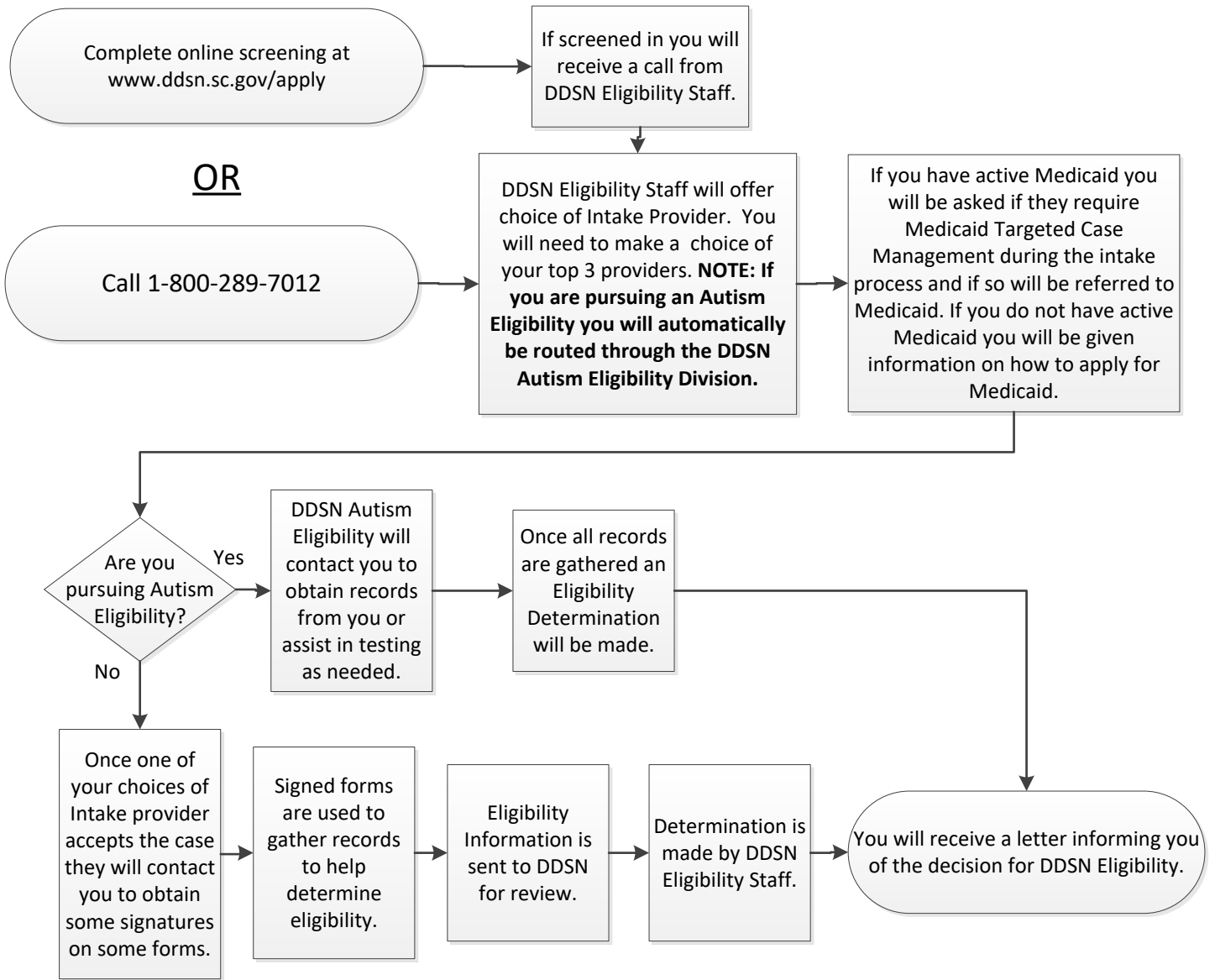
Intake providers terminate referrals due to either (a) individuals no longer want to pursue eligibility (6%) or (b) the individual/family is unable to be reached (7%). This causes intake providers to spend work time on the case to reach termination, but terminated cases are not currently paid in the approved intake provider payment system.

# DDSN Intake Process Updated August 2017



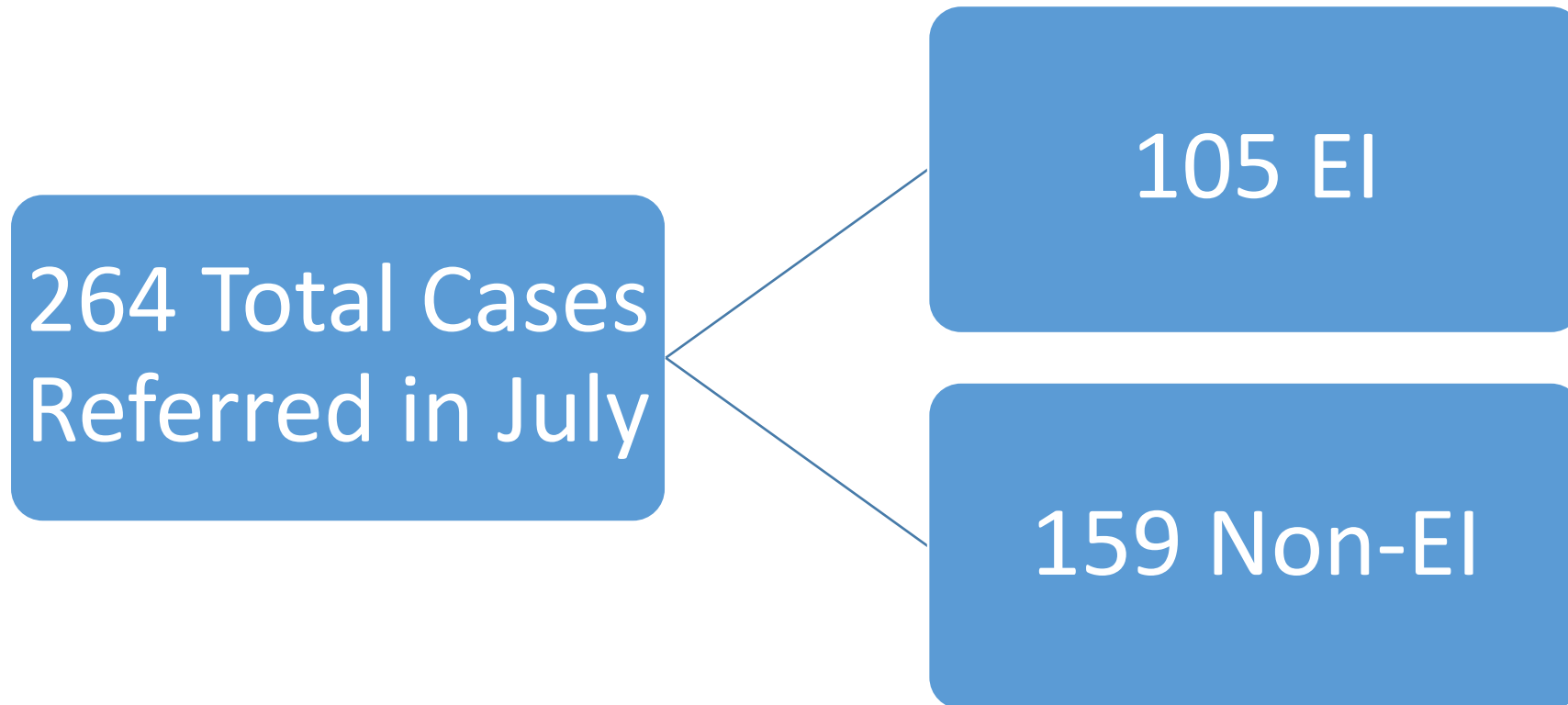


**The South Carolina Department of Disabilities and Special Needs Intake Process**  
 For Individuals and/or Families Interested in Services  
 September 2017

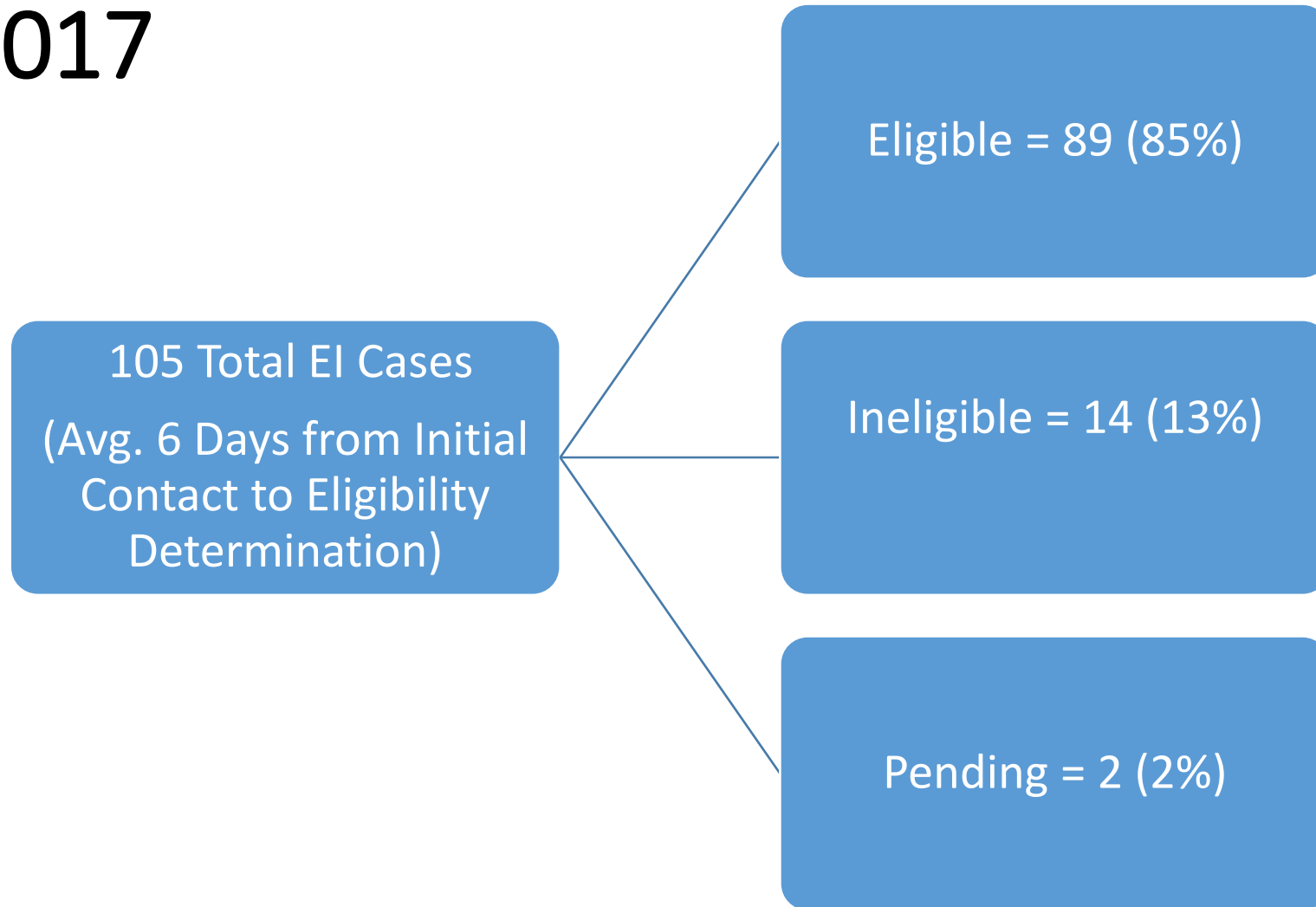


\*\*Throughout this process you will be given information on Medicaid, Case Management, and the DDSN Operated Waivers and their Waiting Lists.

# Intake Cases July 2017 – Sample Analysis

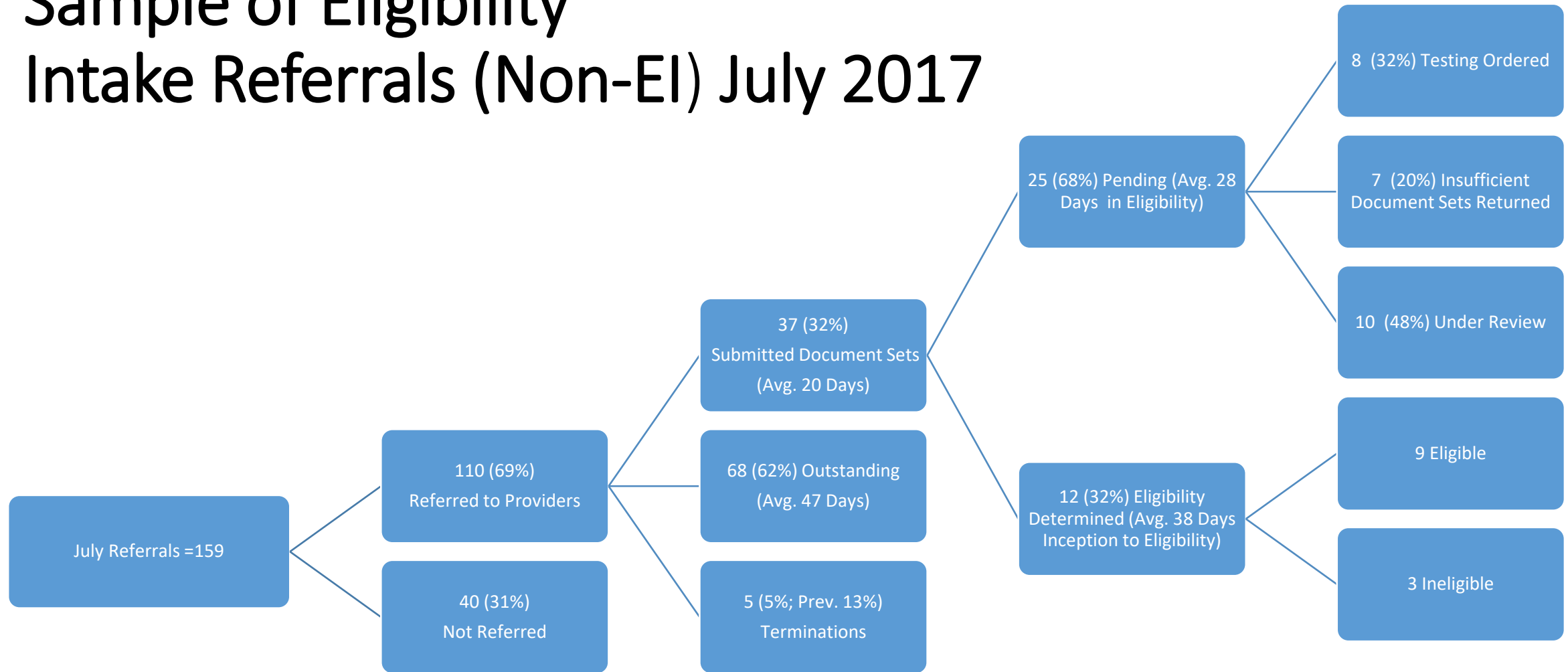


# El Intake Cases July 2017



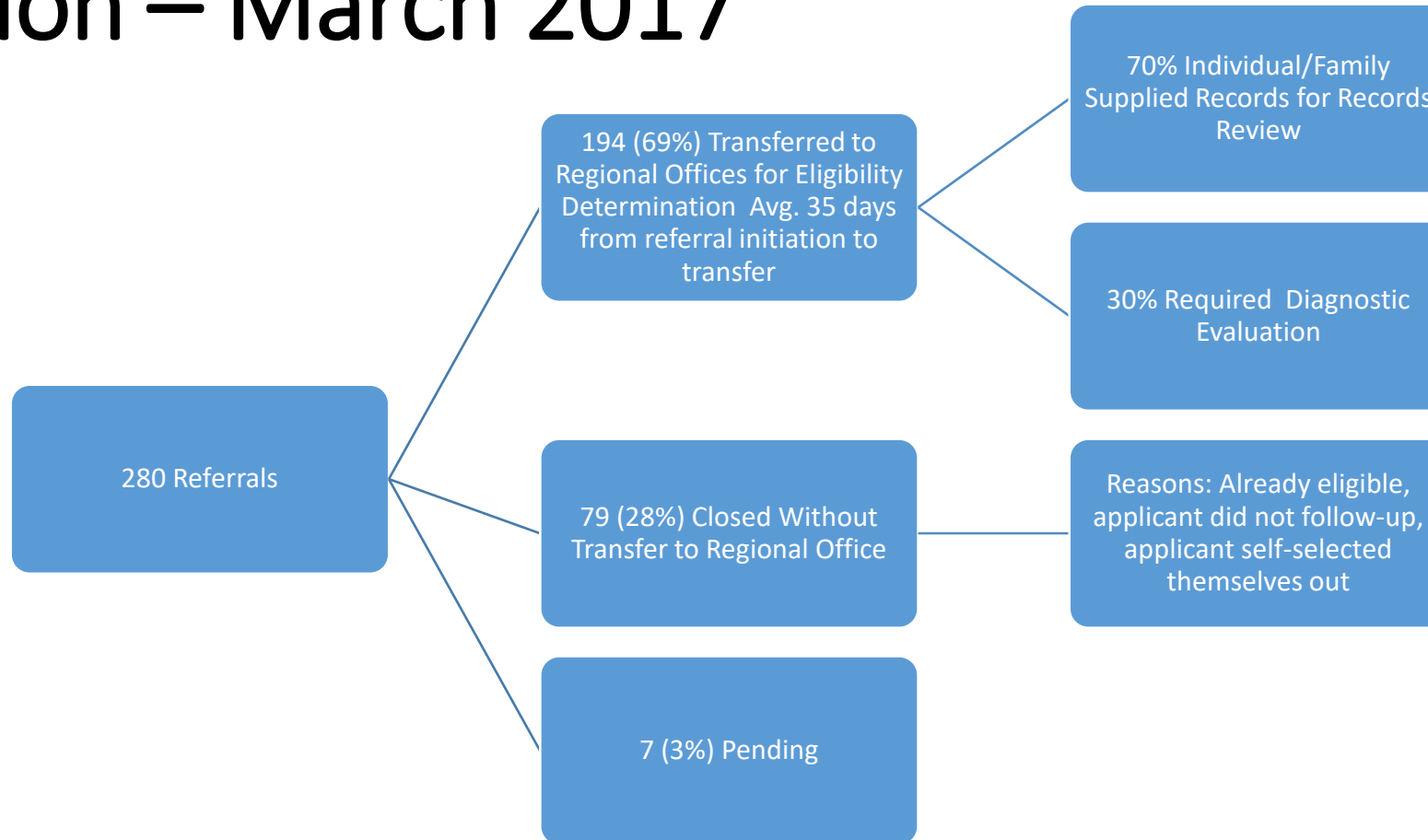
- EI providers forward the curriculum based assessment completed as part of the IFSP or FSP process.
- This assessment is used for DDSN eligibility determination.

# Sample of Eligibility Intake Referrals (Non-EI) July 2017



- This is based on a sample of July referrals. It will take 120 days to have sufficient data to understand the Intake pattern beginning to end.
- 31% of referrals do not become an Intake case: (1) already eligible, (2) cases requiring telephonic re-contact; primarily online referrals.
- The current timeline from inception to provider referral acceptance is 16 days due to 2 Factors: (1) Phone calls to make choice and (2) Cases not officially accepted in Therap by provider effects date.
- Sample timeframes: still early to conclude if following the same pattern as Case Manager waiver enrollment but appears consistent.

# Sample of Eligibility Referrals to Autism Division – March 2017



- Currently improving reporting capabilities
- ASD diagnosis requires only specific assessments unlike other eligibility categories requiring administrative investigation
- Family experience is streamlined because 70% of families possess records needed for eligibility determination

# What is the Family Experience?

## Process

- Screening with live answered call or self-serve online
- Offered choice of Qualified Intake Provider
- Certified Intake Provider - Competency Assessment
- Biggest Issue is Referral for Medicaid Targeted Case Management during Intake (Admin Contract and Medicaid Outreach) causing confusion. If confused, intake provider explains. Initiating further conversations with DHHS about the timing.
- Once records received, eligibility determined quickly and letter sent, CM notified, Intake Provider can access letter (Therap notifies) if called.
- Offered MTCM again
- See Family Friendly Flow Chart
- See Customer Satisfaction Survey Development Responses

# Proposal to Add \$25 Payment for Terminated Intake Referrals

Termination of an Intake Case Occurs for 1 of 2 Reasons:

- Self-selected out/changes mind
- Unable to be contact despite varied attempts

Measurement indicates as Intake process has developed over time, case terminations have decreased

- 13% terminations for April to June Months Sample
- 5% terminations for July Month Sample



# Eligibility Directive Additions

- Updated the onset for Intellectual Disability to up to age 22
  - Approved by Commission October 2014
  - Update made after ID/RD Waiver Renewal was approved with same language
- Updated Intake process
- Added Family Friendly Flow Chart
  - Seeking input on draft from Family Connection partner

**Comparison of Behavior Support Services provided to those who receive Residential Habilitation to Intensive Behavioral Interventions provided as part of Residential Habilitation.**

Revisions to the Residential Habilitation Standards approved by the SC Department of Health and Human Services will be effective October 1, 2017. The revision includes the addition of specific requirements for services and supports provided to residents who engage in problem behavior. The revision allows the Residential Habilitation provider greater flexibility by expanding the qualifications of the professional providing services to address problem behavior while increasing the accountability for compliance with the Standards through the increased frequency of review. Incorporating services to address problem behavior into the care, skills training, and supervision provided as Residential Habilitation encourages the professionals to work cohesively to improve the outcomes for the person supported.

*\*Denotes significant differences between Behavior Support Services and Intensive Behavioral Intervention*

	<b>Behavior Support Services (BSS)</b>	<b>Intensive Behavioral Intervention (IBI)</b>
How are the services defined?	<p>Behavior Support Services are those services which use current, empirically validated practices to identify causes of, intervene to prevent, and appropriately react to problematic behavior.</p> <p>These services include initial assessment for determining need for and appropriateness of Behavior Support Services; behavioral assessment (i.e., functional assessment and/or analysis) that include direct observation, interview of key persons, collection of objective data; analysis of behavioral/functional assessment data to determine the function of the behaviors (and later to assess success of intervention and any needed modifications); and behavioral intervention, based on the functional assessment, that is primarily focused on prevention of the problem behavior(s) based on their function.</p>	<p>When services which use current, empirically-validated practices to identify causes (i.e., function) of, interventions to prevent, replace and appropriately react to problem behavior are employed as part of the care, supervision, and skills training provided to those who receive Residential Habilitation, those services are known as “Intensive Behavioral Intervention”.</p> <p>Intensive Behavioral Intervention includes:</p> <ul style="list-style-type: none"> <li>• Conducting behavioral assessment (i.e., functional assessment and/or analysis) including indirect and direct assessment, observation of the person, interview of the person, key staff, family, etc., determination of personal preferences or interests, development of objective definitions, development of objective definitions, collection of direct assessment objective data (i.e., A-B-C data), the analysis and summary of the collected data,</li> </ul>

	<b>Behavior Support Services (BSS)</b>	<b>Intensive Behavioral Intervention (IBI)</b>
	Behavior Support Services must not be provided in a group setting or to multiple waiver participants at once.	and development of a competing behavior pathways diagram. <ul style="list-style-type: none"> <li>• Developing specific interventions based on the behavioral assessment which focuses on the replacement of the problem behavior with appropriate behavior that serves the same purpose (i.e., function) and the prevention of the problem behavior.</li> <li>• Securing appropriate approvals and consents.</li> <li>• Training others to accurately implement the interventions developed to address the problem behavior.</li> <li>• Monitoring, through the use of line graphs and observation-based fidelity checks, the implementation and the effectiveness of the interventions to ensure the occurrences problem behavior are decreasing and the occurrences of replacement behavior(s) are increasing,</li> <li>• Ensuring ineffective interventions are modified when needed.</li> </ul>
Who determines that the resident needs services to address problem behavior?	Case Manager and/or Residential Staff <i>(If identified by Residential Staff then reported to Case Manager)</i>	Case Manager and/or Residential Staff <i>(If identified by Case Manager then reported to Residential Staff)</i>
*Who authorizes / approves / arranges for service provision?	Case Manager	Residential Staff
Who pays the BSS or IBI provider for services rendered?	Financial Manager who is the Residential Habilitation provider pays the BSS provider out of the resident's Band payment received from DDSN.	Financial Manager who is the Residential Habilitation provider pays the IBI provider out of the resident's Band payment received from DDSN.
Who bills Medicaid and for which services are they billed?	DDSN bills Medicaid for Residential Habilitation.	DDSN bills Medicaid for Residential Habilitation.

	<b>Behavior Support Services (BSS)</b>	<b>Intensive Behavioral Intervention (IBI)</b>
*Who determines the rate to be paid for services?	Medicaid determines the rate to be paid for BSS.	The Residential Habilitation provider will determine the rate to be paid for IBI.
*Who qualifies to provide the services?	<p>Behavior Support Services may be provided by someone who:</p> <ul style="list-style-type: none"> <li>• Is a Board Certified Behavior Analyst-Doctoral™ (BCBA-D™);</li> <li>• Is a Board Certified Behavior Analyst® (BCBA®);</li> <li>• Is a Board Certified Assistant Behavior Analyst® (BCaBA®);</li> <li>• Is a Medicaid enrolled provider of Behavior Support Services who is in pursuit of BCBA/BCaBA certification who annually submits documentation of continuous, active pursuit of certification to DDSN may provide IBI until June 30, 2018.</li> </ul>	<p>Intensive Behavior Intervention may be provided by someone who:</p> <ul style="list-style-type: none"> <li>• Is a Board Certified Behavior Analyst-Doctoral™ (BCBA-D™);</li> <li>• Is a Board Certified Behavior Analyst® (BCBA®);</li> <li>• Is a Board Certified Assistant Behavior Analyst® (BCaBA®);</li> <li>• Possesses at least a Master’s degree in behavior analysis, psychology, special education or a closely related field and has a minimum of two (2) years of experience in the use of the principles of applied behavior analysis in the habilitation of people with intellectual disabilities/related disabilities including experience in the development of Behavior Support Plans. Those possessing a Master’s degree and experience shall also complete a minimum of 12 hours per year of Continuing Education Units (CEUs) approved by the Behavior Analyst Certification Board.</li> <li>• Is a Medicaid enrolled provider of Behavior Support Services who is in pursuit of BCBA/BCaBA certification who annually submits documentation of continuous, active pursuit of certification to DDSN may provide IBI until June 30, 2018.</li> </ul>
*What is required to become a provider?	<p>The potential provider must:</p> <ul style="list-style-type: none"> <li>• Attest that he/she understands the requirements outlined in the Behavior Support Services Standards.</li> <li>• Submit a work sample that demonstrates understanding of the Behavior Support</li> </ul>	<p>The potential provider must be contracted with or employed by the Residential Habilitation provider.</p> <p>NOTE: Upon request and as a courtesy, DDSN will review the work of a potential IBI provider and share the results with the Residential Habilitation</p>

	<b>Behavior Support Services (BSS)</b>	<b>Intensive Behavioral Intervention (IBI)</b>
	<p>Services Standards in that it is compliant with the Standards.</p> <ul style="list-style-type: none"> <li>• Submit evidence of certification.</li> <li>• Be enrolled by Medicaid/ SCDHHS.</li> </ul>	<p>provider to inform their decision regarding engagement.</p>
*What is the timeline for reviewing the work of the BSS or IBI provider for compliance with standards?	Every 2-4 years	Every 12-18 months
*How many service recipients are reviewed to determine the provider's compliance with standards?	Three(3)	Minimum sample of 5%
*What happens when standards are not met?	<p>When achieving a compliance score of 79% or less during an initial review, a follow up review is conducted. The follow up review is conducted a minimum of 90 days following the date of the written report of findings. Upon receipt of findings that indicate scores of 79% or less, the provider is suspended from receiving additional referrals. Should the provider fail to meet all standards upon follow up review, DDSN will request that the provider be removed from the approved provider list through DHHS, and all active waiver BSS authorizations to that provider are terminated.</p>	<p>A Plan of Correction is required for all citations in order to demonstrate corrective action. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the agency. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by DDSN.</p>

# Behavior Support Services and Residential Habilitation

SCDHHS-Approved Updates

September 2017

# Materials

- Refer to presentation file shared in August from 8/15/17 provider presentations.
- Binder materials comparing the current to the updated details approved by SCDHHS.

# Effective Dates

October 1, 2017

Residential Habilitation Standards effective.

January 1, 2018

The work of the IBI provider “counts” as part of Residential Habilitation.

July 1, 2018

Contract Compliance Reviews will include a review of IBI provided between January 1 and the date of the review.



# DDSN Training Available to Support Providers

**September 28, 2017**

**1:00-3:30 PM**

3 Ways to Participate: (1) Room 251, DDSN Central Office, (2) Skype and (3) Conference Line

This training will be recorded and posted.

- Providers requested for DDSN to providing more training opportunities. This is one example of DDSN training.
- Some providers indicate they have been funding contracted behavior support services but they have not been setting expectations or thoroughly monitoring the quality of the work provided in their residential settings.
- The training will assist providers to improve their oversight of Intensive Behavioral Supports through increasing familiarity with the updated Standards.

# Overview of DHHS-Approved Updates

## Name

*Formerly termed **Behavior Support Services**, services which use current, empirically-validated practices to identify causes (i.e., function) of, interventions to prevent, replace and appropriately react to problem behavior are employed as part of the care, supervision, and skills training provided to those who receive Residential Habilitation, those services are known as “**Intensive Behavioral Intervention.**”*

## Qualifications

Based on multi-year provider feedback about competent candidates with other degrees/qualifications, the qualifications were broadened to include professionals who possess:

- At least a Master’s degree in behavior analysis, psychology, special education or closely related field.
- A minimum of two (2) years of experience in the use of the principles of applied behavior analysis in the habilitation of people with intellectual disabilities/related disabilities including experience in the development of Behavior Support Plans.
- 12 hours (annually) of Continuing Education Units

## Quality Assurance

Increased frequency of Quality Assurance Review/Contract Compliance Reviews (12-18 months)

# Quality Assurance Implications

The work of the person providing Intensive Behavioral Interventions will directly impact the score achieved on the Residential Habilitation portion of a provider's Contract Compliance Review.

# How will the Updates Encourage Improved Outcomes?

Prioritizes provider accountability for the quality of the contracted services they have been/will be funding.

Residential Habilitations providers are interested in high scores and improving the quality of their services. This leads to:

- More support for the recommendations of the Intensive Behavioral Intervention provider to facilitate growth/improvement and to incorporate training.
- More regular and methodical monitoring of Residential Habilitation services by the provider.
- Increases motivation of Intensive Behavioral Intervention providers to provide quality work that produces positive outcomes.
- Increases frequency of quality review through insertion in the Contract Compliance Review process

# Why Not Change the Quality Assurance Rigor if the Qualifications have been Broadened?

- Intensive Behavioral Intervention professionals must be competent and effective in order to produce positive outcomes for the people they serve using the requirements of the Standards.
- The same functional assessment, behavior support plan components and requirements remain.

South Carolina Department of Disabilities and Special Needs

EXPANSION OF RESIDENTIAL SERVICES TO RESPOND TO INDIVIDUALS WITH BEHAVIORAL CHALLENGES

September 14, 2017

Issue Summary:

Individuals on the Critical Needs List (CNL) have serious health threatening circumstances which usually require the receipt of residential services. DDSN continues to experience an increase in the number of persons on the CNL that have significant behavioral and psychiatric needs. There are not a sufficient number of community providers willing to serve these individuals due to the perceived risk. Additionally, DDSN suspended Mentor from admitting any individuals in March 2016 due to performance concerns. Mentor serves the largest number of individuals with significant behavioral challenges of any of the community providers. As a result, there has been an increase in the length of wait to receive services for those on the CNL.

DDSN worked to address this growing need to expand services for persons with significant behavioral challenges by soliciting proposals from all existing community providers and seeking to contract with private providers specializing in serving this population who operate in other states. Response to this solicitation was very limited. Therefore, the DSN Commission approved DDSN to develop and directly operate several community training homes to serve individuals with significant behavioral needs. Three of these homes (two in Sumter and one in Laurens) should be operational in November 2017.

Even with the DDSN operated homes, the agency cannot make a significant reduction in the number of individuals on the CNL. Additional community homes to be operated by DDSN could be developed, but it will take a minimum of six to nine months due to the need to acquire and renovate property in accordance with required state procedures.

DDSN currently operates five regional centers around the state. All of these centers have excess physical space due to the substantial decline in census which has occurred over the past several decades. It would be possible to use some of this excess physical capacity to serve individuals with significant behavioral challenges off the CNL. This would be an expansion of DDSN's residential services which will require additional funding. Also some time would be required to renovate for occupancy in accordance with Medicaid and DHEC requirements. If the DSN Commission elects to expand the capacity of the regional centers, it would be proposed to reopen a dorm at Midlands Center. This service expansion could be implemented by February 2018.

A second option would be to work with one of the community providers that has successfully served individuals with significant behavioral challenges to open two new three person Community Training Home IIs to serve individuals with significant behavioral challenges. This service expansion could be implemented by June 2018.

## Regional Center Expansion

Page two

Funding to support either of these residential expansion efforts would come from redirecting residential service funds.

### Projected Cost for Six Person Regional Center Expansion:

ANNUAL OPERATING COST - \$853,005

START UP/CAPITAL COST - \$ 75,000

### Projected Cost for Six Person Community Provider Expansion:

ANNUAL OPERATING COST - \$648,240

START UP/CAPITAL COST - \$400,000

## REGIONAL CENTER EXPANSION

### Pros:

- Services could be implemented sooner
- Lower capital cost

### Cons:

- Growth of regional centers conflicts with the Americans with Disabilities Act requiring services to be provided in the least restrictive settings and the Olmstead U.S. Supreme Court decision and risks the intervention of the U.S. Department of Justice (DOJ) as happened in Georgia
- Most families and individuals have expressed preference to live in community settings, not regional centers
- Some of the individuals on the CNL with behavioral challenges would not qualify for services in an ICF/IID so DDSN would have to pay 100 percent state funding to serve them at a regional center
- Serving individuals at the regional centers is more costly than serving them in the community

#### COMMUNITY RESIDENTIAL EXPANSION

Pros:

- Develop preferred residential options
- Avoid conflict with Americans with Disabilities Act and the DOJ
- Annual operating cost is lower

Cons:

- Higher capital cost
- Services would take longer to implement



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

	<u>General Fund (Appropriations)</u>	<u>Medicaid Fund</u>	<u>Other Operating Funds</u>	<u>Federal and Restricted Funds</u>	<u>Total</u>
<b>FY 2017 Unreserved Cash Brought Forward</b>	<b>\$ 947,655</b>	<b>\$ 2,500,725</b>	<b>\$ 4,288,046</b>	<b>\$ 6,586</b>	<b>\$ 7,743,012</b> <sup>1,2</sup>
<b><u>FY 2018 YTD Activity</u></b>					
<b><u>Receipts/Transfers</u></b>					
Revenue	\$ 248,996,245	\$ 61,291,615	\$ 1,043,632	\$ 137,163	\$ 311,468,655
Interfund Transfers	\$ -	\$ -	\$ (2,425,000)	\$ -	\$ (2,425,000)
<b>Total Receipts/Transfers</b>	<b>\$ 248,996,245</b>	<b>\$ 61,291,615</b>	<b>\$ (1,381,368)</b>	<b>\$ 137,163</b>	<b>\$ 309,043,655</b>
<b><u>Disbursements</u></b>					
Personal Services	\$ (8,156,741)	\$ (2,779,709)	\$ (8,247)	\$ (38,488)	\$ (10,983,185)
Fringe Benefits	\$ (3,703,319)	\$ (1,103,001)	\$ -	\$ (15,456)	\$ (4,821,776)
Other Operating Expense	\$ (45,865,683)	\$ (58,344,961)	\$ (292,860)	\$ (154,647)	\$ (104,658,151)
Capital Outlays	\$ -	\$ (119,020)	\$ (22,476)	\$ -	\$ (141,496)
<b>Total Disbursements</b>	<b>\$ (57,725,743)</b>	<b>\$ (62,346,691)</b>	<b>\$ (323,583)</b>	<b>\$ (208,591)</b>	<b>\$ (120,604,608)</b>
<b>Outstanding Accounts Payable Balance</b>	<b>\$ -</b>	<b>\$ (100,856)</b>	<b>\$ (2,952)</b>	<b>\$ (5,370)</b>	<b>\$ (109,178)</b>
<b>Unreserved Cash Balance - 8/31/2017</b>	<b>\$ 192,218,157</b>	<b>\$ 1,344,793</b>	<b>\$ 2,580,143</b>	<b>\$ (70,212)</b>	<b>\$ 196,072,881</b>

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

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

FM Budget vs Actual									
Author JGRANT			Status of Data 9/8/2017 01:38:16						
Filter		Information							
Table									
Fiscal year	Business area	Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance
2018	DDSN	ADMINISTRATION	\$ 7,883,999.00	\$ 0.00	\$ 7,883,999.00	\$ 1,059,633.07	\$ 6,824,365.93	\$ 1,047,505.36	\$ 5,776,860.57
		PREVENTION PROGRAM	\$ 257,098.00	\$ 585,902.00	\$ 843,000.00	\$ 5,000.00	\$ 838,000.00	\$ 583,000.00	\$ 255,000.00
		GREENWOOD GENETIC CENTER	\$ 11,858,376.00	\$ 0.00	\$ 11,858,376.00	\$ 3,119,092.00	\$ 8,739,284.00	\$ 8,339,284.00	\$ 400,000.00
		CHILDREN'S SERVICES	\$ 14,859,525.00	\$ 2,391,436.00	\$ 17,250,961.00	\$ 3,591,920.23	\$ 13,659,040.77	\$ 32,011.00	\$ 13,627,029.77
		BabyNet	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00		\$ 9,312,500.00		\$ 9,312,500.00
		IN-HOME FAMILY SUPP	\$ 87,577,481.00	-\$ 8,487,050.00	\$ 79,090,431.00	\$ 9,817,277.87	\$ 69,273,153.13	\$ 26,995,891.08	\$ 42,277,262.05
		ADULT DEV&SUPP EMPLO	\$ 70,022,008.00	\$ 9,679,896.00	\$ 79,701,904.00	\$ 16,819,683.73	\$ 62,882,220.27	\$ 227,748.98	\$ 62,654,471.29
		SERVICE COORDINATION	\$ 22,707,610.00	\$ 48,530.00	\$ 22,756,140.00	\$ 4,630,867.78	\$ 18,125,272.22	\$ 1,337,865.44	\$ 16,787,406.78
		AUTISM SUPP PRG	\$ 14,136,026.00	\$ 10,624,169.00	\$ 24,760,195.00	\$ 2,391,956.56	\$ 22,368,238.44	\$ 1,843,355.14	\$ 20,524,883.30
		Pervasive Developmental Disorder (PDD) Program	\$ 9,780,880.00	\$ 0.00	\$ 9,780,880.00	\$ 289,420.22	\$ 9,491,459.78	\$ 1,603,871.68	\$ 7,887,588.10
		HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 13,809.00	\$ 3,054,341.00	\$ 699,884.21	\$ 2,354,456.79	\$ 0.00	\$ 2,354,456.79
		REG CTR RESIDENT PGM	\$ 79,396,018.00	-\$ 405,780.00	\$ 78,990,238.00	\$ 10,661,361.51	\$ 68,328,876.49	\$ 7,382,892.96	\$ 60,945,983.53
		HD&SPIN CRD INJ FAM	\$ 27,758,987.00	\$ 408,490.00	\$ 28,167,477.00	\$ 3,082,844.36	\$ 25,084,632.64	\$ 9,816,311.95	\$ 15,268,320.69
		AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 5,247,396.00	\$ 28,805,005.00	\$ 5,953,186.39	\$ 22,851,818.61	\$ 126,431.70	\$ 22,725,386.91
		INTELL DISA COMM RES	\$ 333,536,387.00	-\$ 17,142,413.00	\$ 316,393,974.00	\$ 53,767,175.23	\$ 262,626,798.77	\$ 42,935,729.24	\$ 219,691,069.53
		STATEWIDE CF APPRO		\$ 3,200,271.29	\$ 3,200,271.29		\$ 3,200,271.29		\$ 3,200,271.29
		STATE EMPLOYER CONTR	\$ 32,089,541.00	\$ 759,397.00	\$ 32,848,938.00	\$ 4,821,775.35	\$ 28,027,162.65	\$ 0.00	\$ 28,027,162.65
		DUAL EMPLOYMENT				\$ 2,708.34	-\$ 2,708.34		-\$ 2,708.34
		<b>Result</b>	<b>\$ 747,774,577.00</b>	<b>\$ 6,924,053.29</b>	<b>\$ 754,698,630.29</b>	<b>\$ 120,713,786.85</b>	<b>\$ 633,984,843.44</b>	<b>\$ 102,271,898.53</b>	<b>\$ 531,712,944.91</b>

**SC Department of Disabilities and Special Needs**  
**ICF Community Rate Comparison**  
**September 14, 2017**

95% of consumers residing in an ICF Community bed (467 individuals) receive a Band H funding level. The Band H funding level paid to providers is \$235.65 per day. Due to the higher needs of 24 individuals, DDSN pays providers an outlier cost in addition to the Band H. The amount of each outlier is based on individual need. A daily rate based on the cost of the outliers added to the Band H funding equates to \$343.85. The charts below compare the Band H daily rate and the Band H plus outliers daily rate DDSN pays to providers to the Medicaid reimbursement rate paid to DDSN for Community ICF beds.

	<u>Band H Daily Rate</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>
July 2017 Band H Funding	\$235.65	\$247.36 Rate as of 7/1/17
Bed Fee Reduction	<u>(\$8.50)</u>	<u>(\$8.50) Bed Fee Reduction</u>
	\$227.15	\$238.86
Difference		\$11.71
		4.9%
		\$11.71/ \$238.86 = 4.9%

The comparison shows that the Medicaid reimbursement rate DDSN receives versus the corresponding Band H funding level paid to providers equals a difference of \$11.71, which is a 4.9% variance. The variance covers costs incurred by DDSN such as depreciation, program oversight and compliance reviews of the Community ICF/IID service, technical assistance and general overhead.

	<u>Band H Daily Rate w/ Outliers</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>
July 2017 Band H Funding	\$343.85	\$247.36 Rate as of 7/1/17
Bed Fee Reduction	<u>(\$8.50)</u>	<u>(\$8.50) Bed Fee Reduction</u>
	\$335.35	\$238.86
Difference		-\$96.49
		-40.4%
		-\$96.49/238.86=-40.4%

The comparison shows that the Medicaid reimbursement rate paid to DDSN versus the corresponding Band H funding level plus outliers equals a difference of -\$96.49, which is a -40.40% variance/loss.

**SC Department of Disabilities and Special Needs**  
**ICF Community Rate Comparison**  
**September 14, 2017**

5% of consumers residing in an ICF Community bed (27 individuals) receive either a Band G or Band R funding level. The Band G funding level paid to providers is \$180.00 per day. The Band R funding paid to providers is \$259.29 per day. Bands G and R have no outlier funding. The charts below compare the Band G daily rate and the Band R daily rate DDSN pays to providers to the Medicaid reimbursement rate paid to DDSN for Community ICF beds.

	<u>Band G Daily Rate</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>	
July 2017 Band G Funding	\$180.00	\$247.36	Rate as of 7/1/17
Bed Fee Reduction	(\$8.50)	(\$8.50)	Bed Fee Reduction
	<u>\$171.50</u>	<u>\$238.86</u>	
Difference		\$67.36	
		28.2%	$\$67.36/238.86 = 28.2\%$

The comparison shows that the Medicaid reimbursement rate paid to DDSN versus the corresponding Band G funding level equals a difference of \$67.36, which is a 28.2% variance.

	<u>Band R Daily Rate</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>	
July 2017 Band R Funding	\$259.29	\$247.36	Rate as of 7/1/17
Bed Fee Reduction	(\$8.50)	(\$8.50)	Bed Fee Reduction
	<u>\$250.79</u>	<u>\$238.86</u>	
Difference		-\$11.93	
		-5.0%	$\$-11.93/238.86 = -5.0\%$

The comparison shows that the Medicaid reimbursement rate paid to DDSN versus the corresponding Band R funding level equals a difference of -\$11.93, which is a -5.0% variance/loss.

**SC Department of Disabilities and Special Needs**  
**ICF Community Rate Comparison**  
**September 14, 2017**

<b>Cash Impact:</b>	<u>DDSN Pays Provider</u>	<u>DDSN Receives from Medicaid</u>	<u>Difference</u>
Band H Consumers w/o Outlier Funding (adjusted for Bed Fee) \$227.15 x 365 x 443	\$36,729,019	\$38,622,468	\$1,893,448
Band H Consumers with Outlier Funding (adjusted for Bed Fee) \$335.35 x 365 x 24	\$2,937,692	\$2,092,414	(\$845,278)
Band G Consumers Funding (adjusted for Bed Fee) \$171.50 x 365 x 19	\$1,189,353	\$1,656,494	\$467,142
Band R Consumers Funding (adjusted for Bed Fee) \$250.79 x 365 x 8	<u>\$732,316</u>	<u>\$697,471</u>	<u>(\$34,845)</u>
Subtotal	\$41,588,380	\$43,068,847	\$1,480,467
Total # of Consumers			494
Amount per consumer per day			\$8.21
% Retained by DDSN ( $\$8.21/\$238.86 = 3.44\%$ )			3.44%

The \$1,480,467 retained by DDSN pays for depreciation, program oversight and compliance reviews of the Community ICF/IID service, technical assistance and general overhead.

<b>Rate Calculations:</b>			
Band H	\$86,012	Band H	\$86,012
Number of Consumers (No Outliers)	443	Number of Consumers with Outliers	24
Band H x # of Consumers	\$38,103,316	Band H x # of Consumers	\$2,064,288
Number of Consumers	443	Band H Outliers	<u>\$947,864</u>
Rate	\$86,012	Total	\$3,012,152
# of days	365	Number of Consumers	24
Daily Rate	<b>\$235.65</b>	Rate w/ Outliers Cost	\$125,506
		# of days	365
		Daily Rate w/ Outliers	<b>\$343.85</b>
Band G	\$65,700	Band R	\$94,642
Number of Consumers (No Outliers)	19	Number of Consumers (No Outliers)	8
Band G x # of Consumers	\$1,248,300	Band R x # of Consumers	\$757,136
Number of Consumers	19	Number of Consumers	8
Rate	\$65,700	Rate	\$94,642
# of days	365	# of days	365
Daily Rate	<b>\$180.00</b>	Daily Rate	<b>\$259.29</b>

**SC Department of Disabilities and Special Needs**  
**ICF Community Rate Comparison**  
**July 1, 2016 through June 2017**

95% of consumers residing in an ICF Community bed (472 individuals) receive a Band H funding level. The Band H funding level paid to providers is \$225.75 per day. Due to the higher needs of 22 individuals, DDSN pays providers an outlier cost in addition to the Band H. The amount of each outlier is based on individual need. A daily rate based on the cost of the outliers added to the Band H funding equates to \$320.63. The charts below compare the Band H daily rate and the Band H plus outliers daily rate DDSN pays to providers to the Medicaid reimbursement rate paid to DDSN for Community ICF beds.

	<u>Band H Daily Rate</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>
July 2016 Band H Funding	\$225.75	\$228.93 Rate as of 7/1/16
Bed Fee Reduction	<u>(\$8.50)</u>	<u>(\$8.50) Bed Fee Reduction</u>
	\$217.25	\$220.43
Difference		\$3.18
		1.4%
		\$3.18/ \$220.43 = 1.4%

The comparison shows that the Medicaid reimbursement rate DDSN receives versus the corresponding Band H funding level paid to providers equals a difference of \$3.18, which is a 1.4% variance. The variance covers costs incurred by DDSN such as depreciation, program oversight and compliance reviews of the Community ICF/IID service, technical assistance and general overhead.

	<u>Band H Daily Rate w/ Outliers</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>
July 2016 Band H Funding w/Outliers	\$320.63	\$228.93 Rate as of 7/1/16
Bed Fee Reduction	<u>(\$8.50)</u>	<u>(\$8.50) Bed Fee Reduction</u>
	\$312.13	\$220.43
Difference		-\$91.70
		-41.6%
		-\$91.70/\$220.43 = -41.6%

The comparison shows that the Medicaid reimbursement rate paid to DDSN versus the corresponding Band H funding level plus outliers equals a difference of -\$91.70, which is a -41.6% variance/loss.

**SC Department of Disabilities and Special Needs**  
**ICF Community Rate Comparison**  
**July 1, 2016 through June 2017**

5% of consumers residing in an ICF Community bed (23 individuals) receive either a Band G or Band R funding level. The Band G funding level paid to providers is \$168.67 per day. The Band R funding paid to providers is \$248.02 per day. Bands G and R have no outlier funding. The charts below compare the Band G daily rate and the Band R daily rate DDSN pays to providers to the Medicaid reimbursement rate paid to DDSN for Community ICF beds.

	<u>Band G Daily Rate</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>
July 2016 Band G Funding	\$168.67	\$228.93 Rate as of 7/1/16
Bed Fee Reduction	<u>(\$8.50)</u>	<u>(\$8.50) Bed Fee Reduction</u>
	\$160.17	\$220.43
Difference		\$60.26
		27.3%
		\$60.26/\$220.43 = 27.3%

The comparison shows that the Medicaid reimbursement rate paid to DDSN versus the corresponding Band G funding level equals a difference of \$60.26, which is a 27.3% variance.

	<u>Band R Daily Rate</u>	<u>ICF Medicaid Reimbursement Rate for Community ICF</u>
July 2016 Band R Funding	\$248.02	\$228.93 Rate as of 7/1/16
Bed Fee Reduction	<u>(\$8.50)</u>	<u>(\$8.50) Bed Fee Reduction</u>
	\$239.52	\$220.43
Difference		-\$19.09
		-8.7%
		\$-19.09/\$220.43 = -8.7%

The comparison shows that the Medicaid reimbursement rate paid to DDSN versus the corresponding Band R funding level equals a difference of -\$19.09, which is a -8.7% variance/loss.

**SC Department of Disabilities and Special Needs**  
**ICF Community Rate Comparison**  
**July 1, 2016 through June 2017**

<b>Cash Impact:</b>	<u>DDSN Pays Provider</u>	<u>DDSN Receives from Medicaid</u>	<u>Difference</u>
Band H Consumers w/o Outlier Funding (adjusted for Bed Fee) \$217.25 x 365 x 450	\$35,683,313	\$36,205,628	\$522,315
Band H Consumers with Outlier Funding (adjusted for Bed Fee) \$312.13 x 365 x 22	\$2,506,404	\$1,770,053	(\$736,351)
Band G Consumers Funding (adjusted for Bed Fee) \$160.17 x 365 x 19	\$1,110,779	\$1,528,682	\$417,903
Band R Consumers Funding (adjusted for Bed Fee) \$239.52 x 365 x 4	\$349,699	\$321,828	(\$27,871)
Subtotal	\$39,650,195	\$39,826,190	\$175,996
Total # of Consumers			495
Amount per consumer per day			\$0.97
% Retained by DDSN ( $0.97/220.43 = .44\%$ )			0.44%

The \$175,996 retained by DDSN pays for depreciation, program oversight and compliance reviews of the Community ICF/IID service, technical assistance and general overhead.

<b>Rate Calculations:</b>			
Band H	\$82,398	Band H	\$82,398
Number of Consumers (No Outliers)	450	Number of Consumers with Outliers	22
Band H x # of Consumers	\$37,079,100	Band H x # of Consumers	\$1,812,756
Number of Consumers	450	Band H Outliers	\$761,910
Rate	\$82,398	Total	\$2,574,666
# of days	365	Number of Consumers	22
Daily Rate	<b>\$225.75</b>	Rate w/ Outliers Cost	\$117,030
		# of days	365
		Daily Rate w/ Outliers	<b>\$320.63</b>
Band G	\$61,563	Band R	\$90,529
Number of Consumers (No Outliers)	19	Number of Consumers (No Outliers)	4
Band G x # of Consumers	\$1,169,697	Band R x # of Consumers	\$362,116
Number of Consumers	19	Number of Consumers	4
Rate	\$61,563	Rate	\$90,529
# of days	365	# of days	365
Daily Rate	<b>\$168.67</b>	Daily Rate	<b>\$248.02</b>



**REQUEST FOR  
 THREE (3) NATURAL GAS UTILITY EASEMENTS  
 AT WHITTEN CENTER  
 28373 HWY. 76 EAST  
 CLINTON, SC  
 FROM  
 CLINTON-NEWBERRY NATURAL GAS AUTHORITY**

Clinton-Newberry Natural Gas Authority (CNNGA) requests the South Carolina Department of Disabilities and Special Needs (DDSN) grant three (3) utility easements.

CNNGA proposes the installation of a new natural gas service pipeline to serve new industry in the City of Clinton's I-26 Commerce Park. The easements specify "the right to erect, construct, install and lay, thereafter to use, operate, inspect, repair, maintain, replace and remove natural gas pipeline over and across and through the property of Whitten Center, a South Carolina Department of Disabilities and Special Needs facility." CNNGA understands that Whitten Center is home to residents with intellectual and other disabilities. In the interest of the safety and welfare of the vulnerable residents, staff, and visitors at Whitten Center, CNNGA will notify Whitten Center staff when CNNGA's personnel or contractors are present and working on Whitten Center campus, to the greatest extent reasonable.

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

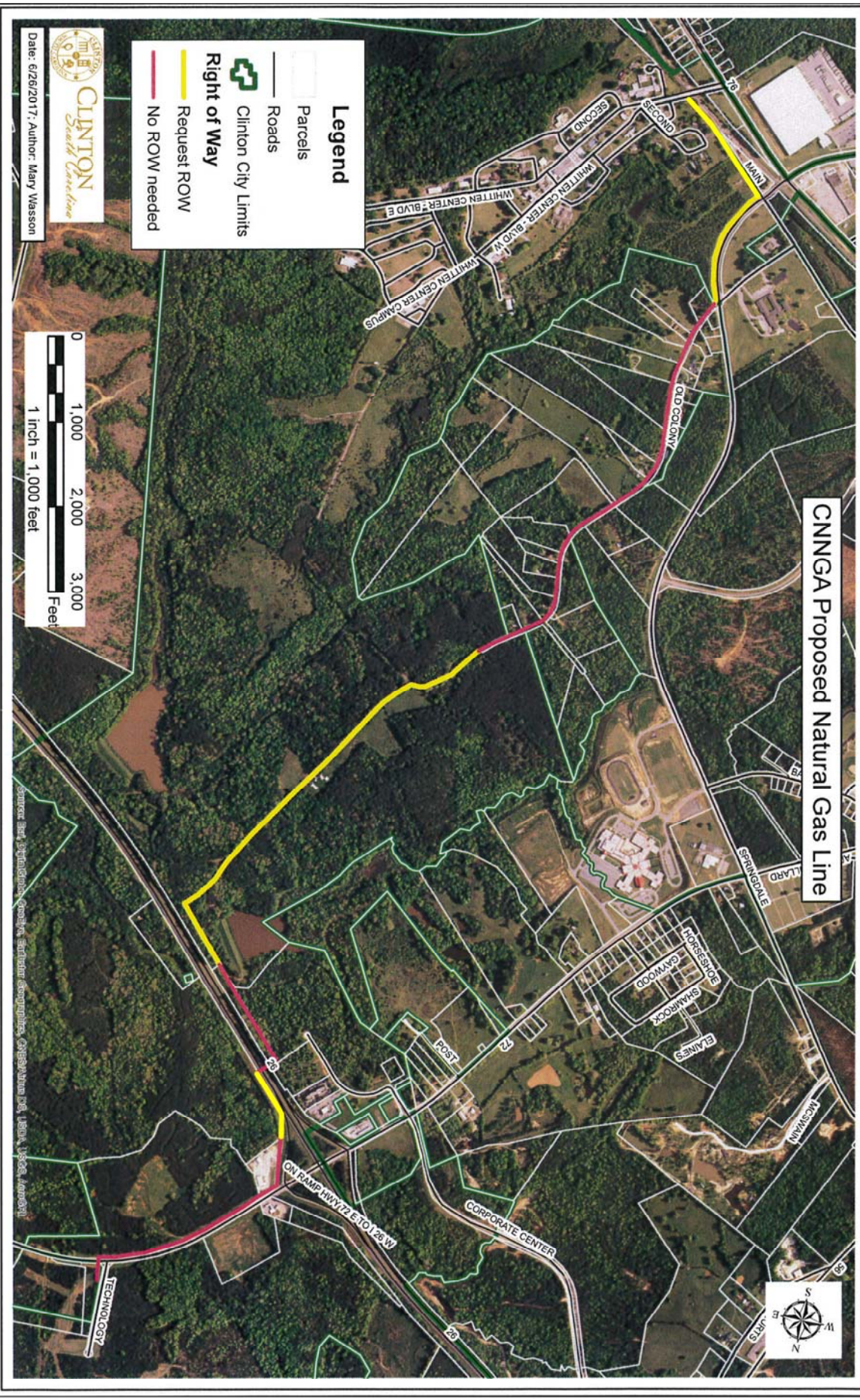
The easement sections are identified by both Utility Easement legal descriptions and surveys. The dollar compensation offer must be verified and supported by property appraisal.

Easement Section A	1.223 Acres	\$ 2,678.00
Easement Section B	2.785 Acres	\$ 6,215.00
Easement Section C	<u>0.60 Acres</u>	<u>\$ 1,123.00</u>
	4.608 Acres	\$10,016.00

Pending Commission approval, and subsequent property appraisal, DDSN will submit the request to South Carolina Department of Administration staff for review and consideration at a State Fiscal Accountability Authority meeting. Commission approval of these three (3) Utility Easement sales is requested.

Date: September 13, 2017

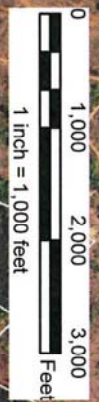
# CNNGA Proposed Natural Gas Line



**Legend**

- Parcels
- Roads
- Clinton City Limits
- Right of Way**
  - Request ROW
  - No ROW needed

**CLINTON**  
South Carolina  
Date: 6/26/2017; Author: Mary Wasson



Source: Aerial, Ordnance Survey, Esri, DeLorme, Garmin, Earthstar Geographics, CNES/Airbus DS, USDA, AeroGRID, IGN, Esri, Swisstopo



**CONSIDERATION OF BIDS**

**SUMTER DAY PROGRAM PAVING, GRADING, SITE IMPROVEMENTS  
STATE PROJECT NUMBER: J16-9911**

Project scope includes grading, drainage, resurfacing, new paving, sidewalks & ramps, minor fencing, pavement markings, and other miscellaneous site work.

Three bids were received on Tuesday, September 12, 2017. All bids exceeded the current project budget of \$240,000, thus a project budget increase of 10% has been requested. Sumter County DSNB will cover the cost of work performed on the property the Board owns.

It is recommended that a contract be awarded to **J. F. CONTRACTORS, LLC of SUMTER, SOUTH CAROLINA** to include both Sumter County DSNB property bid items and SCDDSN State property bid items for a total contract award of **\$244,016.00**. DDSN has not worked on previous projects with **J. F. CONTRACTORS, LLC**, thus DDSN is conducting a responsibility review.

Sumter Co. DSNB Property Bid:	\$ 102,159.00
SCDDSN State Property Bid:	\$ 141,857.00
<b>Total Bid:</b>	<b>\$ 244,016.00</b>

ATTACHMENT: BID TABULATION

Bid Date: September 12, 2017

Date: September 12, 2017

**PROJECT NO.:** 116-9911

**PROJECT NAME:** Sumter Day Program Paving, Grading, Site Improvements

**BID DATE:** September 12, 2017

**TIME:** 2:00 p.m.

**LOCATION:** SCDDSN, Rm. 247

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



### BID TABULATION

	CONTRACTOR NAME	ADD. ONE	BID BOND	SUMTER DSMB PROPERTY	DDSN STATE PROPERTY	TOTAL BID	SUBCONTRACTOR
1	JF Contractors, LLC Sumter, SC	N/A	✓	\$102,159.00	\$141,857.00	\$244,016.00	Asphalt Paving: Campbell Paving Specialties Concrete: JF Contractors, LLC Pavement Markings: Campbell Paving Spec.
2	Thompson Turner Construction Sumter, SC	N/A	✓	\$114,570.00	\$184,190.00	\$298,760.00	Asphalt Paving: Asphalt Paving & Maint. Concrete: C Simmons Construction Pavement Markings: C Simmons Construction
3	Digging Deep Construction, LLC New Zion, SC	N/A	✓	\$129,140.00	\$176,615.00	\$305,755.00	Asphalt Paving: Campbell Paving Specialties Concrete: Digging Deep Construction, LLC Pavement Markings: Campbell Paving Spec.

  
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Reed Marshall, Project Manager

  
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Witness