

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

## **MINUTES**

August 20, 2020

The South Carolina Commission on Disabilities and Special Needs met on Thursday, August 20, 2020, 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 In-Person

Gary Lemel – Chairman

Barry Malphrus – Vice Chairman

Eddie Miller

Stephanie Rawlinson

David Thomas

#### Present via Skype:

Robin Blackwood – Secretary

### DDSN Administrative Staff

Mary Poole, State Director; Pat Maley, Deputy Director; Chris Clark, CFO; Rufus Britt, Associate State Director, Operations; Susan Beck, Associate State Director, Policy

### Notice of Meeting Statement

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

### Adoption of the Agenda

On motion of Commissioner Rawlinson, seconded by Commissioner Malphrus, the Commission unanimously adopted the August 20, 2020 Meeting Agenda. (Attachment A)

### Invocation

Commissioner Rawlinson gave the invocation.

### **Approval of the Minutes of the July 16, 2020 Commission Meetings**

On motion of Commissioner Malphrus, seconded by Commissioner Thomas, the Commission unanimously approved the July 16, 2020 Commission Meeting minutes.

### **Commissioners' Update**

Commissioner Rawlinson spoke of the Pee Dee Provider Meeting that she and Commissioner Miller attended.

### **Public Input**

The following individuals spoke during Public Input: Elizabeth Krauss and Jason Tavenner.

### **Access and Mobility for All Pilot Program Presentation**

Mr. Fred Payne, Board Member of the Carolinas Alliance 4 Innovation and Steve Yaffe of Yaffe Mobility Consulting provided information and shared a presentation about Carolinas Alliance 4 Innovation offering sustainable mobility through a grant with Carolina RIDES. (Attachment B)

### **Commission Committee Business**

#### A. Finance Committee

Committee Chairman Blackwood stated the Committee met on August 6, 2020. At this time there are no items to bring forth to the full Commission to vote on. The various topics discussed at the Committee meeting included the Internal Audit charter as well as a directive referring to general duties of the Internal Audit Division, a federal grant application, the provider relief fund, and community capital funding opportunities with the Master Lease Program.

#### B. Policy Committee

Committee Chairman Malphrus presented the following policy revisions to the Commission that were reviewed and discussed at the August 11, 2020 Policy Committee meeting. Copies had previously been provided to the Commission:

800-08-CP-Commission Public Input Process Document – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to accept the new policy that was developed at the request of the Commission at the July 16, 2020 Commission Meeting. The policy was approved unanimously. (Attachment C).

Commission By-Laws - Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to accept the revisions of the By-Laws. The By-Laws were approved unanimously. (Attachment D)

800-02-CP- DDSN Governance Process Policy – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to accept the revisions of this policy. The policy was approved unanimously. Discussion followed regarding Commissioners directly contacting staff on issues. Commissioner Malphrus requested to withdraw the vote and table the matter until next month. The Commission unanimously approved to accept the request. (Attachment E)

800-05-CP-DDSN Public Invocation Act – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to approve this policy. The policy was approved unanimously. (Attachment F)

100-27-DD-Dual Relationships – Committee Chairman Malphrus presented this policy as information only. The policy will be sent out for external review. (Attachment G)

Discussion followed regarding the Adult Healthcare Consent Act. The Policy Committee will be reviewing the directives that relate to the Act.

603-06-DD-Tuberculosis Screening – On behalf of Committee Chairman Malphrus, Ms. Beck explained the revisions of the policy. The Commission unanimously approved the revisions of the policy. (Attachment H)

### **Old Business**

A. Hazardous Bonus Pay

Mr. Britt provided an update on the Hazardous Bonus Pay. Discussion followed. (Attachment I)

B COVID-19 Update

M. Britt provided a COVID-19 update. Discussion followed. (Attachment J)

## **New Business**

### A. Federal Grants Approval

Mr. Clark presented information regarding six proposed Federal grants. On motion of Commissioner Thomas, seconded by Commissioner Miller, the Commission unanimously approved the six federal grants.

### B. Financial Update

Mr. Clark gave an update on the June final year-end report as of June 30, 2020 and the July report as of July 31, 2020. The spending plan will be presented at the September Commission Meeting. On motion of Commissioner Thomas, seconded by Commissioner Miller, the Commission unanimously approved the financial update as presented. (Attachment K)

### C. Quarterly Provider Contracts

Mr. Clark provided an update on the Quarterly Providers Contracts. (Attachment L)

### D. Provider Contract Increases

Mr. Clark provided information on the 2020 Contract Amendments for Babcock Center, Thrive Upstate and MaxAbilities of York. Discussion followed. On motion of Commissioner Miller, seconded by Commissioner Rawlinson, the Commission unanimously approved the contract amendments as presented. Attachment M)

## State Director's Report

Director Poole provided a State Director's Report. (Attachment N)

## Executive Session

An Executive Session was not held.

## Next Regular Meeting

September 17, 2020

## Adjournment

Chairman Lemel adjourned the meeting at 12:05 p.m. to move into the Training Session.

Submitted by,



Sandra J. Delaney

Approved:



Commissioner Blackwood  
Secretary

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

**A G E N D A**

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

**August 20, 2020**

**10:00 A.M.**

1. Call to Order *Chairman Gary Lemel*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner Stephanie Rawlinson*
6. Approval of the Minutes of the July 16, 2020 Commission Meeting
7. Commissioners' Update *Commissioners*
8. Public Input
9. Access and Mobility for All Pilot Program Presentation *Mr. Fred Payne  
Board Member  
Carolinas Alliance 4 Innovation*
10. Commission Committee Business
  - A. Finance Committee *Committee Chairman Robin Blackwood*
  - B. Policy Committee *Committee Chairman Barry Malphrus*
    1. 800-08-CP: Commission Public Input Process Document
    2. Commission By-Laws
    3. 800-02-CP: DSN Governance Process Policy
    4. 800-05-CP: DSN Public Invocation Act
    5. 100-27-DD: Dual Relationships
    6. 603-06-DD: Tuberculosis Screening
11. Old Business:
  - A. Hazardous Bonus Pay *Mr. Rufus Britt*
  - B. COVID-19 Update *Mr. Rufus Britt*
12. New Business:
  - A. Federal Grants Approval *Mr. Chris Clark*
  - B. Financial Update *Mr. Chris Clark*
  - C. Quarterly Provider Contracts *Mr. Chris Clark*
  - D. Provider Contract Increases *Mr. Chris Clark*
13. State Director's Report *State Director Mary Poole*
14. Executive Session
15. Next Regular Meeting (September 17, 2020)
16. Adjournment

# Carolinas Alliance 4 Innovation: Offering Sustainable Mobility Through Carolina RIDES+

## Mobility Needs:

Access to: Jobs, Health, Nutrition,  
Community

## Mobility Solutions Using Technology



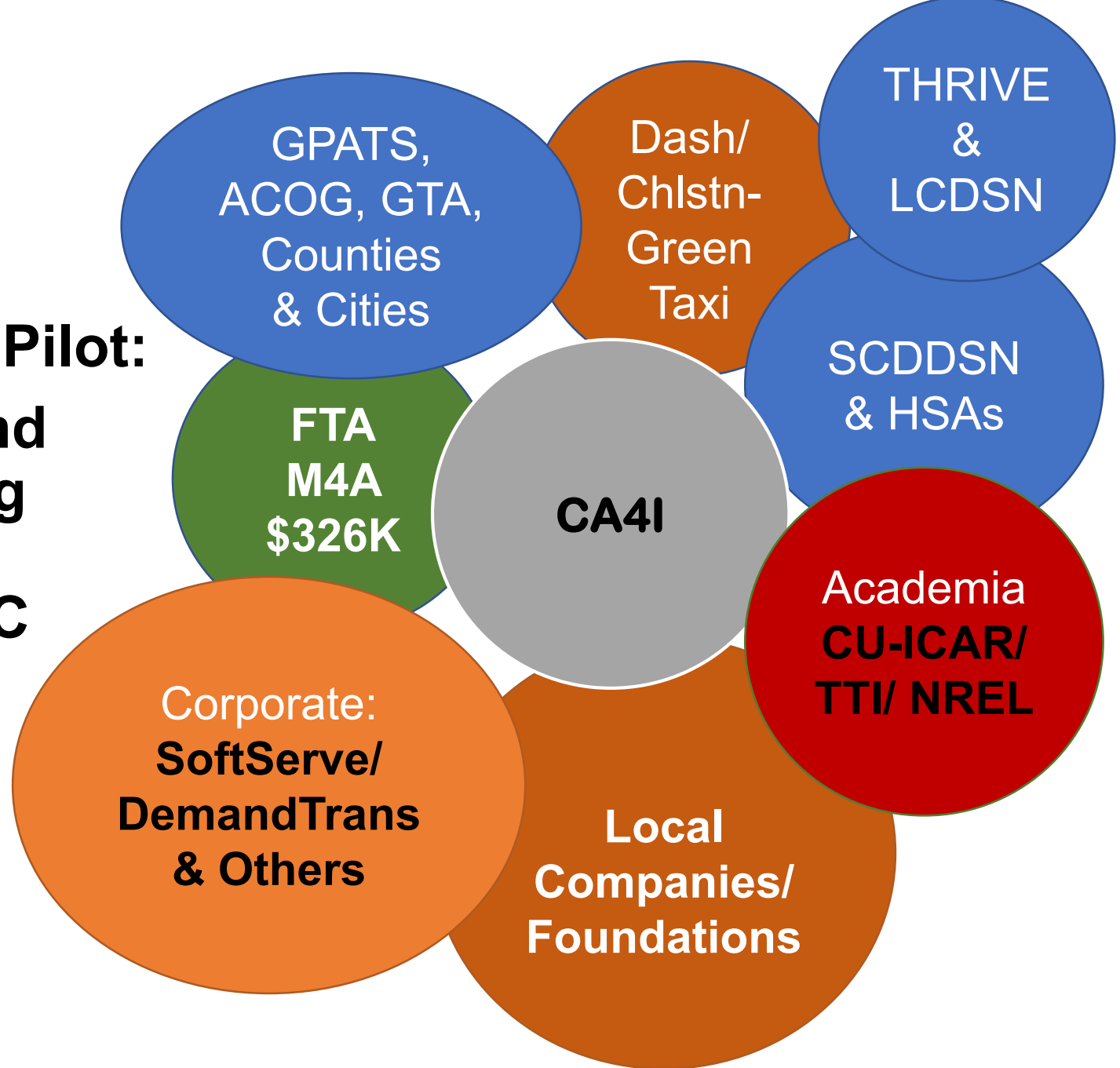
## Presenters:

Fred Payne, CA4i and former member, Greenville  
County Council

Steve Yaffe, Yaffe Mobility Consulting

# Proactive Partnerships

**FTA Mobility for All (M4A) Pilot:  
A Consortium of Public and Private Partners Deploying RIDES+ Mobility 4 All, Initially in Fountain Inn, SC**





# Carolina RIDES+



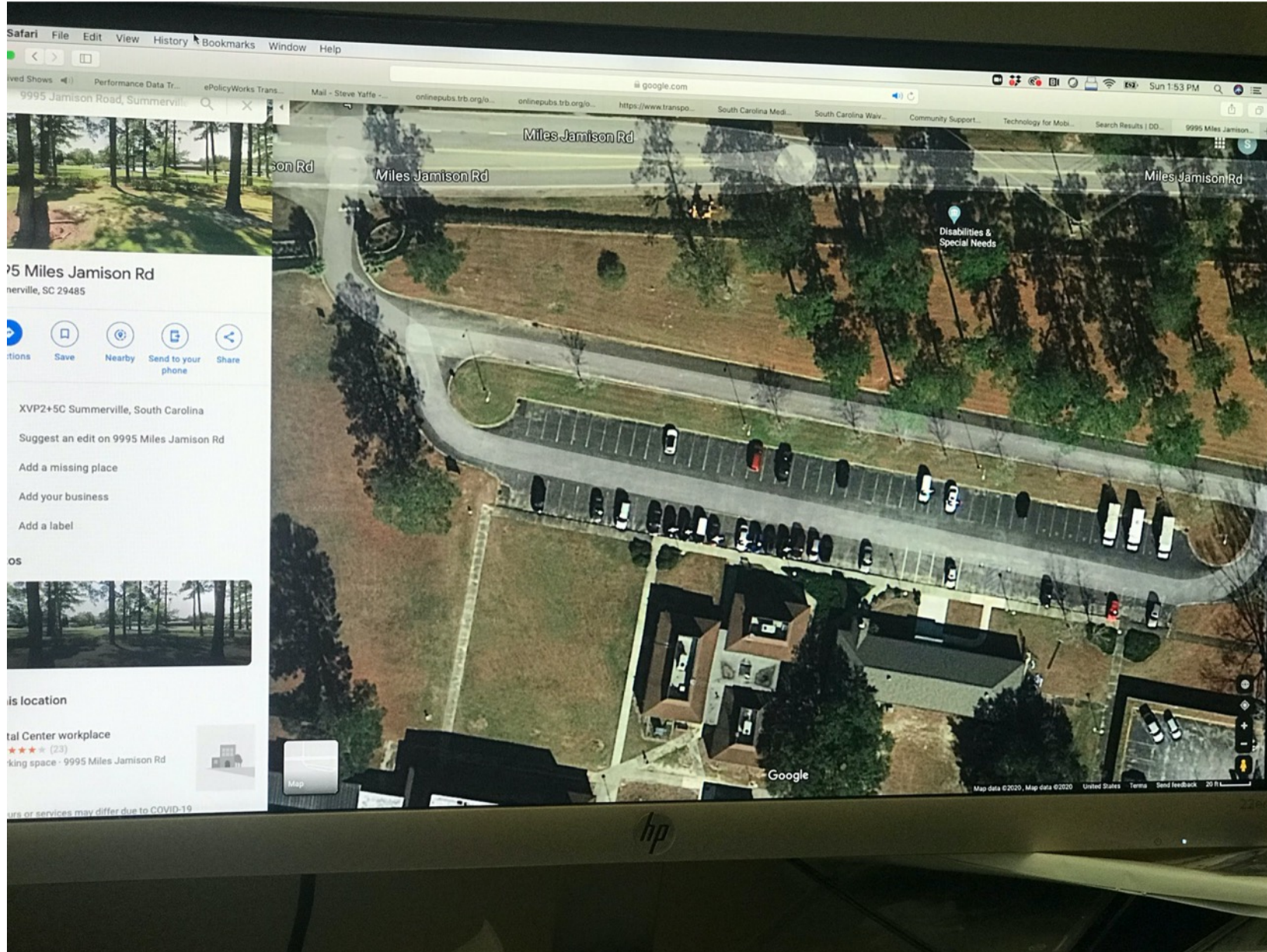
**ALL THE  
HUMAN SERVICES  
IN THE WORLD  
ARE USELESS  
IF PEOPLE CAN'T  
GET TO THEM**





**This is what we want to get away from.**

# SCDDSN- Coastal (from Google Maps)



**SCDDSN Vehicles  
are Parked  
at the Site Midday**

# **This is where we want to go ! Carolina RIDES+**



**Riders Funded by a  
Variety of Agencies  
Sharing Rides on a  
Variety of Vehicles**



**Technology is the  
Foundation**



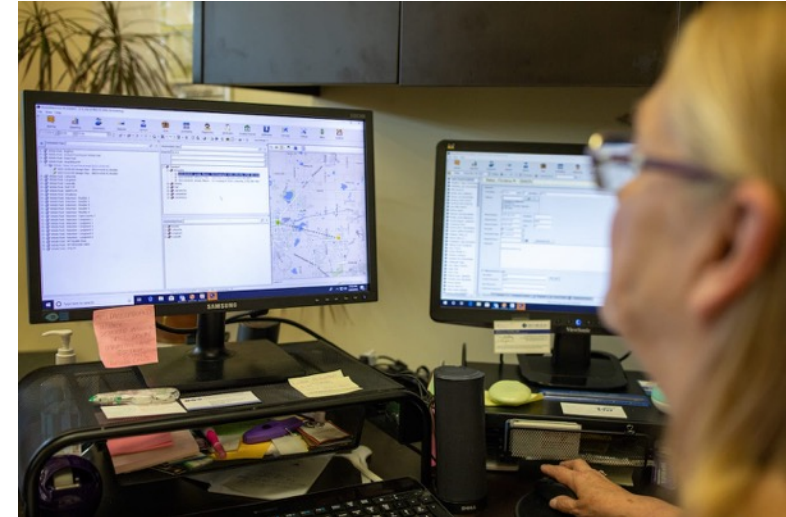
# Create Partnerships

- **With Employers**
  - Deductible Commuter Benefits to Entry-Level Jobs
- **With Agencies**
  - Shared Use of Vehicles to Reduce Agency Costs
- **With Communities**
  - Dependable and Efficient Mobility
- **With Technology**
  - Real-Time Dispatch for On-Time Performance
- **With the Private Sector**
  - Driving, Maintenance & Management Expertise



# Carolina RIDES+ Strategies

- **For Employers**
  - Recurring Group Rides to/from Entry-Level Jobs
- **For Agencies**
  - Recurring Group Rides to/from Programs & Services
  - Shared Rides to Reduce Agency Costs
  - Sequenced Use of Vehicles to Reduce Agency Costs
- **For HealthCare Providers & Managed Care**
  - Shared Rides to/from Appointments
- **For Communities**
  - Recurring Off-Peak Group Shopping Trips & Individual Rides
- **For Riders**
  - App-Based Scheduling and Vehicle ETA's



# SCDDSN-RIDES+ Partnership Potential



Coordinated Rides & More Rides Within Budget in:

1. Fountain Inn Pilot
2. Greenville & Laurens Counties
3. Regional Centers (Whitten, Midlands, Coastal, Florence)
4. Local DSN Agencies

**> 11,800 Potential**

**SCDDSN RIDES+ Riders:**

4,500 - community residential placements

7,300 - adult day program

# Carolina RIDES+ : More Rides to Integrated Community-based Employment

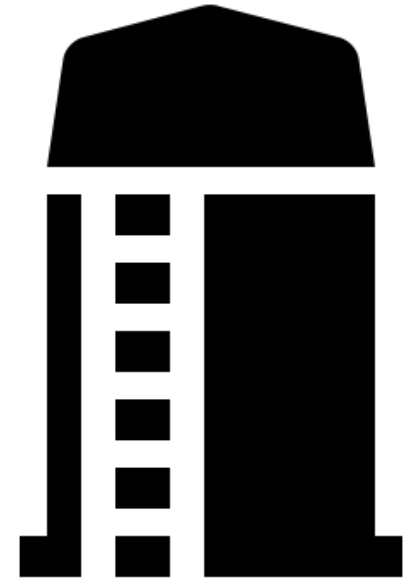
- RIDES+ efficiency would free some DDSN vehicles for **new riders** in peak periods
- DDSN vehicles would run off-peak for other human service clients and for **2nd and 3rd shift workers**.
- **RIDES+ would handle fleet & transportation and distribute the costs.**
- **DDSN could add focus to Consumer Services**





# South Carolina Structural Issues

- Silos Discourage Efficiency.
  - Lack of Interagency Coordination
  - Inability to Share Resources and Rides
  - Resources Unused Much of the Day
  - Transportation Fails to Meet Demand
- Capitated Rate for Transportation Encourages Poor Service.
  - Revenue has no relationship to recurring use or satisfaction.
  - Profit decreases as use increases.
- Vehicle Procurement and Insurance Coverage are Disconnected from Mobility Needs
- **Advice is Welcome !**



# Contact Information

- **Fred Payne** – [Fred.Payne@ca4i.org](mailto:Fred.Payne@ca4i.org)  
864-884-8899
- **Steve Yaffe** – [Yaffe@YMobility.info](mailto:Yaffe@YMobility.info)  
803-398-9100

# Mobility for All Pilot Program Grant FY 2020

## Applicant and Proposal Profile

Is this a resubmission due to an invalid/error message from FTA?  Yes  No

### Section I. Applicant Information

Organization Legal Name:

FTA Recipient ID:

- Applicant Eligibility:
- Direct or designated recipient
  - State
  - Federally recognized Native American Tribe
  - Operators of public transit
  - Local government authority
  - Private non-profit org

- Project Location:
- Small Urbanized Area
  - Large Urbanized Area
  - Rural
  - Opportunity Zone

#### Description of services provided and areas served.

Applicant: Greenville Pickens Area Transportation Study (GPATS), an FTA eligible applicant, coordinates planning for South Carolina's largest Metro Area, the Greenville UZA Metro Planning Organization (MPO). GPATS is applying on behalf of the project's subrecipient, South Carolina Department of Disabilities & Special Needs (SCDDSN).

Other exceptional CAMAC partners include entities who provided FTA support letters (\*) that amply describes their interest and roles, and many have documented local in-kind matching funds (\$).

Sub-recipient: South Carolina Department of Disabilities & Special Needs (SCDDSN) \* \$, a state-level Coordinating Council Access & Mobility (CCAM) agency. They work with local, County-level DSN agencies across the state who serve thousands of DSN consumers and use over 1,000 vehicles & drivers to deliver daily mobility services. Their strong support letter and local in-kind funding match both validate their willing spirit to find more effective, effective mobility options and additional alternative funding through coordination and cooperation.

Project Partners:

- Laurens County Disabilities & Special Needs (LCDSN)\* \$. SCDDSN will focus this pilot on its Laurens County DSN consumers in rural Laurens and Metro Greenville Counties beginning with a focus around Fountain Inn, a small urban area. Leaders in both SCDDSN as well as the LCDSN Board want to demonstrate progress towards implementing single same-day, door-to-door service to improve mobility in their community, and increasing efficiency by using the same vehicles to transport passengers whose trips are funded via different Federal programs.
- City of Fountain Inn (CoFI)\* \$. The Mayor wrote that CoFI is the "second fastest growing city" in SC and has a "population cresting 10,000," with "tremendous growth in automotive and materials manufacturing." CoFI pledged \$10K for in-kind match.

- Carolinas Alliance for Innovation (CA4I). Through an MOU with Greenville County, CA4I promotes innovation for economic and community development. CA4I, a 501.c.6 corporation, is a public-private consortium that has been working since 2016 on regional public benefit projects in four areas - transportation, infrastructure, engineering and education. CA4I and its consortium partners will explore using innovative cost allocation technology (for example, the cost allocation model developed by the National Rural Transit Assistance Program) to demonstrate how costs can be shared equitably among participating local and regional organizations who receive funding from a variety of Federal agencies.
- Greenville County Workforce Development Board (GCWDB)\* \$. GCWDB is a County-level CCAM partner through the Federal Department of Labor (DOL). Their goal is to help unemployed people acquire the skills and education needed for employment. Mobility is frequently the greatest barrier, so they are supporting an initiative to provide "Rides to Jobs."
- South Carolina Developmental Disabilities Council (SCDDC)\*. SCDDC is a State-level CCAM partner that receives Federal funding through the Department of Health & Human Services (DHHS). Their goal is to help people with developmental disabilities acquire the skills and education needed for employment.
- EasterSeals, Inc. (ESI) and National Aging and Disability Transportation Center (NADTC)\*. ESI/NADTC represent a CCAM effort to provide technical assistance funded by FTA to promote the availability and accessibility of transport options for older adults, people with disabilities, caregivers, and communities.
- Other interested entities who may provide support as the project develops, include PRISMA Healthcare's Laurens County Hospital, GreenLink, AMA/AHA Community Wellness, US Ignite, etc. One pilot goal is to build partnerships and coordinate involvement among other human service agencies, and private companies as supporters over time in order to enhance mobility and access to vital community services for all citizens.

## Section II. Project Information

### About the Project

Project Title: Carolinas Access & Mobility for All Coordination (CAMAC) Pilot in Fountain Inn, SC, a small urban /rural area with many aged, disabled, poor citizens who need coordinated mobility as a service.

Project Executive Summary: (Short sentence explaining request)

CAMAC coordinates Mobility for Fountain Inn aged, disabled, & poor citizens, w/Partners GPATS, SCDDSN, LCDSN, CA4I, GCWD, Easter Seal SMaaS using pre-arranged, demand-response trips & strategies.

### Project Budget

NOTE: Grant Amount Requested should equal 80% of the Total Project cost

Description	QTY	Grant Amount Requested	Other Federal	Local Match	Total Project Cost
Software:Mobility O/D Mapping, Routing & 1-Click Trip App:	1	86,000	0	50,000	136,000
Vehicle Routing, Safety Hrdwre (Tablets & Dash Bi-Di Cam)/ Data)	1	86,000	0	10,000	96,000

Leasing Mobility Operational Services	1	72,000	0	11,250	83,250
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Leasing 12 Mobility Vehicles w/Insurance	1	72,000	0	11,250	83,250
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Leasing Maintenance, Service, & Storage Facility	1	10,000	0	10,000	20,000
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Total:		326,000	0	92,500	418,500
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### Project Scalability

Is Project scope scalable?  Yes  No

If Yes, please specify amount of funds necessary:

Provide explanation of scalability with specific references to the budget line items above.

The potential for scalability in the CAMAC Pilot in the Greenville Pickens Area (GPATS) is great. As a mid-size Metropolitan area, "lessons learned" from mobility projects in Greenville can be scaled up or down to be used in other larger and smaller Metro areas.

If the question is whether the pilot can be scaled up or down from a budget perspective, the answer is that the amount of money being requested is relatively small for the proposed "start-up" innovative mobility grant. I believe that we need all of the requested funding in order for pilot success. In fact, we need more than we are asking for, but finding match is a challenge. The costs tend to be higher because we are trying to solve mobility problems that have been around a long time. If an easy or cheap answer were available, someone would have already made it happen. The challenges to a strong solution probably lies in one of 3 areas: 1) technology - huge advances have been made, but the remaining gap tends to be very hard. 2) regulations and legislation are slow to develop; and 3) human behavior is very slow to change- many people fear unintended consequences.

The potential for replicability and scalability of the CAMAC project is contingent upon a number of variables.

- 1.Success of the pilot: Number of Riders, Funding sources & Sustainability - if numbers are good, and costs are low, success will attract success.
- 2.Reality and Perception of benefits to LCDSN clients and staff;
- 3.Interest in State DDSN and other County level DSN engagement;
- 4.Reality of Benefits to Employers and Perception of Benefits to Employees.

It is our hope that the CAMAC Pilot will be funded, and that the success will allow it to be replicated in small urban and rural areas across Carolina and America.

### Project Timeline (Please be as specific as possible)

Timeline Item Description	Timeline Item Date
18 Mo Timeline: Carolinas Access & Mobility for All Coordination (CAMAC) Pilot (Est. Start)	8/1/2020
Short Term: Award, Contracts, Project Detail Plans, Management Team & Stakeholder Meetings	8/1/2020
Medium Term: Deploy Technology & Vehicles, Serve Riders, Data Collection, Grow Ridership	10/01/2020
Long Term: Evaluate Benefits & Plan To Replicate & Scale Success	10/01/2021

### Congressional Districts (Place of Performance)

Congressional District

- SC-003
- SC-004

## Section III . Evaluation Criteria

\*\*\*Address each of the evaluation criteria as described in the Notice of Funding Opportunity.\*\*\*

### Demonstration of Need

Transportation needs In 2020, in America, are generally the 2nd greatest expense after home costs. Whatever the cost, access to reliable transportation may be the greatest need for most Americans. Mobility from home/residence is the key to access healthcare, work, school, play, and other vital daily activities - & to quality of life. Mobility varies among different populations, multi-modal mobility options, various organization interests, and limited funding choices. Finding available, affordable, equitable mobility solutions and access to healthcare seems impossible. Understanding the challenges, how can we presume that we have answers?

This Mobility for All Coordination Pilot NOFO suggests the pivotal need for "innovative coordination of transportation strategies and building partnerships to enhance mobility."

A 2016 NADTC Brief provides an interesting perspective on needs for coordinated mobility planning, with involvement of both professionals and clients.

"Coordination is about shared responsibility, shared management, shared power, and shared funding. Coordination of transportation services is best seen as a process in which two or more organizations interact to jointly accomplish their transportation objectives. Coordinated transportation systems leverage shared resources to increase rides, reduce costs, streamline access, and increase

customer satisfaction.

CAMAC will encourage coordination with shared responsibility, management, power and funding – among both professionals and users. One of our early actions will engage our Stakeholders in a Self Assessment Tool exercise to assess regional transport issues.

CAMAC sees many needs for improved mobility solutions. In the pilot area around Fountain Inn, a city with 10,000 people, Census.gov statistics report 1,150 citizens over 65; 930 under age 65 have a disability; veterans total 371, and 880 persons are in poverty. These numbers suggest that our pilot area has many citizens with challenges that need improved coordination of transportation serving this small urban area with a rural hinterland.

- 1) Many Upstate public & private partners express a high need for for better mobility options. The need for a focus on Access & Mobility options is documented in GPATS' 2019 Regional Transportation study, "Horizon 2040 Plan."
- 2) CA4I is aggressively seeking innovative transportation solutions, and identified a strong group of potential community partners to focus on improving options in and around the small urban City of Fountain Inn.
- 3) A cluster of high tech employers near Fountain Inn estimate that 5-15% of their 5,000+ employees are transport-challenged with high rates of absenteeism and risk job termination. For these employees, employers may decide to support a "rides to jobs" solution because of IRS tax relief for employee "commuter benefit plans."
- 4) Prisma Healthcare's Laurens County & Hillcrest Hospitals in southern Greenville estimate that 17% of the scheduled clinical appointments are missed. This results in great losses for patient well-being, and from hospital utilization of personnel, equipment, and facilities. Abuses of emergency room resources by non-emergency patients costs millions each year.
- 5) Local human service agencies (e.g. LCDSN and GCWD) identify transportation as the main problem leading to missed healthcare, education, work, shopping, dining, social interaction, and other beneficial activities. These agencies see potential in "rides to jobs." They are overwhelmed by populations affected by healthcare challenges such as the opioid epidemic, veterans, Medicaid recipients, and other populations currently underserved by NEMT. They don't have enough funds to solve the problems, but they believe HS agency coordination may reduce inefficiencies and enable effective mobility planning.

CAMAC will focus 1st on a small urban area- Fountain Inn which has much potential for mobility improvements, & build future success across the Carolinas.

## Demonstration of Benefits

The intent of our CAMAC Mobility for All grant is to adopt CCAM's mission "to improve availability, accessibility, and efficiency of mobility for ALL people who are transportation-disadvantaged. Benefits of coordinated transport systems will include: provide greater access to funding, enable more cost-effective use of resources, reduce duplication and overlap in human service agency transport services; fill service gaps in rural communities & small urban areas; serve additional individuals within existing budgets; and provide more centralized management of existing resources."

The CAMAC pilot will gather data on all clients served and provide a summary of demographic profiles and survey comments.

FTA will consider both the scope of the overall need or challenge, and the size of the specific segment of the population served by the proposed project. The CAMAC pilot intentionally selected a small geographic area for the initial deployment of SMaaS. Future projects can utilize 'lessons learned' from this pilot.

i. Regional GPATS Transportation Plan and local planning documents are consistent with the CAMAC project. The GPATS Horizon 2040 Plan identified several "Guiding Principles" that represent locally developed, coordinated public transit-human services transportation plan. This Mobility for All project is derived from the Horizon 2040 Plan, especially the topic of "Mobility and Accessibility." with its goal of "Providing attractive travel options across a variety of modes is a focal point of transportation demand management strategies and emerging technologies."

Four needs or 'challenges,' as identified in the 2040 Plan, were:

- Investing in transit requires a change in culture & the overall local attitude toward transit
- Current service hours don't meet the needs of the population or employers
- Many communities in the region still have no transit services
- Growth in outlying areas & urban sprawl has created a challenging environment to serve

Horizon 2040 Plan documented three Public Transportation Policy Recommendations focused on "Providing Regional Mobility options:"

This CAMAC project addresses those GPATS recommendations.

- Seek to expand service to connect more communities within the metro region
- Provide extended service hours that better serve the needs of employers and employees.
- Prioritize service to populations that depend on transit as their primary means of mobility and to high growth corridors as a means of traffic mitigation.

of a \$300,000 Federal ask. Match comes from partners like SCDDSN, GCWDB, City of Fountain Inn, and SoftServe. Evidence that the CAMAC project can provide the local cost share and details on the local matching funds is included in attached letters of support where CAMAC partners have identified potential sources of the local share. Support letters describe conditions upon which funds will be available if the project is selected for funding. If FTA approves proposed partners, then availability of the local share will be available as evidence of local financial commitment to the project. CAMAC partners are proposing local share greater than the 20% minimum requirement. One CAMAC support letter references a 2019 private investment over \$400,000 in a Greenville CA4I Virtual Innovation Hub for cloud-based connectivity as well as mobility project as a "One Click Mobility" App as evidence of very high interest in Greenville's potential for innovative leadership. The CA4I team continues working to identify additional "parallel" investments that will enhance our "Mobility for All" Project.

## Matching Funds Information

Matching Funds Amount: (Must match Project Budget Amount)

92,500

Matching Funds Amount must equal at least 20% or more of the Total Project Cost

### Source of Matching Funds.

Over 18 months grant period; matching funds will come from sources like these identified:

\$22,500 SC DDSN

\$10,000 GCWDB

\$10,000 City of Fountain Inn

\$50,000 SoftServe

### Supporting Documentation of Local Match.

\$22,500 SC DDSN - 3 Jan 2020 email to Fred Payne:

"Fred – per our discussion today, I estimate that the staff costs (salary, fringes, office space, etc) associated with managing the grant will approximate \$15,000 annually. We intend to donate this cost to the project and will not be looking for reimbursement. As a result, this should be viewed as an in-kind donation from SCDDSN.

W. Chris Clark, CPA, CGMA; Chief Financial Officer

South Carolina Department of Disabilities and Special Needs

\$10,000 City of Fountain Inn - 3 Jan 2020 email from CoFI Administrator to Fred Payne

Mr. Payne, If an FTA grant is awarded to improve mobility for all in the Fountain Inn area of southern Greenville and northern Laurens Counties, the City of Fountain Inn would be willing to consider in-kind contributions to the project, with potential value of up to \$10,000 and pending City Council authorization. The City is open to providing specific and needed in-kind services, within reason, to benefit the mission of this project to be determined and agreed upon during the project period.

Shawn M. Bell, City Administrator

City of Fountain Inn

\$10,000 Greenville County Workforce Development Board, Dean Jones, Executive Director wrote in a support letter:

"WDB commits to an in-kind contribution in the amount of \$10,000 over 18 months to the Mobility for All Pilot project. In-kind contributions include staff time and various qualified operational expenditures such as mapping labor force patterns as related to the location and/or availability of mobility services.

\$50,000 SoftServe - 3 Jan 2020 Letter of Support to FTA from Ron Espinosa

"CA4I has many public-private partners with active MOUs. SoftServe is proud to have a partnership with CA4I to promote innovation in Greenville since 2017. In 2019 SoftServe and Google developed and delivered two CA4I Proofs of Concept (POC) for Greenville. One was a cloud-based Virtual Innovation Hub and the other was a 'one call/click center' – together they represent innovative projects worth \$460K of in-kind value.

"SoftServe would be pleased to be a partner on the CAMAC project that could deploy electric vehicles using an app-based, SMaaS model to improve access to jobs and better quality of life, through first/last-mile mobility solutions or end-to-end, complete trip rideshare service, while addressing mobility registration and payment needs for aged, disabled, and special needs populations. SoftServe cost share support for the CAMAC pilot project could be significant. If SoftServe is allowed to partner in allocating future software research and development costs to create more efficiencies and improve fleet mobility routing that better serve CAMAC



the strengths of the CAMAC team.

CAMAC has attempted to provide a succinct, logical, and orderly response to all criteria referenced in this NOFO. Additional information has been provided to support the responses. All additional documentation will be directly referenced on the supplemental form, including the file name where the additional information can be found.

CA4I has been developing public and private partnerships and planning for innovative mobility services since 2016. This CAMAC pilot has several human service agencies working collaboratively who are constituents of Federal agencies who are members of CCAM include: SCDDSN & LCDSN, and GWD. Their involvement illustrates how public entities (GPATS, SCDOT, Greenville and Laurens Counties, the City of Fountain Inn, ACOG, Greenlink) and private entities (CA4I, SoftServe, SHARE, Charleston/Carolinas Green TNC, Locally Epic, HopIn, etc) can work together to provide and improve mobility options for all. One CAMAC goal is to build CCAM partnerships and coordinate involvement among other human service agencies, and private companies as supporters over time in order to enhance mobility and access to vital community services for all citizens

Evidence of strong commitment from key partnerships is shown by memoranda of understanding between CA4I and County & City partners, as well as letters of support from relevant local stakeholders and partner organizations. These letters include: SCDOT, SCDDSN, LCDSN, Locally Epic, Charleston Green Taxi, SHARE, etc. Any changes to the proposed partnerships will request FTA's advance approval and be consistent with the scope of the approved project. CA4I intends to take actions consistent with FTA policies.

Effective services: get people where they need to go: Data collected will document effective SMaaS Data is analyzed & reported

- 1) 120 + 50 DSN clients= 170 total Deliver w/ fewer vehicles & shorter times
- 2) Identify other HS agency clients Increase # of shared riders

Efficient services: use public dollars economically; Data collected will document effective SMaaS Data is analyzed & reported

- 1) Optimize/reduce vehicles on routes: 29 LCDSN vehicles now -  
SHARE estimates: optimize LCDSN fleet by about 1/3: reduce needed vehicles to 17-19
- 2) Increase income- provide rides to other HS clients

Use 10-12 excess vehicles for SMaaS to serve new HSA clients like Prisma, GWD or for-profit employees

Accessible services: are easy for travelers to navigate & use Data collected will document effective SMaaS Data is analyzed & reported

- 1) Door to door service from home to work, learn, healthcare, etc. 100% Shared Mobility: cost-effective, convenient service
- 2) Offer SMaaS not available now to DSN & DWD clients Begin serving about 10 Sq Mi area around Fountain Inn SC

Funding access: Increased mobility fund sources Data collected will document effective SMaaS Data is analyzed & reported

- 1) Identify employer/ private funding incentives Provide Employers 'Rides to Jobs' w/Commuter Benefit option
- 2) Increase coordination among agencies for innovative mobility Involve more CCAM member agencies than DSN & GWD

This FTA funding opportunity seeks to improve mobility options through employing innovative coordination of transportation strategies and building partnerships to enhance mobility and access to vital community services for older adults, individuals with disabilities, and people of low income.

Reference Number: 800-08-CP

Title of Document: **South Carolina Disabilities and Special Needs**  
Commission Meeting - Public Input

Date of Issue: XXXX, 2020

Effective Date: XXXX, 2020

Last Review Date: XXXX, 2020

Date of Last Revision: XXXX, 2020 (NEW)

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**I. PURPOSE:**

The purpose of this Commission Policy is to define the parameters for the South Carolina Disabilities and Special Needs Commission (Commission) to receive input from the public during meetings of the body.

**II. GENERAL:**

The Commission is comprised of representatives from each of the seven (7) congressional districts in the state. As the representative for the congressional district, each Commissioner welcomes input from the citizens of their districts. Citizens may readily contact the Commissioner who represents their district by utilizing the contact information available on the SC Department of Disabilities and Special Needs website (<https://ddsn.sc.gov/about-us/commission>). This contact information includes the counties within the congressional district represented by the Commissioner along with his/her name, address, phone and email address. Due to this perpetual access, these are the preferred methods for contacting Commissioners to impart information.

The Commission has no obligation, legal or otherwise, to allow citizens to address the body during Commission meetings. However, as a courtesy and at the discretion of the Commission Chairperson, the meeting agenda may include Public Input. When the meeting agenda includes Public Input, the Commission will allow citizens an opportunity to make the body aware of issues not resolved by staff of the Department or to express a viewpoint concerning Commission business. When Public Input is included as part of the meeting agenda, the total maximum time

allowed for the agenda item will not exceed ~~thirty five (35)~~ 21 minutes. The Chairperson, at his/her discretion, may disallow Public Input from any citizen at any time including during their presentation. ~~During the meeting, At the discretion of the Commissioners, responses may or may not be provided will hear, but will not directly respond to,~~ for the issues or viewpoints expressed. However, during the meeting, the Commission may direct the State Director to respond to the citizen or investigate the issue presented following the meeting.

Meeting agendas for Subcommittees of the Commission will not include Public Input. Citizens may provide input on Subcommittee business in writing. This input must be submitted to the ~~Subcommittee Chairman~~ State Director's office no less than five (5) business days prior to the scheduled Subcommittee meeting.

~~This Policy does not apply to any Public Hearings the Commission may deem necessary.~~

### **III. Procedure for Citizens to Request to Address the Commission During the Public Input Section of the Commission Meeting Agenda**

1. ~~If a citizen wishes to address the Commission at its regular Commission meeting, the individual must complete the form provided at the sign in desk in front of the Commission meeting room. The form must be submitted at least five (5) minutes prior to the scheduled opening of the meeting at which it is requested to speak. It is within the discretion of the Chair to select who will speak to the Commission in public during Public Input. Therefore, the Chair could reject any individual at any time including in the middle of their speech. Directions are provided on the aforementioned form for virtual meeting public input participation.~~
2. Citizens will be recognized ~~by the~~ at the discretion of the Chairperson on a first come, first served basis in the order in which they requested the opportunity.
3. No more than ~~five four (54)~~ citizens will be selected to address the Commission during any one meeting.
4. At the appropriate time, the citizen will be recognized ~~by the~~ at the discretion of the Chairperson and be allocated ~~seven three (73)~~ minutes to present their issue or viewpoint.
5. ~~If more than four (4) citizens wish to present their issue or viewpoint, the Commission may vote to allow an additional three (3) citizens an allotment of three (3) minutes to speak. The total maximum allotted Public Input Agenda Item time shall not exceed 21 minutes.~~

### **IV. Expectations and Requirements for Citizens Addressing the Commission**

The Commission requests that those addressing the body be prepared for their presentation and be respectful to the body, the staff of the agency and the public. The use of abusive language during the address or the use of the address to wage a personal attack on members of the body, staff of the agency or others will not be allowed. Citizens addressing the Commission are

expected to adhere to the time allocated (73 minutes) and relinquish the floor when their time has elapsed.

**Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

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Barry D. Malphrus  
Vice Chairman

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Gary C. Lemel  
Chairman

Attachment: Request to Address the DSN Commission

DRAFT

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
REQUEST TO ADDRESS THE DSN COMMISSION**

For participation due to meetings held virtually, citizens must sign up in advance by 5:00 pm the day before the next meeting (Wednesday). A working phone number must be included as you will be contacted during the meeting. (Please note, the number you provide will only be called twice). Citizens can sign up by leaving your name and phone number at the following link: <https://www.surveymonkey.com/r/MGPST9K>. You also can attach any written comments that you would like forwarded to the Commission.

**Note: Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

Date:

Name:

Address:

Telephone Number:

I am representing:

- Myself
- A group/organization (please name)

I wish to comment on (select one):

- Commission Meeting Agenda Item:
- A specific incident or concern NOT on the Commission Meeting Agenda. The specific concern to be addressed is:

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



**COMMISSION**  
**Gary C. Lemel**  
*Chairman*  
**Barry D. Malphrus**  
*Vice Chairman*  
**Robin B. Blackwood**  
*Secretary*  
**Eddie L. Miller**  
**Stephanie M. Rawlinson**  
**David L. Thomas**

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

Reference Number:	800-08-CP
Title of Document:	South Carolina Disabilities and Special Needs Commission Meeting - Public Input
Date of Issue:	August 20, 2020
Effective Date:	August 20, 2020
Last Review Date:	August 20, 2020
Date of Last Revision:	August 20, 2020 (NEW)

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The Commission is comprised of representatives from each of the seven (7) congressional districts in the state. As the representative for the congressional district, each Commissioner welcomes input from the citizens of their districts. Citizens may readily contact the Commissioner who represents their district by utilizing the contact information available on the SC Department of Disabilities and Special Needs website (<https://ddsn.sc.gov/about-us/commission>). This contact information includes the counties within the congressional district represented by the Commissioner along with his/her name, address, phone and email address. Due to this perpetual access, these are the preferred methods for contacting Commissioners to impart information.

The Commission has no obligation, legal or otherwise, to allow citizens to address the body during Commission meetings. However, as a courtesy and at the discretion of the Commission Chairperson, the meeting agenda may include Public Input. When the meeting agenda includes Public Input, the Commission will allow citizens an opportunity to make the body aware of issues not resolved by staff of the Department or to express a viewpoint concerning Commission business. When Public Input is included as part of the meeting agenda, the total maximum time allowed for the agenda item will not exceed 21 minutes. The Chairperson, at his/her discretion, may disallow Public Input from any citizen at any time including during their presentation. At the discretion of the Commissioners, responses may or may not be provided for the issues or viewpoints expressed. However, during the meeting, the Commission may direct the State Director to respond to the citizen or investigate the issue presented following the meeting.

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2. Citizens will be recognized at the discretion of the Chairperson on a first come, first served basis in the order in which they requested the opportunity.
3. No more than four (4) citizens will be selected to address the Commission during any one meeting.
4. At the appropriate time, the citizen will be recognized at the discretion of the Chairperson and be allocated three (3) minutes to present their issue or viewpoint.
5. If more than four (4) citizens wish to present their issue or viewpoint, the Commission may vote to allow an additional three (3) citizens an allotment of three (3) minutes to speak. The total maximum allotted Public Input Agenda Item time shall not exceed 21 minutes.

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The Commission requests that those addressing the body be prepared for their presentation and be respectful to the body, the staff of the agency and the public. The use of abusive language during the address or the use of the address to wage a personal attack on members of the body, staff of the agency or others will not be allowed. Citizens addressing the Commission are expected to adhere to the time allocated (3 minutes) and relinquish the floor when their time has elapsed.

**Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

---

Barry D. Malphrus  
Vice Chairman

---

Gary C. Lemel  
Chairman

Attachment: Request to Address the DSN Commission



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
REQUEST TO ADDRESS THE DSN COMMISSION**

For participation due to meetings held virtually, citizens must sign up in advance by 5:00 pm the day before the next meeting (Wednesday). A working phone number must be included as you will be contacted during the meeting. (Please note, the number you provide will only be called twice). Citizens can sign up by leaving your name and phone number at the following link: <https://www.surveymonkey.com/r/MGPST9K>. You also can attach any written comments that you would like forwarded to the Commission.

**Note: Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

Date:

Name:

Address:

Telephone Number:

I am representing:

- Myself
- A group/organization (please name)

I wish to comment on (select one):

- Commission Meeting Agenda Item:
- A specific incident or concern NOT on the Commission Meeting Agenda. The specific concern to be addressed is:

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES  
AND SPECIAL NEEDS COMMISSION**

**BYLAWS**

The Commission expects the South Carolina Department of Disabilities and Special Needs, as the Regulatory agency, to utilize all available federal and state funds, and encourages local leaders to develop additional sources of supplementary support recognizing that:

- a. Resources may not be adequate for all needs and that funding priority must be based on severity of need and vulnerability;
- b. Funding is a resource to individuals to meet identified needs;
- c. Funding accountability will be maintained and enforced.

***Article I - OFFICES***

The principal office of the Commission shall be co-located with the Central Office of the State Department of Disabilities and Special Needs which is in Richland County at Columbia, South Carolina.

***Article II - OFFICERS***

- 1. Officers of the Commission shall consist of a Chairman, Vice Chairman, and Secretary. The Chairman shall preside at all meetings. The Vice Chairman shall preside in the absence of the Chairman, and if neither the Chairman ~~nor~~ Vice Chairman is present, the Secretary shall preside.
- 2. The Secretary or a designee shall record and keep minutes of all meetings for the permanent record; see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; be custodian of any and all such records or designate a party to do this; and perform all other duties incident to the office of the Secretary and such duties as from time to time may be assigned by the Commission.
- 3. No Commission Policy, Department Directive, Procedure or Regulation shall be interpreted to limit Commission members' rights as citizens or limit in any way their authority given by the governor or this Commission.

***Article III - ELECTION OF OFFICERS***

- 1. The Chairman, Vice Chairman, and Secretary shall be elected for terms of one year at a time. Provided, however, that the Chairman may not serve more than three consecutive terms (i.e., three years). If the office of Chairman, Vice Chairman, or Secretary shall become vacant, the remaining members shall elect a successor for the unexpired term at the next regularly scheduled Commission meeting. Election of a member to the unexpired term of Chairman shall not preclude the person so elected from being elected to serve three additional full terms of one year each.

2. Election of offices will be held at the June meeting of the Commission each year, with terms beginning at the conclusion of the June meeting, and ending at the conclusion of the next June meeting. At the June meeting the Chairman of the Commission shall open the floor to nominations, starting with the Chairman position and proceeding to Vice Chairman and Secretary. Any party nominated shall agree to serve in the office if elected.
3. Voting shall be by written ballot and shall proceed in the order of Chairman to Vice chairman to Secretary. A simple majority vote shall elect officers. The Chairman shall be entitled to vote once on all ballots for all offices.

In the event there is only one nominee for a given office, the Chairman may ask for a motion to elect by acclamation. In the event two or more nominees are presented for the same office, the following procedure shall apply. Voting shall continue and after each ballot the nominee with the fewest number of votes shall be dropped from the ballot for the next vote until there shall be only two candidates. Voting shall then continue until one nominee is elected by majority vote.

The Chairman shall designate two persons, commission members and/or others, who are not nominees for office to count the votes and report the results to the body.

#### ***Article IV - VOTING***

1. A majority of the members shall constitute a quorum for the transaction of business at any meeting of the Commission. Any action of the majority present at a meeting at which a quorum is present shall be an act of the Commission. If less than a majority is present at a meeting, then a majority of those present may adjourn the meeting.
2. A member who is present at a meeting of the Commission at which action on any matter is taken shall be presumed to have assented to the action unless the dissent shall be noted at the time, or unless the member files a written dissent to such action with the person acting as Secretary of the meeting before the adjournment of the meeting. Such right to dissent shall not apply to a member who voted in favor of such action.
3. A simple voice vote will be appropriate to transact business.

#### ***Article V - MEETINGS***

1. The Commission shall normally meet at the Central Office of the Department of Disabilities and Special Needs in Columbia, South Carolina. Meetings may be monthly or at other times and/or locations the Chairman or a majority of the Commission may direct.
2. The Commission may meet in Executive Session in keeping with the reasons and principles set out in the Freedom of Information Act. A vote to enter executive session will be taken in public session. If the vote is favorable the presiding officer shall

announce the specific purpose of the executive session as stated in the Freedom of Information Act, S.C. Code An. Section 30-4-70 (1976. As amended). No action shall be taken in the executive session. All actions must take place in a public session.

3. Special meetings of the Commission may be held at any time upon call by the Chairman, or by request of any two members, provided not less than five days' notice of the time and place of said meetings and subject be given by the Chairman. Reasonable notice shall also be given to all Commission members for any regularly scheduled meeting.
4. Any member may waive notice of any meeting, and the attendance of a member at a meeting shall constitute the waiver of notice of such meeting, except where a member attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.
5. Regularly scheduled and special called meetings will be preceded by proper notice to the public and other interested persons in accordance with the state Freedom of Information Act, Section 30-4-80.
6. Robert's Rules of Order shall be the standard of procedure for the transaction of business at each meeting of the Commission. The Commission shall also comply with the Freedom of Information Act (FOIA) in the conduct of its meetings ~~and said Act shall govern where there may be a conflict with these Bylaws or Robert's Rules of Order.~~ FOIA supercedes in situations where a conflict may exist with these By-Laws/Robert's Rules of Order.

#### ***Article VI - RECORD OF MEETINGS***

Within a reasonable time, copies of the minutes of each Commission meeting will be sent to each member as an executive record of the meeting for their study and approval or recommendations for correction at the next meeting. The minutes will be official when approved and countersigned by the Commission Secretary at the next Commission meeting for entering the minutes book and countersigned by the Chairman.

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1. The Commission may create standing and special committees with such powers and duties as the Commission may determine. The Chair will assign members to committees and SCDDSN will provide staff assistance as needed. Committee recommendations will be presented to the Commission for discussion and action. 800-07-CP: The DSN Commission Committee Procedures, details the procedures for each committee.
2. The Executive Committee of the Whole will include all Commission members and will serve to consider and act on policy budget/finances, appointment and annual evaluation of the State Director, and functional oversight of the Audit Director and other necessary matters.

***Article VIII - ROLE OF THE STATE DIRECTOR***

The State Director of Disabilities and Special Needs may meet with the Commission and act in the capacity of Secretary Ex-Officio. The State Director will not have a vote except in the instance of being given a vote by the Commission, nor may the State Director make a motion, but the State Director can discuss and make suggestions to the Commission for its information where indicated in its deliberations.

***Article IX - AMENDMENTS***

These Bylaws may be amended at ~~any regular or~~ special meetings of the Commission, provided that notice of the proposed amendments be given in writing to all the members of the Commission at least five (5) days before said meeting. An affirmative vote of ~~a two-thirds (2/3) of the full Commission (or 5 affirmative votes) majority of the Commission~~ **a two-thirds (2/3) of the full Commission (or 5 affirmative votes)** is necessary to amend these Bylaws.

**APPROVED AND ADOPTED** by the South Carolina Disabilities and Special Needs Commission this the ~~15th~~ day of ~~February 2007~~.

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Chairman

---

Secretary

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

## **BYLAWS**

The Commission expects the South Carolina Department of Disabilities and Special Needs, as the Regulatory agency, to utilize all available federal and state funds, and encourages local leaders to develop additional sources of supplementary support recognizing that:

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**APPROVED AND ADOPTED** by the South Carolina Disabilities and Special Needs Commission this the 20th day of August, 2020.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Secretary

Reference Number: 800-02-CP

Title of Document: South Carolina ~~Department of~~ Disabilities and Special Needs Governance Process Policy

Date of Issue: January 18, 2007

Effective Date: January 18, 2007

Last Revision Date: ~~February 21, 2019~~ August 20, 2020

Date of Last Revision: ~~February 21, 2019~~ August 20, 2020 (REVISED)

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The Commission is appointed by the Governor with the advice and consent of the Senate and operates under the authority of the South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act of 1993.

The Commission of the South Carolina Department of Disabilities and Special Needs (DDSN) will debate and establish policies that create a governance model that promotes the Commissioners ability to govern the operation of the Department (S.C. Code Ann. § 44-20-220). The Commission's Governance Model will create a vision, assist in securing resources, establish benchmarks for performance and monitor them, and be accountable to key stakeholders.

The Commission will approve and adopt Bylaws to regulate its rules and procedures.

~~The Commission will follow Robert's Rules of Order. Robert's Rules of Order shall be the standard procedure for the transaction of business at each meeting of the Commission. The Commission shall also comply with the Freedom of Information Act in the conduct of its meetings and said Act shall govern where there may be a conflict with these Bylaws or Robert's Rules of Order. Robert's Rules of Order shall be the standard of procedure for the transaction of business at each meeting of the Commission. The Commission shall also comply with the Freedom of Information Act (FOIA) in the conduct of its meetings. FOIA supersedes in situations where a conflict may exist with these By-Laws/Robert's Rules of Order.~~

Debate amongst Commissioners will be facilitated by following Robert's Rules of Order. When speaking with the media, the views of the Commission may be represented by the Chairperson, the State Director, or other agreed upon person designated by the Commission or State Director. Individual Commissioner's rights to speak out publicly may not be denied due to their position on the Commission; however, Commissioners are encouraged to clarify to the media that they are speaking as private citizens when expressing their personal views.

Commissioners will request information from staff through the State Director. Commissioners may ask staff presenters at Commission meetings for additional information or clarification. Staff presentations at Commission meetings will not dominate and exceed time allowed to the Commission for discussion and debate. Staff will not pursue legislative initiatives without the Commission's input.

Subject to the supervision, direction, and control of the Commission, the State Director shall administer the policies and regulations established by the Commission (S.C. Code Ann. § 44-20-230).

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Barry D. Malphrus  
Vice Chairman  
(Originator)

---

Gary C. LemelEva R. Ravenel  
Chairman  
(Approved)

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



**COMMISSION**  
**Gary C. Lemel**  
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**Barry D. Malphrus**  
*Vice Chairman*  
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**Eddie L. Miller**  
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3440 Harden Street Ext (29203)  
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**803/898-9600**  
**Toll Free: 888/DSN-INFO**  
**Home Page: [www.ddsn.sc.gov](http://www.ddsn.sc.gov)**

Reference Number:	800-02-CP
Title of Document:	South Carolina Disabilities and Special Needs Governance Process Policy
Date of Issue:	January 18, 2007
Effective Date:	January 18, 2007
Last Revision Date:	August 20, 2020
Date of Last Revision:	August 20, 2020 <b>(REVISED)</b>

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The Commission will approve and adopt Bylaws to regulate its rules and procedures.

Robert's Rules of Order shall be the standard of procedure for the transaction of business at each meeting of the Commission. The Commission shall also comply with the Freedom of Information Act (FOIA) in the conduct of its meetings. FOIA supersedes in situations where a conflict may exist with these By-Laws/Robert's Rules of Order.

Debate amongst Commissioners will be facilitated by following Robert's Rules of Order. When speaking with the media, the views of the Commission may be represented by the Chairperson, the State Director, or other agreed upon person designated by the Commission or State Director. Individual Commissioner's rights to speak out publicly may not be denied due to their position on the Commission; however, Commissioners are encouraged to clarify to the media that they are speaking as private citizens when expressing their personal views.

Commissioners will request information from staff through the State Director. Commissioners may ask staff presenters at Commission meetings for additional information or clarification. Staff presentations at Commission meetings will not dominate and exceed time allowed to the Commission for discussion and debate. Staff will not pursue legislative initiatives without the Commission's input.

Subject to the supervision, direction, and control of the Commission, the State Director shall administer the policies and regulations established by the Commission (S.C. Code Ann. § 44-20-230).

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Barry D. Malphrus  
Vice Chairman

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Gary C. Lemel  
Chairman

Reference Number: 800-05-CP  
Title of Document: South Carolina ~~Department of~~ Disabilities and Special Needs Public Invocation Act  
Date of Issue: October 16, 2008  
Effective Date: October 16, 2008  
Last Review Date: ~~October 20, 2016~~XXXX, 2020  
Date of Last Revision: ~~October 20, 2016~~XXXX, 2020  
(~~NO REVISIONS~~REVISED)

---

Whereas, the South Carolina General Assembly amended The Code of Laws of South Carolina, 1976, by adding § 6-1-160 so as to enact the “South Carolina Public Invocation Act” to allow a governing body to adopt a policy for an opening invocation before each meeting. The invocation must not promote nor disparage any one faith or belief.

Whereas, the act signifies the General Assembly’s belief that deliberate public bodies in the state may adopt policies that will permit public invocations in a constitutionally permissible fashion.

Now therefore;

The South Carolina Commission on Disabilities and Special Needs (DDSN) on this date, ~~October 16, 2008~~, during a regular monthly Commission meeting adopted the following policy:

1. ~~At the Chairman’s discretion, permitting~~ a public invocation at the beginning of monthly Commission Meetings or Sub-Committee Meetings as defined in Subsection (A) (1) of the South Carolina Public Invocation Act ~~is permitted~~.
2. ~~Allowing for an~~An invocation ~~is allowed~~ to be offered on a voluntary, rotating basis by a Commissioner.

This policy takes effect upon adoption by the DDSN Commission.

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Barry D. Malphrus  
Vice Chairman

---

Gary C. Lemel  
Chairman

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



**COMMISSION**  
**Gary C. Lemel**  
*Chairman*  
**Barry D. Malphrus**  
*Vice Chairman*  
**Robin B. Blackwood**  
*Secretary*  
**Eddie L. Miller**  
**Stephanie M. Rawlinson**  
**David L. Thomas**

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

Reference Number: 800-05-CP  
Title of Document: South Carolina Disabilities and Special Needs  
Public Invocation Act  
Date of Issue: October 16, 2008  
Effective Date: October 16, 2008  
Last Review Date: August 20, 2020  
Date of Last Revision: August 20, 2020 **(REVISED)**

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This policy takes effect upon adoption by the DDSN Commission.

---

Barry D. Malphrus  
Vice Chairman

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Gary C. Lemel  
Chairman

Reference Number: 100-27-DD

Title of Document: Dual Relationships

Date of Issue: July 1, 2001

Effective Date: July 1, 2001

Last Review Date: ~~July 14, 2015~~ XXXX, 2020

Date of Last Revision: ~~July 14, 2015~~ XXXX, 2020 (REVISED)

Applicability: DDSN Central and District Offices, DDSN Regional Centers, DSN Boards and Contracted Service Providers

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## POLICY STATEMENT

Employees have a professional responsibility to provide appropriate services and supports to ~~consumers~~people. These services and supports should be provided in a way that is as least restrictive as possible, and which does not generate conflicts of interest for employees or unreasonable expectations for ~~consumers~~people. Employees have a responsibility to treat all consumers fairly and to avoid actual and apparent conflicts of interest or unfair discrimination between ~~consumers~~people. It is the policy of the South Carolina Department of Disabilities and Special Needs (DDSN) that DDSN/provider employees may not engage in dual relationships with ~~consumers~~people. Dual relationships may violate the Omnibus Adult Protection Act.

## DEFINITIONS

For the purposes of this policy, dual relationships are defined as situations in which employees and ~~consumers~~people simultaneously maintain a DDSN/provider related relationship and an outside relationship that presents a conflict of interest. A DDSN/provider relationship and an outside relationship shall be considered to be a conflict of interest whenever the employee has a role as the provider or supervisor of services to the ~~consumer~~person that involves access to information about or the exertion of control over the provision of services.



Employees who have a DDSN/provider related role as the provider or supervisor of services to a ~~consumer-person~~ that involves access to information about or the exertion of control over the provision of services must not:

- Engage in sexual or romantic relationships with ~~consumers people~~.
- Engage in business dealings with ~~consumers-people~~ that would benefit the employee.
- Allow/encourage ~~consumerspeople~~ to perform work that benefits the employee.
- Influence the civic dealings of the ~~consumerperson~~ (e.g., how to vote; what organizations to join).

Examples of this are not limited to employees who provide direct services, but also include supervisory jobs and jobs in support services.

It is not the intent of this policy to unreasonably further restrict the already diminished opportunities for social interaction and normalization that many ~~consumers-people~~ face. For example, it may still be appropriate for a consumer to visit the home of an employee for a discrete period of time if appropriate checks and balances are in place.

#### RATIONALE

Engaging in dual relationships is dangerous because of the conflict of interest that may develop out of a dual relationship which can:

- Result in a loss of objectivity on the part of the employee.
- Create the opportunity for unfair gain on the part of the employee.
- Introduce a double standard in the provision of services to a group of ~~consumers people~~.
- Create a situation in which ~~consumers-people~~ may think that they will receive special treatment.
- Create pressure on ~~consumers-people~~ to act in accordance with a particular employee's wishes.

#### SAFEGUARDS

Whenever employees engage in interactions/activities that may present the question of a dual relationship, they must do so only under the following conditions:

- As part of the ~~consumer's persons~~ plan.
- With the advance approval of their ~~supervisor~~ Executive Director/Chief Executive Officer/Facility Administrator/State Director based on the setting of employment.
- With the ~~consumer's person's~~ voluntary consent (and the consent of any guardian).
- Followed by documentation of the event in the ~~consumer's person's~~ record.

An additional issue that needs to be clear is whether the employee is acting as a volunteer, or if the time spent with the ~~consumer-person~~ is actually "on the clock." This clarification has ramifications for an employee's over-time hours calculation, as well as in the event of an

employee injury and Worker's Compensation claim. If the employee is acting as a private citizen, then they will be processed through the provider's or DDSN Regional Center's Volunteers Program as a volunteer.

In the event that an outside relationship exists prior to the development of a provider relationship that would create a conflict (such as family members accessing provider services), the provider will make an effort to provide alternative staffing arrangements to avoid the creation of a dual relationship. ~~The Staff~~ person-member shall bring the issue to the attention of his/her supervisor.

In the event that a staff person-member who already has a provider relationship with a ~~consumer~~ person identifies the potential for an outside relationship to develop, it is the responsibility of the employee to avoid the creation of the outside relationship. The employee shall inform his/her supervisor and discuss the possibility of ~~consumer~~ the person's reassignment.

Consideration should be given to avoiding potential situations creating a conflict of interest in which the person supported would not feel empowered to exercise making a decision to choose a new provider.

When doubt exists regarding the nature of existing or potential relationships with regard to their classification as dual relationships, or the manner in which dual relationships can be avoided, staff shall seek guidance from their ~~supervisors,~~ Executive Director/Chief Executive Officer/Facility Administrator/State Director based on the setting of employment.

DDSN requires all employees act consistently with the Code of Ethics of his/her profession or licensing board with regard to the issue of dual relationships.

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~~Robin Blackwood~~ Barry D. Malphrus  
Vice-Chairman

---

Gary C. Lemel  
Chairman

Related Directive:

735-02-DD: Relatives/Family Members Serving As Paid Caregivers of Respite Services

**Mary Poole**  
*State Director*  
**Patrick Maley**  
*Deputy Director*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Susan Kreh Beck**  
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**COMMISSION**  
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*Vice Chairman*  
**Robin B. Blackwood**  
*Secretary*  
**Eddie L. Miller**  
**Stephanie M. Rawlinson**  
**David L. Thomas**

Reference Number:	603-06-DD
Title of Document:	Tuberculosis Screening
Date of Issue:	October 7, 1991
Effective Date:	October 7, 1991
Last Review Date:	August 20, 2020
Date of Last Revision:	August 20, 2020 <b>(REVISED)</b>
Applicability:	DDSN Regional Centers, DDSN Autism Services, DSN Boards and Contracted Service Providers

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## GENERAL

Tuberculosis (TB) in the elderly and other high-risk groups is of major concern in South Carolina as well as in the United States. This concern prompted the South Carolina Department of Health and Environmental Control, Divisions of Tuberculosis Control and Health Licensing to reinforce the importance of determining TB status upon entry to healthcare facilities by use of the Two-Step Tuberculin (TB) Skin Test.

The Two-Step TB Skin Test (intradermal Mantoux method) is given to establish a true baseline. In particular it will establish a true negative for a person never infected with TB. If the person does not react to the first test, the second test is given to give the immune system a “boost.” The second test should be positive if the person is truly infected with TB. The first dose triggers a response, but the second dose provides the true reaction. They both work together to provide a true baseline. This baseline information will become very important in the future. By having established a true baseline, the likelihood of misinterpreting later tests is minimized. This helps

to eliminate the possibility of unnecessary medical tests and medications for those who may not need them. **NOTE:** A multiple puncture tests (TINE) is not an acceptable screening tool.

## ***DEFINITIONS***

### Blood Assay for Mycobacterium tuberculosis (BAMT)

A general term to refer to recently developed in vitro diagnostic tests that assess for the presence of infection with Mycobacterium tuberculosis (M. tb.) This term includes, but is not limited to, IFN- $\gamma$  release assays (GRA). In the United States, the currently available test is QuantiFERON®-TB Gold test (QFT-G).

### Contact Investigation

Procedures that occur when a case of infectious TB is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent TB Infection (LTBI) or TB disease, and treatment of these persons, as indicated.

### Healthcare Workers (HCW)

All paid persons (employees/staff) and unpaid persons (volunteers) working in the setting who have potential for exposure to M. tb through airspace shared with persons with infectious pulmonary TB disease.

### Latent TB Infection (LTBI)

Infection with M. tb. Persons with LTBI carry the organism that causes TB, but do not have TB disease, are asymptomatic and are not infectious. Such persons usually have a positive reaction to the tuberculin skin test.

### Tuberculin Skin Test (TST)

A diagnostic aid for detecting M. tb. A small dose (0.1ml) of purified protein derivative (PPD) tuberculin is injected just beneath the surface of the skin (by the Mantoux method), and the area is examined for induration (hard, dense raised area at the site of the TST administration) by palpation 48-72 hours after the injection (but positive reactions can still be measurable up to a week after TST administration). The size of the indurated area is measured with a millimeter ruler after identifying the margins transverse (perpendicular) to the long axis of the forearm. The reading is recorded in millimeters, included 0mm to represent no induration. Redness/erythema is insignificant and is not measured or recorded.

### Two-Step Tuberculin Skin Testing

Procedure used for the baseline skin testing of persons who may periodically receive Tuberculin Tests (TST) to reduce the likelihood of mistaking a boosted reaction for a new infection. After the first TST, a second test is repeated one to three (1 to 3) weeks after the initial test. If the

initial TST is interpreted as positive, the reaction shall be documented and if the follow up is positive; this reaction will serve as the baseline and no further skin testing is indicated. If the initial TST result is interpreted as negative (0mm), and the second test is given and the result is interpreted as positive, then the reaction shall be documented and the follow up will be recorded as positive; this reaction will serve as the baseline reading and no further skin testing is indicated. In general, the results of the second TST of the two-step procedure shall be used as the baseline reading.

## **PURPOSE**

The purpose of this document is to establish the requirements for:

Section I, Page 4 - The completion of an annual TB risk assessment in the following settings:

- DDSN Regional Centers;
- DDSN Autism Services setting;
- Community-based ICFs/IID;
- DSN Board - operated Residential Habilitation settings;
- DDSN Contracted Service Provider – operated Residential Habilitation settings; and
- DDSN-licensed Adult Activity Centers and/or Work Activity Centers.

Section II, Page 5 - TB screening and testing for those being admitted to and/or receiving services in a setting listed above.

Section III. - Page 7 TB screening and testing for HCW supporting those receiving services in the settings listed above.

DDSN will follow recommendations of the Center for Disease Control (CDC) and National TB Controllers Association. This document is based on the updated recommendations from these entities for TB screening, testing and treatment of health care personnel released May 17, 2019.

All licensed ICF/IID facilities will be required to meet the requirements outlined in Regulation 61-13 Standards for Licensing Intermediate Care Facilities for Individual with Intellectual Disabilities

All licensed Community Residential Care Facilities (CRCF) will be required to meet the requirements outlined Regulation 61-84 Standards for Licensing Community Residential Care Facilities.

## **SECTION I. ANNUAL TB RISK ASSESSMENT**

All settings shall conduct an annual TB risk assessment in accordance with CDC guidelines to determine the appropriateness and frequency of TB screening and other TB related measures to be taken.

- A. Review the community profile of TB disease in collaboration with the local or state health department.
- B. Consult the local or state TB Control Program to obtain epidemiologic surveillance data necessary to conduct a TB Risk Assessment for the healthcare setting.
- C. Determine if persons with unrecognized TB disease were encountered in the setting during the previous five (5) years.
- D. Determine if any HCW need to be included in the TB Screening Program.
- E. Determine the types of environmental controls that are currently in place, and determine if any are needed in the setting.
- F. Document procedures that ensure the prompt recognition and evaluation of suspected episodes of healthcare-associated transmission of *Mycobacterium tuberculosis* (*M. tb*).
- G. Conduct periodic reassessments at least annually to ensure:
  - i. Proper implementation of the TB Infection Control Plan.
  - ii. Prompt detection and evaluation of suspected cases.
  - iii. Prompt initiation of airborne precautions of suspected infectious TB cases.
  - iv. Prompt transfer of suspected infectious TB cases.
  - v. Proper functioning of environmental surroundings (i.e., mold, mildew, etc.)
  - vi. Ongoing TB training and education of HCW.
- H. Recognize and correct lapses in infections control.

The risk classification, such as low risk or medium risk, shall be used as part of the Risk Assessment to determine the need for an ongoing TB screening program for HCW and those supported in the setting. A risk classification shall be determined for the entire Agency. Different settings may have separate risk classifications

**SECTION II. THOSE BEING ADMITTED TO AND/OR RECEIVING SERVICES  
IN THE SETTINGS NOTED ABOVE**

A. Screening:

- i. A baseline two-step TB skin test or TB blood test (BAMT) must be documented within one (1) month prior to admission unless there is a documented TST or a BAMT result within the previous 12 months. If someone who has been newly admitted has had a documented negative TST or BAMT within the previous 12 months, a single TST or BAMT can be administered within one (1) month prior to admission to the facility to serve as the baseline.
- ii. Where immediate placement is needed and the first step of the two-step TB skin test cannot be read by the date of admission, the medical record must document a recent (within one (1) month) chest x-ray and a written assessment for symptoms of active TB prior to admission. A two-step TB skin test must be performed within one (1) month after admission.

B. Persons whose initial TB test is interpreted as positive (with no previous history of positive TB test), or baseline positive or documentation of treatment for latent TB infection or TB disease or signs or symptoms of Tuberculosis should receive:

- i. A symptom evaluation - cough lasting longer than three (3) weeks, unexplained weight loss, night sweats or fever, and loss of appetite.
- ii. A chest x-ray to rule out TB disease.
- iii. Any additional evaluation/testing deemed necessary based on those results.
- iv. If TB disease is suspected, the local health department must be notified and a Report of Critical Incident entered into the DDSN Incident Management System; active TB will be treated according to the CDC Guidelines for Tuberculosis Treatment.
- v. Treatment for latent TB infection is strongly encouraged.

C. Persons with positive TB skin test results regardless of when that conversion occurred must have TB skin test conversion documented, a subsequent negative chest x-ray and negative assessment for signs and symptoms of TB documented before they may be admitted, as appropriate.

D. Persons with known or suspected TB disease shall be transferred from the setting and shall be required to undergo an evaluation. Only with approval by the South Carolina Department of Health and Environmental Control (DHEC) TB Control Program shall the person's return to the facility be permitted.

E. Annual TB Screening, Testing and Education

- i. Annual TB skin testing is not recommended for those receiving services in the settings noted unless there is known exposure or ongoing transmission at the setting.
- ii. Persons with a positive TB skin test or latent TB infection should receive annual TB symptom screening.

F. Post-exposure TB Screening and Testing

- i. Perform a contact investigation.
- ii. A person with a previously negative TB test result should receive a TB Symptom Screen and timely two-step skin or blood testing. Repeat testing eight to ten (8-10) weeks after the last known exposure. For consistency, the same type of TB test (e.g., two-step TB skin or TB blood test) should be placed at admission and for any follow up testing.
- iii. A person with a previously positive TB test result should receive a chest x-ray to exclude TB disease as well as a TB Symptom Screen. If they have symptoms, they should be evaluated for TB disease. They do not need to be re-tested.



**SECTION III. HCW SUPPORTING THOSE RECEIVING SERVICES IN THE SETTINGS LISTED ABOVE.**

Tb screening for HCW who will have direct contact with people receiving services in the settings listed above are required to have the following upon hire or before contact with those supported.

- A. Baseline Screening and Testing for Health Care Workers (HCW)
  - i. A baseline individual TB risk assessment (Attachment A).
  - ii. TB symptoms evaluation (Attachment B).
  - iii. A baseline two-step TB skin test or TB blood test must be documented prior to hire or upon hire but before direct contact with those supported information from the baseline individual TB risk assessment should be used to interpret the results of the TB skin or TB blood test.
  - iv. Additional evaluation for TB disease as needed.
- B. HCW whose initial TB test is interpreted as positive (with no previous history of positive TB test), or baseline positive or documentation of treatment for latent TB infection or TB disease or signs or symptoms of TB should receive:
  - i. A symptom evaluation (Attachment B).
  - ii. A chest x-ray to rule out TB disease.
  - iii. Any additional evaluation/testing deemed necessary based on those results.
  - iv. If TB disease is suspected, the local health department must be notified immediately.
  - v. Treatment for latent TB infection is strongly encouraged.
- C. HCW with positive TB skin test results, regardless of when that conversion occurred, must have TB skin test conversion documented, a subsequent negative chest x-ray and negative assessment for signs and symptoms of TB documented before they may be hired or after being hired but before direct contact with those supported, as appropriate.
- D. HCW with known or suspected TB disease shall be excluded from work and shall be required to undergo an evaluation. Only with approval by DHEC's TB Control Program shall the HCW be permitted to return to work.

E. Annual TB Screening, Testing and Education

- i. Annual TB testing is not recommended for HCW in the settings noted unless there is known exposure or ongoing transmission in the setting.
- ii. HCW with latent TB infection should receive annual TB Symptom Screening.
- iii. All HCW should receive annual TB education on the risk factors, signs, and symptoms of TB (Attachment C)

F. Post-Exposure TB Screening and Testing

- i. HCW with a previously negative TB test result should receive a TB Symptom Screen and timely two-step skin or blood testing. Repeat testing eight to ten (8-10) weeks after the last known exposure. For consistency, the same type of TB test (e.g., two-step TB skin or TB blood test) should be placed upon hire (pre-placement) and for any follow up testing.
- ii. HCW with a previously positive TB test result should receive a TB Symptom Screen and if they have symptoms, they should be evaluated for TB disease. They do not need to be re-tested.

---

Barry D. Malphrus  
Vice Chairman

---

Gary C. Lemel  
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

Attachment A: TB Risk Assessment  
Attachment B: TB Symptom Evaluation  
Attachment C: TB Symptoms

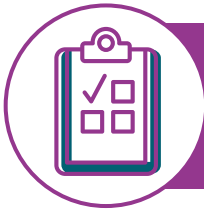
References:

CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings 2005

CDC TB Screening and Testing of Health Care Personnel 2019






SCDHEC Regulation 61-13 Standards for Licensing Intermediate Care Facilities for Individual with Intellectual Disabilities.

SCDHEC Regulation 61-84 Standards for Licensing Community Residential Care Facilities.



# Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

**HCP should be considered at increased risk for TB if any of the following statements are marked “Yes”:**

 	<p><b>Temporary or permanent residence of <math>\geq 1</math> month in a country with a high TB rate</b></p> <p>Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<b>OR</b>		
 	<p><b>Current or planned immunosuppression,</b></p> <p>including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone <math>\geq 15</math> mg/day for <math>\geq 1</math> month) or other immunosuppressive medication</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<b>OR</b>		
	<p><b>Close contact with someone who has had infectious TB disease since the last TB test</b></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111–5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–43. [https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s\\_cid=mm6819a3\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w)



**Centers for Disease Control and Prevention**  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

## TB SYMPTOM EVALUATION

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs (pulmonary TB). TB disease in the lungs may cause symptoms such as:

- A bad cough that lasts three (3) weeks or longer
- Pain in the chest
- Coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are:

- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at night

Symptoms of TB disease in other parts of the body depend on the area affected.

People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others.

# TB SYMPTOMS

## TB RISK FACTORS

Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason.

Overall, about 5% to 10% of infected persons who do not receive treatment for latent TB infection will develop TB disease at some time in their lives. For persons whose immune systems are weak, especially those with HIV infection, the risk of developing TB disease is much higher than for persons with normal immune systems.

Generally, persons at high risk for developing TB disease fall into two categories:

- ✚ Persons who have been recently infected with TB bacteria
- ✚ Persons with medical conditions that weaken the immune system

## PERSONS WHO HAVE BEEN RECENTLY INFECTED WITH TB BACTERIA

This includes:

- ✚ Close contacts of a person with infectious TB disease
- ✚ Persons who have immigrated from areas of the world with high rates of TB
- ✚ Children less than five years of age who have a positive TB test
- ✚ Groups with high rates of TB transmission, such as homeless persons, injection drug users, and persons with HIV infection
- ✚ Persons who work or reside with people who are at high risk for TB in facilities or institutions such as hospitals, homeless shelters, correctional facilities, nursing homes, and residential homes for those with HIV

## PERSONS WITH MEDICAL CONDITIONS THAT WEAKEN THE IMMUNE SYSTEM

Babies and young children often have weak immune systems. Other people can have weak immune systems, especially people with any of these conditions:

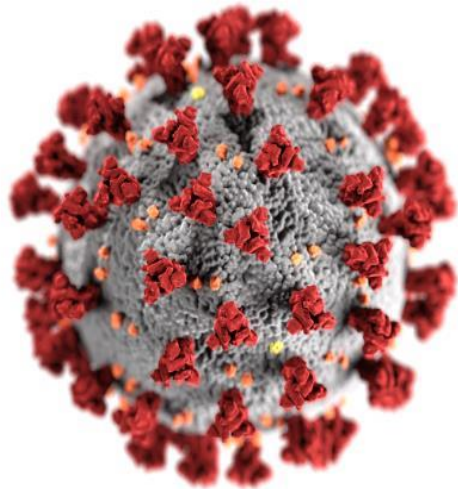
- ✚ HIV infection (the virus that causes AIDS)
- ✚ Substance Abuse
- ✚ Silicosis
- ✚ Diabetes Mellitus
- ✚ Severe Kidney Disease
- ✚ Low body weight
- ✚ Organ Transplant
- ✚ Head and Neck Cancer
- ✚ Medical treatment such as corticosteroid or organ transplant
- ✚ Specialized treatment for Rheumatoid Arthritis or Crohn's Disease

**South Carolina Department of Disabilities and Special Needs  
COVID-19 Regional Center Hazard Pay and Associated Employer Fringes**

<b>PAY DATE</b>	<b>HAZARD PAY</b>	<b>EMPLOYER FRINGES</b>	<b>TOTAL</b>
<b>Classified Positions</b>			
May 4th - Off Cycle	\$ 37,500.00	\$ 2,868.75	\$ 40,368.75
May 19th - Off Cycle	\$ 50,000.00	\$ 3,978.15	\$ 53,978.15
June 3rd - Off Cycle	\$ 7,500.00	\$ 573.75	\$ 8,073.75
June 18th - Off Cycle	\$ 500.00	\$ 38.25	\$ 538.25
July 20th - Off Cycle	\$ 91,000.00	\$ 6,961.50	\$ 97,961.50
August 4th - Off Cycle	\$ 71,000.00	\$ 7,235.76	\$ 78,235.76
<b>Total Classified</b>	<b>\$ 257,500.00</b>	<b>\$ 21,656.16</b>	<b>\$ 279,156.16</b>
<b>Temporary Positions</b>			
April 17th - May 1st	\$ 2,002.13	\$ 153.16	\$ 2,155.29
May 2nd - May 16th	\$ 3,502.19	\$ 267.92	\$ 3,770.11
<b>Total Temporary Positions</b>	<b>\$ 5,504.32</b>	<b>\$ 421.08</b>	<b>\$ 5,925.40</b>
<b>Total Agency</b>	<b>\$ 263,004.32</b>	<b>\$ 22,077.24</b>	<b>\$ 285,081.56</b>



# COVID-19 Briefing



DDSN Commission Meeting  
August 20, 2020



# COVID-19 Impact to DDSN System

	Consumers Tested	Consumers POSITIVE	Consumers Recovered	Consumer Fatalities	Staff Tested	Staff POSITIVE	Staff Recovered	Staff Fatalities
<b>Community Settings</b>	<b>592</b>	<b>293</b>	<b>89</b>	<b>12</b>	<b>643</b>	<b>448</b>	<b>146</b>	<b>8</b>
Coastal Center	10	10	2	2	43	43	25	0
Midlands Center	6	3	2	0	18	11	8	1
Pee Dee Center	53	32	24	2	99	50	40	0
Whitten Center	120	78	60	8	155	141	115	3
<b>Regional Center Total</b>	<b>189</b>	<b>123</b>	<b>88</b>	<b>12</b>	<b>315</b>	<b>245</b>	<b>188</b>	<b>4</b>
<b>System Wide Total</b>	<b>781</b>	<b>416</b>	<b>177</b>	<b>24</b>	<b>958</b>	<b>693</b>	<b>334</b>	<b>12</b>

8/19/2020

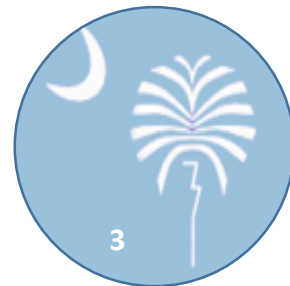




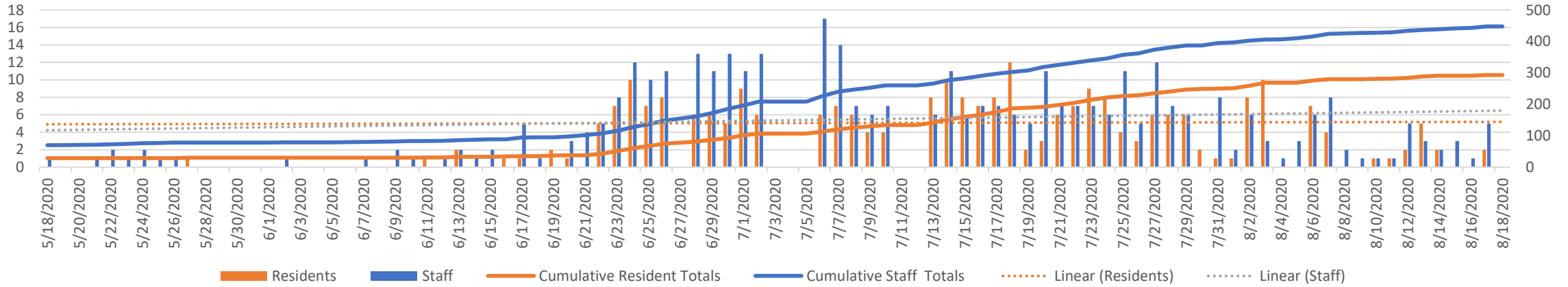
# COVID-19 Impact to DDSN System

## COVID-19 Positive Test Results 14-day comparison

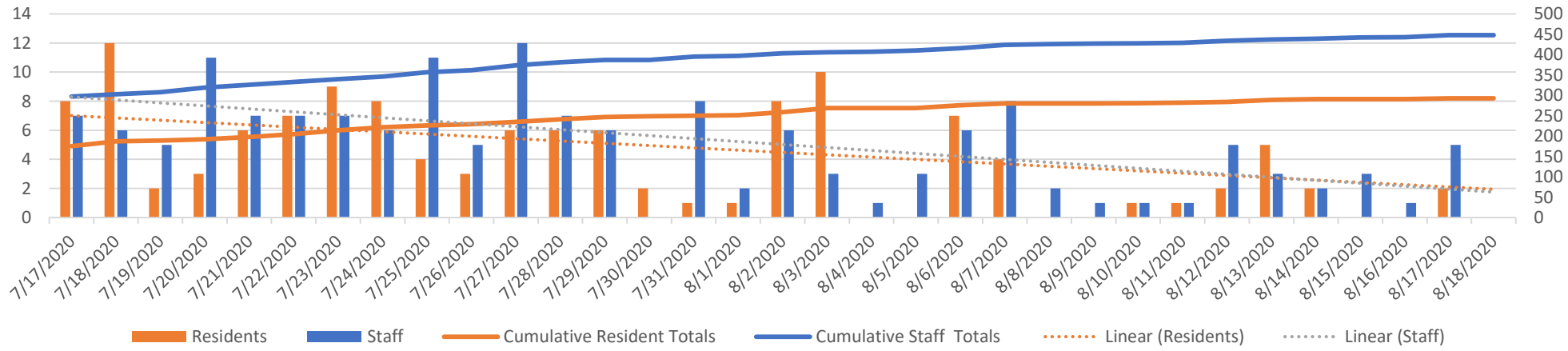
	System Wide:			Community Residential:			Regional Center:		
	8/19/20 8 am Reports	8/5/20 8 am Reports	% Increase over 14 days	8/19/20 8 am Reports	8/5/20 8 am Reports	% Increase over 14 days	8/19/20 8 am Reports	8/5/20 8 am Reports	% Increase over 14 days
<b>Consumers:</b>	416	370	12%	293	251	16%	123	115	7%
<b>Staff:</b>	693	636	9%	448	401	11%	245	235	4%



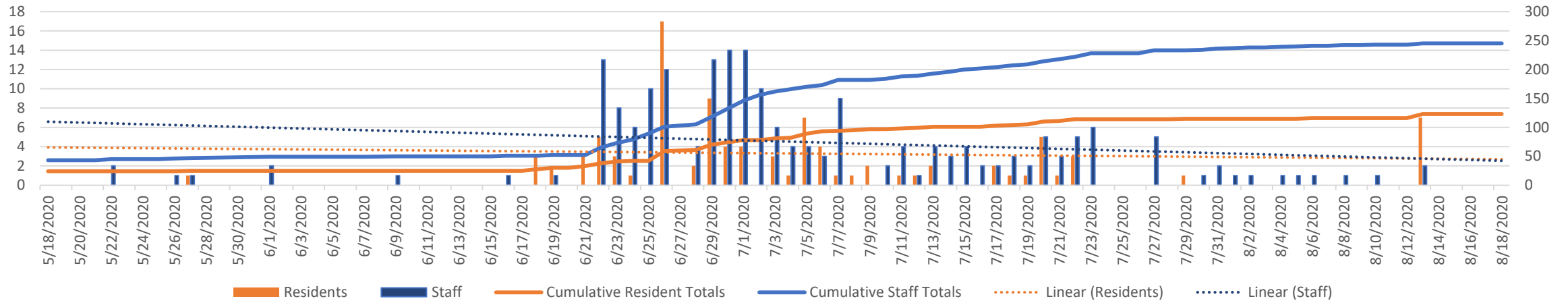
## Community-Based COVID-19 Reporting 90 Day Trend



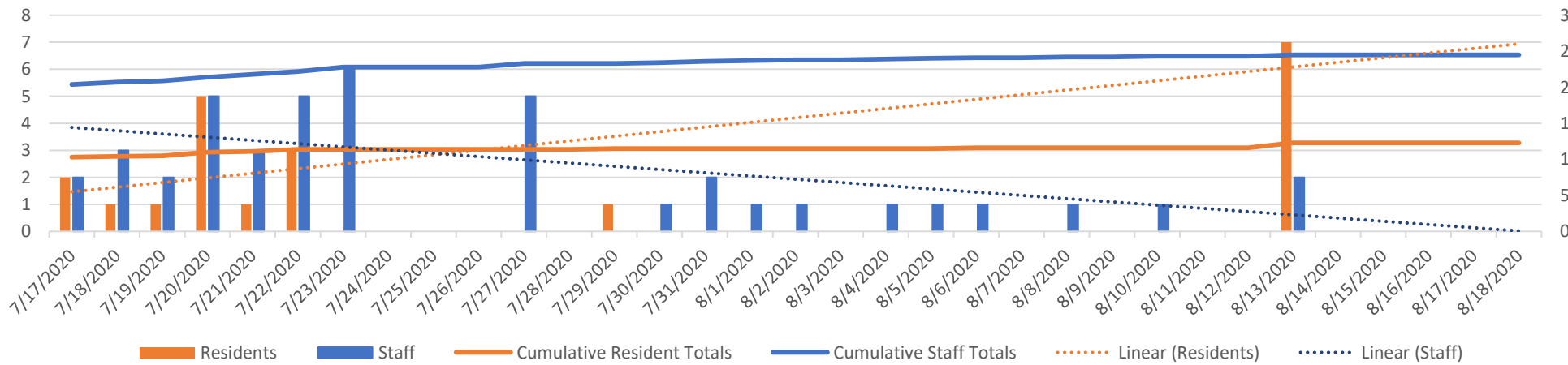
## Community-Based COVID-19 Reporting 4 week Trend



## Regional Center COVID-19 Reporting 90 Day Trend



## Regional Center COVID-19 Reporting 4 Week Trend



**FYE 19/20 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 6/30/2020)**

Funded Program - Bud	Original Budget	Adjustments	Adjusted Budget	YTD Actual Expense	Remaining Budget	Percent Expended - Target
						%
ADMINISTRATION	\$ 7,856,999	\$ (680,121)	\$ 7,176,878	\$ 6,678,976	\$ 497,902	93.06%
PREVENTION PROGRAM	\$ 657,098	\$ (638,000)	\$ 19,098	\$ 11,100	\$ 7,998	58.12%
GREENWOOD GENETIC CENTER	\$ 15,185,571	\$ -	\$ 15,185,571	\$ 12,226,376	\$ 2,959,195	80.51%
CHILDREN'S SERVICES	\$ 18,189,594	\$ (5,037,253)	\$ 13,152,341	\$ 11,212,978	\$ 1,939,363	85.25%
IN-HOME FAMILY SUPP	\$ 91,285,431	\$ (36,381,713)	\$ 54,903,718	\$ 54,500,338	\$ 403,380	99.27%
ADULT DEV&SUPP EMPLO	\$ 83,355,338	\$ (1,972,000)	\$ 81,383,338	\$ 81,213,863	\$ 169,475	99.79%
SERVICE COORDINATION	\$ 21,656,140	\$ (6,826,220)	\$ 14,829,921	\$ 14,810,488	\$ 19,432	99.87%
AUTISM SUPP PRG	\$ 21,355,826	\$ (3,116,830)	\$ 18,238,996	\$ 12,311,358	\$ 5,927,638	67.50%
HD&SPINL CRD INJ COM	\$ 5,040,532	\$ 448,316	\$ 5,488,848	\$ 5,371,878	\$ 116,970	97.87%
REG CTR RESIDENT PGM	\$ 83,247,603	\$ 4,400,901	\$ 87,648,504	\$ 76,062,444	\$ 11,586,060	86.78%
HD&SPIN CRD INJ FAM	\$ 22,296,050	\$ 906,452	\$ 23,202,502	\$ 19,464,551	\$ 3,737,951	83.89%
AUTISM COMM RES PRO	\$ 22,239,084	\$ 510,482	\$ 22,749,566	\$ 15,338,128	\$ 7,411,438	67.42%
INTELL DISA COMM RES	\$ 335,075,273	\$ 58,105,867	\$ 393,181,140	\$ 369,720,977	\$ 23,460,163	94.03%
STATEWIDE CF APPRO	\$ -	\$ -	\$ -		\$ -	
STATEWIDE PAY PLAN	\$ -	\$ -	\$ -		\$ -	
STATE EMPLOYER CONTR	\$ 32,392,850	\$ (723,028)	\$ 31,669,822	\$ 29,033,221	\$ 2,636,601	91.67%
SC GENOMIC MED-TGEM	\$ -	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ -	100.00%
Earmarked Authorization over DDSN Spending Plan	\$ 37,538,345		\$ 37,538,345		\$ 37,538,345	
<b>Legislative Authorized Total</b>	<b>\$ 797,371,734</b>	<b>\$ 10,996,854</b>	<b>\$ 808,368,588</b>	<b>\$ 709,956,676</b>	<b>\$ 98,411,912</b>	<b>87.83%</b>
Legislative authorization capacity above actual spending plan budget			<b>\$ (37,538,345)</b>		<b>\$ 37,538,344</b>	
DDSN spending plan budget			<b>\$ 770,830,243</b>	<b>\$ 709,956,676</b>	<b>\$ 60,873,567</b>	<b>92.10%</b>
Percent of total spending plan budget			100.00%	92.10%	7.90%	<b>REASONABLE</b>
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	100.00%	0.00%	
Difference % - over (under) budgeted expenditures			0.00%	-7.90%	7.90%	
Difference \$ - over (under) budgeted expenditures				\$ (60,873,567)		

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 20 Estimated Expenditure Commitments: YES X ; At-Risk \_\_\_ ; NO \_\_\_

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

Expenditure	FY 19 - % of total	FY 18 - % of total
Central Office Admin & Program	2.35%	2.37%
Indirect Delivery System Costs	1.22%	1.56%
Board & QPL Capital	0.07%	0.14%
Greenwood Autism Research	0.03%	0.03%
Direct Service to Consumers	96.33%	95.90%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>

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

## All State Agencies are Operating Under a Continuing Resolution Appropriations FY 20/21 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 7/31/2020)

Funded Program - Bud	Continuing Resolution Appropriations	Adjustments	Adjusted Budget	YTD Actual Expense	Remaining Budget	Percent Expended - Target %
						8.33%
ADMINISTRATION	\$ 8,386,999	\$ -	\$ 8,386,999	\$ 743,858	\$ 7,643,141	8.87%
PREVENTION PROGRAM	\$ 657,098	\$ -	\$ 657,098		\$ 657,098	0.00%
GREENWOOD GENETIC CENTER	\$ 15,185,571	\$ -	\$ 15,185,571	\$ 4,173,600	\$ 11,011,971	27.48%
CHILDREN'S SERVICES	\$ 24,891,594	\$ -	\$ 24,891,594	\$ 251,946	\$ 24,639,648	1.01%
IN-HOME FAMILY SUPP	\$ 91,302,031	\$ -	\$ 91,302,031	\$ 3,310,586	\$ 87,991,445	3.63%
ADULT DEV&SUPP EMPLO	\$ 83,358,338	\$ -	\$ 83,358,338	\$ 10,558,936	\$ 72,799,402	12.67%
SERVICE COORDINATION	\$ 22,666,140	\$ -	\$ 22,666,140	\$ 374,588	\$ 22,291,552	1.65%
AUTISM SUPP PRG	\$ 26,368,826	\$ -	\$ 26,368,826	\$ 1,404,368	\$ 24,964,458	5.33%
HD&SPINL CRD INJ COM	\$ 5,040,532	\$ -	\$ 5,040,532	\$ 377,122	\$ 4,663,410	7.48%
REG CTR RESIDENT PGM	\$ 90,937,897	\$ -	\$ 90,937,897	\$ 7,655,400	\$ 83,282,497	8.42%
HD&SPIN CRD INJ FAM	\$ 29,301,050	\$ -	\$ 29,301,050	\$ 1,602,429	\$ 27,698,621	5.47%
AUTISM COMM RES PRO	\$ 29,749,084	\$ -	\$ 29,749,084	\$ 4,018,059	\$ 25,731,025	13.51%
INTELL DISA COMM RES	\$ 340,593,466	\$ -	\$ 340,593,466	\$ 29,566,913	\$ 311,026,553	8.68%
STATE EMPLOYER CONTR	\$ 36,362,643	\$ -	\$ 36,362,643	\$ 3,963,274	\$ 32,399,369	10.90%
Earmarked Authorization over DDSN Spending Plan	Spending Plan Due in September	\$ -			\$ -	
<b>Legislative Authorized Total</b>	<b>\$ 804,801,269</b>	<b>\$ -</b>	<b>\$ 804,801,269</b>	<b>\$ 68,001,079</b>	<b>\$ 736,800,190</b>	<b>8.45%</b>
Percent of total spending plan budget			100.00%	8.82%	91.18%	<b>REASONABLE</b>
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	8.33%	91.67%	
Difference % - over (under) budgeted expenditures			0.00%	0.49%	-0.49%	

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 20 Estimated Expenditure Commitments: YES  ; At-Risk  ; NO

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

Expenditure	FY 19 - % of total	FY 18 - % of total
Central Office Admin & Program	2.35%	2.37%
Indirect Delivery System Costs	1.22%	1.56%
Board & QPL Capital	0.07%	0.14%
Greenwood Autism Research	0.03%	0.03%
Direct Service to Consumers	96.33%	95.90%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>

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

Methodology & Report Owner: DDSN Budget Division

Overall effect of additional Payments falling into July	
3rd Payroll	\$ 2.8
3rd Employer Contribution:	\$ 1.6
3rd Provider Payment	\$ 16.5
	\$ 20.9
July Actual Expenditures	\$ 68.0
	\$ (20.9)
Net Expenditures	\$ 47.1
	5.85%

July report contains 3 Payrolls and 3 Provider payments  
See detail below

Month of July included 3 payrolls, July 1, 16 and 31, July 31 is due to August 1 falling on a Saturday therefore paid the previous working day.

GGC paid out \$4m in lump sum + \$345k Fee for Service

FY21 Adult Contract Need = \$88m Once FY21 Budget is approved the agency will move forward with realigning our contract need against the level of Funded Program Dollars and/or if the agency experiences an appropriations budget cut, contracts possibly could be amended.

Due to the growth in the Autism Population, DDSN has studied the number of consumers receiving services and modified the percentage of these cost to be properly reflected within the Autism Funded Program. Once FY21 Budget is approved the agency will move forward with realigning our operating appropriation dollars to properly match our accounting categories.

Employer Contributions - Month of July included 3 payrolls, July 1, 16 and 31, July 31 is due to August 1 falling on a Saturday therefore paid the previous working day.

Month of July includes 3 Provider Payments, Overall \$49.3m

First payment = \$18.7m  
Second Payment = \$14.1m  
Third Payment = \$16.5

Month of July includes 3 Payrolls, Overall \$8.4m

July 1st payroll = \$2.7m  
July 16th payroll = \$2.9m  
August 1st payroll paid on July 31st = \$2.8m

Employer Contributions

July 1st Fringes = \$1.2m  
July 16th Fringes = \$1.2m  
July 31st Fringes = \$1.6m  
July 31st includes WorkerComp \$469k

FUNDED PROGRAMS	FUNDED PROGRAM NAMES
0100.000000.000	Administration Operational & Personal Services Expenditures of Administration Departments
4000.050100.000	Prevention Prevention Awareness Grants Possible GGC Contracts Over & Above the Special Item Funded Program
4000.050500X000	Prevention-Special Item - Greenwood Genetic Center Contracts for Research and Development, and Counseling
4000.100501.000	Children's Services Child Day Care Centers in Anderson and Charleston Early Intervention Summer Services
4000.101000.000	In-Home Family Support ID/RD & Community Support Waiver Services Respite Services
4000.101500.000	Adult Development Program Services to include Adult Day, Supported Employment, Rehab Support
4000.102000.000	Service Coordination Service Coordination Planning for all consumers
4003.250000.000	Intellectual Disability Comm. Residential Residential Expenditures for Community Training Homes, Intermediate Care Facilities Evaluation and Planning Services
4000.150500.000	Autism Family Support Program Services to include Adult Day, Supported Employment, Family Respite Evaluation and Planning Services Rehab Service Coordination
4002.300000.000	Autism Comm. Residential Residential Expenditures for Community Training Homes
4002.200000.000	Head & Spinal Cord Family Support Program Services to include Post Acute Rehab for HSC/TBI, Adult Day, Supported Employment
4001.350000.000	Head & Spinal Cord Comm. Residential Residential Expenditures for Community Training Homes
4001.400000.000	Regional Centers Operational & Personal Services Expenditures of Daily Regional Center Functions
9500.050000.000	Employee Benefits Personal Services Expenditures of Administration Departments, Residential, and Regional Centers
9814.190000X000	SC Genomic Medicine - TGEM Greenwood Genetic Center Genomic Medicine

2020  
Fourth Quarter Amendment Summary

PROVIDER	SERVICE	20 funds	EFF. Date	Purpose
Allendale	Capitated- Band B	\$ 6,309	1/1/20	Quarterly adjustments to Band B consumer population
Allendale	Capitated- CSW	\$ (16,072)	1/1/20	Quarterly adjustments to CSW consumer population
Allendale	Capitated- ICF	\$ (19,747)	4/24/20	Termination of vacancy @ Academy St. ICF
Allendale	Capitated- CRCF	\$ (8,391)	5/31/20	Termination of vacancy @ Black's Drive CRCF
Allendale	Capitated- CSW	\$ 2,672	3/1/20	Quarterly adjustments to CSW consumer population
<b>Allendale Total</b>		\$ (35,229)		
Anderson	Capitated- Band B	\$ 10,514	1/1/20	Quarterly adjustments to Band B consumer population
Anderson	Capitated- CSW	\$ (4,563)	1/1/20	Quarterly adjustments to CSW consumer population
Anderson	Capitated- CTH II	\$ 5,455	3/16/20	Band Increase for MH
Anderson	Capitated- Band B	\$ 25,045	3/1/20	Quarterly adjustments to Band B consumer population
Anderson	Capitated- CSW	\$ (4,069)	3/1/20	Quarterly adjustments to CSW consumer population
<b>Anderson Total</b>		\$ 32,382		
Arc of the Midlands	Residential- QPL SLP I	\$ 2,057	5/29/20	Residential services for 2 new SLP I consumers
<b>Arc of the Midlands Total</b>		\$ 2,057		
Babcock	Capitated- Band B	\$ 73,258	1/1/20	Quarterly adjustments to Band B consumer population
Babcock	Capitated- CSW	\$ (66,179)	1/1/20	Quarterly adjustments to CSW consumer population
Babcock	Capitated- CTH II	\$ 5,932	6/4/20	Restoration of vacancy @ Osprey CTH II for CL
Babcock	Capitated- SLP II	\$ (2,846)	6/4/20	Termination of vacancy @ Pitts Apts. SLP II
Babcock	Capitated- Band B	\$ 26,994	3/1/20	Quarterly adjustments to Band B consumer population
Babcock	Capitated- CSW	\$ 124	3/1/20	Quarterly adjustments to CSW consumer population
Babcock	Capitated- ICF	\$ (50,528)	1/9/20	Termination of Vacancy @ Carter St ICF
Babcock	Capitated- Band B	\$ (5,350)	8/30/19	Reduction for vacancy 2 Friarsgate until filled by LM
Babcock	Capitated- CTH II	\$ (63,437)	4/29/20	Termination of Outlier for KS
Babcock	Capitated- Band B	\$ 2,332	3/20/20	Band B for TW
<b>Babcock Total</b>		\$ (79,700)		
Bamberg	Capitated- CSW	\$ (5,262)	1/1/20	Quarterly adjustments to CSW consumer population
<b>Bamberg Total</b>		\$ (5,262)		
Beaufort	Capitated- Band B	\$ 3,479	1/1/20	Quarterly adjustments to Band B consumer population
Beaufort	Capitated- CSW	\$ (1,495)	1/1/20	Quarterly adjustments to CSW consumer population
Beaufort	Capitated- CTH II	\$ (1,428)	6/3/20	Band H vacancy @ Fraser Dr CTH II filled by Band G, DE
Beaufort	Capitated- Band B	\$ (2,753)	3/1/20	Quarterly adjustments to Band B consumer population
Beaufort	Capitated- CSW	\$ 1,891	3/1/20	Quarterly adjustments to CSW consumer population
<b>Beaufort Total</b>		\$ (306)		
Becket/Lifeshare	Residential-SFH	\$ (3,848)	3/24/20	Changes in consumer population in SFH
<b>Becket/Lifeshare Total</b>		\$ (3,848)		
Berkeley	Capitated- Band B	\$ 792	1/1/20	Quarterly adjustments to Band B consumer population
Berkeley	Capitated- CSW	\$ 6,577	1/1/20	Quarterly adjustments to CSW consumer population
Berkeley	Capitated- CTH II	\$ 11,910	5/18/20	Restoration of vacancy @ Temple CTH II to MM
Berkeley	Capitated- CTH II	\$ (4,061)	4/19/20	Vacancy at Huger St CTH II until filled by GL
Berkeley	Capitated- Band B	\$ 28,419	3/1/20	Quarterly adjustments to Band B consumer population
Berkeley	Capitated- CSW	\$ 6,002	3/1/20	Quarterly adjustments to CSW consumer population
<b>Berkeley Total</b>		\$ 49,639		
Burton Center	Capitated- Band B	\$ (23,935)	1/1/20	Quarterly adjustments to Band B consumer population

2020  
Fourth Quarter Amendment Summary

PROVIDER	SERVICE	20 funds	EFF. Date	Purpose
Burton Center	Capitated- CSW	\$ 12,290	1/1/20	Quarterly adjustments to CSW consumer population
Burton Center	Capitated- CTH II	\$ (5,969)	4/18/20	Reduction for vacancy @ Carnell I until filled by JT
Burton Center	Capitated- CTH I	\$ (4,683)	4/28/20	Termination of CTH I slot for JT
Burton Center	Capitated- CTH II	\$ (7,030)	5/30/20	Termination of vacancy @ Linsbury CTH II
<b>Burton Center Total</b>		\$ (29,327)		
Burton	Capitated- Band B	\$ 13,460	3/1/20	Quarterly adjustments to Band B consumer population
Burton	Capitated- CSW	\$ (4,645)	3/1/20	Quarterly adjustments to CSW consumer population
Burton	Capitated- CTH II	\$ (12,993)	5/14/20	Termination of Intermittent Vacancy @ Linsbury for IS
Burton	Capitated- Band B	\$ 1,797	5/15/20	Temporary Band B for IS
<b>Burton Total</b>		\$ (2,381)		
Calhoun	Capitated- CTH II	\$ 15,158	5/6/20	Restoration of vacancy @ Calhoun Rd for BT
<b>Calhoun Total</b>		\$ 15,158		
CareFocus	Residential- QPL CTH II	\$ 34,641	3/25/20	Residential services for 2 new CTH II consumers
<b>CareFocus Total</b>		\$ 34,641		
Charles Lea Center	Capitated- Band B	\$ 12,848	1/1/20	Quarterly adjustments to Band B consumer population
Charles Lea Center	Capitated- CSW	\$ 16,772	1/1/20	Quarterly adjustments to CSW consumer population
Charles Lea Center	Special Grant- CIRS Day	\$ 56,698	6/5/20	Reimbursement for CIRS program day attendance
Charles Lea Center	Medical Model Residential	\$ (21,983)	4/26/20	Termination of services to JT
Charles Lea Center	Capitated- CTH II	\$ (16,782)	4/30/20	Termination of vacancy @ Capetown CTH II
Charles Lea Center	Capitated- SLP II	\$ 8,749	4/9/20	SLP II slot for JW at Meadow Green
Charles Lea Center	Capitated- Band B	\$ 22,022	3/1/20	Quarterly adjustments to Band B consumer population
Charles Lea Center	Capitated- CSW	\$ 574	3/1/20	Quarterly adjustments to CSW consumer population
<b>Charles Lea Center Total</b>		\$ 78,898		
Charleston	Capitated- Band B	\$ 23,056	1/1/20	Quarterly adjustments to Band B consumer population
Charleston	Capitated- CSW	\$ (22,198)	1/1/20	Quarterly adjustments to CSW consumer population
Charleston	Capitated- CTH II	\$ 7,250	5/29/20	Restoration of vacancy @ Star Drive for RS
Charleston	Capitated- CTH II	\$ (12,303)	4/16/20	Intermittent vacancy @ Star Drive RN
Charleston	Capitated- CTH II	\$ (3,977)	4/14/20	Vacancy at Forest Lakes until filled by HM
Charleston	Capitated- Band B	\$ 7,340	3/1/20	Quarterly adjustments to Band B consumer population
Charleston	Capitated- CSW	\$ 1,767	3/1/20	Quarterly adjustments to CSW consumer population
<b>Charleston Total</b>		\$ 935		
Cherokee	Capitated- Band B	\$ (10,821)	1/1/20	Quarterly adjustments to Band B consumer population
Cherokee	Capitated- CSW	\$ (17,142)	1/1/20	Quarterly adjustments to CSW consumer population
Cherokee	Capitated- Band B	\$ (5,239)	3/1/20	Quarterly adjustments to Band B consumer population
Cherokee	Capitated- CSW	\$ 15,497	3/1/20	Quarterly adjustments to CSW consumer population
<b>Cherokee Total</b>		\$ (17,705)		
CHESCO	Capitated- CSW	\$ 6,330	1/1/20	Quarterly adjustments to CSW consumer population
CHESCO	Capitated- CTH II	\$ 19,553	4/3/20	Restoration of vacancy @ Henrietta Isgett for AM
CHESCO	Capitated- Waiver	\$ (23,942)	11/18/19	Termination of outlier and Band B for DK
CHESCO	Capitated- CTH II	\$ (30,587)	3/10/20	Termination of vacancy at Wallace CTH II
CHESCO	Capitated- CTH II	\$ (9,022)	5/10/20	Vacancy at Henrietta Isgett until filled by KR
CHESCO	Capitated- CTH II	\$ (12,742)	5/4/20	Termination of vacancy @ Henrietta Isgett
CHESCO	Capitated- Band B	\$ 2,409	3/1/20	Quarterly adjustments to Band B consumer population



2020  
Fourth Quarter Amendment Summary

PROVIDER	SERVICE	20 funds	EFF. Date	Purpose
CHESCO	Capitated- CSW	\$ (4,070)	3/1/20	Quarterly adjustments to CSW consumer population
CHESCO	Capitated- CTH II	\$ (6,371)	5/18/20	Reduction for vacancy @ Taxahaw until filled
<b>CHESCO Total</b>		\$ (58,442)		
Chester/Lancaster	Capitated- Band B	\$ 12,044	1/1/20	Quarterly adjustments to Band B consumer population
Chester/Lancaster	Capitated- CSW	\$ (82)	1/1/20	Quarterly adjustments to CSW consumer population
Chester/Lancaster	Capitated- CSW	\$ 10,112	3/1/20	Quarterly adjustments to CSW consumer population
<b>Chester/Lancaster Total</b>		\$ 22,074		
CHS Group	Residential-QPL CTH II	\$ 9,918	5/27/20	Residential services to 1 additional consumer
<b>CHS Group Total</b>		\$ 9,918		
Clarendon	Capitated- Band B	\$ 5,773	1/1/20	Quarterly adjustments to Band B consumer population
Clarendon	Capitated- CSW	\$ (6,248)	1/1/20	Quarterly adjustments to CSW consumer population
Clarendon	Capitated- CTH II	\$ (1,377)	6/4/20	Reduction for vacancy @ Trinity I until filled by KN
Clarendon	Capitated- CTH II	\$ (3,790)	6/17/20	Reduction for vacancy @ Alcolu
<b>Clarendon Total</b>		\$ (5,642)		
Colleton	Capitated- Band B	\$ (4,244)	1/1/20	Quarterly adjustments to Band B consumer population
Colleton	Capitated- CSW	\$ 11,386	1/1/20	Quarterly adjustments to CSW consumer population
Colleton	Capitated- CTH II	\$ (5,364)	5/10/20	Reduction for intermittent vacancy at Brandt CTH II
Colleton	Capitated- Band B	\$ 2,485	3/1/20	Quarterly adjustments to Band B consumer population
Colleton	Capitated- Band B	\$ (4,384)	5/18/20	Termination of Band B plus outlier for SB
Colleton	Capitated- CRCF	\$ (10,557)	5/13/20	Reduction for vacancy @ Forest Circle until filled by JW
<b>Colleton Total</b>		\$ (10,678)		
Community Options	Residential-QPL CTH II	\$ 11,686	5/18/20	Residential services to 1 additional consumer
<b>Community Options Total</b>		\$ 11,686		
Darlington	Capitated- Band B	\$ 11,738	1/1/20	Quarterly adjustments to Band B consumer population
Darlington	Capitated- CSW	\$ (1,356)	1/1/20	Quarterly adjustments to CSW consumer population
Darlington	Capitated- CTH II	\$ (39,545)	11/28/19	Reduction for vacancy at Washington CTH II until filled by EM
Darlington	Capitated- Band B	\$ 7,991	3/1/20	Quarterly adjustments to Band B consumer population
<b>Darlington Total</b>		\$ (21,172)		
Dorchester	Capitated- Band B	\$ 2,944	1/1/20	Quarterly adjustments to Band B consumer population
Dorchester	Capitated- CSW	\$ 1,850	1/1/20	Quarterly adjustments to CSW consumer population
Dorchester	Capitated- SLP I	\$ (12,285)	12/15/20	Duplicate Band D for JV
Dorchester	Capitated- CTH II	\$ 17,844	7/17/20	Band G Vacancy at Apache filled by Band H, MC
Dorchester	Capitated- SLP I	\$ (6,852)	3/12/20	Termination of SLP I to BS
Dorchester	Capitated- SLP II	\$ 11,700	3/12/20	New SLP II for BS 104 Canvas Back
Dorchester	Capitated- SLP II	\$ 11,700	3/12/20	New SLP II for MN 104 Canvas Back
Dorchester	Capitated- Band B	\$ 8,718	3/1/20	Quarterly adjustments to Band B consumer population
Dorchester	Capitated- CSW	\$ 6,865	3/1/20	Quarterly adjustments to CSW consumer population
<b>Dorchester Total</b>		\$ 42,484		
Fairfield	Capitated- Band B	\$ 5,659	1/1/20	Quarterly adjustments to Band B consumer population
Fairfield	Capitated- CSW	\$ 6,002	1/1/20	Quarterly adjustments to CSW consumer population
Fairfield	Capitated- Band B	\$ 2,065	3/1/20	Quarterly adjustments to Band B consumer population
<b>Fairfield Total</b>		\$ 13,726		
Florence	Capitated- Band B	\$ 5,812	1/1/20	Quarterly adjustments to Band B consumer population

2020  
Fourth Quarter Amendment Summary

PROVIDER	SERVICE	20 funds	EFF. Date	Purpose
Florence	Capitated- CSW	\$ 5,837	1/1/20	Quarterly adjustments to CSW consumer population
Florence	Capitated- SLP II	\$ (7,273)	4/23/19	Termination of SLP II slot at 220 Kelly St
Florence	Capitated- CTH II	\$ 15,159	4/23/19	Restoration of vacancy @ Edison Rd for FN
Florence	Capitated- CTH II	\$ 22,466	4/9/20	Restoration of vacancy @ Twin Oaks for GD
Florence	Capitated- Band B	\$ 306	3/1/20	Quarterly adjustments to Band B consumer population
<b>Florence Total</b>		\$ 42,307		
Georgetown	Capitated- Band B	\$ (4,206)	1/1/20	Quarterly adjustments to Band B consumer population
Georgetown	Capitated- CSW	\$ 4,809	1/1/20	Quarterly adjustments to CSW consumer population
Georgetown	Capitated- Band B	\$ (1,835)	3/1/20	Quarterly adjustments to Band B consumer population
<b>Georgetown Total</b>		\$ (1,232)		
Thrive Upstate	Capitated- Band B	\$ 16,441	1/1/20	Quarterly adjustments to Band B consumer population
Thrive Upstate	Capitated- CSW	\$ 7,975	1/1/20	Quarterly adjustments to CSW consumer population
Thrive Upstate	Capitated- ICF	\$ (4,936)	5/15/20	Vacancy @ Fountain Inn until filled by MR
Thrive Upstate	Capitated- CTH II	\$ 15,379	4/22/20	Restoration of vacancy @ Jude for ME
Thrive Upstate	Capitated- SLP I	\$ 5,186	5/20/20	SLP I slots for FR And AC
Thrive Upstate	Capitated- Band B	\$ 4,244	3/1/20	Quarterly adjustments to Band B consumer population
Thrive Upstate	Capitated- CSW	\$ (658)	3/1/20	Quarterly adjustments to CSW consumer population
Thrive Upstate	Capitated- Band B	\$ (38,824)	7/1/19	Termination of Band B plus outlier for MB
Thrive Upstate	Capitated- ICF	\$ (8,131)	5/18/20	Reduction for vacancy @ Hughes ICF until filled by WR
Thrive Upstate	Capitated- CTH II	\$ (969)	6/1/20	Reduction for vacancy @ Maywood CTH II until filled by RH
<b>Thrive Upstate Total</b>		\$ (4,293)		
Hampton	Capitated- Band B	\$ (2,294)	3/1/20	Quarterly adjustments to Band B consumer population
<b>Hampton Total</b>		\$ (2,294)		
Horry	Capitated- Band B	\$ (8,641)	1/1/20	Quarterly adjustments to Band B consumer population
Horry	Capitated- CSW	\$ 14,716	1/1/20	Quarterly adjustments to CSW consumer population
Horry	Capitated- Band B	\$ (2,174)	3/1/20	Quarterly adjustments to Band B consumer population
Horry	Capitated- CSW	\$ 5,344	3/1/20	Quarterly adjustments to CSW consumer population
<b>Horry Total</b>		\$ 9,245		
Jasper	Capitated- CSW	\$ (3,822)	3/1/20	Quarterly adjustments to CSW consumer population
Jasper	Capitated- SLP I	\$ 4,321	6/3/20	SLP I placements of VM, LM and JR
<b>Jasper Total</b>		\$ 499		
Kershaw	Capitated- Band B	\$ (10,859)	1/1/20	Quarterly adjustments to Band B consumer population
Kershaw	Capitated- Band B	\$ 23,942	11/18/19	Band B and outlier for DK
<b>Kershaw Total</b>		\$ 13,083		
Laurens	Capitated- Band B	\$ (229)	1/1/20	Quarterly adjustments to Band B consumer population
Laurens	Capitated- CSW	\$ (2,342)	1/1/20	Quarterly adjustments to CSW consumer population
Laurens	Capitated- SLP I	\$ (3,395)	5/7/20	Termination of SLP I for GS
Laurens	Capitated- CSW	\$ 4,234	3/1/20	Quarterly adjustments to CSW consumer population
<b>Laurens Total</b>		\$ (1,732)		
Lee	Capitated- CSW	\$ 4,645	1/1/20	Quarterly adjustments to CSW consumer population
Lee	Capitated- ICF	\$ (40,074)	12/21/19	Vacancy @ McLeod I until filled by LS
Lee	Capitated- CTH II	\$ (12,083)	5/7/20	Termination of vacancy @ 501 Lee St
<b>Lee Total</b>		\$ (47,512)		

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Fourth Quarter Amendment Summary

PROVIDER	SERVICE	20 funds	EFF. Date	Purpose
Lutheran Family Services	Residential- QPL CTH II	\$ (10,301)	5/27/20	Termination of residential services for CB
<b>Lutheran Family Services Total</b>		\$ (10,301)		
Marion-Dillon	Capitated- Band B	\$ 11,853	1/1/20	Quarterly adjustments to Band B consumer population
Marion-Dillon	Capitated- CSW	\$ (13,770)	1/1/20	Quarterly adjustments to CSW consumer population
Marion-Dillon	Capitated- CTH II	\$ (22,196)	4/11/20	Termination of vacancy @ Linkside Place
Marion-Dillon	Capitated- CTH II	\$ (13,534)	5/12/20	Termination of vacancy @ Jefferson
Marion-Dillon	Capitated- Band B	\$ 5,544	3/1/20	Quarterly adjustments to Band B consumer population
Marion-Dillon	Capitated- CSW	\$ (781)	3/1/20	Quarterly adjustments to CSW consumer population
<b>Marion-Dillon Total</b>		\$ (32,884)		
Marlboro	Capitated- Band B	\$ 10,859	1/1/20	Quarterly adjustments to Band B consumer population
Marlboro	Capitated- CSW	\$ (4,111)	1/1/20	Quarterly adjustments to CSW consumer population
<b>Marlboro Total</b>		\$ 6,748		
MaxAbilities of York	Capitated- Band B	\$ 23,132	1/1/20	Quarterly adjustments to Band B consumer population
MaxAbilities of York	Capitated- CSW	\$ 11,181	1/1/20	Quarterly adjustments to CSW consumer population
MaxAbilities of York	Special HASCI Residential	\$ (5,270)	5/12/20	Termination of residential services for SLP II JW
MaxAbilities of York	Capitated- SLP II	\$ (3,057)	5/12/20	Vacancy at Longview until filled by RM
MaxAbilities of York	Capitated- SLP II	\$ 5,270	5/12/20	Vacancy at Longview until filled by HL
MaxAbilities of York	Capitated- Band B	\$ 9,062	3/1/20	Quarterly adjustments to Band B consumer population
MaxAbilities of York	Capitated- CSW	\$ 5,549	3/1/20	Quarterly adjustments to CSW consumer population
<b>MaxAbilities of York Total</b>		\$ 45,867		
MIRCI	Residential - QPL CRCF	\$ 7,967	6/1/20	Residential Services to RN
<b>MIRCI Total</b>		\$ 7,967		
Mentor HM	Residential - HM CTH II	\$ 20,667	5/12/20	Residential services for 2 new consumers BW and BM
<b>Mentor HM Total</b>		\$ 20,667		
Mentor QPL	Residential- QPL CTH II	\$ 11,686	5/18/20	Residential services for DC
<b>Mentor QPL Total</b>		\$ 11,686		
Newberry	Capitated- CSW	\$ 5,097	1/1/20	Quarterly adjustments to CSW consumer population
Newberry	Capitated- CTH II	\$ 19,773	4/2/20	Restoration of vacancy @ Conifer Drive for PV
Newberry	Capitated- Band B	\$ (2,524)	3/1/20	Quarterly adjustments to Band B consumer population
Newberry	Capitated- CSW	\$ 1,110	3/1/20	Quarterly adjustments to CSW consumer population
<b>Newberry Total</b>		\$ 23,456		
Oconee	Capitated- Band B	\$ 4,434	1/1/20	Quarterly adjustments to Band B consumer population
Oconee	Capitated- CSW	\$ 9,044	1/1/20	Quarterly adjustments to CSW consumer population
Oconee	Capitated- Band B	\$ (1,185)	3/1/20	Quarterly adjustments to Band B consumer population
Oconee	Capitated- CSW	\$ 15,909	3/1/20	Quarterly adjustments to CSW consumer population
Oconee	Capitated- CTH II	\$ (867)	6/14/20	Vacancy at Poplar Ridge filled by CE
Oconee	Capitated- SLP III	\$ (2,494)	6/14/20	Vacancy at Julian Davis SLP III
Oconee	Capitated- SLP I	\$ 3,025	5/13/20	SLP I placement of AL
<b>Oconee Total</b>		\$ 27,866		
Orangeburg	Capitated- Band B	\$ 9,176	1/1/20	Quarterly adjustments to Band B consumer population
Orangeburg	Capitated- CSW	\$ (29,143)	1/1/20	Quarterly adjustments to CSW consumer population
Orangeburg	Capitated- CTH II	\$ 9,667	5/18/20	Restoration of vacancy @ Pickett St for CJ
Orangeburg	Capitated- CTH II	\$ (2,636)	4/29/20	Vacancy @ Riverside until filled by JW

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Fourth Quarter Amendment Summary

PROVIDER	SERVICE	20 funds	EFF. Date	Purpose
Orangeburg	Capitated- Band B	\$ 764	1/1/20	Quarterly adjustments to Band B consumer population
Orangeburg	Capitated- CSW	\$ 5,837	1/1/20	Quarterly adjustments to CSW consumer population
<b>Orangeburg Total</b>		\$ (6,335)		
Pickens	Capitated- Band B	\$ 4,435	1/1/20	Quarterly adjustments to Band B consumer population
Pickens	Capitated- SLP I	\$ 5,618	4/1/20	SLP I slot for AS
Pickens	Capitated- SLP II	\$ 5,691	5/8/20	SLP II slot at Nations Way for JT
Pickens	Capitated- Band B	\$ 2,791	1/1/20	Quarterly adjustments to Band B consumer population
Pickens	Capitated- CSW	\$ 5,631	1/1/20	Quarterly adjustments to CSW consumer population
<b>Pickens Total</b>		\$ 24,166		
Richland/Lexington	Capitated- CTH I	\$ (9,981)	4/2/20	Termination of CTH I for PV
Richland/Lexington	Capitated- CTH I	\$ 25,963	6/30/2020	Special Nursing for CP
<b>Richland/Lexington Total</b>		\$ 15,982		
Sumter	Capitated- CSW	\$ (17,264)	1/1/20	Quarterly adjustments to Band B consumer population
Sumter	Capital- Admin Building	\$ 65,073	7/1/19	Security Enhancements- Admin
Sumter	Capital- Pheasant CTH II	\$ 6,135	6/1/20	Fourth Bedroom at Pheasant CTH II
Sumter	Capitated- Band B	\$ 5,243	3/1/20	Quarterly adjustments to Band B consumer population
<b>Sumter Total</b>		\$ 59,187		
Tri-Development	Capitated- Band B	\$ 15,714	1/1/20	Quarterly adjustments to Band B consumer population
Tri-Development	Capitated- CSW	\$ (41,023)	1/1/20	Quarterly adjustments to CSW consumer population
Tri-Development	Capitated- CTH II	\$ (8,129)	5/25/20	Termination of vacancy @ Lawson Rd
Tri-Development	Capitated- CTH I	\$ 5,320	2/11/20	Band increase for PL
Tri-Development	Capitated- CTH I	\$ 9,792	2/10/20	Temp band increase for RM
Tri-Development	Capitated- CTH II	\$ 23,508	3/16/20	Restoration of vacancy @ Wise Hollow for KL
Tri-Development	Capitated- CRCF	\$ 13,534	5/12/20	Restoration of vacancy @ Sanders CRCF for EL
Tri-Development	Capitated- Band B	\$ 1,797	3/1/20	Quarterly adjustments to Band B consumer population
Tri-Development	Capitated- CSW	\$ 15,004	3/1/20	Quarterly adjustments to CSW consumer population
Tri-Development	Capitated- CTH I	\$ (1,663)	6/16/20	Termination of CTH to DT
<b>Tri-Development Total</b>		\$ 33,854		
Union	Capitated- CSW	\$ (6,741)	1/1/20	Quarterly adjustments to CSW consumer population
<b>Union Total</b>		\$ (6,741)		
UCP	Residential- QPL	\$ 23,208	4/29/20	Changes in consumer population
<b>UCP Total</b>		\$ 23,208		
Williamsburg	Capitated- Band B	\$ 5,276	1/1/20	Quarterly adjustments to Band B consumer population
Williamsburg	Capitated- CSW	\$ (5,714)	1/1/20	Quarterly adjustments to CSW consumer population
Williamsburg	Capitated- CTH I	\$ (10,203)	3/31/20	Termination of SLP I for LH
<b>Williamsburg Total</b>		\$ (10,641)		
<b>Grand Total</b>		\$ 285,728		

**2021 Capitated Amendments for Review**

	Amendment #1	FY 2021	Description
Babcock Center	Capitated- Band B	\$ 181,922	13 additional Band B individuals
Babcock Center	Capitated- CSW	\$ 30,090	2 additional Band I individuals
Babcock Center	Capitated- CTH II	\$ 99,069	Restoration of vacancy (Band H) at Friarsgate CTH II
Babcock Center	Capitated- SLP II	\$ (38,578)	Reduction of Vacancy at Pitts Apts SLP II (Band C)
Babcock Center	Capitated- SLP II	\$ (38,578)	Reduction of Vacancy at Sandwood/Commanche SLP II (Band C)
Babcock Center	Capitated- Band B	\$ (31,080)	Termination of Band B outlier for KS
<b>Total Payment- Babcock</b>		<b>\$ 202,845</b>	
Thrive Upstate	Capitated- Band B	\$ 55,976	4 additional Band B individuals
Thrive Upstate	Capitated- CSW	\$ 75,225	5 additional Band I individuals
Thrive Upstate	Capitated- SLP I	\$ 22,594	1 additional SLP I individual
Thrive Upstate	Capitated- ICF	\$ 106,283	Restoration of vacancy at Hughes ICF (Band T)
<b>Total Payment- Thrive</b>		<b>\$ 260,078</b>	
MaxAbilities of York	Capitated- Band B	\$ 55,976	4 additional Band B individuals
MaxAbilities of York	Capitated- CSW	\$ 45,135	3 additional Band I individuals
MaxAbilities of York	Capitated- SLP II	\$ 38,578	1 additional SLP II individual (Band C)
MaxAbilities of York	Capitated- CRCF	\$ 99,069	Restoration of Vacancy @Bird St. I CRCF (Band H)
<b>Total Payment- Maxabilities</b>		<b>\$ 238,758</b>	

## Director's Report August 2020

This is a very busy day and we have a training session coming up – so I will keep this short.

### 1. Appendix K submission - DHHS

- a. The last appendix K focused solely on retainer payments for community based waiver services that have been affected by the covid pandemic
- b. The first draft was sent back for revision by DHHS as the language needed to be more person centered versus provider centric.
- c. My last conversation with Director Baker was that the revised K would be sent to CMS late last week. He stated this morning that he fully expects it to be approved shortly.
- d. This is approval for losses already incurred.
- e. Waiting for ahh-test-ta-tion forms to come from DHHS for our providers so that we can operationalize as soon as approval is received.

### 2. These are very challenging times – everyone knows:

- a. Folks see the challenges in light of their own situation, concerns and needs. That is probably simply human nature.
- b. Especially since we have been pushed into unknown territory dealing with a situation we have never dealt with before. Fear abounds.
- c. Even in these uncertain times we have to be good stewards of state money.

- d. There is nothing that we are doing or have done that has not involved full disclosure and transparency. We will continue to work in this manner -
- e. We continue to work on the myriad of issues in addition to the new ones posed by COVID.
- f. COVID has added a glaring light on problems caused by our funding system, our reporting system and quality issues network wide that

Thank - Rufus Pat and New QA team for all their hard fwork and effort as they support the Whitten Center Admin staffing levels DHEC reviews

Never let it be said that this group of admin staff does not dive head first into the solution