SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

July 20, 2017

The South Carolina Commission on Disabilities and Special Needs met on Thursday, July 20, 2017, at 9:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

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

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

Guests
(See Attachment 1 Sign-In Sheet)

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

Georgetown County DSN Board

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

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

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

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

Jasper County DSN Board (via videoconference)

News Release of Meeting

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

Executive Session

On motion of Commissioner Lemel, seconded and passed, the Commission entered into Executive Session to receive legal advice, discuss contractual matters with SCDHHS, and to discuss an employment matter.

Enter into Public Session

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

Invocation

Chairman Ravenel gave the invocation.

Adoption of the Agenda

The Commission adopted the July 20, 2017 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the June 15, 2017 Commission Meetings

The Commission approved the June 15, 2017 Commission Meeting minutes by unanimous consent.

Public Input

The following individuals spoke during Public Input: Jay Cole, Dr. Han Goh, Deborah McPherson and Patricia Harrison.

Commissioners' Update

There was no Commissioners' Update.

Committee Assignments

Chairman Ravenel made the following Committee appointments:

Legislative Committee – Commissioners Thompson, Barnwell and Broughton with Commissioner Thompson serving as Chairman.

Finance and Audit Committee – Commissioners Lemel, Danielson and Barnwell with Commissioner Lemel serving as Chairman.

Policy Committee – Commissioners Thompson, Broughton and Fayssoux with Commissioner Thompson serving as Chairman.

State Director's Report

Dr. Buscemi reported on the following:

Budget Stakeholder Sessions – The agency is hosting five stakeholder forums across the state to hear from stakeholders what items or needs they feel should be considered priority for inclusion in DDSN's budget request for FY 2018-2019. All state agencies must submit their budget requests by September 15, 2017. Therefore, the SC Commission on Disabilities and Special Needs will determine what items will be included in the agency's request at their August 17, 2017 meeting.

Jericho Project – The bid process is moving along for different components of construction and the Housing Trust Fund loan will be submitted in August.

District I Director – Nancy Hall has been selected for this position.

Autism State Plan – DDSN is no longer slated to be the administrative entity but is pursuing partnership with DHHS for interpreter services.

Therap – Delaying next rollout to make sure it is manageable for the provider network. Intensive training will take place in October.

BCBA – Additional discussions have taken place with DHHS to make it a smoother process.

Waiting List Reduction Efforts

Dr. Buscemi gave a brief update on the Waiting List Reduction Efforts that was previously provided. Progress is being made on decreasing the amount of time an individual stays on the waiting list. (Attachment B)

Fiscal Year 2017-2018 Comprehensive Permanent Improvement Projects (CPIP)

Mr. Waring presented the projects the agency is requesting approval from the Commission for the projects associated with the first year of the CPIP plan. Discussion followed. On motion of Commissioner Broughton, seconded and passed, the Commission approved as presented the Fiscal Year 2017-2018 Comprehensive Permanent Improvement Projects. (Attachment C)

Financial Update

Mr. Waring gave an overview of the agency's financial activity through June 30, 2017 and the agency's current financial position. The agency's operating cash balance as of June 30, 2017 is $9,989,757. A SCEIS report reflecting budget versus actual expenditures through June 2017 was also provided. Mr. Waring also provided an analysis of expenditures to date for the $6.6 million in new funds that the department received for the Waiting List Effort FY17. As requested, the financial report matching to SPIRS will be provided in the future Commission reports. (Attachment D)

Bamberg Day Program Capital Improvement Project

Mr. Waring presented information on the project and added that the scope of the project had to be expanded in order to provide a safer environment for Bamberg DSN consumers and staff. Discussion followed He stated there were life and safety issues as the reason the agency previously helped with funding. On motion of Commissioner Lemel, seconded and passed, the Commission approved the amount of $436,175 to be awarded in FY17-18 for the project. (Attachment E)

Port Royal CRCF Surplus of Property (Proviso 36.16)

Mr. Waring presented information regarding the Port Royal property. Discussion followed. On motion of Commissioner Thompson, seconded and passed, the Commission approved for the agency to surplus the Port Royal CRCF in Beaufort County. (Attachment F)

Fiscal Year 2018-2019 Budget Request Discussions

Dr. Buscemi stated that the budget request from last year are relevant for discussion for this year. She will provide information received from stakeholders to the Commission as it is received. (Attachment G)

SC Mentor Freeze

Mr. Goodell presented information on SC Mentor and the many improvements that have been made and as to how the agency is working with Mentor to continue to improve their performance. He stated that lifting the admissions freeze would help the agency to address individuals with high-management behavioral issues who are waiting for service. A rigorous process

for admission would be established and unannounced visits would continue if the freeze was lifted. Discussion followed. Commissioner Lemel motioned to remove the freeze. The motion was seconded. Discussion followed. Commissioner Lemel withdrew his motion and Commissioner Broughton withdrew his second. Commissioner Thompson motioned to not remove the freeze on Mentor. The motion was not seconded. Commissioner Fayssoux motioned to table the Mentor freeze until more data is provided. The motion was seconded and passed. (Attachment H)

Golden Palmetto Award

Ms. Lois Park Mole presented DDSN's recommendation for the Golden Palmetto Award for 2016 which is awarded annually to a county government in South Carolina that has best demonstrated exemplary support of citizens with disabilities and special needs during the previous year. Ms. Mole stated that outstanding nominations were received. She presented the agency's recommendation to recognize Georgetown County and Williamsburg County as a joint Golden Palmetto Award. Commissioner Lemel made the motion to accept the recommendation to award Georgetown County and Williamsburg County the 2016 Golden Palmetto Award. The motion was seconded and passed. The 2016 Golden Palmetto Award will be presented during the annual meeting of the SC Association of Counties. Commissioner Lemel will present the award on July 31, 2017.

Adult Health Care Consent Act

Dr. Buscemi stated she would like the Commission's guidance and input on proceeding with the issue regarding the Adult Health Care Consent Act. Commissioner Thompson stated she is not persuaded the administrative directive has the legal basis as quoted based on the statute. Discussion followed. Commissioner Lemel made the motion to amend the directive to make DDSN last in the list of priorities authorized to give consent. The motion was seconded. A roll call vote was requested. The results were as follows: Commissioner Thompson-No; Commissioners Barnwell, Broughton, Danielson, Fayssoux and Lemel - Yes. The motion passed. (Attachment I)

P & A Report – "Unjustified Isolation, Unwarranted Assumptions Why South Carolina's System of Sheltered Employment Services Needs to Change"

Mr. Goodell spoke of the report that was released by P & A regarding South Carolina's Employment/Day Services program. He stated that DDSN agrees with the recommendations made by P & A as they are consistent with federal laws and court rulings. DDSN has been active in efforts to address many of the areas of concern noted by P&A and have been underway for some time. DDSN plans to continue efforts to address these issues going forward. (Attachment J)

Next Regular Meeting

August 17, 2017 to be held at the DDSN Central Office with a Work Session to be held in the afternoon of Wednesday, August 16, 2017.

Submitted by,

Sandra J. Delaney

Sandra J. Delaney

Approved:

Mary Ellen Barnwell IV

Commissioner Mary Ellen Barnwell
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

July 20, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1.	Katie Fayssoux	
2.	Jay Cole	ABS, Inc.
3.	Dr. Han Goh	NC Solutions / SC DDSN contractor
4.	Doug Finkelstein	The Arc of the Midlands
5.	Philip Willis	senate
6.	Daniel Davis	DDSN
7.	Deborah & Heather McPherson	Richland County
8.	Kevin Wright	SC Mentor
9.	Jon Fisher	SC Mentor
10.	Dexter Alston	DDSD
11.	Melissa Ritter	DDSN
12.	Jerry C Mize	Coastal DSN
13.	Marty Rawls	DDSN
14.	Zenobia Corley	Kershaw DSNB
15.	Elaine Thene	PCBDSN
16.	Reyhan Miller	SC DDC
17.	Dorothy Goodwin	Community options
18.	Mary Jane "Rachel deLisser	Greenville
19.	Sherry Pressley	Lutheran
20.	Sarah St. Onge	P+A

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

July 20, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

21. Tim Smith — The Greenville News
22. Patti Ha — educate
23. Margie Williamson — The Arc of SC
24. Lauren Cole — citizen, Anderson
25. [illegible] — Newberry County
27. Suzanne Hyman — Project HOPE
28. [illegible] — Aiken
29. Phil Clarkson — BIA / BILC
30. Cassidy Evans — SCDHHS
31. Angela Rodriquez — SC Spinal Cord Injury Assoc.
32. Jennifer Buster — SCDDSN
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
July 20, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1.
2. Sloan Todd - Path Finders
3. Felita Martino - DDSN District II
4. Ronda Ritchie - DDSN Dist. II
5. Rufus Britt - DDSN Dist II
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
July 20, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Mike Keith — Marion-Dillon Co Bd of D.S.N.
2. Susan L John — Horry Co. DSN
3. Allan Cornell — Horry Co. DSN
4. Deborah K. Smith — District II / DDSN
5. Terry Rogers — CHESCO Services
6. Ryan Way — Clarendon Co. DSN
7. Mary Mack — Lee Co DSN Board
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

July 20, 2017

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

1. _____
2. Tom W. Rees — Pickens County DSN
3. Carol J. Wilson — Pickens County DSN Board
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
July 20, 2017

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

1. Nancy Hall - District One Director
2. Pat Fagan - Asst. Dist 1 Director
3. Jenny Burt Burts Center
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

July 20, 2017

Guest Registration Sheet

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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

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

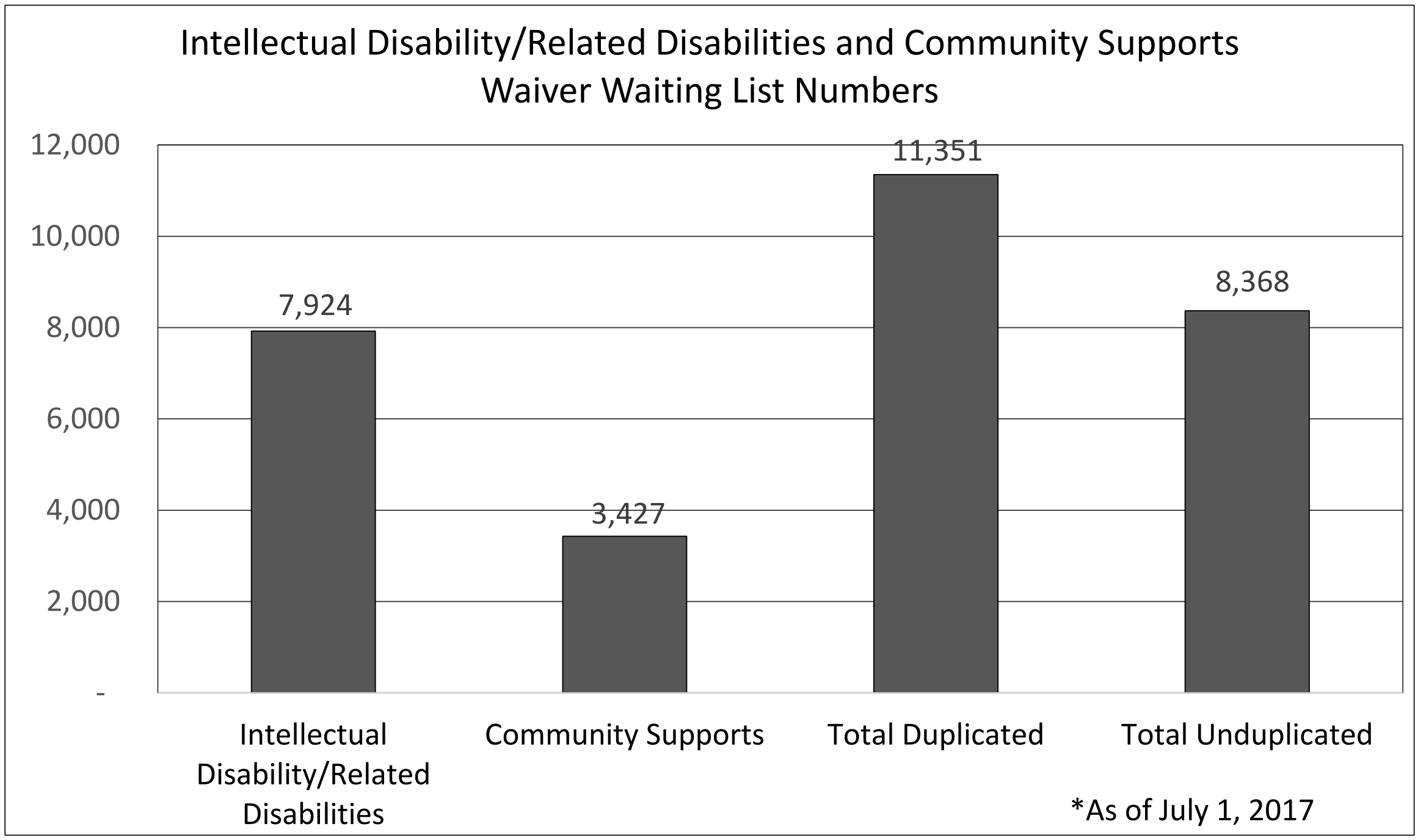
July 20, 2017 **9:00 A.M.**

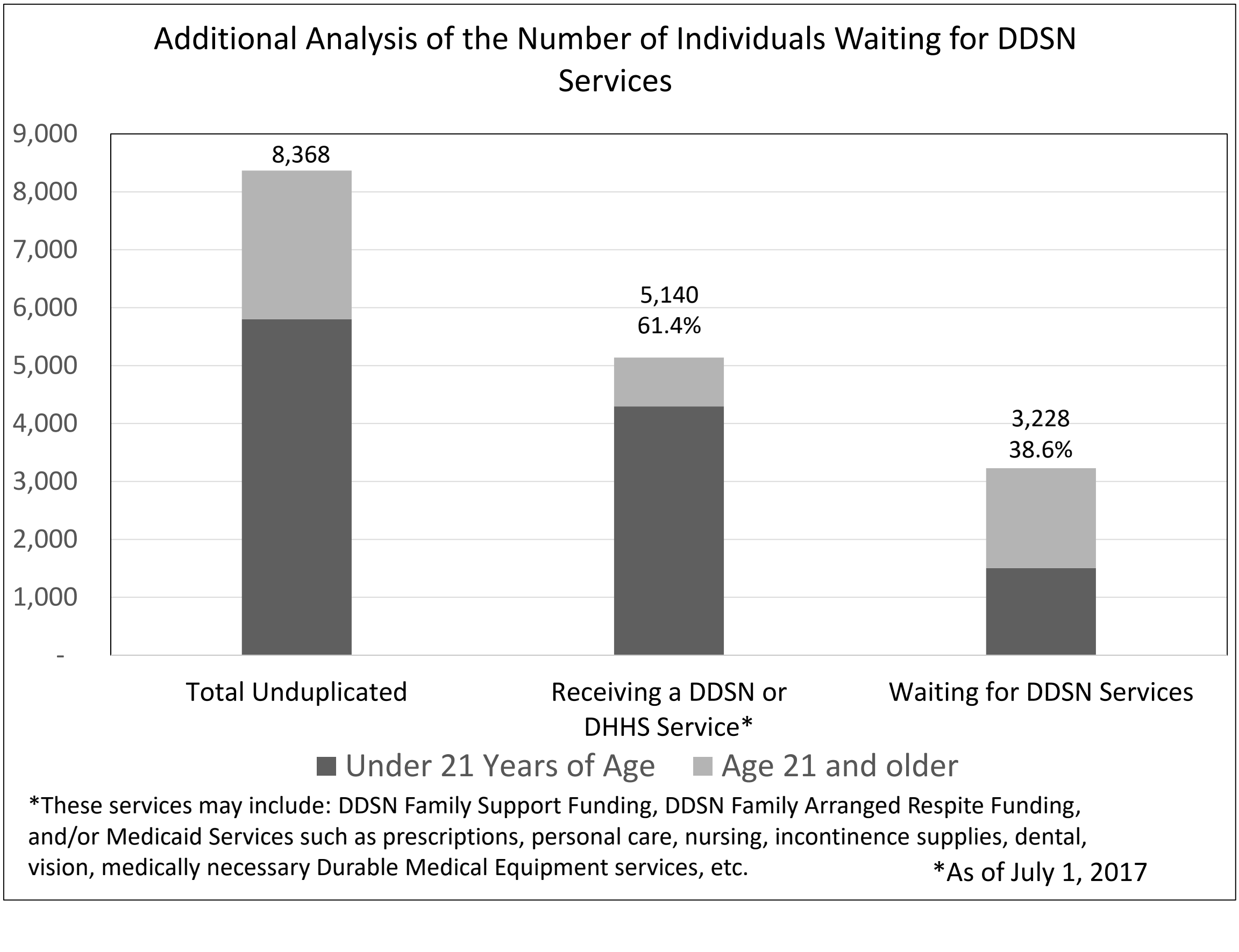
1. Call to Order — *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement — *Commissioner Mary Ellen Barnwell*
3. Executive Session – will be closed to the public
4. **Enter into Public Session – at approximately 10:00 a.m. or later**
5. Invocation — *Chairman Eva Ravenel*
6. Introduction of Guests
7. Adoption of Agenda
8. Approval of the Minutes of the June 15, 2017 Commission Meeting
9. Public Input
10. Commissioners' Update — *Commissioners*
11. Committee Assignments — *Chairman Eva Ravenel*
12. State Director's Report — *Dr. Beverly Buscemi*
13. Business:

    A. Waiting List Reduction Efforts — *Dr. Beverly Buscemi*
    B. Fiscal Year 2017-2018 Comprehensive Permanent Improvement Projects (CPIP) — *Mr. Tom Waring*
    C. Financial Update — *Mr. Tom Waring*
    D. Bamberg Day Program Capital Improvement Project — *Mr. Tom Waring*
    E. Port Royal CRCF Surplus of Property (Proviso 36.16) — *Mr. Tom Waring*
    F. Fiscal Year 2018-2019 Budget Request Discussions — *Dr. Beverly Buscemi*
    G. SC Mentor Freeze — *Mr. David Goodell*
    H. Golden Palmetto Award — *Ms. Lois Park Mole*
    I. Adult Health Care Consent Act — *Dr. Beverly Buscemi*
    J. P & A Report - "Unjustified Isolation, Unwarranted Assumptions Why South Carolina's System of Sheltered Employment Services Needs to Change" — *Mr. David Goodell*

14. Next Regular Meeting (August 17, 2017)
15. Adjournment

SC Department of Disabilities and Special Needs





*These services may include: DDSN Family Support Funding, DDSN Family Arranged Respite Funding, and/or Medicaid Services such as prescriptions, personal care, nursing, incontinence supplies, dental, vision, medically necessary Durable Medical Equipment services, etc.

*As of July 1, 2017

SC Department of Disabilities and Special Needs
Waiting List Reduction Efforts
As of July 1, 2017 (run on July 3, 2017)

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) 574 (FY17) 4,121	713 (FY15) 1,048 (FY16) 241 (FY17) 2,002	535 (FY15) 970 (FY16) 103 (FY17) 1,608	43 (FY15) 113 (FY16) 355 (FY17) 511
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) 4,401 (FY17) 8,668	698 (FY15) 641 (FY16) 1,126 (FY17) 2,465	1,524 (FY15) 1,070 (FY16) 2,426 (FY17) 5,020	11 (FY15) 112 (FY16) 1,060 (FY17) 1,183
Head and Spinal Cord Injury (As of Oct 1, 2013)	1,018	468	363	187
		4,935	6,991	
Total	13,807	11,926		1,881

Waiting List *	Number of Individuals Added Between July 1, 2014 and July 1, 2017	Number of Individuals Waiting as of July 1, 2017
Intellectual Disability/Related Disabilities	6,921 (2,998 since 7/1/16)	7,924
Community Supports	8,137 (4,257 since 7/1/16)	3,427
Head and Spinal Cord Injury	0	0
Total	14,532	11,351

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

** There are 8,368 unduplicated people on a waiver waiting list. Approximately 26.3 percent of the 11,351 names on the combined waiting lists are duplicates.

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

		2016					2017						
Row #	Total Numbers At Beginning of the Month	August	September	October	November	December	January	February	March	April	May	June	July
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	5,815	6,059	6,207	6,362	6,539	6,689	7,099	7,430	7,692	7,857	8,003	7,924
2	Community Supports Waiver Waiting List Total	3,010	2,862	2,788	2,600	2,303	2,418	2,680	3,004	3,025	3,118	3,113	3,427
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	0
4	Critical Needs Waiting List Total	160	147	131	136	136	121	130	117	123	128	125	132
5	Total Number Added to the ID/RD, HASCI, and CS Waiting Lists	346	615	553	450	512	558	1,111	993	859	511	482	547
6	Total Number Removed from the ID/RD, HASCI, and CS Waiting Lists	251	596	381	484	632	293	439	338	576	253	341	312
7	Number of Individuals Enrolled in a Waiver by Month	119	125	128	92	143	97	160	138	137	121	118	123
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	657	281	194	265	362	144	218	111	188	80	77	12
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	9,650	10,154	10,667	10,934	11,550	11,822	12,210	12,497	12,947	13,195	13,515	13,807
10	Total Number of Individuals Pending Waiver Services (Running Total)	1,999	2,059	2,251	2,220	2,396	2,341	2,247	2,111	2,132	2,010	2,012	1,881
11	Total Unduplicated Individuals on the Waiver Waiting Lists (*Approximate)	6,246	6,425	6,588	6,663	6,824	6,996	7,409	7,827	8,011	8,182	8,366	8,368

** There are 8,368 unduplicated people on a waiver waiting list. Approximately 26.3 percent of the 11,351 names on the combined waiting lists are duplicates.

PDD Waiting List Information

12	PDD Program Waiting List Total	1,630	1,607	1,596	1,583	1,539	1,514	1,443	1,397	1,317	1,259	1,265	1,247
13	Total Number Added to the PDD Waiting List	44	50	44	38	22	53	26	18	20	19	62	0
14	Total Number Removed from the PDD Waiting List	53	73	55	51	66	78	97	64	100	77	56	18
15	Number of Individuals Enrolled in the PDD State Funded Program by Month	227	214	206	190	184	189	195	191	182	159	134	122
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	143	164	169	181	202	221	239	240	271	282	287	269
17	Number of Individuals Enrolled in the PDD Waiver by Month	625	605	591	573	555	536	518	502	484	478	463	434

Updated 7/3/2017

South Carolina Department Of Disabilities & Special Needs
As Of June 30, 2017

Service List	05/31/17	Added	Removed	06/30/17
Critical Needs	125	35	28	132
Pervasive Developmental Disorder Program	1265	0	18	1247
Intellectual Disability and Related Disabilities Waiver	8003	202	281	7924
Community Supports Waiver	3113	324	10	3427
Head and Spinal Cord Injury Waiver	0	21	21	0

Report Date: 7/10/17

2017 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J16 NAME: Disabilities and Special Needs Page _____

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2017-18__X_	2: 2018-19___	3: 2019-20 ___	4: 2020-21 ___	5: 2021-22___

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Midlands Center -Palmetto Dorm -Renovate Bathing, Toilet&Dining Areas	480,000.00	Excess Debt Service
2	Coastal Center - (B-1) Admin/ Highlands 210- Kitchen/ Warehouse/ Annex- Roof Replacement	600,000.00	Excess Debt Service
3	Coastal Center- Highlands 510/ Highlands 110 & Hillside Dorm 520 - HVAC System Replacement	845,000.00	Excess Debt Service
4	Pee Dee Center - Gymnasium - HVAC System Replacement	300,000.00	Excess Debt Service
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	TOTAL	2,225,000.00	

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CPIP 17-18 - Year 1 - $2,225,000.00

FY 17-18 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN

Request Commission Approval at the July 20, 2017 Meeting

1 Midlands Region -Palmetto Dorm- Renovate Bathing, Toilet, & Dining Areas **$ 480,000**

Renovate Palmetto Dorm bathing, toilet, and dining areas to provide a more functional, independent environment for active ambulatory consumers with intellectual disabilities. The current building design does not adequately promote independence and privacy, as the existing layout was intended for more dependent, non-ambulatory consumers. The current spaces offer very little privacy, resulting in negative behaviors and disruption.

2 Coastal Center - Administration/ Highlands 210/ Kitchen/ Warehouse/ Annex Buildings - Roof Replacement **$ 600,000**

Replace old roofing on the following buildings: B-1 Administration Building, Highlands 210 Consumer Program Building, Housekeeping Building, Central Kitchen, and Food Service Storage Annex. These roofing surfaces are at the end of their life cycle and need to be replaced with new roofing. The roofs include both low slope and sloped roofing surfaces.

3 Coastal Center - Highlands 510, Highlands Dorm 110, Hillside Dorm 520 - HVAC System Replacement **$ 845,000**

Highlands 510 - Replace aging fan coil system in classroom/ office/ medical areas of building. Highlands Dorm 110 -Replace aging heat pumps. Hillside Dorm 520 - Replace chiller and other components. The existing HVAC system is at the end of useful life, undependable, energy inefficient, and difficult to maintain in operable condition. Fan coils are not supported by manufacturer and chillers have multiple problems causing a constant state of repairs. Roof top units are more than 20 years old, inefficient, and in constant need of repairs. Two chillers of identical vintage have failed and have been replaced at adjacent buildings.

4 Pee Dee Center - Gymnasium - HVAC System Replacement **$ 300,000**

Replace 30-year-old aging boiler, chiller, and air handlers with two rooftop package units. The existing HVAC system is at the end of useful life, undependable, energy inefficient, and difficult to maintain in operable condition.

Total $ 2,225,000

2017 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J16 NAME: Disabilities and Special Needs Page _____

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2017-18___	2: 2018-19_X__	3: 2019-20 ___	4: 2020-21 ___	5: 2021-22___

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Coastal Center- Maintenance/ B-2-Admin/ Centerview Program Bldgs. -Roofing Repair & Replacement	350,000.00	Excess Debt Service
2	Coastal Center- Campus Wide- Fire Alarm Network Replacement	500,000.00	Excess Debt Service
3	Coastal Center- Hillside 220 & 320 - HVAC Replacement	240,000.00	Excess Debt Service
4	Coastal Center- Hillside 220-320-420-520-620 and Highlands 110-310-710-810-910- Replace Reiherms	400,000.00	Excess Debt Service
5	Coastal Center- Demolish Buildings-Staff Dev & Conf/ Lakeside 430/ & Lakeside 530	300,000.00	Excess Debt Service
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	TOTAL	1,790,000.00	

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CPIP 17-18 - Year 2 - $1,790,000.00

2017 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J16 NAME: Disabilities and Special Needs Page _____

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2017-18___	2: 2018-19___	3: 2019-20 _X__	4: 2020-21 ___	5: 2021-22___

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Midlands Center - Various Preventive Maintenance	250,000.00	Excess Debt Service
2	Whitten Center - Various Preventive Maintenance	250,000.00	Excess Debt Service
3	Coastal Center - Various Preventive Maintenance	250,000.00	Excess Debt Service
4	Pee Dee and Saleeby Centers - Various Preventive Maintenance	250,000.00	Excess Debt Service
5	Statewide - Community Facilities - Preventive Maintenance	450,000.00	Excess Debt Service
6	Statewide - Regional Centers - Preventive Maintenance	240,000.00	Excess Debt Service
7	Statewide - Emergency Generator Maintenance, Repairs, and Replacement	100,000.00	Excess Debt Service
8	Statewide - Fire Protection Repairs and Replacement	200,000.00	Excess Debt Service
9	Statewide - Accessible Bathing and Lifting Equipment	150,000.00	Excess Debt Service
10	Statewide - HVAC Replacement	500,000.00	Excess Debt Service
11	Statewide - Infrastructure Repairs and Replacement	200,000.00	Excess Debt Service
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	TOTAL	2,840,000.00	

B&CB Form C2

CPIP 17-18 - Year 3 - $2,840,000.00

2017 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J16 NAME: Disabilities and Special Needs Page _____

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2017-18___	2: 2018-19___	3: 2019-20 ___	4: 2020-21 _X__	5: 2021-22___

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Midlands Center - Various Preventive Maintenance	250,000.00	Excess Debt Service
2	Whitten Center - Various Preventive Maintenance	250,000.00	Excess Debt Service
3	Coastal Center - Various Preventive Maintenance	250,000.00	Excess Debt Service
4	Pee Dee and Saleeby Centers - Various Preventive Maintenance	250,000.00	Excess Debt Service
5	Statewide - Community Facilities - Preventive Maintenance	450,000.00	Excess Debt Service
6	Statewide - Regional Centers - Preventive Maintenance	240,000.00	Excess Debt Service
7	Statewide - Emergency Generator Maintenance, Repairs, and Replacement	100,000.00	Excess Debt Service
8	Statewide - Fire Protection Repairs and Replacement	200,000.00	Excess Debt Service
9	Statewide - Accessible Bathing and Lifting Equipment	150,000.00	Excess Debt Service
10	Statewide - HVAC Replacement	500,000.00	Excess Debt Service
11	Statewide - Site Infrastructure Repairs and Replacement	200,000.00	Excess Debt Service
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	TOTAL	2,840,000.00	

B&CB Form C2

CPIP 17-18- Year 4 - $2,840,000.00

2017 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN (CPIP)

AGENCY NUMBER: J16 NAME: Disabilities and Special Needs Page _____

PROJECT PROPOSED FOR PLAN YEAR (Check One):

1: 2017-18___	2: 2018-19___	3: 2019-20 ___	4: 2020-21 ___	5: 2021-22_X__

PRIORITY NUMBER	PROJECT NAME	ESTIMATED COST	PROPOSED SOURCE(S) OF FUNDS
1	Statewide - Community Facilities - Preventive Maintenance	450,000.00	Excess Debt Service
2	Midlands Center - Various Preventive Maintenance	350,000.00	Excess Debt Service
3	Whitten Center - Various Preventive Maintenance	450,000.00	Excess Debt Service
4	Coastal Center - Various Preventive Maintenance	250,000.00	Excess Debt Service
5	Pee Dee and Saleeby Centers - Various Preventive Maintenance	250,000.00	Excess Debt Service
6	Statewide - Site Infrastructure Repairs and Replacement	250,000.00	Excess Debt Service
7	Statewide - Regional Centers - Preventive Maintenance	240,000.00	Excess Debt Service
8	Statewide -Emergency Generator Maintenance, Repairs, and Replacement	100,000.00	Excess Debt Service
9	Statewide - Fire Protection Repairs and Replacement	200,000.00	Excess Debt Service
10	Statewide - Accessible Bathing and Lifting Equipment	150,000.00	Excess Debt Service
11	Statewide - HVAC Replacement	500,000.00	Excess Debt Service
12			
13			
14			
15			
	TOTAL	3,190,000.00	

B&CB Form C2

CPIP 17-18 Year 5 - $3,190,000.00

admin
THE SOUTH CAROLINA
DEPARTMENT of ADMINISTRATION

Henry McMaster, *Governor*
Marcia S. Adams, *Executive Director*

EXECUTIVE BUDGET OFFICE
Brian J. Gaines, Director
1205 Pendleton Street, Suite 529
Columbia, SC 29201
803.734.2280
803.734.0645 Fax

MEMORANDUM

TO: Capital Budgeting Agency Contacts

FROM: Jennifer LoPresti
Capital Budgeting Manager

DATE: June 26, 2017

SUBJECT: Statewide Permanent Improvement Reporting System (SPIRS) Detailed and Summary Reports for Fiscal Year 2017 Month 11

Enclosed you will find the SPIRS Project Status and Program Summary Reports for 2017 Month 11 from the SPIRS computer system.

Please review each of these reports carefully and let us know immediately of any discrepancies you find between these reports and your records.

Please continue to close projects as soon as they are ready for closure. All projects past their Phase 2 A-1 Estimated Completion Date should be reviewed for closure. If the project is still on SPIRS, then it has not been properly closed through our office. A-1 forms are required to close any project on the system and remember that project balances must be zeroed out in order for the projects to be closed. CHE approvals are required for closing projects for higher education institutions.

Please also check the reports for any project overdrafts (either in total and/or by funding source) you may need to have corrected. Any overdrafts posted to the system must be dealt with immediately.

For this report, the expenditures data and budget data is as of May 31, 2017.

Please contact Kim Gibson (803-737-0005; Kimberly.Gibson@admin.sc.gov) if you have questions. Thanks in advance for making every effort to ensure that these reports accurately reflect the current status of your Permanent Improvement Project.

Enclosures

* Projects Closed in June 2017

GSP703NP

STATE BUDGET AND CONTROL BOARD
STATEWIDE PERMANENT IMPROVEMENTS REPORTING SYSTEM
PERMANENT IMPROVEMENT PROGRAM SUMMARY

06/22/17

AGENCY: J16
AGENCY NAME: DEPT OF DISABILITIES & SPECIAL NEEDS F

PROJECT NUMBER	PROJECT NAME	CURRENT APPROVED BUDGET	EXPENDITURES CURRENT FISCAL YEAR	EXPENDITURES TOTAL TO DATE	BALANCE	
9853	STATEWIDE-PAVING/ROADS SITEWORK	158,139.34	.00	80,392.05	77,747.29	
9857	MIDLANDS CENTER - RENOVATIONS AND REPLACEMENTS	175,000.00	18,959.76	72,523.00	102,477.00	
9863	CENTRAL OFFICE SAFETY/CODE/ENERGY REPAIRS	2,800,808.17	29,234.83	2,736,136.99	64,671.18	
9864	STWD SITEWORK LIFECYCLE REPAIRS/IMPROVEMENTS	248,000.00	.00	147,672.08	100,327.92	
9866	COASTAL CENTER - GYMNASIUM ROOF REPLACEMENT	247,500.00	2,540.00	137,835.50	109,664.50	
9868	REGIONAL CTRS ENERGY MGMT CONTROLS SYST REPLACEMNT	245,000.00	140,462.70	141,602.70	103,397.30	
9869	STATEWIDE - FIRE ALARM & HVAC EQUIP REPLACEMENT	249,938.30	66,068.86	75,021.86	174,916.44	
9870	STATEWIDE - BUILDING ENVELOPE REPAIRS	240,000.00	79,071.73	153,755.25	86,244.75	
9871	STATEWIDE - COMMUNITY FAC LIFE CYCLE REPAIRS	237,452.20	15,232.00	28,860.81	208,591.39	* Closed
9873	COASTAL - DRAINAGE/LANDSC/DOOR/WINDOW REPLACEMENTS	200,000.00	.00	4,620.00	195,380.00	
9874	STATEWIDE - NETWORK INFRSTR/TELEPHONE SYST REPLACE	840,000.00	2,473.20	554,396.28	285,603.72	
9875	WHITTEN - EIGHT DORMITORIES RENOVATIONS	163,760.63	.00	.00	163,760.63	
9876	WHITTEN CENTER - DORMS AND KITCHEN UPGRADES	249,900.00	13,604.86	239,831.96	10,068.04	* Closed
9877	STATEWIDE-FIRE PROTECTION REPAIR/REPLACEMENT	249,000.00	51,576.13	83,268.93	165,731.07	
9878	STATEWIDE-EMERGENCY GENERATORS	240,000.00	.00	13,812.43	226,187.57	
9879	MIDLAND CTR CONSUMER LIFE IMPROVEMENTS PM	238,000.00	.00	1,980.00	236,020.00	
9881	PEE DEE/SALEEBY CTRS CONSUMER LIFE IMPROVEMENTS PM	214,242.21	146,298.44	193,003.40	21,238.81	
9882	STATEWIDE-ACCESSIBLE BATH EQUIPMENT PHASE II	215,000.00	26,256.36	26,256.36	188,743.64	
9883	COASTAL-CENTERVIEW HVAC REPLACEMENT	249,500.00	225,255.00	225,255.00	24,245.00	* Closed
9884	COASTAL - CONSUMER LIFE IMPROVEMENTS PM	202,000.00	6,823.00	7,573.00	194,427.00	
9885	WHITTEN CTR PREVENTIVE MAINTENANCE	326,500.18	1,392.00	1,392.00	325,108.18	
9886	MIDLAND CENTER PREVENTIVE MAINTENANCE	390,000.00	115,529.54	382,365.57	7,634.43	
9887	STATEWIDE FACILITIES PREV MAINT & LICENSE CONVERSI	400,000.00	86,720.59	86,720.59	313,279.41	
9888	PEE DEE/SALEEBY CTRS PREVENTIVE MAINTENANCE	522,000.00	11,950.08	11,950.08	510,049.92	
9889	PEE DEE PECAN DORMS/SUPPORT BLDGS ROOF REPAIRS	350,000.00	254,445.35	259,692.85	90,307.15	
9890	STATEWIDE - EMERGENCY GENERATORS	225,000.00	.00	.00	225,000.00	
9891	COASTAL CTR HIGHLANDS 510 ROOF REPLACEMENT	273,900.00	228,399.07	236,900.00	37,000.00	
9892	COASTAL CENTER - PREVENTIVE MAINTENANCE	249,000.00	59,666.40	59,666.40	189,333.60	
9893	PEE DEE-WILLIAMSBURG DAY PROGRAM ADDITION	825,000.00	124,675.17	130,195.17	694,804.83	
9894	WHITTEN-REGIONAL OFFICE BLDG/STAFF RESID DEMOLITIO	249,500.00	.00	.00	249,500.00	
9895	WHITTEN-CONSUMER LIFE IMPROVEMENTS	248,000.00	.00	.00	248,000.00	
9896	MIDLANDS-CAMPUS-WIDE PREVENTIVE MAINTENANCE	225,000.00	33,400.00	33,400.00	191,600.00	
9897	PEE DEE/SALEEBY CTRS-CAMPUS-WIDE PREV MAINTENANCE	240,000.00	1,800.00	1,800.00	238,200.00	
9898	STATEWIDE COMMUNITY FACILITIES PREV MAINTENANCE	240,000.00	.00	.00	240,000.00	
9899	COASTAL CTR-CAMPUS-WIDE PREVENTIVE MAINTENANCE	195,000.00	14,463.14	14,463.14	180,536.86	
9900	COASTAL CTR-DENTAL CLINIC RENOVATIONS	3,735.00	.00	.00	3,735.00	
9901	COASTAL CENTER ROOF REPAIRS	750,000.00	28,000.00	28,000.00	722,000.00	
9902	STATEWIDE-COMMUNITY FACILITIES-PREVENTIVE MAINTENA	499,950.00	.00	.00	499,950.00	
9903	WHITTEN CTR-CAMPUS-WIDE PREVENTIVE MAINTENANCE	247,500.00	.00	.00	247,500.00	
9904	COASTAL CENTER-PREVENTIVE MAINTENANCE	200,000.00	.00	.00	200,000.00	
9905	MIDLAND CENTER-PREVENTIVE MAINTENANCE	220,000.00	.00	.00	220,000.00	
9906	PEE DEE/SALEEBY CENTERS PREVENTIVE MAINTENANCE	245,000.00	.00	.00	245,000.00	
9907	STATEWIDE-ACCESSIBLE BATHING/LIFTING EQUIPMENT	245,000.00	.00	.00	245,000.00	
9908	STATEWIDE-REGIONAL CTRS-PREVENTIVE MAINTENANCE	240,000.00	.00	.00	240,000.00	
9909	STATEWIDE-SITE INFRASTRUCTURE PREV MAINTENANCE	200,000.00	.00	.00	200,000.00	

AGENCY: J16
AGENCY NAME: DEPT OF DISABILITIES & SPECIAL NEEDS F

PROJECT NUMBER	PROJECT NAME	CURRENT APPROVED BUDGET	EXPENDITURES CURRENT FISCAL YEAR	EXPENDITURES TOTAL TO DATE	BALANCE
9910	WHITTEN CENTER-PREVENTIVE MAINTENANCE	200,000.00	.00	.00	200,000.00
9911	PEE DEE-SUMTER PROG PAVING,GRADING SITE IMPROVEMEN	3,600.00	.00	.00	3,600.00
9912	STWDE-ENERGY MGMT WIRELESS GATEWAY & WIRELESS CONT	3,675.00	.00	.00	3,675.00
	AGENCY TOTAL	15,680,601.03	1,784,298.21	6,170,343.40	9,510,257.63

SC Department of Disabilities and Special Needs
FY 2017 Monthly Financial Summary - Operating Funds
Month Ended: June 30, 2017 - Final Results as of July 19, 2017

	General Fund (Appropriations)	Medicaid Fund	Other Operating Funds	Federal and Restricted Funds	Total
FY 2016 Unreserved Cash Brought Forward	**$ 939,561**	**$ 527,877**	**$ 877,569**	**$ 16,190**	**$ 2,361,197** [1]
FY 2017 YTD Activity					
Receipts/Transfers					
Revenue	$ 241,821,559	$ 406,201,809	$ 7,958,915	$ 454,014	$ 656,436,297
Interfund Transfers	$ -	$ -	$ -	$ -	$ -
Total Receipts/Transfers	**$ 241,821,559**	**$ 406,201,809**	**$ 7,958,915**	**$ 454,014**	**$ 656,436,297**
Disbursements					
Personal Services	$ (49,231,162)	$ (13,562,379)	$ (61,531)	$ (208,027)	$ (63,063,099)
Fringe Benefits	$ (20,002,096)	$ (5,687,584)	$ -	$ (85,318)	$ (25,774,998)
Other Operating Expense	$ (170,327,591)	$ (384,720,059)	$ (4,375,566)	$ (120,381)	$ (559,543,597)
Capital Outlays	$ -	$ (258,939)	$ (113,731)	$ (49,892)	$ (422,562)
Total Disbursements	**$ (239,560,849)**	**$ (404,228,961)**	**$ (4,550,828)**	**$ (463,618)**	**$ (648,804,256)**
Outstanding Accounts Payable Balance	**$ -**	**$ -**	**$ (870)**	**$ (2,611)**	**$ (3,481)**
Unreserved Cash Balance - 6/30/2017	**$ 3,200,271**	**$ 2,500,725**	**$ 4,284,786**	**$ 3,975**	**$ 9,989,757**

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

Commitments					
State Funded Case Mgmt provided in FY 17 (estimated)	$ 65,460				
2018 CPIP (for approval at July 2017 meeting)			$ 2,225,000		
Provide funding for Non-PIP Maintenance Fund			$ 1,000,000		
June 2017 services - invoices not received (estimated)		$ 1,776,818			
Total Available Funds (preliminary) June 30, 2017	**$ 3,134,811** [2]	**$ 723,907**	**$ 1,059,786**	**$ 3,975**	**$ 4,922,481**

2 $2,252,616 - Pervasive Developmental Disorder Carryforward

FM Budget vs Actual

Author JGRANT **Status of Data** 7/19/2017 02:28:15

Filter Information

Table

Fiscal Year	Business area	Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance
2017	DDSN	ADMINISTRATION	$ 7,278,969.00	$ 426,094.00	$ 7,705,063.00	$ 6,875,132.28	$ 829,930.72	$ 0.00	$ 829,930.72
		PREVENTION PROGRAM	$ 257,098.00	$ 453,852.00	$ 710,950.00	$ 632,755.00	$ 78,195.00	$ 0.00	$ 78,195.00
		GREENWOOD GENETIC CENTER	$ 11,358,376.00	$ 0.00	$ 11,358,376.00	$ 11,358,376.00	$ 0.00	$ 0.00	$ 0.00
		CHILDREN'S SERVICES	$ 14,859,135.00	$ 7,610,652.00	$ 22,469,787.00	$ 17,697,452.68	$ 4,772,334.32	$ 0.00	$ 4,772,334.32
		BabyNet	$ 9,312,500.00	$ 0.00	$ 9,312,500.00	$ 9,312,500.00	$ 0.00	$ 0.00	$ 0.00
		IN-HOME FAMILY SUPP	$ 102,211,827.00	-$ 25,385,059.79	$ 76,826,767.21	$ 54,344,114.41	$ 22,482,652.80	$ 0.00	$ 22,482,652.80
		ADULT DEV&SUPP EMPLO	$ 67,475,832.00	$ 15,477,947.00	$ 82,953,779.00	$ 75,396,244.03	$ 7,557,534.97	$ 0.00	$ 7,557,534.97
		SERVICE COORDINATION	$ 22,707,610.00	-$ 1,206,763.00	$ 21,500,847.00	$ 16,273,951.13	$ 5,226,895.87	$ 0.00	$ 5,226,895.87
		AUTISM SUPP PRG	$ 14,113,306.00	-$ 990,972.00	$ 13,122,334.00	$ 12,562,238.83	$ 560,095.17	$ 0.00	$ 560,095.17
		Pervasive Developmental Disorder Program (PDD)	$ 10,780,880.00	-$ 528,987.00	$ 10,251,893.00	$ 5,900,332.18	$ 4,351,560.82	$ 0.00	$ 4,351,560.82
		HD&SPINL CRD INJ COM	$ 3,040,532.00	$ 1,103,706.00	$ 4,144,238.00	$ 4,062,845.21	$ 81,392.79	$ 0.00	$ 81,392.79
		REG CTR RESIDENT PGM	$ 73,912,065.00	$ 1,952,838.00	$ 75,864,903.00	$ 68,025,877.49	$ 7,839,025.51	$ 1,917.81	$ 7,837,107.70
		HD&SPIN CRD INJ FAM	$ 26,258,987.00	$ 956,473.00	$ 27,215,460.00	$ 18,317,080.60	$ 8,898,379.40	$ 0.00	$ 8,898,379.40
		AUTISM COMM RES PRO	$ 23,557,609.00	-$ 1,519,122.00	$ 22,038,487.00	$ 13,518,539.01	$ 8,519,947.99	$ 0.00	$ 8,519,947.99
		INTELL DISA COMM RES	$ 311,439,097.00	$ 14,015,935.00	$ 325,455,032.00	$ 308,455,301.40	$ 16,999,730.60	$ 785.54	$ 16,998,945.06
		STATEWIDE CF APPRO		$ 0.00	$ 0.00		$ 0.00		$ 0.00
		STATEWIDE PAY PLAN		$ 0.00	$ 0.00		$ 0.00		$ 0.00
		STATE EMPLOYER CONTR	$ 29,857,979.00	-$ 244,803.00	$ 29,613,176.00	$ 25,774,998.44	$ 3,838,177.56	$ 0.00	$ 3,838,177.56
		DUAL EMPLOYMENT				$ 0.00	$ 0.00	$ 0.00	$ 0.00
		Lander University Equestrian Program		$ 300,000.00	$ 300,000.00	$ 300,000.00	$ 0.00	$ 0.00	$ 0.00
		Result	**$ 728,421,802.00**	**$ 12,421,790.21**	**$ 740,843,592.21**	**$ 648,807,738.69**	**$ 92,035,853.52**	**$ 2,703.35**	**$ 92,033,150.17**

South Carolina Department of Disabilities and Special Needs				
Analysis of Planned Expenditures for Waiting List Reduction Effort FY 17				
As of July 14, 2017 (Estimated)				
Appropriation	**$6,600,000**			
One-time System Capacity Initiatives	**$3,161,231**			
Service Expansion	**$3,290,113**			
State Funds to Be Carried Forward	**$148,656**			
One-time System Capacity Initiatives Approved by Commission 9/15/16:		**FY 17 State Funds Committed One-Time**	**FY 17 State Funds Expended**	**FY 17 State Funds Remaining**
Capital for Day and Residential Capacity Building		$1,000,000	1,000,000	
State Funded Case Management Service to Expedite Enrollment - as of 7/14		$700,000	1,173,924	
Intake Process as of 7/13		$879,000	430,308	
Increase Access to Respite Services as of 7/13		$70,000	66,999	
Equipment and Training Assistance for Service Providers for use with Therap		$250,000	50,000	
Special Olympics - Project Unify		$200,000	200,000	
Workforce Initiatives		$287,250	240,000	
Total One-time System Capacity Initiatives		**$3,386,250**	**3,161,231**	**225,019**
Service Expansion:		**FY 17 State Funds Committed Recurring**	**FY 17 State Funds Expended**	**FY 17 State Funds Remaining**
Residential Services: Approximately 115-125 Residential Slots (99) (7/1)		$3,540,000	2,150,108	
In-Home Supports				
Waiver Services - Community Supports 750 Expansion Slots (708) (6/30)		$3,060,000	1,140,005	
Total Service Expansion		**$6,600,000**	**3,290,113**	**(76,363)**
Total Service Expansion			**3,213,750**	

Bamberg DSNB's Matthews Center Renovation Project

- Originally a tractor dealership when purchased 30 years ago by the board, the current project is completing the necessary steps to be compliant with codes, including accessibility and life/safety compliance.

- The project has been underway since February to correct various issues, including accessibility modifications, water intrusion correction, bathroom upgrades, HVAC repairs, new electrical system, new fire sprinkler system, up fit of interior finishes, and parking lot improvement.

- After the project began, construction defects were discovered in the building. The scope of the project had to be expanded in order to provide a safer environment for Bamberg DSN consumers and staff.

- By late fall 2017, the Bamberg DSN board will be moving from their 2-year temporary location at a local church back to the Matthews Center in Denmark.

- The contractor had been compliant with time schedules and with communication with design team and owner.

- The amount for Commission approval today is $436,175 to be awarded in FY17-18.

Port Royal CRCF Project

- Need approval from Commission to surplus the Port Royal CRCF in Beaufort County.

- Upon approval by Commission, the department will work with staff at the Department of Administration, Joint Bond Review Committee and the State Fiscal Accountability Authority to complete the approval.

- Once the property is fully approved as surplus property by all involved parties, DDSN will move forward with marketing and selling the property. The property has to be sold at or above the appraised value.

- It is a large facility that was built for 15 people that does not provide for consumer-friendly environment.

- Property is located on a marsh in Port Royal, SC.

- Proviso 36.16 was approved with the 2018 Appropriation Act. (It is attached for your review.) The full proceeds of the sale for the Port Royal CRCF would be returned to DDSN. Proceeds are to be used for purchase/construction of replacement homes for the 15 individuals residing at the CRCF.

- The Board and DDSN are working on a plan to find replacement homes for the 15 individuals. Beaufort County has made a commitment of funds towards these replacement homes for individuals residing in the CRCF. Beaufort County DSN Board will seek HTF participation status in May 2018 to enable $100,000 awards per home.

- The process to sell and find replacement beds in Beaufort County is projected to take 12 to 18 months depending on whether existing housing can be found as well as an interested buyer.

SECTION 36 - J160 - DEPARTMENT OF DISABILITIES

AND SPECIAL NEEDS

36.16. (DDSN: Beaufort DSN Facility) For Fiscal Year 2017-18, the Department of Disabilities and Special Needs is authorized to retain the full amount of proceeds from the sale of the local Disabilities and Special Needs Board of Beaufort County property. The funds retained from this sale must be used by the department to purchase a new property for the local Disabilities and Special Needs Board in Beaufort County that more appropriately meets the needs of the individuals served. Unexpended funds may be carried forward into the current fiscal year and used for the same purpose. The department must provide a status report to the Beaufort County Legislative Delegation by June 30, 2018, detailing the retention of any sale proceeds and/or the expenditures of those funds.

South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
1	**Safety and Quality of Care/Workforce Needs.** Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers. This request has three components: (1) Increase the hiring wage for direct care staff and immediate supervisors. Direct care wages are no longer competitive. An increased hiring wage of $12.00 to $13.00 per hour is needed to be highly competitive. This request supports moving toward that goal by increasing the hiring wages to $11.00 per hour, an 8.8 percent increase from $10.11 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases. In the last year, large private companies, like Walmart and McDonald's, have raised their hiring pay rate to remain competitive. (2) Retain essential 24/7 nursing and direct care staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services. **NOTE: Commission Approved on 01/19/17 to remove DOL portion of the request. This is no longer needed as the new DOL requirements are now under a court ordered injunction. Commission approval reduced priority # 1 request and DDSN's total budget request by $1.5 M.** (3) Comply with new overtime regulations imposed by the federal Department of Labor. The federal Department of Labor has imposed a new regulation scheduled to become effective during FY 2017. This regulation dramatically changes the overtime exception raising it from employees earning $23,660 or less to employees earning $47,476 or less. All DDSN regional centers and community providers will be required to change which staff are exempt and which staff must be paid overtime. This new requirement will result in a significant increase in workforce costs. New recurring funds are necessary to cover the increased personnel cost.	**$10,000,000** ~~**$11,500,000**~~ _____ **Increase Hiring Wage $9M** **Compression & Retention $1M** ~~**Dept. Of Labor $1.5M**~~	**Statewide** _____

South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
2	**Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists.** This request has two components: (1) The first will provide approximately 950 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 6,400 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance. (2) The second component of this request will provide necessary residential supports and services for approximately 100 individuals who are living at home with caregivers aged 72 and over. Providing services now prevents waiting until the family is in crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are over 1,200 individuals with severe disabilities being cared for by parents aged 72 and over. Over 500 of these caregivers are 80 years old or older. This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request would be an expansion of DDSN's current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals.	**$6,400,000** **In-Home Supports $4.3M** **Targeted Residential/Aging Caregivers $2.1M**	**Statewide** **950** **100 Beds**
3	**Crisis Intervention and Stabilization for Individuals.** (1) This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings. (2) Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. This request also includes increased access to psychiatric support for individuals receiving community services and support. (3) Funds are requested to develop approximately 50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual cost of providing a very high level of supports required for individuals with aggressive and extremely challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others. The number of providers willing to serve them is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders.	**$3,800,000** **Regional Team $750K** **Temporary Residential $400K** **TBI Inpatient $500K** **Psychiatric Support $150K** **Residential $2M**	**Statewide** **1 Team** **4 Beds** **3 to 4** **Statewide** **50 Beds**

South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
4	**Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care.** The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The new Final Rule issued by Centers for Medicare & Medicaid Services requires states to provide services in less restrictive, more inclusive, community settings. This request represents the state's need to boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings while maintaining quality care. These funds will allow approximately 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations. Funds will be used to purchase and develop community residential settings, day services and provide necessary supports.	**$1,200,000**	**28**
5	**Community ICF/IID Provider Rate Increase.** These funds will be used to cover the increased cost of providing consumer care in Community ICF/IID settings. Service funding rates must be sufficient to cover the cost of care or the local community providers will not be able to continue to provide the service. Services include nursing, supervision, medical specialists, medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these more intensive supports. Funding for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services are maintained. Funding this request will ensure compliance with current federal regulations. This request will provide sufficient funding as a maintenance of effort to the providers of community ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, the providers will have to serve fewer people.	**$1,500,000**	**Statewide**
6	**Strengthen Provider Support, Oversight and System Changes.** (1) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization will offer individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction. (2) This request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be provided directly by DDSN staff, national subject matter experts would be brought in and provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training. (3) The third component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance.	**$1,650,000** **_____** **Intake** **$1.2M** **Training** **$200K** **Provider Oversight** **$250K**	**Statewide**

South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016 and Amended by the Commission on 1/19/2017

	Program Need	Budget Request for FY 2017-2018	New Services By Individual Based on FY 2018 Request
7	**Assure Statewide Access to Genetic Services.** Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center. This request will assure that all babies identified to have a genetic metabolic disease through newborn screening will receive prompt curative treatment. Both the number of infants referred for treatment and the number of infants underserved has increased which has resulted in the need for increased resources to meet the needs of these babies. This request will support maintenance and expansion of both diagnosis and monitoring of patients. This request will also increase access to services to patients with disabilities and genetic disorders in remote areas of South Carolina through tele-genetics implemented in partnership with MUSC and the Palmetto Telehealth Alliance.	**$500,000**	**Statewide**
8	**Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries.** DDSN has a recurring appropriation of $3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is $11,504,000. This request for additional permanent funding of $500,000 would serve an additional 8 to 10 individuals and help bridge the gap. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.	**$500,000**	**8-10**
9	**Ensure Compliance with Federal Regulations.** (1) New federal requirements defined by the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) new Final Rule necessitate an increased emphasis on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the CMS HCBS new Final Rule. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment. (2) The new Final Rule also requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement. (3) New state funds are necessary to increase the state's participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.	**$6,700,000** **Individualized Employment/Day Supports $5.1M** **Conflict Free Case Management $1.1M** **CMS Requirements $500K**	**625** **Statewide** **Statewide**
	TOTAL	~~**$33,750,000**~~	
	AMENDED TOTAL	**$32,250,000**	

SC DDSN Commission
August 18, 2016

Fiscal Year Budget Discussions 2017-2018 **Notes**

These items are presented to the Commission for discussion concerning potential budget request items. The list is derived from discussions with consumers, families, advocates, DSN boards and private providers. Items reflect prior agency budget request priorities, items related to identified strategic planning goals, and increased funding needs due to recent actions made by the agency or outside regulatory agencies. The items are listed alphabetically, not in priority order.

- Aging Caregivers
  - Targeted residential expansion
  - As of June 30, 2016, almost 1300 individuals live with caregivers aged 72 and over
  - Allows DDSN to be more proactive for these families and not only reacting to them once in crisis
  - Budget request priority in previous years

- Community ICF and CRCF Rates
  - Provider cost reports indicate the need for a rate adjustment to Community ICF/IID settings (increase) and CRCF settings (decrease)
  - Additional funds will allow the agency to make these needed adjustments and hold provider funding harmless in the aggregate
  - Has not been a budget request priority

- Compression Pay for Employees
  - In addition to the need for overall increased wages, there is little difference between the hiring wage and the wage of employees with more than 5 years of service
  - Aligned with the Strategic Planning Issue of Recruitment and Retention of Staff
  - Budget request priority in previous years

- Conflict Free Case Management
  - Requirement of the CMS HCBS Final Rule that ongoing case management must be separate from provision of direct services; DHHS is the lead agency
  - DDSN current case management system is not compliant
  - Budget request priority in previous years

SC DDSN Commission
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Notes

- Crisis Management
  - DDSN must respond to consumer crisis situations in a timely manner
  - Aligned with the Strategic Planning Issue of Crisis Management
  - Budget request priority in previous years

- Day (Individualized) Service Opportunities
  - Requirement of the CMS HCBS Final Rule
  - DDSN system has heavy reliance on congregate day supports; to become compliant with new Final Rule the service delivery system will need to offer more individualized day supports
  - Budget request priority in previous years

- Employment Services
  - Requirement of the CMS HCBS Final Rule
  - DDSN system has heavy reliance on congregate day supports; to become compliant with new Final Rule the service delivery system will need to offer more individualized employment options
  - Budget request priority in previous years

- Greenwood Genetics Center
  - DDSN's major prevention of disabling conditions related to intellectual disabilities, related disabilities, and autism
  - Budget request priority in previous years
  - DDSN received $500,000 in new recurring appropriations FY 2016-2017

- High Management/Forensic Residential Services
  - Increased number of court ordered residential placements of individuals with challenging behaviors
  - Need to increase provider rate to cover the actual cost of providing high level of supports and to build system capacity
  - Complements the Strategic Planning Goals of responding quickly and appropriately to situations in which consumers and/or others are threatened and achieve same day placements for consumers in crisis
  - Has not been a budget request priority

SC DDSN Commission
August 18, 2016

Notes

- Intake Costs Related to System Changes
  - Aligned with the Increase Strategic Issue Intake Process, the DDSN Commission decentralized the function of Intake to have local providers complete this service to be effective October 2016
  - Staff will recommend use of funds one time to be used this fiscal year to transition into the new system
  - New funds will be required to maintain a decentralized system
  - Has not been a budget request priority

- Maintenance of Effort for Provider Network
  - Service funding rates must be sufficient to cover the actual cost of care
  - Budget request priority in previous years

- Medicaid Requirements Increased
  - CMS required change to DDSN's administrative oversight of four HCBS Waivers
  - Loss of revenue due to change in FMAP (70%/30% reduced to 50%/50% federal match)
  - Increased requirements by Medicaid of DDSN Waiver program oversight
  - Budget request priority in previous years

- Post-Acute Rehabilitation
  - New funds are still necessary to meet the needs of uninsured or underinsured individuals
  - Budget request priority in previous years
  - DDSN received $500,000 in new recurring appropriations FY 2016-2017

- Provider Oversight
  - Strengthen system to focus on quality outcome measures separate from Contract Compliance Review
  - The agency must improve its ability to track and report on outcome-driven performance
  - Anticipate related recommendations from the current SIG review
  - Aligned with Strategic Issue Oversight of Providers
  - Has not been a budget request priority

Notes

- Non-Emergency Respite
  - Expand opportunities for families and increase service capacity for non-emergency respite
  - Complements Strategic Planning Goal to address potential crisis situations proactively
  - Budget request priority in previous years
  - DDSN received $500,000 in new recurring appropriations FY 2016-2017

- Training
  - DDSN to offer increased training opportunities for providers and families
  - Increased opportunities offered or facilitated by DDSN was identified as a strategy in multiple goal specific action plans of the DDSN Strategic Plan
  - Additional resources are required to provide additional training statewide
  - Has not been a budget request priority in recent years

- Transition of Individuals from Regional Center to the Community
  - DDSN must continue to move individuals based on choice consistent with US Supreme Court Olmstead decision
  - Budget request priority in previous years
  - DDSN received $1.2 M in new recurring appropriations FY 2016-2017

- Waiting List Reduction Efforts
  - Continue to move individuals off waiting list
  - Request for continued appropriations for waiting list reduction efforts
  - Aligned with Strategic Issue Waiting List
  - Budget request priority in previous years
  - DDSN received $6.6 M in new recurring appropriations for FY 2016-2017

- Workforce Development Wage Increase
  - Direct care wages are no longer competitive
  - Aligned with Strategic Issue of Recruitment and Retention of Qualified Staff
  - Hiring wage would need to be $12 - $13 per hour to be highly competitive
  - Address identified needs of Direct Care professional career ladder development and/or possible wage increase for completion of desired certified training
  - Has not been a budget request priority in recent years

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

SOUTH CAROLINA Department OF Disabilities AND Special Needs

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803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

MEMORANDUM

TO: DDSN Stakeholders

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

RE: DDSN FY 2018-2019 Budget Request Stakeholder Forum

DATE: July 7, 2017

The SC Department of Disabilities and Special Needs is hosting five stakeholder forums across the state to hear from stakeholders what items or needs they feel should be considered priority for inclusion in DDSN's budget request for FY 2018-2019. All state agencies must submit their budget requests by September 15, 2017. Therefore, the SC Commission on Disabilities and Special Needs will determine what items will be included in the agency's request at their August 17, 2017 meeting.

All DDSN stakeholders are invited to attend a forum to share their perspective about potential budget request items. Please see the dates and locations below. Each person who signs up will have three (3) minutes to speak. Interpreter services for people with hearing impairments will be available if requested in advance. Individuals who are unable to attend a forum or who do not wish to speak may email their comments to budgetrequest@ddsn.sc.gov, fax them to (803) 898-9656, or mail to SCDDSN, PO Box 4706, Columbia, SC 29240. All comments must be received by close of business August 11, 2017.

We look forward to hearing from you and learning what needs stakeholders feel should be DDSN's priorities for the FY 2018 -2019 budget request. While it is recognized there are many compelling needs and goals we want to accomplish, the state has limited resources. Governors and the General Assembly have consistently made DDSN supports and services a state priority. We are grateful for the ongoing dedication of South Carolina's elected leaders to individuals with lifelong disabilities, their families and the staff who provide essential care and assistance.

Please refer to the second page for forum dates and locations

DDSN Stakeholder Budget Forum Dates and Locations:

Thursday, July 27, 2017 4:30 pm – 6:30 pm
DDSN Central Office Building, Conference Room 251
3440 Harden Street Extension
Columbia, SC 29203
Contact number for directions: Sandra Delaney (803) 898-9769

Tuesday, August 1, 2017 4:30 pm – 6:30 pm
Coastal Center – Developmental Building, Training Center
9995 Jamison Road
Summerville, SC 29485
Contact number for directions: Bobbie Taylor (843) 821-5802

Thursday, August 3, 2017 4:30 pm – 6:30 pm
Greenville County Council Chambers
301 University Ridge
Greenville, SC 29601
Contact for directions: Jessica Stone (864) 467-7115

Tuesday, August 8, 2017 4:30 pm – 6:30 pm
Tri-Development Center West - (Aiken County Board of Disabilities)
5080 Jefferson Davis Highway
Beech Island, SC 29842
Contact for directions: Joan Lioi (803) 642-8812

Thursday, August 10, 2017 – 4:30 pm – 6:30 pm
Pee Dee Center –Multipurpose Building, Multipurpose Room
714 East National Cemetery Road
Florence, SC 29506
Contact for directions: Susan Baker (843) 664-2618

South Carolina Department of Disabilities and Special Needs

SOUTH CAROLINA MENTOR ADMISSIONS SUSPENSION

July 14, 2017

On March 15, 2016 South Carolina Mentor was suspended from admitting any new consumers into their existing residential programs or developing any new residential programs. At this same time DDSN further enhanced the level of oversight of Mentor. This included regular meetings between DDSN senior staff and Mentor senior staff to review steps being taken by Mentor and more frequent unannounced visits with particular emphasis on behavioral supports, staffing levels and consumer activities. DDSN also facilitated the nationally recognized Council on Quality and Leadership conducting observations of and providing training to Mentor staff to assist them in strengthening their services.

Mentor leadership has been receptive to the increased DDSN oversight and has displayed good initiative in remedying the areas of concern that had been previously observed to include deploying experienced clinical and administrative staff within the Mentor network from other states to assist. These efforts have yielded a measurable improvement in Mentor's performance. See the historical data on Mentor incidents and survey results in attached document.

Additionally, the unannounced visits by DDSN staff have confirmed that Mentor has improved the level of behavioral supports provided to the consumers and the training in behavioral interventions provided to staff. The behavior support plans are more comprehensive and the direct support staff are more aware of how to implement these behavior support plans. These improvements have been facilitated through Mentor significantly increasing the number of behavior support staff and program coordinators serving their consumers. Mentor has also increased the level of activities that the consumers are engaging in and they are now requiring staff to report on activity levels and evaluating staff performance in consumer activity participation. Behavioral supports and consumer activity levels were two of the most significant areas in need of remediation that were observed in the DDSN unannounced visits.

Mentor has historically served DDSN consumers with significant behavioral needs. In fact, they have served a larger number of consumers with behavioral needs than any other community provider. Since the admissions freeze, there has been a decline in the number of persons served by Mentor. They currently have 17 residential vacancies in existing homes.

To assure that Mentor is able to effectively meet the needs of the newly admitted consumers, DDSN would initiate a thorough review of the service plan and staff training prior to each new admission. DDSN will also limit new admissions to no more than one every two weeks to better assure all necessary staff are in place. The unannounced visits of all Mentor homes would continue. Additionally, with the reauthorization of the High Management residential contract, through which Mentor serves 93 consumers, DDSN will monitor direct support staffing levels and behavior support services and recoup funds if the established staffing requirements are not met. This new initiative for all High Management residential services was approved by the Commission in April 2017.

SC MENTOR

Provider Performance Report- June, 2017

(7/1/16 – 5/21/17)

This report provides a summary of Quality Assurance Reviews and Licensing information.

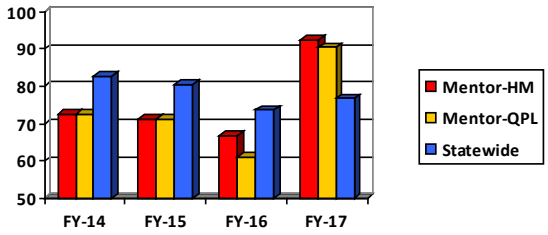
QUALITY ASSURANCE

In order to determine compliance with applicable DDSN standards and policies, reviews of DDSN qualified providers are completed every 12 to 18 months. These reviews include an assessment of the provider's administrative capabilities, review of consumer records and observation of staff. Any deficiencies found with the provider's compliance will require a written Plan of Correction that addresses the deficiency both individually and systematically.

Mentor Quality Assurance reviews were conducted in Fiscal Year 13, 14, and Fiscal Year 16.

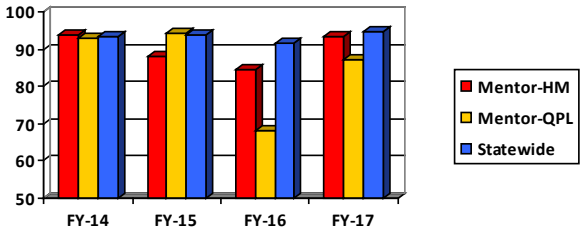
Administrative Indicators – Administrative Indicator compliance scores reveal how well the provider performs on a set of key indicators that look at the agency's overall structure, including risk management and the establishment of a Human Rights Committee, following reporting procedures for critical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

Year of Review	*Mentor-HM*	*Mentor-QPL*	*Statewide Average*
FY - 14	72.7	72.7	82.8
FY - 15	71.4	71.4	80.6
FY - 16	66.7	61.1	73.7
FY - 17	92.5	90.5	76.8



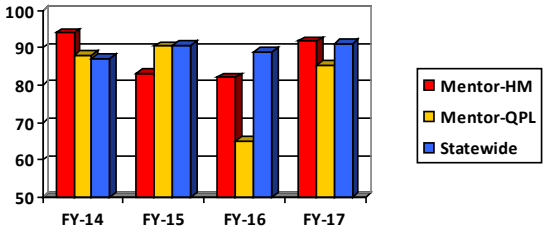
General Agency Indicators – This score represents areas related to operations, service delivery, and compliance with Medicaid requirements. (This includes a composite of Service Coordination, Day Services, and Residential Habilitation.)

Year of Review	*Mentor-HM*	*Mentor-QPL*	*Statewide Average*
FY - 14	93.9	93.1	93.4
FY - 15	88.1	94.1	93.9
FY - 16	84.4	68.2	91.4
FY - 17	93.5	87.0	94.8



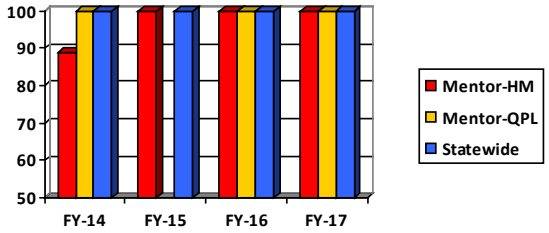
Residential Habilitation Indicators – Residential services are reviewed using the indicators to ensure appropriate assessment and planning for consumers. The individualized service plans must contain specific information about the participant including the type and frequency of care and supervision to be provided, the functional skills training to be provided, and any other supports/ interventions needed and how each will be documented. Other indicators measure the monitoring of the Plans and the implementation of any amendments as needs change.

Year of Review	*Mentor-HM*	*Mentor-QPL*	*Statewide Average*
FY - 14	94.0	88.2	87.0
FY - 15	83.3	90.5	90.8
FY - 16	82.1	65.0	89.0
FY - 17	91.8	85.3	91.2



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

Year of Review	***Mentor-HM***	***Mentor-QPL***	***Statewide Average***
FY - 14	88.9	100.0	88.8
FY - 15	100.0	n/a	100.0
FY - 16	100.0	100.0	100.0
FY - 17	100.0	100.0	100.0

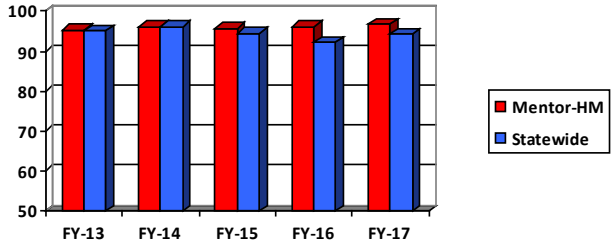


LICENSING SUMMARY (FY-17 indicates data from July 1, 2016 through May 31, 2017)

Licensing activities assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. South Carolina state law requires licensing of day programs and residential facilities. The law permits the establishment of standards for the qualifications of staff, staff ratios, fire safety, medication management, consumer health and safety and the like. Licensing activities are also coordinated by the QIO and occur on an annual or bi-annual basis for non-ICF/ID and non-CRCF settings. DHEC coordinates licensing activities for ICF/ID & CRCF programs. Follow-up licensing reviews are completed to assure that corrective action for deficiencies has been taken.

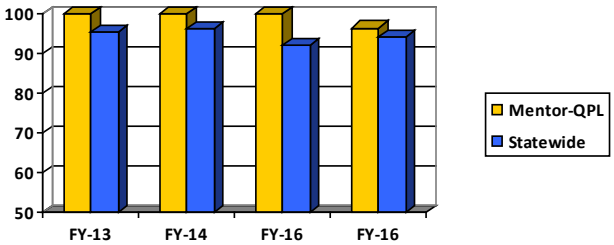
Licensing Summary – Residential Services – (Mentor-High Mgt.) CTH I

Year of Review	*Mentor-HM*	*Statewide Average*	*Facilities Reviewed*
FY - 13	95.4	95.2	17
FY - 14	96.2	96.1	9
FY - 15	95.8	94.5	15
FY - 16	96.2	92.1	15
FY - 17	96.7	94.0	3



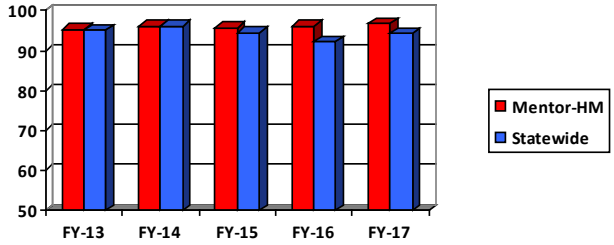
Licensing Summary – Residential Services – (Mentor-QPL) CTH I

Year of Review	*Mentor-QPL*	*Statewide Average*	*Facilities Reviewed*
FY - 13	100.0	95.2	1
FY - 14	100.0	96.1	1
FY - 15	No data		
FY - 16	100.0	92.1	1
FY - 17	96.3	94.0	11



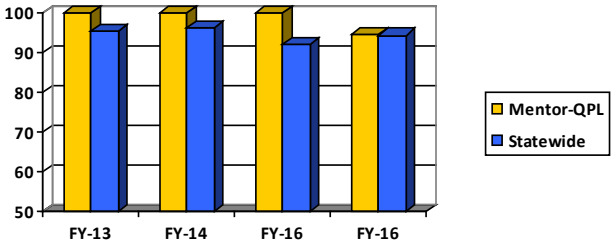
Licensing Summary – Residential Services – (Mentor-High Mgt.) CTH II

Year of Review	*Mentor-HM*	*Statewide Average*	*Facilities Reviewed*
FY - 13	94.2	93.2	15
FY - 14	91.2	94.7	17
FY - 15	91.7	87.6	21
FY - 16	90.4	88.37	34
FY - 17	89.5	87.65	34



Licensing Summary – Residential Services – (Mentor-QPL) CTH II

Year of Review	*Mentor-QPL*	*Statewide Average*	*Facilities Reviewed*
FY - 13	93.4	93.2	14
FY - 14	87.1	94.7	13
FY - 15	88.3	87.6	16
FY - 16	84.5	88.37	23
FY - 17	91.7	88.37	22



ALLEGED ABUSE CASES REPORTED: Community Residential

Provider/Statewide Comparison **Provider data run:** 7/12/2017

Location of Incident: Community Residential Programs (excludes Regl Ctrs, home, community, other)

Provider **# Served in Residential Placement (excluding Regional Centers): ***

(Based on CDSS data) thru 6/30/17

* - DDSN collects data for the providers with High Management contracts (CHESCO, LFS, Mentor) as though they were a separate provider. This report shows the number served for any day during the fiscal year. So when individuals move in between a High Management home and a non-High Management home operated by the same provider, they are double counted in the number served figure.

	FY 12	13	14	15	16	17	hange FY 12-17
Provider (# served)	188	207	207	200	218	228	21.3%
Statewide (# served)	4,248	4,299	4,362	4,435	4,587	4,765	12.2%
% Provider of Statewide #	*4.43%*	*4.87%*	*4.82%*	*4.59%*	*4.92%*	*4.97%*	12.3%

Total # Allegations Reported:

	FY 12	13	14	15	16	17	
Provider	27	54	56	103	91	77	185.2%
Statewide	412	492	383	437	459	500	21.4%
% Provider of Statewide #	*6.55%*	*10.98%*	*14.62%*	*23.57%*	*19.83%*	*15.40%*	135.0%

Rate Per 100:

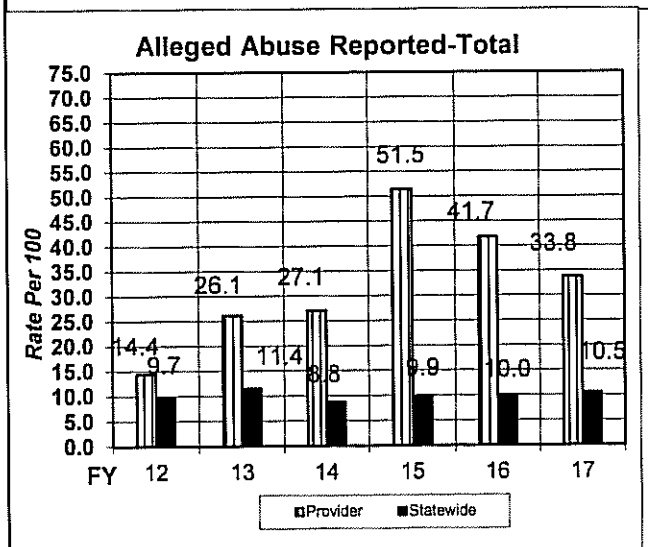
	FY 12	13	14	15	16	17	
Provider	14.36	26.09	27.05	51.50	41.74	33.77	135.2%
Statewide	9.70	11.44	8.78	9.85	10.01	10.49	8.2%

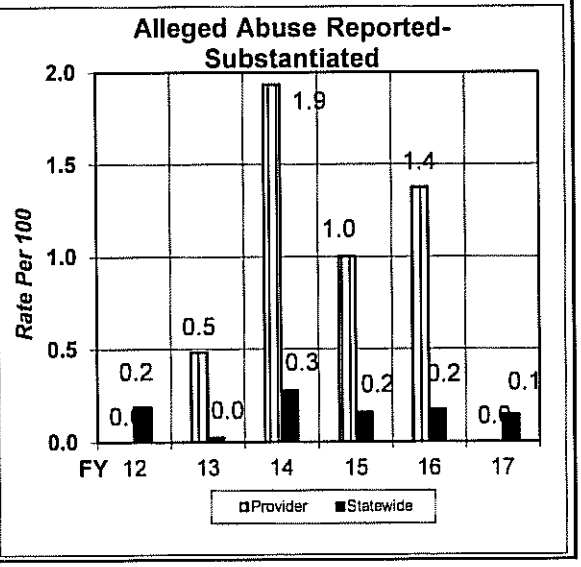
 # Allegations Reported (Substantiated):

	FY 12	13	14	15	16	17	
Provider	0	1	4	2	3	0	#DIV/0!
Statewide	8	1	12	7	8	7	-12.5%
% Provider of Statewide #	*0.00%*	*100.00%*	*33.33%*	*28.57%*	*37.50%*	*0.00%*	#DIV/0!

Rate Per 100 (Allegations Substantiated):

	FY 12	13	14	15	16	17	
Provider	0.00	0.48	1.93	1.00	1.38	0.00	#DIV/0!
Statewide	0.19	0.02	0.28	0.16	0.17	0.15	-22.0%





Alleged Abuse Allegations Reported (By Type) Community Residental Programs

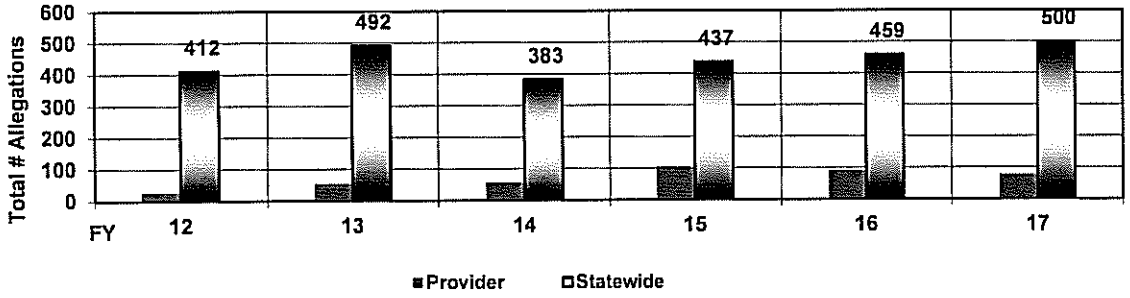
Provider (#'s for type incidents may be duplicated, i.e., more than one type may be checked)

FY	Total # Incidents	Rate Per 100	Sexual	Physical	Psychological	Neglect	Exploitation
12	27	14.8	1	17	8	2	3
13	54	27.0	0	21	23	10	1
14	56	27.7	6	36	7	6	5
15	103	52.3	5	69	12	20	1
16	91	42.5	5	50	15	22	1
17	77	38.3	4	30	23	14	12
% Change FY 12-16							
	237.0%	186.6%	400.0%	194.1%	187.5%	1000.0%	NA NA NA -66.7% NA

Statewide (#'s for type incidents may be duplicated, i.e., more than one type may be checked)

FY	#	Rate Per 100	Sexual	Physical	Psychological	Neglect	Exploitation
12	412	9.5	17	197	92	103	42
13	492	11.2	7	200	109	162	68
14	383	8.7	11	171	77	128	43
15	437	9.7	14	209	56	116	63
16	459	9.9	17	208	89	140	38
17	500	10.6	17	221	114	142	48
% Change FY 12-16							
	11.4%	3.7%	0.0%	5.6%	23.9%	35.9%	NA NA NA -9.5% NA

Total # Allegations (Provider/Statewide Comparison)
Community Residential Programs



Top 4 # Types-Provider

	Phy	Psy	Exp	Neg
FY 12	17	8	3	2
	Psy	Phy	Neg	Exp
FY 13	23	21	10	1
	Phy	Psy	Sxl	Neg
FY 14	36	7	6	6
	Phy	Neg	Psy	Sxl
FY 15	69	20	12	5
	Phy	Neg	Psy	Sxl
FY 16	50	22	15	5
	Phy	Psy	Neg	Exp
FY 17	30	23	14	12

Top 4 # Types-Statewide

	Phy	Neg	Psy	Exp
FY 12	197	103	92	42
	Phy	Neg	Psy	Exp
FY 13	200	162	109	68
	Phy	Neg	Psy	Exp
FY 14	171	128	77	43
	Phy	Neg	Exp	Psy
FY 15	209	116	63	56
	Phy	Neg	Psy	Exp
FY 16	208	140	89	38
	Phy	Neg	Psy	Exp
FY 17	221	142	114	48

CRITICAL INCIDENTS REPORTED:

Provider data run: 7/12/2017

Provider/Statewide Comparison

Location of Incident: All incidents reported (excluding Regional Centers)

Mentor

 # Served-# served in Community Residential or Day Services: *

(Based on CDSS data) thru 6/30/16 thru 6/30/17

* - DDSN collects data for the providers with High Management contracts (CHESCO, LFS, Mentor) as though they were a separate provider. This report shows the number served for any day during the fiscal year. So when individuals move in between a High Management home and a non-High Management home operated by the same provider, they are double counted in the number served figure.

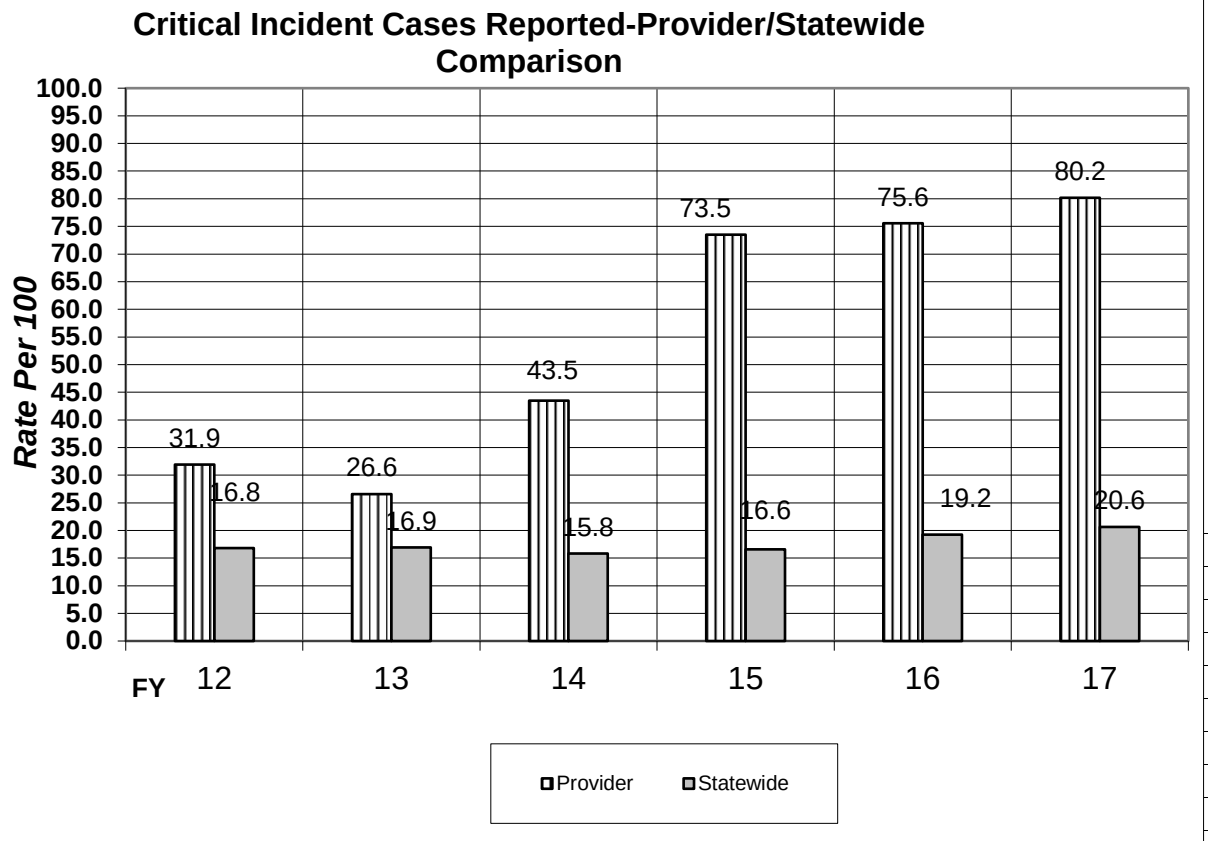
FY	12	13	14	15	16	17	% Change FY 12-17
Provider (# served)	188	207	207	200	221	232	23.4%
Statewide (# served)	7,881	7,912	8,071	8,344	8,666	8,979	13.9%
% Provider of Statewide #	*2.39%*	*2.62%*	*2.56%*	*2.40%*	*2.55%*	*2.58%*	8.3%

Total # Cases Reported:

FY	12	13	14	15	16	17	
Provider	60	55	90	147	167	186	210.0%
Statewide	1,325	1,338	1,277	1,385	1,666	1,850	39.6%
% Provider of Statewide #	*4.53%*	*4.11%*	*7.05%*	*10.61%*	*10.02%*	*10.05%*	122.0%

Rate Per 100:

FY	12	13	14	15	16	17	
Provider	31.91	26.57	43.48	73.50	75.57	80.17	151.2%
Statewide	16.81	16.91	15.82	16.60	19.22	20.60	22.5%



Critical Incident Cases Reported (By Type)

Mentor (#'s for type incidents may be duplicated, i.e., more than one type may be checked) — Top 4 categories highlighted in gray

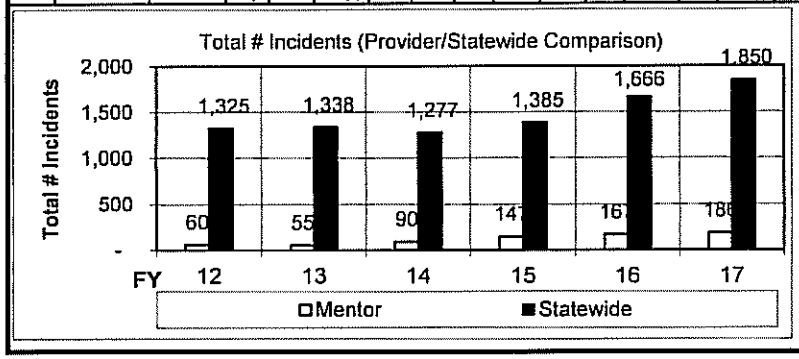
FY	Total # Incidents	Rate Per 100	Accident	Aggression	Aggression/Assault	Assault/No Injury	Assault/Injury	Choking	Communicable Disease	Criminal Arrest	Elopement	Fall	Fire	Hosp Adm > 3 days	Illegal Substances	Injury	Law Enforcement	Malicious Use of Profane Language	Major Medical	Medical Treatment (not followed)	Medical (Medication) Errors	Motor Vehicle	Other	Property Damage	Restraint	Sexual/Sxl Assault	Suicide	Theft-Money	Theft-Property	Weapons (includes firearms/explosives)
12	60	31.9	0	—	17	—	—		0	2	18	5	0	0	0	0	2	2	11	0	0	0	0	1	—	2	0	0	0	0
13	55	26.6	0	—	6	—	—		0	4	8	9	0	2	0	0	10	1	15	0	0	0	0	0	—	0	0	0	0	0
14	90	43.5	0	—	9	—	—		5	8	16	5	1	10	1	8	14	0	8	0	4	1	3	2	—	1	0	0	0	0
15	147	73.5	1	—	22	—	—	1	3	3	10	8	2	4	1	8	15	1	14	0	21	2	39	3	—	2	0	0	0	0
16	167	75.6	2	—	26	—	—	5	2	14	17	8	2	4	0	10	14	5	12	0	6	6	47	2	—	4	2	0	0	0
17	186	80.2	5	11	1	13	20	1	1	7	8	27	1	8	1	15	14	0	22	1	6	5	21	1	11	2	4	0	0	1
% Change FY 12-16																														
	178.3%	136.8%	####		53%			###	####	####	-6%	60%	###	#####	####	#####	600%	150%	9%	#DIV/0!	#DIV/0!	####	#####	####		###	####	###	###	#DIV/0!

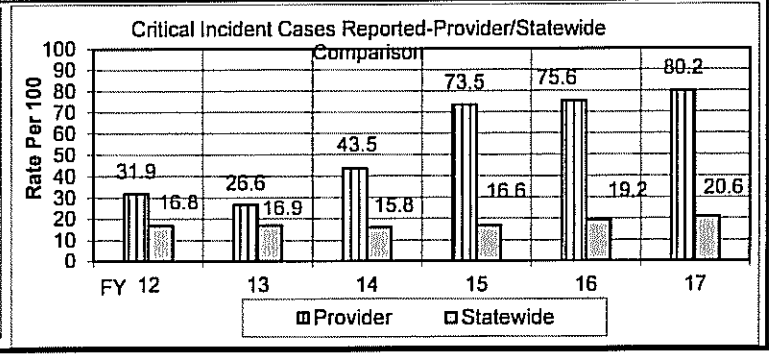
SUMMARY Provider					
Behavioral	% of Grand Total	Medical/Health	% of Grand Total	Operations	% of Grand Total
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
90	48.4%	87	46.8%	8	4.3%

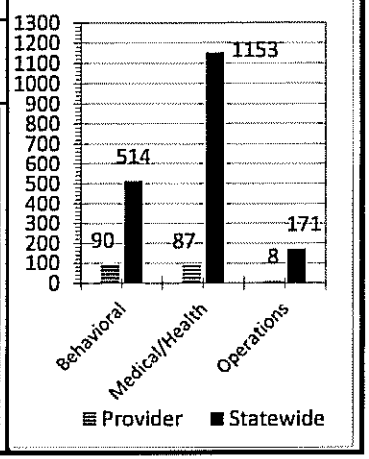
Statewide (#'s for type incidents may be duplicated, i.e., more than one type may be checked) — Top 4 categories highlighted in gray

FY	Total # Incidents	Rate Per 100	Accident	Aggression	Aggression/Assault	Assault/No Injury	Assault/Injury	Choking	Communicable Disease	Criminal Arrest	Elopement	Fall	Fire	Hosp Adm > 3 days	Illegal Substances	Injury	Law Enforcement	Malicious Use of Profane Language	Major Medical	Medical Treatment (not followed)	Medical (Medication) Errors	Motor Vehicle	Other	Property Damage	Restraint	Sexual/Sxl Assault	Suicide	Theft-Money	Theft-Property	Weapons (includes firearms/explosives)
12	1,325	16.8	32	—	142	—	—		6	30	76	109	11	1	8	135	96	18	475	2	15	42	130	20	—	18	24	17	37	5
13	1,338	16.9	43	—	124	—	—		14	12	36	115	10	208	11	114	87	14	391	5	16	26	94	23	—	11	34	23	38	3
14	1,277	15.8	29	—	116	—	—		22	24	56	107	25	239	7	134	102	9	277	1	19	27	76	37	—	25	36	14	25	4
15	1,385	16.6	26	—	149	—	—	24	21	18	47	130	16	271	5	126	123	10	257	3	27	39	154	24	—	11	42	14	25	3
16	1,666	19.2	30	—	173	—	—	45	13	36	57	98	30	345	11	108	202	6	318	6	15	55	192	28	—	26	51	18	20	6
17	1,850	20.6	22	92	2	45	90	63	27	27	47	187	16	307	11	184	140	3	430	4	23	53	102	25	17	19	92	24	28	9
% Change FY 12-16																														
	25.7%	14.3%	-6.3%		21.8%				116.7%	20.0%	-25.0%	-10.1%	172.7%	3400.0%	37.5%	-20.0%	110.4%	-66.7%	-33.1%	200.0%	0.0%	31.0%	47.7%	40.0%		44.4%	112.5%	5.9%	-45.9%	20.0%

SUMMARY Statewide					
Behavioral	% of Grand Total	Medical/Health	% of Grand Total	Operations	% of Grand Total
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
514	27.8%	1153	62.3%	171	9.2%







DEATHS REPORTED

Provider/Statewide Comparison **Provider data run:** 7/12/2017

Based on Deaths Where Individual Resided in DSN Operated CR Facility (CRCF, CTH, ICF, SLP)
(Death may have occurred @ home w/family, in hospital, in community or in community program)

Mentor **# Served-#** receiving Community Residential services: *

(Based on CDSS data) thru 6/30/16 thru 6/30/17

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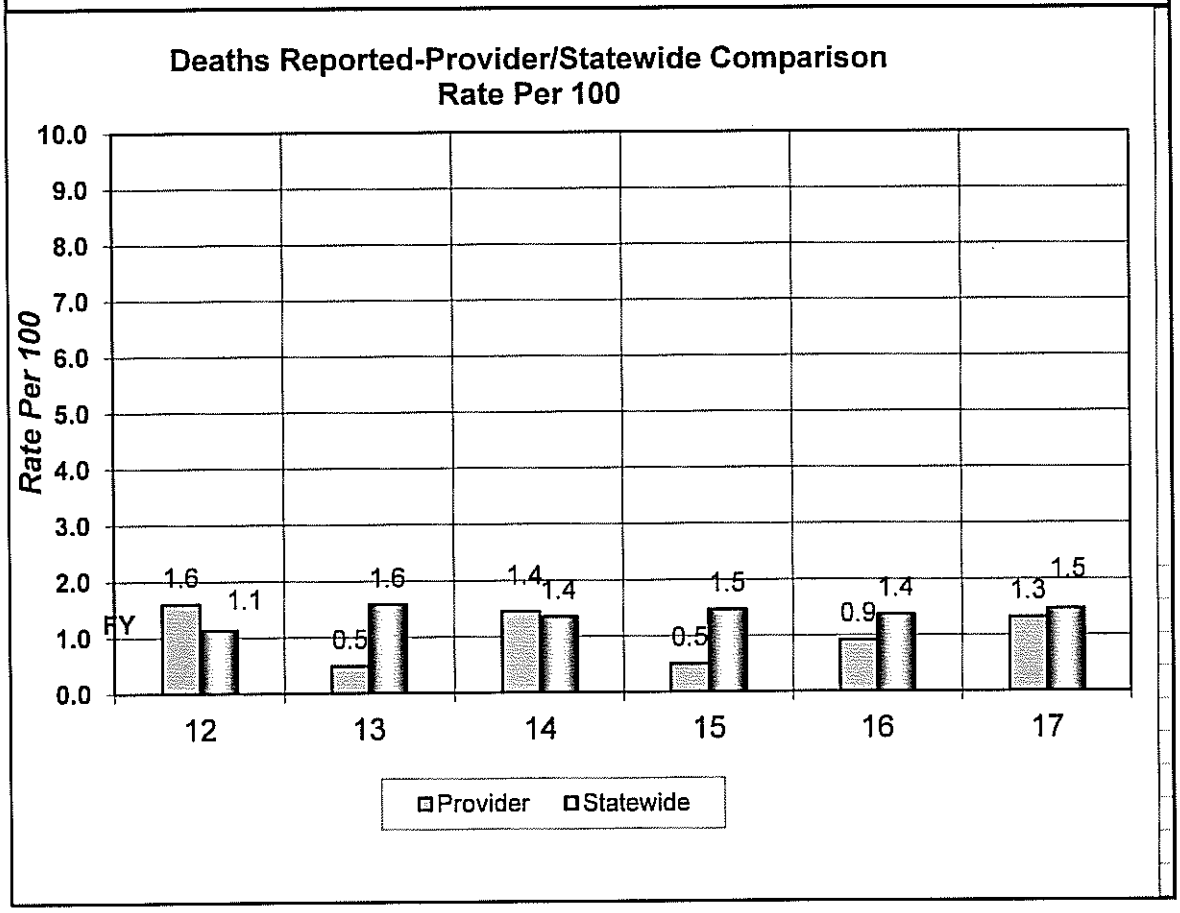
Statewide (# served)	4,248	4,299	4,362	4,435	4,587	4,765	12.2%
% Provider of Statewide #	*4.43%*	*4.82%*	*4.75%*	*4.51%*	*4.75%*	*4.78%*	8.1%

Total # Cases Reported:

FY	12	13	14	15	16	17	
Provider	3	1	3	1	2	3	0.0%
Statewide	48	68	59	65	63	70	45.8%
% Provider of Statewide #	*6.25%*	*1.47%*	*5.08%*	*1.54%*	*3.17%*	*4.29%*	-31.4%

Rate Per 100:

FY	12	13	14	15	16	17	
Provider	1.60	0.48	1.45	0.50	0.92	1.32	-17.5%
Statewide	1.13	1.58	1.35	1.47	1.37	1.47	30.0%



CONTRACT NUMBER: 20183296

CONTRACT
BETWEEN
SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
AND
SOUTH CAROLINA MENTOR
FOR
THE PURCHASE AND PROVISION OF
RESIDENTIAL HABILITATION

THIS CONTRACT is entered into the first day of July 2017 by and between the South Carolina Department of Disabilities and Special Needs, hereinafter referred to as "DDSN", and **South Carolina Mentor** hereinafter referred to as the "Contractor", for the provision of residential habilitation services. The Contractor has been selected through a Request for Proposal (RFP) Number 5400002734 issued by the South Carolina Fiscal Accountability Authority to provide residential services to individuals requiring services who are eligible consumers of the South Carolina Department of Disabilities and Special Needs (DDSN). The parties to this Contract, in consideration of the mutual promises, covenants, and stipulations set forth herein, agree as follows:

ARTICLE I
CONTRACT PERIOD AND RENEWAL

THIS CONTRACT shall begin July 1, 2017, and shall continue in full force and effect through June 30, 2018, unless terminated in accordance with the terms set forth in above referenced RFP. The Contract may be amended and renewed by joint agreement between DDSN and the Contractor.

ARTICLE II
TERMS AND CONDITIONS

The Contractor agrees to comply with all terms and conditions set forth in RFP Number 5400002734. Description: *Fixed Price Statewide Residential Services.*

ARTICLE III
REIMBURSEMENT METHODOLOGY AND
CONDITIONS FOR REIMBURSEMENT

The Contractor agrees to provide residential habilitation services, as approved by DDSN and authorized by the service coordination agency, to eligible consumers who select the Contractor as their residential habilitation provider. DDSN agrees to pay the Contractor for the consumers up the authorized units and at the daily rates specified in Appendix A.

IN WITNESS WHEREOF, DDSN and the Contractor, by their authorized agents, have executed this Contract as of July 1, 2017.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
(DDSN)

BY: _____
Tom Waring
Associate State Director
Administration

_____
Witness for DDSN

SOUTH CAROLINA MENTOR
(CONTRACTOR)

BY: _____ x
Jon Fisher
Vice President of Operations

_____ x
Witness for the Contractor

Appendix A Original MENTOR 20183296

Last four digits SSN	Begin Date	End Date	DAYS	Max Leave Days 2 per month	Approved Rate	Day Add On
[redacted]	7/1/2017	6/30/2018	365	24	$103.25	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$69.27	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$45.84
[redacted]	7/1/2017	6/30/2018	365	24	$103.25	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$45.84
[redacted]	7/1/2017	6/30/2018	365	24	$142.66	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$69.27	$0.00
[redacted]	7/1/2017	6/30/2018	365	24	$69.27	$45.84

AMENDMENT: 2018-01
CONTRACT NUMBER: 2018-3712

AMENDMENT
BETWEEN
SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
AND
SOUTH CAROLINA MENTOR
FOR
THE PURCHASE AND PROVISION OF
HIGH MANAGEMENT GROUP HOME TREATMENT SERVICES

THIS AMENDMENT is entered into the first day of July 2017 by and between the South Carolina Department of Disabilities and Special Needs, hereinafter referred to as "DDSN", and ***South Carolina Mentor***, hereinafter referred to as the "Contractor."

DDSN and the Contractor are mutually desirous of revising and amending the Contract entered into July 1, 2017 to reflect rate changes as follows:

The budget information set forth in the July 1, 2017 Contract is revised as follows:

FROM	**TO**
Appendix A	Revised Appendix A

All other terms and conditions as set forth in the July 1, 2017 Contract shall remain the same and in full force and effect.

IN WITNESS WHEREOF, DDSN and the Contractor, by their authorized agents, have executed this Amendment as of July 1, 2017.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
(DDSN)

BY: _____
Tom Waring
Associate State Director
Administration

_____
Witness for DDSN

SOUTH CAROLINA MENTOR
(CONTRACTOR)

BY: _____ x
Jon Fisher, Vice
President of Operations

_____ x
Witness for the Contractor

Appendix A Amend 1 MENTOR 20183712

Last four digits SSN	Begin Date	End Date	Days	Max Leave Days 2 per month	Approved Rate
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
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[redacted]	7/1/2017	6/30/2018	365	24	$295.87
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[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
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[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87

Last four digits SSN	Begin Date	End Date	Days	Max Leave Days 2 per month	Approved Rate
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
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[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
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[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87

Last four digits SSN	Begin Date	End Date	Days	Max Leave Days 2 per month	Approved Rate
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87
[redacted]	7/1/2017	6/30/2018	365	24	$295.87

CONTRACT NUMBER: 20183256

CONTRACT
BETWEEN
SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
AND
SOUTH CAROLINA MENTOR
FOR
THE PURCHASE AND PROVISION OF
RESIDENTIAL HABILITATION

THIS CONTRACT is entered into the first day of July 2017 by and between the South Carolina Department of Disabilities and Special Needs, hereinafter referred to as "DDSN" and **South Carolina Mentor**, hereinafter referred to as the "Contractor", for the provision of residential habilitation services. The Contractor has been selected through Solicitation Number 5400011763 issued by the South Carolina State Fiscal Accountability Authority to provide residential services to individuals requiring services who are eligible consumers of the South Carolina Department of Disabilities and Special Needs (DDSN). The parties to this Contract, in consideration of the mutual promises, covenants, and stipulations set forth herein, agree as follows:

ARTICLE I
CONTRACT PERIOD AND RENEWAL

THIS CONTRACT shall begin July 1, 2017, and shall continue in full force and effect through June 30, 2018, unless terminated in accordance with the terms set forth in above referenced Solicitation. Contract may be amended and renewed through November 30, 2021 by joint agreement between DDSN and the Contractor.

ARTICLE II
TERMS AND CONDITIONS

The Contractor agrees to comply with all terms and conditions set forth in Solicitation Number 5400011763. Description: ***Intellectual Disability, Autism and Head and Spinal Cord Injury Services.***

ARTICLE III
REIMBURSEMENT METHODOLOGY AND
CONDITIONS FOR REIMBURSEMENT

The Contractor agrees to provide residential habilitation services, as approved by DDSN and authorized by the service coordination agency, to eligible consumers who select the Contractor as their residential habilitation provider. DDSN agrees to pay the Contractor for the consumers up the authorized units and at the daily rates specified in Appendix A.

IN WITNESS WHEREOF, DDSN and the Contractor, by their authorized agents, have executed this Contract as of July 1, 2017.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
(DDSN)

BY: _____
Tom Waring
Associate State Director
Administration

_____
Witness for DDSN

SOUTH CAROLINA MENTOR
(CONTRACTOR)

BY: _____ x
Jon Fisher
Vice President of Operations

_____ x
Witness for the Contractor

MENTOR Appendix A				2018	Original
Last four Digits SSN	Service Begin Date	Service End Date	Maximum Authorized Service Units	Maximum Billable Leave Days	Daily Rate
[redacted]	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$257.98
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$178.68
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$178.68
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$178.68
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$233.23
	7/1/2017	6/30/2018	365	72	$233.23
	7/1/2017	6/30/2018	365	72	$233.23
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$233.23
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
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	7/1/2017	6/30/2018	365	72	$178.68
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$234.34
	7/1/2017	6/30/2018	365	72	$233.23
	7/1/2017	6/30/2018	365	72	$234.34

2018

Last four Digits SSN	Service Begin Date	Service End Date	Maximum Authorized Service Units	Maximum Billable Leave Days	Daily Rate
[redacted]	7/1/2017	6/30/2018	365	72	$234.34
[redacted]	7/1/2017	6/30/2018	365	72	$233.23
[redacted]	7/1/2017	6/30/2018	365	72	$234.34
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[redacted]	7/1/2017	6/30/2018	365	72	$234.34
[redacted]	7/1/2017	6/30/2018	365	72	$233.23
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[redacted]	7/1/2017	6/30/2018	365	72	$234.34
[redacted]	7/1/2017	6/30/2018	365	72	$257.98
[redacted]	7/1/2017	6/30/2018	365	72	$234.34
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[redacted]	7/1/2017	6/30/2018	365	72	$234.34
[redacted]	7/1/2017	6/30/2018	365	72	$234.34
[redacted]	7/1/2017	6/30/2018	365	72	$233.23
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[redacted]	7/1/2017	6/30/2018	365	72	$234.34
[redacted]	7/1/2017	6/30/2018	365	72	$257.98
[redacted]	7/1/2017	6/30/2018	365	72	$257.98
[redacted]					
[redacted]					
[redacted]	7/1/2016	6/30/2017	365		$2,451.12

Attachment I

TO: Central Office Distribution List
Facility Administrators, DDSN Regional Centers
Executive Directors, DSN Boards
CEOs, Contracted Service Providers

FROM: Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy

RE: Directive 535-07-DD

DATE: July 14, 2017

The below-mentioned department directive was recently revised. Please reference the table below for the number, name, and status of the directive.

Reference #	Directive Title	Status	Applicability
535-07-DD	Obtaining Consent for Minors and Adults	Revised	DDSN Regional Centers, DSN Boards and Contract Service Providers

The following changes were made to the directive:

In June 2016, the Adult Health Care Consent Act (SC Code § 44-66-30 (Supp. 2016)) was amended and the priority order of those who are authorized to give consent for healthcare when a "patient" is deemed unable to consent was changed and other classes of those who are authorized to give consent were added.

Under this amendment, DDSN is given the authority to consent by referring to SC Code Ann. § 44-26-50 (Supp. 2016), the statute that DDSN has always used for this authority.

DDSN continues to value family relationships and participation of family in the lives of those served by the agency. As stated in DDSN Directive 100-17-DD: Family Involvement, family involvement and participation in planning will facilitate decisions that serve the best interests and welfare of those who receive services.

In keeping with DDSN's values and philosophy, DDSN will exercise the authority given by S.C. Code Ann. § 44-60-30 (Supp. 2016 as amended) only in situations in which the person is unable to consent for needed health care and he/she either has no relatives or none of his/her relatives are willing or able to make health care decisions. Therefore, when health care decisions cannot be made by the person and he/she does not have a guardian appointed by the court, an attorney in fact and no one else has priority to make health care decision by another statutory provision (e.g., DSS has custody of a vulnerable adult), DDSN will make the decision only when the following people, in priority order, as listed in the statute are not available or willing to make the decision:

- spouse,
- adult child,
- parent,
- adult sibling, or
- grandparent.

S.C. Code of Law Supplemental dates were updated where necessary.

The words "Service Coordinator" were removed and replaced with "Case Manager" where necessary.

Any other changes were minor and either editorial or grammatical in nature. If you have any questions/comments, please contact Janet Priest at jpriest@ddsn.sc.gov. Thank you.

Reference Number:	535-07-DD
Title Document:	Obtaining Consent for Minors and Adults
Date of Issue:	January 20, 1989
Effective Date:	January 20, 1989
Last Review Date:	~~*May 16, 2014*~~ *July 14, 2017*
Date of Last Revision:	~~*May 16, 2014*~~ *July 14, 2017* (**REVISED**)
Applicability:	DDSN Regional Centers, DSN Boards and Contract Service Providers

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PURPOSE

The purpose of this directive is to implement the Adult Health Care Consent Act. This directive establishes procedure for offering the opportunity for people to authorize to whom health care information can be disclosed and establishes procedures to identify persons required to give legally valid consent for health care for people, including minors, receiving services from the South Carolina Department of Disabilities and Special Needs (DDSN) when it is determined that a person may be unable to give consent for a specific decision concerning his or her healthcare or participation in restrictive programs or more restrictive placements. This directive is applicable to persons voluntarily or judicially admitted to DDSN and residing in a Regional Center, community residence, or other setting operated by or under contract with DDSN.

PHILOSOPHY

People who have Intellectual Disabilities or Related Disabilities, Autism ***Spectrum Disorder***, Head and Spinal Cord Injuries, or other similar disabilities are fully entitled to all the human and legal rights available to other citizens. They may elect to accept or refuse to participate in any requested activity. Blanket, "all or none" approaches to informed consent may result in denial of dignity and rights of individual persons and shall not occur. All persons are to be presumed

competent. The presence of a disability is not in and of itself, a reason to seek a surrogate. Because, however, a person's disability may adversely impact his/her decision process, close scrutiny must be given when consent from a person with a disability is required for a proposed activity or procedure that will:

1. Create significant risks or harm,

2. Have a potentially irreversible impact, or

3. Intrude physically, psychologically or socially on the person

The level of scrutiny required to determine the need to obtain a surrogate must be balanced by the risk of the proposed health care against the person's ability to understand it, (e.g. a person may understand the need to take insulin, but may not understand the need to have a particular type of surgery). In all cases where consent is required, the person with a disability must provide the consent, unless there is a legally recognizable exception or substitution, which, under the circumstances, is authorized or otherwise permissible.

DEFINITIONS

Adult Health Care Consent Act: This statute provides a legally recognized method of obtaining valid consent from an authorized person or other consent giver when the person is unable to consent on his/her own behalf. The Act is found at S.C. Code Ann. § 44-66-10 ***et seq.*** (Supp. ~~***2010***~~ ***2016 as amended***).

Authorization to Disclose: A health care provider or the provider's agents must provide to the patient, the opportunity to designate a family member or other individual they choose as a person with whom the provider may discuss the patient's medical condition and treatment plan.

Authorized Person: An "authorized person" is a person listed in the priority of consent givers for minor and adult consents pursuant to S.C. Code Ann. § 44-26-60 ***(Supp. 2016)*** and § 44-66-30 (Supp. ~~***2010***~~ ***2016 as amended) in conjunction with S.C. Code Ann. § 44-26-50 (Supp. 2016).***

Behavior Support and Restrictive Program: These are defined in DDSN Directive 600-05-DD: Behavior Support***, Psychotropic Medications and Prohibited Practices*** ~~***Plans***~~.

Consent: As used in this directive, "consent" means the voluntary agreement to proposed health care by a person or authorized person with sufficient mental ability to make an intelligent choice. Consent is an active acquiescence as distinguished from "assent" which is a silent acquiescence. It is a process, not a form. Consent is the dialogue between the person or authorized person and the health care provider, both exchanging information, culminating in their agreeing to the proposed health care. It has three essential characteristics: capacity, information and voluntariness.

Department: "Department" means the S.C. Department of Disabilities and Special Needs, also referred to as "DDSN."

Emergency: In context of the Adult Health Care Consent Act, an "emergency" is a situation where a person is in immediate need of specific health care to prevent death, permanent disfigurement, loss or impairment of the functioning of a bodily member/organ, or other serious threat to the health of the person. The immediate need for such care would override any delay caused by attempting to locate an authorized person to give consent for the proposed health care and/or in locating two licensed physicians to certify the person as unable to consent.

Guardian: A "guardian" is a person appointed by a court to act and make decisions on behalf of another (ward). Sometimes this type of guardianship is referred to as a "guardian of the person." A guardian generally can make health care decisions on behalf of the ward. The court order appointing the guardian should be read carefully to determine if any limitations have been placed on the guardian. However, a "conservator" is a person appointed solely to conserve and protect the ward's estate and property. A conservator does not have authority to make health care decisions for the ward.

Health Care: As described in the Adult Heath Care Consent Act, "health care" means a procedure to diagnose or treat a disease, ailment, defect, abnormality or complaint, whether of physical or mental origin. It includes the provision of intermediate or skilled nursing care; services for the rehabilitation of injured, disabled, or sick persons; and may include if indicated by this directive the placement in or removal from a facility that provides these forms of care.

Health Care Provider: The Department is a "health care provider." The definition includes a person, health care facility, organization, or corporation licensed, certified or otherwise authorized or permitted by the laws of this State to administer health care.

Health Care Professional: A physician or dentist employed by DDSN is a "health care professional." This definition includes persons who are licensed, certified or otherwise permitted by the laws of this State to provide health care to members of the public. Nurses, nurse practitioners and other departmental personnel may be included as well. The key to the definition is that the person by virtue of a license, certification or permit be able to provide health care to the public, notwithstanding their employment with DDSN.

Minor: A person under the age of 18 is considered a "minor" in South Carolina, excluding a person who has been legally married or emancipated as decreed by the family court, S.C. Code Ann. § 63-1-40 (1) (Supp. ~~***2010***~~ ***2016***). A minor under the age of 16 is deemed unable to give consent for health care by virtue of the status of his/her age. A minor who has reached the age of 16 may consent to any health service except operations, unless the operation is essential to the health or life of the minor in the opinion of the attending physician and a consultant physician, if one is available, S.C. Code Ann. § 63-5-340 ***(2010)*** and § 63-5-350 ***(2010)***.

Patient: An individual ~~***sixteen***~~ ***16*** years of age or older who presents or is presented to a health care provider for treatment.

~~***Power of Attorney (POA): A person (principal) may designate another (agent) to make health care decisions on their behalf. The agent is often called "attorney-in-fact." Normally when the principal becomes incapacitated to the extent that he/she cannot manage his estate, the***~~

~~***Power of Attorney would automatically become ineffective. However, if the principal executed a "durable power of attorney" [S.C. Code Ann. § 62-5-501 (Supp. 2010 2016)] with the special provisions that the power becomes effective only upon physical or mental incapacity, then the Power of Attorney would allow the attorney-in-fact to make health care decisions even though the principal might be incapacitated. These Powers of Attorney are also known as "health care power of attorney" or "durable power of attorney." These documents are complex and should be reviewed by the Department's legal counsel prior to implementing the provisions of the Power of Attorney.***~~

Healthcare Power of Attorney: A person may designate another person to make healthcare decisions on their behalf. The Healthcare Power of Attorney must be on a form as authorized by S.C. Code Ann. § 62-5-504 (Supp. 2016).

Surrogate: This term is used to denote a person authorized to consent on behalf of another. Another term used in this context is "consent giver." Within the meaning of the Adult Health Care Consent Act, a surrogate is a person that fits into one of the listed priorities and can legally make health care decisions for someone unable to consent. Normally, a surrogate provides substitute judgment; that is, be guided by what the person would have wanted when competent. However, when those wishes are unknown, then the surrogate must decide based on the person's best interest.

Treatment: The broad range of emergency, outpatient, intermediate, and inpatient services and care that may be extended to a patient to diagnose and treat a human disease, ailment, defect, abnormality or complaint, whether of physical or mental origin. Treatment includes, but is not limited to - psychiatric, psychological, substance abuse, and counseling services.

Unable to Consent: This concept is at the heart of the Adult Health Care Consent Act. It means that the person is unable to appreciate the nature of his/her condition and the proposed health care, or to make a reasoned decision concerning the proposed health care, or to communicate his/her health care decision in an unambiguous manner. This definition does not include minors since their inability is based on their age status, irrespective of the fact that the minor may also be cognitively unable to consent.

Behavior support and restrictive program: These are defined in DDSN Directive 600-05-DD: Behavior Support***, Psychotropic Medications and Prohibited Practices*** ~~***Plans***~~.

I. AUTHORIZATION TO DISCLOSE

Title 42 of the Code of Federal Regulations, relating to public health, and the privacy rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that the health care provider or agent of the provider offer the patient the opportunity to designate a family member or other individual with whom the provider may discuss the patient's medical condition and treatment plan.

This opportunity must be provided upon determination of eligibility for DDSN services, admission to any service and/or change in service provider, on a patient information form or by

electronic means and must present the question in bold print and capitalized as follows: **"DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? IF YES, WHOM?**
The authorization to disclose must be offered to all persons and the form will be signed by the patient, guardian or surrogate.

This authorization must specify that the patient may revoke or modify an authorization with regard to any family member or other individual designated by the patient and the revocation or modification must be in writing.

A health care provider may disclose information pursuant to an authorization unless the provider has actual knowledge that the authorization has been revoked or modified.

A health care provider who in good faith discloses information in accordance with an authorization signed by a patient is not subject to civil liability, criminal liability, or disciplinary sanctions because of this disclosure.

The requirement for authorization to disclose is **not** to be construed to:

1. Require a health care provider to disclose information that he otherwise may withhold or limit;

2. Limit or prevent a provider from disclosing information without written authorization from the patient if this disclosure is otherwise lawful or permissible;

3. Prohibit a provider from receiving and using information relevant to the safe and effective treatment of the patient from family members; and

4. Conflict with an individual's health care power of attorney as provided for in the South Carolina Probate Code.

II. HEALTH CARE CONSENT

Essential Characteristics of Consent

Consent is a legal concept defined by law. It is composed of three elements - capacity, information, and voluntariness. **Capacity** refers to the ability to do something. It is defined with respect to a person's age, a person's competence, and the particular situation. Generally, a person below the age of 18 is deemed legally incompetent. Instead, parents, a legal guardian or persons standing in loco parentis (as a parent) are empowered by law to give or withhold consent on the minor's behalf, S.C. Code Ann. § 44-26-60 (Supp. ~~***2013***~~ ***2016***). Even though a minor's consent may be given by a substitute or surrogate consentor, the standards governing consent – capacity, information and voluntariness – still apply.

For Adults, those 18 or older, capacity is usually determined by cognitive processes and references to whether the person has the ability to manage his/her affairs with ordinary or reasonable prudence, has demonstrated rational understanding or intellectual comprehension, or has substantial ability to understand and appreciate the nature and consequences of a specific act. Capacity includes the ability to communicate one's choices. Without communication, cognitive processes cannot be determined and, thus, intellectual ability will be negated.

The particular situation where consent is required may dictate the degree of ability necessary to make a decision or consent to an act. A person's ability to consent, must take into account his/her adaptive behavior and measured intelligence. A person with an Intellectual or Related Disability may not be wholly competent or wholly incompetent. These persons may have the capacity in some situations, but not in others. The "situational capacity" approach may frequently result in the same person being found competent, for example, to purchase a shirt, but not the sale of his/her real estate. The "all or nothing" concept should be rejected, thus, allowing the person to experience growth depending on his/her developmental level.

Consent is ineffective unless the person or surrogate consent giver has sufficient **information** upon which to make a rational and informed decision. Information as a prerequisite for consent consists of two elements: the substance of the information and the manner in which the information is communicated. Thus, the focus is on "what" information is given and "how" it is given.

Effective and informed consent requires disclosure of the nature of the proposed health care, its importance and its possible consequences. Facts concerning the care must be revealed, its risks and benefits, the duration of the care, possible discomforts or adverse side effects. Available alternate heath care and its potential risks and benefits should also be made known.

This information must be received and understood. The explanation of the proposed health care should be at an appropriate comprehension level and in the language and terms that is likely to be understood. The person or surrogate consent giver must have an opportunity to digest the information or to consult with others.

Voluntariness is normally presumed unless it is shown that the person giving consent was unable to exercise freedom of choice. The person should have sufficient autonomy to make a choice without duress. There must be an absence of overbearing coercion, duress, threats, inducements or undue influence. For persons with an intellectual or related disability, the voluntariness of consent may be suspect because of his/her placement in a facility, his/her lack of experiences for independent action, his/her eagerness to please and be accepted and his/her susceptibility to authority figures. Voluntariness also incorporates the notion that the consent giver is aware that the requested consent may be withheld or if given, it may be withdrawn.

INITIAL PROCESS

Normally, the ~~***Service Coordinator***~~ ***Case Manager***, the interdisciplinary team or the attending physician will initially raise the question of a person's competence to give valid consent for health care. The issue would not arise in isolation, but in connection with a proposed or

"triggering" health care treatment or program. For the purpose of this directive, healthcare is grouped into four categories:

1. Medical/diagnostic care, studies and procedures,
2. Psychotropic medication,

3. Restrictive programming/behavior support plan, and

4. Admission/placement/discharge.

When health care is proposed for a person, consent must be obtained prior to implementation of the care. This directive sets forth procedures to obtain consent for health care for children and adults. The law designates who may give consent on behalf of children. For adults who are unable to consent, again the law designates who may consent for them, and how a surrogate consent giver is selected. This process is described herein for both emergency and non-emergency situations where consent is needed for health care. Once it is decided who will be the consent giver, whether it is the person himself/herself or his/her surrogate, then this directive describes the process required to obtain valid consent, highlighting the three essential characteristics of consent.

The ~~***Service Coordinator***~~ ***Case Manager*** and attending physician are the key players in this process. They must take the lead and ensure that the requirements of this directive are met. If the health care is based in traditional medical activities, treatment/diagnostic procedures, or psychotropic medications, then the attending physician must be responsible for the consent process. However, if the required consent involves restrictive programming/behavior support plans or admission/placement/discharge to or from any departmental entity/program, then the ~~***Service Coordinator***~~ ***Case Manager*** should ensure compliance with this directive. This is a team effort monitored by the interdisciplinary team or key staff. This does not negate a person's rights to privacy under the Health Insurance Portability and Accountability Act (HIPAA).

SURROGATE SELECTION

I. Children

Children (below the age of 18) have only a limited capacity to consent to health care. Unless there are exceptional circumstances, parents should always be involved with their child's health care. There are some special situations where the age of the "minor" is different than 18 years. However, these situations are not encountered with any frequency with persons receiving treatment or habilitation from DDSN. If a person is a minor, decisions concerning his/her health care must be made by the following persons in the following order of priority:

1. Legal guardian with court order,

2. Parent,

3. Grandparent or adult sibling,

4. Other relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the child,

5. Other person who reasonably is believed by the health care professional to have a close relationship with the child, or

6. Authorized designee of DDSN (i.e., the Facility Administrator of a DDDSN Regional Center, Executive Director of a DSN Board, or Executive Director of one of the four DSN Board-like entities (i.e., Babcock Center, Charles Lea Center, Tri Development Center, and Berkeley Citizens)

The above list of priorities is found at S.C. Code Ann. § 44-26-60 (Supp. ~~***2013***~~ ***2016***). This law provides that if persons of equal priority disagree on whether certain health care should be provided, the health care provider or any person interested in the welfare of the person may petition the probate court for an order to determine what care should be provided or for the appointment of a temporary or permanent guardian.

Priority should not be given to a person who the health care provider determines is not reasonably available, unwilling or unable to make health care decisions for the person.

In an emergency, health care may be provided to a child without consent under the same emergency provision applicable to adults, even where the incapacity of the child is based solely on the child's minority.

II. Adults

The Adult Health Care Consent Act, S.C. Code Ann. § 44-66-10 ***et seq.*** (Supp. ~~***2010***~~ ***2016 as amended***), sets forth a process for obtaining consent when an adult is unable to consent. Usually, an adult is presumed competent to make decisions concerning his/her own health care. This presumption may fail; however, in light of the adult's intellectual or related disability in effect at the time consent is needed.

If there is a question concerning a person's competency or ability to make his/her own health care decisions, then the Adult Health Care Consent Act process must be followed to determine competency and to select a surrogate consent giver. A person is unable to consent to health care when he/she is unable to:

1. Appreciate the nature and implication of his/her condition and proposed health care,

2. Make a reasoned decision concerning the proposed health care, or

3. Communicate a decision in an unambiguous manner.

When the question of inability to consent arises, two licensed physicians must examine the person and independently conclude that he/she is unable to give valid consent. The physicians must certify the inability and give an opinion regarding the cause and nature of the inability, its

extent and its probable duration. The opinion becomes part of the person's medical chart. The Adult Health Care Consent Act does not restrict a treating physician from being one of the two certifying physicians. However, **in an emergency**, the person's inability to consent may be certified by a health care professional responsible for the care of the person if the health care professional states in writing in the person's medical record/chart that the delay occasioned by obtaining certification from two licensed physicians would be detrimental to the person's health. Once the person is certified as unable to give consent, a surrogate consent giver is selected and recognized. The Adult Health Care Consent Act sets forth a list of surrogates in the order of their priority of selection:

(A) Where a patient is unable to consent, decisions concerning his health care may be made by the following persons in the following order of priority:

1. A guardian appointed by the court***, pursuant to Article 5, Part 3 of the South Carolina Probate Code,*** if the decision is within the scope of guardianship;

2. An attorney-in-fact appointed by the ~~***person with power to make health decisions;***~~ ***patient in a durable power of attorney executed pursuant to Section 62-5-501, if the decision is within the scope of his authority;***

3. A person given priority to make health care decisions ***for the patient*** by another statutory provision, ~~***such as when the Department of Social Services (DSS) has taken custody of a vulnerable adult (see item #8);***~~

~~***4.***~~ ~~***The***~~ ***A*** spouse of the ~~***person***~~ ***patient*** unless ~~***they are separated due to:***~~ ***the spouse and the patient*** are separated ***pursuant to one of the following:***

   a) ~~***divorce proceeding,***~~ ***Entry of a pendente lite order in a divorce or separate maintenance action;***

   b) ~~***a written separation agreement, or***~~ ***Formal signing of a written property or marital settlement agreement; or***

   c) ~~***an order of divorce or separate maintenance;***~~ ***Entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;***

5. ~~***A parent or adult child of the person;***~~ ***An adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;***

6. ~~***An adult sibling, grandparent or adult grandchild of the person;***~~ ***A parent of the patient;***

7. ~~***Any other relative by blood or marriage who reasonably is believed by the heath care professional to have a close personal relationship with the person, or***~~

An adult sibling of the patient, or if the patient has more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation;

8. ~~*A person given authority to make health care decisions for the person by another statutory provision.*~~ *a grandparent of the patient, or if the patient has more than one grandparent, a majority of the grandparents who are reasonably available for consultation;*

9. *Any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient, or if the patient has more than one other adult relative, a majority of those other adult relatives who are reasonably available for consultation.*

~~*The last priority designation (#8) is designed to address situations of persons unable to consent for needed health care and who have no relatives or none who are willing or able to provide health care decisions. This provision allows DDSN's State Director, or her designee (i.e., the Facility Administrator, Executive Director of a DSN Board, or Executive Director of one of the four DSN Board-like entities (i.e., Babcock, Charles Lea Center, Tri-Development Center and Berkeley Citizens) to make health care decisions when no one else stands in a higher level of priority, S.C. Code Ann. § 44-26-50 (Supp. 2013 2016). Priority #8 should not be confused with priority #3. The only time a DDSN designee would make a health care decision would be in the capacity of priority #8.*~~

Third in the order of priority selection, it lists "a person given priority to make health care decisions for the patient by another statutory provision." The S.C. Code Ann SC Code § 44-26-50 (Supp. 2016) entitled "Rights of Clients with Intellectual Disabilities" authorizes DDSN to make health care decisions pursuant to the Adult Health Care Consent Act when a "client is found incompetent to consent."

In keeping with DDSN's values and philosophy, DDSN will exercise the authority given by SC Code § 44-60-30 (Supp. 2016 as amended) and SC Code § 44-26-50 (Supp. 2016) only in situations in which the person is unable to consent for needed health care and he/she either has no relatives or none of his/her relatives are willing or able to make health care decisions. Therefore, when health care decisions cannot be made by the person and he/she does not have:

- *A guardian appointed by the court,*
- *An attorney in fact, and*
- *No one else has priority to make health care decision by another statutory provision (e.g., DSS has custody of a vulnerable adult);*

DDSN will make the decision only when the following people, in priority order, are not available or are not willing to make the decision:

- *Spouse,*
- *Adult child,*
- *Parent,*

- ***Adult sibling, or***
- ***Grandparent***
- ~~***Any other adult relative by blood or marriage who reasonably is believed to have a close personal relationship with the person.***~~

Documentation of efforts to locate a decision maker who is a person identified in the priority listing must be recorded in the patient's medical record.

Priority must not be given to a person if a health care provider, responsible for the care of the person who is unable to consent, determines that the surrogate consent giver in the priority list is not reasonably available, is not willing to make health care decisions for the patient, or is unable to consent. A surrogate consent giver may consent or withhold consent to health care on behalf of the person.

When in accordance with the "Rights of Clients with Intellectual Disabilities" **S.C. Code Ann SC Code § 44-26-50 (Supp. 2016)** ***an authorized designee of the department will make health care decisions, "authorized designees" include*** **DDSN Regional Center Facility Administrators, Executive Directors of Boards of Disabilities and Special Needs, or Executive Directors/Chief Executive Officers of DDSN Qualified Provider Agencies.**

ASSESSMENT OF ABILITY TO CONSENT

The process of obtaining consent involves a verbal dialogue that is usually reduced to a written consent form. With persons who have an Intellectual or Related Disability, Autism ***Spectrum Disorder***, Head or Spinal Cord Injuries, or other similar disabilities, this dialogue must be tailored to the person's intellectual level. Normally, the discussion will focus on the following topics:

1. The person's current condition or problem,
2. The intended or proposed health care,
3. The anticipated benefits of the health care,
4. The potential risks, adverse outcomes or side effects,
5. Possible alternative approaches and their risks and benefits, and
6. Risks/benefits of not having the proposed health care.

The physician or health care professional must make a judgment about the person's ability to understand the information needed for valid consent. The Adult Health Care Consent Act gives very little guidance other than that specified in the definition of "unable to consent." Assessing the person's ability or inability will necessitate the physician or health care professional asking a series of questions and weighing the answers. Thus, the assessment occurs and is a part of the dialogue required to inform the person of the proposed treatment as stated above. Care must be given to determine if the person is unable to either appreciate the nature of his/her condition and the proposed health care, to make a reasoned decision concerning the proposed health care, or to communicate his/her health care decision in an unambiguous manner.

In traditional medical consent situations, the physician would inform the patient about the proposed treatment, its benefits and risks, then discuss the matter answering all the questions

posed by the patient. With intellectual or related disabled persons it may be necessary for the physician or health care professional to be more pro-active and present questions that will elicit a dialogue. By allowing the person an opportunity to express himself/herself, a fair and accurate assessment can be made of the person's ability to consent. There is no formula to assist the physician or health care professional in determining the level of mental capacity needed to consent to specific procedures. **Generally, a high threshold is not necessary to demonstrate a person's understanding of his/her condition, the proposed treatment and its risks and benefits. However, as the proposed health care becomes more risky, intrusive or irreversible, the more scrutiny and inquiry of the person's understanding is required.**

EMERGENCY CONSENT

Health care for the relief of pain and suffering may be provided without consent at any time that an authorized person in the priority list is unavailable.

In emergency situations, heath care may be provided without consent if no person on the priority list is immediately available, and in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the person, the delay occasioned by attempting to locate an authorized person to make the health care decision would present a substantial risk of death, permanent disfigurement, impairment of a bodily member/organ, or other serious threat to the health of the person.

Also, health care decisions on behalf of a person who is unable to consent may be made by a consent giver on the priority list if no consent giver having a higher priority is available immediately, and in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the person, a delay occasioned by attempting to locate a consent giver having a higher priority presents a substantial risk or serious threat to the health of the person.

Health care may be provided without consent where there is no person on the list of priority who is reasonably available and willing to make the decision, and in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the person, the health care is necessary for the relief of suffering, restoration of bodily function or to preserve the life, health or bodily integrity of the person.

ADDITIONAL NOTES

The Adult Health Care Consent Act does not authorize the provision of health care where the attending physician or other responsible health care professional has actual knowledge that the health care is contrary to the religious beliefs of the person, unless the person while able to consent stated contrary intent to the physician or health care professional.

Nor does the Adult Health Care Consent Act authorize health care to a person unable to consent if the attending physician or responsible health care professional has actual knowledge that the proposed health care is contrary to the person's unambiguous and uncontradicted instructions expressed at the time when the person was able to consent.

A person who in good faith makes a health care decision as provided in the Adult Health Care Consent Act is not subject to civil or criminal liability on account of the substance of the decision. A person who consents on behalf of a person unable to consent does not by virtue of that consent become liable for the costs of the health care provided to the person.
The Adult Health Care Consent Act protects the heath care provider, DDSN, DSN Boards and DSN Board-like entities (i.e., The Babcock Center, Charles Lea Center, Tri Development and Berkeley Citizens) who in good faith rely on a health care decision made by an authorized person from civil and criminal liability or disciplinary penalty on account of reliance on the decision. This protection also applies in emergency situations.

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Associate State Director-Policy	State Director

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

Attachment 1	Health Care Consent Act Flow Chart
Attachment 2	Instruction Sheet for Health Care Consent Form
Attachment 3	Health Care Consent Form
Attachment 4	Instructions for Authorization to Disclose Protected Health Information
Attachment 5	Authorization to Disclose Protected Health Information Form

CHAPTER 66
Adult Health Care Consent Act

SECTION 44-66-10. Short title.

This chapter may be cited as the "Adult Health Care Consent Act".

HISTORY: 1990 Act No. 472, Section 1.

SECTION 44-66-20. Definitions.

As used in this chapter:

(1) "Health care" means a procedure to diagnose or treat a human disease, ailment, defect, abnormality, or complaint, whether of physical or mental origin. Health care also includes the provision of intermediate or skilled nursing care; services for the rehabilitation of injured, disabled, or sick persons; and the placement in or removal from a facility that provides these forms of care.

(2) "Health care provider" or "provider" means a person, health care facility, organization, or corporation licensed, certified, or otherwise authorized or permitted by the laws of this State to administer health care.

(3) "Health care professional" means an individual who is licensed, certified, or otherwise authorized by the laws of this State to provide health care to members of the public.

(4) "Patient" means an individual sixteen years of age or older who presents or is presented to a health care provider for treatment.

(5) "Person" includes, but is not limited to, an individual, a state agency, or a representative of a state agency.

(6) "Physician" means an individual who is licensed to practice medicine or osteopathy pursuant to Chapter 47, Title 40.

(7) "Treatment" means the broad range of emergency, outpatient, intermediate, and inpatient services and care that may be extended to a patient to diagnose and treat a human disease, ailment, defect, abnormality, or complaint, whether of physical or mental origin. Treatment includes, but is not limited to, psychiatric, psychological, substance abuse, and counseling services.

(8) "Unable to consent" means unable to appreciate the nature and implications of the patient's condition and proposed health care, to make a reasoned decision concerning the proposed health care, or to communicate that decision in an unambiguous manner. This term does not apply to minors, and this chapter does not affect the delivery of health care to minors unless they are married or have been determined judicially to be emancipated. A patient's inability to consent must be certified by two licensed physicians, each of whom has examined the patient. However, in an emergency the patient's inability to consent may be certified by a health care professional responsible for the care of the patient if the health care professional states in writing in the patient's record that the delay occasioned by obtaining certification from two licensed physicians would be detrimental to the patient's health. A certifying physician or other health care professional shall give an opinion regarding the cause and nature of the inability to consent, its extent, and its probable duration. If a patient unable to consent is being admitted to hospice care pursuant to a physician certification of a terminal illness required by Medicare, that certification meets the certification requirements of this item.

HISTORY: 1990 Act No. 472, Section 1; 1992 Act No. 306, Section 3; 2002 Act No. 351, Sections 2, eff July 20, 2002; 2013 Act No. 39, Section 2, eff January 1, 2014.

Effect of Amendment

The 2002 amendment, in paragraph (6), added the last sentence relating to certification requirements for a hospice patient unable to consent.

The 2013 amendment substituted "Health care" for "It" in the second sentence in paragraph (1); inserted new text in paragraph (4) and redesignated former paragraphs (4) and (5) as paragraph (5) and (6); inserted paragraph (7); redesignated former paragraph (6) as paragraph (8); substituted "pursuant to Chapter 47,

Title 40" for "under Chapter 47 of Title 40" in paragraph (6); and substituted "This term does not apply to minors" for "This definition does not include minors" in paragraph (8).

SECTION 44-66-30. Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions.

(A) Where a patient is unable to consent, decisions concerning his health care may be made by the following persons in the following order of priority:

(1) a guardian appointed by the court pursuant to Article 5, Part 3 of the South Carolina Probate Code, if the decision is within the scope of the guardianship;

(2) an attorney-in-fact appointed by the patient in a durable power of attorney executed pursuant to Section 62-5-501, if the decision is within the scope of his authority;

(3) a person given priority to make health care decisions for the patient by another statutory provision;

(4) a spouse of the patient unless the spouse and the patient are separated pursuant to one of the following:

(a) entry of a pendente lite order in a divorce or separate maintenance action;

(b) formal signing of a written property or marital settlement agreement; or

(c) entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;

(5) an adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;

(6) a parent of the patient;

(7) an adult sibling of the patient, or if the patient has more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation;

(8) a grandparent of the patient, or if the patient has more than one grandparent, a majority of the grandparents who are reasonably available for consultation;

(9) any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient, or if the patient has more than one other adult relative, a majority of those other adult relatives who are reasonably available for consultation.

(B) Documentation of efforts to locate a decision maker who is a person identified in subsection (A) must be recorded in the patient's medical record.

(C) If persons of equal priority disagree on whether certain health care should be provided to a patient who is unable to consent, an authorized person, a health care provider involved in the care of the patient, or any other person interested in the welfare of the patient may petition the probate court for an order determining what care is to be provided or for appointment of a temporary or permanent guardian.

(D) Priority pursuant to this section must not be given to a person if a health care provider responsible for the care of a patient who is unable to consent determines that the person is not reasonably available, is not willing to make health care decisions for the patient, or is unable to consent as defined in Section 44-66-20(8).

(E) An attending physician or other health care professional responsible for the care of a patient who is unable to consent may not give priority or authority pursuant to subsections (A)(5) through (A)(10) to a person if the attending physician or health care professional has actual knowledge that, before becoming unable to consent, the patient did not want that person involved in decisions concerning his care.

(F) This section does not authorize a person to make health care decisions on behalf of a patient who is unable to consent if, in the opinion of the certifying physicians, the patient's inability to consent is temporary, and the attending physician or other health care professional responsible for the care of the patient determines that the delay occasioned by postponing treatment until the patient regains the ability to consent will not result in significant detriment to the patient's health.

(G) A person authorized to make health care decisions pursuant to subsection (A) shall base those decisions on the patient's wishes to the extent that the patient's wishes can be determined. Where the patient's wishes cannot be determined, the person shall base the decision on the patient's best interest.

(H) A person authorized to make health care decisions pursuant to subsection (A) either may consent or withhold consent to health care on behalf of the patient.

HISTORY: 1990 Act No. 472, Section 1; 1992 Act No. 306, Section 4; 2016 Act No. 226 (H.3999), Section 1, eff June 3, 2016.
Effect of Amendment
2016 Act No. 226, Section 1, rewrote the section, making changes to the order of priority, adding classes of persons with the authority to make health care decisions, and for other purposes.

SECTION 44-66-40. Provision of health care without consent where there is serious threat to health of patient, or to relieve suffering; person having highest priority to make health care decision.

(A) Health care may be provided without consent to a patient who is unable to consent if no person authorized by Section 44-66-30 to make health care decisions for the patient is available immediately, and in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the patient, the delay occasioned by attempting to locate an authorized person, or by continuing to attempt to locate an authorized person, presents a substantial risk of death, serious permanent disfigurement, or loss or impairment of the functioning of a bodily member or organ, or other serious threat to the health of the patient. Health care for the relief of suffering may be provided without consent at any time that an authorized person is unavailable.

(B) Health care decisions on behalf of a patient who is unable to consent may be made by a person named in Section 44-66-30 if no person having higher priority under that section is available immediately, and in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the patient, the delay occasioned by attempting to locate a person having higher priority presents a substantial risk of death, serious permanent disfigurement, loss or impairment of the functioning of a bodily member or organ, or other serious threat to the health of the patient.

HISTORY: 1990 Act No. 472, Section 1.

SECTION 44-66-50. Provision of health care without consent to relieve suffering, restore bodily function, or to preserve life, health or bodily integrity of patient.

Health care may be provided without consent to a patient who is unable to consent if no person authorized by Section 44-66-30 to make health care decisions for the patient is reasonably available and willing to make the decisions, and, in the reasonable medical judgment of the attending physician or other health care professional responsible for the care of the patient, the health care is necessary for the relief of suffering or restoration of bodily function or to preserve the life, health, or bodily integrity of the patient.

HISTORY: 1990 Act No. 472, Section 1.

SECTION 44-66-60. No authority to provide health care to patient who is unable to consent where health care is against religious beliefs of patient, or patients prior instructions.

(A) Unless the patient, while able to consent, has stated a contrary intent to the attending physician or other health care professional responsible for the care of the patient, this chapter does not authorize the provision of health care to a patient who is unable to consent if the attending physician or other health care professional responsible for the care of the patient has actual knowledge that the health care is contrary to the religious beliefs of the patient.

(B) This chapter does not authorize the provision of health care to a patient who is unable to consent if the attending physician or other health care professional responsible for the care of the patient has actual knowledge that the health care is contrary to the patient's unambiguous and uncontradicted instructions expressed at a time when the patient was able to consent.

(C) This section does not limit the evidence on which a court may base a determination of a patient's intent in a judicial proceeding.

HISTORY: 1990 Act No. 472, Section 1.

SECTION 44-66-70. Person who makes health care decision for another not subject to civil or criminal liability, nor liable for costs of care; health care provider not subject to civil or criminal liability.

(A) A person who in good faith makes a health care decision as provided in Section 44-66-30 is not subject to civil or criminal liability on account of the substance of the decision.

(B) A person who consents to health care as provided in Section 44-66-30 does not by virtue of that consent become liable for the costs of care provided to the patient.

(C) A health care provider who in good faith relies on a health care decision made by a person authorized under Section 44-66-30 is not subject to civil or criminal liability or disciplinary penalty on account of his reliance on the decision.

(D) A health care provider who in good faith provides health care pursuant to Sections 44-66-40 or 44-66-50 is not subject to civil or criminal liability or disciplinary penalty on account of the provision of care. However, this section does not affect a health care provider's liability arising from provision of care in a negligent manner.

HISTORY: 1990 Act No. 472, Section 1.

SECTION 44-66-75. Designating a family member with whom provider may discuss medical condition; exemptions.

(A) A health care provider or the provider's agent shall provide on the patient information form or by electronic health records, the opportunity for the patient to designate a family member or other individual they choose as a person with whom the provider may discuss the patient's medical condition and treatment plan.

(B) The authorization provided for in subsection (A):

(1) satisfies the requirements of Title 42 of the Code of Federal Regulations, relating to public health, and the privacy rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA);

(2) must present the question in bold print and capitalized, or by electronic means: "DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? IF YES, WHOM?"; and

(3) must specify that the patient may revoke or modify an authorization with regard to any family member or other individual designated by the patient in the authorization and that the revocation or modification must be in writing.

(C) A health care provider may disclose information pursuant to an authorization unless the provider has actual knowledge that the authorization has been revoked or modified.

(D) A health care provider who in good faith discloses information in accordance with an authorization signed by a patient pursuant to this section is not subject to civil liability, criminal liability, or disciplinary sanctions because of this disclosure.

(E) Nothing in this section may be construed to:

(1) require a health care provider to disclose information that he otherwise may withhold or limit;

(2) limit or prevent a provider from disclosing information without written authorization from the patient if this disclosure is otherwise lawful or permissible;

(3) prohibit a provider from receiving and using information relevant to the safe and effective treatment of the patient from family members; and

(4) conflict with an individual's health care power of attorney as provided for in the South Carolina Probate Code.

(F) Notwithstanding any other provision of this chapter, this section does not apply to nursing homes, as defined in Section 44-7-130 or a dentist, dental hygienist, or dental technician licensed or registered in Chapter 15, Title 40.

HISTORY: 2013 Act No. 39, Section 1, eff January 1, 2014.

SECTION 44-66-80. Other laws mandating or allowing testing or treatment without consent unaffected.

No provision in this chapter affects the ability of a state agency or health care provider working in conjunction with a state agency to conduct testing or provide treatment which is mandated or allowed by other provisions of law.

HISTORY: 1990 Act No. 472, Section 1.

CHAPTER 26
Rights of Clients with Intellectual Disability

SECTION 44-26-50. Health care decisions of client found incompetent to consent to or refuse major medical treatment.

If the client is found incompetent to consent to or refuse major medical treatment, the decisions concerning his health care must be made pursuant to Section 44-66-30 of the Adult Health Care Consent Act. An authorized designee of the department may make a health care decision pursuant to Section 44-66-30(8) of the Adult Health Care Consent Act. The person making the decision must be informed of the need for major medical treatment, alternative treatments, and the nature and implications of the proposed health care and shall consult the attending physician before making decisions. When feasible, the person making the decision shall observe or consult with the client found to be incompetent.

SECTION 44-26-60. Health care decisions of minor clients.

(A) If the client is a minor, the decisions concerning his health care must be made by the following persons in the following order of priority:

(1) legal guardian;

(2) parent;

(3) grandparent or adult sibling;

(4) other relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the client;

(5) other person who reasonably is believed by the health care professional to have a close personal relationship with the client;

(6) authorized designee of the department.

(B) If persons of equal priority disagree on whether certain health care must be provided to a client who is a minor, a person authorized in subsection (A), a health care provider involved in the care of the client, or another person interested in the welfare of the client may petition the probate court for an order determining what care is to be provided or for appointment of a temporary or permanent guardian.

(C) Priority under this section must not be given to a person if a health care provider, responsible for the care of a client who is unable to consent, determines that the person is not reasonably available, is not willing to make health care decisions for the client, or is unable to consent as defined in Section 44-66-20(6) of the Adult Health Care Consent Act.

(D) In an emergency health care may be provided without consent pursuant to Section 44-66-40 of the Adult Health Care Consent Act to a person found incompetent to consent to or refuse major medical treatment or who is incapacitated solely by virtue of minority.

PROTECTION AND ADVOCACY REPORT ON SOUTH CAROLINA EMPLOYMENT SERVICES

July 14, 2017

The Protection and Advocacy for People with Disabilities, Inc. (P&A) is a federally funded organization which advocates on behalf of individuals with psychiatric and intellectual disabilities in South Carolina. They have been in existence since 1977. There is a similar Protection and Advocacy group that operates in every state.

P&A recently released a report on the South Carolina's Employment/Day Services program. This report can be viewed at the following internet link - http://www.pandasc.org/wp-content/uploads/2017/06/Unjustified-Isolation_final.pdf. The report is critical of the number of individuals supported by DDSN who are served in work activity centers. P&A notes that the Americans with Disabilities Act of 1990 requires states to offer support for persons with disabilities in community integrated settings. This federal law has been clarified through judicial ruling such as the Olmstead case 1999. More recently the United States Department of Health and Human Services/Center for Medicare Medicaid Services has issued regulation which require services funded through a Medicaid waiver, such as the ID/RD waiver in South Carolina, to promote the inclusion of the individuals with disabilities in to the community.

Federal regulation and funding streams have historically emphasized the involvement of state vocational rehabilitation agencies and state education agencies as the lead agencies in facilitating the employment of individual with disabilities. DDSN has been working with both SC Department of Vocational Rehabilitation (VR), the SC Department of Education (SCDE) and local public school districts to promote the employment of DDSN eligible students. For example DDSN collaborated with VR to create a referral system in an effort to streamline the process and improve communication for those individuals interested in securing employment in the community. DDSN has created a system by which the individual, once stable on the job and closed by VR, can then be provided the long term supports from a provider agency to ensure they maintain employment and are successful. DDSN has also established a school to work transition initiative where DDSN staff coordinate with local districts to ensure students become, if not already, eligible for DDSN services and to coordinate long term, ongoing supports post-graduation.

P&A is correct in noting that the majority of individuals receiving day supports in South Carolina are not working in jobs paying minimum wage. However, DDSN has long been supportive of the importance of work for those individuals served within the agency network.

There have been numerous initiatives that DDSN has supported through the years to enhance employment opportunities for persons with disabilities. DDSN implemented an Employment First Directive nearly two years ago (see attached). This policy sets forth the expectation that employment should be considered prior to considering other day program options. Of course, such a significant shift in emphasis takes time to implement. DDSN staff have conducted over 41 training events in the last 18 month, communicating DDSN's employment focus and sharing the directive with providers. DDSN also sponsored the Council on Quality and Leadership in 2016 to provide trainings to providers on converting work activity centers to employment service agencies. In the next fiscal year, DDSN will be including an

assessment of provider compliance with the Employment First directive in our contract compliance review process to enhance the emphasis on the crucial principle.

While employment, at or above minimum wage working alongside individuals without disabilities is the optimum outcome, DDSN is only part of the solution. It requires a commitment from collaborating state partners and an increasing comfort from the business community in employing persons with disabilities. Businesses are demonstrating an increasing willingness to employ individuals with disabilities with the right match and by providing ongoing, long term supports. There are also tax incentives for employers who are willing to hire individuals with disabilities. Research indicates those employers who do hire an individual with a disability benefit from because this population is more dependable and has fewer workers compensation cases than other employees.

There are several outstanding examples of partnerships between large employers, VR, local school districts and DDSN and several of its providers. In the Anderson area, Walgreens has a large distribution center and specifically committed to having nearly a third of its workforce comprised of individual with disabilities. The Anderson DSN Board has developed an in-depth training program for DDSN consumers interested in working at the Walgreens Distribution Center and provides ongoing supports to those individuals. These individuals start their career at a pay rate of about $12.00 an hour depending on shift.

Additionally, DDSN provider agencies have partnered with VR and local school districts to provide for ongoing supports for those who have secured a job through Project SEARCH. Project SEARCH is a program which provides students in their last year of school the opportunity to partner with a large employer (often a hospital) and gain valuable work experience through internships. Before graduating, most students secure employment with the employer and benefit from the ongoing supports available to them by a DDSN provider to ensure they sustain their employment post-graduation. Currently there are two Project SEARCH sites in the state with expectation of an additional 3-4 during the 2017-2018 school year.

DDSN and its provider network have developed many customized employment opportunities for individuals throughout the state including a position as a Mermaid for an employer in Myrtle Beach, a gentleman with autism providing tutoring services for a classroom which has increased their test scores in math for those participating, a cat lover who spends her day socializing cats so that they are adoptable and some individuals who work at Riverbank Zoo.

As noted by P&A, there are individuals who participate in lawn crews and janitorial who do tend to work primarily around other persons with disabilities and many make less than minimum wage (based on their productivity level). However, group employment should be seen as skill building towards individual employment. The individuals who participate in this sort of work derive great sense of satisfaction, not to mention wages which allow participation in a more diverse set of leisure activities.

The University of Massachusetts/Institute of Community Inclusion (ICI) is the primary entity which reports on the status of employment for person with intellectual disabilities in the United States. ICI consider employment like the janitorial and yard crews which many DDSN consumers work in to be integrated employment. According to ICI, DDSN has a larger percent of person served in day programs to be involved in integrated employment than the national average (see the attached chart).

The P&A employment report has four recommendations for DDSN and four for DDDSN and the South Carolina Department of Health and Human Services. Efforts to address more of the areas of concern noted by P&A have been underway for some time. DDSN plans to continue efforts to address these issues going forward. The attached document summarizes the actions that DDSN has previously taken and plans to take in the future that address the P&A recommendations.

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Applicability:	DDSN Regional Centers, DSN Boards and Contracted Providers of Day Case Management, Residential Habilitation and ICF/IID Services

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Purpose:

Since 2009, the Department of Disabilities and Special Needs (DDSN) has embraced the Employment First approach to service delivery. Employment First assumes that individual integrated employment at or above minimum wage is the preferred outcome for working age adults, regardless of disability. This assumption should be the foundation for assessment and planning for individuals receiving services through DDSN. The purpose of this directive is to articulate the philosophy of the Agency regarding Employment First.

General:

The value of employment, to the individual employee as well as to society, is both measurably significant and immeasurably meaningful. Society values work and individuals who work. Often, by-products of working include a sense of accomplishment and an increased sense of competence and self-worth. Employment/occupations often give individuals a sense of identity and shape how others perceive them. Additionally, being employed often provides opportunities to develop new relationships and accrue social capital. Ultimately, employment usually results in personal enrichment, expanded opportunities to exercise choice and greater economic independence. Employment of individuals with disabilities also benefits society by adding their

contributions to the economy, adding diversity to the workforce, reducing reliance on government-sponsored benefits and developing universal designs that result in greater productivity and efficiency for the workforce as a whole.

Legislation, regulation and litigation on both the federal and state level affirm that agencies and systems serving those with disabilities have a mandate to provide services that are tailored and customized to an individual's strengths, preferences and interests and that include needed and desired employment supports. For example:

- The United States Supreme Court ruled in Olmstead v. L.C. (July 1999) that states must administer services for individuals with disabilities in the most integrated settings appropriate to their needs, as opposed to unnecessarily segregating them from the broader community. The United States Department of Justice (DOJ) has advised that this mandate applies to "all facets of life, including employment, public accommodations, and services, programs and activities of state and local governments… including segregated, non-residential employment and vocational programs such as sheltered workshops ("Statement of Interest of the United States of America Lane v. Kitzhaber," April 20, 2012)." The DOJ has also stated that "Segregated settings include, but are not limited to,… settings that provide for daytime activities primarily with other individuals with disabilities ("Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C." 3, June 22, 2011)."

- S.C. Code Ann. § 44-20-20 and § 44-20-390 require that services be planned and rendered to assist those eligible for DDSN services in developing to the fullest extent possible in the least restrictive environment available.

- The Center for Medicare and Medicaid Services (CMS) issued a Final Rule on Home and Community Based Services (HCBS) in March 2014 requiring settings in which HCBS are provided to be fully integrated into the community and offer supports needed to pursue, obtain and maintain individual community employment.

- The Workforce Innovation and Opportunity Act of 2014 (WIOA) increases access for individuals with disabilities to employment and training services, beginning with pre-employment transition services for youth with disabilities to prepare for, obtain and retain competitive, integrated employment. WIOA also establishes an Advisory Committee to develop strategies for increasing employment outcomes for individuals with disabilities.

<u>While all of the DDSN Day Services (i.e., Employment Services, Career Preparation, Community Services, Day Activity and Support Center) can be provided in integrated community settings and can lead to meaningful outcomes, DDSN promotes employment outcomes (and individual employment in particular) as the most meaningful outcomes for adults of working age</u>.

Definitions:

Employment

- Working for at least minimum wage in an integrated setting - can be individual (paid directly by the employer), group (paid by a service provider from revenues earned via contracts with business/government entities) or self-employment (including sole proprietorships and partnerships).

Integrated Setting

- Typical workplace where the majority of individuals employed do not have disabilities and where the employee with a disability has opportunities to interact with coworkers, vendors, sub-contractors, customers and/or the public.

Policy:

Employment Services - Individual, provided in integrated settings, is the first and preferred Day Service option to be offered to working age youth and adults (ages 16 – 64) who have exited school and who are eligible for DDSN services. No other DDSN Day Service, including Career Preparation, should be considered, or implied to be, a prerequisite to receiving Employment Services. Success in the provision of Employment Services is dependent upon a holistic, person-centered approach to removing barriers through an array of supports. No one staff person can shoulder this responsibility alone. Rather, other areas of the DDSN service delivery system must be involved in promoting and assuring the provision of desired and needed employment supports for DDSN adults of working age. Some specific responsibilities are as follows:

Case Management Providers

Employment First is about cultivating the expectation that individuals with disabilities can make a positive contribution in most workplaces. Many individuals who may not be "qualified" for established jobs as typically described would be quality employees if customized jobs were developed to match their strengths, interests and skill sets. And, contrary to popular myths, most individuals with disabilities can work and improve their financial situation while maintaining necessary benefits (e.g., Medicaid, SSI, etc.) - usually without limiting their hours and wages. With proper assistance, benefits can be managed in such a way that the individual's standard of living is increased because wages are combined with needed benefits. Most adults will be better off financially by working. Case Managers can play a central role in dispelling myths, alleviating fears of losing public benefits, correcting misperceptions and raising expectations.

Employment aspirations should be discussed at the first contact, and regularly and consistently during subsequent contacts, with those of working age. Case Managers should be generally knowledgeable about the different types of government benefits (e.g., Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), Supplemental Nutrition Assistance Program (SNAP), etc.) and work incentives (e.g., Impairment-Related Work Expenses (IRWE), Plan to Achieve Self-Support (PASS), Blind Work Expense, etc.). Case Managers should also be aware of available resources to which the individual could be referred or linked when concerns regarding paid employment are expressed (e.g., Community Work Incentive Coordinators/benefits counseling, Centers for Independent Living, etc.).

Anyone, regardless of disability, who expresses a desire to pursue individual employment should be informed of, offered and linked to or authorized to receive the appropriate supports to do so (e.g., SC Vocational Rehabilitation Department, DDSN Employment Services, benefits counseling, assistive technology, etc.). These supports should be identified on the individual's Case Management Assessment and Plan (CMAP) or Case Management Annual Assessment and Support Plan.

Case Managers are to promote employment as the first and preferred outcome for working age adults receiving DDSN services. When non-work services have been selected, the possibility of pursuing employment should be explored at least annually.

DDSN Employment/Day Services Providers

Anyone, regardless of disability, who expresses a desire to pursue individual employment should be assumed to be employable and offered or referred to the appropriate supports necessary to achieve that objective (e.g., experiential and ecological assessment focused on strengths, interests and preferences; community based learning; benefits counseling (available from the SC Vocational Rehabilitation Department); customized job development; assistive technology (available from the SC Vocational Rehabilitation Department, from the SC Assistive Technology Network at the University of South Carolina's Center for Disability Resources and from Medicaid assistive technology providers), etc.). These support needs should be identified on the individual's plan of service.

If an individual has been authorized to receive a Day Service other than Employment Services, but indicates a desire to pursue employment, the Day Service provider should assist the individual as needed to advocate for authorization of or referral/linkage to the supports necessary in order for employment to be pursued. Providers of all DDSN Day Services should encourage and support all whom they serve to establish and pursue a path toward employment.

Employment/Day Services provider agencies should seek to partner with local school systems to raise the expectations of educators, students and families concerning post-secondary employment supports and outcomes for students with disabilities. DDSN will assist Employment/Day Services providers to facilitate the establishment of these partnerships.

Residential Habilitation and ICF/IID Service Providers

Residential Habilitation and ICF/IID service providers' programs should support those who desire to work as needed to obtain and maintain employment. This support may include encouragement to pursue employment, advocacy, transportation, etc. Provider policies and procedures should not in any way jeopardize a resident's prospects for obtaining and maintaining employment.

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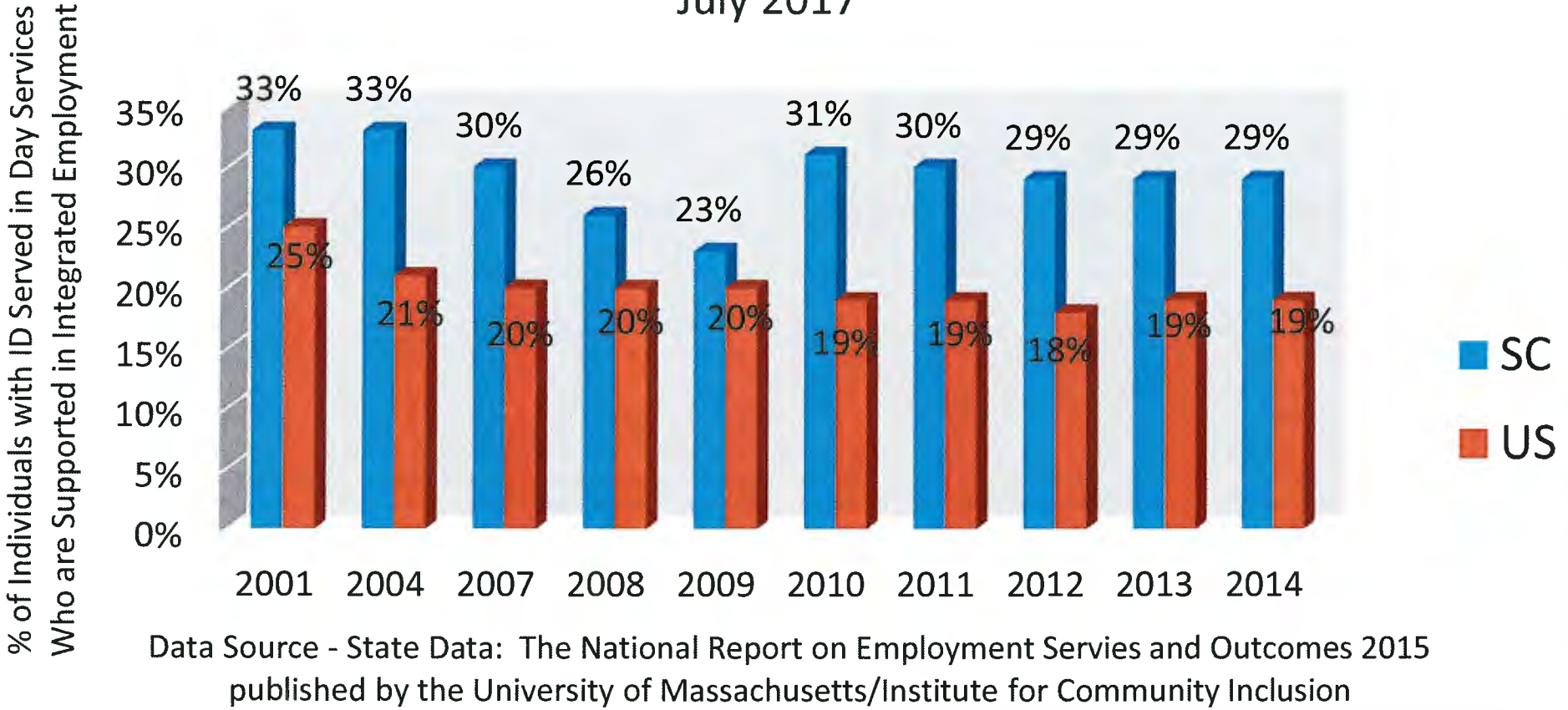
Community Integrated Employment Supports

July 2017



Data Source - State Data: The National Report on Employment Servies and Outcomes 2015 published by the University of Massachusetts/Institute for Community Inclusion

SCDDSN ACTIONS TO ENHANCE EMPLOYMENT SERVICES

July 14, 2017

P&A Recommendations for SCDDSN:

- **Develop a plan, in compliance with the Final Rule and the ADA, to implement its Employment First directive by phasing out segregated facilities, not renovating or opening new facilities, and providing vocational services in integrated, community settings appropriate to the needs of the participant. Include individuals with disabilities in the planning process.**

  - Ongoing Employment First training is provided to DDSN provider staff in various settings: In the past year a total of 192 hours of training/technical assistance has been provided to 942 staff.
  - National speakers have been brought in to present new perspectives/ideas and share successful systems transformation techniques. Kim Zoeller, CEO, Ray Graham Association, Chicago, Il (6/15/16, 6/16/16, 9/19/16, 9/20/16) Cary Griffin, CEO, Griffin Hammis Associates, Inc., (4/27/17)
  - Day service standards (all areas) are in the process of revision to prioritize competitive integrated employment.
  - Licensing changes for day facilities are being considered to allow services to be provided differently and in compliance with CMS Final Rule.
  - Robust attempts are being made to stop the influx of new service recipients entering day facilities to include:
    - DDSN Post-secondary Transition Coordinators' commitment to work with TASC teams to support students exiting school with employment as opposed to planning for transition into day programs. Education regarding DDSN's eligibility process and encouragement for early application is provided.
    - DDSN participates in steering committees for Project SEARCH programs across the state which has proven success in gainful employment outcomes for students. A seamless transition from school and SCVRD services into DDSN State Funded Follow Along is facilitated for these students for long term employment supports.
    - A mail out of 2000+ was completed in June 2017 in an effort to reach out to DDSN eligible individuals age 17-20 and their families to offer assistance with SCVRD referrals and transition into DDSN adult services.
    - Case Managers are educated on their role as central to changing expectations regarding employment outcomes even from a very young age.
    - Tools and resources regarding how employment impacts SSI, SSA, and other public benefits are made available to Case Managers, Employment and Day staff to assist in dispelling myths, alleviating fears and encouraging employment as the best option for individuals of working age.
    - Referrals to SCVRD are encouraged as this is the designated state agency to provide employment services for individuals with disabilities.

Develop procedures to ensure that all boards and providers are consistently following the SCDDSN Employment First directive.

  - Training on Employment First has been and continues to be embedded in training events and technical assistance provided to DDSN provider staff. In the past year 110 hours of training has been provided to 716 staff and 82 hours of technical assistance has been provided to 226 staff.

- Revisions to day service standards are being considered to define employment as at or above minimum wage. (Sub-minimum wage would not be considered employment and would fall only under Career Preparation Services.)
- A new DDSN Director of Employment/Day Services was hired 11/2015.
- DDSN contracted a full time position for employment technical assistance with CDR effective 1/1/16.
- A DDSN Transition Department was established 6/16 with 3 Post-secondary Transition Coordinators.
- A statewide referral process has been established for referrals to SCVRD with the ability to track outcomes. The number of referrals to SCVRD has grown substantially in the past 18 months. Out of a total of 703 referrals made to SCVRD since 2014, 440 of these have been made within the past 18 months. (63% of all referrals statewide made to SCVRD have been made within the past 18 months.)
- The State Funded Follow-Along (SFFA) program was implemented 4/1/16 to provide long term employment supports to DDSN eligible individuals who secure competitive integrated employment through SCVRD. To date 13 individuals have been enrolled in SFFA after successful closure from SCVRD.
- A Day Service Observation tool has been developed to more thoroughly assess individual engagement in productive activities that will be used as part of provider quality assurance audits.
- New tools have been developed that prioritize employment to include Comprehensive Day Service Assessment, Comprehensive Vocational Services Assessment, and Individual Plan of Supports for Employment. These tools focus on the interests, preferences, choices and abilities of individuals.
- A provider counterpart group specific to employment was established April 2017 in District 2. The District 1 employment counterpart group continues to grow and has been a strong support network for many years.

• **Conduct outreach to all participants in career preparation and employment services to ensure they are evaluated to determine what services can assist them to work in integrated employment based on informed choice, such as reasonable accommodations, assistive technology and job coach services. SCDDSN should make sure that these services are delivered, including ensuring that there are enough job coaches for all participants who need them.**

- Career Counseling, Information and Referral services are being provided by SCVRD, as mandated by WIOA, at least yearly for all participants in Career Preparation and Employment Group services who earn sub-minimum wage.
- Many DDSN providers across the state have hosted outside entities such as ABLE SC and others to come into their day facilities to provide training on self-advocacy and self-determination.
- Information on available local training opportunities for self-advocacy, self-determination, and peer mentoring is given annually to all recipients of Career Preparation and Group Employment Services earning sub-minimum wage.
- There have been 5 new (and expansion of 1) employment providers over the past 18 months added to the Qualified Provider List for DDSN.
- The new Comprehensive Day Service Assessment (7/1/17) and Comprehensive Vocational Service Assessment (7/1/16) prioritize employment and discuss accommodations/assistive technology needs.
- Fewer DDSN day service providers are paying sub-minimum wage. Currently Chester/Lancaster DSNB, Horry DSNB, Allendale/Barnwell DSNB and Marion/Dillon DSNB only pay minimum wage.
- More providers are offering job exposure/discovery opportunities in the community to promote informed choice regarding individuals' employment goals.

- **Expedite implementation of conflict free case management and recruit more providers of Medicaid-funded career preparation and employment services.**

  - DDSN is working with DHHS on the scheduled implementation of conflict free case management using the individual choice model and following the timelines to be established by SCDHHS.
  - Increased rates paid for Employment-Individual Services ($70.10 per unit/hour) incentivizes new private entities to become approved as qualified providers of employment services.

<u>Recommendations for SCDDSN in conjunction with South Carolina Department of Health and Human Services (SCDHHS):</u>

- **Review and evaluate funding streams for career preparation services and employment services and reallocate funding to support integrated, individualized employment services in the community.**

  - The rate paid for Employment Services – Individual is substantially higher than that of other day services. (Current rate is $70.10 per unit/hour.)
  - DDSN will assiste DHHS with any review of rate restructuring.

- **Develop a plan to determine the training needs of staff providing vocational services, participants of services, and their families and to deliver those services. Areas to be addressed should include the concerns raised in this report. The planning process should include input from providers of services, participants of vocational services, families, SCVRD, South Carolina Department of Education (SCDE), and agencies serving individuals with ID/RD.**

  - DDSN providers have been asked to make requests for specific training needed to assist them in transitioning to CMS compliance and increasing employment programs. These requests are addressed. Some examples are:
    - Training sessions in June and September of 2016 were held with Kim Zoeller, CEO, Ray Graham Association, who led teams made up on multi-level positions within providers to plan and make changes towards CMS Compliance.
    - A statewide employment counterpart meeting was held in Columbia on 4/27/17 with an interactive webinar led by Cary Griffin, CEO, Griffin Hammis Associates, Inc., who presented and discussed Rural Job Development.
  - DDSN provides technical assistance to providers routinely as requested.
  - DDSN offers a high quality Employment Training at least twice yearly for new DDSN provider Employment Specialists in a large group setting and one on one as requested.
  - DDSN/CDR staff routinely attend counterpart meetings to present new information regarding policy/tools/programs and gather information from providers about training and other needs.
  - DDSN will be offering trainings to families to assist families better understand employment services.

- **Establish a mechanism to determine and address barriers and concerns faced by participants in career preparation and employment services, including barriers and concerns raised by this report. Involve stakeholders, including participants in vocational services and their families, independent living centers, DSN Boards, private providers, other state agencies serving individuals with ID/RD, and outside organizations serving individuals with ID/RD.**

- DDSN provider Case Managers, Employment and Day staff are provided with resources and tools regarding benefits analysis/counseling, Impaired Related Work Expenses, benefits reporting, and the impact of employment on public benefits.
- Transportation barriers and creative solutions are embedded in training offered across roles.
- DDSN is open to feedback and discussion on barriers to employment.

• **Address barriers to transportation that impact individuals with disabilities that limit their ability to drive to work.**

- DDSN providers are encouraged to think creatively to solve transportation problems. For example, one provider has contracted with a retired community member who assists with transportation for individuals to get to work.
- Information is collected nationally from providers in other states and presented to DDSN providers as a means to creative thinking. One example is from Minnesota where a provider hosts an annual "Walk for Wheels" event which raises money to purchase vans that are used to transport individuals to work.
- Employment and other training discusses the appropriateness for individuals to pay for transportation to work as those without disabilities are required to do. Impaired Related Work Expenses are discussed that allow for deduction of these costs.