

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

July 19, 2018

The South Carolina Commission on Disabilities and Special Needs met on Thursday, July 19, 2018, 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
Vicki Thompson – Secretary
Sam Broughton, Ph.D.
Chris Neeley
Lorri Unumb

DDSN Administrative Staff

Mr. Pat Maley, Interim State Director; Mr. Rufus Britt, Interim Associate State Director, Operations; Ms. Lisa Weeks, Interim Associate State Director, Administration; Mrs. Susan Beck, Associate State Director, Policy; Ms. Tana Vanderbilt, General Counsel, Ms. Sandra Delaney, Administrative Coordinator (For other Administrative Staff see Attachment 1 – Sign In Sheet).

Guests

(See Attachment 1 Sign-In Sheet)

Coastal Regional Center (via videoconference)

(See Attachment 2 Sign-In Sheet)

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)

MaxAbilities (via videoconference)

News Release of Meeting

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

Adoption of the Agenda

The Commission adopted the July 19, 2018 Meeting Agenda by unanimous consent. (Attachment A)

Executive Session

Commissioner Broughton made the motion to enter into Executive Session to discuss a personnel matter. The motion was seconded by Commissioner Lemel and passed.

Enter into Public Session

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

Invocation

Commissioner Unumb gave the invocation.

Approval of the Minutes of the June 21, 2018 Commission Meetings

The Commission approved the June 21, 2018 Commission Meeting minutes by unanimous consent.

Public Input

The following individual spoke during Public Input: Deborah McPherson.

Commissioners' Update

Commissioner Neeley spoke of the third town hall meeting that was held June 28, 2018 at the Coastal Center. He is receiving great feedback from the providers and taking the information to Washington in his role as Chairman of the President's Committee for People with Intellectual Disabilities.

Committee Assignments

Chairman Ravenel made the following Committee appointments:

Finance and Audit Committee – Commissioners Lemel, Neeley and Broughton with Commissioner Lemel serving as Chairman.

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

Legislative Committee – Commissioners Unumb and Neeley with Chairman to be named.

State Director's Report

The House Legislative Committee has set three DDSN hearings on July 30, August 30, and September 12. The agency is hoping the Committee will wrap up its review and produce a report and recommendations later in the year. The July 30 meeting will be about DDSN's performance management system. This is third time this has been set; a PowerPoint was previously sent. The agency will update with 4th quarter reports.

On July 17, Mercer Healthcare Consultants held their second stakeholder meeting on the DDSN payment system and rate study. They have three more planned through the summer.

Fourth quarter reports were completed and placed in the meeting binders. Will discuss in August when there is more time. The benefits of a performance system are now surfacing because comparing data with prior periods is key to see if the agency is progressing or not.

Residential Observations – Interviewed all staff and consumers in 31 homes in June. Comments were shared. Not one consumer felt unsafe from an Abuse, Neglect and Exploitation perspective.

Case management market rate issue nudged up about five percent in productivity, but still 55 percent less current band revenue if billings calculated at the 25/15 rate. The agency has much work to do. We are working on parallel issues of conflict free case management and Mercer rate study ties into to help the system wide issue.

SC DHHS has taken over BabyNet. DDSN is still the third party payment system until transfer in three to six months. A DDSN Task force meeting is scheduled for August 1 on how DDSN will handle payment for remaining E1-26 percent. Also on the agenda for the August 1 meeting is getting input on the proposed process of batching new policies and changes on a quarterly basis and how the Commission's Policy Committee with engage to provide a higher level review on key policies. The agency will also be discussing a proposal to

standardized communications between providers and DDSN on key issues and key topics.

FY 2018-2019 Budget Update

Mr. Maley stated the Governor did not issue any vetoes regarding the agency's budget. (Attachment B)

Financial Update

The Financial Report was reviewed and discussed. (Attachment C)

State Director Selection Process

Commissioner Thompson stated the Committee interviewed six candidates on June 20, 2018 and on June 21, 2018, the Committee recommended to the full Commission two candidates would be interviewed by the full Commission.

In response to a FOIA request, information was provided on two candidates. After the information was distributed, a question was presented to Commissioner Lemel. Commissioner Lemel commented on the question stating one of the two candidates listed him as one of their five professional references and a possibility of a conflict of interest. Commissioner Lemel stated, he personally had no concerns that it was a conflict of interest, however, out of an abundance of caution, he ceased participation in the selection process and asked our Interim State Director to request an opinion from the State Ethics Commission to get some resolution. The General Counsel of the Ethics Commission found no reason that he could not continue to serve in the selection process.

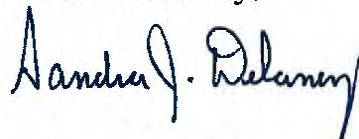
Commissioner Thompson stated the motion, after several months of advertising, screening and interviewing, it is with great pleasure to nominate Mary Poole as our State Director of the SC Department of Disabilities and Special Needs. Commissioner Broughton seconded and the motion passed.

It was noted that Commissioner Neeley abstained from voting.

Next Regular Meeting

August 16, 2018 to be held at the DDSN Central Office.

Submitted by,



Sandra J. Delaney

Approved:

A handwritten signature in blue ink that reads "Vicki Thompson" followed by a stylized flourish.

Commissioner Vicki Thompson
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

July 19, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- | | | |
|-----|-------------------------------|-----------------------|
| 1. | Sophani Williams | Calhoun DSNB |
| 2. | Susan John | Henry Co. DSN |
| 3. | Deborah M. Phesant + daughter | July 19, 2008 |
| 4. | Jerrey C. Mize | Oconee DSN |
| 5. | Chuck Norman | DDSN |
| 6. | Alike Moss | Calhoun DSNB |
| 7. | Drew Reno | Colleton County BOSN |
| 8. | Key Miller | DD Council |
| 9. | Ann Dalton | SCDDSN |
| 10. | Richard John | PGA COASTAL CENTER |
| 11. | Suzanne John | PGA COASTAL CENTER |
| 12. | Shaun Keith | SCDSN |
| 13. | Thozl Warren | Babcock Center |
| 14. | Jacy Johnson | Rich/Lex DSN |
| 15. | Kathleen Robert | WHITTEN CENTER/SCADOD |
| 16. | Scott Bernard | Charles Lee Center |
| 17. | Bob Jones | Newberry DSNB |
| 18. | Lynn Sigs | SCDDSN |
| 19. | Mike Keith | Marion-Dixon DSN |
| 20. | Teri Todd | Bright Starts |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

July 19, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- 21. Carly Fieldhouse Arc of SC
- 22. Juya Davis BIASC
- 23. Dorothy Goodwin Community Options
- 24. Jennifer Morgan ECM Support Services
- 25. Linda Kee WCFE PADD
- 27. ~~Ralph Court~~ TDC/ACBD
- 28. Cynthia D. Binckney The Columbus Organization
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting

July 19, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Sloan Tuelo Path Finders
2. Ronda Ritchie DDSN Dist. II
3. Hester Wannamaker ODSN D II
4. Felita Martino DDSN II
5. JCH, SCDSN
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting

July 19, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Clara Faye Dozier Williamsburg DSNB
2. Deborah K. Smith District II
3. Mary A Mack Lee Co DSN Board
4. Amy McLean Pee Dee Regional Center
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

July 19, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Elaine M Thena PCBOSN

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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 19, 2018

9:00 A.M.

1. Call to Order *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement *Commissioner Vicki Thompson*
3. Adoption of Agenda
- 4. Executive Session – will be closed to the public**
- 5. Enter into Public Session – 12:30 p.m.**
6. Invocation *Commissioner Lorri Unumb*
7. Introduction of Guests
8. Approval of the Minutes of the June 21, 2018 Commission Meeting
9. Public Input
10. Commissioners' Update *Commissioners*
11. Committee Assignments *Chairman Eva Ravenel*
12. State Director's Report *Mr. Pat Maley*
13. Business:
 - A. FY 2018-2019 Budget Update *Mr. Pat Maley*
 - B. Financial Update *Mr. Pat Maley*
14. State Director Selection Process *Commissioner Vicki Thompson*
15. Next Regular Meeting (August 16, 2018)
16. Executive Session
17. Adjournment

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Attachment B

Program Need – Recurring Funds		Budget Request for FY 2018-2019	Appropriations Act
1	<p>Safety and Quality of Care/Workforce Needs. Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 care to consumers. This request is the second year of a multiyear request and has two 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 \$12.00 per hour, a 9.1 percent increase from \$11.00 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. Large private companies, like Walmart and McDonald’s, are raising their hiring pay rate to remain competitive. (2) Retain essential staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists at supervisory and manager levels where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.</p>	<p>\$11,300,000</p> <hr style="width: 20%; margin: 10px auto;"/> <p>Increase Hiring Wage \$10M</p> <p>Compression & Retention \$1.3M</p>	<p>\$11,300,000</p>
2	<p>Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists. This request has three components: (1) The first component will provide approximately 1,000 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development and independence, keep them at home and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 8,100 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This initiative 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 requests new funds required to cover the new costs associated with changes to services or service levels in the ID/RD and HASCI Medicaid Waivers. Pest control/bed bug infestation will be a new service in the HASCI Waiver and the caps on environmental modifications and private vehicle modifications in the ID/RD waiver will be increased from \$7,500 to \$15,000 each. (3) The third component of this request will provide necessary residential supports and services to two target groups (a) 100 individuals who are living at home with caregivers aged 72 and over and (b) 45-50 individuals with intensely challenging behaviors. 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. For aging caregivers, providing services now prevents waiting until the family is in a state of crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are almost 1,400 individuals with severe disabilities being cared for by parents aged 72 and over. Over 570 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. For individuals with extremely challenging behavior, 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</p>	<p>\$9,500,000</p> <hr style="width: 20%; margin: 10px auto;"/> <p>In-Home Supports \$4.5M</p> <p>Added Waiver * Services \$700K</p> <p>Targeted Residential/Aging Caregivers \$2.3M</p> <p>Targeted Residential/High Management \$2M</p>	<p>_____</p>

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Program Need – Recurring Funds		Budget Request for FY 2018-2019	Appropriations Act
	cost of providing a very high level of supports required for individuals with aggressive, intense 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	<p>Psychiatric Intervention and Stabilization for Individuals. This request would build crisis intervention capacity within DDSN's system in three major areas.</p> <p>(1) Psychiatric intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Nurse practitioners will assist in medical diagnosis and treatment. Intensive supports would be provided in individuals' current living environment. The use of telehealth will be integrated in order to increase access to psychiatrists, nurse practitioners and other specialists. This will also improve management of complex physical and psychological conditions and is cost efficient. Existing mental health resources are not sufficient or tailored to meet the needs of individuals with developmental disabilities. This request also includes increased access to psychiatric support for individuals receiving community services and supports. The primary objective is to prevent a crisis situation, intervene to support an individual escalating to crisis and stabilize individuals in crisis in order that they can remain in their home.</p> <p>(2) The crisis response and stabilization 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 psychiatric service capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings.</p> <p>(3) 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. Increasing access to psychiatric services in a timely manner will increase the success of interventions. These interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement.</p>	<p>\$1,800,000</p> <hr/> <p>Psychiatric and Behavioral Supports \$900K</p> <p>Temporary Residential \$400K</p> <p>TBI Inpatient \$500K</p>	<p>_____</p>
4	<p>Ensure Compliance with CMS Final Rule Regulations.</p> <p>(1) New federal requirements defined by the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) 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. More individualized settings require increased staffing models, necessitating additional funding. This request would provide funding to develop these new service models for individualized day supports and employment opportunities to be compliant with the CMS HCBS Final Rule. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment.</p> <p>(2) The 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</p>	<p>\$6,700,000</p> <hr/> <p>Individualized Employment/Day Supports \$5.1M</p> <p>CMS Requirements \$1.6M</p>	<p>_____</p>

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Program Need – Recurring Funds		Budget Request for FY 2018-2019	Appropriations Act
	<p>performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement.</p> <p>(3) New state funds are necessary to increase the state’s participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.</p>		
5	<p>Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care.</p> <p>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 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 25 to 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations. Funds will be used to purchase and develop community residential settings, day services and provide necessary supports.</p>	\$1,200,000	_____
6	<p>Community ICF/IID Provider Rate Increase.</p> <p>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. There are no automatic increases to cover increasing operating expenses. Services include nursing, supervision, medical specialists, medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these more intensive supports. Funding for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services are maintained. Funding this request will ensure compliance with current federal regulations. This request will provide sufficient funding as a maintenance of effort to the providers of community ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, the providers will have to serve fewer people.</p>	\$1,500,000	_____
7	<p>Strengthen Provider Support, Oversight and System Changes.</p> <p>This request has three components:</p> <p>(1) The first component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance.</p> <p>(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 (a) provided directly by DDSN staff, (b) national subject matter experts would be brought in and (c) provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training.</p>	<p style="text-align: right;">\$1,650,000</p> <hr style="width: 100%;"/> <p style="text-align: center;">Provider Oversight \$250K</p> <p style="text-align: center;">Training \$200K</p> <p style="text-align: center;">Intake \$1.2M</p>	_____

**South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017**

Program Need – Recurring Funds		Budget Request for FY 2018-2019	Appropriations Act
	(3) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization offers 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.		
8	<p>Assure Statewide Access to Genetic Services. This request will assure statewide access to genetic services for infants born with complex developmental disabilities and their families. It also supports development of a systematic and comprehensive application of new genomic technologies. The Greenwood Genetic Center would receive these funds through contracts. Currently the underlying cause for intellectual disabilities in approximately 40% of individuals evaluated is not identified. For individuals with autism, an underlying cause is not identified in 80% of those evaluated. The lack of a specific cause is not acceptable to families and physicians. It also significantly limits optimum medical management, treatment options and informed decision-making. This request supports the use of new and emerging genomic technologies, such as whole genome sequencing, whole exon array, transcriptomics, metabolomics and structural variant assessment technologies, to improve the ability to determine the underlying causation of intellectual disability for individuals served by DDSN. The request of \$500,000 of new state funds will be used in conjunction with funds from the private sector. Anticipated private partners include Duke Endowment, Self Healthcare, Self Family Foundation and individual donors.</p>	\$500,000	\$500,000
9	<p>Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries. DDSN has a recurring appropriation of \$3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 would serve an additional 8 to 10 individuals and help bridge the gap. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows these results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.</p>	\$500,000	\$500,000
TOTAL RECURRING FUNDS		\$34,650,000	\$12,300,000

**NOTE: BabyNet Transfer to DHHS - \$11,402,071 (-)
PDD Program Transition to DHHS Medicaid State Plan Service - \$5,830,880 (-)**

**South Carolina Department of Disabilities and Special Needs
 FY 2018 – 2019 Budget Request Items In Priority Order
 Approved by the Commission on 8/17/2017**

Program Need – Non-Recurring Funds		Budget Request for FY 2018-2019	Appropriations Act
1	<p>Vehicle and Building Maintenance. DDSN’s statewide network of community service providers own and operate hundreds of buildings for the provision of day services, residential services, case management and early intervention services and administration of programs and services. In addition, a multitude of vehicles is associated with the provision of care and services. This request for \$5,000,000 of non-recurring state funds will provide sufficient funding as a maintenance of effort regarding the infrastructure needs of DDSN’s network of community service providers. Federal, state and local requirements require compliance with ADA and Medicaid regulations, Fire Marshal specifications, licensure standards, building codes, etc. for buildings. Health and safety of individuals receiving services and staff must be protected during the operation of vehicles. The provision of funds for this request will ensure buildings and vehicles are compliant, well maintained and safe. Maintenance cannot be continually deferred. Eventually these costs must be covered or services have to be reduced or eliminated. Reducing quality is not an option due to the nature of services provided to individuals with disabilities.</p>	\$5,000,000	_____
TOTAL NON-RECURRING FUNDS		\$5,000,000	_____

FY 17/18 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 6/30/2018)

Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance
ADMINISTRATION	\$ 7,883,999.00	-\$ 93,221.00	\$ 7,790,778.00	\$ 6,474,435.11	\$ 1,316,342.89
PREVENTION PROGRAM	\$ 257,098.00	\$ 585,902.00	\$ 843,000.00	\$ 283,951.00	\$ 559,049.00
GREENWOOD GENETIC CENTER	\$ 11,858,376.00	\$ 0.00	\$ 11,858,376.00	\$ 11,858,372.00	\$ 4.00
CHILDREN'S SERVICES	\$ 14,859,525.00	\$ 5,903,839.00	\$ 20,763,364.00	\$ 19,756,215.64	\$ 1,007,148.36
BABYNET	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00	\$ 9,312,500.00	\$ 0.00
IN-HOME FAMILY SUPP	\$ 87,577,481.00	-\$ 10,479,712.98	\$ 77,097,768.02	\$ 53,000,487.42	\$ 24,097,280.60
ADULT DEV&SUPP EMPLO	\$ 70,022,008.00	\$ 9,679,896.00	\$ 79,701,904.00	\$ 75,064,797.43	\$ 4,637,106.57
SERVICE COORDINATION	\$ 22,707,610.00	-\$ 1,407,701.00	\$ 21,299,909.00	\$ 18,736,548.98	\$ 2,563,360.02
AUTISM SUPP PRG	\$ 14,136,026.00	\$ 11,027,238.00	\$ 25,163,264.00	\$ 14,117,166.10	\$ 11,046,097.90
Pervasive Developmental Disorder (PDD) Program	\$ 9,780,880.00	-\$ 2,662,000.00	\$ 7,118,880.00	\$ 1,646,526.71	\$ 5,472,353.29
HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 1,336,219.00	\$ 4,376,751.00	\$ 4,224,142.10	\$ 152,608.90
REG CTR RESIDENT PGM	\$ 79,396,018.00	\$ 2,844,760.00	\$ 82,240,778.00	\$ 67,684,264.49	\$ 14,556,513.51
HD&SPIN CRD INJ FAM	\$ 27,758,987.00	\$ 626,336.00	\$ 28,385,323.00	\$ 17,440,068.96	\$ 10,945,254.04
AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 6,382,651.00	\$ 29,940,260.00	\$ 29,012,725.22	\$ 927,534.78
INTELL DISA COMM RES	\$ 333,536,387.00	-\$ 14,407,428.71	\$ 319,128,958.29	\$ 296,761,423.61	\$ 22,367,534.68
STATEWIDE CF APPRO		\$ 0.00	\$ 0.00		\$ 0.00
STATE EMPLOYER CONTR	\$ 32,089,541.00	-\$ 2,298,224.00	\$ 29,791,317.00	\$ 26,901,223.76	\$ 2,890,093.24
DUAL EMPLOYMENT				\$ 0.00	\$ 0.00
CAPITAL PROJECTS				-\$ 44,300.00	\$ 44,300.00
Legislative Authorized Total	\$ 747,774,577.00	\$ 7,038,553.31	\$ 754,813,130.31	\$ 652,230,548.53	\$ 102,582,581.78
Legislative authorization capacity above actual spending plan budget			-\$73,087,492.31		
DDSN spending plan budget			\$681,725,638.00	\$ 652,230,548.53	\$ 29,495,089.47
Percent of total spending plan budget			100.0%	95.7%	4.3%
% of FY completed (expenditures) & % of FY remaining (available funds)			100.0%	96.0%	4.0%
Difference			0.0%	-0.3%	0.3%

REASONABLE

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 18 Estimated Expenditure Commitments: YES ; At-Risk ; NO

FY 16/17 expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:

Expenditure	% of total	Any indication FY 16/17 expenditures for direct services to consumers (95.48%) will decline in FY 17/18? YES ; NO X
Central Office Admin & Program	2.36%	
Indirect Delivery System Costs	1.42%	
Lander University	0.05%	
Board & QPL Capital	0.59%	
Greenwood Autism Research	0.10%	
Direct Service to Consumers	95.48%	
Total	100.00%	

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

Methodology & Report Owner: Lisa Weeks