

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

March 15, 2018

The South Carolina Commission on Disabilities and Special Needs met on Thursday, March 15, 2018, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:

Eva Ravenel, Chairman
Gary Lemel – Vice Chairman
Mary Ellen Barnwell – Secretary
Sam Broughton, Ph.D.
Chris Neeley
Vicki Thompson
Lorri Unumb

DDSN Administrative Staff

Mr. Pat Maley, Interim State Director; Mr. David Goodell, Associate State Director, Operations; Mr. Tom Waring, Associate State Director, Administration; Mrs. Susan Beck, Associate State Director, Policy; Ms. 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)

MaxAbilities (via videoconference)
(See Attachment 7 Sign-In Sheet)

News Release of Meeting

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

Invocation

Commissioner Lemel gave the invocation.

Adoption of the Agenda

The Commission adopted the March 15, 2018 Meeting Agenda by unanimous consent. (Attachment A)

Introduction of New Commission Members

Commissioner Ravenel introduced and welcomed the newest Commission Member, Ms. Lorri Unumb representing District 2.

Approval of the Minutes of the February 15, 2018 Commission Meetings

The Commission approved the February 15, 2018 Commission Meeting minutes by unanimous consent.

Public Input

The following individual spoke during Public Input: Deborah McPherson.

Commissioners' Update

Commissioner Ravenel spoke of an event in her district.

State Director's Report

Pat Maley reported on the following:

Governor's Proclamation – Disability Awareness Month (Attachment B)

SC Human Resource Service Providers Conference held March 11-14, 2018.

The House Ways and Means approved the \$1 salary increase for the Direct Care Staff.

The initiative to roll out the Enterprise Reports.

House Oversight Committee meeting on Thursday, March 22, 2018.

The progress of high management housing.

DHHS' rate system study.

Finance and Audit Committee Report

Committee Chairman Lemel gave an update of the Finance and Audit Committee meeting that was held Thursday, March 8, 2018. On behalf of the Committee, Chairman Lemel proposed the Commission eliminate the requirement for non-residential QPL providers to submit an annual audited certified financial statement. This recommendation would retroactively apply to all non-residential QPL providers in Fiscal Year 2017/2018 (July 1, 2017 – June 30, 2018) and hold them harmless from paying any penalties for not filing or late filing of an annual audited certified financial statement. The Commission approved the presented recommendation. (Attachment C)

Brain Injury Awareness Month

Ms. Melissa Ritter spoke of the different events taking place in recognition of Brain Injury Awareness Month. Ms. Joyce Davis spoke of how the Brain Injury Association of SC is the voice of brain injury throughout the state teaching prevention, awareness and advocating for individuals. (Attachment D)

Waiting List Reduction Efforts

Mrs. Beck presented and explained in detail the new Waiting List Enterprise Report. She explained that DDSN is not in control of all the moving pieces, however, DDSN continues to work with DHHS to streamline the process. Mrs. Beck also stated that DDSN is working on timelines for the case managers in hopes of improving the enrollment process. Mr. Maley stated that DHHS agrees with everything DDSN has presented regarding the waivers. The two agencies are examining constraints that are slowing down the enrollment. Discussion followed. Mr. Maley said that the Critical List would be provided as a separate document. Staff is trying to pinpoint issues that are preventing movement of the Critical List. Mrs. Beck provided a briefing on the HASCI Waiver Renewal and public comment. The level of care change will better allow for individuals with brain injury to enroll in the waiver. (Attachment E)

Mrs. Beck gave an update on the Waiver Administration Division sharing a presentation that included the importance of the division, issues found present in the case management plan development system, reviews completed and review results. (Attachment F)

FY 2018-2019 Budget Update

Mr. Waring provided a detailed update on the agency's budget requests. The House version fully supports the \$1.00 increase of the Direct Support Staff, Priority 1 of DDSN's 2019 Budget Request. Also, Priority 8 of the Request was funded at \$500,000 was approved for the Greenwood Genetic Center for autism and intellectual disability genetic services. Mr. Waring stated the budget would now go to the Senate with the Senate Finance Committee taking up the spending bill next week. (Attachment G)

Financial Update

Mr. Waring provided an overview of the agency's financial activity through January 31, 2018 and the agency's current financial position. A SCEIS report reflecting budget versus actual expenditures through February 2018 was presented. (Attachment H)

Consideration of Bid-Three Generators for Emergency Shelters

Mr. Waring presented information on the bid for the installation of three generators for emergency shelters. On motion of Commissioner Lemel, seconded and passed, the Commission approved that the contract be awarded to DNB Electric, Inc. of West Columbia, South Carolina in the amount of \$442,591.00. (Attachment I)

Consideration of Surplus Property

Mr. Waring presented information on the DeHay CTH-II. On motion of Commissioner Lemel, seconded and passed, the Commission approved to surplus the DeHay CTH-II and its attached garage apartment (SLP-11) in Berkeley County. (Attachment J)

Mr. Waring presented information on the Ferguson I and Beaconlight II CTH-II's. On motion of Commissioner Lemel, seconded and passed, the Commission approved to surplus the Ferguson I and Beaconlight II CTH-II's in Spartanburg County. (Attachment K)

Mr. Waring presented information on the Maple Place CTH-II. On motion of Commissioner Lemel, seconded and passed, the Commission approved to surplus the Maple Place CTH-II in Florence County. (Attachment L)

Alliant residential Observation Audit Process

Mr. Maley presented information of the residential observation audit process that included the developmental tool to address risk factors in order to produce a safe and healthy environment for the consumers. He stated this system would address the providers differently that are producing risk factor outcomes. Discussion followed. (Attachment M)

Executive Session

On motion of Commissioner Broughton, seconded and passed, the Commission entered into Executive Session to receive legal advice.

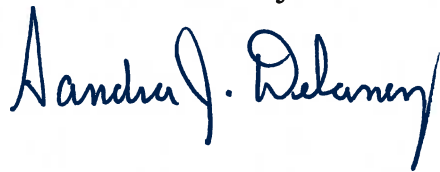
Enter into Public Session

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

Next Regular Meeting

April 19, 2018 to be held at the DDSN Central Office.

Submitted by,



Sandra J. Delaney

Approved:



Commissioner Mary Ellen Barnwell
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
 March 15, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- | | | |
|-----|-----------------------------|------------------------------|
| 1. | Joyce Davis | BIASC |
| 2. | Deborah E Heather McPherson | Richland county |
| 3. | Jerry C Mize | Oroville DSN |
| 4. | Stephanie Williams | CCDSNB |
| 5. | Ben Orner | DDSN |
| 6. | Ulisses Ritter | DDSN |
| 7. | Daniel Davis | Antim |
| 8. | Phil Clarkson | BIASC |
| 9. | Donna H Hall | Babcock |
| 10. | Ritkess | Calhoun DSNB |
| 11. | Heather Waddell | Tri-Development Ctr. |
| 12. | Alfredia Stevenson | Chester Lancaster DSNB |
| 13. | Bob Jones | Nowberry DSNB |
| 14. | Ray Miller | SC DD Council |
| 15. | Lynn Lynn | DDSN |
| 16. | Beth Bunge | Bright Start |
| 17. | Angela Rodriguez | SC Spinal Cord Injury Assoc. |
| 18. | Fred S. King | SCVRD |
| 19. | Mike Keitz | Marion-Dillon DSN |
| 20. | Ann Dalton | DDSN |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

March 15, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- 21. Kathleen Warthen PTA
- 22. Anne Conner Schick August 11th Plan
- 23. Dick Schuster
- 24. KEVIN YACOBI DDSM
- 25. Suzanne Hyma Project HOPE Foundation
- 27. Teri Todd Bright Start
- 28. Elizabeth DuRose BIASC
- 29. Scott Tanner IFLD
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
March 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Suzanne Johnson Coastal Center Parents & Guardians
- 2. Ronda Ritchie - DDSN Dist. II
- 3. Justin Mannaker DTC
- 4. Felita Martino - DDSN Dist. II
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
March 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Deborah K. Smith DDSN - District II
- 2. Wicki Leeke DDSN - Nurse
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
March 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Elaine M Thena PCBDSN
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
March 15, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Nancy Hall DDSN

2. PAT FRIGAN DDSN

3. Jimmy BURTON BURTON CENTER

4. Jason TAVENNER Lauren So DDSN

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

March 15, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- 1. Mary Poole Max Abilities
- 2. Michelle Shatter "
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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**

March 15, 2018**10:00 A.M.**

1. Call to Order *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement *Commissioner Mary Ellen Barnwell*
3. Invocation *Commissioner Gary Lemel*
4. Introduction of Guests
5. Adoption of Agenda
6. Introduction of New Commission Member *Chairman Eva Ravenel*
7. Approval of the Minutes of the February 15, 2017 Commission Meeting
8. Public Input
9. Commissioners' Update *Commissioners*
10. State Director's Report *Mr. Pat Maley*
11. Finance and Audit Committee Report *Committee Chairman Gary Lemel*
12. Business:
 - A. Brain Injury Awareness Month *Ms. Melissa Ritter
Director, DDSN HASCI Division
Ms. Joyce Davis
Executive Director, Brain Injury Association of SC*
 - B. Waiting List Reduction Project Report and Waiver Program Update *Mrs. Susan Beck*
 - C. FY 2018-2019 Budget Update *Mr. Tom Waring*
 - D. Financial Update *Mr. Tom Waring*
 - E. Consideration of Bid-Three Generators for Emergency Shelters *Mr. Tom Waring*
 - F. Consideration of Surplus Property *Mr. Tom Waring*
 - G. Alliant Residential Observation Audit Process *Mr. Pat Maley*
13. Executive Session *Chairman Eva Ravenel*
14. Next Regular Meeting (April 19, 2018)
15. Adjournment

State of South Carolina

Governor's Proclamation

WHEREAS, thousands of South Carolina residents and families are impacted by severe lifelong disabilities including autism, traumatic brain injuries, spinal cord injuries, and intellectual and related disabilities; and

WHEREAS, people with lifelong disabilities are productive citizens, neighbors, and family members, deserving of respect and opportunities for economic self-sufficiency, independence, and personal growth; and

WHEREAS, South Carolinians with and without disabilities work together, play together, worship together, learn together, and grow together; and

WHEREAS, family members, caregivers, and service providers selflessly offer daily care, assistance, supervision, and physical and emotional support to individuals with disabilities to help ensure their full participation in community life; and

WHEREAS, the 2018 observance of Disabilities Awareness Month celebrates 29 years of successes of people with disabilities in education, employment, and community activities.

NOW, THEREFORE, I, Henry McMaster, Governor of the great State of South Carolina, do hereby proclaim March 2018 as

DISABILITIES AWARENESS MONTH

throughout the state and encourage all South Carolinians to work together to promote increased opportunities for people with disabilities, to recognize the many contributions made by people with disabilities in our communities, and to honor the dedication of the caregivers who bring support and hope to their fellow citizens.



A handwritten signature in black ink, reading "Henry McMaster".

HENRY MCMASTER
GOVERNOR
STATE OF SOUTH CAROLINA

Patrick Maley
Interim State Director
 David A. Goodell
Associate State Director
Operations
 Susan Kreh Beck
Associate State Director
Policy
 Thomas P. Waring
Associate State Director Administration



COMMISSION
 Eva R. Ravenel
Chairman
 Gary C. Lemel
Vice Chairman
 Mary Ellen Barnwell
Secretary
 Sam F. Broughton, Ph.D.
 Chris G. Neeley
 Vicki A. Thompson
 Lorri Unumb

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

MEMORANDUM

TO: Commissioner Gary Lemel
 Chairman, Commission Finance and Audit Committee

FROM: Pat Maley
 Interim State Director

RE: Request Eliminating the Certified Financial Statement Audit Requirement for Non-Residential QPL Providers

DATE: March 8, 2018

The November 2017 Senate report titled, *“Report on the Department of Special Needs and Disabilities,”* recommended, *“The Commission should consider revising the current policy to exclude providers that do not provide residential services from the requirement to furnish an annual financial audit. Instead, a less expensive and onerous accountant’s Report on Applying Agreed-Upon Procedures (RoAAP) should be required.”* The Senate report questioned DDSN’s current policy requiring certified financial audits from all providers receiving over \$250,000 in revenue from the agency regardless of the services provided. In the case of private providers that do not provide residential services, these audits were viewed as not useful to the agency and costly to the providers. The Senate report noted if a non-residential provider ceases operations, the consumers could receive services from another provider with little dislocation for the consumer.

In the December 2016 Commission Meeting, the Commission Policy Committee recommended all (QPL) providers with revenue in excess of \$250,000 submit annual audited certified financial statements, which was an existing requirement at the time for DSN Boards. The Commission unanimously approved this recommendation. The Senate report did not challenge the rationale for requiring residential QPL

P.O. Box 239
 Clinton, SC 29325-5328
 Phone: (864) 938-3497

DISTRICT I

Midlands Center - Phone: 803/935-7500
 Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
 Summerville, SC 29485
 Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
 Pee Dee Center - Phone: 843/664-2600
 Saleeby Center - Phone: 843/332-4104

providers to submit annual audited certified financial statements. The Senate report only challenged requiring these audits for non-residential QPL providers for reasons noted above.

DDSN staff agrees with the Senate recommendation. DDSN should still logically require QPL residential providers continue to submit annual audited certified financial statements. This provides DDSN with critical assurance QPL residential providers do not have a going concern risk. A provider discontinuing services to residential consumers with little to no notice would cause major harm to fragile consumers potentially being uprooted from their homes and be a major expense to the State to take over a failed provider or relocate residential consumers with very little excess residential capacity in the State's delivery system.

A failed non-residential provider, generally an Early Intervention or Case Management business, does not pose an immediate health, safety & welfare risk to a consumer, nor could pose a major delivery system interruption risk given other existing providers absorb these consumers. It may require some short-term DDSN intervention to ensure consumers were served by other providers, but it has not been a historical problem. Businesses, to include healthcare providers, go out of business every day. The key issue for DDSN is if the failed business would cause an immediate threat to consumer health, safety & welfare or a major unexpected cost to DDSN or the State. For non-residential providers, the answer is "no" to both issues.

As a point of comparison, SC DHHS does not have similar certified financial statement requirements on its similar non-residential contract providers. Non-residential providers in DDSN's system are essentially fee-for-service (no cost settlement), so there is no risk of loss to DDSN/SC DHHS from a failed provider unable to cost settle after the fiscal year.

Non-residential providers suggested there are other means to mitigate consequences for DDSN and their consumers, if any, from non-residential providers unexpectedly failing. First, DDSN Early Intervention Program Managers and Case Management Program Managers have a high level of interaction with their respective provider communities, which would likely identify indicators a provider may be in financial trouble. Second, non-residential providers are required to have an annual Report on Applying Agreed-Upon Procedures pertaining to compliance with Medicaid policy, which could also generate indicators of financial problems based on systemic non-compliance.

RECOMMENDATION: The Commission eliminate the requirement for non-residential QPL providers submit an annual audited certified financial statement. This recommendation would retroactively apply to all non-residential QPL providers in Fiscal Year 2017/2018 (July 1, 2017 – June 30, 2018) and hold them harmless from paying any penalties for not filing or late filing of an annual audited certified financial statement.

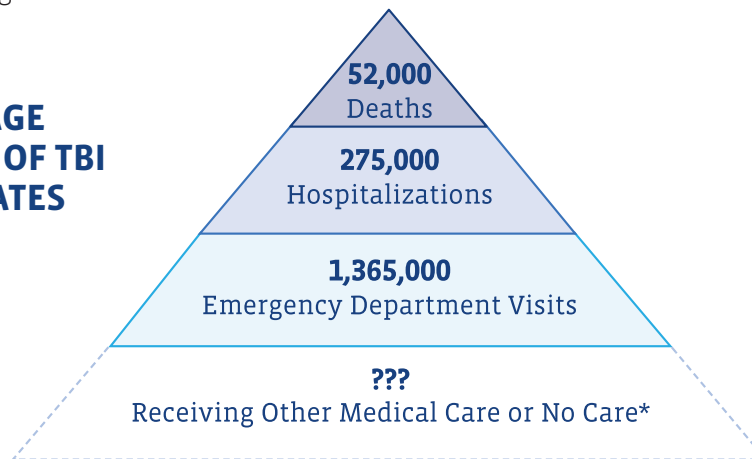
Get the Stats on Traumatic Brain Injury in the United States



Each year, traumatic brain injuries (TBI) contribute to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from “mild” to “severe”.

Data are critical to understanding the impact of this important public health problem. This information can help inform TBI prevention strategies, identify research and education priorities, and support the need for services among those living with a TBI.

ESTIMATED AVERAGE ANNUAL NUMBER OF TBI IN THE UNITED STATES 2002–2006¹



* There is no estimate for the number of people with non-fatal TBI seen outside of an emergency department or hospital or who receive no care at all.

TBI in the United States

- An estimated 1.7 million people sustain a TBI annually.² Of them:
 - 52,000 die,
 - 275,000 are hospitalized, and
 - 1.365 million, nearly 80%, are treated and released from an emergency department.
- TBI is a contributing factor to a third (30.5%) of all injury-related deaths in the United States.¹
- About 75% of TBIs that occur each year are concussions or other forms of mild traumatic brain injury (MTBI).²
- Direct medical costs and indirect costs of TBI, such as lost productivity, totaled an estimated \$60 billion in the United States in 2000.³

TBI by Age¹

- Children aged 0 to 4 years, older adolescents aged 15 to 19 years, and adults aged 65 years and older are most likely to sustain a TBI.
- Almost half a million (473,947) emergency department visits for TBI are made annually by children aged 0 to 14 years.
- Adults aged 75 years and older have the highest rates of TBI-related hospitalization and death.



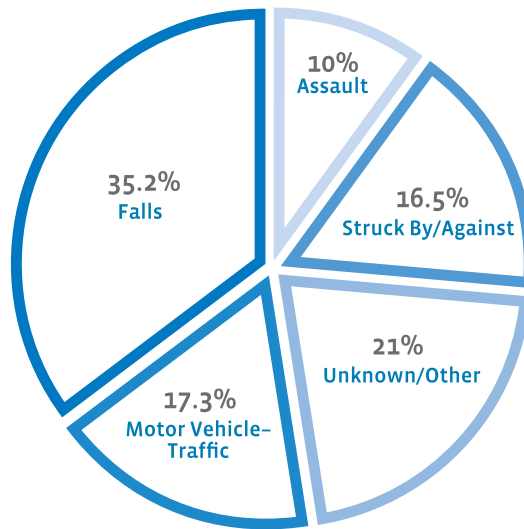
TBI by Sex¹

- In every age group, TBI rates are higher for males than for females.
- Males aged 0 to 4 years have the highest rates of TBI-related emergency department visits, hospitalizations, and deaths combined.

TBI by External Cause¹

- Falls are the leading cause of TBI. Rates are highest for children aged 0 to 4 years and for adults aged 75 years and older.
- Falls result in the greatest number of TBI-related emergency department visits (523,043) and hospitalizations (62,334).
- Motor vehicle-traffic injury is the leading cause of TBI-related death. Rates are highest for adults aged 20 to 24 years.

ESTIMATED AVERAGE PERCENTAGE OF ANNUAL TBI BY EXTERNAL CAUSE IN THE UNITED STATES 2002–2006¹



Additional TBI Findings^{1,*}

- There was an increase in TBI-related emergency department visits (14.4%) and hospitalizations (19.5%) from 2002 to 2006.
- There was a 62% increase in fall-related TBI seen in emergency departments among children aged 14 years and younger from 2002 to 2006.
- There was an increase in fall-related TBI among adults aged 65 and older; 46% increase in emergency department visits, 34% increase in hospitalizations, and 27% increase in TBI-related deaths from 2002 to 2006.

* Estimates based on one year of data can produce varied results.

CDC analyzed existing national data sets for its report, *Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2002–2006*. CDC's National Center for Injury Prevention and Control funds 30 states to conduct TBI surveillance through the CORE State Injury Program. TBI-related death and hospitalization data submitted by participating CORE states are published in CDC's *State Injury Indicators Report*.

References

- ¹ Faul M, Xu L, Wald MM, Coronado VG. *Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2002–2006*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2010.
- ² *Report to Congress on Mild Traumatic Brain Injury in the United States: Steps to Prevent a Serious Public Health Problem*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2003.
- ³ Finkelstein E, Corso P, Miller T and Associates. *The Incidence and Economic Burden of Injuries in the United States*. New York (NY): Oxford University Press; 2006.

Get More Information on TBI in the United States

For more on TBI research, programs, and educational initiatives please visit: www.cdc.gov/TraumaticBrainInjury

State of South Carolina

Governor's Proclamation

- WHEREAS,** an acquired brain injury is any injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma; and
- WHEREAS,** a traumatic brain injury (TBI) is caused by a bump, blow, or jolt to, or penetration of, the head that disrupts the normal function of the brain; and
- WHEREAS,** more than 3.5 million children and adults sustain an acquired brain injury each year, but the total incidence is unknown because these injuries can be overlooked or under-reported; and
- WHEREAS,** more than 60,000 South Carolinians are currently living with the long-term effects of a brain injury; and
- WHEREAS,** while falls are a leading cause of brain-related injuries in our state and nation, they can also be the result of motor vehicle crashes, assaults, sports-related injuries, work-related injuries, or opioid overdoses; and
- WHEREAS,** traumatic brain injury has been a signature injury of wars in Iraq and Afghanistan, and treatment is often complicated by high rates of PTSD and suicide, presenting new challenges for members of the military and their families; and
- WHEREAS,** an estimated 1.6 to 3.8 million mild traumatic brain injuries, often called concussions, occur in the United States each year during competitive sports and recreational activities; and
- WHEREAS,** 30 percent of sports-related injuries occur among youth 5 to 19 years of age and, because the signs of brain injury are not always recognized, youth may put themselves at risk for another injury and potentially-fatal second-impact syndrome; and
- WHEREAS,** a brain injury that happens in an instant can cause a lifetime of physical, cognitive, and behavioral challenges.

NOW, THEREFORE, I, Henry McMaster, Governor of the great State of South Carolina, do hereby proclaim March 2018 as

BRAIN INJURY AWARENESS MONTH

throughout the state and encourage all South Carolinians to learn more about the causes, prevention, and treatment of acquired brain injuries and the importance of early and adequate intervention to an improved quality of life for individuals who have sustained a brain injury.



A handwritten signature in black ink, reading "Henry McMaster".

**HENRY MCMASTER
GOVERNOR
STATE OF SOUTH CAROLINA**

FY 18 Q2 Quarterly Report-- Waiver Process Performance

	CSW	HASCI	ID/RD	Total
Analysis of Waiver Slots:				
Budgeted Waiver Slots	3,405	1,055	8,576	13,036
Enrolled Waiver Slots	3,118	876	7,520	11,514
Available Waiver Slots	287	179	1,056	1,522

Available Waiver Slots Comparison:

Three Months Ago	221	185	1,185	1,591
Six Months Ago	766	198	684	1,648
Twelve Months Ago	1,145	213	754	2,112

Analysis of Pending Waiver Slots:

Total Pending	897	156	950
Avg. Days Pending	290	256	168
Pending Greater than 6 Months	561	75	240

Avg. Days Pending Comparison:

Three Months Ago	not measured	not measured	not measured
Six Months Ago	167	not measured	276
Twelve Months Ago	146	not measured	277

Analysis of Waiver Slot Movement-Rolling

Average 12-18 Months Prior:

Awarded	2,211	93	114
Enrolled	582	50	47
Removed	1,417	34	45
Pending > 1 year	212	9	22
Conversion Rate (Enrolled/Award)	26%	54%	41%

Conversion Rate Comparison:

Three Months Ago	not measured	not measured	not measured
Six Months Ago	35%	not measured	47%
Twelve Months Ago	not measured	not measured	not measured

Estimated Cost to Eliminate Waiver

Waiting List:

Current Waiver Waiting List	4,025	none	7,583	
X Current Conversion Rate	x .26		x .41	
Estimated Waiver Slots Required	1,047		3,109	4156
X \$14,000 B or I Band	x \$14,000		x \$14,000	
X 30% State Match	x .30		x .30	
Estimated Cost to Elim. Waiver Wait list	\$4,397,400	\$0	\$13,057,800	\$17,455,200

NOTE: CURRENT System Capacity to Reasonably Enroll is 1200/year

Waiting List Length of Time (Years):

Jan-18	1.2	0	3.4
Jul-17	0.8	0	4.0
Jul-16	2.3	0	3.5
Jul-15	4.5	0	4.6

Process Improvement Initiatives:

1) Require Medicaid prior to slot award; 2) case worker assigned prior to slot award; 3) education prior to slot award; 4) CSW to ID/RD without starting enrollment over; 5) six month limit on holding slot award; 6) Re-examine respite model

Report & Methodology Owner: Ben Orner

SCDDSN Commission Update March 2018
Proposed Renewal of the Head and Spinal Cord Injury (HASCI) Waiver

The HASCI Waiver renewal public comment period ends on March 18, 2018. SCDHHS will then submit renewal request to the Centers for Medicare and Medicaid Services on or before March 30, 2018. The requested effective date of the HASCI Waiver renewal is July 1, 2018.

The renewal request includes the following proposed changes:

- Adding exceptions to service limits in special circumstances to prevent institutionalization
- Adding pest control and bed bug treatment
- Updates related to addressing Final Rule requirements
- Removal of prescription drug benefit (as a result of State Plan eliminating limits on prescription drugs for adults)
- Separation of consultation portions of vehicle modification and assistive tech services from the actual provision of service (per CMS direction)
- Updates to the Quality Performance Measures
- Revision of the Level of Care Criteria

The most significant of these proposed changes is related to the revision of the Level of Care (LOC) Criteria. This revision is requested as a result of the following:

Issue:

- DDSN and DHHS have recognized, and it was reiterated during public input forums, that current LOC options are prohibitive to individuals who have incurred a brain injury after 22 but do not have "functional" deficits in the manner in which those have traditionally been interpreted.
- Individuals with brain injury do not necessarily exhibit functional deficits related to physical completion of activities of daily living (ADL) tasks, however, many continue to require extensive cueing and supervision. As a result, this population requires waiver services to enable them to maintain independence.

Conclusion:

- Revising the Level of Care allows us to maintain cost neutrality, as required by CMS.
- Moving to the "At Risk of Hospitalization" Level of Care allows us to reconsider the criteria used to establish LOC, including making provision for considering a person with brain injury to meet LOC based on the need for two intermediate deficits, eliminating the need for a functional deficit with ADLs.
- Many HASCI Waiver participants enroll in the waiver after onset which resulted in a lengthy hospital stay, and many waiver participants experience health concerns that result in more frequent hospitalizations. Given that, we believe this population is truly "At Risk of Hospitalization."
- Additional individuals may therefore meet the criteria and be able to then access waiver services.
- This change will not cause any loss of eligibility to existing enrollees.

WAIVER ADMINISTRATION DIVISION

OF THE SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS



WHY?

- CMS approved Waiver Document contains a Sub-assurance that the “state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.”
- Although compliant, DDSN examination resulted in a lack of confidence in meeting this sub-assurance through its delegation of this requirement to providers or in reviewing samples of completed plans.

WAIVER ADMINISTRATION ADDRESSES THREE (3) ISSUES PRESENT IN THE SYSTEM

- **Inconsistent Levels of Services Based on Assessed Need**
 - CMs potentially over-authorized at the cap level without a standardized tool to clearly define assessed need.
 - Families were "shopping" CM providers to see who would authorize the most services.
- **Financial Conflict Existed When the DSN Board was the Financial Manager and the CM Provider**
 - The DSN Board was interested in keeping services within the funding amount regardless of the authorized need.
 - Internal controls were in place to influence the authorization so that the funding was not exceeded.
- **The Need for Continued Movement Toward Conflict-Free Case Management**
 - Waiver Case Management is a Waiver Service.
 - There is a conflict of interest when CMs approve their own service.
 - Does not address conflict of interest with choice of provider when CM is employed by the Board providing direct service.

HOW?

- DDSN WA staff receive and approve plans and plan changes. This process consists of verifying plans are completed according to DHHS requirements and ensuring required documentation is in the file.
 - 25.5% of plans and plan changes submitted by CMs from 10/30/17-3/2/18 contained some errors.
 - 5.7% of all plans submitted did not have a sufficient plan for the absence of the primary caregiver which could increase risk of placement on the Critical Needs List.
- Increased Consistency: Utilizing new state-wide assessments for Personal Care, Attendant Care, and Respite.
 - Provider feedback along with a realization of inconsistent service approval led to the creation.
 - Developed utilizing examples from other states.
 - Feedback from experienced providers on what they wanted from the assessment.
- As required by the Waiver Documents, all changes were approved by DHHS prior to implementation.

WHAT?

Standardized Formal Resolution Process

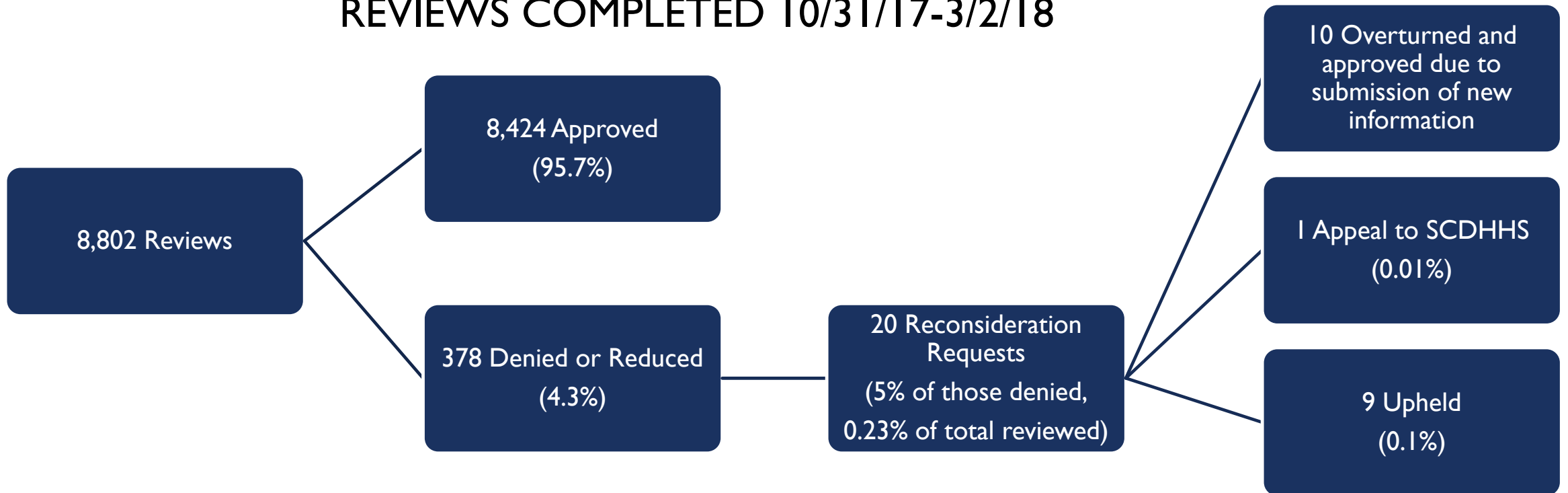
Plan Review

Reconsideration
Request to
DDSN

Appeal to
DHHS

WHAT?

REVIEWS COMPLETED 10/31/17-3/2/18



Denials/Reductions Breakdown: 196 Respite; 51 In Home Support; 46 Personal Care, 37 Supplies/Equipment, 45 other services

RESULTS

- Review process also used to assist Case Manager in maintaining compliance with requirements by catching errors and informing CMs so that they can correct them.
- Summaries of these results are sent to Executive Directors each month for Quality Improvement.
- Of the 8,802 Plans and Plan Changes Reviewed (3,202 Plans, 5,587 Changes):
 - 2,249 contained an error in some way
 - 388 did not include the needed assessments
 - 184 did not have an adequate plan for the absence of the primary caregiver
 - 134 did not have appropriate need statements
 - 444 required additional justification prior to approval

**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	House Ways and Means Committee
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/> <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/> <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	House Ways and Means Committee
	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	House Ways and Means Committee
	<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>\$1,650,000</p> <hr/> <p>Provider Oversight \$250K</p> <p>Training \$200K</p> <p>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	House Ways and Means Committee
	(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.</p> <p>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.</p> <p>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	_____
TOTAL RECURRING FUNDS		\$34,650,000	\$11,800,000

**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	House Way and Means Committee
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	_____

NOTE: BabyNet Transfer to DHHS - \$11,402,071

**SC Department of Disabilities and Special Needs
FY 2018 Monthly Financial Summary - Operating Funds
Month Ended: February 28, 2018**

	<u>General Fund (Appropriations)</u>	<u>Medicaid Fund</u>	<u>Other Operating Funds</u>	<u>Federal and Restricted Funds</u>	<u>Total</u>
FY 2017 Unreserved Cash Brought Forward	\$ 947,655	\$ 2,500,725	\$ 4,288,046	\$ 6,586	\$ 7,743,012 ¹
<u>FY 2018 YTD Activity</u>					
<u>Receipts/Transfers</u>					
Revenue	\$ 251,398,355	\$ 260,389,713	\$ 3,662,254	\$ 738,333	\$ 516,188,655
Interfund Transfers	\$ (23,000,000)	\$ 23,000,000	\$ (2,425,000)	\$ -	\$ (2,425,000)
Total Receipts/Transfers	\$ 228,398,355	\$ 283,389,713	\$ 1,237,254	\$ 738,333	\$ 513,763,655
<u>Disbursements</u>					
Personal Services	\$ (32,685,042)	\$ (11,034,435)	\$ (40,012)	\$ (153,953)	\$ (43,913,442)
Fringe Benefits	\$ (13,348,749)	\$ (4,534,957)	\$ 3,027	\$ (64,625)	\$ (17,945,304)
Other Operating Expense	\$ (128,400,745)	\$ (265,957,761)	\$ (1,114,648)	\$ (657,797)	\$ (396,130,951)
Capital Outlays	\$ -	\$ (250,510)	\$ (58,927)	\$ -	\$ (309,437)
Total Disbursements	\$ (174,434,536)	\$ (281,777,663)	\$ (1,210,560)	\$ (876,375)	\$ (458,299,134)
Outstanding Accounts Payable Balance	\$ (44,157)	\$ (115,930)	\$ (8,579)	\$ (23,244)	\$ (191,910)
Unreserved Cash Balance - 2/28/2018	\$ 54,867,317	\$ 3,996,845	\$ 4,306,161	\$ (154,700)	\$ 63,015,623

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

² \$952,616 of the total cash balance has been reserved for PDD Carryforward

FM Budget vs Actual										
Author		JGRANT								Status of Data 3/8/2018 02:07:21
Filter		Information								
Table										
Fiscal Year	Business area	Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance	
2018	DDSN	ADMINISTRATION	\$ 7,883,999.00	\$ 0.00	\$ 7,883,999.00	\$ 4,489,983.34	\$ 3,394,015.66	\$ 507,306.64	\$ 2,886,709.02	
		PREVENTION PROGRAM	\$ 257,098.00	\$ 585,902.00	\$ 843,000.00	\$ 100,955.00	\$ 742,045.00	\$ 327,350.00	\$ 414,695.00	
		GREENWOOD GENETIC CENTER	\$ 11,858,376.00	\$ 0.00	\$ 11,858,376.00	\$ 9,172,276.00	\$ 2,686,100.00	\$ 2,686,100.00	\$ 0.00	
		CHILDREN'S SERVICES	\$ 14,859,525.00	\$ 2,391,436.00	\$ 17,250,961.00	\$ 10,654,193.75	\$ 6,596,767.25	\$ 11,380.00	\$ 6,585,387.25	
		BABYNET	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00	\$ 7,944,063.00	\$ 1,368,437.00	\$ 0.00	\$ 1,368,437.00	
		IN-HOME FAMILY SUPP	\$ 87,577,481.00	-\$ 9,501,917.00	\$ 78,075,564.00	\$ 39,215,637.70	\$ 38,859,926.30	\$ 8,882,279.41	\$ 29,977,646.89	
		ADULT DEV&SUPP EMPLO	\$ 70,022,008.00	\$ 9,679,896.00	\$ 79,701,904.00	\$ 55,058,984.34	\$ 24,642,919.66	\$ 60,000.00	\$ 24,582,919.66	
		SERVICE COORDINATION	\$ 22,707,610.00	-\$ 974,697.00	\$ 21,732,913.00	\$ 13,925,124.42	\$ 7,807,788.58	\$ 750,175.55	\$ 7,057,613.03	
		AUTISM SUPP PRG	\$ 14,136,026.00	\$ 10,955,882.00	\$ 25,091,908.00	\$ 9,519,012.68	\$ 15,572,895.32	\$ 584,941.23	\$ 14,987,954.09	
		Pervasive Developmental Disorder (PDD) Program	\$ 9,780,880.00	-\$ 1,300,000.00	\$ 8,480,880.00	\$ 1,562,707.27	\$ 6,918,172.73	\$ 131,786.08	\$ 6,786,386.65	
		HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 1,336,219.00	\$ 4,376,751.00	\$ 2,781,526.68	\$ 1,595,224.32	\$ 0.00	\$ 1,595,224.32	
		REG CTR RESIDENT PGM	\$ 79,396,018.00	\$ 502,756.00	\$ 79,898,774.00	\$ 45,509,108.28	\$ 34,389,665.72	\$ 3,159,855.00	\$ 31,229,810.72	
		HD&SPIN CRD INJ FAM	\$ 27,758,987.00	\$ 640,914.00	\$ 28,399,901.00	\$ 12,922,436.27	\$ 15,477,464.73	\$ 3,857,167.14	\$ 11,620,297.59	
		AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 5,305,351.00	\$ 28,862,960.00	\$ 20,437,360.49	\$ 8,425,599.51	\$ 80,840.02	\$ 8,344,759.49	
		INTELL DISA COMM RES	\$ 333,536,387.00	-\$ 17,239,360.00	\$ 316,297,027.00	\$ 207,267,431.68	\$ 109,029,595.32	\$ 12,753,693.60	\$ 96,275,901.72	
		STATEWIDE CF APPRO		\$ 3,200,271.29	\$ 3,200,271.29		\$ 3,200,271.29		\$ 3,200,271.29	
		STATE EMPLOYER CONTR	\$ 32,089,541.00	\$ 590,053.00	\$ 32,679,594.00	\$ 17,948,330.78	\$ 14,731,263.22	\$ 0.00	\$ 14,731,263.22	
		DUAL EMPLOYMENT				\$ 4,062.48	-\$ 4,062.48	\$ 0.00	-\$ 4,062.48	
		CAPITAL PROJECTS				-\$ 22,150.00	\$ 22,150.00	\$ 0.00	\$ 22,150.00	
		Result	\$ 747,774,577.00	\$ 6,172,706.29	\$ 753,947,283.29	\$ 458,491,044.16	\$ 295,456,239.13	\$ 33,792,874.67	\$ 261,663,364.46	

CONSIDERATION OF BID

**THREE GENERATORS FOR EMERGENCY SHELTERS –
BAMBERG, ALLENDALE-BARNWELL, ORANGEBURG COUNTIES
FEMA-17-04 (L,M,N)**

The project scope is installation of new emergency generators at three sites. This is the fourth group to bid, leaving 9 remaining sites to design and procure of the twenty-three statewide locations that will provide reliable and continuous power for special needs shelters during emergency situations. Bamberg County DSNB's Day Program in Denmark, SC will receive a 125 KW diesel generator. Allendale/Barnwell DSNB's Barnwell Day Program in Barnwell, SC will receive a 125 KW natural gas generator. Orangeburg County DSNB's Orangeburg Work Activity Center in Orangeburg, SC will receive a 125 KW natural gas generator. Alternates include the controls packages, which are an important feature that will assist the local Disabilities & Special Needs Boards with the routine exercise, maintenance, and record keeping for the generators.

Costs at each location will be shared by DDSN and the Federal Emergency Management Agency (FEMA) Federal Mitigation Grant Program. DDSN is a Sub-Recipient of the FEMA grant awarded to South Carolina Emergency Management Division (SCEMD).

Bids from two contractors were received on Tuesday, March 6, 2018. It is recommended that a contract be awarded to **DNB ELECTRIC, INC. of WEST COLUMBIA, SOUTH CAROLINA** to include all three location Base Bids and all three location Alternates for a total contract award of **\$442,591.00**. DDSN has worked with DNB Electric, Inc. on previous projects, and DDSN has found this contractor to be responsible.

ATTACHMENT: BID TABULATION
FUNDS: FEMA and SCDDSN Match
Bid Date: March 6, 2018
Date: March 6, 2018

PROJECT NO.: FEMA-17-04 (L,M,N)

PROJECT NAME: Three Generators for Emergency Shelters -
Bamberg, Bamwell and Orangeburg Counties

BID DATE: March 6, 2018

TIME: 2:00 p.m.

LOCATION: SCDDSN, Rm. 247

SCDDSN Engineering and Planning

3440 Harden St. Extension

Columbia, SC 29203

Phone: (803) 898-9796

Fax: (803) 832-8188



BID TABULATION

	CONTRACTOR	(L) Bamberg	(M) Allendale/ Barnwell	(N) Orangeburg	TOTAL			
1	DNB Electrical, Inc. West Columbia, SC	Base Bid L	\$ 138,413.00	Base Bid M	\$ 146,530.00	Base Bid N	\$ 134,848.00	\$ 442,591.00
		Alternate 1	\$ 7,600.00	Alternate 2	\$ 7,600.00	Alternate 3	\$ 7,600.00	
		(L) Total	\$ 146,013.00	(M) Total	\$ 154,130.00	(N) Total	\$ 142,448.00	
		Electrical Sub	DNB Electrical, Inc.	Electrical Sub	DNB Electrical, Inc.	Electrical Sub	DNB Electrical, Inc.	
		Electrical Sub Alt 1	Generator Services, Inc.	Electrical Sub Alt 2	Generator Services, Inc.	Electrical Sub Alt 3	Generator Services, Inc.	
2	Metro Dwellings, LLC Columbia, SC	Base Bid L	\$ 159,470.00	Base Bid M	\$ 166,580.00	Base Bid N	\$ 168,450.00	\$ 537,120.00
		Alternate 1	\$ 13,910.00	Alternate 2	\$ 14,375.00	Alternate 3	\$ 14,335.00	
		(L) Total	\$ 173,380.00	(M) Total	\$ 180,955.00	(N) Total	\$ 182,785.00	
		Electrical Sub	LC's Electric	Electrical Sub	LC's Electric	Electrical Sub	LC's Electric	
		Electrical Sub Alt 1	Power Systems, Inc.	Electrical Sub Alt 2	Power Systems, Inc.	Electrical Sub Alt 3	Power Systems, Inc.	
3		Base Bid L		Base Bid M		Base Bid N		\$ -
		Alternate 1		Alternate 2		Alternate 3		
		(L) Total	\$ -	(M) Total	\$ -	(N) Total	\$ -	
		Electrical Sub		Electrical Sub		Electrical Sub		
		Electrical Sub Alt 1		Electrical Sub Alt 2		Electrical Sub Alt 3		
4		Base Bid L		Base Bid M		Base Bid N		\$ -
		Alternate 1		Alternate 2		Alternate 3		
		(L) Total	\$ -	(M) Total	\$ -	(N) Total	\$ -	
		Electrical Sub		Electrical Sub		Electrical Sub		
		Electrical Sub Alt 1		Electrical Sub Alt 2		Electrical Sub Alt 3		

Reed Marshall
Project Manager - Reed Marshall
Kirley Wilson
Witness

Consideration of Surplus Property:

Disposition of the DeHay CTH-II and Attached Garage Apartment (SLP-I)

Need approval from Commission to surplus the DeHay CTH-II and its attached garage apartment (SLP-I) in Berkeley 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 using the state-contracted realtor (CBRE) for marketing and selling the property. The property has to be sold at or above the appraised value.
- DeHay is a large (4000 square foot) existing home with attached two-story garage apartment purchased by the department in 1983 on busy Highway 6 in city limits of Moncks Corner.
- It has various functional and physical deficiencies, including multi-level interior thereby creating accessibility issues (hallway to kitchen and dining to den), foundation issues (including moisture), steep front steps, and aged roof and HVAC systems.
- DDSN has worked with Berkeley Citizens, Inc. to procure 2 replacement homes for the 6 individuals served. DDSN has provided \$130,000 to date for these replacements, and it is anticipated the SC Housing Trust Fund will provide matching awards in June 2018.
- DeHay will be fully vacant within the next month or so.
- Proceeds from its sale will be split between the department and the state, reimbursing the department for its outlay in the past year for replacement homes.

Consideration of Surplus Property:

Disposition of the Ferguson I and Beaconlight II CTH-II's

Need approval from Commission to surplus two CTH-II's: Ferguson I and Beaconlight II (f.k.a. Ferguson II) in Spartanburg 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 properties are fully approved as surplus property by all involved parties, DDSN will move forward with using the state-contracted realtor (CBRE) for marketing and selling the properties. The properties have to be sold at or above their appraised value.
- Ferguson I and II (now known as Beaconlight II) were constructed by DDSN adjacent to each other in Spartanburg around 1983. Each house was originally an 8-bed ICF (4 bedrooms each) of 2875 square feet.
- Each of these CTH-II's has various functional and physical deficiencies, including proximity issues per CMS Final Rule, location on busy thoroughfare, and need of complete renovations, including updates of their sprinkler, roof, HVAC, electrical and plumbing systems, ADA bathrooms, flooring, and kitchens.
- DDSN will work with The Charles Lea Center, Inc., to procure a replacement home. A forgivable loan of \$100,000 (max) will be sought from the SC Housing Trust Fund, matched by a capital award by DDSN per the capital directive.
- Both Ferguson I and Beaconlight II have been vacant since the fall of 2017.
- Proceeds from their sale(s) will be split between the department and the state, reimbursing the department for its outlay for the replacement homes.

**Consideration of Surplus Property:
Disposition of the Maple Place CTH-II**

Need approval from Commission to surplus the Maple Place CTH-II in Florence 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 using the state-contracted realtor (CBRE) for marketing and selling the property. The property has to be sold at or above the appraised value.
- Maple Place is a large (almost 4200 square foot) existing home purchased by the department in 1983 in downtown Florence.
- It has various functional and physical deficiencies, including no yard for recreational activities, location on busy thoroughfare surrounded by commercial buildings, painted brick and wood exterior requiring constant maintenance, a second floor used for storage, non-ADA-compliant bathrooms, and aged roof, HVAC, and life/safety systems.
- DDSN has worked with Florence DSN to procure a replacement home for the 4 individuals served. The SC Housing Trust Fund has awarded a \$75,000 forgivable loan, matched by DDSN's \$75,000 plus \$13,000 for fire/safety systems, and the balance of roughly \$21,000 was funded by Florence DSN.
- Maple Place has been fully vacant since fall 2017.
- Proceeds from its sale will be split between the department and the state, reimbursing the department for its outlay in the past year for the replacement home.

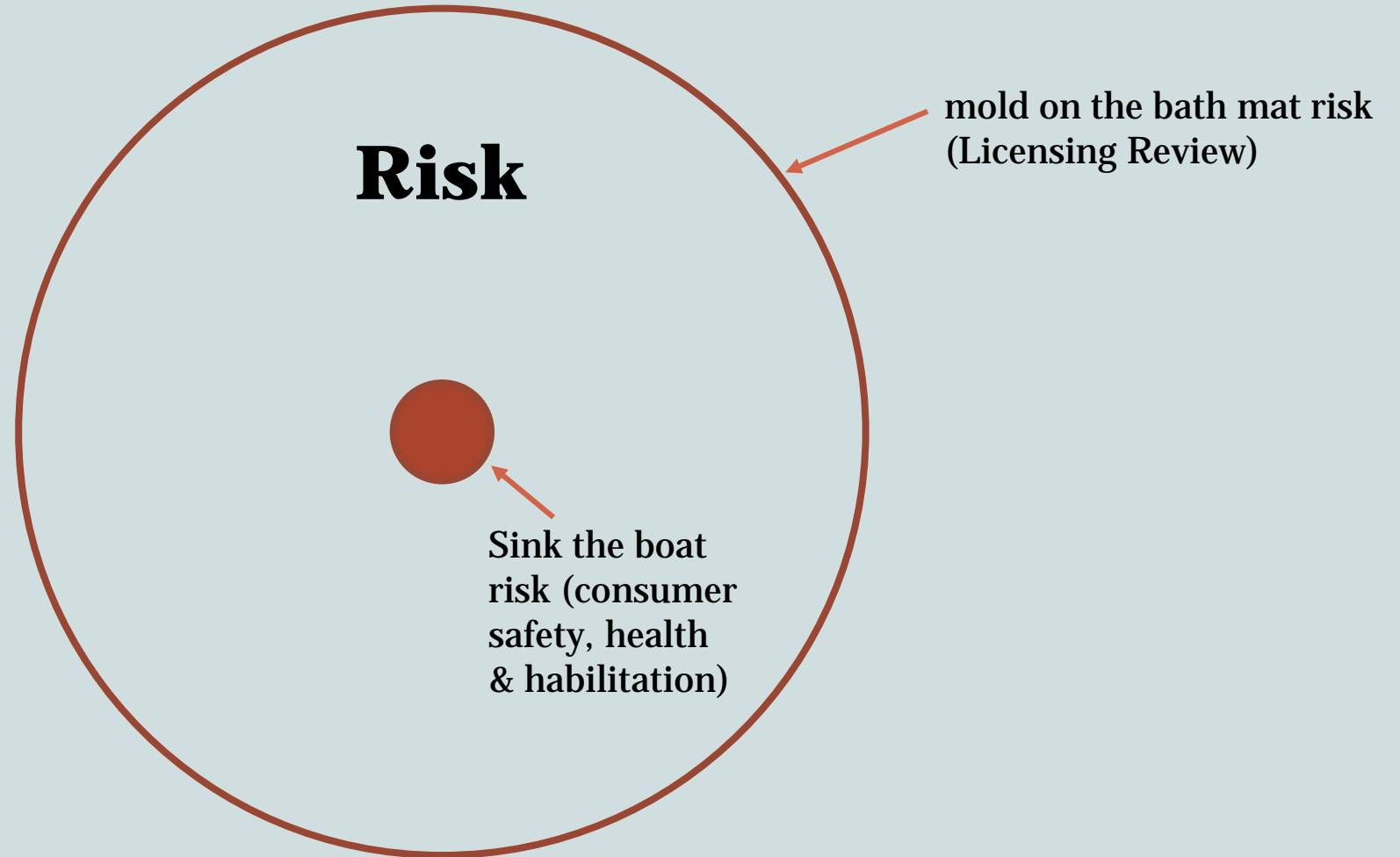
Overview of Residential & Day Observation Reviews by Alliant

March 15, 2018

By Interim DDSN State Director Pat Maley

Alliant Residential & Day Observations

2



Alliant Residential & Day Observations

3

- Residential Observations are completed as a separate review in the DDSN Quality Assurance Program and no longer considered a sub-component of the Contract Compliance Review;
- The Day and Residential Observation review will stand alone as a distinct measure of service delivery, which is focused on consumer outcomes;
- A Day Service Observation will be completed for 100% of DDSN's contracted Day Service locations and 25% of DDSN's contracted non-ICF/IID Residential locations; and
- The Observations will have no prior notice; the Observations are designed to capture services on a regular day, without preparation.

Alliant Residential & Day Observations

4

Nine consumer outcome areas will be measured through interactions with consumers, staff, observations, and/or record review:

1. Health status and personal care needs are known and people are provided the type and degree of CARE necessary to address those needs appropriately.
2. People are provided the degree and type of SUPERVISION necessary to keep them safe but not unnecessarily restricted.
3. People receive assistance with acquisition, retention, or improvement in skills necessary to live in the community, consistent with assessed needs, interests, and personal goals.
4. People are SAFE.

Alliant Residential & Day Observations

5

5. People are treated with **DIGNITY AND RESPECT**.
6. People are supported to learn about their **RIGHTS** and exercise the rights that are important to them.
7. Staff know and implement the procedures for **ABUSE** and people are supported to know what abuse is and how and to whom to report it.
8. The provider has a process to determine whether or not people are **SATISFIED** with services?
9. **STAFF** can describe their roles & responsibilities in supporting people.

Alliant Residential & Day Observations

6

Each consumer outcome area assessment is categorized as either:

- **evident;**
- **partially evident; or**
- **not evident.**

Alliant Residential & Day Observations

7

- DDSN will be developing criteria in collaboration with stakeholders that will “trigger” Alliant to immediately notify DDSN when the totality of their OBSERVATIONS indicates the residence (day program) is at-risk of ineffectively operating a habilitative program (adult day).
- DDSN will develop a response protocol in collaboration with stakeholders to conduct a deeper review within several days with DDSN operational and behavioral experts to make a final determination and develop an immediate action plan, if needed.