

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

May 19, 2016

The South Carolina Commission on Disabilities and Special Needs met on Thursday, May 19, 2016, 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:

Bill Danielson, Chairperson
Eva Ravenel, Secretary
Mary Ellen Barnwell
Sam Broughton
Katie Fayssoux
Gary Lemel
Vicki Thompson

DDSN Administrative Staff

Dr. Buscemi, State Director; Mr. David Goodell, Associate State Director, Operations; Mrs. Susan Beck, Associate State Director, Policy; Mr. Tom Waring, Associate State Director, Administration; Mrs. 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

(See Attachment 3 Sign-In Sheet)

Pee Dee Regional Center (via videoconference)

(See Attachment 4 Sign-In Sheet)

Pickens County DSN Board (via videoconference)

(See Attachment 5 Sign-In Sheet)

Whitten Regional Center (via videoconference)

(See Attachment 6 Sign-In Sheet)

York County DSN Board (via videoconference)

(See Attachment 7 Sign-In Sheet)

News Release of Meeting

Chairperson Danielson called the meeting to order and Commissioner Ravenel 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

Chairperson Danielson gave the invocation.

Adoption of the Agenda

The Commission adopted the May 19, 2016 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the April 21, 2016 Commission Meetings

The Commission approved the April 21, 2016 Commission Meeting minutes with a change by unanimous consent.

Public Input

The following individual spoke during Public Input: Ms. Linda Lee spoke on behalf of the Whitten Centers Parent Club.

Commissioners' Update

Commissioner Thompson spoke of an event in her district.

Nominating Committee

Chairperson Danielson appointed Commissioners Lemel, Fayssoux, and Barnwell to the Nominating Committee for election of the 2016-2017 Commission Officers. The election will be held at the June 16, 2016 Commission Meeting.

Financial Report

Mr. Waring gave an analysis of the agency's financial activity through April of 2016 and the agency's current financial position. The agency's operating funds balance as of April 30, 2016 is \$31,863,615. He also provided a SCEIS report categorized by program which reflects budget verses actual expenditures through April. Mr. Waring provided an update on the Spending Plan stating the agency is meeting its financial goals. Discussion followed. Further details will be discussed in the June Finance and Audit Committee Meeting. He also provided information on the FY 14-FY 16 Contract

Compliance Reviews Recoupable Services. Discussion followed. The department is addressing the recoupment of funds. Controls are in place to keep the department in balance and to work with providers to ensure that each provider is financially stable in recouping funds. (Attachment B)

Budget Update

Mr. Waring gave an update on DDSN's FY 2016-2017 Budget Request. The department submitted eight priorities totaling right at \$29.4 million, \$10.8 million has been approved by the Senate and \$10.3 million by the House. The differences in the 2017 budget will be deliberated by the Budget Conference Committee. The department is appreciative of the Governor and the General Assembly for their leadership in prioritizing the needs of the department with additional permanent funds. (Attachment C)

2017 Capital Improvement Projects

Mr. Tom Waring presented detailed information on nine capital improvement projects for the department's 2017 Comprehensive Improvement Plan. Discussion followed. It was requested that total funding on previously approved projects that has been spent on each project be provided. It was also requested to add the Capital Improvement Projects to the upcoming Work Session agenda in order to discuss a mechanism to obtain total funding on projects. On motion of Commissioner Lemel, seconded, the Commission approved the nine capital improvement projects in the amount of \$2,148,450 for FY 2017. (Attachment D)

Therap

Dr. Buscemi stated that the process of implementing a statewide electronic record system to be compliant with federal requirements has been a huge undertaking. There are still pieces and parts that are in the implementation stage. We are still maintaining data in our current Consumer Data Support System. Dr. Buscemi spoke of the Therap functions that are available. Discussion followed. It was asked if the new system will track what the LAC is requiring. General Event Records (GERs) are currently optional because providers are required to use the Incident Management System outside of Therap. The agency wants to work with providers to determine different levels of incidents and how to report them. Once those decisions are made then GERs will become mandatory in the Therap system. To mandate GERs prior to this would require providers to perform double entry, which we want to avoid. Dr. Buscemi is anticipating all providers will meet the July 2016 deadline. (Attachment E)

Waiting List Reduction Efforts

Mrs. Beck shared waiting list data as of May 1, 2016. Mrs. Beck spoke of the process of rolling out of slots until the ID/RD Waiver renewal is approved by CMS. DDSN is currently serving nearly the maximum CMS approved number of people through the current ID/RD Waiver. The maximum number of people served cannot be altered until the renewal for the ID/RD Waiver is approved by CMS. Discussion followed. Dr. Buscemi stated the staff for DDSN's two subcommittees are aware that we will be using the Community Supports Waiver to move slots. Discussion followed regarding residential expansion. (Attachment F)

Direct Care Staff Salaries

Dr. Buscemi stated Direct Care Staff salary information was provided to the Commission. Commissioner Ravenel stated the Finance and Audit Committee will review, as there is a desperate need for increases.

Strategic Planning

Dr. Buscemi spoke of the seven identified goals the Commission established that would be part of the DDSN Strategic. A survey was sent out to the provider network asking if they can provide intake service. The RFP will follow. Dr. Buscemi said plans are to develop an automated screening tool as well as trying to make changes to the eligibility phone line so a person is reached when the number is called. Dr. Buscemi also spoke of the groups that include family participation that have been formed to address the strategic planning goals and action items. A Commissioner communicated that once the Strategic Plan is established; it should be used as a tool to maintain a performance matrix. It was also suggested that the agency use a compliance staff person.

Governor's Goals and Objectives

Mr. Goodell provided a summary giving detail of how the agency is meeting four out of the five objectives the Governor set for health and safety growth in residential service will help the critical needs goal. The agency will continue to look at ways to improve. It was recommended that DDSN target the development of new residential services to persons with significant behavioral needs. This should help reduce the length of time people remain on the Critical Needs List, the one goal that DDSN is not meeting. (Attachment G)

State Director's Report

Dr. Buscemi reported on the following:

ASD State Plan – DHHS submitted the draft language for CMS to review. They received feedback and were asked to remove from the language, diagnostic

specific references to Autism. There were no financials or rate information provided to CMS. DHHS is seeking clarification on the transition from the PDD waiver to the ADS state plan. Initially we were told there would be no changes/amendments to the current PDD Waiver; however, the new state plan will have a higher provider payment rate.

Administrative Contract - There has been some movement of the contract but still no approval by CMS. DHHS and DDSN recently were told to proceed with completing cost reports based on the financial methodology included in the draft version of the contract which is a good sign.

SC Department of Administration - The Administration Department recently conducted an audit of DDSN Human Resources Department's delegated transactions from July 1, 2014 to June 30, 2105 with good results.

Financial Audit - The DDSN audit is on schedule as far as the department knows. We should have a draft report by the end of this month. It has been delayed some, due to additional requested components of the audit. We expect one finding related to account receivables related to consumer billing activity. This is where the individual or individual's family received benefits that did not come to the agency. The agency then attempts to collect from the family but payment is not received. The agency left this receivable on the books and did not go through the process to write it off as an uncollectable.

Training

Last week DDSN held fiscal training to the provider network covering numerous topics. It was well attended.

Next week, DDSN is hosting training to the provider network on fire safety and disaster emergency preparedness.

Executive Session

On motion of Commissioner Lemel, seconded and passed, the Commission entered into Executive Session to discuss contractual matters concerning SC Mentor.

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

June 16, 2016


Adjournment

With no further business, Commissioner Danielson adjourned the meeting.

Submitted by,


Sandra J. Delaney

Approved:



Commissioner Eva Ravenel
Secretary

SC COMMISSION ON DISABILITIES AND
Commission Meeting

Attachment 1

May 19, 2016

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Lisa Weeks - DDSN
2. Alike Moss Calhoun DSNB
3. Judy Johnson Eschwege Center
4. Marty Rawls - DDSN
5. Julie Brown
6. Catena Britton DHTS
7. Deborah + Heatre Mephesen Rockland County
8. Stephen William Calm DSNB
9. Jim Rutter, Jr DDSN
10. Thoyl W. Green SCDSNB
11. Don Ford CBDSN
12. Phil Clarkson BIASC
13. Kathleen Roberts WCPC - ~~SC~~ SCPOD
14. Linda Lee WCPC - SCPOD
15. Zenobia M Corley KCBDSN
16. Shontanna Jett KCBDSN
17. David Foshee DDSN
18. Terry Mice Ocover
19. Bill Jones Newberry
20. Mike Kerta Marion-Dillon DSN

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

May 19, 2016

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- | | | |
|-----|------------------|-------------------------|
| 21. | Suzanne Hyman | Project HOPE Foundation |
| 22. | Shondala Hall | DDSN |
| 23. | Rid Magner | Charleston DSNS |
| 24. | Ann Dalton | DDSN |
| 25. | Joyce Davis | BIASC |
| 27. | Rosalind Grewson | BIASC |
| 28. | Kathy Jacoby | DDSN |
| 29. | Angele Jacildoae | SCSCIA |
| 30. | Melinda Moore | Arc Midlands |
| 31. | Mike Bell | Arc Midlands |
| 32. | Amanda Pollak | Arc of SC |
| 33. | Joseph Coontrey | Diken Co. Bd./TDC |
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SC COMMISSION ON DISABILITIES AND S
Commission Meeting
May 19, 2016

Attachment 2

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Steven Tadel - Path Finders
2. Felita Martino - DDSN District IV
3. Ronda Ritchie - DDSN Dist. II
4. Hester S Wannanaker - DDSN VII
5. Ruby Britt - DDSN TA II
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Commission Meeting
May 19, 2016

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. *Elizabeth Krauss*

2. *Frank Hobelus*

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SC COMMISSION ON DISABILITIES AND
Commission Meeting
May 19, 2016

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Ruth Blocker Darlington County DSN Board
- 2. Mary Mack Lee Co. DSN Board
- 3. Susan Johnson Horry Co. DSN
- 4. Ryan Way Clarendon County DSN
- 5. Deborah K. Smith DDSN - District II
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SC COMMISSION ON DISABILITIES AND S
Commission Meeting
May 19, 2016

Guest Registration Sheet

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1. Elaine M. Thena PCBDSU

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SC COMMISSION ON DISABILITIES AND S. CIVIL RIGHTS
Commission Meeting
May 19, 2016

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. John King SCDDSN

2. Jason Tavern LCASNB

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SC COMMISSION ON DISABILITIES AND
Commission Meeting
May 19, 2016

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Janice Fowler, YCBDSN _____
- 2. Mary Poole, YCBDSN _____
- 3. Michelle Shaffer, YCBDSN _____
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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**

May 19, 2016**10:00 A.M.**

- | | | |
|-----|--|-----------------------------------|
| 1. | Call to Order | <i>Chairperson Bill Danielson</i> |
| 2. | Welcome - Notice of Meeting Statement | <i>Commissioner Eva Ravenel</i> |
| 3. | Invocation | <i>Chairperson Bill Danielson</i> |
| 4. | Introduction of Guests | |
| 5. | Adoption of Agenda | |
| 6. | Approval of the Minutes of the April 21, 2016 Commission Meeting | |
| 7. | Public Input | |
| 8. | Commissioners' Update | <i>Commissioners</i> |
| 9. | Nominating Committee | <i>Chairperson Bill Danielson</i> |
| 10. | Business: | |
| | A. Financial Report | <i>Mr. Tom Waring</i> |
| | B. Budget Update | <i>Mr. Tom Waring</i> |
| | C. 2017 Capital Improvement Projects | <i>Mr. Tom Waring</i> |
| | D. Therap | <i>Dr. Beverly Buscemi</i> |
| | E. Waiting List Reduction Efforts | <i>Ms. Susan Beck</i> |
| | F. Direct Care Staff Salaries | <i>Dr. Beverly Buscemi</i> |
| | G. Strategic Planning | <i>Dr. Beverly Buscemi</i> |
| | H. Governor's Goals and Objectives | <i>Mr. David Goodell</i> |
| 11. | State Director's Report | <i>Dr. Beverly Buscemi</i> |
| 12. | Executive Session | |
| 13. | Next Regular Meeting (June 16, 2016) | |
| 14. | Adjournment | |

**SC Department of Disabilities and Special Needs
 FY 2016 Monthly Financial Summary - Operating Funds
 Month Ended: April 30, 2016**

Attachment B

	<u>General Fund (Appropriations)</u>	<u>Medicaid Fund</u>	<u>Other Operating Funds</u>	<u>Federal and Restricted Funds</u>	<u>Total</u>
FY 2015 Cash Brought Forward	\$ 1,030,471	\$ 1,912,919	\$ 1,301,766	\$ 135,055	\$ 4,380,210
<u>FY 2016 YTD Activity</u>					
<u>Receipts/Transfers</u>					
Revenue	223,002,334	305,024,762	4,713,593	479,784	533,220,473
Interfund Transfers	(35,100,000)	35,100,000	-	-	-
<u>Disbursements</u>					
Personal Services	(40,248,630)	(12,749,361)	(43,550)	(192,738)	(53,234,279)
Fringe Benefits	(16,404,205)	(5,500,919)	-	(80,737)	(21,985,861)
Other Operating Expense	(122,997,675)	(306,938,642)	(453,971)	(1,186)	(430,391,474)
Capital Outlays	-	(70,246)	(55,208)	-	(125,454)
Ending Cash Balance - 4/30/2016	\$ 9,282,295	\$ 16,778,513	\$ 5,462,630	\$ 340,178	\$ 31,863,615

Disbursements do not include \$73,331.79 in accounts payable as of April 30, 2016.

FM Budget vs Actual										
Author		JGRANT								
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Table										
Fiscal year	Business area	Funded Program - Bud	Fund (High Level)	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance
2016	DDSN	ADMINISTRATION	Result	\$ 7,278,969.00	\$ 26,685.00	\$ 7,305,654.00	\$ 5,173,397.62	\$ 2,132,256.38	\$ 413,439.30	\$ 1,718,817.08
		PREVENTION PROGRAM	Result	\$ 257,098.00	\$ 356,702.00	\$ 613,800.00	\$ 580,465.00	\$ 33,335.00	\$ 33,335.00	\$ 0.00
		GWOOD GENETIC CTR	Result	\$ 9,968,376.00	\$ 0.00	\$ 9,968,376.00	\$ 9,014,513.00	\$ 953,863.00	\$ 803,863.00	\$ 150,000.00
		CHILDREN'S SERVICES	Result	\$ 14,859,135.00	\$ 6,593,880.00	\$ 21,453,015.00	\$ 8,781,105.11	\$ 12,671,909.89	\$ 320.00	\$ 12,671,589.89
		BabyNet	Result	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00	\$ 9,312,500.00	\$ 0.00	\$ 0.00	\$ 0.00
		IN-HOME FAMILY SUPP	Result	\$ 76,340,895.00	-\$ 8,565,176.00	\$ 67,775,719.00	\$ 32,861,668.09	\$ 34,914,050.91	\$ 5,406,993.76	\$ 29,507,057.15
		ADULT DEV&SUPP EMPLO	Result	\$ 64,395,407.00	\$ 9,705,514.00	\$ 74,100,921.00	\$ 62,172,390.30	\$ 11,928,530.70	\$ 0.00	\$ 11,928,530.70
		SERVICE COORDINATION	Result	\$ 22,707,610.00	\$ 1,221,427.00	\$ 23,929,037.00	\$ 16,542,482.26	\$ 7,386,554.74	\$ 310,204.65	\$ 7,076,350.09
		AUTISM SUPP PRG FY10	Result	\$ 14,113,306.00	-\$ 989,600.00	\$ 13,123,706.00	\$ 7,685,359.07	\$ 5,438,346.93	\$ 282,742.18	\$ 5,155,604.75
		Pervasive Developmental Disorder (PDD)	Result	\$ 13,027,103.00	-\$ 2,684,871.21	\$ 10,342,231.79	\$ 6,132,663.59	\$ 4,209,568.20	\$ 1,210,087.92	\$ 2,999,480.28
		HD&SPINL CRD INJ COM	Result	\$ 3,040,532.00	\$ 212,922.00	\$ 3,253,454.00	\$ 2,661,539.81	\$ 591,914.19	\$ 0.00	\$ 591,914.19
		REG CTR RESIDENT PGM	Result	\$ 71,450,565.00	\$ 1,867,949.00	\$ 73,318,514.00	\$ 53,975,023.77	\$ 19,343,490.23	\$ 2,351,397.30	\$ 16,992,092.93
		HD&SPIN CRD INJ FAM	Result	\$ 25,758,987.00	-\$ 4,755,323.00	\$ 21,003,664.00	\$ 14,704,202.76	\$ 6,299,461.24	\$ 2,212,009.79	\$ 4,087,451.45
		AUTISM COMM RES PRO	Result	\$ 23,557,609.00	-\$ 826,900.00	\$ 22,730,709.00	\$ 18,012,534.95	\$ 4,718,174.05	\$ 44,762.29	\$ 4,673,411.76
		INTELL DISA COMM RES	Result	\$ 286,451,227.00	\$ 3,512,984.00	\$ 289,964,211.00	\$ 235,611,307.76	\$ 54,352,903.24	\$ 18,364,725.96	\$ 35,988,177.28
		STATEWIDE CF APPRO	Result		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00
		STATEWIDE PAY PLAN	Result		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00
		STATE EMPLOYER CONTR	Result	\$ 28,368,232.00	-\$ 742,826.00	\$ 27,625,406.00	\$ 21,985,861.36	\$ 5,639,544.64	\$ 0.00	\$ 5,639,544.64
		DUAL EMPLOYMENT	Result				\$ 3,385.43	-\$ 3,385.43	\$ 0.00	-\$ 3,385.43
		Autism Services	Result		\$ 1,000,000.00	\$ 1,000,000.00	\$ 500,000.00	\$ 500,000.00	\$ 0.00	\$ 500,000.00
		Special Needs Park	Result		\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 0.00	\$ 0.00	\$ 0.00
		Special Family Resou	Result		\$ 1.00	\$ 1.00		\$ 1.00		\$ 1.00
		Result		\$ 670,887,551.00	\$ 6,033,367.79	\$ 676,920,918.79	\$ 505,810,399.88	\$ 171,110,518.91	\$ 31,433,881.15	\$ 139,676,637.76

South Carolina Department of Disabilities and Special Needs					
FY 2015-2016 Spending Plan - Approved by the DDSN Commission 9-17-15					
Financial Projections for Fiscal Year 2016	Description	Base Expenditures as of July 1, 2015 (Total Funds)	Commitments after July 1, 2015 (Total Funds)	Committed or Expended as of 3/31/16	Balance to be Completed by 6/30/16
Base Expenditures:					
Administration		\$7,994,312		\$5,679,610	\$2,314,702
Residential Services		\$226,265,041		\$226,265,041	\$0
Day Supports		\$81,515,703		\$81,515,703	\$0
Individual/Family Support Services		\$55,158,070		\$55,158,070	\$0
Service Coordination		\$20,299,078		\$20,299,078	\$0
Early Intervention		\$20,391,356		\$20,391,356	\$0
Prevention		\$9,461,376		\$9,461,376	\$0
Interagency Service Contracts		\$1,469,234		\$1,469,234	\$0
Special Service Contracts (RFP)		\$235,000		\$235,000	\$0
Regional Centers/Community Program Services		\$97,963,083		\$72,110,476	\$25,852,607
Subtotal		\$520,752,253		\$492,584,944	\$28,167,309
Service Development					
Residential Services:					
1. Movement of Individuals from Regional Centers	28 Placements - from FY 16 New Funding		\$2,830,000	\$1,920,350	\$909,650
2. Critical Needs Response					
a. Autism Spectrum Disorder (ASD) - Bed Attrition	14 Placements Due to Turnover - from Base	\$980,630		\$980,630	\$0
b. Intellectual Disability/Related Disability (ID/RD) - Bed Attrition	268 Placements Due to Turnover - from Base	\$18,772,060		\$18,351,790	\$420,270
c. Head & Spinal Cord Injury (HASCI) - Bed Attrition	1 Placement Due to Turnover - from Base	\$70,045		\$70,045	\$0
d. New Bed Development - ID/RD, ASD, HASCI	25-50 Placements (dependent on type of setting necessary to meet individual needs) - from FY 16 New Funding		\$1,750,000	\$1,750,000	\$0
3. Residential Placements for MI/ID Dually Diagnosed - Bed Attrition	39 Placements for Mental Illness/Intellectual Disability (MI/ID) Dually Diagnosed - from Base	\$3,312,855		\$1,783,845	\$1,529,010
4. Less Restrictive Residential Service Alternatives	65 Placements using Less Restrictive Residential Service Alternatives - from Base	\$1,668,150		\$126,104	\$1,542,046
At Home Services:					
Head & Spinal Cord Injury (HASCI)					
1. HASCI Waiver - Attrition	50 Waiver Slots through Attrition - from Base	\$1,435,750		\$1,091,170	\$344,580
2. HASCI Waiver - Expansion	35 Waiver Slots Expansion - from FY 16 New Funding		\$1,005,025	\$717,875	\$287,150
3. HASCI Specialized Post-Acute Rehabilitation - Attrition	Specialized Post-Acute Rehabilitation for 45-50 individuals - from Base	\$2,100,000		\$2,100,000	\$0
4. HASCI Specialized Post-Acute Rehabilitation - Expansion	Specialized Post-Acute Rehabilitation for 8-10 individuals - from FY 16 New Funding		\$500,000	\$500,000	\$0
Autism Spectrum Disorder (ASD)					
1. ID/RD Waiver - Attrition	22 Waiver Slots through Attrition - from Base	\$258,456		\$258,456	\$0
2. ID/RD Waiver - Expansion	121 Waiver Slots Expansion - from FY 16 New Funding		\$1,421,508	\$1,421,508	\$0
3. Community Support (CS) Waiver - Attrition	55 Waiver Slots through Attrition - from Base	\$706,530		\$642,300	\$64,230
4. Pervasive Developmental Disorder (PDD) Program - State & Waiver - Attrition	474 Slots through Attrition - from Base	\$14,644,230		\$11,245,780	\$3,398,450
Intellectual Disability/ Related Disability (ID/RD)					
1. ID/RD Waiver - Attrition	178 Waiver Slots through Attrition - from Base	\$2,091,144		\$2,091,144	\$0
2. ID/RD Waiver - Expansion	979 Waiver Slots Expansion - from FY 16 New Funding		\$11,501,292	\$11,501,292	\$0
3. CS Waiver - Attrition	449 Waiver Slots through Attrition - from Base	\$5,767,854		\$5,138,400	\$629,454
All Disability Populations					
1. Respite Rate Increase					
a. Respite Rate Increase - Waiver - Expansion	\$2 per hour Increase in Rate for Waiver Respite - from FY 16 New Funding		\$2,195,200	\$2,195,200	\$0
b. Respite Rate Increase - State - Expansion	\$2 per hour Increase in Rate for State Funded Respite - from FY 16 New Funding		\$200,000	\$200,000	\$0
2. State Funded Community Supports (SFCS)					

South Carolina Department of Disabilities and Special Needs					
FY 2015-2016 Spending Plan - Approved by the DDSN Commission 9-17-15					
		Base Expenditures as of July 1, 2015 (Total Funds)	Commitments after July 1, 2015 (Total Funds)	Committed or Expended as of 3/31/16	Balance to be Completed by 6/30/16
Financial Projections for Fiscal Year 2016	Description				
a. SFCS - Attrition	25 Placements in State Funded Community Supports - from Base	\$339,350		\$339,350	\$0
b. SFCS - Expansion	50 Placements in State Funded Community Supports - from FY 16 New Funding		\$678,700	\$0	\$678,700
3. Consumer Needs Assessment	Additional Band Changes and Outliers - from Base	\$400,000	\$600,000	\$1,000,000	\$0
Statewide Initiatives:					
Personal Services and Employer Fringe Benefits Increase					
System Wide Increase	Employee Bonus (one-time) and Employer Health Insurance Increase		\$10,482,248	\$10,482,248	\$0
Other Initiatives					
1. Service Provider Funding Rates	Maintenance of Effort - from FY 16 New Funding		\$5,555,556	\$5,555,556	\$0
2. Workforce Recruitment and Retention - Compression Adjustment	Workforce Recruitment and Retention - Direct Care and Nurses (hands-on staff) - from FY 16 New Funding		\$1,388,889	\$1,388,889	\$0
3. Greenwood Genetic Center	Expand Metabolic Treatment and Genetic Counseling services - from FY 16 New Funding		\$665,000	\$665,000	\$0
Capital Needs					
1. Capital Development/Infrastructure	Required Maintenance, Health/Safety Upgrades, Increase Capacity, Technology Needs	\$2,400,000		\$1,589,221	\$810,779
2. Regional Centers	Capital Projects Debt Service Funding - Approved by Commission May 21, 2015	\$2,186,500		\$31,768	\$2,154,732
Appropriated Non-Recurring Funds					
1. Autism Services - Proviso 118.14	Autism Services		\$1,000,000	\$1,000,000	\$0
2. Special Needs Park - Savannah's Playground - Myrtle Beach - Proviso 118.14	Savannah's Playground Special Needs Park		\$100,000	\$100,000	\$0
Projected Expenditures for Funding					
		\$577,885,807	\$41,873,418	\$578,822,865	\$40,936,360
Total			\$619,759,225		\$619,759,225

SC Department of Disabilities and Special Needs
FY 14 - FY 16 CCR Recoupable Services

	<u>DSN Boards</u>	<u>QPLs</u>	<u>TOTAL</u>
<i>Fiscal Year 2014</i>	80,036.20	36,134.28	116,170.48
<i>Fiscal Year 2015</i>	17,276.32	16,013.22	33,289.54
<i>Fiscal Year 2016</i>	174,181.14	8,957.58	183,138.72
TOTAL	271,493.66	61,105.08	332,598.74

At this time the agency has not recouped any of these funds from our Provider Organizations. Over the next few months, DDSN will be working with the providers to arrange payment of these funds. We will work on a schedule that will not put the providers in a financial crisis.

SC Department of Disabilities and Special Needs
FY 13 - FY 16 Contract Adjustments for Capitated and Non-Capitated Services

Recouped in FY2015

80% Day Attendance for FY2013 and Special Grants	\$ 102,455.00
Greenville *	\$ 120,000.00
TOTAL	\$ 222,455.00

Recouped in FY2016

80% Day Attendance for FY2014 and Special Grants	\$ 75,308.00
98%/95% Contract Settlements for FY2011, FY2012	\$ 1,643,686.00
Bonus Grant Reconciliation	\$ 475,204.00
Greenville *	\$ 120,000.00
TOTAL	\$ 2,314,198.00

To Be Recouped in FY2017

98%/95% Contract Settlements for FY2013, FY2014	\$ 592,000.00
Greenville	\$ 120,000.00
Anderson **	\$ 120,000.00
TOTAL	\$ 832,000.00

* Greenville - Starting Balance - January 1, 2014	\$ 581,327.00
Recouped through June 30, 2016	\$ (300,000.00)
Remaining Balance	\$ 281,327.00

** Anderson has a payback of \$484,228, and will be recouped at \$120,000 per year



Beverly A. H. Buscemi, Ph.D.
State Director
 David A. Goodell
Associate State Director
Operations
 Susan Kreh Beck
Associate State Director
Policy
 Thomas P. Waring
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 Mary Ellen Barnwell
 Katherine W. Davis
 Gary C. Lemel
 Vicki A. Thompson

MEMORANDUM

TO: Service Providers, Families and Advocates

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

RE: DDSN FY 2016-2017 Budget Update

DATE: April 27, 2016

Last week, the Senate Finance Committee adopted their budget recommendation for Fiscal Year 2016-2017. It is exciting to report the Committee appropriated \$10,800,000 in recurring state funds to the Department of Disabilities and Special Needs.

This significant increase in funding will be essential to continue the aggressive initiative to reduce waiting lists. In addition, this funding will boost the transition of individuals to less restrictive residential settings, increase access to specialized post-acute rehabilitation services, and assure statewide access to genetic devices. The Committee's budget plan also bolsters our ability to offer families non-emergency respite services and help providers address staffing needs. All of the funding recommendations approved will increase services, support families' efforts to care for their loved ones at home and meet the needs of individuals in crisis situations. Please see the attached chart.

The Senate Finance Committee budget plan includes a four percent pay increase for state and DDSN provider employees. Health and dental insurance increases are also included in the plan so there are no additional insurance costs to employees or benefit reductions. There is a one-half percent increase for state employees and DDSN providers participating in the state retirement system.

Once again this designation of significant funding for DDSN services clearly demonstrates the dedication of members of the Senate Finance Committee to people with disabilities and special needs and the essential services they need. Appropriations in the Senate Finance Committee's budget and similarly, recommendations in Governor Haley's Executive Budget and the House of Representatives Budget, are a testament to the commitment of our state leaders to continue reducing waiting lists and promote quality of care and services. This is the third consecutive year significant funding is appropriated to help people on waiting lists. We are grateful for their support.

DISTRICT I

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

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

9995 Miles Jamn (a) Road
 Summerville, SC 29185
 Phone: 843-833-3376

DISTRICT II

Coastal Center - Phone: 843-873-5730
 Pee Dee Center - Phone: 843-664-2600
 Salceby Center - Phone: 843-332-4100

DDSN FY 2016-2017 Budget Update

April 27, 2016

Page 2

The DDSN Commission and staff greatly appreciate the leadership and hard work that is required during the budget process. Services for individuals with disabilities and their families were given highest priority. Special appreciation and recognition are well deserved by Senate Finance Chairman Hugh Leatherman, and the Health Subcommittee members, Senator Thomas Alexander, Chairman, Senator Joel Lourie, Senator Danny Verdin, and Senator Floyd Nicholson. Please take time to thank these legislators and others for this outstanding support of DDSN and services provided across the state.

We are so fortunate to benefit from the commitment of our elected leaders. They truly care about the people we serve and their families. We are grateful for their support of our efforts to assist people with disabilities. DDSN commends all our State leaders for their steadfast support!

cc: DDSN Commission

**South Carolina Department of Disabilities and Special Needs FY 2016 – 2017 Budget Request In Priority Order
Approved by the Commission on 9/17/2015**

	Program Need	Budget Request for FY 2016-2017	House of Representatives	Senate Finance Committee
1	<p>Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists. Provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. This request will provide approximately 1,800 individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. Supports strengthen the family and allow family caregivers to remain employed. Provide necessary residential supports and services for 125 individuals who have been identified as meeting critical criteria and require residential placement to resolve their critical situation. In fiscal year 2015, there were 457 individuals with severe disabilities who met the critical criteria. Provide services to approximately 300 children who will not qualify for the new Medicaid State Plan Service package for Autism Spectrum Disorder, yet still need the state supported Pervasive Developmental Disorders program (PDD). This request will allow DDSN to maintain current service capacity and provide specialized therapies to an additional 300 children of the 1600 currently on the waiting list. This request will also allow DDSN to fund the new rate structure being implemented in the new Medicaid State Plan service package in order to maintain provider availability.</p>	\$14,950,000	\$6,600,000	\$6,600,000
2	<p>Ensure Compliance with Centers for Medicare & Medicaid Services (CMS) new Home and Community Based Services (HCBS) Final Rule. The new CMS rule requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement. The CMS HCBS Final Rule focuses on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the new CMS HCBS Final Rule.</p>	\$3,300,000	—	—
3	<p>Safety and Quality of Care. Provide for the increased cost of providing care and addressing nursing and supervision needs of consumers. Address workforce issues to recruit and retain quality staff that provide essential 24/7 nursing care and direct supervision and care of consumers. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services. Over the past year large companies such as Walmart and McDonalds have raised the hiring pay rate, and the rate paid to direct care staff makes it difficult to hire and retain quality staff. The Department of Labor (DOL) has proposed a new regulation that is scheduled to become effective during FY 2017 which dramatically changes the overtime exception. This revised regulation will require DDSN regional centers and community providers to change the definition of which staff can be considered exempt and which staff must be paid overtime. This is projected to be a significant staffing cost increase and service funding rates must be increased to cover the actual cost of care. Over the past years the costs of gasoline, food, electricity, medical professionals and other goods and services have increased significantly. If not funded, local community providers and regional centers will not be able to continue to provide the same level of service or maintain quality as there are no automatic increases to cover increased operational expenses.</p>	\$6,300,000	—	\$1,000,000

**South Carolina Department of Disabilities and Special Needs FY 2016 – 2017 Budget Request In Priority Order
Approved by the Commission on 9/17/2015**

	Program Need	Budget Request for FY 2016-2017	House of Representatives	Senate Finance Committee
4	Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care. Movement from institutions to community settings based on individual/family choice is consistent with the U. S. Supreme Court Olmstead decision, state statute and best practice. DDSN managed this movement within its own resources for 19 years, but now new state funds are necessary. This funding allows individuals with the most complex medical and behavioral challenging needs to move to the community without jeopardizing their health and safety and also maintains the provision of quality care at the regional centers as required. Funds requested will allow 30 individuals to move to community settings.	\$1,200,000	\$1,200,000	\$1,200,000
5	Crisis Intervention and Stabilization for Individuals. This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short term needs of individuals in crisis would prevent emergency hospitalizations and expensive long term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings. Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring inpatient specialized neurological behavioral services.	\$1,650,000	\$1,000,000	—
6	Assure Statewide Access to Genetic Services. Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center (GGC). New funds will be used to expand the metabolic treatment and genetic counseling services. This request will fund development of a blood test for Autism Spectrum Disorder based on previous research funded by special proviso. This funding to GGC is DDSN's main prevention effort, which can prevent or minimize a child's lifelong disability.	\$500,000	\$500,000	\$500,000
7	Increase Access to Post-Acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries. 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. This request will fund specialized rehabilitation for 8 to 10 individuals who are uninsured or underinsured.	\$500,000	\$500,000	\$500,000
8	Expansion of Non-Emergency Respite Beds. Increased service capacity to relieve family caregivers who support individuals at home is essential. Providing around the clock care and supervision for a loved one who is disabled can be very taxing for families. This funding would expand opportunities for families to plan for much needed respite which is essential to support families in keeping loved ones at home. Keeping families together is better for the person, preferred by families, more community inclusive and is the most cost-efficient option for taxpayers as out of home placements are much more expensive. This funding would create 8 beds statewide that would be available for planned respite needs of family caregivers.	\$1,000,000	\$500,000	\$1,000,000
TOTAL		\$29,400,000	\$10,300,000	\$10,800,000

One-time Funding Approved by the House of Representatives:

- **Lander Equestrian Center - \$300,000**

FY 2016-2017 CAPITAL IMPROVEMENT PROJECT LIST
Request Commission Approval at the May 19, 2016 Meeting

1	<u>Increase to J16-9884 - Whitten Center - Add Demolition of Vehicle Services Building</u>	\$ 98,500.00
	Phase I funding for demolition of Whitten Center Regional Office and Two Story Staff Residence was recently approved. Due to recent roof collapse and safety concerns, the Whitten Center Vehicle Services (3058) should be added to this project scope for expeditious resolution.	
2	<u>Statewide - Community Facilities - Preventive Maintenance</u>	\$ 499,950.00
	DDSN owns and maintains 65 community residences, administration, and day program buildings around the state. These buildings are aging, and routine lifecycle repair and replacement of building systems and components is constant and increasing with age and inflation. Specific project requests include: window replacement, sanitizer replacement, HVAC system replacement, and bathroom accessibility upgrades and various locations across South Carolina.	
3	<u>Statewide - Accessible Bathing and Lifting Equipment</u>	\$ 245,000.00
	Specialized equipment, including hydro-lift tubs, bath lifts, shower trolleys, shower panels, shower cabinets, and patient lifts to assist with safe movement of medically fragile and a wide variety of physical disabilities, is essential to the quality services provided by DDSN staff. As residential populations age, disabilities advance, and equipment wears out due to constant use, the specialized bathing and lifting equipment located in most DDSN facilities must be replaced and damaged components repaired.	
4	<u>Coastal Center - Preventive Maintenance</u>	\$ 200,000.00
	The project scope includes both scheduled and unscheduled repairs and life cycle replacement of building systems and components at DDSN Coastal Center's 29 building campus in Summerville, SC. Specific 2016-2017 needs include Central Kitchen walk-in freezer and cooler repairs, reach-in refrigerator and freezer replacement, dish sterilizer replacement, ceiling repairs, door repairs and replacement, lighting replacement, HVAC replacement, and installation of a water filtration system.	
5	<u>Pee Dee and Saleeby Centers - Preventive Maintenance</u>	\$ 245,000.00
	The project scope includes both scheduled and unscheduled repairs and life cycle replacement of building systems and components at DDSN Pee Dee Center's 26 building campus in Florence, SC, and satellite 5 building Saleeby Center campus in Hartsville, SC. Specific needs include replacement of several large water heaters, replacement of Gymnasium HVAC system, and replacement of several failing Mulberry and Pecan Dorm HVAC units.	
6	<u>Whitten Center - Preventive Maintenance</u>	\$ 200,000.00
	The project scope includes both scheduled and unscheduled repairs and life cycle replacement of building systems and components at DDSN Whitten Center's 53 building campus in Clinton, SC. Specific requests include installing emergency shut down switches on boilers, boiler replacement in Dorm 205, window replacement in Dorms 106 and 107, bathroom renovations in Dorm 110, and bathroom renovations and toilet replacement in Dorm 105.	
7	<u>Midlands Center - Preventive Maintenance</u>	\$ 220,000.00
	The project scope includes both scheduled and unscheduled repairs and life cycle replacement of building systems and components at DDSN Midlands Center's 26 building campus in Columbia, SC. One of Midlands Center's 2016-2017 CPIP needs is replacement of exterior soffit and street lights with enhanced illumination for safety, as well as energy savings through improved lighting technology.	
8	<u>Statewide - Regional Centers - Preventive Maintenance</u>	\$ 240,000.00
	The project scope covers unanticipated repairs and life cycle replacement of building systems and components at DDSN's five regional center campuses in South Carolina, especially when the cost of pressing needs are not budgeted through other capital improvement project funds.	
9	<u>Statewide - Site Infrastructure Preventive Maintenance</u>	\$ 200,000.00
	The project scope includes both scheduled and unscheduled repairs and life cycle replacement of site infrastructure systems and components at DDSN facilities across the state. The work may include repaving of drives and parking areas, repair or replacement of storm water structures, utilities, outdoor site lighting, landscaping or green buffer. Repair of sidewalks to remediate tripping hazards is an ongoing maintenance requirement to make walking paths safe for those individuals with physical and intellectual disabilities.	

Total **\$ 2,148,450.00**

FY 2015-2016 CAPITAL IMPROVEMENT PROJECT LIST PROGRESS SPREADSHEET

Approved by DDSN Commission on May 21, 2015

			Approved Project Funding	% Completed (Estimate)	\$\$ Under Contract
1)	9896	Midland Center - Campus Wide Preventive Maintenance	\$225,000	0.0%	\$0
2)	98xx	Whitten Center - Campus Wide - Preventive Maintenance	\$212,500	0.0%	\$0
3)	9891	Coastal Center - Highlands 510 Roof Replacement	\$249,000	8.4%	\$21,000
4)	9899	Coastal Center - Campus Wide Preventive Maintenance	\$195,000	0.0%	\$0
5)	9889	Pee Dee - Pecan Dorms & Other Support Buildings - Roof Repair & Replacement	\$350,000	1.5%	\$5,250
6)	9897	Pee Dee/Saleeby - Campus Wide - Preventive Maintenance	\$240,000	0.0%	\$0
7)	9898	Statewide - Community Facilities Preventive Maintenance	\$240,000	0.0%	\$0
8)	98xx	Statewide - Emergency Generators	\$230,000	0.0%	\$0
9)	98xx	Regional Centers - Energy Management Controls Replacement (FY 3 of 5 - J16-9868)	\$245,000	0.0%	\$0

Total Amount Approved \$2,186,500

project has not been fully approved by Joint Bond Review Committee (JBRC) and State Fiscal Accountability Authority (SFAA)

FY 2014-2015 CAPITAL IMPROVEMENT PROJECT LIST PROGRESS SPREADSHEET

Approved by DDSN Commission on April 17, 2014

			Approved Project Funding	% Completed (Estimate)	\$\$ Under Contract
1)	9888	Pee Dee & Saleeby Centers- Preventive Maintenance	\$522,000	0.0%	\$0
2)	9890	Statewide - Emergency Generators	\$225,000	0.0%	\$0
3)	9887	Statewide - Community Facilities- Preventive Maintenance & License Conversion	\$400,000	0.0%	\$0
4)	9886	Midland Center - Preventive Maintenance	\$390,000	96.6%	\$376,568
5)	9885	Whitten Center - Preventive Maintenance	\$325,000	0.0%	\$0
6)	9892	Coastal Center - Preventive Maintenance	\$250,000	0.0%	\$0
7)	9900	Coastal Center - Dental Clinic Renovations	\$250,000	0.0%	\$0
8)	9894	Whitten Center - Demolition of Regional Office Bldg. (Add to CPIP 13-14 project J16-9894)	\$50,000	0.0%	\$0
9)	9874	Statewide -Network Infrastructure/ Tele- phone System Replace (Year 2 of project J16-9874)	\$340,000	66.2%	\$555,927 of \$840,000*
10)	9868	Regional Centers - Energy Management Controls Replacement (FY 2 of 5 - J16-9868)	\$245,000	0.0%	\$0

Total Amount Approved \$2,997,000

project has not been fully approved by Joint Bond Review Committee (JBRC) and State Fiscal Accountability Authority (SFAA)

* combined YR 1 and Yr 2 funding

FY 2013-2014 CAPITAL IMPROVEMENT PROJECT LIST PROGRESS SPREADSHEET

Approved by DDSN Commission on August 30, 2013

			Approved Project Funding	% Completed (Estimate)	\$\$ Under Contract
1)	9879	Midland Center- Campuswide Consumer Life Improvements PM	\$238,000	0.8%	\$1,980
2)	9876	Whitten Center - Dorms and Kitchen Upgrades	\$249,900	90.5%	\$226,227
3)	98xx	Whitten Center - Sloan Building Adaptive Reuse	\$90,000	0.0%	\$0
4)	9894	Whitten Center- Demolition of Regional Office Building	\$101,000	0.0%	\$0
5)	9895	Whitten Center- Consumer Life Improvements PM	\$248,000	0.0%	\$0
6)	9883	Coastal Center - Centerview HVAC Replacement	\$247,000	4.7%	\$11,500
7)	9884	Coastal Center - Consumer Life Improvements PM	\$202,000	4.2%	\$8,410
8)	9881	Pee Dee & Saleeby Center- Consumer Life Improvements PM	\$150,000	96.3%	\$144,524
9)	9874	Statewide -Network Infrastructure/ Tele- phone System Replace	\$500,000	100.0%	\$500,000
10)	9871	Statewide- Comm Fac Life Cycle Repairs	\$249,500	29.6%	\$73,802
11)	9878	Statewide- Emergency Generators	\$240,000	5.8%	\$13,812
12)	9877	Statewide- Fire Protection Repair/Replacement	\$250,000	17.3%	\$43,327
13)	9882	Statewide-Accessible Bathing Equipment	\$215,000	0.0%	\$0

Total Amount Approved \$2,980,400

project has not been fully approved by Joint Bond Review Committee (JBRC) and State Fiscal Accountability Authority (SFAA)

DDSN Implementation Plan for 2014 LAC Report Recommendations

No	LAC Recommendation	Agency Response	Responsible Party	Action	Comments
12	The S.C. Department of Disabilities and Special Needs' quality management division should compare facility incident logs/reports to its incident management system to ensure all critical incidents are reported as required by directive 100-09-DD. P.20	DDSN will continue to measure compliance with its directive 100-09-DD that requires regional centers and providers to report events meeting the critical criteria to its incident management team. For community providers this activity is measured by DDSN's federally recognized, CMS approved, Quality Improvement Organization (QIO) and/or DHEC. If a provider is found not compliant, a plan of correction is required and a follow-up visit by the QIO is performed to ensure corrective action has taken place.	DDSN	Implementation of Therap, a computerized medical record system for the entire state system. System is being implemented in stages. Choking and aspiration reporting criteria added October 2014	<p>As an enhancement to the state wide system, DDSN's implementation of Therap will provide additional opportunities for a provider's review and management of their internal reporting process and determination for which incidents need to be included in the reporting process defined in the DDSN Directives for additional oversight. This process allows the individual staff completing an entry describing an incident to assign a review level (1, 2, or 3) to indicate the urgency with which supervisory/ management staff should review the documentation and take appropriate action, as needed.</p> <p>The electronic medical record is available to provider staff in real time and will significantly improve the internal response rate and determination for reporting to DDSN.</p> <p>Therap will include modules for daily "log book" entries as well as incident reports of all types, making it easier to identify areas of concern. This computerized medical record system will provide better and timelier notification to all providers involved with service provision for an individual. The electronic system will also improve provider management staff's identification of incidents and compliance with reporting requirements for DDSN, as well as ensuring communication about safety plans for individuals and systemic quality improvement efforts.</p> <p>The earlier identification and response will also improve DDSN's oversight and overall risk management from an agency perspective. When DDSN has concerns about a provider's rate of reporting, or when the types of reports submitted warrant additional, service-level review, DDSN's oversight access and availability to the electronic records will allow for comparison of incidents reported internally versus those meeting reporting requirements</p>

DDSN Implementation Plan for 2014 LAC Report Recommendations

No	LAC Recommendation	Agency Response	Responsible Party	Action	Comments
	Continued from prior page	Continued from prior page			<p>for the directives. This will help ensure timely and appropriate reporting among all service providers.</p> <p>DDSN recognizes that provider agencies have internal reporting systems in place that may capture incidents that do not rise to the level of a Critical Incident, as defined in 100-09-DD. Provider staff are required to routinely discuss all incident types in their Risk Management Committees, which are also reviewed by DDSN's federally recognized, CMS approved, Quality Improvement Organization (QIO) and/ or DHEC. If a provider is found not compliant, a plan of correction is required and a follow-up visit by the QIO is performed to ensure corrective action has taken place. DDSN conducts QIO quality reviews on all new providers within 3 – 6 months and existing providers every 12 – 18 months.</p> <p>To further strengthen DDSN's monitoring of data collected, a new discreet reporting criteria was added to Directive 100-09-DD in October 2014. DDSN now requires the reporting of all choking or aspiration-related incidents and follow-up to ensure appropriate protocols have been put in place. Previously, DDSN found that some incidents may not have been reported if outside medical assistance was not required.</p>

DDSN Implementation Plan for 2014 LAC Report Recommendations

No	LAC Recommendation	Agency Response	Responsible Party	Action	Comments
13	<p>The S.C. Department of Disabilities and Special Needs should ensure all provider risk management teams focus on consumer safety issues such as abuse, neglect, and exploitation, critical incidents, and medication errors, in addition to other safety concerns. The risk management teams should actively track, trend, and monitor consumer incidents. P.21</p>	<p>DDSN is compliant with this recommendation. DDSN will continue to measure compliance with its directive 100-26-DD to require all provider risk management teams to focus on consumer safety issues. This activity is measured by DDSN's federally recognized, CMS approved, Quality Improvement Organization (QIO). If a provider is found not compliant, a plan of correction is required and a follow-up visit by the QIO is performed to ensure corrective action has taken place.</p>	DDSN	<p>Implementation of Therap, a computerized medical record system for the entire state system. The new system is being implemented in stages.</p>	<p>As an enhancement to the state wide system, DDSN's implementation of Therap will provide additional opportunities for a provider's review and management of their internal reporting process and determination for which incidents need to be included in the reporting process defined in the DDSN Directives for additional oversight. This process allows the individual staff completing an entry describing an incident to assign a review level (1, 2, or 3) to indicate the urgency with which supervisory/ management staff should review the documentation and take appropriate action, as needed. The electronic medical record is available to provider staff in real time and will significantly improve the internal response rate and determination for reporting to DDSN.</p> <p>Therap will include modules for daily "log book" entries as well as incident reports of all types, making it easier to identify areas of concern. This computerized medical record system will provide better and timelier notification to all providers involved with service provision for an individual. The electronic system will also improve provider management staff's identification of incidents and compliance with reporting requirements for DDSN, as well as ensuring communication about safety plans for individuals and systemic quality improvement efforts.</p> <p>The earlier identification and response will also improve DDSN's oversight and overall risk management from an agency perspective. When DDSN has concerns about a provider's rate of reporting, or when the types of reports submitted warrant additional, service-level review, DDSN's oversight access and availability to the electronic records will allow for comparison of incidents reported internally versus those meeting reporting requirements</p>

DDSN Implementation Plan for 2014 LAC Report Recommendations

No	LAC Recommendation	Agency Response	Responsible Party	Action	Comments
	Continued from prior page	Continued from prior page			<p>for the directives. This will help ensure timely and appropriate reporting among all service providers.</p> <p>DDSN will continue the current practice which addresses this concern and exceeds this recommendation. DDSN conducts quality reviews on all new providers within 3 – 6 months and existing providers every 12 – 18 months.</p> <p>However the agency recognized improvements could be made to the system as indicated by the following. Provider staff are required to routinely discuss all incident types in their Risk Management Committees, which are also reviewed by DDSN's federally recognized, CMS approved, Quality Improvement Organization (QIO) and/ or DHEC. If a provider is found not compliant, a plan of correction is required and a follow-up visit by the QIO is performed to ensure corrective action has taken place.</p>

THERAP

DDSN is currently implementing a state-wide electronic record system to be compliant with federal requirements. DDSN issued a RFP for this function and Therap was awarded the contract. DDSN started the implementation process with functions available in Therap that were not currently available in the agency's existing computer systems. Transitioning to this single system is a significant undertaking and change in the way both the individual providers of service and the agency conduct business.

All DDSN providers of day and residential support services have established accounts Therap.

- There are currently 12,279 active user ID's in Therap.
- Therap had 185,384 logins during the month of April.

Therap Functions Currently Available:

The following are examples of some of the functions currently available to the provider network in Therap. All of these functions are currently in the implementation stage. Individual providers are at different stages of implementation for the various functions available in Therap. All DDSN providers of day and residential supports, including Regional Centers, will be required to fully implement these functions.

- **SCOMM** or Secure Communications Module
 - This will allow multiple providers who serve a single individual to communicate about that individual.
 - This will also allow a provider to communicate something specific to their employees using the Therap communications module.
 - Providers created 11,720 SCOMMS during the month of April.
 - Providers will be required to implement SCOMM by July, 2016.
- **IDF** or Individual Data Form module contains demographic information
 - There are currently 37,168 individuals in the Therap system.
 - Day and residential service providers will be required to implement IDF by July, 2016.
- **T-Logs** (electronic notes) used to replace the shift note book.
 - This will allow staff to check records or notes electronically, from remote locations.
 - T-logs can be read by anyone who has an affiliation with that consumer.
 - For example, case managers do not need to drive to the home to read the shift notes.
 - This will make it much easier for case managers to monitor the services of the individuals on their caseloads.

- T-Logs also provide for more consistent communications among multiple providers that may serve an individual.
 - Last month DDSN provider network wrote 174,972 T-Logs.
 - Providers will be required to fully implement T-Logs by July, 2016.
- **Health Tracking** records vital statics about the consumer's health like blood pressure, weight, blood glucose etc.
 - The DDSN provider network recorded 2,434 appointments, 8,710 vital signs during the month of April.
 - Providers will be required implement Health Tracking by September, 2016.
- **ISP Programs and Data.** This is used to track consumer goals.
 - However it can be actually be used to track almost anything.
 - There have been 3,058 ISP programs created in Therap thus far.
 - There were 178,924 ISP data items collected during the month of April.
 - Providers will be required to fully implement ISP Programs and Data by September, 2016.

Case Management

- All case management provider accounts are in the process of being established in Therap now.
- All CM providers be will be setup in Therap by July 1, 2016.
- DDSN conducted a pilot with three case management providers including a large DSN Board, a small Board, and a private provider of case management.
 - This pilot was conducted in order to test the case management functionality within Therap.
 - This assisted to establish and verify the required security roles.
- Case management providers are able to view consumer's data that are on their respective caseloads.
 - This data was entered by the day and residential providers, such as T-Log etc.
 - This will significantly improve case managers ability to track and monitor information for individuals on their caseloads.
 - This improves the efficiency of the case manager.
 - This is especially true for private case management providers, and case managers within the larger DSN Board structures who have multiple physical locations.
- Case Managers will be able to send SCOMMs to service providers of individuals on their caseloads.

Therap Functions Currently Available but Optional:

The following list of functions are currently available to the DDSN provider network in Therap, but are not currently required and are thus considered optional.

- **GER's General Event Reports** – this is the ability to generate a report of an event or incident involving individuals served.
 - The GER can then be viewed by anyone having authorized access to information on that individual.
 - DDSN required use of this function for Regional Centers effective April, 1 2016.
 - This function is currently optional for the community provider network.
 - GERs will eventually be required system wide, but the date has not been determined.
 - DDSN is engaging in discussions with the providers about potential changes to the current incident management reporting and tracking process.
 - Therap will develop addition functions to match the current automated system used by DDSN for incident reporting, Incident Management System (IMS).
 - DDSN does not want to create a short term system that requires the provider to enter a single event in two different systems.
 - The timing with which this will be required of all providers will depend on decisions concerning possible changes to those systems and the development time required for Therap to be able to perform the functions that are currently available in DDSN's IMS.
 - The provider network (Regional Centers and community) created 2,199 GER's during the month of April.

- **Training Management Module** – this tracks the type and frequency of employee training records.
 - This is a robust learning management system.
 - This module will be required for Regional Centers effective July 1, 2016.

- **MAR** or Medication Administration Record.
 - This is currently optional for the provider network until the electronic pharmacy interface is available.
 - The electronic pharmacy interface for pharmacies that use QS/1 software is now available.
 - Therap has to do some setup work at each pharmacy and in each provider account to make it work properly.
 - Therap will be doing this setup over the next few months.
 - One Regional Center is currently using the MAR function.
 - Eventually all providers will be required to use this function once the electronic interfaces are available.

- **Time Tracking** – this is used to collect time when a consumer does something, sleep for example.
 - There were 22,094 events entered into the Time Tracking module during April.

What's Next?

Future functions available within Therap:

- Some examples of the next wave of available functions are:
 - Intake
 - Eligibility
 - Level of Care
 - The Case Management Assessment and plan
 - Case Notes
 - Alerts and Reminders for case managers
 - Waiver and Critical waiting list management
- The implementation schedule of these functions is not yet determined.
- Some of these functions require Therap to build new or modify existing structures within the electronic record.
- DDSN is constantly working with Therap and the provider network to best determine the details of these functions, and the specifics of implementation.

Additional functions will be developed and incorporated into Therap over time. The goal is for all the current “legacy” computer systems and their functions to be incorporated into the single Therap enterprise system so that the agency can discontinue use of those older systems.

**SC Department of Disabilities and Special Needs
Waiting List Reduction Efforts for Fiscal Year 2016**

Row #	Total Numbers At Beginning of the Month	2015						2016					
		July	August	September	October	November	December	January	February	March	April	May	June
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	5,473	5,559	5,443	4,934	4,793	4,779	4,925	4,935	5,001	5,191	5,312	
2	Community Supports Waiver Waiting List Total	3,614	3,624	3,565	3,544	3,534	3,478	3,530	3,501	3,551	3,566	3,734	
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	
4	Critical Needs Waiting List Total	132	131	140	122	118	124	122	122	133	125	129	
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	297	431	182	318	367	214	406	285	389	544	602	
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	492	335	357	848	518	284	208	304	272	340	313	
7	Number of Individuals Enrolled In a Waiver by Month	123	135	144	132	154	125	175	179	138	195	122	
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	76	213	133	308	203	109	73	93	84	72	20	
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	4,749	4,955	5,282	6,473	6,549	6,837	7,050	7,327	7,631	7,935	8,229	
10	Total Number of Individuals Pending Waiver Services (Running Total)	1,434	1,303	1,314	1,901	1,952	1,815	1,833	1,743	1,690	1,606	1,598	
11	Total Unduplicated Individuals on the Waiver Waiting Lists (*Approximate)	6,122	6,152*	6,035*	5,680	5,495*	5,449*	5,580	5,575*	5,635	5,776	5,879	

Updated 5/2/16

** Approximately 35% of the 9,045 individuals on a waiting list are duplicated names resulting in the 5,879 unduplicated individuals on waiting lists.

SC Department of Disabilities and Special Needs
Waiting List Reduction Efforts
As of May 1, 2016 (run on May 1, 2016)

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) <u>2,091 (FY16)</u> 3,529	713 (FY15) <u>919 (FY16)</u> 1,632	513 (FY15) <u>691 (FY16)</u> 1,204	80 (FY15) <u>613 (FY16)</u> 693
Community Supports (As of July 1, 2014)	2,430 (FY15) <u>1,556 (FY16)</u> 3,986	700 (FY15) <u>501 (FY16)</u> 1,201	1,478 (FY15) <u>595 (FY16)</u> 2,073	66 (FY15) <u>646 (FY16)</u> 712
Head and Spinal Cord Injury (As of Oct 1, 2013)	714	318	203	193
		3,151	3,480	
Total	8,229	6,631		1,598

Waiting List *	Number of Individuals Added Between July 1, 2014 and May 1, 2016	Number of Individuals Waiting as of May 1, 2016
Intellectual Disability/Related Disabilities	3,513 (1,744 since 7/1/15)	5,311
Community Supports	3,439 (1,623 since 7/1/15)	3,734
Head and Spinal Cord Injury	0	0
Total	6,952	9,045**

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

** Approximately 35 percent of 9,045 are duplicated names; there are 5,879 people are on waiting lists.

**South Carolina Department Of Disabilities & Special Needs
As Of April 30, 2016**

Service List	03/31/16	Added	Removed	04/30/16
Critical Needs	125	31	27	129
Pervasive Developmental Disorder Program	1659	69	49	1679
Intellectual Disability and Related Disabilities Waiver	5191	229	108	5312
Community Supports Waiver	3566	355	187	3734
Head and Spinal Cord Injury Waiver	0	18	18	0

Report Date: 5/5/16

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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COMMISSION
William O. Danielson
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Mary Ellen Barnwell
Katherine W. Davis
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MEMORANDUM

TO: Executive Directors, DSN Boards
CEOs, Private Service Providers

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

RE: Waiting List Reduction Initiative

DATE: May 11, 2016

A handwritten signature in black ink that reads "Beverly A. H. Buscemi Ph.D." with a stylized flourish at the end.

I will take this opportunity to say "Thank you!" to you and your staff for the great work being done to move thousands of individuals off waiting lists and into services. It is a remarkable staff effort and we appreciate your dedication and hard work. DDSN is thrilled about our ability to continue this initiative as the Governor and the Legislature are recommending another generous funding increase for Fiscal Year 2016-2017. While the state budget process is not yet completed, I am comfortable with rolling out batches of new service slots for the time being. This way we continue our momentum and are able to enroll people in services but, if something should change, we can and will change and manage accordingly. However, at this time, we anticipate significant movement off of the DDSN waiting lists will continue next year. This is great news for individuals and families!

DDSN is currently serving nearly the maximum CMS approved number of people through the current ID/RD Waiver. This maximum number of people served cannot be altered until the renewal for the ID/RD Waiver is approved by CMS. Therefore, new expansion waiver slots will be added to the Community Supports Waiver for the next wave of waiting list reduction efforts. No expansion slots will be added to the ID/RD Waiver at this time. Slots created through attrition in the ID/RD Waiver will be held for response to individuals in critical situations. No new allocations of ID/RD Waiver slots will be issued to persons on the "regular" ID/RD Waiting list, only for critical situations until further notice. For individuals currently pending enrollment in the ID/RD Waiver, please continue with the enrollment process to get those individuals into needed services provided through the ID/RD Waiver. Attrition created slots for the CS Waiver will continue to be allocated in addition to expansion waiver slot allocation.

DISTRICT I

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Whitten Center Phone: 864/833 2733

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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

In keeping with the current practice, DDSN will offer State Funded Community Supports services to those individuals who get to the top of the ID/RD or Community Supports waiver waiting lists but are unable to enroll because they do not meet the Medicaid financial criteria or the ICF/IID Level of Care criteria. Individuals will be offered waiver enrollment in accordance with waiver enrollment policy.

During the past two years of expansion, providers have asked for assistance in planning for future service growth. Given the expected growth in the total number of individuals served in combination with the projected attrition, I think it would be reasonable to review those individuals from your catchment area who are within the first 1500 on the CS Waiver waiting list. You can access CS Waiver information under the R2D2 section.

As we all learned during the past two years' waiting list reduction initiative, there is a substantial amount of work required to enroll this many individuals in services. In an effort to continue the momentum and get a jump-start on FY 2016-2017, DDSN will start issuing new CS Waiver slots this week to begin the enrollment process. We will issue 50 slots this week and then 100 slots per week through the end of June. The balance of the new in-home waiver slots will not be released until after July 1, 2016, consistent with approval of the FY 2016-2017 Appropriations Act. Attrition slots will continue to be allocated for the CS Waiver as they occur.

When CMS approves the renewal of the ID/RD Waiver, DDSN will again have flexibility on the allocation of ID/RD Waiver slots. When the waiver renewal is approved, the agency will work with DHHS, advocates, families and providers to determine the strategy for slot allocation from that point forward in order to best meet the needs of the individuals on the waiting lists. I will keep you informed as information becomes available.

Ms. Vicki Coleman from the DDSN District I Office will notify designated case management staff when an individual has been awarded a new CS Waiver slot so they can initiate the enrollment process. Her notice will provide the usual guidance on the steps that must be completed by the case manager to get the individual enrolled in the waiver. To assure that needed waiver services can be initiated as soon as possible, please continue to place a high priority on getting individuals who are awarded a waiver slot enrolled in the CS Waiver. DDSN will continue to issue monthly reports identifying those individuals who are in a "pending" waiver enrollment status to assist in this effort. Please contact Ms. Janet Priest at (803) 898-9671 or jpriest@ddsn.sc.gov if you have any questions or concerns about the upcoming waiver waiting list reduction effort.

This is an important, yet massive undertaking. Again, thank you for all your past and future efforts to assure that eligible South Carolinians with disabilities are receiving services which enable them to live more independent and productive lives. The commitment and leadership of our elected officials, your dedication and our partnership to operationalize these essential services improves the lives of hundreds of individuals with disabilities and their families.

ID/RD Waiver Enrollment Information

The following includes information as of Monday morning, May 16, 2016. The cap on the total number of individuals that can be served in the ID/RD Waiver is currently 7700 people. DDSN has not exceeded this cap, but is at risk of doing so. To exceed the cap would create a high risk of significant recoupment by CMS for any individuals over the allowed cap.

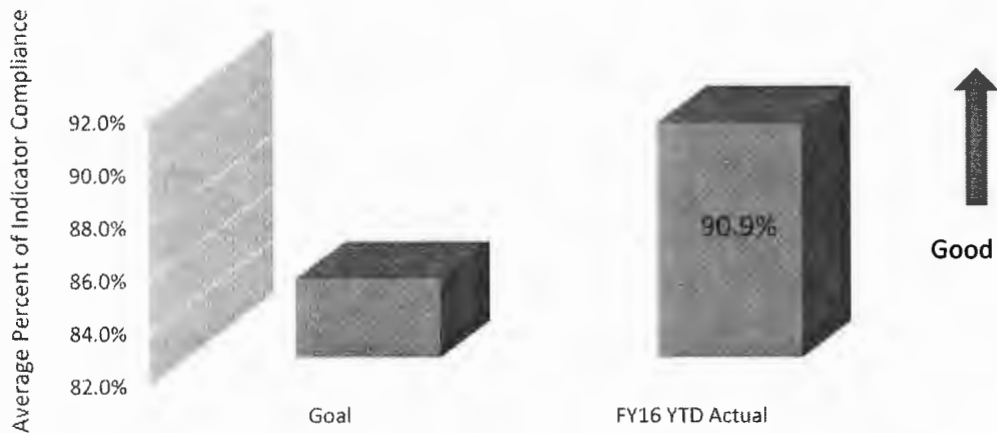
- 7180 people are currently enrolled in the ID/RD Waiver.
 - 3713 (52%) of those people are in a DDSN funded residential setting.
- 719 people have been awarded an ID/RD Waiver slot but have not completed the enrollment process. These people are considered to be in pending status.
 - 105 of those people are approved for residential placement.
- If you add the number of people currently enrolled (7180) and the number of people in pending status (719) it would be 7899 people, 199 people over the stated cap of 7700.
- From our experience during the last two years of expansion, we learned that about 33 % of the people who are initially awarded an ID/RD waiver slot never actually enroll for various reasons. Based on this experience, we assume about 215 of those 719 people will not complete the enrollment process.
 - If this assumption holds true, this would bring us just below the cap of 7700. Since the percentages are averages and thus could be off a bit, there is a need for caution in releasing additional ID/RD slots at this time.
- DDSN has stopped all “regular” slot allocations for ID/RD waiver, for ongoing attrition and for the reissuance of expansion slots if someone failed to enroll. The only exception would be for an individual approved for residential services who meet the definition of a critical circumstances. Those people will be awarded an ID/RD slot.
 - There are currently 128 individuals on the critical needs list.
 - 23 of these 128 people (18%) are already enrolled in the ID/RD waiver, and their circumstances have changed such that they have been approved for residential placement.
 - These 23 people would not require a new ID/RD slot, but would utilize the slot already allocated to them.

- Based on historical data, we can assume that between 20 and 30 people will disenroll from the ID/RD Waiver each month which then creates attrition slots.
- DDSN intends to use the natural attrition slots created by people leaving the waiver to both respond to individuals in critical circumstances requiring residential services and not exceed the established cap.
- 557 people have been enrolled in the ID/RD Waiver since January 1, 2016
 - 449 enrolled for in- home services
 - 108 enrolled for DDSN operated residential services
 - Some of these may be individuals who are disenrolled and are re-enrolled prior to losing their waiver slot.

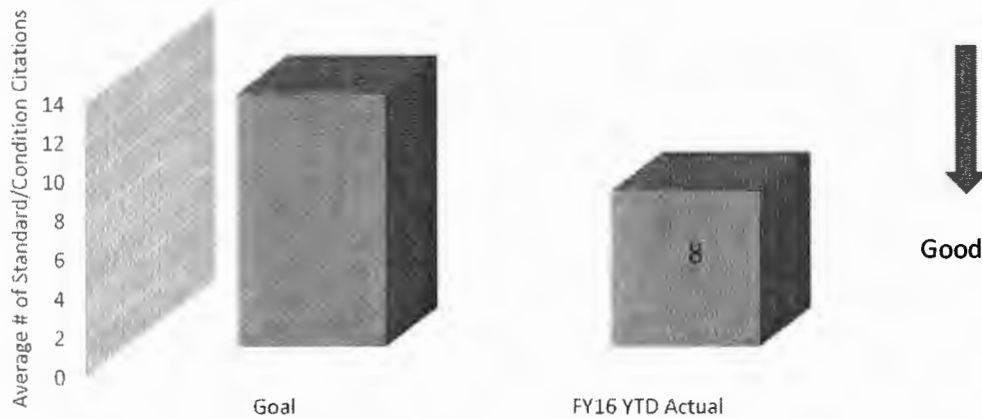
Goal 3.1.1 - Average wait for individuals placed on Critical Needs List will be < 60 days



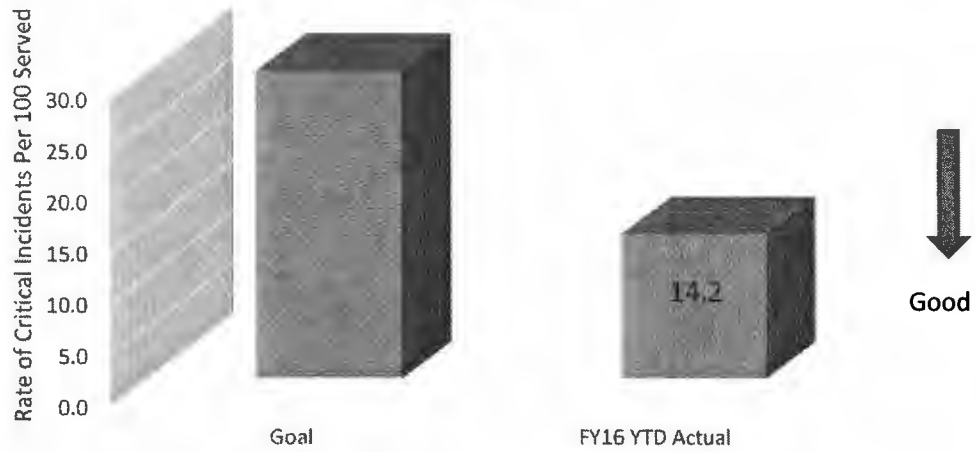
Goal 3.2.1 - Average annual overall non-ICF/IID Provider Review Compliance will be 85% or higher



Goal - 3.2.2 - Average annual ICF/IID certification surveys will produce no more than 13 standard and condition level citations



Goal 3.3.1 - Annual rate of critical incidents per 100 persons served will be less than 30



Goal 3.3.2 - Annual rate of falls leading to injury per 100 persons served will be less than 3.0

