

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

November 16, 2017

The South Carolina Commission on Disabilities and Special Needs met on Thursday, November 16, 2017, at 9:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:

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

DDSN Administrative Staff

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

Jasper County DSN Board (via videoconference)

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.

Executive Session

On motion of Commissioner Lemel, seconded and passed, the Commission entered into Executive Session to discuss an employment matter concerning the appointment of an Interim Director.

Enter into Public Session

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

Invocation

Commissioner Thompson gave the invocation.

Adoption of the Agenda

The Commission adopted the November 16, 2017 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the October 19, 2017 Commission Meetings

The Commission approved the October 19, 2017 Commission Meeting minutes with changes by unanimous consent.

Public Input

The following individuals spoke during Public Input: Carolyn O'Connell, Deborah McPherson, Patricia Harrison, Gerald Bernard, and Kathleen Roberts.

Commissioners' Update

Commissioner Ravenel spoke of activities and events in her district.

State Director's Report

Dr. Buscemi reported on the following:

Housing Trust Fund – Awarded financing to six new DDSN system homes with over \$500,000 in funding. The awarded amount for FY 2018 is so far \$1,163,533 for a total of twelve homes.

ABLE Account – The Treasurer's Office is holding a press release today to announce the kickoff of the ABLE Account.

Waiver Renewals – She spoke of the multiple changes of the HASCI renewal as well as the amendments to the ID/RD and CS Waivers. The waivers are in the process of being submitted to CMS.

Senate Oversight Report – The Medical Affairs Committee met on Tuesday and accepted the report. It can be found on their website. The report was released two days ago. It will be on the Commission Meeting December agenda. Overall, staff agree with the recommendations as the agency is already implementing several of the recommendations.

House Legislative Oversight – Meetings were held on October 24 and November 6, 2017. The next meeting is currently scheduled for November 30; however, it might be moved. Notification will be communicated. DHHS, SC Vocational Rehabilitation as well as several DDSN providers have been invited to speak.

Adult Abuse Registry – Legislation has been introduced to direct DHEC to establish a vulnerable adult abuse registry. Representative Garry R. Smith prefiled House Bill 4413 November 9, 2017. The Adult Protection Coordinating Council and the SC Bar has also been looking at this issue.

DHHS Interim Director – Josh Baker has been named the DHHS Interim Director. He has to be confirmed by the Senate. Mr. Baker was promoted from the DHHS Director of Operations and previously worked as Chief of Staff for Budget and Policy in Governor Haley's administration.

Greenville (Thrive Upstate) – Tyler Rex, currently the Anderson County DSN Board Executive Director, has been named the Executive Director of Thrive Upstate. He will start November 27, 2017. Jerrel Lynn King, Family Support Director over case management and early intervention, has been selected as Interim Executive Director of Anderson.

Joe White of Cherokee County DSN Board resigned. An interim has not been named.

Goodbye – Dr. Buscemi stated her last day, after eight years, will be Friday, December 8, 2017. She shared that her first Commission Meeting was held at the Whitten Center and she has attended over 100 Commission Meetings during her tenure. Dr. Buscemi expressed that she appreciated her time as

State Director and will continue her passion in working with individuals with disabilities.

Waiting List Reduction Efforts

Mrs. Beck provided an update on the Waiting List Reduction Efforts. (Attachment B)

Fingerprint Background Checks Update

Mrs. Beck provided an update on fingerprint background checks. The Department of Social Services is in the process of hiring additional staff. This is a significant step forward. Discussion followed. (Attachment C)

Quality Management/Incident Management Update

Mrs. Beck provided data on Quality Management/Incident Management which included additional data points that have not been included in previous reports. Discussion followed. As requested, Mrs. Beck will make clearer the number of substantiated incidents and provide additional data for the last quarter as requested by Commissioner Thompson on operational, medical and behavioral data for comparison although these areas are no longer within the definition of Critical Incidents. (Attachment D)

South Carolina ABLE Accounts Update

Mr. Waring provided an overview of the Achieving Better Life Experiences (ABLE) Accounts. The savings program will allow consumers to invest in accounts without jeopardizing their benefits. (Attached E)

Financial Update

Mr. Waring provided an overview of the agency's financial activity through October 31, 2017 and the agency's current financial position. A SCEIS report reflecting budget versus actual expenditures through October 2017 was presented. (Attachment F)

Tri-Development Center ICF/IID

Mr. Waring spoke of the many efforts DDSN is taking to resolve the financial issues in order for Tri-Development Center to maintain the operation of the ICF homes. At this time, DDSN is recommending funding of \$30,000 for each of the four ICF facilities to provide for additional staffing needs. Discussion followed. Additional follow-up meetings are scheduled to obtain more information on the swing of the financial position for Tri-Development from Fy16 to FY17.

Consideration of Bid – Pee Dee Center

Mr. Waring presented information on the bid for renovations to the Mulberry Dorms and Administration Building at the Pee Dee Center. On motion of Commissioner Broughton, seconded and passed, the Commission approved that the contract be awarded to Satchel Construction, LCC of Charleston, South Carolina in the amount of \$448,000.00. (Attachment G)

Consideration of Proposal for QIO Contract

Mr. Waring provided information regarding the proposal for the QIO contract. The contract includes added services. Discussion followed as to whether DHEC could be considered to provide the licensing service. Dr. Buscemi stated the licensing reviews previously done by DHEC were not a statutory requirement of DHEC and the agency terminated providing this service for DDSN. On motion of Commissioner Lemel, the Commission approved staff to move forward in the negotiation process of this contract award with the potential savings of \$500,000 to \$1,000,000 over the five-year period of the contract. The motion was seconded and passed. Mr. Waring stated he would bring back the final results of the negotiations at the next month's Commission Meeting. (Attachment H)

Appointment of Interim Director

Commissioner Danielson moved to promote Mr. Pat Maley as Interim Director. The motion was seconded and passed.

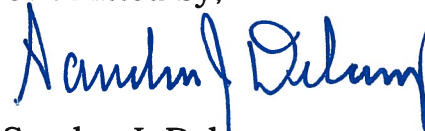
Resolution for Dr. Buscemi

On behalf of the Commission, Chairman Ravenel, read and presented Dr. Buscemi with a resolution commemorating her service as the Agency State Director.

Next Regular Meeting

December 14, 2017 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

November 16, 2017

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- | | | |
|-----|-----------------------------|-------------------|
| 1. | Yelissa Ritter | SC DSSN |
| 2. | Deborah + Heather McPherson | richland county |
| 3. | Tim Smith | Greenville NewsJ |
| 4. | CHUCK NORMAN | DDSN |
| 5. | Debbie Walsh | JCDSN |
| 6. | Rahm | JDSN |
| 7. | Carolyn & Cornell | Greenville County |
| 8. | Stephanie Miller | Calhoun DMB |
| 9. | Rickards | Calhoun DMB |
| 10. | Dexter Alston | SC DSSD |
| 11. | Jersey Mize | Oconee DSN |
| 12. | Thosd Warren | Sumter DSNB |
| 13. | John Watkins | '' |
| 14. | Allan Cornell | Horry DSNB |
| 15. | Heather Waddell | TDC |
| 16. | Daniel Davis | Audion |
| 17. | Michael Hill | TDA |
| 18. | George Bernal | ACC |
| 19. | Shay Rice | ITX |
| 20. | Judy Johnson | Essex |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

November 16, 2017

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- 21. Alfredia Stevenson Chester-Lancaster DSNB
- 22. KATHLEEN ROBERTS WHITTEN CTR PARENTS CLUB SC PROD
- 23. Bob Jones Newberry DSNB
- 24. Angie Shuler public
- 25. Barbara Padgett public
- 27. Dorothy Goodrich Community Options
- 28. Mike Keith Marion-Dixon DSN
- 29. Beth Bunge Bright Start
- 30. Teri Todd Bright Start
- 31. Rosmar Myers Lutheran Services
- 32. CHAZ HARRIS Lutheran Services
- 33. Kathryn Padgett Family Connection
- 34. Scott Tanner DHHIS
- 35. Reghan Miller SC DD Council
- 36. Joyce Davis BIA SC
- 37. Sarah Stutz PTA
- 38. Margie Williamson The Arc of SC
- 39. Carly Fieldhouse " "
- 40. Phil Clarkson BIA SC
- 41 Ann Dalton DDSA
- 42 Suzanne Hymn Project HOPE Foundation

- 43 - Peter Darden
- 44. ~~John Jones~~
- 45 Janet Altman
- 46 DEAN READ
- 47. LINDA LEE
- 48. JENNIFER PARKER

- ARDSNB
- Kershaw DSMB
- SCR C
- Collson BOS
- WCPC, PADD
- WHITTEN CENTER
- PARENTS CLUB

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

November 16, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

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|-----|----------------------|-----------------------|
| 21. | Gloria M. James | Bamberg Co. DSN Bd. |
| 22. | Suzanne Johnson | Coastal Center Parent |
| 23. | Sloan Todd | Path Finders |
| 24. | Ronda Ritchie | DDSN Dist. II |
| 25. | A Shook | BCJ |
| 27. | Rebecca D. Hill | COASTAL CENTER. |
| 28. | Michelle Prater Zick | Coastal Center |
| 29. | Maryjo Nabors | CareFocus, Inc. |
| 30. | Hester Wannamaker | DDSN Dist |
| 31. | John Dooney | HR Coastal Center |
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
November 16, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Ruth Blocker Darlington County DSNB
- 2. Mary Mack Lee Co DSNB
- 3. Deborah K. Smith DDSN - District II
- 4. John Hitchman SC DDSN
- 5. Susan Lopez Henry Co DSN
- 6. Alma Beys Dyer Williamsburg
- 7. Dawn S. Johnson FC DSNB
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

November 16, 2017

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Elaine M. Thera PCBDSN

2. Tom Beem TruWellness

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
November 16, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Pat FASAN SCDDSN
2. Jason Taverner LCDSNB
3. Liz Lemmond SCDDSN
4. Jimmy Burton BURTON CENTER
5. Nancy McHall SCDDSN
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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**A G E N D A**

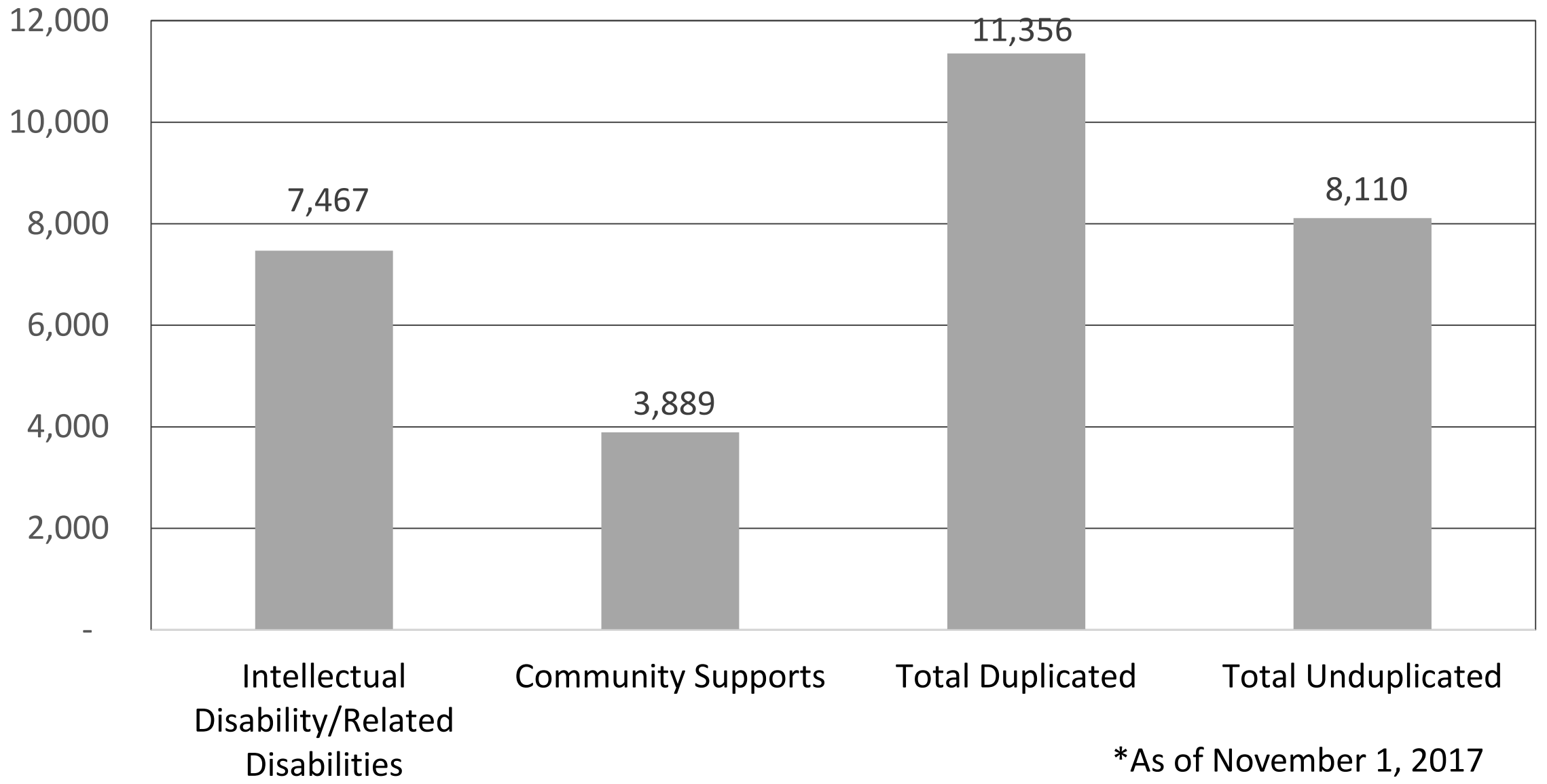
**South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251
Columbia, South Carolina**

November 16, 2017**9:00 A.M.**

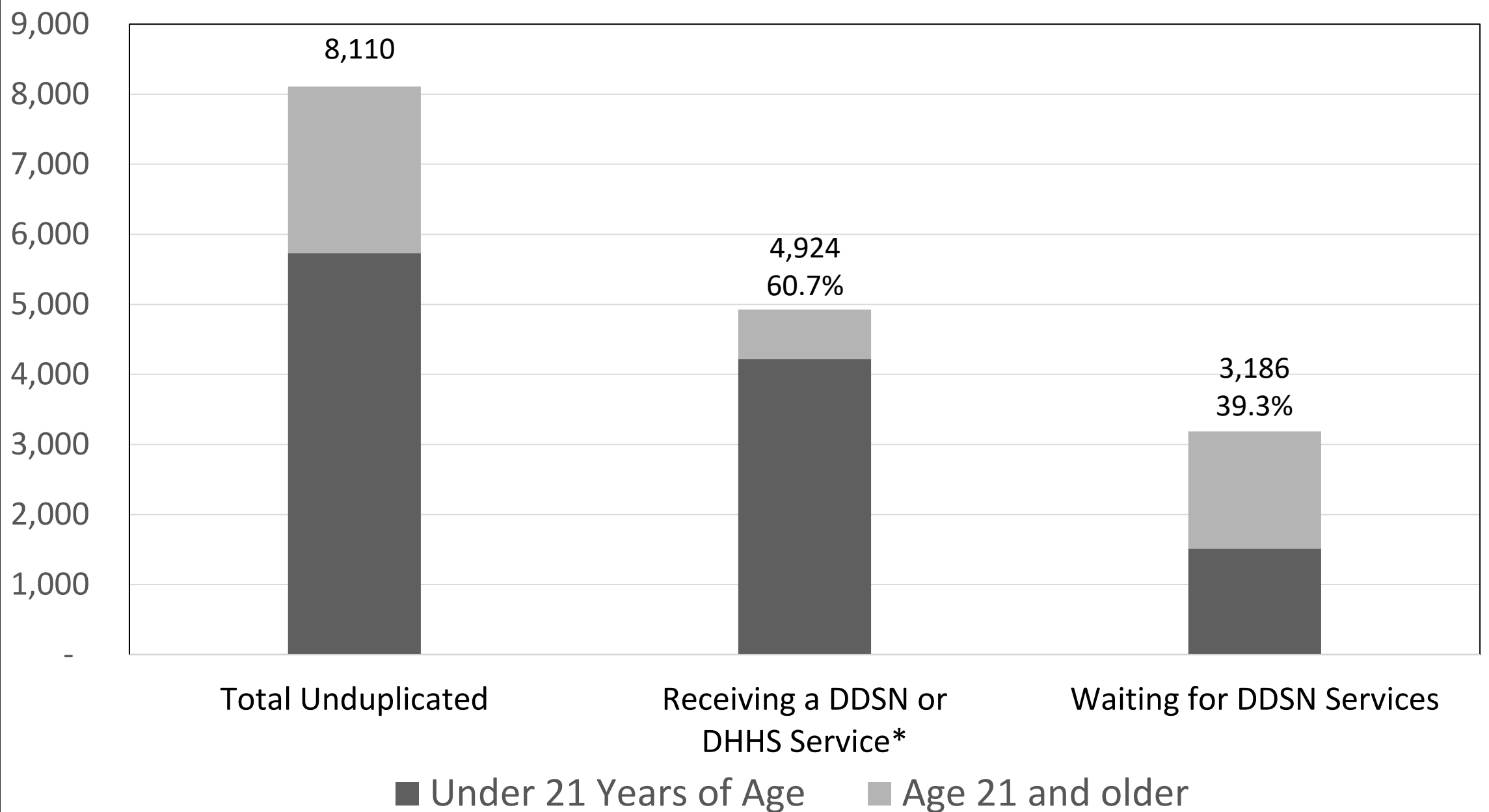
1. Call to Order *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement *Commissioner Mary Ellen Barnwell*
3. **Executive Session – WILL BE CLOSED TO THE PUBLIC** *Chairman Eva Ravenel*
4. **Enter into Public Session - AT APPROXIMATELY 10:00 A.M. OR LATER**
5. Invocation *Commissioner Vicki Thompson*
6. Introduction of Guests
7. Adoption of Agenda
8. Approval of the Minutes of the October 19, 2017 Commission Meeting
9. Public Input
10. Commissioners' Update *Commissioners*
11. State Director's Report *Dr. Beverly Buscemi*
12. Business:
 - A. Waiting List Reduction Efforts *Mrs. Susan Beck*
 - B. Fingerprint Background Checks Update *Mrs. Susan Beck*
 - C. Quality Management/Incident Management Update *Mrs. Susan Beck*
 - D. South Carolina ABLE Accounts Update *Mr. Tom Waring*
 - E. Financial Update *Mr. Tom Waring*
 - F. Tri-Development Center ICF/IID Update *Mr. Tom Waring*
 - G. Consideration of Bid - Pee Dee Center –
Renovations to Mulberry Dorms and Administration Building *Mr. Tom Waring*
 - H. Consideration of Proposal for QIO Contract *Mr. Tom Waring*
 - I. Appointment of Interim Director *Chairman Eva Ravenel*
13. Resolution for Dr. Buscemi *Commissioners*
14. Next Regular Meeting (December 14, 2017)
15. Adjournment

SC Department of Disabilities and Special Needs

Intellectual Disability/Related Disabilities and Community Supports Waiver Waiting List Numbers



Additional Analysis of the Number of Individuals Waiting for DDSN Services



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

*As of November 1, 2017

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

As of November 1, 2017 (run on November 1, 2017)

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) 580 (FY17) <u>1,305 (FY18)</u> 5,432	713 (FY15) 1,048 (FY16) 245 (FY17) <u>249 (FY18)</u> 2,255	536 (FY15) 991 (FY16) 213 (FY17) <u>373 (FY18)</u> 2,113	42 (FY15) 83 (FY16) 155 (FY17) <u>784 (FY18)</u> 1,064
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) 4,402 (FY17) <u>414 (FY18)</u> 9,083	698 (FY15) 641 (FY16) 1,130 (FY17) <u>212 (FY18)</u> 2,681	1,526 (FY15) 1,090 (FY16) 2,760 (FY17) <u>83 (FY18)</u> 5,459	8 (FY15) 81 (FY16) 550 (FY17) <u>304 (FY18)</u> 943
Head and Spinal Cord Injury (As of Oct 1, 2013)	1,103	511	420	172
		5,447	7,992	
Total	15,618	13,439		2,179

Waiting List *	Number of Individuals Added Between July 1, 2014 and November 1, 2017	Number of Individuals Waiting as of November 1, 2017
Intellectual Disability/Related Disabilities	7,807 (886 since 7/1/17)	7,467
Community Supports	8,971 (834 since 7/1/17)	3,889
Head and Spinal Cord Injury	0	0
Total	16,778	11,356

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

** There are 8,110 unduplicated people on a waiver waiting list. Approximately 28.6 percent of the 11,356 names on the combined waiting lists are duplicates.

**SC Department of Disabilities and Special Needs
Waiting List Reduction Efforts**

Row #	Total Numbers At Beginning of the Month	2016	2017										
		December	January	February	March	April	May	June	July	August	September	October	November
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	6,539	6,689	7,099	7,430	7,692	7,857	8,003	7,924	7,662	7,538	7,395	7,467
2	Community Supports Waiver Waiting List Total	2,303	2,418	2,680	3,004	3,025	3,118	3,113	3,427	3,554	3,737	3,820	3,889
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	0
4	Critical Needs Waiting List Total	136	121	130	117	123	128	125	132	126	123	117	94
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	512	558	1,111	993	859	511	482	547	398	544	340	590
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	632	293	439	338	576	253	341	312	533	485	400	449
7	Number of Individuals Enrolled in a Waiver by Month	143	97	160	138	138	123	118	128	95	163	137	107
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	389	156	241	153	246	140	181	107	191	160	86	23
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	11,550	11,822	12,210	12,497	12,947	13,195	13,515	13,807	14,325	14,799	15,196	15,618
10	Total Number of Individuals Pending Waiver Services (Running Total)	2,396	2,341	2,247	2,111	2,132	2,010	2,012	1,881	2,124	2,180	2,192	2,179
11	Total Unduplicated Individuals on the Waiver Waiting Lists	6,824	6,996	7,409	7,827	8,011	8,182	8,366	8,368	8,198	8,140	8,017	8,110

**There are 8,110 unduplicated people on a waiver waiting list. Approximately 28.6 percent of the 11,356 names on the combined waiting lists are duplicates.

PDD Waiting List Information

12	PDD Program Waiting List Total	1,539	1,514	1,443	1,397	1,317	1,259	1,265	1,247	1,236	1,225	1,202	1,198
13	Total Number <u>Added</u> to the PDD Waiting List	22	53	26	18	20	19	62	0	0	0	0	1
14	Total Number <u>Removed</u> from the PDD Waiting List	66	78	97	64	100	77	56	18	11	11	23	5
15	Number of Individuals Enrolled in the PDD <u>State Funded</u> Program by Month	184	189	195	191	182	159	134	122	119	105	98	89
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	202	221	239	240	271	282	287	269	261	256	251	249
17	Number of Individuals Enrolled in the PDD Waiver by Month	555	536	518	502	484	478	463	434	403	368	313	244

Updated 11/1/2017

**South Carolina Department Of Disabilities & Special Needs
As Of October 31, 2017**

Service List	09/30/17	Added	Removed	10/31/17
Critical Needs	117	25	48	94
Pervasive Developmental Disorder Program	1202	1	5	1198
Intellectual Disability and Related Disabilities Waiver	7395	290	218	7467
Community Supports Waiver	3820	282	213	3889
Head and Spinal Cord Injury Waiver	0	18	18	0

Report Date: 11/3/17

**SCDDSN
COMMISSION ADVISEMENT**

DATE: 11/8/2017

SUBJECT: Expediting DHEC Processing of Fingerprint Checks

BACKGROUND: SECTION 44-7-2940 states “Department of Health and Environmental Control oversight of criminal record checks by direct care entities; license renewals. The Department of Health and Environmental Control shall verify that a direct care entity is conducting criminal record checks as required in this article before the department issues a renewal license for the direct care entity. The department shall act as the channeling agency for any federal criminal record checks required by this article.”

DDSN currently requires potential employees to complete fingerprint background checks channeled through DHEC: (1) those who cannot verify at least 12 months of residency in SC, (2) those who will directly work with children and (3) those who may possibly work directly with children (e.g., regional center employees).

Prior efforts have been made to work cooperatively with the DHEC leadership to expedite processing and implement planned staff coverage when the designated terminal operator is on leave. At times, there is an elongated processing time. At the current time, DHEC staff access the terminal 2-3 times (every other day) per week to process 70-100 fingerprint checks for DDSN. Most of these checks are for providers of DDSN services and regional center staff. DDSN collaboration with DHEC to reduce processing time includes the following:

- Correspondence regarding the impact of delayed processing on staff hiring and loss of applicants available for critical need positions more in immediate need of employment.
- Leadership briefing on fingerprint results processing time.
- Request for more frequent processing.
- Requests for continued processing during absences of DHEC designated staff absence.
- Requests for consideration of a DDSN funded part-time position located at DHEC to complete the processing.
- Request for a DDSN terminal for processing fingerprint check-results.

UPDATE: Subsequent to the October 2017 Commission meeting, DDSN held a meeting with DHEC staff. It was confirmed that DHEC could not permit DDSN to have a terminal of its own.

On November 8, 2017, DHEC informed DDSN that they are willing to hire additional staff to allow for daily processing to help DDSN with this issue.

ACTION: DDSN staff continue to coordinate with DHEC to finalize their hiring of additional staff.

SCDDSN Incident Management Review Summary

[Report date 11/9/17 for FY18 Q1 data ending 9/30/17]

ABUSE, NEGLECT, AND EXPLOITATION REPORTING

DDSN has a comprehensive system for collecting data related to abuse, neglect exploitation or other critical incidents. This review covers reporting within the appropriate time frames, completion of internal reviews, and a review of the provider's management action taken, staff training, risk management and quality assurance activities to provide safeguards for the consumers.

- DDSN follows the procedures for reporting allegations of Abuse, Neglect, and Exploitation according to the procedures outlined in the SC Code of Law for Adult/ Child Protective services and the Omnibus Adult Protection Act. The agency also has a system to capture reports of other critical incidents that do not meet the definitions of an abuse, neglect or exploitation allegation.
-
- Per 534-02-DD, for all allegations of abuse, neglect or exploitation, the alleged perpetrator must be immediately placed on Administrative Leave Without Pay. Based on the outcome of the internal review for improper conduct and any policy or procedural violations, the provider agency may take appropriate disciplinary action consistent with their human resource policies. Allegations substantiated by SLED, Local Law Enforcement or DSS must result in termination of the employee.

DDSN Review

DDSN has staff dedicated to the review of statewide incident management data. All reports are reviewed for completeness and consistency and to ensure appropriate disciplinary actions, recommendations for training and additional quality management actions to prevent recurrence. Staff ensure reporting procedures are consistent with DDSN policy. Reports are also tracked for various details, including the number of reports, by type, for each provider and other characteristics.

Examples of provider training recommendations and/ QM efforts include the following:

- ✓ Increased staffing to support consumers in day or residential locations or on community outings
- ✓ Development of new/revised policies
- ✓ Additional/ refresher MANDT or crisis intervention training for staff
- ✓ Sensitivity training
- ✓ Appropriate use of restraints
- ✓ Rights/ due process
- ✓ Sign language
- ✓ Revision of supervision plans/ behavior support
- ✓ Evaluation of assistive technology

Tracking and Trending Data

DDSN tracks, trends, and analyzes all Incident Management data through statewide and provider-level profile reports. These reports provide raw data with regard to the number of reports made and cases substantiated and also gives a rate per 100 ratio. As an additional measure, the reports breakdown the types of abuse cases within the provider agency and the number of each type of report. The rate per 100 information is especially useful in providing a comparative analysis among agencies. Beginning with reports in FY18, the reports include a break-out for criminal arrests and administrative findings from DSS and the State Long Term Care Ombudsman's Office. The providers will also receive a quarterly report of administrative findings from non-criminal reports resulting in negative outcomes.

- Over the past 5 years, the number of statewide ANE Allegations per 100 individuals in residential services has remained at or under 11.5. The rate was 11.2 for FY17. The rate for FY18 through 9/30/17 is 2.6.
- The number of ANE Allegations per 100 individuals in day services remains low. For FY17, the rate per 100 is 0.94. The rate for FY18 through 9/30/17 is .2.

CRITICAL INCIDENT REPORTING

A Critical Incident is defined as an unusual, unfavorable occurrence that is not consistent with routine operations; has harmful or otherwise negative effects involving people with disabilities, employees, or property; and occurs during the direct provision of DDSN service. It is also important to remember that Critical Incident (CI) numbers are not unduplicated numbers. Critical Incident categories are selected by the reporter and more than one category may be selected for an incident.

As the number of medical events continues to rise with our increasing aging population, DDSN recognized the need to distinguish the events that are related to provider actions from those that are not. Major medical events, hospitalizations and emergency room visits for illnesses are events that occur among other long-term care settings at a similar frequency may not be indicative of any systemic issue within the provider's services.

DDSN began the process of distinguishing among different types of Critical Incidents nearly two years ago. It has been established through the agency's tracking and trending of reports that approximately one-half of all reports submitted are related to medical events that are related to the person supported and their existing diagnosis or an event that may be related to their normal aging process, similar to other long-term care residents. DDSN has presented its plans to change the reporting format since the April 2016 Commission Meeting, with additional updates to the Commission and Business Process Task Force throughout the past year. The implementation of the General Event Report (GER) was discussed in several of the sessions at the Therap Conference in May 2017, with the implementation date originally projected to be July 1, 2017. Due to enhancements to the GER that went into effect on September 9, 2017, DDSN determined that the implementation date would be shifted to a "soft-launch" on October 1, 2017. The official transition to the GER and the new requirements were effective November 1, 2017.

In addition, the transition to the GER format will facilitate recommendations presented by the Legislative Audit Council (LAC) in 2014 and the State Investigator General (SIG) in 2016. Dr. Buscemi discussed the alignment with strategic planning Oversight goals in the May 2016 Commission Meeting. The GER will be a tool for providers to better monitor health and safety issues within their programs and provide greater accountability. In its February 2017 meeting, DDSN Commission members voted unanimously to move forward with a new system to redefine critical incidents to exclude operational incidents and routine medical incidents. Dr. Buscemi provided an update to the Commission in June 2017 indicating there would be enhancements to Therap's system and DDSN would implement the change to the CI Reporting process on October 1, 2017.

The Critical Incident Directive has been revised to be in alignment with the agency's desire to reflect events that are the result of care and supervision within our provider network. This resulted in the streamlining of several types of critical incident criteria. With the previous version of this directive, many events were counted 2 or 3 times, even though there was one event. With a re-categorization of event types, providers can more accurately reflect the number of critical incidents that occur within their agency.

Providers now use the GER on Therap as their first source for documenting consumer events. Rather than using paper logs to communicate unusual or significant events, staff now use Therap to create an electronic record that can be shared simultaneously with provider management staff, nursing, or others who may need to know, such as the person's case manager. DDSN has created a matrix to guide providers in their reporting process to determine which events will continue to require a Critical Incident Report or which events will be maintained in Therap. It is expected that the overall number of Critical Incident Reports will be reduced by approximately 50% since medical events that are related to the person's overall health are reported in the GER, not as a critical incident. Accidents, falls, or other events resulting in serious injury will continue to require a critical incident. Providers will also have enhanced reporting options for their internal risk management functions to better monitor consumer progress, repeat incidents, and system-wide issues.

7 Year Trend Report for ANE Allegations in the DDSN System

Community Residential							
Analysis of Criminal Arrests & Substantiated Administrative Findings in ANE Allegations in FYs 11 – 17 Through Examining Two Trends: # of Incidents over 7 Years & % of Incidents Compared to ANE Allegations							
FY	Total # Served	# ANE Allegations	Rate per 100	# of Criminal Arrests	% Arrests/ ANE Allegations	# of Administrative Findings*	% of Admin Findings/ ANE Allegations
11	4241	420	9.9	7	1.7%	82	19.5%
12	4248	412	9.6	10	2.4%	104	25.2%
13	4299	492	11.5	0	0.0%	140	24.4%
14	4362	383	8.8	10	2.6%	101	26.3%
15	4435	437	9.9	4	0.9%	133	30.4%
16	4587	459	10	7	1.5%	125	27.2%
17	4689	526	11.2	5	1.0%	129	24.5%
7 year average	4409	447	10.1	6	1.4%	116	25.4%

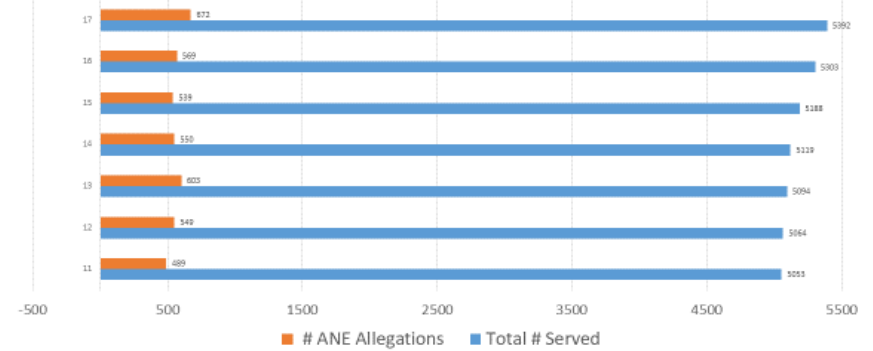
*Administrative Findings include both DSS Substantiated (non-Criminal Cases) and State Long Term Care Ombudsman's Standard of Care Findings.

Regional Centers							
Analysis of Criminal Arrests & Substantiated Administrative Findings in ANE Allegations in FYs 11 – 17 Through Examining Two Trends: # of Incidents over 7 Years & % of Incidents Compared to ANE Allegations							
FY	Total # Served	ANE Allegations	Rate per 100	# of Criminal Arrests	% Arrests/ ANE Allegations	# of Administrative Findings*	% of Admin Findings/ ANE Allegations
11	812	69	8.5	1	1.4%	17	24.60%
12	816	137	16.7	0	0.0%	15	10.90%
13	795	111	13.6	1	0.9%	25	22.50%
14	757	167	22.1	0	0.0%	32	19.10%
15	753	102	13.6	0	0.0%	28	27.40%
16	716	110	15.4	2	1.8%	19	17.30%
17	703	146	17.1	2	1.3%	27	18.50%
7 year average	765	842	15.3	1	0.80%	23	20.0%

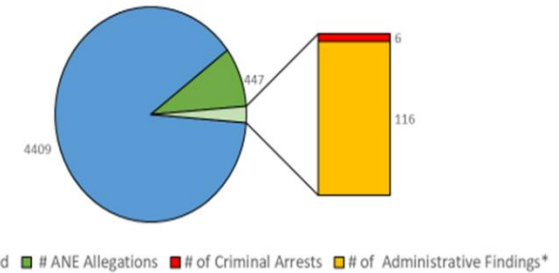
*Administrative Findings include both DSS Substantiated (non-Criminal Cases) and State Long Term Care Ombudsman's Standard of Care Findings.

Data current as of 9/30/2017

of ANE Allegations within DDSN Residential Settings compared to population served

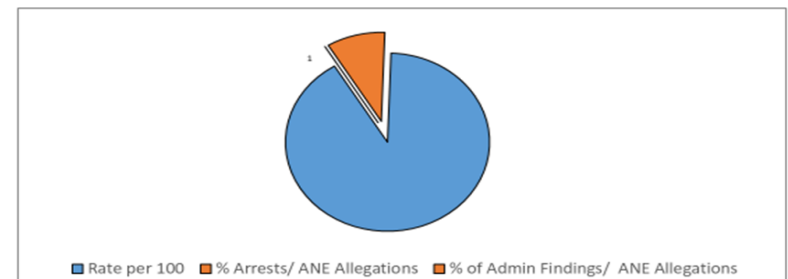


7 year average of ANE Allegations in Residential Settings with relation to population supported and # of Arrests and Administrative Findings



*Administrative Findings include both DSS Substantiated (non-Criminal Cases) and State Long Term Care Ombudsman's Standard of Care Findings.

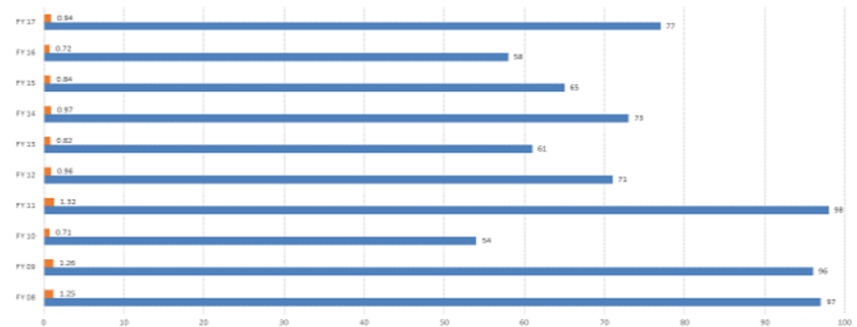
7 year average - Rate per 100 people served in DDSN Residential Services and rate of criminal arrest and administrative findings from DSS or State Long Term Care Ombudsman



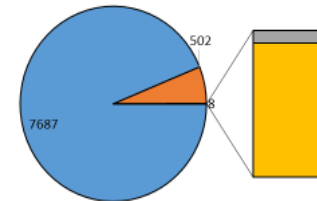
Community-Based Day Services							
Analysis of Criminal Arrests & Substantiated Administrative Findings in ANE Allegations in FYs 11 – 17 Through Examining Two Trends:							
# of Incidents over 7 Years & % of Incidents Compared to ANE Allegations							
FY	Total # Served	ANE Allegations	Rate per 100	# of Criminal Arrests	% Arrests/ ANE Allegations	# of Administrative Findings *	% of Admin Findings/ ANE Allegations
11	7404	98	1.3	0	0.0%	13	13.2%
12	7421	70	0.9	1	1.4%	9	12.8%
13	7456	61	0.8	1	1.6%	5	8.2%
14	7490	73	1	1	1.4%	8	10.9%
15	7775	65	0.8	1	1.5%	6	9.2%
16	8047	58	1	0	0.0%	6	10.3%
17	8214	77	0.9	1	1.3%	5	6.5%
7 year average	7687	502	1	1	1.0%	7	10.2%

*Administrative Findings include both DSS Substantiated (non-Criminal Cases) and State Long Term Care Ombudsman's Standard of Care Findings.

of ANE Allegations within DDSN Day Services compared to population served



7 Year Average of ANE Allegations in DDSN Day Service Locations with the number of people supported compared with the # of Criminal Arrests and Administrative Findings



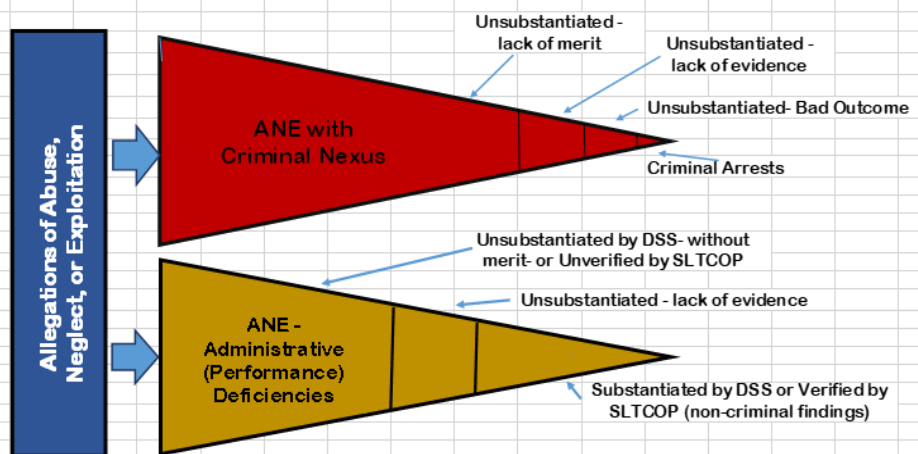
■ Total # Served ■ ANE Allegations ■ # of Criminal Arrests ■ # of Administrative Findings *

*Administrative Findings include both DSS Substantiated (non-Criminal Cases) and State Long Term Care Ombudsman's Standard of Care Findings.

7 year average - Rate per 100 people served in DDSN Day Services and rate of criminal arrest and administrative findings from DSS or State Long Term Care Ombudsman



■ Rate per 100 ■ % Arrests/ ANE Allegations ■ % of Admin Findings/ ANE Allegations



SCDDSN Incident Management Report for FY17/18

(Community Residential, Day Service, and Regional Centers) Thru 9/30/17

Allegations of Abuse/Neglect/Exploitation

Community Residential	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
# of ANE Allegations	39	36	38	43	51	49	27	50	59	34	49	36
# of ANE Incident Reports (The same incident may involve multiple allegations)	30	29	31	33	38	36	25	35	43	28	29	28
# ANE Allegations Substantiated	0	0	1	4	0	0	1	0	1			
# ANE Allegations resulting in Criminal Arrest										0	3	0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman										8	18	11
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	12	1	5	8	8	6	2	5	4	3	7	3
Day Services	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
# of ANE Allegations	4	8	3	3	24	5	0	4	3	3	9	4
# of ANE Incident Reports (The same incident may involve multiple allegations)	4	6	3	3	10	5	0	4	3	3	9	4
# ANE Allegations Substantiated	0	0	1	0	0	0	0	0	0			
# ANE Allegations resulting in Criminal Arrest										0	0	0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman										0	0	0
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	0	1	2	1	0	0	0	1	1	1	1	0
Regional Centers	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
# of ANE Allegations	13	11	10	24	18	13	5	11	3	6	5	12
# of ANE Incident Reports (The same incident may involve multiple allegations)	11	7	8	10	14	10	5	9	3	6	5	10
# ANE Allegations Substantiated	0	0	0	0	0	1	0	0	0			
# ANE Allegations resulting in Criminal Arrest										0	0	0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman										1	1	3
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	5	0	3	3	1	1	0	0	1	1	0	0
Death Reporting												
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
# of Deaths Reported- Community Residential	9	6	3	3	6	10	6	5	8	7	9	10
# of Deaths Reported- Regional Centers	1	4	4	1	0	5	1	2	2	4	2	2

Critical Incident Reporting												
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
# of Reports for Critical Incidents in community-based residential programs	131	109	118	134	145	127	139	157	149	82	77	103
# of Reports for Critical Incidents in Day Service Settings	18	10	14	8	14	9	11	19	24	15	26	21
# of Critical Incidents Reported by other service areas	14	25	8	7	0	1	8	5	7	1	7	21
# of total Incidents reported	163	144	140	149	159	137	158	181	180	98	110	145
Medical Events reported to DDSN through Critical Incidents	93 (57%)	94 (65%)	99 (71%)	105 (70%)	108 (68%)	78 (58%)	99 (62%)	118 (65%)	110 (61%)			
Behavioral Incidents	51 (31%)	37 (26%)	27 (19%)	40 (27%)	41 (26%)	42 (30%)	48 (30%)	42 (23%)	54 (30%)			
Operations related Incidents	19 (12%)	13 (9%)	14 (10%)	4 (3%)	10 (6%)	17 (12%)	11 (7%)	21 (12%)	16 (8%)			
# of Critical Incidents Reported- Regional Centers	26	30	30	26	20	32	25	28	18	17	5	9
Medical Events at Regional Centers reported to DDSN through Critical Incidents.	19 (73%)	27 (90%)	28 (93%)	21 (81%)	19 (99.5%)	22 (69%)	19 (76%)	25 (89%)	17 (94%)			
Behavioral Incidents	5 (19%)	2 (7%)	2 (7%)	5 (19%)	1 (.5%)	10 (31%)	4 (16%)	3 (11%)	1 (6%)			
Operations related Incidents	2 (8%)	1 (3%)	0	0	0	0	2 (8%)	0	0			

*** Critical Incidents reflected in this chart include events that involve all aspects of DDSN Service, including those outside of Residential and Day Services. Not all incidents reported include consumers.*

Note: Change in Reporting process applied to FY18. Major Medical events, hospitalizations related to general health care and operations events are no longer reflected in this category.

DDSN tracks, trends, and analyzes all Incident Management data through statewide and provider-level profile reports. These reports provide raw data with regard to the number of reports made and cases substantiated and also gives a rate per 100 ratio. The rate per 100 information is especially useful in providing a comparative analysis among agencies. Beginning with reports in FY18, the reports include a break-out for criminal arrests and administrative findings from DSS and the State Long Term Care Ombudsman's Office. The providers will also receive a quarterly report of administrative findings from non-criminal reports resulting in negative outcomes.

Data current as of 11/3/17

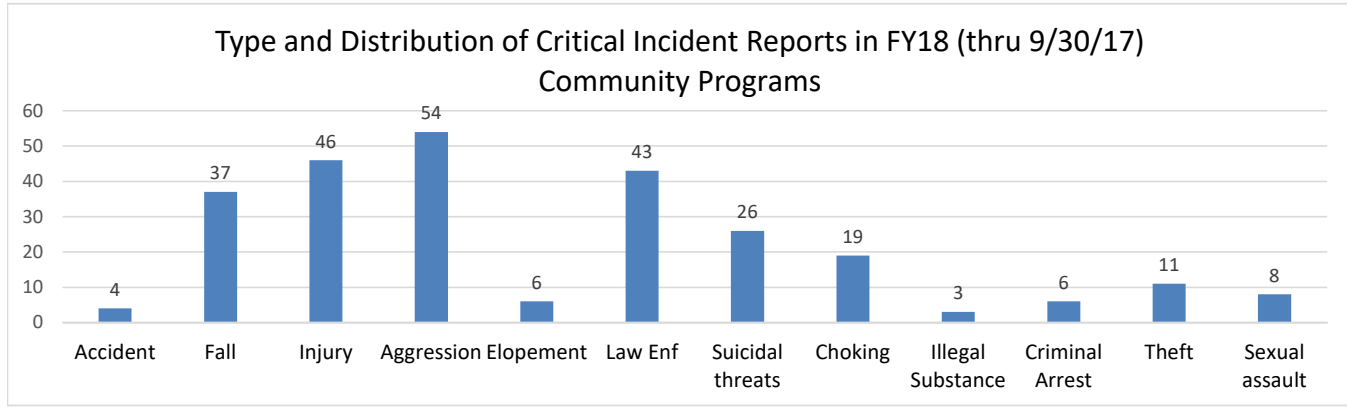
SCDDSN Incident Management Report 5 year trend data
(Community Residential, Day Service, and Regional Centers) Thru 9/30/17

SCDDSN Incident Management Report 5 year trend data

Community Residential	FY13	FY14	FY15	FY16	FY17	FY18
# of Individual ANE Allegations	492	383	437	459	526	119
# of ANE Incident Reports (The same incident may involve multiple)	324	285	315	370	399	85
Rate per 100	11.5	8.8	9.9	10.0	11.2	2.6
# ANE Allegations Substantiated	1	12	7	7	8	
# ANE Allegations resulting in Criminal Arrest						3
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman						37
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	92 (Day & Res.)	65	74	65	72	13
Day Services	FY13	FY14	FY15	FY16	FY17	FY18
# of Individual ANE Allegations	61	73	65	58	77	16
# of ANE Incident Reports (The same incident may involve multiple)	46	61	36	49	56	16
Rate per 100	0.82	0.97	0.84	0.72	0.94	0.2
# ANE Allegations Substantiated	2	4	4	1	1	
# ANE Allegations resulting in Criminal Arrest						0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman						0
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	92 (Day & Res.)	14	9	17	15	2
Regional Centers	FY13	FY14	FY15	FY16	FY17	FY18
# of Individual ANE Allegations	111	167	102	110	146	23
# of ANE Incident Reports (The same incident may involve multiple)	100	112	84	87	104	21
Rate per 100	13.6	22.1	13.5	15.4	20.8	3.3
# ANE Allegations Substantiated	1	0	0	2	2	
# ANE Allegations resulting in Criminal Arrest						0
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman						5
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	21	17	16	24	18	1
Death Reporting	FY13	FY14	FY15	FY16	FY17	FY18
# of Deaths Reported- Community Settings	68	59	65	63	78	26
Rate per 100	1.6	1.4	1.8	1.4	1.6	0.6
# of Deaths Reported- Regional Centers	20	31	31	26	24	8
Rate per 100	2.5	4.0	4.1	3.6	3.4	1.1

Critical Incident Reporting	FY13	FY14	FY15	FY16	FY17	FY18
# of Reports for Critical Incidents for participants in Community Day & Residential Settings including medical events and business-operations events that require follow-up. *	1338	1277	1385	1666	1883	
Critical Incidents reported excluding Major Medical, 3 day hospitalizations, and operations-related events consistent with Commission approved changes for FY18 and Revised Directive 100-09-DD, effective 11/1/17.						262
Rate per 100	16.9	15.8	16.8	19.2	21.1	3.0
# of Reports for Critical Incidents for participants in Regional Centers, including medical events and business-operations events that require follow-up. *	248	224	241	287	323	
Critical Incidents reported excluding Major Medical, 3 day hospitalizations, and operations-related events consistent with Commission approved changes for FY18 and Revised Directive 100-09-DD, effective 11/1/17.						31
Rate per 100	31.2	29.6	32	40	45.9	0.55

Note: Change in Reporting process applied to FY18. Major Medical events, hospitalizations related to general health care and operations events are no longer reflected in this category.



Report count may include duplicate entries.

1883 people supported by DDSN.

ANE Investigations and Disposition Status

Community Residential- Disposition of Allegations				
	FY17 # %		FY18 # %	
Case Closed	114	2.5%	26	21.8%
Continues under investigation	111	21.0%	42	35.3%
Substantiated	8	1.5%	3	2.5%
Unsubstantiated	103	19.5%	10	8.5%
Standard of Care Verified (Perpetrator Known)	83	15.8%	6	5.0%
Standard of Care Verified (Perpetrator Unknown)	47	8.9%	26	21.8%
Standard of Care Not Verified	63	11.8%	6	5.1%

Day Services- Disposition of Allegations				
	FY17 # %		FY18 # %	
Case Closed	26	33.8%	4	25.0%
Continues under investigation	30	38.9%	10	62.4%
Substantiated	1	1.3%	0	0.0%
Unsubstantiated	14	18.2%	1	6.3%
Standard of Care Verified (Perpetrator Known)	4	5.2%	0	0.0%
Standard of Care Verified (Perpetrator Unknown)	0	0.0%	0	0.0%
Standard of Care Not Verified	2	2.6%	1	6.3%

Regional Centers- Disposition of Allegations				
	FY17 # %		FY18 # %	
Case Closed	29	19.9%	8	34.8%
Continues under investigation	26	17.8%	4	17.4%
Substantiated	2	1.4%	0	0.0%
Unsubstantiated	54	37.0%	3	13.0%
Standard of Care Verified (Perpetrator Known)	5	3.4%	1	4.4%
Standard of Care Verified (Perpetrator Unknown)	16	10.9%	6	26.1%
Standard of Care Not Verified	14	9.6%	1	4.4%

All allegations of ANE for consumers in residential services must be reported to SLED. SLED may vet allegations that appear to be criminal in nature to law enforcement. SLED will vet allegations that appear to be a Standard of Care violation (non-criminal) to the State Long Term Care Ombudsman (SLTCOP) for investigation. DSS will investigate allegations in the community or involving children. DSS also investigates most allegations in day programs, although some may be investigated by law enforcement.

The State Long Term Care Ombudsman may “verify” an allegation of Standard of Care, but according to their Federal terminology, they do not “substantiate.” It is also important to note that there is no due process for a verified Standard of Care allegation.

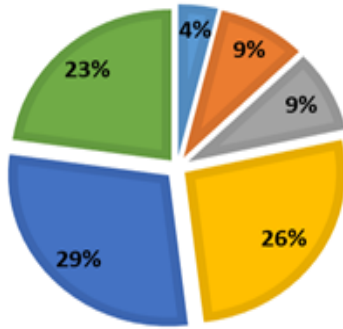
Within the DDSN network, Standard of Care violations typically result from the following: hygiene concerns (odor, soiled clothing, incontinence, nails, or oral care), safety issues (Improper transferring/handling, symptoms unattended, or assistive devices not used or maintained correctly, dietary concerns are not properly addressed (nutrition and hydration), and environmental safety (building, equipment, furnishings, or lighting). choice/rights issues, including respect, privacy, and access are also common within the allegations of ANE. SLED vets these types of allegations to the State Long Term Care Ombudsman for investigation. If the SLTCOP investigator finds there may be a criminal element to the allegation, then SLED will vet to law enforcement.

Injuries of Unknown Origin must be reported to SLED and are typically vetted to the State Long Term Care Ombudsman for investigation. Most injuries of unknown origin result in a Verified Standard of Care violation- Perpetrator Unknown. The SLTCOP investigation is able to verify that a bruise is present, but often there is no way to determine how the bruise occurred during the normal routine of daily care. Often, the person may have medications that cause them to bruise easily or they may have Osteopenia or Osteoporosis that may contribute to the bruising, but there is no evidence of any wrong-doing by staff.

Data current as of 11/3/17

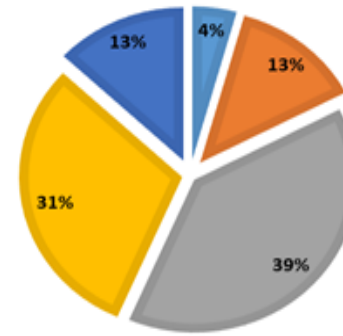
COMMUNITY SETTINGS - AGE AT DEATH FY17

■ Under 30 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-69 ■ Over 70



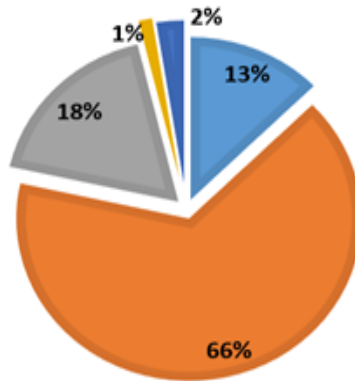
REGIONAL CENTERS - AGE AT DEATH FY17

■ 30-39 ■ 40-49 ■ 50-59 ■ 60-69 ■ Over 70



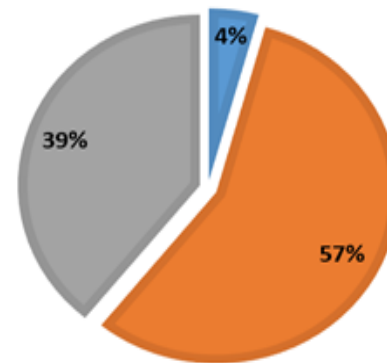
COMMUNITY SETTINGS - PLACE OF DEATH FY17

■ Home ■ Hospital ■ Hospice ■ Day Program ■ Nsg Home



REGIONAL CENTERS - PLACE OF DEATH FY17

■ Home ■ Hospital ■ Hospice



Analysis of Suicidal Ideations

There were 261 Critical Incidents logged as Suicidal Ideations in the past 5 years. All of the reports have been reviewed and broken down into three sub-categories: Suicide, Attempt of Suicide, and Verbalization of Suicide.

Verbalization of Suicide is the largest sub-category with 208 documented incidents. There are 36 (17%) incidents, involving five (5) individuals receiving services, and 17 of the reports stem from one service provider. Sixty-three (63) incidents are for individuals who have verbalized suicide thoughts more than once but less than five times, (36) individuals. The documentation reflects that the verbalizations usually involve agitation and stress over situations, and arguments with friends, family, significant others, and conflicts at work and home. A small number of incidents document the individual hears voices.

Of the two individuals that have verbalized suicidal thoughts the most, a male verbalized suicide thoughts nine (9) times. He has a BSP, receives Behavior Support Services, and recently was placed in Community Services. Most of his verbalizations occurred at the day program and it is documented by Case Management that he did not like being there. A female verbalized suicidal thoughts (9) times and made seven (7) attempts, totaling sixteen incidents. Her attempts include breaking items to cut herself, placing cord or string around her neck and running into traffic. There has been a noticeable decrease in the past year, and it appears that her BSP is beneficial.

There were fifty-three (53) Attempts of Suicide incidents during this period. The methods attempted include ingesting cleaners and mouthwash, cutting self, placing strings, coat hangers, and belts around neck, running into traffic and swallowing items like nails and coins. Twenty-six incidents involve individuals who have verbalized suicide thoughts more than once. There were no actual suicides in the Critical Incident reports or Death reports.

Analysis/Review of ANE Reports involving Sexual Abuse

There were eighty-eight (88) ANE reports for Sexual Abuse from FY13- FY17. Residential reports made up 59 (67%), Reports from the person's family home while visiting made up 19 (22%), and other non-residential reports made up 10 (11%). The location of incident was separated into three (3) categories: a) Residential (DDSN contracted residential placement, CTH I & II, SLP's, ICF, and Regional Centers) b) Home (any private home in the community where the consumer may live or may have been visiting) or c) Non-Residential (other settings such as a Day Program, work-site or community setting).

Thirty-three (33) of the allegations reflect that the victim is female. Fifty-five (55) of the allegations reflect the victim is male. Twenty (20) of the reports have an unknown perpetrator. This represents 23% of the reports.

Five (5) arrests are documented from Law Enforcement Investigations. Eleven (11) personnel actions are documented, ranging from relocation to termination. The terminations resulted from associated/identified policy violations. Three (3) reports are resident-to-resident allegations.

Overall, the reports range from staff touching the leg of a consumer while speaking with her to allegations that all of the staff in a home has raped the resident. There have been anonymous letters reporting abuse and thirteen (13) reports of sexual abuse made by family members.



THE HONORABLE CURTIS M. LOFTIS, JR.

State Treasurer

SC ABLÉ Program Overview

The South Carolina ABLÉ (Achieving a Better Life Experience) Savings Program was signed into law in 2016. The program is administered by the South Carolina State Treasurer's Office and opened for enrollment in November 2017. An ABLÉ account is an investment account that allows eligible individuals with disabilities to save money for their future without jeopardizing certain need-based benefits.

Eligibility:

South Carolina residents are eligible for a SC ABLÉ account if the onset of their disability occurred before the age of 26 and **one** of the following three criteria is met:

- They are eligible to receive SSI or SSDI due to the disability; or
- They have a condition listed on the Social Security Administration's "List of Compassionate Allowances Conditions"; or
- They certify they have a condition that meets the requirements of the program.

Benefits:

- Contributions to ABLÉ accounts are 100% deductible from South Carolina state income taxes
- Earnings in an ABLÉ account are not subject to federal or state income taxes as long as the funds are spent on "Qualified Disability Expenses".

Contributing to an ABLÉ Account:

- The maximum annual contribution to a SC ABLÉ account is \$14,000. On January 1, 2018, the annual contribution limit will increase to \$15,000.
- The lifetime contribution limit for an SC ABLÉ Account is \$426,000.
- SC ABLÉ account balances up to \$100,000 are not counted as a resource by the Social Security Administration for purposes of Supplemental Security Income (SSI).
- If the account balance exceeds \$100,000, SSI benefits are suspended. When the ABLÉ account balance drops below \$100,000, benefits automatically resume.
- There is a monthly account fee of \$3.50 (\$42 per year) and asset management fee between 0.19% - 0.34%, contingent upon the investment options selected.

For more information visit www.treasurer.sc.gov/sc-able.



SC Department of Disabilities and Special Needs
FY 2018 Monthly Financial Summary - Operating Funds
Month Ended: October 31, 2017

	<u>General Fund</u> <u>(Appropriations)</u>	<u>Medicaid</u> <u>Fund</u>	<u>Other Operating</u> <u>Funds</u>	<u>Federal and</u> <u>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	\$ 125,444,988	\$ 1,936,124	\$ 601,171	\$ 379,380,638
Interfund Transfers	\$ -	\$ -	\$ (2,425,000)	\$ -	\$ (2,425,000)
Total Receipts/Transfers	\$ 251,398,355	\$ 125,444,988	\$ (488,876)	\$ 601,171	\$ 376,955,638
<u>Disbursements</u>					
Personal Services	\$ (16,382,547)	\$ (5,528,616)	\$ (18,792)	\$ (76,977)	\$ (22,006,932)
Fringe Benefits	\$ (7,175,154)	\$ (2,325,566)	\$ -	\$ (32,644)	\$ (9,533,364)
Other Operating Expense	\$ (87,983,906)	\$ (116,321,507)	\$ (373,740)	\$ (333,430)	\$ (205,012,583)
Capital Outlays	\$ -	\$ (159,444)	\$ (23,605)	\$ -	\$ (183,049)
Total Disbursements	\$ (111,541,607)	\$ (124,335,133)	\$ (416,137)	\$ (443,051)	\$ (236,735,928)
Outstanding Accounts Payable Balance	\$ (6,900)	\$ (111,074)	\$ (3,851)	\$ (11,555)	\$ (133,380)
Unreserved Cash Balance - 10/31/2017	\$ 140,797,503	\$ 3,499,506	\$ 3,379,182	\$ 153,151	\$ 147,829,342

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

² \$2,252,616 of the total cash balance has been reserved for PDD Carryforward

FM Budget vs Actual										
Author		JGRANT								
		Status of Data 11/7/2017 01:51:35								
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	\$ 2,318,093.73	\$ 5,565,905.27	\$ 900,191.05	\$ 4,665,714.22	
		PREVENTION PROGRAM	\$ 257,098.00	\$ 585,902.00	\$ 843,000.00	\$ 20,000.00	\$ 823,000.00	\$ 183,000.00	\$ 640,000.00	
		GREENWOOD GENETIC CENTER	\$ 11,858,376.00	\$ 0.00	\$ 11,858,376.00	\$ 5,031,820.00	\$ 6,826,556.00	\$ 6,826,556.00	\$ 0.00	
		CHILDREN'S SERVICES	\$ 14,859,525.00	\$ 2,391,436.00	\$ 17,250,961.00	\$ 3,254,221.40	\$ 13,996,739.60	\$ 26,280.00	\$ 13,970,459.60	
		BabyNet	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00	\$ 5,319,039.00	\$ 3,993,461.00	\$ 0.00	\$ 3,993,461.00	
		IN-HOME FAMILY SUPP	\$ 87,577,481.00	-\$ 8,873,555.00	\$ 78,703,926.00	\$ 20,650,187.32	\$ 58,053,738.68	\$ 19,276,516.06	\$ 38,777,222.62	
		ADULT DEV&SUPP EMPLO	\$ 70,022,008.00	\$ 9,679,496.00	\$ 79,701,504.00	\$ 29,718,115.76	\$ 49,983,388.24	\$ 60,000.00	\$ 49,923,388.24	
		SERVICE COORDINATION	\$ 22,707,610.00	-\$ 459,576.00	\$ 22,248,034.00	\$ 7,826,448.99	\$ 14,421,585.01	\$ 1,243,230.68	\$ 13,178,354.33	
		AUTISM SUPP PRG	\$ 14,136,026.00	\$ 10,624,169.00	\$ 24,760,195.00	\$ 4,562,731.95	\$ 20,197,463.05	\$ 1,241,263.36	\$ 18,956,199.69	
		Pervasive Developmen	\$ 9,780,880.00	\$ 0.00	\$ 9,780,880.00	\$ 807,340.57	\$ 8,973,539.43	\$ 1,253,996.48	\$ 7,719,542.95	
		HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 1,265,389.00	\$ 4,305,921.00	\$ 1,384,474.78	\$ 2,921,446.22	\$ 0.00	\$ 2,921,446.22	
		REG CTR RESIDENT PGM	\$ 79,396,018.00	\$ 332,590.00	\$ 79,728,608.00	\$ 22,732,251.29	\$ 56,996,356.71	\$ 6,023,267.86	\$ 50,973,088.85	
		HD&SPIN CRD INJ FAM	\$ 27,758,987.00	\$ 408,490.00	\$ 28,167,477.00	\$ 6,186,081.06	\$ 21,981,395.94	\$ 7,965,716.08	\$ 14,015,679.86	
		AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 5,247,396.00	\$ 28,805,005.00	\$ 10,789,578.57	\$ 18,015,426.43	\$ 105,509.81	\$ 17,909,916.62	
		INTELL DISA COMM RES	\$ 333,536,387.00	-\$ 17,839,755.00	\$ 315,696,632.00	\$ 106,735,559.79	\$ 208,961,072.21	\$ 25,051,232.86	\$ 183,909,839.35	
		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	\$ 910,053.00	\$ 32,999,594.00	\$ 9,533,364.05	\$ 23,466,229.95	\$ 0.00	\$ 23,466,229.95	
		DUAL EMPLOYMENT				\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
		Result	\$ 747,774,577.00	\$ 7,472,306.29	\$ 755,246,883.29	\$ 236,869,308.26	\$ 518,377,575.03	\$ 70,156,760.24	\$ 448,220,814.79	

CONSIDERATION OF BID**PEE DEE CENTER
RENOVATIONS TO MULBERRY DORMS & ADMINISTRATION BUILDING****J16-9888-FW-(A)**

The project scope includes renovations in five Mulberry Dorms (Dorm 301, 302, 304, 305, and 306). Eighteen dorm bathrooms will be upgraded with improved configuration for accessibility and will include new plumbing fixtures and finishes. Public restroom renovations, new carpeting, and vinyl composition tile corridor flooring for the Pee Dee Center Administration building is also included in the project.

It is recommended that a contract be awarded to **SATCHEL CONSTRUCTION, LCC OF CHARLESTON, SOUTH CAROLINA** in the amount of **\$448,000.00**. This contractor has performed work for DDSN on recent past projects, and has a proven record of responsible performance.

BASE BID: \$ 448,000.00

CONTRACT AMOUNT: \$ 448,000.00

ATTACHMENT: BID TABULATION

FUNDS: DEBT SERVICE

Bid Date: November 7, 2017

Date: November 9, 2017


PROJECT NO.: J16-9888-FW-(A)
PROJECT NAME: Pee Dee Center - Renovations to Mulberry Dorms & Administration Bldg.
ARCHITECT/ENGINEER: Goforth, Brown & Associates
BID DATE: Tuesday, November 7, 2017
TIME: 3:30 PM
LOCATION: SCDDSN, Central Office, Room 180


SCDDSN Engineering and Planning
 3440 Harden St. Extension
 Columbia, SC 29203
 Phone: (803) 898-9796
 Fax: (803) 832-8188



BID TABULATION

	CONTRACTOR NAME	BID SEC	Addendum No. One	Addendum No. Two	BASE BID	SUBCONTRACTORS
1	Satchel Construction, LLC Charleston, SC	✓	✓	✓	\$448,000.00	Plumbing: S & S Mechanical Electric: Jerry Bennett
2						


 Reed Marshall, Project Manager


 Witness

SCDDSN

PROPOSAL FOR COMMISSION CONSIDERATION

DATE: 11/9/17

SUBJECT: Request for Approval Consideration for QIO Contract Award

BACKGROUND: As a federal requirement for participation in Home and Community-Based Waiver programs, DDSN must be able to provide evidence of evaluation of approved performance measures. DDSN's Waiver documents approved by the federal government stipulate this evidence must be from a federally recognized Quality Improvement Organization (QIO). The current contract with DDSN's Quality Improvement Organization contractor will expire November 30, 2017.

The currently proposed 5 year contract combines the two prior Contract Compliance Review and Licensing Review processes. The number of on-site observation visits has been increased by 25%. Also included is an outcome-based performance component, as previously shared with the Commission in June 2017.

State Procurement regulations require that information is not available during the evaluation process of an RFP until an award is made. The department is not allowed to release the number of proposals received, the names of who submitted proposals, or the amounts of the proposals.

ACTION REQUESTED: The department is seeking approval from the Commission to move forward in the negotiation process of this contract award with the potential savings of \$500,000 to \$1,000,000 over the five year period of the contract. Staff requests the Commission's approval to move forward with negotiations in order to award this contract.