

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

September 16, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, September 16, 2021, 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 In-Person

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D.

Gary Lemel

Eddie Miller

David Thomas

DDSN Administrative Staff

Pat Maley, Chief Financial Officer and Deputy Director; Rufus Britt, Associate State Director of Operations; Lori Manos, Interim Associate State Director of Policy; Courtney Crosby, Internal Audit Director; Tommy Windsor, Public Information Officer and Legislative Liaison; Robb McBurney, Emergency Operations and Special Projects; Melissa Ritter, Head and Spinal Cord Injury Director; Ken Parks, Information Technology Division; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

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

Welcome

Chairman Rawlinson welcomed everyone to the meeting and announced that Constance Holloway, Interim State Director, is still out on leave and is doing well.

Adoption of the Agenda

Commissioner Thomas made a motion to adopt the September 16, 2021 agenda to include deleting the executive session after Chairman Rawlinson indicated that there will not be a need for an executive session. The motion to adopt the agenda and to delete the executive session was seconded by Commissioner Malphrus and unanimously approved by the commission. (Attachment A)

Approval of the Minutes from August 19, 2021 Commission Meeting and September 8, 2021 Special Called Meeting

Commissioner Thomas has asked if the public can receive attachments to the agenda when the agenda is posted to the agency's website. Chairman Rawlinson agreed to speak to the IT department to see if they can upload attachments and mark them as a "Draft" copy. Commissioner Thomas further requested that the chairman of the Policy Committee work on a standard operating procedure to upload attachments with the agenda prior to the meeting. Commissioner Lemel expressed his appreciation to the DDSN staff for taking on the additional burden of uploading documents to the website prior to the meetings. On a motion by Commissioner Malphrus seconded by Commissioner Blackwood and unanimously approved by the commission, the August 19, 2021 and September 8, 2021 minutes were approved as presented. (Attachment B)

Commissioners' Update

Commissioner Blackwood spoke about her attendance to the Thrive Upstate board meeting and a presentation at the Triple Center. Commissioner Lemel announced that the formal opening of Miracle Park in Rock Hill, SC is this Saturday. Chairman Rawlinson reminded everyone that this is Spinal Cord Awareness Month. Also, she and Commissioner Blackwood had a virtual meeting with Disability Rights South Carolina. Chairman Rawlinson encouraged all disabilities agencies to call her or Commissioner Blackwood if they would like to present to the Commission. Lastly, Chairman Rawlinson noted that she visits with the Governor's Office often and has even taken Commissioners Miller and Blackwood with her. The Governor's Office is very excited about things that are happening at the agency, including the agency's leadership. Chairman Rawlinson has arranged to meet with the Governor's Office on a quarterly basis.

Public Input

There were two public input requests from Michelle Shaffer and Beth Bunge.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on September 7, 2021. The following topics were presented for review and approval by the Commission:

There were two service contracts that were presented and approved by the committee; the commission does not need to vote on these two contracts as they are routine in nature. (Attachments C)

Four outlier requests were presented and approved by the committee. Chairman Rawlinson noted that the commission will treat the approval as a motion and second coming out of committee. The commission unanimously approved the four preliminary staff recommendations for band outliers. (Attachment D)

B. Policy Committee

The Policy Committee met on September 14, 2021. The following topic was presented for review and/or approval by the Commission:

502-10-DD: Transition of Individuals from DSN Regional Centers to Community; 700-03-DD –Informed Choice in Living Preference (ICFs/IID); and Discharge Planning for Individuals Leaving ICFs/IID and Enrolling in DDSN Operated Home and Community-Based Waiver – Ms. Manos stated that all three directives were referred to staff, went out for public comment and approved by the committee. Chairman Rawlinson treated the committee's approval as a motion and second; the commission unanimously approved all three directives. (Attachments E, F & G)

Special Commission Subcommittees and Taskforce Updates

Chairman Rawlinson asked if all committee chairs give an update on new members of their respective committees. Commissioner Miller was asked to give Commissioner Lemel committee member Mr. Holt's contact information. Chairman Rawlinson noted that while no decisions are made at these meetings; and they are not live broadcasted, the public can come in to watch in a separate conference room. Minutes will be taken at these meetings and posted on the DDSN website.

- A. Formal Decision – Subcommittees and Taskforce Meetings – Chairman Rawlinson briefed the commission on these meetings and the fact that they are working meetings that will be treated as commission meetings. She also defined both subcommittees and taskforce. Currently, there are two subcommittees (Communications and FMAP Oversight; and there are four taskforce (ICF Reform & Improvement; Wage, Equity & Parity; Autism; and Training). (Attachment H)

- B. Communications Subcommittee – Chair of the subcommittee, Commissioner Malphrus, noted that this subcommittee met on August 24, 2021 and voted to purchase three (3) runners; a plaque for each departing commission member (a total of five) who was appointed by Governor McMaster; two (2) podium signs; and a conference room sign. The subcommittee is requesting an amount no more than \$900 to pay for these items. This subcommittee is looking to hold future meetings in locations throughout the state to make these meetings easily accessible for everyone. We realize that COVID may stop this for the next several months. The members of the subcommittee are also looking at posting recruiting videos on social media. Discussion was held in the subcommittee meeting about having a meet and greet with all Disability of Special Needs Board Chairs sometime next year. Commissioner Malphrus asked for a motion for the subcommittee to spend no more than \$900 on the purchase of the aforementioned items; this motion was seconded by Commissioner Blackwood. Commissioner Lemel noted that while he is pleased with the look of the commission room, he would like to know why the subcommittee has not looked into purchasing new items for the ICFs and regional centers (i.e., microwaves, sofas, etc.). Chairman Rawlinson answered that the ICF Reform and Improvement Taskforce will be looking into these items for the ICFs and regional centers in the future. The commission unanimously approved the budget to purchase of the aforementioned items.
- C. FMAP Oversight Subcommittee – Commissioner Blackwood noted that their first meeting took place on September 1, 2021, at 2:30 PM. The committee members were announced. The budget areas that the commission approved were discussed in great detail. The agency has not yet received this money from the federal government. The next meeting will take place on October 6, 2021.
- D. Wage, Equity & Parity Subcommittee – Commissioner Thomas announced that this subcommittee met on September 14, 2021. He will send the minutes from the meeting to all commission members. He solicited membership from anyone listening today who is interested in the work of this subcommittee.

Chairman Rawlinson reminded commission members that they can submit a written copy of their meetings if they choose to do so. Eventually, she would like to see a running list of scheduled subcommittee and taskforce meetings.

Old Business

- A. Spinal Cord Injury Awareness Month

Ms. Ritter commenced by calling the members' attention to a painting in the room created by a spinal cord injury consumer who paints with a paintbrush in his mouth. She went on to share the festivities for the month were shared.

B. Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal Update

Ms. Manos updated the commission on the two webinars held by the Department of Health and Human Services. The deadline for final input from the public is September 25, 2021 at 5:00 PM. The residential tiers will be in the waiver; however, the rates have yet to be determined.

C. Fee-for-Service Update

Mr. Maley noted that once the ID/RD waiver renewal is finalized, the agency can move to fee-for-service.

D. Cost Report Update

Mr. Maley stated that FY13 and 14 cost reports are completed; he does have the draft form of FY15; however, he has not reviewed it yet.

E. Internal Audit Update

Ms. Crosby introduced herself, shared a little of her background and future plans for the division of internal audit at the agency. She stressed that the goal of internal audit is to add value for the agency; it is a partnership with management.

F. Legislative Update

Mr. Windsor addressed the commission and discussed the upcoming general assembly schedule. He noted that there will be meetings with key legislators and stakeholders taking place soon. He would like for commission members, if available, to meet with legislators in their districts as the meetings are scheduled.

G. COVID-19 Update

Mr. McBurney briefed the commission on the status of COVID cases in the regional centers. There is a decline in the number of cases in the state of South Carolina. He commented on the importance of getting vaccinated. Commissioner Thomas would like a six month to a year death comparison total. Approximately 90% of our consumers and 55% of our staff has been vaccinated. The third vaccine shot has been approved for

immunocompromised individual, which is different from the booster shot. Chairman Rawlinson asked what the agency will do if the federal government mandates for companies who employ over 100 individuals and agencies that receive federal funding will have. Mr. Burney stated that the Centers for Medicare and Medicaid Services (CMS) will put out a final rule and have an opportunity to for the public to comment. Chairman Rawlinson would like the commission to be updated on any federally mandated vaccination plans.

H. Impact of Chronic Workforce Shortages

Mr. Britt discussed some of the critical needs cases that show up in area emergency rooms. A tremendous positive that has come out of this pandemic is the fact that there are an enormous amount of communication and commitment amongst providers. This includes the day programs. The weekend enhanced pay initiative is helping considerably in our regional centers. Lastly, Mr. Britt commended the families and family groups of our consumers. They have been very supportive in beautifying the campuses, donating monies, etc. to the regional centers.

New Business

A. Financial Options to Assist in Mitigating Staffing Shortages

Mr. Maley discussed his memorandum sent to commission members yesterday outlining funds authorized and is being executed to providers; funds authorized but awaiting approval, which includes an option for the agency to immediately “advance” the 2.5% cost of living allowance (COLA) and retroactive lump sum payment until rates are approved; rate increases to support the system’s long-term sustainable health; and the ID/RD waiver renewal to include the tier rates. Commissioner Blackwood made a motion to advance the 2.5% COLA to our healthcare network based on the FY22 legislative mandate and in anticipation of DHHS’ Medicaid rate increases; this motion was seconded by Commissioner Miller and unanimously approved by the commission. (Attachment I)

B. FY21 Accountability Report

Mr. Maley brief the members on DDSN’s accountability report, which is now electronic. He updated the numbers and has sent the narrative in to the commission members and to the Department of Administration. Once Mr. Maley finishes the report, he will send to Chairman Rawlinson for her signature and then to the full commission.

C. FY23 Legislative Budget Proposal

The one-page FY22-23 budget request was discussed in great deal by Mr. Maley. The agency's proposal is to escrow three (3) years of FMAP money (approximately \$39 to \$50 million) so that the agency can work its way through the legislative process to receive recurring funds to pay for the ID/RD waiver renewal. The final costs cannot be calculated until DHHS provides us with the ID/RD rates. Once these rates are received by the agency, the commission will need to reconvene to approve the budget request. (Attachment J)

D. 10% FMAP Planning

Mr. Maley presented the commission with options/decisions for how the agency should execute the 10% budget items after CMS approves the FMAP budget. He presented three budget items that requires a decision from the commission: 1) \$1.0 million "gap" funds; 2) \$7.0 million hiring/retaining incentive funds; and 3) \$7/unit add-on for at-home Day services retroactive to April 2021, which totals \$1.57. Written input from providers included four responses and after a virtual meeting with six executive directors of Disability and Special Needs Boards, they recommended percentage of revenue for budget item #1 (gap funds) and full-time equivalents (FTEs) for budget item #2 (hiring/retention initiatives). Commissioner Blackwood made a motion to use percentage of FTEs as the allocation method for budget items #1 and #2 for the 10% FMAP to establish one allocation method to simplify communications, and budget execution in addition to pay \$7/unit add-on for at-home Day services retroactive to April 2021, upon CMS' approval. Commissioner Malphrus seconded the motion; and the commission unanimously approved both 10% FMAP recommendations. (Attachment K)

E. Financial Update

Mr. Maley presented the financial update, FY22 spending plan versus actual expenditures as of 8/31/2021. Commissioner Lemel made a motion to approve the update as presented, seconded by Commissioner Blackwood and unanimously approved by the commission. (Attachment L)

Executive Session

There was no executive session.

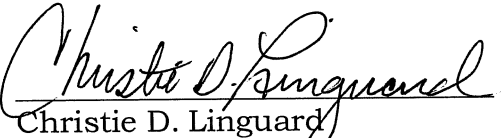
Next Regular Meeting

October 21, 2021


Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Miller and unanimously approved by the commission, the meeting was adjourned at 1:23 p.m.

Submitted by:


Christie D. Linguard
Administrative Coordinator

Approved by:

DocuSigned by:

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Commissioner Robin Blackwood
Secretary

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 (TEAMS)
Columbia, South Carolina**

September 16, 2021

10:00 A.M.

1. Call to Order *Chairman Stephanie Rawlinson*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Chairman Barry Malphrus*
6. Approval of the following Commission Meeting Minutes:
 - A. August 19, 2021 Commission Meeting
 - B. September 8, 2021 Special Called Meeting
7. Commissioners' Update *Commissioners*
8. Public Input
9. Commission Committee Business
 - A. Finance and Audit Committee *Committee Chair Robin Blackwood*
 1. Financial Approval & Threshold Report for August 2021
 2. Band B and I Report for August 2021
 - B. Policy Committee *Committee Chair Barry Malphrus*
 1. 502-10-DD: Transition of Individuals from DSN Regional Centers to Community
 2. 700-03-DD: Informed Choice in Living Preference (ICFs/IID)
 3. 738-01-DD: Discharge Planning for Individuals Leaving ICFs/IID and Enrolling in DDSN Operated Home and Community-Based Waiver
 4. Committee Updates
10. Special Commission Subcommittees and Taskforce Updates
 - A. Formal Decision - Subcommittees & Taskforce Meetings *Commission Members*
 - B. Communications Subcommittee *Chair Barry Malphrus*
 - C. FMAP Subcommittee *Chair Robin Blackwood*
 - D. Wage, Equity & Parity Subcommittee *Chair David Thomas*
11. Old Business:
 - A. Spinal Cord Injury Awareness Month *Ms. Melissa Ritter*
 - B. ID/RD Waiver Renewal Update *Ms. Lori Manos*
 - C. Fee-for-Service Update *Mr. Pat Maley*
 - D. Cost Report Update *Mr. Pat Maley*

- E. Internal Audit Updated
- F. Legislative Update
- G. COVID-19 Update
- H. Impact of Chronic Workforce Shortages

*Ms. Courtney Crosby
Mr. Tommy Windsor
Mr. Robb McBurney
Mr. Rufus Britt*

12. New Business:

- A. Financial Options to Assist in Mitigating Staffing Shortages
- B. FY21 Accountability Report
- C. FY23 Legislative Budget Proposal
- D. 10% FMAP Planning
- E. Financial Update

*Mr. Pat Maley
Mr. Pat Maley
Mr. Pat Maley
Mr. Pat Maley
Mr. Pat Maley*

13. Executive Session

Contractual Matter

14. Enter into Public Session

15. Next Regular Meeting (October 21, 2021)

16. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

August 19, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, August 19, 2021, 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 In-Person

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D.

Gary Lemel

Eddie Miller

Present Microsoft Teams

David Thomas

DDSN Administrative Staff

Pat Maley, Chief Financial Officer and Deputy Director; Rufus Britt, Associate State Director of Operations; Lori Manos, Interim Associate State Director of Policy; Courtney Crosby, Internal Audit Director; Tommy Windsor, Public Information Officer and Legislative Liaison; Janet Priest, Program Manager, Policy and Special Projects; Ann Dalton, Quality Director; Robb McBurney, Emergency Operations and Special Projects; Michael Mickey, Information Technology Director; Kimberly Cochran, Administrative Coordinator; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

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

Welcome

Chairman Rawlinson welcomed three new staff members to the agency: Kimberly Cochran – Administrative Coordinator in the executive suite; Tommy Windsor – Legislative Liaison; and Courtney Crosby – Director of Internal Audit. She also congratulated Interim Director Constance Holloway on the birth of her new baby girl, McKenna.

Adoption of the Agenda

Commissioner Malphrus made a motion to adopt the August 19, 2021 agenda as presented. Commissioner Blackwood asked to amend the motion to allow for a hard-stop at 12:15 PM to enter into executive session. After the executive session is over, the commission will resume its regular agenda items. The amended motion was seconded by Commissioner Miller and unanimously approved by the Commission. (Attachment A)

Invocation

Commissioner Miller gave the invocation.

Approval of the Minutes from July 15, 2021 Commission Meeting

On a motion by Commissioner Miller, seconded by Commissioner Lemel and unanimously approved by the commission, the July 15, 2021 minutes were approved as presented. (Attachment B)

Commissioners' Update

Commissioner Miller welcomed Tommy Windsor again as the new Legislative Liaison. Chairman Rawlinson noted that she was able to tour Saleeby Regional Center. She noted that she was touched by a lot of the patient and the staff was amazing.

Public Input

There was one public input request from Mrs. Patricia Jennings.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on August 13, 2021. The following topics were presented for review and approval by the Commission:

There were no contracts to approve over \$200,000. (Attachment C)

The SC Department of Health and Human Services (DHHS) published their public notice yesterday regarding the Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal. There will be two webinars to share information regarding the proposed changes in the renewals. The webinars will take place on August 25, 2021 at 3:00 PM and August 30, 2021 at 11:00 AM; and the links can be found on DHHS' website.

B. Policy Committee

The Policy Committee met on August 9, 2021. The following topic was presented for review and approval by the Commission:

SC Commission on Disabilities and Special Needs (DSN) Bylaws - Commissioner Malphrus presented and made a motion to amend the bylaws to call a special meeting provided more than 48 hours' notice of the time and place of said meetings and subject be given by the Chairman. After further discussion, Commissioner Malphrus amended his motion to define emergency meetings of the commission as those meetings announced 48 hours or less before the said meeting. Commissioner Thomas seconded the amended motion, and the bylaws change was approved unanimously.

A second bylaws change is in Article V – Meetings, a sentence should be included to read, “The Chairman may approve the agenda for full Commission meetings”. Coming out of the Policy Committee as a motion and second, the commission unanimously approved this change in the bylaws. (Attachment D)

413-09-DD: Outside Employment – Commissioner Malphrus requested that that stated purpose of this directive be placed in these minutes: “The purpose of this directive is to prescribe the guidelines by which DDSN employees will request and obtain approval for outside employment. Where outside employment creates the appearance of impropriety, conflict of interest or interferes with an employee’s ability to perform their DDSN job duties satisfactorily, DDSN maintains the authority to disapprove such outside employment, withdraw approval for such outside employment, and take appropriate disciplinary action, up to and including termination”. Coming out of the Policy Committee as a motion and second, the commission unanimously approved the Outside Employment directive. (Attachment E)

Commissioner Malphrus made note that there will be a change in the Policy Committee directive; but there will be no vote on this today. Each committee will have to vote on whether they want to make changes to their committees. This will be placed on next month’s agenda. There are three directives out for external review right now. The video surveillance camera policy has been referred to the ICF Reform and Improvement Taskforce Committee. Once this task force has recommended changes, those changes will be presented to the Policy Committee and then the full commission will vote.

Special Commission Subcommittees and Taskforce Updates

Chairman Rawlinson asked if all committee chairs give an update on new members of their respective committees. Commissioner Miller was asked to give Commissioner Lemel committee member Mr. Holt's contact information. Chairman Rawlinson noted that while no decisions are made at these meetings; and they are not live broadcasted, the public can come in to watch in a separate conference room. Minutes will be taken at these meetings and posted on the DDSN website.

- A. Autism Taskforce - Commissioner Blackwood began by stating that a meeting with staff was held and that the purpose was outlined and discussed. The first meeting will be held in September. The date and time will be announced later. The members of this taskforce were announced.
- B. Communications Subcommittee – Chairman Rawlinson commended this subcommittee on the new chairs. Chair of the subcommittee, Commissioner Malphrus, noted that the first meeting will take place on this coming Tuesday.
- C. FMAP Oversight Subcommittee – Commissioner Blackwood noted that their first meeting will place on September 1, 2021, at 2:30 PM. The committee members were announced.
- D. ICF Reform and Improvement Taskforce – Chairman Rawlinson announced that their first taskforce meeting was held yesterday. The top six objectives were discussed. Their next meeting will be on October 20, 2021.
- E. Training Taskforce – Commissioner Lemel noted that their taskforce has not had a meeting yet. One suggested member of this taskforce is no longer with the Department on Aging; however, he has reached out to Long Term Care Ombudsman, Dale Watson, and the feedback has been positive. He is also looking for the contact information of one more taskforce member, Mr. Holt.
- F. Wage, Equity & Parity Subcommittee – Commissioner Thomas, Chair, has noted that he has been in conversation with Chairman Rawlinson on the purpose/scope of this subcommittee. He solicited membership from anyone listening today who is interested in the work of this subcommittee. Hopefully, the first meeting should be in mid-September

Chairman Rawlinson reminded Commissioners to not attend meetings that they are not a member of. She went on to state that if there are more than three commission members present at one meeting, then that

would constitute a FOIA violation. There will be a FOIA training for commission members in the next couple of weeks.

Old Business

A. Status Update on Transition Plan for Conflict Free Case Management

Ms. Manos reminded the commission that they approved a directive related to conflict free case management earlier this year in April. This directive essentially stated that the same person cannot receive the same direct services from that same provider. As of June 1, 2021, the agency stopped individuals from entering conflict. There is a percentage plan to remove all individuals who have a conflict to move them to a conflict free case management system by December 31, 2023. The agency provided lists to all providers who they feel have individuals who are potentially in conflict case management. These providers sent an updated list to include the services as well as transition plans to move these people into conflict free case management. As of today, we have approximately 3,724 individuals in conflict, which is approximately a 34% deduction from the initial amount of people reflected in the approved transition plan.

B. Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal Update

Ms. Manos restated that the public notice information is on DHHS' website and will be on the agency's website soon. Public comment will be open until September 19, 2021, and all commission members and viewing audience are asked to please provide input.

C. Status of Updated on Home and Community Based Services (HCBS) Transition Plan

Ms. Priest gave a brief background and overview of the HCBS Transition Plan (Plan) to include the new compliance required date by the Centers for Medicaid and Medicare Services (CMS) to be March 17, 2023. The purpose of the HCBS rule is "...to maximize opportunities for participants...to receive services in integrated settings and realize the benefits of community living including opportunities to seek employment and work in competitive, integrated settings." She also outlined key provisions of this Plan along with settings, implementation activities evidence packages, state level reviews and statewide Plan updates. Public comments will be accepted from August 23, 2021, to October 1, 2021.
(Attachment F)

D. Quarterly Incident Management Report

Ms. Dalton gave the Incident Management Report for community, residential, day service and regional centers. Questions were asked about the length of time an arrest is made following a report to SLED as well as what types of incidents are being reported.
(Attachment G)

E. Fee-for-Service Update

Mr. Maley commenced by stating the last remaining hurdle for fee-for-service was to add individual residential settings and individual rates in the ID/RD waiver renewal. He thanked DHHS' director, Robbie Kerr, and staff for assisting us in getting these residential tiers in the renewal.

F. Cost Report Update

Mr. Maley noted that the finance team has been working diligently to complete and submit FY19 Cost Report. FY13 and FY14 are complete and on his desk; however, adjustments need to be made to them. Cost Report FY15 should be finished at the end of September. Next, we will have to complete FY18. The last to complete are FY20 and FY21. Hopefully, February of the following year the agency will be able track cost reports annually.

G. COVID-19 Update

Mr. McBurney gave an updated of COVID-19 in our regional centers as well as statewide. The primary reason for an increase in cases is because of the Delta Variant. Emergency rooms are full and most hospitals statewide are under major stress. At the infection control meeting last week, it was reemphasized our guideline/plan to control the spread of COVID-19 in our regional centers. Mr. McBurney thanked Ms. Rebecca Walker, Nurse Consultant - Healthcare Associated Infections Section, and Dr. Brannon Traxler, Director of Public Health, at the SC Department of Health and Environmental Control (DHEC) for their input in our meeting and infection control plan.

Lastly, Mr. McBurney thanked Dr. Jane Kelly, Assistant State Epidemiologist from DHEC, for the hour and a half webinar. The agency will re-implement a weekly Emergency Operations Center (EOC) meetings for staff and providers.

Executive Session

At 12:13 p.m., Chairman Rawlinson requested a motion to begin executive session to receive legal counsel. On a motion by Commissioner Malphrus,

seconded by Commissioner Blackwood and unanimously approved by the commission, executive session began.

Upon rising out of executive session at 1:04 p.m., Chairman Rawlinson announced that no motions or decisions were made, and no votes were taken during executive session. Commission members received legal counsel from attorneys. Commissioner Blackwood made a motion to move item fourteen on the agenda, action item, to now and then resume where we left off on the agenda right before executive session. Commissioner Thomas seconded this motion. The motion was carried with one abstention from Commissioner Lemel.

Commissioner Malphrus made a motion pursuant to a hearing/court order of August 12, 2021 and S.C. Code Section § 44-20-220 which states in relevant part that, "The commission shall appoint and, in its discretion, remove a South Carolina Director of Disabilities and Special Needs who is the chief executive officer of the department." Therefore, I [Commissioner Malphrus] move to terminate the employment of Mary Poole as the State Director of the South Carolina Department of Special Needs effective immediately. Commissioner Blackwood seconded the motion. Commissioner Lemel noted that he is in opposition with this motion and further went on to state that the illegality of the action that was taken followed up by this vote, to him, could have nothing but a negative impact on the morale of our agency; Commissioner Kocher agreed. Commissioners Miller, Malphrus, Rawlinson, Thomas and Blackwood all voted yes; and Commissioners Lemel and Kocher both voted nay to this motion. By a vote of 5-2, the motion was carried to terminate Mary Poole as state director of the agency.

H. Regional Centers' Workforce Initiatives Update

Mr. Britt began by calling attention to the 2021 Relias DSP Survey packet in front of each Commission member. He noted that every week the agency is engaging parents and other members of the community to assist with workforce initiatives that have already been put in place. A major problem now is the current workforce that we have now; we must keep them intact and provide support whenever and wherever possible. We have a dedicated workforce in all regional centers. Mr. Britt asked the commission to approve a bonus of \$300 over the next thirty to sixty days to retain the workforce that we have. These bonuses will go to front line workers and ancillary staff members. This bonus will exclude facility administrators. Commissioner Miller noted that employees in leadership should receive this bonus as well; it should be across the board for the regional centers' staff. Commissioner Miller made a motion to approve a \$300 bonus for thirty days to all DDSN regional center employees at which time Mr. Britt will come back to the full commission to give an update on workforce retention. Commissioner Blackwood seconded the motion; and the \$300 bonus for all regional center workers was unanimously approved. (Attachment H)

New Business

A. Lambs Road Surplus Approval

Mr. Maley stated that Lamb's Road is a vacant two-story former 8-bed Community Residential Care Facility (CRCF) purchased by the agency in 1992. There are numerous life/safety and accessibility issues to this facility and the agency is thereby requesting that we approve to put this facility on state surplus. The property was appraised for \$230,000 on July 19, 2021. Proceeds from the eventual sale of this facility will be split between the agency and the state Proviso 93.15. This will not only reimburse the agency for its outlay in the past year for replacement homes, but also provide additional funds to reimburse the Disabilities Board of Charleston County via a capital grant for a portion of its outlay. Commissioner Malphrus made a motion to surplus Lambs Road facility, seconded by Commissioner Lemel and unanimously approved by the full commission. (Attachment I)

B. Respite Services Overview

Mr. Maley and Ms. Manos gave an in-depth overview of respite services and an analysis of waiver participants' respite budget. Ms. Manos noted that the agency provides a household employer assistance program to reimburse respite workers for such things as trainings and certifications. Commissioner Malphrus made a motion to increase both self-directed and in-home directed caregiver respite rates to \$12.00 and to also give Mr. Maley the authority to address this increase with the Department of Health and Human Services. This motion was seconded by Commissioner Blackwood and unanimously approved by the commission. (Attachment J)

C. FY22 Spending Plan

Mr. Maley spoke extensively about the FY22 Spending Plan to include revenues, expenditures, net operating deficit, cash carry forward, the 6.2% FMAP revenue and the 10% FMAP revenue. He proceeded to look closely at the itemized increases to the baseline spending plan budget. Commissioner Lemel made a motion to approve the spending plan as presented, seconded by Commissioner Miller and unanimously approved by the commission. (Attachment K)

D. Financial Update

Mr. Maley presented the financial update, FY22 spending plan versus actual expenditures as of 7/31/2021. Commissioner Malphrus made a

motion to approve the updated as presented, seconded by Commissioner Blackwood and unanimously approved by the commission.

Commissioner Malphrus made a motion to approve the purchase of additional equipment of \$50,000 or less. He also asked if the number of days of retention of camera footage be extended from 60 to 90 days. Commissioner Lemel clarified the fact that we are speaking of two separate systems, one is to maintain camera footage past 60 days (preservation), and one is to bring to the office a full day's worth of footage for review (access). Mr. Maley suggested that the agency build requirements and then go to the vendor asking hard questions, then review requirements versus cost and go from there. Commissioners Miller and Chairman Rawlinson suggested that Michael Mickey and Kyla Schultz work on requirements for the cameras and then discuss with the vendor. To which, Mr. Mickey noted that the camera system has always been mandated by the agency's policies. Commissioner Malphrus reworded his motion to come up with a plan to preserve footage for a period of time and to access footage as soon as possible, seconded by Commissioner Blackwood and unanimously approved by the commission.
(Attachment L)

Next Regular Meeting

September 16, 2021

Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Miller and unanimously approved by the commission, the meeting was adjourned at 2:52 p.m.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

SPECIAL-CALLED MEETING MINUTES

September 8, 2021

The South Carolina Commission on Disabilities and Special Needs met on Wednesday, September 8, 2021, at 10:45 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 In-Person

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D.

Gary Lemel

Eddie Miller

David Thomas

DDSN Administrative Staff

Pat Maley, Chief Financial Officer; Michael Mickey, Director of Information Technology Division; and Christie Linguard, Administrative Coordinator.

Call to Order and Notice of Meeting Statement

Chairman Rawlinson called the meeting to order at 10:50 a.m. and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Invocation

Commissioner Miller gave the invocation.

Adoption of the Agenda

Commissioner Blackwood made a motion to adopt the agenda. This motion was seconded by Commissioner Malphrus and unanimously approved by the commission members. (Attachment A)

Executive Session

At 10:53 a.m., Commissioner Thomas made a motion to go into executive session to interview candidates for the State Director position. This motion was seconded by Commissioner Lemel and unanimously approved by the commission.

Rise Out of Executive Session

Upon rising out of executive session at 3:24 p.m., Commissioner Rawlinson announces that there were no decisions or motions made and no action or votes taken during executive session.

Commissioner Blackwood made a motion to include an executive session the agenda for the Special Called Commission Workgroup Training meeting on Wednesday, September 15, 2021 to allow the commission to seek legal counsel; this motion was seconded by Commissioner Miller and unanimously approved by the members.

Adjournment

On a motion by Commissioner Thomas, seconded by Commissioner Miller, and unanimously approved by the commission, the meeting was adjourned at 3:28 p.m.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

DRAFT Finance and Audit Committee Procedure to Manage Financial Approvals & Threshold Reporting Requirements

The Commission "Executive Limitation" Policy 800-CP-03, Section "3", sets out financial requirements for staff to obtain Commission approval prior to executing a financial transaction and report an executed transaction(s) often after crossing a financial threshold. To simplify implementing these requirements and minimize using valuable monthly Commission meeting time on many of these financial transactions due to volume and many low-risk contracts, staff will present these financial transactions at the monthly Finance and Audit Committee meetings in a standardized report. This will permit the Finance and Audit Committee to decide which items need to be brought to the Commission for a vote and which items only need to be reported to the Commission in the form of the monthly report for transparent reporting.

The monthly staff report will be structured to cover every financial requirement set forth in the Executive Limitation Policy, which staff will either add relevant data or affirmatively advise not applicable for the prior month. This will permit the Commission to have a simple, hopefully one page, monthly business control to ensure staff is comprehensively reporting on all financial transactions or threshold requirements contained in the Executive Limitation Policy.

Attached is a DRAFT report.

Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for September 2021

The purpose of this monthly report is to ensure staff comprehensively reports on all Executive Limitation Policy (800-CP-03) financial transactions for approval and financial threshold reporting requirements. The Finance and Audit Committee will decide which items require presentation to the Commission for a formal vote, as well as which items need only be reported via this monthly report to the Commission to ensure transparent reporting. After the Finance and Audit Committee's decisions, this report will highlight items in green to notify Commission this will not need a formal vote and highlight items in yellow indicating item will require a formal Commission vote to approve.

I. **New Non-Service Contracts \$200,000 or Greater:**

Solicitation# 5400020743: A fixed priced bid contract was solicited on 03/04/2021, Post-Acute Rehabilitation Initiative (PARI) Services. It is a one (1) year contract with four (4) renewals with a contract ceiling value of \$ 588,265. On 07/01/2021, three (3) providers were qualified and awarded a contract. At the current time, one additional provider, has applied to be qualified and awarded a fixed prices bid contract. The contract essentially qualifies providers to perform the service at a fixed price, and then DDSN purchases services at its discretion from any qualified provider with a contract during a five year period. In short, despite the provider being awarded a "\$588,265" fix bid contract, the vendor is only being qualified to be a service provider with no guarantees of purchase by DDSN.

II. **Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on indiv. choice; detail summary if not):**

A fixed priced bid contract was solicited on 1/15/2021 for Direct Support Professional. It is a one (1) year contract with four (4) renewals. Currently there are seven (7) vendors that have been qualified and awarded contracts through this fixed priced bid. With the current staffing shortages at the Regional Centers DDSN has agreed to increase the bill rate from \$17.00/hr. to \$23.50/hr. This pricing is a temporary price adjustment to be utilized during the COVID-19 pandemic. This rate will only be available to new assignments, and the enhance bill rate assignments must be approved by DDSN before staff are assigned.

III. **\$200,000 or Greater Increase in Personnel Positions for a Program or Division:**

IV. **New CPIP or Re-Scoping of an Existing CPIP:**

V. **New Consulting Contract:**

VI. **New Federal Grant:**

(NOTE: In July of each year, a report of all prior FY non-service expenditures by vendor over \$200,000 will be presented as a "post-payment" review. This will add visibility for expenditures from contracts originated in prior FYs and vendors with separate purchases aggregating over \$200,000 in current FY.)



MEMO

Date: September 2, 2021

To: DSN Commissioners

From: CFO Pat Maley

Re: Band B & I Project: Band Increase & Outlier Requests

On 4/5/21, DDSN initiated the Band Increase & Outlier Request Program with funding from the B & I Transition “gap” funds available. To date, DDSN received **43** requests for Band increases and requests for outlier funding. Of these requests, 10 have been approved, 24 denied; **4** being submitted to the September Commission meeting; and **5** are still pending review. Every Friday, new requests are staffed by Operations and Finance Divisions and either approved, denied, or held in abeyance while additional data is collected to make a determination. For all new requests not approved due to lack of sufficient justification, providers are re-contacted and given ample opportunity to send in additional financial information to support the request prior to a final denial is recommended to the Commission.

Attachment A to this memo contains a schedule itemizing all staff recommendations for the **September 2021** Commission meeting, where staff will seek Commission final approval. Attachment B to this memo is a summary of all previously approved Commission funding decisions for this project.

Request of the Commission:

Approve the **4** preliminary staff recommendations contained on Attachment A.

Attachment A

Staff Recommendation for Band Increases & Outliers for the September Commission Meeting

Band Increase Request				Outlier Request			Staffing Decision	
Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
TB	G to H	\$18,561	\$18,561				X	
CC	G to H	\$18,561	\$18,561				X	
RF	G to H	\$18,561	\$18,561				X	
SK	G to H	\$18,561	\$18,561				X	
		\$ 74,244	\$ 74,244		\$ -	\$ -		

Attachment B

Summary of All Band Increases & Outlier Decisions Pertaining to the B & I Transition Project

Date Approved by Commission	Band Increase Request				Outlier Request			Staffing Decision	
	Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
5/20/2021	GB	G to H	\$18,561	\$ 18,561				X	
5/20/2021	CH	Low to High	\$18,561	\$ -					X
5/20/2021	DH	Low to High	\$18,561	\$ -					X
5/20/2021	LH	Low to High	\$18,561	\$ -					X
5/20/2021	RJ	Low to High	\$18,561	\$ -					X
5/20/2021	BL	G to H	\$18,561	\$ -					X
5/20/2021					TH	\$ 109,500	\$ -		X
5/20/2021					ML	\$ 112,099	\$ -		X
6/17/2021	LJ	G to H	\$18,561						X
6/17/2021	TH	G to H	\$18,561	\$ 18,561				X	
6/17/2021	JG	G to H	\$18,561	\$ -					X
6/17/2021	DP	G to H	\$18,561	\$ -					X
6/17/2021	BP	G to H	\$18,561	\$ 18,561				X	
6/17/2021	BB	G to H	\$18,561	\$ 18,561				X	
6/17/2021	WM	G to H	\$18,561	\$ 18,561				X	
6/17/2021	CW	G to H	\$18,561	\$ 18,561				X	
6/17/2021	AA	G to H	\$18,561	\$ 18,561				X	
6/17/2021	PK	G to H	\$18,561	\$ -					X
6/17/2021	DK	G to H	\$18,561	\$ -					X
6/17/2021	SH	G to H	\$18,561	\$ -					X
6/17/2021	MB	G to H	\$18,561	\$ -					X
6/17/2021	AS	G to H	\$18,561	\$ 18,561				X	
6/17/2021					GB	\$ 98,837	\$ 41,046	X	
6/17/2021					JB	\$ 134,783	\$ 80,660	X	
6/17/2021					MD	\$ 13,607	\$ -		X
6/17/2021					AJ	\$ 13,607	\$ -		X
6/17/2021					MS	\$ 73,362	\$ -		X
7/14/2021					DL	\$ 41,047	\$ -		X
7/14/2021					KM	\$ 66,163	\$ -		X
7/14/2021					JP	\$ 41,047	\$ -		X
7/14/2021					DG	\$ 37,987	\$ -		X
7/14/2021					JE	\$ 37,543	\$ -		X
7/14/2021					GB	\$ 19,384	\$ -		X
7/14/2021					AE	\$ 31,925	\$ -		X
			\$371,220	\$ 148,488		\$ 830,891	\$ 121,706		

Reference Number: 502-10-DD

Title of Document: Transition of Individuals from DDSN Regional Centers to Community

Date of Issue: November 14, 2011
~~Effective Date: November 14, 2011~~
~~Last Review Date: January 6, 2015~~
Date of Last Revision: ~~January 6, 2015~~ XXXX, 2021 **(NO REVISIONS)**
~~Effective Date: November 14, 2011~~ XXXX, 2021
(NO REVISIONS REVISED)

Applicability: DDSN Regional Centers, DDSN District Offices, ~~DSN Boards and Contracted Providers~~ Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Providers, and Residential Providers

I. PRINCIPLES AND PURPOSE

The South Carolina Department of Disabilities and Special Needs (DDSN) promotes the provision of services to individuals in a manner and setting which:

- Effectively meets the full array of the persons' needs;
- Individualizes services to meet the unique needs of the individual;
- Promotes individual choice and decision-making; and
- Is the least restrictive alternative.

This policy is intended to establish a procedure for persons being served in DDSN's Regional Centers to move to community settings in a fashion which is in keeping with DDSN's service principles.

II. LONG RANGE PLANNING

A. Annual Service Planning Meeting

1. At the annual ~~meeting held to develop the individual's~~ Individual Support Plan, the DDSN Regional Center Qualified Intellectual Disability Professional will

initiate a discussion about the service alternatives which are available to the person in the community (DDSN Directive 700-03-DD: Insuring Informed Choice in Living Preference for Those Residing in ICFs/IID).

2. The DDSN Regional Center Qualified Intellectual Disability Professional will offer both a written and pictorial example of the community services available to the individual and his/her family during this meeting. DDSN District Office staff are responsible for communicating available service options to DDSN Regional Center personnel to effectively facilitate this discussion.
3. A record will be made in the person's file of individual/family preferences regarding a move to the community.

B. Community Visits

1. The DDSN Regional Center Qualified Intellectual Disability Professional will ~~coordinate with the DDSN District Office personnel to~~ arrange for the individual/family to visit providers with available community services in the geographic areas preferred by the person/family when the individual/family expressed desire to move to the community.
2. The DDSN Regional Center Qualified Intellectual Disability Professional will make a record of the outcome of these visits in the person's file.

C. Summary of Planned Transitions

1. A cumulative list of persons residing in DDSN Regional Centers desiring to live in the community will be maintained and shared with providers of community services on a quarterly basis (DDSN Directive 700-03-DD: Insuring Informed Choice in Living Preference for Those Residing in ICF/IIDs).
2. This ~~record~~ list of persons desiring to live in the community will contain a listing of the geographic and/or service provider preference of the individuals, and a summary of the pertinent health, ~~therapy~~, behavioral, ~~personal care;~~ ~~communication~~ and ambulation needs of the person.

III. TRANSITION SELECTIONS

A. New Services

1. When DSN Boards/Contracted Residential Habilitation Providers plan to develop additional residential services, they must identify specific persons to be served. These individuals must live at one of the DDSN Regional Centers or be on the DDSN Critical Needs List (DDSN Directive 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting).
2. When planning to develop new residential services to serve specific individuals residing at a DDSN Regional Center, the DSN Board/Contracted Residential

Habilitation Provider should focus on those persons who have expressed a desire to move to the community and ~~should attempt every effort should be made~~ to accommodate individual house-mate preferences and compatibility.

B. Vacancies

1. The DSN Board/Contracted Residential Habilitation Provider ~~will notify the DDSN District Office as soon as a pending vacancy is identified. DSN Board/Contracted Residential Habilitation Provider~~ will make an effort to identify ~~a pending~~ a pending ~~the~~ vacancy prior to its occurrence (DDSN Directive 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting).
2. The DSN Board/Contracted Residential Habilitation Provider will review persons on the DDSN Critical Needs List and the list of individuals living at a DDSN Regional Center who have expressed a desire to live in the community to determine who would be most compatible in the home with a pending vacancy.

IV. TRANSITION PLAN DEVELOPMENT

A. Within 30 days of the identification of the person to move to a specific community location, the DDSN Regional Center Qualified Intellectual Disability Professional will arrange a meeting to develop a transition plan for the individual.

1. The transition plan will be developed by the DDSN Regional Center Qualified Intellectual Disability Professional which will include the following:
 - a. A schedule for the person to make overnight visits to the new home;
 - b. A schedule for the DSN Board/Contracted Provider direct support staff to observe the individual being served at the DDSN Regional Center;
 - c. A projected date for the individual to move to the community;
 - d. Identification of any obstacles or prerequisites to the person's successful move to the community to include review of previous unsuccessful community service experiences;
 - e. A list of "must have" conditions which are necessary for the individual to succeed in the community setting;
 - f. Identification of the primary coordinator for the DDSN Regional Center and the DSN Board/Contracted Provider to expedite the move; and
 - g. A schedule of residential, day and recreational activities that the individual will follow after moving to the community residence.

B. To assure the development of a comprehensive service plan the following persons should be in attendance at this meeting:

- Individual;
- Individual's family (unless the individual requests the family not to be present);
- Individual's invited friends; and
- The individual's selected case management provider in the community.

~~DDSN District Office/Regional Center Staff (unless the individual requests these staff not to be present)~~

- Qualified Intellectual Disability Professional;
- Direct Contact Staff;
- Nurse (if health needs are present);
- Psychologist/Behavioral Specialist (if behavioral needs are present);
- Physical/Occupational/Speech/Assistive Technology Therapist (if therapy needs are present);
- Other Interdisciplinary Team members as appropriate; and
- District Office Personnel (i.e., Assistant District Director, Compliance Coordinator, Program Coordinator for Case Management).

~~DSN Board/Contracted Residential Habilitation Provider (unless the individual requests these staff not to be present)~~

- Case Manager
- Direct Contact Staff
- Nurse (if significant health needs are present)
- Psychologist/Behavioral Specialist (if significant behavioral needs are present)

V. TRANSITION PLAN IMPLEMENTATION

A. Community Transition Visits

1. The individual will make at least two (2) overnight visits to the community residence prior to moving unless the transition plan stipulates fewer visits would be in the best interest of the individual.
2. The individual should spend time in both the residence and the day support settings.
3. DDSN Regional Center staff familiar with the individual will transport the individual to the community residence and accompany the individual on a tour of the residence and anticipated setting for vocational/day supports.
4. DSN Board/Contracted Residential Habilitation Provider staff responsible for coordinating the transition will have a follow-up discussion with the DDSN

Regional Center Qualified Intellectual Disability Professional regarding the outcome of the visit.

B. DSN Board/Contracted Residential Habilitation Provider Staff Training

1. The DSN Board/Contracted Residential Habilitation Provider direct support staff who will be serving the individual in the community will directly arrange to receive training in meeting the unique needs of the individual from DDSN Regional Center direct support staff and will observe services being provided to the individual at the DDSN Regional Center (a minimum of two (2) staff must participate in this training).
2. As applicable, the DSN Board/Contracted Residential Habilitation Provider nurse/behavioral specialist/therapist/program manager will arrange to receive training in meeting the unique needs of the individual from the DDSN Regional Center nurse/behavioral specialist/therapist(s) prior to the individual moving if the individual has significant health, behavioral or therapeutic needs.

C. Specialty Community Supports (if significant health, behavioral, and or therapeutic needs exists)

1. The DSN Board/Contracted Residential Habilitation Provider will identify providers of specialty services (e.g., physician, neurologist, dentist, psychologist, physical therapist) necessary to meet the needs of the individual prior to the move.
2. The DSN Board/Contracted Residential Habilitation Provider will identify and arrange for any needed environmental modifications and or secure assistive technology to accommodate the individual prior to the individual's transition to the community residence. DDSN Regional Center staff will provide consultation and assist the DSN Board/Contracted Residential Habilitation Provider to determine necessary modifications. Requests for assistance with environmental modifications and or assistive technology should be routed to the respective DDSN District Director.
3. The DSN Board/Contracted Residential Habilitation Provider will identify and purchase within 30 days after the individual moves any adaptive equipment/devices needed by the individual that will not accompany the individual when he/she moves to the community.
4. The DSN Board/Contracted Residential Habilitation Provider will assure that arrangements have been made with a local physician and pharmacy to provide necessary prescription medications to the individual within seven days after move.
5. The DSN Board/Contracted Residential Habilitation Provider will evaluate available internal and external capacities to accommodate any behavioral or medical emergencies that the individual might experience.

6. The DSN Board/Contracted Residential Habilitation Provider will assure that arrangements have been made to accommodate the dietary needs of individual, to include consultation with a dietician or other medical practitioner with dysphagia expertise (if applicable).

D. Discharge Planning/Waiver Enrollment

The DSN Board/Contracted Residential Habilitation Provider, in coordination with the DDSN Regional Center Qualified Intellectual Disability Professional, will complete all applicable activities detailed in DDSN Directive 738-01-DD: Discharge Planning for those leaving ICF/IIDs and enrolling in the ID/RD Waiver, if the individual is moving to an ID/RD waiver funded setting.

E. Reimbursement

Payment for services provided by DSN Board/Contracted Residential Habilitation Provider will be made in accordance with applicable DDSN Directive 250-10-DD: Funding for Services, or terms of applicable RFP solicitation (see Supply and Services Procurement section of DDSN website).

F. Final Preparations

1. Regional Center

- a. The Psychologist will assure all behavior support plans and corresponding data are current and filed in the individual's permanent record prior to the scheduled move.
- b. The Nurse Manager will assure all medical records (including the physician discharge summary) are current and filed in the individual's permanent record prior to the scheduled move.
- c. The Nurse Manager will assure that at least a 14-day supply of all prescription medications, dietary supplements and medical supplies is provided to the DDSN Regional Center Qualified Intellectual Disability Professional on the day of the scheduled move.
- d. The Nurse Manager will assure that all medical evaluations and immunizations are current and recorded in the individual's chart prior to the scheduled move.
- e. The Nurse Manager will assure that tuberculosis screening is completed in accordance with DDSN Tuberculosis Screening policy (603-06-DD).
- f. The financial staff will assure that \$50.00 (if available) from the individual's personal account is withdrawn and made available to the DDSN Regional Center Qualified Intellectual Disability Professional on the day of the scheduled move.

- g. The Qualified Intellectual Disability Professional will assure that all the individual's clothing and personal possessions are recorded in a written inventory and packed on the day of the scheduled move.
 - h. The records management staff will provide the individual's official record to the Case Manager/Qualified Intellectual Disability Professional on the day of the scheduled move.
 - i. The Qualified Intellectual Disability Professional will complete a Transition checklist verifying that all preparations have been made for the individual to move to the community residence before the day of the scheduled move. The respective Facility Administrator will review the DDSN Regional Center Transition Checklist and if all preparations have been made will approve the move and send to ~~District Director~~ the DDSN Regional Representative for review/approval.
 - j. The Qualified Intellectual Disability Professional will complete and assure all interdisciplinary team members sign a discharge plan.
 - k. Anyone who believes that there should be a delay in the individual's move to the community should immediately notify the Qualified Intellectual Disability Professional. The Qualified Intellectual Disability Professional will convene a meeting of the transition team to review the matter and if warranted the move will be delayed.
 - l. The Qualified Intellectual Disability Professional (or other DDSN Regional Center staff designated by the Facility Administrator) will transport the individual and his/her clothing, possessions, medication and personal funds to the community residence, unless other arrangements have been approved by the individual/his/her family, and or the DSN Board/Contracted Residential Habilitation Provider. The Qualified Intellectual Disability Professional will have the person/the legal guardian and the DSN Board/Contracted Residential Habilitation Provider staff sign for receipt of items in the person's possession.
2. DSN Board/Contracted Service Provider
- a. The DSN Board/Contracted Residential Habilitation Provider will assure that sufficient furnishings are available at the residence to accommodate the individual prior to the scheduled move.
 - b. The DSN Board/Contracted Residential Habilitation Provider will review the Transition Checklist verifying all staff training and specialty community supports have been secured at least three (3) days before the scheduled move.

- c. The DSN Board/Contract Residential Habilitation Provider CEO will sign off on the DDSN Regional Center Transition Checklist and send to the ~~appropriate DDSN District Director~~DDSN Regional Representative for review/approval prior to the move.

VI. TRANSITION FOLLOW-UP

- A. The DSN Board/Contracted Residential Habilitation Provider will file a request for payeeship for the individual's income (e.g., SSI) to be transferred from the DDSN Regional Center to the DSN Board/Contracted Residential Habilitation Provider/individual within 45 days after the individual moves (if the individual is moving to a non-ICF/IID).
- B. The DDSN Regional Center financial staff will notify the Department of Health and Human Services-Medicaid Eligibility that the individual has moved to the community residence within ten (10) days after the individual moves. A copy of the DHHS Form 181 will also be sent to the DDSN Central Office staff responsible for Home and Community Based Medicaid waiver enrollment (if the person is moving to non-ICF/IID licensed home).
- C. The DDSN Regional Center financial staff will transfer the balance of the individual's personal funds to the Social Security Administration within 60 days after the individual moves.
- D. ~~The DDSN Regional Center Qualified Intellectual Disability Professional will contact the DSN Board/Contracted Residential Habilitation Provider residential manager to discuss the individual's acclimation to the community residence, weekly for the 1st month, and every other month for six (6) months.~~
 - 1. ~~A record will be made of any difficulties experienced by the individual by the DDSN Regional Center Qualified Intellectual Disability Professional. Significant difficulties will be reported to the appropriate DDSN District Director with applicable follow up action being taken.~~
 - 2. ~~Contact will be made directly with the individual/family by the DDSN Regional Center Qualified Intellectual Disability Professional to verify acclimation status.~~
 - 3. ~~At least two (2) of these contacts will involve on-site visits to the community residence which should occur within the first two (2) months.~~
 - 4. ~~The DDSN Regional Center Qualified Intellectual Disability Professional will conduct on-site visits to assess the individual's acclimation to their new setting.~~
- E. The DSN Board/Contracted Residential Habilitation Provider will assure that no abrupt change occurs in the individual's medication or diet.

- F. The DDSN Regional Center will provide consultation to the DSN Board/Contracted Residential Habilitation Provider to respond to significant behavioral/medical challenges if the DSN Board/Contracted Residential Habilitation Provider has exhausted all internal resources.
- G. The DDSN Regional Center will re-admit the individual in the event of a behavioral or medical crisis if all of the following conditions are met.
 - 1. DSN Board/Contracted Residential Habilitation Provider has exhausted all internal resource; and
 - 2. On-site DDSN Regional Center consultation has proven ineffective; and
 - 3. The health and safety of the individual or others is at imminent risk of harm.
 - 4. The DDSN District Director must authorize the re-admission of the individual.
 - 5. The DSN Board/Contracted Residential Habilitation Provider will transport the individual and their belongings to the DDSN Regional Center.

~~Gary Lemel~~Barry D. Malphrus
 Vice-Chairman
 (Originator)

~~Eva Ravenel~~Stephanie M. Rawlinson
 Chairman
 (Approved)

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

ATTACHMENT: DDSN Regional Center Individual Transition Checklist

RELATED POLICIES:

- 250-10-DD: Funding for Services
- 502-01-DD: Admission/Discharge of Individuals to/from DDSN Funded Community Residential Setting
- 603-06-DD: ~~Guidelines for Screening for Tuberculosis~~Tuberculosis Screening
- 700-03-DD: ~~Insuring Informed Choice in Living Preference for Those Residing in ICF/IIDs~~Informed Choice in Living Preferences (ICF/IIDs)
- 738-01-DD: Discharge Planning for those leaving ICF/IIDs and Enrolling in the ID/RD Waiver DDSN Case Management Manual

DDSN REGIONAL CENTER INDIVIDUAL TRANSITION CHECKLIST

General Information (completed by DDSN Regional Center staff)

Name: _____

Social Security Number: _____

Date of Birth: _____

DDSN Regional Center/Residence Currently Living In: _____

Current DDSN Regional Center Qualified Intellectual Disability Professional: _____

Previous Community Supports Received (if applicable):

Date(s): _____

Provider(s): _____

Reason(s) for Return to DDSN Regional Center: _____

Community Service Preparations (completed by community service provider staff)

Proposed Community Residential Service Provider: _____

Proposed Community Day Service Provider: _____

Proposed Community Case Management Provider: _____

Overnight visits to new home occurred (dates): _____

Residential/Day Direct Support Staff Observed Individual at DDSN Regional Center (dates): _____

Actions Taken to Address Barriers to Successful Community Living (if applicable): _____

Daily Activity Schedule Developed: Yes No

Special Diet Developed (if applicable) Yes No

Specialized Training Received (dates if applicable):

Nurse: _____ Behavior Support Provider: _____ Program Coordinator: _____

Medical/Therapy Provider Identified (Name if applicable):

MD: _____

Dentist: _____

Pharmacist: _____

PT: _____

Other: _____

Environmental Modifications Completed (if applicable) Yes No

Adaptive Equipment Available (if applicable): Yes No

Support Plan Developed: Yes No

Waiver Slot Allocation Requested (if applicable): Yes No

Freedom of Choice Form Completed (if applicable) Yes No

Level of Care Form Completed (if applicable): Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

CEO/Residential Service Provider

Date

CEO/Day Service Provider (if different)

Date

CEO/Case Management Provider (if different)

Date

DDSN Regional Center Preparations (completed by DDSN Regional Center staff)

Behavior Support Plan/Data Updated & Filed: Yes No

Medical Records Updated/Filed: Yes No

Two Week Supply of Drugs/Supplies/Nutritional Supplements Packed (if applicable): Yes No

Clothing/Personal Possessions Inventories/Packed: Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

Facility Administrator/DDSN Regional Center

Date

DDSN Review

Transition Approved: _____

Transition Disapproved: _____

Reason for Disapproval (if applicable): _____

DDSN ~~District Director~~ Regional Representative

Date

Constance Holloway
Interim State Director
Patrick Maley
Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Lori Manos
Interim Associate State Director
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Reference Number: 502-10-DD

Title of Document: Transition of Individuals from DDSN Regional Centers to Community

Date of Issue: November 14, 2011
Date of Last Revision: September 16, 2021
Effective Date: September 16, 2021 **(REVISED)**

Applicability: DDSN Regional Centers, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Providers, and Residential Habilitation Providers

I. PRINCIPLES AND PURPOSE

The South Carolina Department of Disabilities and Special Needs (DDSN) promotes the provision of services to individuals in a manner and setting which:

- Effectively meets the full array of the persons' needs;
- Individualizes services to meet the unique needs of the individual;
- Promotes individual choice and decision-making; and
- Is the least restrictive alternative.

This policy is intended to establish a procedure for persons being served in DDSN's Regional Centers to move to community settings in a fashion which is in keeping with DDSN's service principles.

II. LONG RANGE PLANNING

A. Annual Service Planning Meeting

1. At the annual Individual Support Plan, the DDSN Regional Center Qualified Intellectual Disability Professional (QIDP) will initiate a discussion about the service alternatives which are available to the person in the community (DDSN Directive 700-03-DD: Informed Choice in Living Preference (ICFs/IID)).
2. The DDSN Regional Center QIDP will offer both a written and pictorial example of the community services available to the individual and his/her family during this meeting.
3. A record will be made in the person's file of individual/family preferences regarding a move to the community.

B. Community Visits

1. The DDSN Regional Center QIDP will arrange for the individual/family to visit providers with available community services in the geographic areas preferred by the person/family when the individual/family expressed desire to move to the community.
2. The DDSN Regional Center QIDP will make a record of the outcome of these visits in the person's file.

C. Summary of Planned Transitions

1. A cumulative list of persons residing in DDSN Regional Centers desiring to live in the community will be maintained and shared with providers of community services on a quarterly basis (DDSN Directive 700-03-DD: Informed Choice in Living Preference (ICFs/IID)).
2. This list of persons desiring to live in the community will contain the initials of each person, a listing of the geographic preference of the individuals, and general information about the needs of the person.

III. TRANSITION SELECTIONS

A. New Services

1. When DSN Boards/Contracted Residential Habilitation Providers plan to develop additional residential services, they must identify specific persons to be served. These individuals must live at one of the DDSN Regional Centers or be on the DDSN Critical Needs List (DDSN Directive 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting).

2. When planning to develop new residential services to serve specific individuals residing at a DDSN Regional Center, the DSN Board/Contracted Residential Habilitation Provider should focus on those persons who have expressed a desire to move to the community and every effort should be made to accommodate individual house-mate preferences and compatibility.

B. Vacancies

1. The DSN Board/Contracted Residential Habilitation Provider will make an effort to identify a pending vacancy prior to its occurrence (DDSN Directive 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting).
2. The DSN Board/Contracted Residential Habilitation Provider will review persons on the DDSN Critical Needs List and the list of individuals living at a DDSN Regional Center who have expressed a desire to live in the community to determine who would be most compatible in the home with a pending vacancy.

IV. TRANSITION PLAN DEVELOPMENT

- A.** Within 30 days of the identification of the person to move to a specific community location, the DDSN Regional Center QIDP will arrange a meeting to develop a transition plan for the individual.

1. The transition plan will be developed by the DDSN Regional Center QIDP which will include the following:
 - a. A schedule for the person to make overnight visits to the new home;
 - b. A schedule for the DSN Board/Contracted Provider direct support staff to observe the individual being served at the DDSN Regional Center;
 - c. A projected date for the individual to move to the community;
 - d. Identification of any obstacles or prerequisites to the person's successful move to the community to include review of previous unsuccessful community service experiences;
 - e. A list of "must have" conditions which are necessary for the individual to succeed in the community setting;
 - f. Identification of the primary coordinator for the DDSN Regional Center and the DSN Board/Contracted Provider to expedite the move; and

- g. A schedule of residential, day and recreational activities that the individual will follow after moving to the community residence.

B. To assure the development of a comprehensive service plan the following persons should be in attendance at this meeting:

- Individual;
- Individual's family (unless the individual requests the family not to be present);
- Individual's invited friends; and
- The individual's selected case management provider in the community.

Regional Center Staff (unless the individual requests these staff not to be present)

- Qualified Intellectual Disability Professional (QIDP);
- Direct Contact Staff;
- Nurse (if health needs are present);
- Psychologist/Behavioral Specialist (if behavioral needs are present);
- Physical/Occupational/Speech/Assistive Technology Therapist (if therapy needs are present);
- Other Interdisciplinary Team members as appropriate; and
- District Office Personnel (i.e., Assistant District Director, Compliance Coordinator, Program Coordinator for Case Management).

DSN Board/Contracted Residential Habilitation Provider (unless the individual requests these staff not to be present)

- Case Manager;
- Direct Contact Staff;
- Nurse (if significant health needs are present);
- Psychologist/Behavioral Specialist (if significant behavioral needs are present).

V. TRANSITION PLAN IMPLEMENTATION

A. Community Transition Visits

1. The individual will make at least two (2) overnight visits to the community residence prior to moving unless the transition plan stipulates fewer visits would be in the best interest of the individual.
2. The individual should spend time in both the residence and the day support settings.
3. DDSN Regional Center staff familiar with the individual will transport the individual to the community residence and accompany the individual on a tour of the residence and anticipated setting for vocational/day supports.

4. DSN Board/Contracted Residential Habilitation Provider staff responsible for coordinating the transition will have a follow-up discussion with the DDSN Regional Center QIDP regarding the outcome of the visit.
- B. DSN Board/Contracted Residential Habilitation Provider Staff Training
1. The DSN Board/Contracted Residential Habilitation Provider direct support staff who will be serving the individual in the community will directly arrange to receive training in meeting the unique needs of the individual from DDSN Regional Center direct support staff and will observe services being provided to the individual at the DDSN Regional Center (a minimum of two (2) staff must participate in this training).
 2. As applicable, the DSN Board/Contracted Residential Habilitation Provider nurse/behavioral specialist/therapist/program manager will arrange to receive training in meeting the unique needs of the individual from the DDSN Regional Center nurse/behavioral specialist/therapist(s) prior to the individual moving if the individual has significant health, behavioral or therapeutic needs.
- C. Specialty Community Supports (if significant health, behavioral, and or therapeutic needs exists)
1. The DSN Board/Contracted Residential Habilitation Provider will identify providers of specialty services (e.g., physician, neurologist, dentist, psychologist, physical therapist) necessary to meet the needs of the individual prior to the move.
 2. The DSN Board/Contracted Residential Habilitation Provider will identify and arrange for any needed environmental modifications and or secure assistive technology to accommodate the individual prior to the individual's transition to the community residence. DDSN Regional Center staff will provide consultation and assist the DSN Board/Contracted Residential Habilitation Provider to determine necessary modifications. Requests for assistance with environmental modifications and or assistive technology should be routed to the respective DDSN District Director.
 3. The DSN Board/Contracted Residential Habilitation Provider will identify and purchase within 30 days after the individual moves any adaptive equipment/devices needed by the individual that will not accompany the individual when he/she moves to the community.
 4. The DSN Board/Contracted Residential Habilitation Provider will assure that arrangements have been made with a local physician and pharmacy to provide necessary prescription medications to the individual within seven days after move.

5. The DSN Board/Contracted Residential Habilitation Provider will evaluate available internal and external capacities to accommodate any behavioral or medical emergencies that the individual might experience.
6. The DSN Board/Contracted Residential Habilitation Provider will assure that arrangements have been made to accommodate the dietary needs of individual, to include consultation with a dietician or other medical practitioner with dysphagia expertise (if applicable).

D. Discharge Planning/Waiver Enrollment

The DSN Board/Contracted Residential Habilitation Provider, in coordination with the DDSN Regional Center QIDP, will complete all applicable activities detailed in DDSN Directive 738-01-DD: Discharge Planning for those leaving ICF/IIDs and Enrolling in the ID/RD Waiver, if the individual is moving to an ID/RD waiver funded setting.

E. Reimbursement

Payment for services provided by DSN Board/Contracted Residential Habilitation Provider will be made in accordance with applicable DDSN Directive 250-10-DD: Capitated Payment System for Services, or terms of applicable RFP solicitation (see Supply and Services Procurement section of DDSN website).

F. Final Preparations

1. Regional Center

- a. The Psychologist will assure all behavior support plans and corresponding data are current and filed in the individual's permanent record prior to the scheduled move.
- b. The Nurse Manager will assure all medical records (including the physician discharge summary) are current and filed in the individual's permanent record prior to the scheduled move.
- c. The Nurse Manager will assure that at least a 14-day supply of all prescription medications, dietary supplements and medical supplies is provided to the DDSN Regional Center QIDP on the day of the scheduled move.
- d. The Nurse Manager will assure that all medical evaluations and immunizations are current and recorded in the individual's chart prior to the scheduled move.
- e. The Nurse Manager will assure that tuberculosis screening is completed in accordance with DDSN Directive 603-06-DD: Tuberculosis Screening.

- f. The financial staff will assure that \$50.00 (if available) from the individual's personal account is withdrawn and made available to the DDSN Regional Center QIDP on the day of the scheduled move.
 - g. The QIDP will assure that all the individual's clothing and personal possessions are recorded in a written inventory and packed on the day of the scheduled move.
 - h. The records management staff will provide a copy of the individual's discharge summary, to include the post discharge plan of care, to the Case Manager/QIDP on the day of the scheduled move.
 - i. The QIDP will complete a DDSN Regional Center Individual Transition Checklist (see ATTACHMENT) verifying that all preparations have been made for the individual to move to the community residence before the day of the scheduled move. The respective Facility Administrator will review the Transition Checklist and if all preparations have been made will approve the move and send to the DDSN Regional Representative for review/approval.
 - j. The QIDP will complete and assure all interdisciplinary team members sign a discharge plan.
 - k. Anyone who believes that there should be a delay in the individual's move to the community should immediately notify the QIDP. The QIDP will convene a meeting of the transition team to review the matter and if warranted the move will be delayed.
 - l. The QIDP (or other DDSN Regional Center staff designated by the Facility Administrator) will transport the individual and his/her clothing, possessions, medication and personal funds to the community residence, unless other arrangements have been approved by the individual/his/her family, and or the DSN Board/Contracted Residential Habilitation Provider. The QIDP will have the person/the legal guardian and the DSN Board/Contracted Residential Habilitation Provider staff sign for receipt of items in the person's possession.
2. DSN Board/Contracted Service Provider
- a. The DSN Board/Contracted Residential Habilitation Provider will assure that sufficient furnishings are available at the residence to accommodate the individual prior to the scheduled move.
 - b. The DSN Board/Contracted Residential Habilitation Provider will review the Transition Checklist verifying all staff training and specialty

community supports have been secured at least three (3) days before the scheduled move.

- c. The DSN Board/Contract Residential Habilitation Provider CEO will sign off on the DDSN Regional Center Transition Checklist and send to the DDSN Regional Representative for review/approval prior to the move.

VI. TRANSITION FOLLOW-UP

- A. The DSN Board/Contracted Residential Habilitation Provider will file a request for payeeship for the individual's income (e.g., SSI) to be transferred from the DDSN Regional Center to the DSN Board/Contracted Residential Habilitation Provider/individual within 45 days after the individual moves (if the individual is moving to a non-ICF/IID).
- B. The DDSN Regional Center financial staff will notify the Department of Health and Human Services-Medicaid Eligibility that the individual has moved to the community residence within ten (10) days after the individual moves. A copy of the DHHS Form 181 will also be sent to the DDSN Central Office staff responsible for Home and Community Based Medicaid waiver enrollment (if the person is moving to non-ICF/IID licensed home).
- C. The DDSN Regional Center financial staff will transfer the balance of the individual's personal funds to the Social Security Administration within 60 days after the individual moves.
- D. The DSN Board/Contracted Residential Habilitation Provider will assure that no abrupt change occurs in the individual's medication or diet.
- E. The DDSN Regional Center will provide consultation to the DSN Board/Contracted Residential Habilitation Provider to respond to significant behavioral/medical challenges if the DSN Board/Contracted Residential Habilitation Provider has exhausted all internal resources.
- F. The DDSN Regional Center will re-admit the individual in the event of a behavioral or medical crisis if all of the following conditions are met.
 1. DSN Board/Contracted Residential Habilitation Provider has exhausted all internal resource; and
 2. On-site DDSN Regional Center consultation has proven ineffective; and
 3. The health and safety of the individual or others is at imminent risk of harm.
 4. The DDSN Regional Representative must authorize the re-admission of the individual.

5. The DSN Board/Contracted Residential Habilitation Provider will transport the individual and their belongings to the DDSN Regional Center.

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

ATTACHMENT: DDSN Regional Center Individual Transition Checklist

RELATED POLICIES:

- 250-10-DD: Funding for Services
- 502-01-DD: Admission/Discharge of Individuals to/from DDSN Funded Community Residential Setting
- 603-06-DD: Tuberculosis Screening
- 700-03-DD: Informed Choice in Living Preferences (ICF/IIDs)
- 738-01-DD: Discharge Planning for those leaving ICF/IIDs and Enrolling in the ID/RD Waiver DDSN Case Management Manual

DDSN REGIONAL CENTER INDIVIDUAL TRANSITION CHECKLIST

General Information (completed by DDSN Regional Center staff)

Name: _____

Social Security Number: _____

Date of Birth: _____

DDSN Regional Center/Residence Currently Living In: _____

Current DDSN Regional Center Qualified Intellectual Disability Professional: _____

Previous Community Supports Received (*if applicable*):

Date(s): _____

Provider(s): _____

Reason(s) for Return to DDSN Regional Center: _____

Community Service Preparations (completed by community service provider staff)

Proposed Community Residential Service Provider: _____

Proposed Community Day Service Provider: _____

Proposed Community Case Management Provider: _____

Overnight visits to new home occurred (*dates*): _____

Residential/Day Direct Support Staff Observed Individual at DDSN Regional Center (*dates*): _____

Actions Taken to Address Barriers to Successful Community Living (*if applicable*): _____

Daily Activity Schedule Developed: Yes No

Special Diet Developed (*if applicable*) Yes No

Specialized Training Received (*dates if applicable*):

Nurse: _____

Behavior Support Provider: _____

Program Coordinator: _____

Medical/Therapy Provider Identified (*Name if applicable*):

MD: _____

Dentist: _____

Pharmacist: _____

PT: _____

Other: _____

Environmental Modifications Completed (if applicable) Yes No

Adaptive Equipment Available (if applicable): Yes No

Support Plan Developed: Yes No

Waiver Slot Allocation Requested (if applicable): Yes No

Freedom of Choice Form Completed (if applicable) Yes No

Level of Care Form Completed (if applicable): Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

CEO/Residential Service Provider

Date

CEO/Day Service Provider (if different)

Date

CEO/Case Management Provider (if different)

Date

DDSN Regional Center Preparations (completed by DDSN Regional Center staff)

Behavior Support Plan/Data Updated & Filed: Yes No

Medical Records Updated/Filed: Yes No

Two Week Supply of Drugs/Supplies/Nutritional Supplements Packed (if applicable): Yes No

Clothing/Personal Possessions Inventories/Packed: Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

Facility Administrator/DDSN Regional Center

Date

DDSN Review

Transition Approved

Transition Disapproved

Reason for Disapproval (if applicable): _____

DDSN Regional Representative

Date

Reference Number: 700-03-DD

Title of Document: Informed Choice in Living Preference (~~Intermediate Care Facilities for Individuals with Intellectual Disabilities)s/IID~~)

Date of Issue: November 1, 2006

Effective Date: December 1, 2006

Last Review Date: ~~August 1, 2016~~XXXX, 2021

Date of Last Revision: ~~August 1, 2016~~XXXX, 2021 (REVISED)

Applicability: DDSN Regional Centers and DSN Board Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

PURPOSE

The purpose of this document is to ensure that residents of ICFs/IID are informed of the service options available to them.

GENERAL

In accordance with the decision by the United States Supreme Court in the case of Olmstead v. L.C., the South Carolina Department of Disabilities and Special Needs (DDSN) is committed to providing services in community-based settings which are not ICF/IIDs when it is appropriate and honors the wishes of those who desire to move from ICF/IIDs. In July 1999, the United States Supreme Court issued a decision in the case of Olmstead v. L.C. that required states to administer their services, programs, and activities in the most integrated setting appropriate to the need of qualified individuals with disabilities. Specifically it requires states to place persons with intellectual disabilities in community settings rather than in institutions (ICF/IIDs) when the state’s treatment professionals (interdisciplinary teams) determine that community placement is

appropriate, the transfer is not opposed by the person, and the placement can be reasonably accommodated, taking into account the resources available to the state and needs of others with developmental disabilities. This decision is consistent with S.C. Code Ann. § 44-20-390 and § 44-20-20 which requires that services be provided in the least restrictive environment.

In South Carolina, the Intellectual Disability/Related Disabilities (ID/RD) Waiver, operated by DDSN, allows services, similar to those provided in an ICF/IID, to be paid for by Medicaid when provided outside of an ICF/IID. Therefore, this Waiver allows ICF/IID residents to move from the ICF/IID to a home of their own, a family member's home or to a setting sponsored by DDSN such as a Community Training Home or Supervised Living Program and receive needed services in that setting which are funded by Medicaid.

POLICY

The decision of where to live and receive services cannot be made in a vacuum. It requires an awareness of available options and merits of each. To assure those who reside in ICFs/IID have such awareness, a thorough explanation of community living options, services, and the potential benefits of those options will be provided along with opportunities to visit options of interest and speak with qualified service providers. Since family members and ICF/IID staff are integral in assisting residents with the evaluation of options and decision-making, similar information regarding options and potential benefits should be provided to them as well.

Information regarding their right to choose between receiving services in an ICF/IID or in a non-ICF/IID setting with ID/RD Waiver funded services should be provided to all ICF/IID residents, surrogate consent givers, and family members who may assist with decision-making. This information should be provided at the time of admission and at least annually thereafter. For this purpose, the two (2) page information sheet entitled "Medicaid Funded Service Options" (Attachment 1) may be used. Each resident's record should include documentation that the information was provided to all who may assist the resident with decision making.

All ICF/IID staff must be taught about the Medicaid funded service options and community living options and potential benefits. This information must be part of the initial/pre-service training for all staff.

All ICF/IID residents must be evaluated at least annually to determine their interest in and capacity for receiving needed services outside of an ICF/IID. The results of each resident's evaluation must be discussed by his/her interdisciplinary team and documented in his/her record. The "Evaluation for Community Living" (Attachment 2) can be used for that purpose. If it is determined that a resident is interested in living outside of the ICF/IID, interventions to assist the resident toward that end must be added to his/her program plan and implemented accordingly. Such interventions may include visits to different residential care settings or providers, referrals to qualified residential service providers, discussions with family members including mediation with family members who may oppose a move, etc.

A listing of those individuals residing at the DDSN Regional Centers who desire to receive services in a community setting will be compiled on a regular basis. This listing will be shared

with community service providers in a manner that preserves the confidentiality of protected health information to facilitate movement to a community service setting.

~~Susan Kreh Beck, Ed.S., NCSP
Associate State Director Policy
(Originator)~~

~~Beverly A.H. Buseemi, Ph.D.
State Director
(Approved)~~

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>.

- Attachment 1: Medicaid Funded Service Options
- Attachment 2: Evaluation for Community Living
- Attachment 3: Resource Information

**South Carolina Department of Disabilities and Special Needs
Medicaid Funded Service Options**

You Have a Choice!

Medicaid Funded Services

Intermediate Care Facility for Individuals with Intellectually Disabled Disabilities or Home and Community Based Waiver

Prior to 1991, Medicaid only paid for habilitation and other services for people with Intellectual Disability/Related Disabilities if the person was admitted to an Intermediate Care Facility for ~~People~~ Individuals with Intellectual Disabilities (ICF/IID). The federal approval of Home and Community-Based Waiver programs allowed Medicaid to pay for those services outside of an ICF/IID. Section 1915(c) of the Federal Social Security Act enables the state's Medicaid agency, South Carolina Department of Health and Human Services (DHHS), to collaborate with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based Waiver so that South Carolinians with Intellectual Disability/Related Disabilities can have a choice about where needed services are received. South Carolina's Intellectual Disability/Related Disabilities (ID/RD) Waiver allows those who currently live in an ICF/IID to choose to receive needed services outside of the ICF/IID in a home-like setting. These settings may be ones that are sponsored by DDSN such as a Community Training Home, Supervised Living Program or Community Residential Care Facility or may be the consumer's own home or the home of a family member.

Because you or your family member currently receives Medicaid funded services in an ICF/IID, you can choose to receive needed Medicaid funded services outside of the ICF/IID by requesting enrollment in the Intellectual Disability/Related Disabilities (ID/RD) Waiver.

ID/RD Waiver Enrollment

It is likely that you/your family member already meets the requirements for participation in the ID/RD Waiver, which are that the participant:

- ✓ Have an Intellectual Disability or a Related Disability;
- ✓ Be Medicaid eligible;
- ✓ Require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria; and
- ✓ Have needs that can be met by providing the services covered by the waiver.

In addition to these requirements, in order to participate, you/your family member must choose to receive needed services in a home-like setting rather than in an ICF/IID.

Services Funded by the ID/RD Waiver

ID/RD Waiver participants can receive the services listed on page 3 when there is a need for the service, the service is authorized, and a provider is available.

Waiver enrollment will only be terminated if the participant:

- Is re-admitted to an ICF/IID or nursing facility;
- No longer requires the degree of care that would be provided in an ICF/IID; therefore, no longer meets ICF/IID Level of Care;
- Is no longer eligible for Medicaid as determined by DHHS;
- No longer wishes to receive services funded by the ID/RD Waiver; or
- Does not receive a ID/RD waiver service for 30 consecutive days.

If you want to know more or want to choose the ID/RD Waiver:

Contact your/your family member's Qualified Intellectual Disability Professional (QIDP) or the Executive Director of the Disabilities Board in your county.

Services Funded by the ID/RD Waiver

Service	Definition
Adult Attendant Care Services	Assistance to perform activities of daily living (e.g., bathing, dressing, preparing meals, etc.) and/or instrumental activities of daily living for adults (age 21 or older); directed by the participant or his/her representative; limited to 28 hours per week (or, if in combination with PC-II and/or Adult Companion, a combined total of 28 hours per week)
Adult Companion Services	Non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (or, if in combination with PC-II and/or Adult Attendant Care, a combined total of 28 hours per week)
Adult Day Health Care	Care provided in an outpatient setting five (5) or more hours per day for one (1) or more days per week that encompasses both health and social services (age 21 or older)
Adult Day Health Care Nursing	Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment (age 21 or older)
Adult Day Health Care Transportation	Prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within 15 miles of the ADHC center
Adult Dental Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Adult Vision	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Audiology Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Behavior Support Services	Services to assist participants to learn to manage their own behavior
Career Preparation Services	Services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as attendance, task completion, problem solving, safety, self-determination, and self-advocacy
Community Services	Services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital
Day Activity	Activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills
Employment Services	Intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely without the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting

Environmental Modifications	Necessary adaptations to the participant's home to ensure his/her health and safety (e.g., installation of ramps, widening of doorways, etc.); Lifetime cap of \$7,500.00
Nursing Services	Nursing tasks/services ordered by a physician and provided by a licensed nurse; maximum number of hours weekly is 56 by an LPN or 42 by an RN
Personal Care Services (I and II)	Assistance with personal care and activities of daily living (e.g., bathing, dressing, meal preparation, laundry, etc.); limited to 28 hours per week (or, if in combination with Adult Attendant Care and/or Adult Companion, a combined total of 28 hours per week); extension of State Plan Medicaid benefit to adults (age 21 or older)
Personal Emergency Response System (PERS)	An electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision
Prescribed Drugs	Two (2) prescriptions per month in addition to the State Plan Medicaid limit of four (4) per month for adults (age 21 or older)
Private Vehicle Modifications	Modifications to a privately owned vehicle used to transport the participant (e.g., installation of a lift, tie downs, etc.); limited to \$7,500.00 per vehicle and a lifetime cap of two (2) vehicles
Psychological Services	Services to evaluate needs, determine level of functioning, and provide counseling/therapy designed to address cognitive and/or affective skills
Residential Habilitation	Care, skills training and supervision provided in a non-institutional setting
Respite Care	Care provided on a short-term basis because of the absence of or need for relief of those persons normally providing the care; Limited to 68 hours per month unless approved for an exception by DDSN
Specialized Medical Equipment, Supplies and Assistive Technology	Equipment and supplies not available under State Plan Medicaid that provide medical or remedial benefit to the participant; diapers and under pads available for participants age three (3) years and older; limited to three (3) cases of diapers/month and three (3) cases of under pads/month.
Support Center	Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves

EVALUATION FOR COMMUNITY LIVING

Name: _____

DOB: _____

SSN: _____

Date: _____

This evaluation is to be completed by the Interdisciplinary Team after appropriate information and an explanation of other settings and possible services have been given to the resident, his/her legal guardian or surrogate consent giver (if applicable) and anyone who assists this person with decision making. Indicate when and how information and an explanation of other settings and possible services were provided and to whom:

I. Interest

1. This person or his/her legal guardian or surrogate consent giver) expresses an interest or desire to live in a setting other than an ICF/IID:

No, stop; do not proceed with evaluation.

Yes, proceed with evaluation.

How was this interest or desire (or lack of) expressed and by whom?

2. Which best describes this person's (or legal guardian's or surrogate consent giver's) interest/desire regarding a move from this ICF/IID:

Interested – will move but will be selective regarding choice of location, situation, provider, etc.

Strongly desires - Is ready to move as soon as possible.

3. Where does this person wish to live; what are his/her preferences? Include as much information as possible (i.e., close to family, in a specific town or city, alone/without others with disabilities, in house with others and staff, must have own bedroom/single occupancy bedroom, etc.).

4. If he/she expresses a preference to live with his/her family/"at home," is that a true possibility?

Yes No

If no, give detailed explanation including date of conversation with family during which information about the person's preferences and services that could support him/her if such a move occurred and the specific results of the conversation.

5. Which best describes the interest/desire of this person's family regarding a move from this ICF/IID:

Interested – will support a move, but will be selective regarding choice of location, situation, provider, etc.

Strongly desires - Is ready for a move as soon as possible.

Does not want the resident to move.

No family involvement.

Who/which family members were contacted?

When were they contacted?

How were they contacted? (i.e., phone, letter, etc.)

II. Capacity

1. Does this person currently meet ICF/IID Level of Care?

Yes No

2. Can this person's needs be met and his/her progress toward independence continue without the continuous, aggressive consistent implementation of training and treatment programs?

Yes No

3. What medications (oral, topical and/or injectible) are prescribed to this person and what is the frequency/schedule for administration?

4. What medical treatments or skilled nursing tasks are ordered by a physician on this person's behalf? (Include the frequency/schedule for the treatments/tasks.)

5. Does this person have a condition for which a special diet is prescribed?

Yes No

If yes, does a registered dietician monitor the person and the diet regularly?

Yes No

6. Does this person take medication for behavior control?

Yes No

If yes, how often does he/she receive services from a psychologist (monitoring of plan, staff training for program implementation, counseling, re-assessment, program revision, etc.)?

7. Are there any other care or supervision needs; including any critical interventions necessary for maintaining this person’s health and safety or the health and safety of others (i.e., requires 1:1 supervision; requires assistance with transfers; cannot evacuate building without physical assistance; PICA; etc.)?

Yes No

If yes, explain:

8. Indicate which ID/RD Waiver services would likely be needed if living outside of the ICF/IID:

- | | |
|---|---|
| <input type="checkbox"/> Adult Attendant Care Services | <input type="checkbox"/> Adult Companion Services |
| <input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> Adult Day Health Care Nursing |
| <input type="checkbox"/> Adult Day Health Care Transportation | <input type="checkbox"/> Adult Dental Services |
| <input type="checkbox"/> Adult Vision | <input type="checkbox"/> Audiology Services |
| <input type="checkbox"/> Behavior Support Services | <input type="checkbox"/> Career Preparation Services |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Day Activity |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Nursing Services | <input type="checkbox"/> Personal Care I |
| <input type="checkbox"/> Personal Care II | <input type="checkbox"/> Personal Emergency Response System (PERS) |
| <input type="checkbox"/> Prescribed Drugs | <input type="checkbox"/> Private Vehicle Modifications |
| <input type="checkbox"/> Psychological Services | <input type="checkbox"/> Residential Habilitation |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Specialized Medical Equipment, Supplies and Assistive Technology |
| <input type="checkbox"/> Support Center Services | |

Evaluator (Participating Interdisciplinary Team Members)	Title

RESOURCE INFORMATION

ID/RD Waiver Manual

Available through the South Carolina Department of Disabilities and Special Needs (DDSN) web site at <https://ddsn.sc.gov/services/medicaid-home-and-community-based-waiver-services/intellectual-disability-and-related> which includes detailed definitions of services funded by the waiver that may be available to meet the needs of someone wishing to leave an ICF/IID. See Chapter 9 of the manual for service definitions.

Qualified Providers List

Available at the DDSN web site at <https://app.ddsn.sc.gov/public/directory/landing.do> which lists all of the providers of DDSN funded services such as non-ICF/IID residential and day supports by county.

ID/RD Waiver Providers List

Available at the DDSN web site at <https://app.ddsn.sc.gov/public/ndp/landing.do?providerType=M> which lists those providers who are enrolled with Medicaid to provide services funded through the ID/RD Waiver.

“Through Asking the Right Questions You Can Reach Your Destination”

Information available on the Internet at <http://rtc.umn.edu/questions/> that can be shared with interested families/primary contacts.

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Reference Number: 700-03-DD

Title of Document: Informed Choice in Living Preference (Intermediate Care Facilities for Individuals with Intellectual Disabilities)

Date of Issue: November 1, 2006

Date of Last Revision: September 16, 2021 (REVISED)

Effective Date: September 16, 2021

Applicability: DDSN Regional Centers and DSN Board Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

PURPOSE

The purpose of this document is to ensure that residents of ICFs/IID are informed of the service options available to them.

GENERAL

In accordance with the decision by the United States Supreme Court in the case of *Olmstead v. L.C.*, the South Carolina Department of Disabilities and Special Needs (DDSN) is committed to providing services in community-based settings which are not ICF/IIDs when it is appropriate and honors the wishes of those who desire to move from ICF/IIDs. In July 1999, the United States Supreme Court issued a decision in the case of *Olmstead v. L.C.* that required states to administer their services, programs, and activities in the most integrated setting appropriate to the need of qualified individuals with disabilities. Specifically it requires states to place persons with intellectual disabilities in community settings rather than in institutions (ICF/IIDs) when the state's treatment professionals (interdisciplinary teams) determine that community placement is appropriate, the transfer is not opposed by the person, and the placement can be reasonably

accommodated, taking into account the resources available to the state and needs of others with developmental disabilities. This decision is consistent with S.C. Code Ann. § 44-20-390 (2018) and § 44-20-20 (2018) which requires that services be provided in the least restrictive environment.

In South Carolina, the Intellectual Disability/Related Disabilities (ID/RD) Waiver, operated by DDSN, allows services, similar to those provided in an ICF/IID, to be paid for by Medicaid when provided outside of an ICF/IID. Therefore, this Waiver allows ICF/IID residents to move from the ICF/IID to a home of their own, a family member's home or to a setting sponsored by DDSN such as a Community Training Home or Supervised Living Program and receive needed services in that setting which are funded by Medicaid.

POLICY

The decision of where to live and receive services cannot be made in a vacuum. It requires an awareness of available options and merits of each. To assure those who reside in ICFs/IID have such awareness, a thorough explanation of community living options, services, and the potential benefits of those options will be provided along with opportunities to visit options of interest and speak with qualified service providers. Since family members and ICF/IID staff are integral in assisting residents with the evaluation of options and decision-making, similar information regarding options and potential benefits should be provided to them as well.

Information regarding their right to choose between receiving services in an ICF/IID or in a non-ICF/IID setting with ID/RD Waiver funded services should be provided to all ICF/IID residents, surrogate consent givers, and family members who may assist with decision-making. This information should be provided at the time of admission and at least annually thereafter. For this purpose, the two (2) page information sheet entitled "Medicaid Funded Service Options" (Attachment 1) may be used. Each resident's record should include documentation that the information was provided to all who may assist the resident with decision making.

All ICF/IID staff must be taught about the Medicaid funded service options and community living options and potential benefits. This information must be part of the initial/pre-service training for all staff.

All ICF/IID residents must be evaluated at least annually to determine their interest in and capacity for receiving needed services outside of an ICF/IID. The results of each resident's evaluation must be discussed by his/her interdisciplinary team and documented in his/her record. The "Evaluation for Community Living" (Attachment 2) can be used for that purpose. If it is determined that a resident is interested in living outside of the ICF/IID, interventions to assist the resident toward that end must be added to his/her program plan and implemented accordingly. Such interventions may include visits to different residential care settings or providers, referrals to qualified residential service providers, discussions with family members including mediation with family members who may oppose a move, etc.

A listing of those individuals residing at the DDSN Regional Centers who desire to receive services in a community setting will be compiled on a regular basis. This listing will be shared

with community service providers in a manner that preserves the confidentiality of protected health information to facilitate movement to a community service setting.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>.

Attachment 1: Medicaid Funded Service Options
Attachment 2: Evaluation for Community Living
Attachment 3: Resource Information

**South Carolina Department of Disabilities and Special Needs
Medicaid Funded Service Options**

You Have a Choice!

Medicaid Funded Services

Intermediate Care Facility for Individuals with Intellectual Disabilities or Home and Community Based Waiver

Prior to 1991, Medicaid only paid for habilitation and other services for people with Intellectual Disability/Related Disabilities if the person was admitted to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The federal approval of Home and Community-Based Waiver programs allowed Medicaid to pay for those services outside of an ICF/IID. Section 1915(c) of the Federal Social Security Act enables the state's Medicaid agency, South Carolina Department of Health and Human Services (DHHS), to collaborate with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based Waiver so that South Carolinians with Intellectual Disability/Related Disabilities can have a choice about where needed services are received. South Carolina's Intellectual Disability/Related Disabilities (ID/RD) Waiver allows those who currently live in an ICF/IID to choose to receive needed services outside of the ICF/IID in a home-like setting. These settings may be ones that are sponsored by DDSN such as a Community Training Home, Supervised Living Program or Community Residential Care Facility or may be the consumer's own home or the home of a family member.

Because you or your family member currently receives Medicaid funded services in an ICF/IID, you can choose to receive needed Medicaid funded services outside of the ICF/IID by requesting enrollment in the Intellectual Disability/Related Disabilities (ID/RD) Waiver.

ID/RD Waiver Enrollment

It is likely that you/your family member already meets the requirements for participation in the ID/RD Waiver, which are that the participant:

- ✓ Have an Intellectual Disability or a Related Disability;
- ✓ Be Medicaid eligible;
- ✓ Require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria; and
- ✓ Have needs that can be met by providing the services covered by the waiver.

In addition to these requirements, in order to participate, you/your family member must choose to receive needed services in a home-like setting rather than in an ICF/IID.

Services Funded by the ID/RD Waiver

ID/RD Waiver participants can receive the services listed on page 3 when there is a need for the service, the service is authorized, and a provider is available.

Waiver enrollment will only be terminated if the participant:

- Is re-admitted to an ICF/IID or nursing facility;
- No longer requires the degree of care that would be provided in an ICF/IID; therefore, no longer meets ICF/IID Level of Care;
- Is no longer eligible for Medicaid as determined by DHHS;
- No longer wishes to receive services funded by the ID/RD Waiver; or
- Does not receive a ID/RD waiver service for 30 consecutive days.

If you want to know more or want to choose the ID/RD Waiver:

Contact your/your family member's Qualified Intellectual Disability Professional (QIDP) or the Executive Director of the Disabilities Board in your county.

Services Funded by the ID/RD Waiver

Service	Definition
Adult Attendant Care Services	Assistance to perform activities of daily living (e.g., bathing, dressing, preparing meals, etc.) and/or instrumental activities of daily living for adults (age 21 or older); directed by the participant or his/her representative; limited to 28 hours per week (or, if in combination with PC-II and/or Adult Companion, a combined total of 28 hours per week)
Adult Companion Services	Non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (or, if in combination with PC-II and/or Adult Attendant Care, a combined total of 28 hours per week)
Adult Day Health Care	Care provided in an outpatient setting five (5) or more hours per day for one (1) or more days per week that encompasses both health and social services (age 21 or older)
Adult Day Health Care Nursing	Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment (age 21 or older)
Adult Day Health Care Transportation	Prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within 15 miles of the ADHC center
Adult Dental Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Adult Vision	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Audiology Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Behavior Support Services	Services to assist participants to learn to manage their own behavior
Career Preparation Services	Services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as attendance, task completion, problem solving, safety, self-determination, and self-advocacy
Community Services	Services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital
Day Activity	Activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills
Employment Services	Intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely without the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting

Environmental Modifications	Necessary adaptations to the participant's home to ensure his/her health and safety (e.g., installation of ramps, widening of doorways, etc.); Lifetime cap of \$7,500.00
Nursing Services	Nursing tasks/services ordered by a physician and provided by a licensed nurse; maximum number of hours weekly is 56 by an LPN or 42 by an RN
Personal Care Services (I and II)	Assistance with personal care and activities of daily living (e.g., bathing, dressing, meal preparation, laundry, etc.); limited to 28 hours per week (or, if in combination with Adult Attendant Care and/or Adult Companion, a combined total of 28 hours per week); extension of State Plan Medicaid benefit to adults (age 21 or older)
Personal Emergency Response System (PERS)	An electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision
Private Vehicle Modifications	Modifications to a privately owned vehicle used to transport the participant (e.g., installation of a lift, tie downs, etc.); limited to \$7,500.00 per vehicle and a lifetime cap of two (2) vehicles
Residential Habilitation	Care, skills training and supervision provided in a non-institutional setting
Respite Care	Care provided on a short-term basis because of the absence of or need for relief of those persons normally providing the care; Limited to 68 hours per month unless approved for an exception by DDSN
Specialized Medical Equipment, Supplies and Assistive Technology	Equipment and supplies not available under State Plan Medicaid that provide medical or remedial benefit to the participant; diapers and under pads available for participants age three (3) years and older; limited to three (3) cases of diapers/month and three (3) cases of under pads/month.
Support Center	Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves

EVALUATION FOR COMMUNITY LIVING

Name: _____

DOB: _____

SSN: _____

Date: _____

This evaluation is to be completed by the Interdisciplinary Team after appropriate information and an explanation of other settings and possible services have been given to the resident, his/her legal guardian or surrogate consent giver (if applicable) and anyone who assists this person with decision making. Indicate when and how information and an explanation of other settings and possible services were provided and to whom:

I. Interest

1. This person or his/her legal guardian or surrogate consent giver) expresses an interest or desire to live in a setting other than an ICF/IID:

No, stop; do not proceed with evaluation.

Yes, proceed with evaluation.

How was this interest or desire (or lack of) expressed and by whom?

2. Which best describes this person's (or legal guardian's or surrogate consent giver's) interest/desire regarding a move from this ICF/IID:

Interested – will move but will be selective regarding choice of location, situation, provider, etc.

Strongly desires - Is ready to move as soon as possible.

3. Where does this person wish to live; what are his/her preferences? Include as much information as possible (i.e., close to family, in a specific town or city, alone/without others with disabilities, in house with others and staff, must have own bedroom/single occupancy bedroom, etc.).

4. If he/she expresses a preference to live with his/her family/"at home," is that a true possibility?

Yes No

If no, give detailed explanation including date of conversation with family during which information about the person's preferences and services that could support him/her if such a move occurred and the specific results of the conversation.

5. Which best describes the interest/desire of this person's family regarding a move from this ICF/IID:

Interested – will support a move, but will be selective regarding choice of location, situation, provider, etc.

Strongly desires - Is ready for a move as soon as possible.

Does not want the resident to move.

No family involvement.

Who/which family members were contacted?

When were they contacted?

How were they contacted? (*i.e., phone, letter, etc.*)

II. Capacity

1. Does this person currently meet ICF/IID Level of Care?

Yes No

2. Can this person's needs be met and his/her progress toward independence continue without the continuous, aggressive consistent implementation of training and treatment programs?

Yes No

3. What medications (oral, topical and/or injectable) are prescribed to this person and what is the frequency/schedule for administration?

4. What medical treatments or skilled nursing tasks are ordered by a physician on this person's behalf? (Include the frequency/schedule for the treatments/tasks.)

5. Does this person have a condition for which a special diet is prescribed?

Yes No

If yes, does a registered dietician monitor the person and the diet regularly?

Yes No

6. Does this person take medication for behavior control?

Yes No

If yes, how often does he/she receive services from a psychologist (monitoring of plan, staff training for program implementation, counseling, re-assessment, program revision, etc.)?

7. Are there any other care or supervision needs; including any critical interventions necessary for maintaining this person’s health and safety or the health and safety of others (i.e., requires 1:1 supervision; requires assistance with transfers; cannot evacuate building without physical assistance; PICA; etc.)?

Yes No

If yes, explain:



8. Indicate which ID/RD Waiver services would likely be needed if living outside of the ICF/IID:

- | | |
|---|---|
| <input type="checkbox"/> Adult Attendant Care Services | <input type="checkbox"/> Adult Companion Services |
| <input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> Adult Day Health Care Nursing |
| <input type="checkbox"/> Adult Day Health Care Transportation | <input type="checkbox"/> Adult Dental Services |
| <input type="checkbox"/> Adult Vision | <input type="checkbox"/> Audiology Services |
| <input type="checkbox"/> Behavior Support Services | <input type="checkbox"/> Career Preparation Services |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Day Activity |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Nursing Services | <input type="checkbox"/> Personal Care I |
| <input type="checkbox"/> Personal Care II | <input type="checkbox"/> Personal Emergency Response System (PERS) |
| <input type="checkbox"/> Private Vehicle Modifications | <input type="checkbox"/> Residential Habilitation |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Specialized Medical Equipment, Supplies and Assistive Technology |
| <input type="checkbox"/> Support Center Services | |

Evaluator (Participating Interdisciplinary Team Members)	Title

RESOURCE INFORMATION

ID/RD Waiver Manual

Available through the South Carolina Department of Disabilities and Special Needs (DDSN) web site at <https://ddsn.sc.gov/services/medicaid-home-and-community-based-waiver-services/intellectual-disability-and-related> which includes detailed definitions of services funded by the waiver that may be available to meet the needs of someone wishing to leave an ICF/IID. See Chapter 9 of the manual for service definitions.

Qualified Providers List

Available at the DDSN web site at <https://app.ddsn.sc.gov/public/directory/landing.do> which lists all of the providers of DDSN funded services such as non-ICF/IID residential and day supports by county.

ID/RD Waiver Providers List

Available at the DDSN web site at <https://app.ddsn.sc.gov/public/ndp/landing.do?providerType=M> which lists those providers who are enrolled with Medicaid to provide services funded through the ID/RD Waiver.

“Through Asking the Right Questions You Can Reach Your Destination”

Information available on the Internet at <http://rtc.umn.edu/questions/> that can be shared with interested families/primary contacts.



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Reference Number: 738-01-DD

Title of Document: Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFs/IID) and Enrolling in a DDSN-Operated Home and Community-Based Services Waiver Program

Date of Issue: February 1, 2008
Effective Date: February 1, 2008
Last Review Date: June 20, 2019XXXX, 2021
Date of Last Revision: June 20, 2019XXXX, 2021 (REVISED)

Applicability: Community ICFs/IID, DDSN Regional Centers, and Waiver Case Management Providers rendering Waiver Case Management

PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for ~~residents~~ individuals who ~~will~~may need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual ~~and Developmental~~ Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that needed services are available to newly discharged ICF/IID ~~residents~~ individuals on the day of discharge and beyond, appropriate planning prior to discharge must occur.

~~ICF/IID residents~~ Individuals receiving care in ICF-IID settings who are preparing for discharge **must be offered information about Home and Community-Based services and receive** ~~Waiver~~ Case Management Services. ~~Waiver~~ Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the ~~individual resident~~ for discharge, ~~thereby deterring the need for institutional (ICF/IID) care~~ by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. ~~Waiver~~ Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability ~~or Developmental Disability~~ Professionals (QID/DDPs) or designees must provide the ~~individual resident~~ or his/her legal representative information about ~~Waiver Case Management Services (Attachment 1)~~ DDSN-Operated Home and Community Based Services and information about the Case Management ~~Services~~ providers available in the county in which the ~~resident individual~~ will live after discharge. NOTE: Most Case Management Services providers render Waiver Case Management. The ~~resident individual/legal~~ representative must choose a provider to render ~~Waiver~~ Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov., select “Resources,” then select “Find a Service Provider,” then select “DDSN Provider/Service Directory” and then select “Provider Directory.” Select “Case Management” from the “Service” list; select the person’s disability category from the “disability” list; and select the county to which the ~~resident individual~~ will be moving from the “county” list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the ~~resident/representative or the resident’s~~ QID/DDP ~~or designee~~ must contact the Case Management Services provider to request services. The ~~caller~~ QIDP must be prepared to provide basic demographic information, information about the anticipated setting in which the ~~resident individual~~ will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a ~~Waiver~~ Case Manager to service the ~~ICF/IID resident individual preparing for ICF/IID discharge~~. Services rendered will be in accordance with DDSN Operated Home and Community Based ~~Waiver Case Management~~ Standards and applicable DDSN ~~policies and procedures~~ directives. Services rendered prior to discharge from the ICF/IID setting will be recorded by the ~~Waiver~~ Case Manager using the “Report of Case Management Services Rendered for ICF/IID Discharge Planning” (Attachment 3). Activity should be recorded as often as monthly for up to six (6) consecutive months prior to the date of discharge from the ICF/IID. For example, if discharged from an ICF/IID on June 15, the Report may be submitted for reportable activities provided prior to discharge, during June, May, April, March, February and January. If the discharge did not occur on the planned date of discharge, the Case Management provider can still report activity, provided the activity rendered is still within the six (6) months, prior to the actual discharge date. The completed “Report of Case Management Services Rendered for ICF/IID Discharge Planning” and a copy of case notes supporting the units of service reported must be submitted to DDSN.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Services Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID ~~residents~~individuals to move from the ICF/IID to another setting (e.g., a home of their own, a family member's home, Community Training Home, Supervised Living Program, Community Residential Care Facility) that is not an institution setting(e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many individuals receiving services in an ICF/IID ~~residents~~, living outside of an institution setting would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the "Related Documents" section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid
- Be assessed to have needs that can be met through the provision of waiver services
- Be allocated a waiver slot
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For an individual receiving services in an ICF/IID ~~residents~~ preparing for discharge, the "Request for Waiver Slot Allocation" form (see appropriate Waiver manual) must be completed by the ~~Waiver~~ Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. ~~At the same time, the process outlined in DDSN Directive 502-01-DD: Admissions/Discharges/Transfers To/From DDSN Funded Community Residential Settings, must be followed.~~If the individual is transferring to a DDSN sponsored residential habilitation setting, then the process outlined in DDSN Directive 502-01-DD: Admissions/Discharges/Transfers To/From DDSN Funded Community Residential Settings, must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver "Freedom of Choice" and "Acknowledgement of Rights and Responsibilities" forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).
- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual's DDSN Eligibility Letter should be included.
- A current plan including Behavior Support Plan.
- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [W203] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QID/DDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is completed for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID ~~resident~~individual has been assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through the waiver, has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the ~~resident~~individual is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID ~~resident~~individual decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the ~~resident~~individual/legal representative declining Waiver services (see the appropriate Waiver manual for more information).

Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that **only** the services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

The Waiver Case Manager, with input from QID/~~DD~~Ps, will develop one plan. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

Once the plan is developed, the ~~resident~~individual/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).

~~Gary Lemel~~Barry D. Malphrus

Vice-Chairman

~~Eva Ravenel~~Stephanie M. Rawlinson

Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

Attachment 1: Case Management Services
Attachment 2: Freedom of Choice
Attachment 3: Report of Case Management Services Rendered for ICF/IID Discharge Planning

Related Documents:

Intellectual Disability/Related Disability Waiver Information Sheet

[https://ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/IDRD%20Waiver%20Information%20\(IDRD%20Form%201\)%20\(Rev.%206.21\).pdf](https://ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/IDRD%20Waiver%20Information%20(IDRD%20Form%201)%20(Rev.%206.21).pdf)

Community Support Waiver Information Sheet

[https://ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/Community%20Supports%20Waiver%20Information%20\(CS%20Form%201\)%20\(Rev.%206.21\).pdf](https://ddsn.sc.gov/sites/default/files/Documents/Resources/Medicaid%20HCBS%20Waiver/Community%20Supports%20Waiver%20Information%20(CS%20Form%201)%20(Rev.%206.21).pdf)

HASCI Waiver Information Sheet

<https://ddsn.sc.gov/sites/default/files/Documents/Services/HASCI%20Waiver%20Fact%20Sheet.pdf>

DDSN Directive 502-01-DD: Admissions/Discharges/Transfers of Individuals to/from DDSN Funded Community Residential

WAIVER CASE MANAGEMENT SERVICES

Waiver Case Management Services are provided to those who are seeking enrollment in and receiving services through a Medicaid Home and Community Based Services (HCBS) Waiver.

Waiver Case Management Services are provided by trained professionals, called Waiver Case Managers, who have knowledge of the medical, social, educational, and other services that are available. Waiver Case Managers facilitate the person's enrollment in a HCBS Waiver, learn about each individual's specific needs, through assessment, so that he/she may plan for and facilitate the delivery of specific services to meet those needs. Waiver Case Manager's assure that services are appropriate and effective and, as needed, make referrals and/or link people to appropriate service providers.

Case Managers are employed by Disabilities and Special Needs (DSN) Boards and contracted service provider agencies that have been qualified by DDSN as providers of Case Management Services. Those who will receive Waiver Case Management Services must choose a service provider from among those available. A list of providers can be found on the DDSN web site (<https://app.ddsn.sc.gov/public/directory/landing.do>).

Acknowledgement of Choice of Provider

Name: _____

Date of Birth: _____

By signing this form, I acknowledge that a list of qualified Waiver Case Management Services providers has been made available to me. I have chosen the provider listed below. I understand I may choose a different provider at any time.

Waiver Case Management Services Provider: _____

Printed Name

Signature

Relationship to ICF/IID Resident

Date

Witness

Date

**South Carolina Department of Disabilities and Special Needs
DDSN REGIONAL CENTER INDIVIDUAL TRANSITION CHECKLIST**

General Information (Completed by DDSN Regional Center Staff)

Name: _____ SSN: _____ DOB: _____

DDSN Regional Center/Residence Currently Living In: _____

Current DDSN Regional Center Qualified Intellectual Disability Professional: _____

Previous Community Supports Received (if applicable): Date(s): _____ Provider(s): _____

Reason(s) for Previous Return to DDSN Regional Center (if applicable): _____

Community Service Preparations (Completed by Community Service Provider Staff)

Proposed Community Residential Service Provider: _____

Proposed Community Day Service Provider: _____

Waiver Case Management Provider: _____

Overnight visits to new home occurred (*dates*): _____

Residential/Day Direct Support Staff Observed Individual at DDSN Regional Center (*dates*): _____

Actions Taken to Address Barriers to Successful Community Living (*if applicable*): _____

Daily Activity Schedule Developed: Yes No Special Diet Developed (*if applicable*): Yes No

Specialized Training Received (*dates if applicable*): _____

Nurse: _____ Behavior Support Provider: _____ Program Coordinator: _____

Medical/Therapy Provider Identified (*Name if applicable*): _____

MD: _____ Dentist: _____

Pharmacist: _____ PT: _____

Other: _____

Environmental Modifications Completed (if applicable): Yes No

Adaptive Equipment Available (if applicable): Yes No

Support Plan Developed: Yes No Waiver Slot Allocation Requested (if applicable): Yes No

Freedom of Choice Completed (if applicable): Yes No

Level of Care Completed (if applicable): Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

CEO/Residential Service Provider Date CEO/Day Service Provider (if different) Date

CEO/Case Management Provider (if different) Date

DDSN Regional Center Preparations (Completed by DDSN Regional Center Staff)

Behavior Support Plan/Data Updated and Filed: Yes No Medical Records Updated/Filed: Yes No

Two Week Supply of Drugs/Supplies/Nutritional Supplements Packed (if applicable): Yes No

Clothing/Personal Possessions Inventories/Packed: Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

Facility Administrator/DDSN Regional Center Date: _____

DDSN Review

Transition Approved Transition Disapproved

Reason for Disapproval (if applicable): _____

DDSN District Director Date: _____

Constance Holloway
Interim State Director
Patrick Maley
Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Lori Manos
Interim Associate State Director
Policy



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Reference Number: 738-01-DD

Title of Document: Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services Waiver Program

Date of Issue: February 1, 2008

Date of Last Revision: September 16, 2021 (REVISED)

Effective Date: September 16, 2021

Applicability: Community ICFs/IID, DDSN Regional Centers, and Case Management Providers

PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for individuals who may need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that needed services are available to newly discharged ICF/IID individuals on the day of discharge and beyond, appropriate planning prior to discharge must occur.

Individuals receiving care in ICF-IID settings who are preparing for discharge **must be offered information about Home and Community-Based services and Case Management Services.**

Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the individual for discharge, by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability Professionals (QIDPs) or designees must provide the individual or his/her legal representative information about DDSN-Operated Home and Community Based Services and information about the Case Management providers available in the county in which the individual will live after discharge. **NOTE:** Most Case Management Services providers render Waiver Case Management. The individual/legal representative must choose a provider to render Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov, select “Services,” then select “Find a Service Provider,” then select “DDSN Provider/Service Directory” and then select “Provider Directory.” Select “Case Management” from the “Service” list; select the person’s disability category from the “disability” list; and select the county to which the individual will be moving from the “county” list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the QIDP must contact the Case Management Services provider to request services. The QIDP must be prepared to provide basic demographic information, information about the anticipated setting in which the individual will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a Case Manager to service the individual preparing for ICF/IID discharge. Services rendered will be in accordance with DDSN-Operated Home and Community Based Standards and applicable DDSN Directives. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Case Manager using the “Report of Case Management Services Rendered for ICF/IID Discharge Planning” (Attachment 3). Activity should be recorded as often as monthly for up to six (6) consecutive months prior to the date of discharge from the ICF/IID. For example, if discharged from an ICF/IID on June 15, the Report may be submitted for reportable activities provided prior to discharge, during June, May, April, March, February and January. If the discharge did not occur on the planned date of discharge, the Case Management provider can still report activity, provided the activity rendered is still within the six (6) months, prior to the actual discharge date. The completed “Report of Case Management Services Rendered for ICF/IID Discharge Planning” and a copy of case notes supporting the units of service reported must be submitted to DDSN.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Services Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID individuals to move from the ICF/IID to another setting (e.g., a home of their own, a family member’s home, Community Training Home, Supervised

Living Program, Community Residential Care Facility) that is not an institution setting (e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many individuals receiving services in an ICF/IID, living outside of an institution setting would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the “Related Documents” section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid;
- Be assessed to have needs that can be met through the provision of waiver services;
- Be allocated a waiver slot;
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For an individual receiving services in an ICF/IID preparing for discharge, the “Request for Waiver Slot Allocation” form (see appropriate Waiver manual) must be completed by the Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. If the individual is transferring to a DDSN sponsored residential habilitation setting, then the process outlined in DDSN Directive 502-01-DD: Admissions/Discharges/Transfers To/From DDSN Funded Community Residential Settings, must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver “Freedom of Choice” and “Acknowledgement of Rights and Responsibilities” forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).
- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the

person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual's DDSN Eligibility Letter should be included.

- A current plan including Behavior Support Plan.
- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [W203] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QIDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is completed for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID individual has been assessed to have needs that can be met through the provision of waiver services; has chosen to receive services through the waiver; has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the individual is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID individual decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the individual/legal representative declining Waiver services (see the appropriate Waiver manual for more information).

Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that *only* the services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

The Waiver Case Manager, with input from QIDPs, will develop one plan. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

Once the plan is developed, the individual/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

- Attachment 1: Case Management Services
- Attachment 2: Freedom of Choice
- Attachment 3: Report of Case Management Services Rendered for ICF/IID Discharge Planning
- Attachment 4: DDSN Regional Center Individual Transition Checklist

Related Documents:

[Intellectual Disability/Related Disability Waiver Information Sheet](#)

[Community Support Waiver Information Sheet](#)

[HASCI Waiver Information Sheet](#)

[DDSN Directive 502-01-DD](#): Admissions/Discharges/Transfers of Individuals to/from DDSN Funded Community Residential

WAIVER CASE MANAGEMENT SERVICES

Waiver Case Management Services are provided to those who are seeking enrollment in and receiving services through a Medicaid Home and Community Based Services (HCBS) Waiver.

Waiver Case Management Services are provided by trained professionals, called Waiver Case Managers, who have knowledge of the medical, social, educational, and other services that are available. Waiver Case Managers facilitate the person's enrollment in a HCBS Waiver, learn about each individual's specific needs, through assessment, so that he/she may plan for and facilitate the delivery of specific services to meet those needs. Waiver Case Manager's assure that services are appropriate and effective and, as needed, make referrals and/or link people to appropriate service providers.

Case Managers are employed by Disabilities and Special Needs (DSN) Boards and contracted service provider agencies that have been qualified by DDSN as providers of Case Management Services. Those who will receive Waiver Case Management Services must choose a service provider from among those available. A list of providers can be found on the DDSN web site (<https://app.ddsn.sc.gov/public/directory/landing.do>).

Acknowledgement of Choice of Provider

Name: _____

Date of Birth: _____

By signing this form, I acknowledge that a list of qualified Waiver Case Management Services providers has been made available to me. I have chosen the provider listed below. I understand I may choose a different provider at any time.

Waiver Case Management Services Provider: _____

Printed Name

Signature

Relationship to ICF/IID Resident

Date

Witness

Date

**South Carolina Department of Disabilities and Special Needs
DDSN REGIONAL CENTER INDIVIDUAL TRANSITION CHECKLIST**

General Information (Completed by DDSN Regional Center Staff)

Name: _____ SSN: _____ DOB: _____

DDSN Regional Center/Residence Currently Living In: _____

Current DDSN Regional Center Qualified Intellectual Disability Professional: _____

Previous Community Supports Received (if applicable): Date(s): _____ Provider(s): _____

Reason(s) for Previous Return to DDSN Regional Center (if applicable): _____

Community Service Preparations (Completed by Community Service Provider Staff)

Proposed Community Residential Service Provider: _____

Proposed Community Day Service Provider: _____

Waiver Case Management Provider: _____

Overnight visits to new home occurred (*dates*): _____

Residential/Day Direct Support Staff Observed Individual at DDSN Regional Center (*dates*): _____

Actions Taken to Address Barriers to Successful Community Living (*if applicable*): _____

Daily Activity Schedule Developed: Yes No

Special Diet Developed (*if applicable*): Yes No

Specialized Training Received (*dates if applicable*): _____

Nurse: _____ Behavior Support Provider: _____ Program Coordinator: _____

Medical/Therapy Provider Identified (*Name if applicable*): _____

MD: _____

Dentist: _____

Pharmacist: _____

PT: _____

Other: _____

Environmental Modifications Completed (if applicable): Yes No

Adaptive Equipment Available (if applicable): Yes No

Support Plan Developed: Yes No Waiver Slot Allocation Requested (if applicable): Yes No

Freedom of Choice Completed (if applicable): Yes No

Level of Care Completed (if applicable): Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

CEO/Residential Service Provider Date CEO/Day Service Provider (if different) Date

CEO/Case Management Provider (if different) Date

DDSN Regional Center Preparations (Completed by DDSN Regional Center Staff)

Behavior Support Plan/Data Updated and Filed: Yes No Medical Records Updated/Filed: Yes No

Two Week Supply of Drugs/Supplies/Nutritional Supplements Packed (if applicable): Yes No

Clothing/Personal Possessions Inventories/Packed: Yes No

I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.

Facility Administrator/DDSN Regional Center Date: _____

DDSN Review

Transition Approved Transition Disapproved

Reason for Disapproval (if applicable): _____

DDSN District Director Date: _____

DDSN Subcommittees and Taskforce

Subcommittees and Taskforce meetings are all considered public meetings and must fall under FOIA guidelines. 24 hours public notice of these meetings must be provided along with an agenda. The meetings will be broad cast live via teams and the recording will be placed on the website along with the typed minutes. While the public will be permitted to view the meetings, there will not be public input on the agenda for the subcommittee or taskforce meetings. The chair of the subcommittees or task force will set the meeting agendas down run the meeting.

Subcommittee - is a subdivision of a committee that is assigned a portion of the committee's jurisdiction, holds hearings, amends legislation, and reports to the committee.

Membership consist of committee members & special commission appointees.

May vote to send a specific item to full committee for approval. This motion for consideration comes to the committee as a motion and second out of subcommittee.

Currently, DDSN has 2 subcommittees: Communications Subcommittee (Under Policy Subcommittee) & FMAP Over-site Subcommittee (Under Finance & Audit Standing Committee).

Taskforce - a temporary grouping under one leader for the purpose of accomplishing a definite objective. They report to the commission chair or a specific standing committee chair.

Offers all suggestions & possible solutions considered by the Taskforce to the committee or subcommittee for its review.

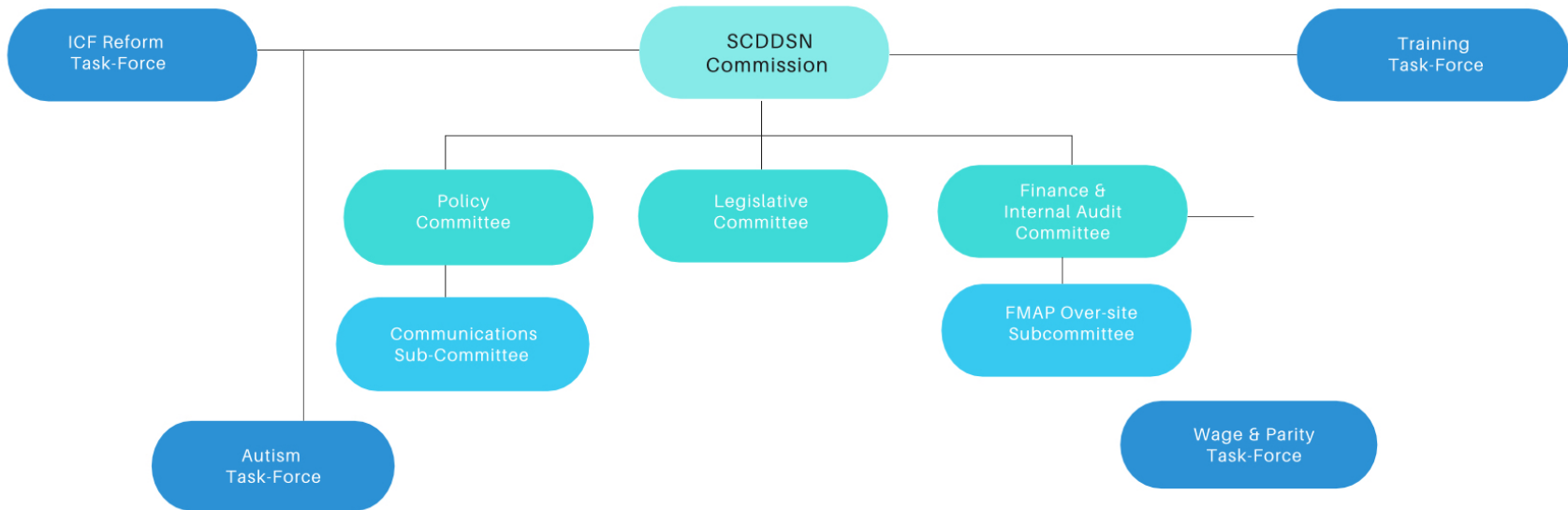
Membership is made up of committee members, staff, consumers, and stake holders.

This body may vote among themselves for organizational and prioritization purposes but their recommendations do not come to the commission as a motion and second out of committee.

DDSN currently has 5 Taskforce: ICF Reform & Improvement Taskforce; Wage, Equity & Parity Taskforce; Autism Taskforce; and Training Taskforce.

SCDDSN COMMISSION COMMITTEE

Organizational Chart





TO: DSN Commissioners

FROM: CFO Pat Maley

SUBJECT: Analysis of Additional Funds Authorized to Assist Community Staffing Shortages & Discretionary Assistance Option Available to DDSN

DATE: September 15, 2021

The DSP staffing shortages caused by COVID-19 have escalated recently to a crisis due to the compounding effect of a tight labor market. This has created opportunities for much higher pay, as well as less work demands and stress. Many DSP staff work two jobs, and the DSP job is now becoming the expendable job, particularly with its current overtime demands impacting DSPs' second job. DDSN Regional Centers and Community providers are challenged to hire new staff under these conditions, which has been exacerbated by greater attrition of existing staff for the same reasons. It is becoming clear holding onto our core existing staffs can't be taken for granted.

Regional Centers have experienced a 22% reduction in DSP full-time equivalents (e.g., full-time, part-time, overtime, and contractors) from the pre-COVID-19 level (January 2020) of 801 DSPs to the current level of 619 DSPs (July 2021). These 619 DSPs are composed of 538 full-time DDSN employees and 81 employee work years aggregated from part-time, overtime, and contract workers. DDSN lost a net 166 full-time employees (hired 204; attrited 367) in the past seven months (January 2021 to July 2021). Even when it appeared COVID-19 was dissipating from March 2021 through July 2021, DSP staffing shortages escalated from both COVID-19 burnout and better paying, less stressful jobs available due to the tight labor market. Whitten is acute; it dropped its residents served from 194 to 150 since the beginning of COVID. Pee Dee is entering this same phase due to recent increased staff attrition.

Based on a recent survey by the SC Human Service Provider Association of 45 of their 54 members, community residential providers currently have 24% of their residential staff positions vacant. Many providers report crisis conditions, particularly in metropolitan areas for the same reasons cited above. Both Regional Centers and community providers have tried all variations of incremental incentives and bonuses which have not materially moved the needle.

DDSN and community providers recognize the 10% FMAP is not far away which will provide some short-term relief, as well as have high hopes for rate increases in the IDR Waiver Renewal to support sustainable operations. However, we need to analyze the current situation so it does not erode further. Provider reserves vary to self-fund temporary wage increases, as well as providers using reserves without certainty of future revenue streams inhibits use.

A summary of the current situation is as follows:

FUNDS AUTHORIZED & BEING EXECUTED:

1. The FY22 \$10 million appropriation (\$2.9 million state funds) for daily residential habilitation was converted into a 3.9% rate increase by SCDHHS on 9/8/21 and will be retroactive to 7/1/21. Residential providers bands will be increased in October and Private Providers' September invoices paid in early October will as well. All providers will be paid retroactive lump sums for utilization back to 7/1/21. Projected increases: \$833,000 per month going forward and \$1.66 million retroactive lump sum payment.

2. The FY22 \$7.17 million appropriation (\$2.09 million state funds) for respite services was converted into a 27.8% rate increase by SCDHHS on 9/1/21 and will be retroactive to 7/1/21. Business providers will be paid at this new rate in early September by SCDHHS through its MMIS system. Self/family directed respite started on 9/5/21. Board's September respite invoices will be paid in early October. All respite providers will be paid retroactive lump sums for utilization back to 7/1/21. Projected increases: \$600,000 per month going forward and \$1.2 million retroactive lump sum payment.

FUNDS AUTHORIZED BUT AWAITING APPROVAL:

3. The national 10% FMAP Program was authorized by the federal American Rescue Plan. DDSN's proportional anticipated funding is \$42.5 million. DDSN's proposed 10% FMAP budget contains three components that will have an immediate impact on the provider network once approved by CMS and authorized by the Commission for disbursement. Budget items #1 (\$1 million "gap" funds), #2 (\$7 million incentives for employee hiring & retention), and #3 (\$7 state fund/unit of at-home day services proposed retroactive to April 2020) combine to \$9.57 million immediate disbursement to the system when approved.
4. The FY22 State budget appropriated a 2.5% cost of living (COLA) increase to DDSN's healthcare network consisting of residential, day, case management, and early intervention providers. SCDHHS is currently processing DDSN's calculations to increase seven Medicaid rates, which will then aggregate to implement the 2.5% COLA. The benefit of these seven small rates increases is estimated at \$7.2 million annually or \$600,000/month. When these rates are approved, DDSN will execute similar to respite and residential habilitation funds above.

OPTION: DDSN has the option to immediately "advance" the 2.5% COLA and retroactive lump sum payment, which is no more than executing early what DDSN will execute when rates are approved. Further, regardless of the risk of SCDHHS somehow deviating from the anticipated plan, DDSN is still under the legislative obligation to pay the 2.5% COLA to our healthcare network. Starting early carries nominal risk it somehow influences SCDHHS's handling of DDSN's seven small rate increases. However, it sends a clear message of support to the provider network while still operating in a COVID-19 environment. I recommend advancing this 2.5% as quick as possible and DDSN finance this timing difference with its cash reserves.

5. The FY22 State budget appropriation also *"allocate(s) associated compensation increases for retirement employer contributions based on the retirement rate of the retirement system in which individual employees participate...at the discretion of the Executive Director of the State Fiscal Accountability Authority, such action may be considered a permanent transfer into the receiving agency's base budget."* In short, the State will pay the employer increases in State's retirement and health insurance, which only applies to 50% - 60% of employees in our healthcare network. There are several more complexities on how to execute this in our new hybrid fee-for-service world in order to be equitable to all providers. Final decisions on how to execute this will be held in abeyance until after DDSN receives the Executive Budget Office (EBO) funds and IDR Waiver Renewal rates finalized; both expected in September 2021.

RATE INCREASES TO SUPPORT THE SYSTEMS' LONG-TERM SUSTAINABLE HEALTH:

Even though individual residential rates are not in the IDR Waiver Renewal **DRAFT** issues on 8/25/21 and still unavailable, you can get an inference on the direction of rates by the DRAFT renewal identifying the **"average cost/unit"** for DDSN's major services' (pages 230-233) as compared to SCDHHS's current Medicaid reimbursement rate to DDSN as follows:

Service	Comparison of SCDHHS Current Service Rate to Renewal's Average Cost/Unit			
	SCDHHS current rate	Renewal's "average cost/unit"	difference	% increase
Daily Residential Habilitation	\$ 196.99	\$ 231.32	\$ 34.33	17.4%
SLP I (Res. Habilitation 15 min unit)	\$ 15.83	\$ 18.69	\$ 2.86	18.1%
Career Prep (2-3 hour unit)	\$ 31.29	\$ 36.93	\$ 5.64	18.0%
Day Activity (2-3 hour unit)	\$ 31.29	\$ 36.93	\$ 5.64	18.0%
Community Service (2-3 hour unit)	\$ 31.29	\$ 36.93	\$ 5.64	18.0%
Support Center (2-3 hour unit)	\$ 31.29	\$ 36.93	\$ 5.64	18.0%
Group Employment (2-3 hour unit)	\$ 31.29	\$ 36.93	\$ 5.64	18.0%
Individual Employment (15 min unit)	\$ 16.48	\$ 24.74	\$ 8.26	50.1%

The DRAFT IDR Waiver Renewal rates have not yet been released, but the rates are anticipated to correlate, at a minimum, with the increase in “**average cost/unit**” of service. The IDR Waiver Renewal will be implemented on 1/1/22.

Summary of Situation & Action Recommendation

The staff shortages from COVID have been exacerbated by a tight labor market creating a risk of crossing a tipping point speeding the escalation of this growing problem. Many positive financial supports are currently being executed and others are about to be finalized. DDSN does have one addition lever to use to add some assistance to the problem by immediately advancing the 2.5% COLA prior to getting seven small Medicaid rate increases. The risk is nominal, if not zero, and it shows support to a system under stress.

All of the above actions will help surge resources into our current problem. However, our main solution for sustainable health is through IDR Waiver Renewal rate increases. DDSN is fortunate to have the right SCDHHS support, right cash reserves, and right federal 10% FMAP Program all occurring at the same time to fund both enhanced services and sustainable rates in less than four months through the IDR Waiver Renewal.

RECOMMENDATION: DDSN immediately start efforts to advance the 2.5% COLA to our healthcare network based on the FY22 legislative mandate and in anticipation of SCDHHS Medicaid rate increases.

Priority	Description of Agency Need	State Funds Medicaid Total
1	<p>Modernize Waiver Services to include Rebasing Service Rates through Evidence & Market-Based Assumptions: The SC Department of Health and Human Services’ (SCDHHS) IDR Waiver is operated by DDSN. In June 2021, SCDHHS Director Kerr decided the IDR Waiver Renewal needed bold actions to improve. DDSN supported this effort, which also created a pathway for DDSN to complete its payment system transition to fee-for-service (FFS). FFS would improve Medicaid matching efficiency, transparency, and delivery system productivity. The availability of COVID-19 federal funding can finance this unique opportunity for many years permitting time for DDSN and SCDHHS to arrange for long-term recurring funding.</p> <p>IDRD Waiver improvements will include rebasing provider service rates using up-to-date cost data and evidenced & market-based rate assumptions to generate fair rates; created individual “tiered” residential settings; modernized day services; established an “Independent Living Skill” service; added In-Home support service; included remote supports as part of Assistive Technology; created the option for Respite services to be provided to multiple participants living in the same household; and increased the Environmental Modification lifetime cap from \$7500 to \$15,000.</p> <p>The FY23 increased cost of these enhanced and new IDR Waiver services is \$XX.X million dollars (\$XX.X million state funds). DDSN requests a three year appropriation strategy to obtain the \$XX.X million state funds needed with an annual state fund request of \$XX.X million. DDSN will escrow an equal amount of non-recurring COVID-19 dollars to cover these costs for three years. As the General Assembly appropriates recurring funding, DDSN will remit the unused escrowed non-recurring funds to the General Assembly. (Recurring)</p>	<p>\$xx,xxx,xxx \$xx,xxx,xxx \$xx,xxx,xxx</p>
2	<p>New Waiver Slots to Address the Waiting List: The waiver waiting lists are at an all-time high containing 14,456 individuals. Each waiver is at, or near, an all-time high in wait times: IDR (5.4 years); Community Supports (3.6 years); and HASCI (0.4 years). In FY21, DDSN re-engineered its waiver waiting list to more efficiently implement new legislative appropriated waiver slots. DDSN requests \$6.36 million (\$1.9 million state funds) to fund 300 IDR Waiver slots (\$14,000/waiver slot) and 60 HASCI Waiver slots (\$36,000/waiver slot). (Recurring)</p>	<p>\$1,900,000 \$4,460,000 \$6,360,000</p>
3	<p>Early Intervention (EI) Utilization Increase: DDSN anticipates a conservative 17% increase in FY23 utilization due to serving an increase in children (ages 3-6). DDSN has absorbed the past four FYs’ increases in children and utilization from its base funding, which were 18% (FY18), 30% (FY19), 8% (FY20), and 17% in FY21. (Recurring)</p>	<p>\$1,075,000 \$960,985 \$2,035,985</p>
4	<p>Appropriation Transfer from SCDHHS for First Filled Slots: The \$841,273 state funds requested is SCDHHS’s estimate of recurring state funds needed for DDSN to pay the state match for new waiver individual’s medical state plan costs beginning in FY 23. This is an annual recurring appropriation transfer between SCDHHS and DDSN, which has recently been integrated into the annual budget appropriation request. (Recurring)</p>	<p>\$841,273 \$0 \$841,273</p>
5	<p>South Carolina Genomic Medicine Initiative: This initiative will combine clinical care, a “multi-omics” technological approach and big data/machine learning to create a powerful, and unique resource serving patients, healthcare providers, and state agencies. This is the third annual \$2 million request in a five year plan to fund this project with \$10 million from the State. (Non-Recurring)</p>	<p>\$2,000,000 \$0 \$2,000,000</p>
6	<p>Greenwood Genetic Center Base Budget Increase: SCDDSN has been supplementing the GGC funding with its own general state appropriations in excess of the appropriations it receives for GGC programs (\$4,934,000) and can no longer afford to do so. Contracts were restructured to bring state funding in line with the amount provided to GGC by the General Assembly and Medicaid matching funds. This resulted in a decrease in funding to GGC. Requesting an increase in recurring base appropriation. (Recurring)</p>	<p>\$500,000 \$0 \$500,000</p>
7	<p>Increase and Improve Access to Community Residential Supports for Regional Center Individuals: The Regional Center list of residents desiring community placement is updated quarterly and the Critical Needs Staff advocates for providers to accept placements; however, providers must voluntarily agree. Available community beds to serve community based and Regional Center individuals comes from turnover of existing fully occupied beds which averages 180 annually (16 beds/month). Given the chronic staffing shortages at Regional Centers even before COVID and the legal requirement of the Olmstead Act, DDSN requests residential expansion of four CTH II homes (16 beds) focused on de-populating centers. Because “money follows the person,” DDSN is only asking for \$140,000 in non-recurring funds (\$35,000/house; \$25,000 Housing Trust Fund loan match & \$10,000 sprinkler cost). (Non-Recurring)</p>	<p>\$140,000 \$0 \$140,000</p>
Total Funds	<p>Subtotal without Priority #1</p>	<p>\$6,456,273 \$5,420,985 \$11,877,258</p>



TO: DSN Commissioners

FROM: CFO Pat Maley

SUBJECT: Options to Disburse 10% FMAP Budget Items upon CMS Approval

DATE: September 15, 2021

The purpose of this memo is establish options/decisions required to posture DDSN to execute the 10% budget items that can be quickly disbursed after CMS approval of the 10% FMAP budget. Budget items #1 (\$1 million “gap” funds), #2 (\$7 million hiring/retaining incentive funds), and #3 (\$7/unit add-on for at-home Day services retroactive to April 2021; \$1.57 million) total \$9.57 million. Prior to execution, each budget item needs a decision:

- I. Item #1 (\$1 million “gap” funds) needs a mechanism to allocate. Options include as a % of providers’ FY21 revenue; % of providers’ full-time equivalents (FTEs); or % of providers’ personnel salaries.
- II. Item #2 (\$7 million hiring/retaining incentive funds) needs a mechanism to allocate. Options include as a % of providers’ FY21 revenue; % of providers’ FTEs; or % of providers’ personnel salaries.
- III. Item #3 (\$7/unit add-on for at-home Day services retroactive to April 2021; \$1.57 million) needs approval from the Commission of the 10% FMAP Task Force’s recommendation to be retroactive to April 2020.

Attachment “A” to this memo sets forth an analysis of budget decisions I & II above. Written input from providers included 4 responses: two providers recommended % of revenue for budget item #1 (gap funds) and FTEs for #2 (hiring/retention incentives); and two providers recommended FTEs for both budget items #1 and #2. A virtual meeting with six EDs recommended % of revenue for budget item #1 (gap funds) and FTEs for #2 (hiring/retention incentives).

Attachment “B” to this memo sets forth an analysis of the financial impact on all providers using the three allocation options (% of providers’ FY21 revenue, % of FTEs, or % of personnel salaries) and the \$7/unit at-home day service add-on.

Recommendations:

- 1) Use percent of FTEs as the allocation method for budget items #1 and #2 to establish one allocation method to simplify communications and budget execution.
- 2) Pay the \$7/unit add-on for at-home Day services retroactive to April 2021.

Attachment A

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PROJECTED ALLOCATIONS
FISCAL YEAR 2021- 2022**

Provider	% of FY21 Revenue	% of Current FTEs (July 21)	% of Current Salary Total (July 21)
	Budget 1& 2	Budget 1& 2	Budget 1& 2
	Projected Grand Total	Projected Grand Total	Projected Grand Total
About Play	31,797.87	63,324.00	83,734.46
Above and Beyond of Upstate	1,514.11	-	-
Achieving at Play	231.22	844.32	1,040.50
Adult Enrichment Center	5,655.67	5,564.07	5,444.27
Aging with Flair	7,208.38	-	-
Ahead Start	18,222.38	33,772.80	41,358.95
Aiken	26,465.72	15,197.76	17,924.30
Aldersgate	23,291.93	13,002.53	17,018.65
All About Children	8,464.79	10,131.84	13,630.59
Allendale-Barnwell	131,058.19	108,959.49	106,941.02
Amazing Kids	1,710.18	5,277.00	6,167.97
Anderson	155,846.37	135,247.40	129,789.10
Arc of South Carolina	27,887.67	25,329.60	29,264.14
Arc of the Midlands	5,338.61	5,910.24	6,861.08
Awesome Kids	857.74	1,688.64	1,898.92
Babcock	550,051.30	606,221.75	585,396.20
Bamberg	68,072.81	60,613.73	63,645.14
Beaufort	103,735.03	96,801.29	125,249.17
Berkeley	196,832.98	204,325.44	196,093.19
Better Beginnings	2,391.59	16,042.08	17,797.80
Beyond Early Intervention	6,159.44	16,886.40	20,797.05
Beyond the Stars EI	68.26	-	-
Bloom and Blossom	14.53	-	-
Brain Injury Association	1,496.63	-	-
Bright Start	68,285.89	113,940.98	132,056.46
Brilliant Beginnings	2,049.48	5,910.24	7,478.61
Burton Center	265,187.85	270,891.62	263,772.20
Calhoun	108,306.36	110,859.21	105,191.60
Carolina Behavior & Beyond	17,648.44	27,018.24	33,379.75
Carolina Early Intervention	677.95	121,371.00	106,651.12
Center for Development	22,245.68	18,152.88	23,880.45
Charles Lea	446,472.67	409,073.03	464,026.80
Charleston	376,990.41	389,087.98	370,944.67
Cherokee	74,179.38	65,291.26	65,232.92
Chesco	420,375.27	390,362.90	375,250.21
Chester/Lancaster	107,216.31	84,305.35	84,408.81
CHS Group	17,460.02	34,194.96	31,481.45
Clarendon	116,197.19	98,439.27	100,892.59
Coastal Early Intervention	1,186.34	6,121.32	7,798.26
Colleton	102,045.47	86,306.39	90,068.63
Columbus Organization	10,344.36	13,340.26	13,918.81
Community Options	234,960.30	213,672.06	201,647.86
Cornerstone Support Services	1,163.12	3,377.28	4,422.14

D&S/ Care Focus	71,664.62	70,711.80	66,833.29
Darlington	87,507.63	84,220.92	80,809.51
Dorchester	212,848.25	186,214.77	173,900.04
Easter Seals	10,488.84	49,181.64	57,495.45
Engage in Play	686.18	-	-
Epworth	132.77	3,377.28	4,254.46
Everlasting Arms	488.95	-	-
Excalibur	56,343.38	100,051.92	101,536.71
Fairfield	90,544.97	72,104.93	72,150.83
Family Connection of SC	1,478.69	-	-
Florence	251,521.64	210,235.68	200,677.90
Georgetown	82,046.17	72,611.52	73,860.69
Goodwill Industries Lower SC	604.22	-	-
Goodwill Industries Upstate	95.97	-	-
Great Kids and Awesome Adults	15,491.46	45,593.28	52,610.42
Greenville/Thrive Upstate	409,327.43	343,004.99	347,969.22
Growing Homes SE	8,393.03	2,321.88	3,476.58
Hampton	23,956.82	25,566.01	25,292.31
Hands on Development	2,919.19	5,065.92	6,202.05
Heart and Hands	565.24	-	-
Hermeione L. Flowers	846.23	-	-
Horry	159,129.48	122,265.98	122,544.10
I Shine	1,431.40	5,065.92	3,719.80
Jasper	51,502.98	46,403.83	45,376.17
Kershaw	49,204.14	46,859.76	45,310.36
Kid in Development	1,689.71	-	-
Kids 1st	128.99	1,688.64	1,794.87
Laurens	176,179.80	171,540.49	159,211.97
Lee	99,399.31	92,875.20	92,805.70
Lifeshare (Becket Academy)	16,852.00	3,377.28	5,527.67
Lowcountry EI	158.07	-	-
Lutheran Services Carolinas	103,361.61	41,371.68	38,436.21
Marion-Dillon	119,444.73	121,835.37	122,122.64
Marlboro	26,575.99	18,912.77	19,534.00
MaxAbilities of York	270,879.09	220,350.63	215,619.30
Meeting Milestones	7,023.84	14,353.44	18,015.37
Mentor	325,285.98	301,084.51	281,550.06
MIRCI	21,971.50	25,287.38	19,175.69
Newberry	103,514.20	99,798.62	96,460.16
Oconee	142,562.44	111,619.10	109,417.16
Orangeburg	229,387.47	225,264.57	205,003.46
Osprey Village	93.46	2,532.96	1,731.40
Palmetto Early Intervention	5,249.19	6,332.40	10,829.03
Path Finders Team Services	3,583.26	6,332.40	5,880.35
Pattison's DREAM Academy	904.17	28,706.88	36,582.92
Pediatric Therapy of Aiken	1,292.47	121,373.74	106,651.15
Pee Dee Kids	254.42	3,377.28	3,901.89
Pee Dee Professional Interv	149.74	2,532.96	2,535.21
Pickens	137,024.24	133,014.17	129,109.72
Pine Grove	2,710.68	43,904.64	41,631.69
Play 2 Learn EI	1,914.72	5,065.92	5,592.55
Playworks	5,856.49	17,730.72	26,048.68
Presbyterian Agency for the Developmentally	14,345.21	8,046.37	7,376.20
Prisma Health Midlands Foundation	31.53	-	-
Programs for Exceptional People	5,087.64	9,076.44	10,083.54
Project Hope	648.70	2,532.96	3,980.55
Promising Futures	1,981.93	7,598.88	8,048.16

Ready, Set, Go	441.61	-	-
Richland-Lexington	89,845.08	58,680.24	73,534.44
Right Steps	7.48	-	-
Room to Bloom	2,194.34	3,377.28	3,563.72
SAFY	10,228.20	-	-
SC Autism Society	17,429.51	16,886.40	19,147.88
SC Respite Coalition	2,892.23	-	-
SC Spinal Cord Injury	1,117.54	-	-
Smart Start EI	520.79	2,532.96	2,705.31
SOS Health Care, INC.	592.48	2,532.96	2,652.89
Special Olympics of SC	4,636.10	-	-
Student Solutions EI	87.20	-	-
Sumter	190,605.34	148,093.72	142,704.70
Therapy Solutions	1,088.01	5,065.92	2,289.11
Think First SC-Lowcountry	87.16	-	-
Tina Greene & Associates	581.01	844.32	1,040.50
Tiny Feet EI	6,479.97	18,152.88	20,111.85
Tri-Development	322,363.06	282,002.87	271,968.34
UCP	37,501.22	123,946.17	131,709.13
Union	76,030.71	60,978.90	59,187.70
Williamsburg	53,142.85	51,672.38	48,151.43
Total	8,000,000.00	8,000,000.00	8,000,000.00

NOTE: Blanks in FTE and % of Personnel Salaries are due to providers paid with grants (7) and small providers not voluntarily providing FTE & personnel salary information. If FTE or personnel salary decided as allocaton method, these providers will be paid by FY21 % of revenue due to lack of other data.

Table with columns A-S and rows 1-84. Rows 1-4 contain headers: SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, PROJECTED ALLOCATIONS FOR BUDGET ITEMS #1, #2, AND #3 IN THE 10% FMAP PROPOSED BUDGET, FISCAL YEAR 2021- 2022. Rows 5-84 contain detailed budget data for various providers, categorized by revenue source (Allocated by FY21 Revenue, Allocated by Current FTEs, Allocated by Current Salary Total) and budget type (Budget #1, Budget #2, Budget 1& 2, Budget #3, Budget 1,2,3). Columns include Weighted Average % of Total Revenue, Gap, Funding, Retention & Recruiting, Projected Grand Total, State Funded At-Home Day \$7/unit, Projected Grand Total, Weighted Average % of Total FTEs, and various budget components.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
6			Budget #1	Budget #2	Budget 1& 2	Budget #3	Budget 1,2,3		Budget #1	Budget #2	Budget 1& 2	Budget #3	Budget 1,2,3	Weighted	Budget #1	Budget #2	Budget 1& 2	Budget #3	Budget 1,2,3	
7		Weighted Average	Gap	Funding	Retention &	Projected	State Funded	Projected	Weighted	Gap	Funding	Retention &	Projected	Average	Gap	Funding	Retention &	Projected	State Funded	Projected
8	Provider	% of Total Revenue	1,000,000	7,000,000	Recruiting	Grand Total	At-Home Day	Grand Total	Average % of Total FTEs	1,000,000	7,000,000	Grand Total	At-Home Day	% of Total Salary	1,000,000	7,000,000	Grand Total	At-Home Day	Grand Total	
85	Marlboro	0.33%	3,322.00	23,253.99	26,575.99	9,184.00	35,759.99	0.24%	2,364.10	16,548.67	18,912.77	9,184.00	28,096.77	0.24%	2,441.75	17,092.25	19,534.00	9,184.00	28,718.00	
86	MaxAbilities of York	3.39%	33,859.89	237,019.20	270,879.09	28,406.00	299,285.09	2.75%	27,543.83	192,806.80	220,350.63	28,406.00	248,756.63	2.70%	26,952.41	188,666.88	215,619.30	28,406.00	244,025.30	
87	Meeting Milestones	0.09%	877.98	6,145.86	7,023.84	-	7,023.84	0.18%	1,794.18	12,559.26	14,353.44	-	14,353.44	0.23%	2,251.92	15,763.45	18,015.37	-	18,015.37	
88	Mentor	4.07%	40,660.75	284,625.23	325,285.98	-	325,285.98	3.76%	37,635.56	263,448.94	301,084.51	-	301,084.51	3.52%	35,193.76	246,356.30	281,550.06	-	281,550.06	
89	MIRCI	0.27%	2,746.44	19,225.06	21,971.50	-	21,971.50	0.32%	3,160.92	22,126.46	25,287.38	-	25,287.38	0.24%	2,396.96	16,778.73	19,175.69	-	19,175.69	
90	Newberry	1.29%	12,939.27	90,574.92	103,514.20	16,464.00	119,978.20	1.25%	12,474.83	87,323.79	99,798.62	16,464.00	116,262.62	1.21%	12,057.52	84,402.64	96,460.16	16,464.00	112,924.16	
91	Oconee	1.78%	17,820.30	124,742.13	142,562.44	48,454.00	191,016.44	1.40%	13,952.39	97,666.71	111,619.10	48,454.00	160,073.10	1.37%	13,677.14	95,740.01	109,417.16	48,454.00	157,871.16	
92	Orangeburg	2.87%	28,673.43	200,714.03	229,387.47	79,058.00	308,445.47	2.82%	28,158.07	197,106.50	225,264.57	79,058.00	304,322.57	2.56%	25,625.43	179,378.02	205,003.46	79,058.00	284,061.46	
93	Osprey Village	0.00%	11.68	81.77	93.46	-	93.46	0.03%	316.62	2,216.34	2,532.96	-	2,532.96	0.02%	216.42	1,514.97	1,731.40	-	1,731.40	
94	Palmetto Early Intervention	0.07%	656.15	4,593.04	5,249.19	-	5,249.19	0.08%	791.55	5,540.85	6,332.40	-	6,332.40	0.14%	1,353.63	9,475.40	10,829.03	-	10,829.03	
95	Path Finders Team Services	0.04%	447.91	3,135.35	3,583.26	-	3,583.26	0.08%	791.55	5,540.85	6,332.40	-	6,332.40	0.07%	735.04	5,145.31	5,880.35	-	5,880.35	
96	Pattison's DREAM Academy	0.01%	113.02	791.15	904.17	-	904.17	0.36%	3,588.36	25,118.52	28,706.88	-	28,706.88	0.46%	4,572.86	32,010.05	36,582.92	-	36,582.92	
97	Pediatric Therapy of Aiken	0.02%	161.56	1,130.91	1,292.47	-	1,292.47	1.52%	15,171.72	106,202.02	121,373.74	-	121,373.74	1.33%	13,331.39	93,319.76	106,651.15	-	106,651.15	
98	Pee Dee Kids	0.00%	31.80	222.62	254.42	-	254.42	0.04%	422.16	2,955.12	3,377.28	-	3,377.28	0.05%	487.74	3,414.15	3,901.89	-	3,901.89	
99	Pee Dee Professional Interv	0.00%	18.72	131.02	149.74	-	149.74	0.03%	316.62	2,216.34	2,532.96	-	2,532.96	0.03%	316.90	2,218.31	2,535.21	-	2,535.21	
100	Pickens	1.71%	17,128.03	119,896.21	137,024.24	12,509.00	149,533.24	1.66%	16,626.77	116,387.40	133,014.17	12,509.00	145,523.17	1.61%	16,138.72	112,971.01	129,109.72	12,509.00	141,618.72	
101	Pine Grove	0.03%	338.84	2,371.85	2,710.68	-	2,710.68	0.55%	5,488.08	38,416.56	43,904.64	-	43,904.64	0.52%	5,203.96	36,427.73	41,631.69	-	41,631.69	
102	Play 2 Learn EI	0.02%	239.34	1,675.38	1,914.72	-	1,914.72	0.06%	633.24	4,432.68	5,065.92	-	5,065.92	0.07%	699.07	4,893.48	5,592.55	-	5,592.55	
103	Playworks	0.07%	732.06	5,124.43	5,856.49	-	5,856.49	0.22%	2,216.34	15,514.38	17,730.72	-	17,730.72	0.33%	3,256.08	22,792.59	26,048.68	-	26,048.68	
104	Presbyterian Agency for the Developmentally Disabled, Inc.	0.18%	1,793.15	12,552.06	14,345.21	-	14,345.21	0.10%	1,005.80	7,040.57	8,046.37	-	8,046.37	0.09%	922.03	6,454.18	7,376.20	-	7,376.20	
105	Prisma Health Midlands Foundation	0.00%	3.94	27.58	31.53	-	31.53	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
106	Programs for Exceptional People	0.06%	635.96	4,451.69	5,087.64	33,152.00	38,239.64	0.11%	1,134.55	7,941.88	9,076.44	33,152.00	42,228.44	0.13%	1,260.44	8,823.10	10,083.54	33,152.00	43,235.54	
107	Project Hope	0.01%	81.09	567.61	648.70	4,172.00	4,820.70	0.03%	316.62	2,216.34	2,532.96	4,172.00	6,704.96	0.05%	497.57	3,482.98	3,980.55	4,172.00	8,152.55	
108	Promising Futures	0.02%	247.74	1,734.18	1,981.93	-	1,981.93	0.09%	949.86	6,649.02	7,598.88	-	7,598.88	0.10%	1,006.02	7,042.14	8,048.16	-	8,048.16	
109	Ready, Set, Go	0.01%	55.20	386.41	441.61	-	441.61	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
110	Richland-Lexington	1.12%	11,230.63	78,614.44	89,845.08	-	89,845.08	0.73%	7,335.03	51,345.21	58,680.24	-	58,680.24	0.92%	9,191.80	64,342.63	73,534.44	-	73,534.44	
111	Right Steps	0.00%	0.94	6.55	7.48	-	7.48	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
112	Room to Bloom	0.03%	274.29	1,920.05	2,194.34	-	2,194.34	0.04%	422.16	2,955.12	3,377.28	-	3,377.28	0.04%	445.47	3,118.26	3,563.72	-	3,563.72	
113	SAFY	0.13%	1,278.53	8,949.68	10,228.20	-	10,228.20	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
114	SC Autism Society	0.22%	2,178.69	15,250.82	17,429.51	-	17,429.51	0.21%	2,110.80	14,775.60	16,886.40	-	16,886.40	0.24%	2,393.48	16,754.39	19,147.88	-	19,147.88	
115	SC Respite Coalition	0.04%	361.53	2,530.70	2,892.23	-	2,892.23	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
116	SC Spinal Cord Injury	0.01%	139.69	977.85	1,117.54	-	1,117.54	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
117	Smart Start EI	0.01%	65.10	455.69	520.79	-	520.79	0.03%	316.62	2,216.34	2,532.96	-	2,532.96	0.03%	338.16	2,367.14	2,705.31	-	2,705.31	
118	SOS Health Care, INC.	0.01%	74.06	518.42	592.48	-	592.48	0.03%	316.62	2,216.34	2,532.96	-	2,532.96	0.03%	331.61	2,321.28	2,652.89	-	2,652.89	
119	Special Olympics of SC	0.06%	579.51	4,056.59	4,636.10	-	4,636.10	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
120	Student Solutions EI	0.00%	10.90	76.30	87.20	-	87.20	0.00%	-	-	-	-	-	0.00%	-	-	-	-	-	
121	Sumter	2.38%	23,825.67	166,779.67	190,605.34	30,499.00	221,104.34	1.85%	18,511.72	129,582.01	148,093.72	30,499.00	178,592.72	1.78%	17,838.09	124,866.61	142,704.70	30,499.00	173,203.70	
122	Therapy Solutions	0.01%	136.00	952.01	1,088.01	-	1,088.01	0.06%	633.24	4,432.68	5,065.92	-	5,065.92	0.03%	286.14	2,002.97	2,289.11	-	2,289.11	

FY22 Spending Plan VS Actual Expenditures as of 8/31/2021

Category	Spending Plan *	Cash Expenditures YTD	SCDHHS Monthly "Wash" Expenditures with Revenue YTD **	Total Monthly Expenditures YTD	Remaining Spending Plan	Spending Plan Deviation with Actual
DDSN spending plan budget base + DDSN 2.5% to date	\$ 815,138,477	\$ 106,171,923	\$ 23,988,491	\$ 130,160,414	\$ 684,978,063	REASONABLE
Percent of total spending plan remaining	100.00%	13.03%	2.94%	15.97%	84.03%	
% of FY Remaining					83.67%	
Difference % - over (under) budgeted expenditures					0.36%	

* FY22 spending plan base of \$812,708,604 + implementing 2.5% COLA & 1% retirement of \$2,429,873 = \$815,138,477; will increase spending plan as FY22 appropriations implemented and FY22 increases approved.

** In August, 2021, providers billed & paid by SCDHHS for \$31.7 million in services (waiver services + state plan services). DDSN paid the \$7.71 state match to SCDHHS recorded as a cash expenditure and the \$23,988,491 difference was the "wash" Medicaid reimbursement revenue & expense added to maintain "apples to apples" comparison to FY22 spending plan.