

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Finance & Audit Committee Meeting - November 9, 2022
Date: Tuesday, November 8, 2022 12:10:44 PM
Attachments: [Finance and Audit Committee Meeting Packet for November 2022.pdf](#)

Everyone,

The South Carolina Commission on Disabilities and Special Needs will hold an in-person Finance & Audit Committee meeting on Wednesday, November 9, 2022, at 3:30 p.m. The Committee Meetings are held at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. This meeting can also be viewed via a live audio stream at <https://ddsn.sc.gov>.

Please see the attached meeting material for the Finance & Audit Committee Meeting.

For further information or assistance, contact (803) 898-9769 or (803) 898-9600.

Thank you.

FINANCE AND AUDIT COMMITTEE AGENDA

**Commission of the South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251 (TEAMS)
Columbia, South Carolina**

November 9, 2022

3:30 p.m.

1. Call to Order *Robin Blackwood, Committee Chair*
2. Statement of Announcement *Robin Blackwood, Committee Chair*
3. Invocation *Robin Blackwood, Committee Chair*
4. Adoption of the Agenda
5. Review Minutes from the October Meeting **Pages 2-5**
6. Financial Approval & Threshold Report – Cooperative Grants *Quincy Swygert* **Pages 6-7**
7. 275-05-DD: General Duties of the Internal Audit Division *Courtney Crosby* **Pages 8-12**
8. Internal Audit Update *Courtney Crosby*
9. Financial Update – **October 2022 Spending Plan vs. Actuals Update** *Quincy Swygert* **Page 23**
FY2023 Contractual Agreement Update **Pages 24-27**
10. Chief Financial Update – **Recap of Budget Hearing, Next Steps** *Quincy Swygert*
11. Next Meeting Date – TBD
12. Adjournment

FINANCE AND AUDIT COMMITTEE AGENDA

**Commission of the South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251 (TEAMS)
Columbia, South Carolina**

October 12, 2022

3:30 p.m.

In attendance: Robin Blackwood, Chair; Ed Miller; Michelle Woodhead; Michelle Fry; Lori Manos; Nancy Rumbaugh; Courtney Crosby; Harley Davis; Greg Meetze; Carolyn Benzon; Andrew Tharin; Quincy Swygert; Virginia Goodson; Valerie Duncan; Preston Southern; and Kimberly Cochran.

1. Call to Order *Robin Blackwood, Committee Chair*

The meeting was called to order at 3:31 p.m.

2. Statement of Announcement *Robin Blackwood, Committee Chair*

Commissioner 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.

3. Invocation *Robin Blackwood, Committee Chair*

Commissioner Blackwood gave the invocation.

4. Adoption of the Agenda

Brief Summary: Agenda was presented.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to approve the agenda as written; seconded by Commissioner Woodhead. The agenda was unanimously approved by the committee.

5. Review Minutes of the September 7, 2022 Meeting

Brief Summary: The September 7, 2022 minutes were presented to the committee for approval.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to approve the minutes as written; seconded by Commissioner Woodhead. The minutes were unanimously approved by the committee.

6. Financial Approval & Threshold Report

Virginia Goodson

Brief Summary: Ms. Goodson provided an update on Solicitation 5400022621 – SC DDSN Strategic Planning. A consulting firm was solicited on 03/09/2022 for long-range strategic planning. The contract period is for one (1) year period with four (4) renewals. There were seven (7) proposals submitted. The contract was awarded to Sage Squirrel Consulting, LLC in the amount of \$283,180.00.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to approve the solicitation, seconded by commissioner Woodhead and unanimously approved by the committee.

7. Sale of Landrum I and II

Andrew Tharin

Brief Summary: Mr. Tharin presented on the two (2) state-owned properties on Bomar Avenue in Landrum. The properties were previously operated by the Charles Lea Center. A MAI full appraisal of 710 & 722 S. Bomar Avenue was finalized on March 30, 2022, and summarized the “as-is” market value of the fee simple estate for each home at \$270,000, with the total value appraised at \$540,000. Once the properties are fully approved as surplus properties by all involved parties, the Department of Administration will move forward with using the state-contracted realtor (CBRE) for marketing and selling the properties. Proceeds from the eventual sale(s) of 710 & 722 S. Bomar Avenue in Landrum will be split between the department and the state, per Proviso 93.15.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to approve the sale of the two (2) properties, seconded by commissioner Woodhead and unanimously approved by the committee.

8. CPIP Project Status/Move Up on List

Andrew Tharin

Brief Summary: Mr. Tharin presented on three (3) high priority projects from the 5-Year CPIP that would provide needed repairs and improvements to buildings at the Pee Dee Regional Center and Midlands Regional Center. The Mulberry and Pecan Dorms at the Pee Dee Center need a complete roof replacement. The bathrooms in the Pecan Dorm at the Pee Dee Center require a large-scale renovation. The bathrooms in the Walnut Dorm at Midlands Center requires a complete renovation of the resident and staff bathrooms. The renovation of the Walnut Dorm at Midlands Center is necessary to prepare Walnut as a new triage facility.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to approve the next phase of the process for the three (3) projects, seconded by commissioner Woodhead and unanimously approved by the committee.

9. 275-05-DD: General Duties of the Internal Audit Division *Courtney Crosby*

Brief Summary: Ms. Crosby presented on directive 275-05-DD.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to approve the directive as written and edited and advance to public comment, seconded by commissioner Woodhead and unanimously approved by the committee.

10. Financial Update *Quincy Swygert*

After a brief introduction, Mr. Swygert presented the FY23 Spending plan vs Actual Expenditures as of September 30, 2022. To date, the Agency has expended \$232.2 million, which is 24.74% of the Agency's approved spending plan of \$938.5 million. The Agency is 0.26% under budget.

11. Chief Financial Update *Quincy Swygert*

Mr. Swygert gave an update on the agency's budget submission. The commission approved initiatives were submitted to the Executive Budget Office on Friday September 23rd and the agencies first hearing of this year's legislative budget process was scheduled for Tuesday October 25th at 2pm in the Governor's conference room in the Wade Hampton Bldg. He also stated that agency leadership will have about 15 minutes to present the \$32M total fund request to Executive Budget Office and Governor's Office staff and would keep the commission informed of the budget request as it moves through the legislative process.

Mr. Swygert also gave the commission an update on the current status of the FY22 Cost Reports. As of the afternoon of October 19th, the agency had received 32 cost reports and also 31 audited financial statements from the 40 or so Boards. Also, that work continues and the agency is on track to meet the deadline to submit the combined cost report to DHHS.

12. Internal Audit *Courtney Crosby*

Ms. Crosby began with the Agreed Upon Procedures (AUP) Report; IA has completed 85% of the 2021 reports. The department has begun receiving the 2022 Agreed Upon Procedures (AUP) Reports from the county DSN board and contracted providers. As of yesterday, IA has received 17 reports and the review of those reports are underway. IA will continue to update the committee and the Commission on the status of those reports.

In advance of the October Commission meeting, the IA department will send out an updated Internal Audit Observation Tracking Report. This report will include the follow-up procedures that the department has completed within the last quarter.

13. Next Meeting Date and Time:

November 9, 2022 at 3:30 p.m.

14. Adjournment

There being no further business, at 3:59 p.m. the meeting was adjourned.

Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for November, 2022.

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 report to the Commission to ensure transparent reporting. After the Finance and Audit Committee's decisions, this report will highlight item wording in **red to notify Commission that the items will not need a formal vote** and highlight items in **yellow to indicate that the item will require a formal Commission vote to approve.**

- I. **New Non-Service Contracts \$200,000 or Greater:**
- II. **Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on indiv. choice; detail summary if not):**
- 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:**
- VII. **Current Year Spending Plan Revisions:**
 - 1) **Request to increase threshold of Cooperative Training Grants from \$400K to \$1M in FY2023 Spending Plan. Also request that these grants be approved as multi-year grants.**

(NOTE: In August 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.)

Provider Grants for shared/cooperative services for training and/or staffing

As the landscape for service provision evolves and the labor market changes, DDSN Providers are presented with the opportunity and challenge of rethinking approaches to staffing and training. DDSN staff seek approval for two (2) competitive grant programs designed to facilitate cooperative approaches to meet these needs. Research has shown that such cooperative models are often used in other sectors and states to effectively meet training and staffing needs. Specifically, the goal of the shared staffing grant program will be to encourage the development of sharing of full-time staff hired either by the cooperative entity for common administrative functions which require professional staff but for which one provider, alone, may not have full-time work. Those administrative functions may include but not limited to accounting and human resources. Such a cooperative model would financially benefit all participating cooperative providers.

The aim of the shared training grant is to encourage and support staff training needs that are shared by Providers but are also not appropriate for DDSN to provide. When contracting with DDSN and/or enrolling with Medicaid, each provider asserts its ability to deliver the services in accordance with the applicable policies and standards for which it contracts/enrolls. While DDSN has a role in training, DDSN cannot assume the responsibility for training newly hired staff that are required for service delivery. For some providers, especially small providers, the ability to train newly hired staff in key positions (e.g., Residential Services Director, QIDP, Day Services Director, etc.) is limited. Cooperative models are often used in other sectors and states to ensure the knowledge specific to the function or role is transferred from professional to professional. Cooperative training models can offer providers within the cooperative the opportunity to share knowledge, promising practices, and offer the opportunity to problem solve with other professionals.

DDSN is optimistic that these grant opportunities will encourage and support innovative and financially viable approaches to Providers' needs in these areas.

Mary Poole
State Director
Patrick Maley
Deputy Director
Rufus Britt
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
W. Chris Clark
Chief Financial Officer



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Barry D. Malphrus
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Robin B. Blackwood
Secretary
Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

Reference Number: 275-05-DD
Title of Document: General Duties of the South Carolina Department of Disabilities and Special Needs (DDSN) Internal Audit Division
Date of Issue: February 14, 2002
~~Last Review: November 19, 2020~~
Date of Last Revision: ~~November 19, 2020~~ XXXX, 2022 (REVISED)
Effective Date: ~~April 16, 2017~~ XXXX, 2022
Applicability: DDSN Central Office, DDSN Regional Centers ~~and all providers of DDSN Sponsored Services including: Adult Companion Providers, Case Management Providers, Day Service Providers (i.e., career prep, day activity, community services, support center), Early Intervention Providers, Employment Services Providers, Financial Management Providers, HASCI Rehabilitation Support Providers, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Providers, Intake Providers, Residential Habilitation Providers and Respite Providers. DDSN-Operated Community Settings, DSN Boards and Contracted Service Providers of all Service Programs~~

Purpose and Mission

The ~~purpose of the~~ South Carolina Department of Disabilities and Special Needs (DDSN's) Internal ~~Auditing~~ Audit Division (IA) is ~~to provide an~~ independent, objective assurance and consulting ~~activity services~~ designed to add value and improve the agency's ~~service providers'~~ operations. ~~The mission of internal audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. It IA helps the organization~~ DDSN accomplish ~~their~~ its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control, ~~governance, and the implementation of best practices processes.~~

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Standards for the Professional Practice of Internal Auditing

IA will govern itself by adherence to the mandatory elements ~~to of~~ The Institute of Internal Auditors' (IIA) International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the *International Standards for the Professional Practice of Internal Auditing*, and the Definition of Internal Auditing. The Internal Audit Director will report periodically to senior management and the Finance and Audit Committee regarding the Internal Audit Division's conformance to the Code of Ethics and the Standards.

Authority

It is the policy of DDSN to establish and support an Internal Audit Division as an independent appraisal function to examine and evaluate DDSN and provider activities as a service to Executive Management and the DDSN Commission.

The State Director shall appoint the Director of Internal Audit, subject to the approval of the full DDSN Commission. The Director of Internal Audit shall be responsible for the day-to-day administration and operation of the Internal Audit Division, subject to policies, rules and regulations adopted by the DDSN Commission.

Subject to the approval of the State Director, the Director of Internal Audit shall prescribe the organizational structure and the personnel necessary to carry out the Internal Audit function.

The Director of Internal Audit reports administratively to the State Director and functionally to the Finance and Audit Committee Chair of the DDSN Commission.

~~An annual audit plan will be developed by the Director of Internal Audit and submitted for review to the State Director, reviewed and approved by the Finance/Audit Committee, with final approval by the DDSN Commission. If adjustments are necessary due to changes in needs or priorities of DDSN, the changes will be coordinated with affected personnel.~~

~~In carrying out their responsibilities, members of the Internal Audit Division will have full, free, and unrestricted access to all DDSN funded service provider organizations' activities, records (manual and electronic), property, and personnel, and to the Finance/Audit Committee of the Commission, as necessary.~~

The Director of Internal Audit will have unrestricted access to, and communicate and interact directly with, the Finance and Audit Committee, and DDSN Commission, as necessary, including in private meetings without management present.

To establish, maintain, and assure that DDSN IA has sufficient authority to fulfill its duties, the Finance and Audit Committee will:

- Approve the IA Division's internal audit charter;
- ~~Approve the Internal Audit Committee Charter;~~
- Approve the risk-based internal audit plan;
- Approve the internal audit Internal Audit Division's budget and resource plan;
- Receive communications from the Director of Internal Audit on the Internal Audit

Commented [CC1]: Included in the SCDDSN Finance Audit Committee Charter

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Division’s performance relative to ~~the~~ its plan and other matters;

- Approve decisions regarding the appointment and removal of the Director of Internal Audit;
- Approve the remuneration of the Director of Internal Audit; and
- Make appropriate inquiries of management and the Director of Internal Audit to determine whether there is inappropriate scope or resource limitations.

IA is authorized to:

- Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any DDSN, DSN Board or Contracted Service Provider engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Have full, free and unrestricted access to all functions, records, property, and personnel within the scope of DDSN services pertinent to carrying out any DSN Board or Contracted Service Provider engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.
- Obtain assistance from the necessary personnel of DDSN, as well as other specialized services from within or outside DDSN, in order to complete the engagement.

Independence and Objectivity

~~The DDSN Internal Audit Division is a staff function, and as such, does not have any responsibility or authority over areas that are being audited; therefore, any review or recommendation by Internal Audit will not in any way relieve the supervisor of the assigned responsibilities inherent with his/her position.~~

The Director of Internal Audit will ensure that the IA Division remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If the Director of Internal Audit determines that independence or objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to ~~the~~ appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.

Internal Auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, Internal Auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing any operational duties for DDSN or its contracted service providers.

Commented [HC2]: Ralph Courtney – Aiken DSN Board

Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any DDSN, DSN Board or Contracted Service Provider engagement, subject to accountability for confidentiality and safeguarding of records and information.

My issue is not with what I believe is the intent of this section of the directive. It is, instead, with how it could possibly be interpreted by Internal Audit. The way it is written could be seen as Internal Audit having the authority to unrestricted access to all records, etc., of programs operated by an entity, even if those programs were not associated with or funded by DDSN. Examples would include grant activities funded by other agencies/foundations; representative payee programs done at the request of the Social Security Administration for individuals primarily with substance and mental health issues; prevention programs funded by a variety of sources such as United Way; etc. At times, some of us within the network are engaged with other entities not connected to DDSN. In my opinion, those activities not connected to DDSN/DHHS should not fall under the purpose and mission of DDSN’s Office of Internal Audit. If the Administration of DDSN and the Commission are in agreement, a rewording of the above sentence found in italics would appear to be in order.

Thank you for the opportunity to provide input.

Commented [HC3R2]: DDSN Response: Language clarified.

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- Initiating or approving transactions external to the Internal Audit Division.
- Directing the activities of any DDSN employee not employed by the Internal Audit Division, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist internal auditors.

Where the Internal Audit Director has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards will be established to limit impairments to independence or objectivity.

Internal Auditors will:

- Disclose any impairment of independence or objectivity, in fact or appearance, to appropriate parties.
- Exhibit professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.

The Director of Internal Audit will confirm to the Finance and Audit Committee, at least annually, the organizational independence of the Internal Audit Division.

The Director of Internal Audit will disclose to the Finance and Audit Committee any interference and related implications in determining the scope of internal auditing, performing work, and/or communicating results.

Scope of Internal Audit Activities

The scope of internal audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent assessments to the DDSN Commission and management on the adequacy and effectiveness of governance, risk management, and control processes for DDSN. Internal audit assessments include evaluating whether:

- Risks relating to the achievement of DDSN’s strategic objectives are appropriately identified and managed.
- The actions of DDSN’s commissioners, executive management, employees and contractors are in compliance with DDSN’s directives, standards, policies, procedures and applicable laws and regulations.
- The results of operations or programs are consistent with established goals and objectives.
- Operations or programs are being carried out effectively and efficiently.
- Established processes and systems enable compliance with the directives, standards, policies, procedures, laws and regulations that could significantly impact DDSN.
- Information and the means used to identify, measure, analyze, classify and report such information are reliable and have integrity.
- Resources and assets are acquired economically, used efficiently, and protected adequately.

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The Director of Internal Audit will report periodically to senior management and the Finance and Audit Committee regarding:

- The Internal Audit Division's purpose, authority, and responsibility.
- The Internal Audit Division's plan and performance relative to its plan.
- The Internal Audit Division's conformance with the IIA's Code of Ethics and Standards, and action plans to address any significant conformance issues.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other matters requiring the attention of, or request by, the Finance and Audit Committee.
- Results of audit engagements or other activities.
- Resource requirements.
- Any response to risk by management that may be unacceptable to DDSN.

The Internal Audit Director also coordinates activities, where possible, and considers relying upon the work of other internal and external assurance and consulting service providers as needed. The Internal Audit Division may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided the Internal Audit Division does not assume management responsibility.

Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.

Responsibility

The Internal Audit Director has the responsibility to:

- Submit an annual risk-based internal audit plan to the State Director, Finance and Audit Committee, and DDSN Commission for review and approval.
- Communicate to the State Director and the Finance and Audit Committee the impact of resource limitations on the internal audit plan.
- Review and adjust the internal audit plan, as necessary, in response to changes in DDSN's priorities, risks, operations, programs, systems and controls.
- Communicate to the State Director and the Finance and Audit Committee any significant interim changes to the internal audit plan.
- Ensure each engagement of the internal audit plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programs and testing results, and the communication of engagement results with applicable conclusions and recommendations to appropriate parties.
- Follow up on engagement findings/observations and corrective actions, and report periodically to senior management and the Finance and Audit Committee any corrective actions not effectively implemented.
- Ensure the principles of integrity, objectivity, confidentiality, and competency are applied and upheld.

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- Maintain a professional audit staff that collectively possesses or obtains the knowledge, skills, experience, professional certifications, and other competencies needed to meet the requirements of the internal audit charter.
- Ensure emerging trends and successful practices in internal auditing are considered.
- Establish and ensure adherence to policies and procedures designed to guide the Internal Audit Division.
- Ensure adherence to DDSN’s relevant policies and procedures, unless such policies and procedures conflict with the internal audit charter. Any such conflicts will be resolved or otherwise communicated to senior management and the Finance and Audit Committee.
- Ensure conformance of the Internal Audit Division with the Standards, with the following qualification:
 - If the Internal Audit Division is prohibited by law or regulation from conformance with certain parts of the Standards, the Internal Audit Director will ensure appropriate disclosures and will ensure conformance with all other parts of the Standards.

The primary objective of the Internal Audit Division is to assist members of management in the effective discharge of their responsibilities by reviewing activities/programs and providing analyses, recommendations, and information regarding the activities/programs reviewed. The reviews are conducted to assure DDSN and its provider organizations comply with applicable State/Federal laws, standards, directives, policies, procedures and regulations. As such, the DDSN Internal Audit Division is concerned with all phases of DDSN and its provider organizations’ operations. To this end, the Internal Audit Division will:

- 1) Determine the adequacy, efficiency, and effectiveness of systems of internal accounting and operating controls;
- 2) Determine the accomplishment of established goals and objectives;
- 3) Review and determine the reliability and integrity of financial information;
- 4) Determine the means of safeguarding assets and consumer funds;
- 5) Review and determine compliance with policies, procedures, laws, and regulations; and
- 6) Should Internal Audit discover a conflict of interest regarding any DDSN staff, the Audit Director will report such conflict to the Finance Audit Committee in Executive Session.

Activities

Specific internal audit responsibilities are as follows:

1. Perform scheduled audits of service provider organizations, DDSN Regional Centers, and DDSN Central Office for the effectiveness of operations and compliance with established standards and policies.
2. Perform special request audits in response to allegations/complaints/concerns of a financial or programmatic nature.

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3. ~~Provide consultation, technical assistance, and training to DDSN Divisions, DDSN Regional Centers and the service provider organizations.~~
4. ~~Review, evaluate, and follow up on internal audit findings and recommendations with appropriate management staff.~~
5. ~~Coordinate internal audit efforts with external auditors/reviewers.~~
6. ~~Report to the DDSN Commission as requested to outline internal audit activities and review completed reports.~~

Audit Process/Steps

~~DDSN Internal audits will be conducted in accordance with this policy and with the procedures outlined in the DDSN *Audit Procedures Manual*. Generally, an audit of any activity or facility will consist of the following steps with the exception for a special audit (i.e., cash related, suspected fraud, etc.) which will be conducted on a no-notice or short notice basis.~~

1. ~~When practical (i.e., time or type of audit), an engagement memo will be issued prior to a scheduled audit. The purpose of the engagement memo is to notify management of the area to be reviewed, describe the audit to be performed, and to request items needed at the onset of the review. If time does not permit, management will be notified by telephone and/or e-mail as soon as possible.~~
2. ~~Preliminary planning consists of consideration being given to: any prior audit results (if applicable); internal controls; record keeping employed; documentary evidence required (i.e., required by policy, procedure, law, regulation, etc.); applicable policies and procedures; prior reviews by external and internal parties; and the type of report to be issued.~~
3. ~~An audit program will be developed based on decisions reached during the preliminary planning. The program will be modified as dictated by discoveries made during the audit.~~
4. ~~An entrance conference will be conducted between the auditor and management of the work unit(s) to be reviewed to discuss the nature of the audit, the areas to be audited, and the support required.~~
5. ~~Fieldwork will consist of inquiry of appropriate personnel, observation of applicable activities, and examination of applicable records and documents. Fieldwork will depend on the type of audit being performed as well as the type of activity, operation, or program being reviewed.~~
6. ~~The auditor will conduct an exit conference with management at the conclusion of the fieldwork to discuss the results of the audit. The exit conference should be a summary of concerns noted during the review that were communicated to auditee management throughout the engagement.~~
7. ~~Findings will be documented after the completion of the fieldwork. These draft findings will be sent to the appropriate manager for the area being audited with a request that the~~

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findings be reviewed and corrective action plans be submitted to DDSN Internal Audit within 30 calendar days, or less, per DDSN Internal Audit’s request.

Reporting

A draft report will be issued upon receipt of an acceptable corrective action plan; the draft will then be forwarded to the auditee for a final review for completeness and accuracy with follow up to Internal Audit staff regarding any corrections/concerns detailed in the draft report.

Upon receiving the auditee’s corrective action plan, Internal Audit staff will review actions to ensure satisfactory disposition of the audit findings and recommendations. If a corrective action plan is considered unsatisfactory, DDSN Internal Audit staff will hold further discussions to achieve acceptable disposition. If a mutually acceptable corrective action plan cannot be attained, an auditor’s comment may be noted in the final report.

Once the draft report is accepted by both parties, a final report will be issued which incorporates the findings and submitted corrective action plans.

The results of formal audits and/or investigations will be reported to appropriate management based on the entity reviewed. In almost all cases (exceptions being criminal cases where DDSN Internal Audit staff is assisting law enforcement and is precluded from discussing the review based on the signing of non-disclosure statements), audit reports will be shared with the DDSN State Director, DDSN Commissioners, appropriate DDSN management levels, and in the case of provider organizations, the Executive Director and members of the organizations’ governing board.

Financial Sanctions

A financial sanction, ~~by way of a contract withhold~~, is only applicable to repeat internal audit findings/observations as they relate to the health, safety and/or welfare of individuals being served.

The sanction will only apply when a follow-up ~~audit is~~procedures are conducted and ~~finds~~ the accepted corrective action from the initial audit was not implemented. The Provider will then be given notice and be allowed 90 days to implement the agreed upon corrective action. If in the subsequent visit (i.e., the third visit), the corrective action plan was not implemented, the Provider will receive a financial sanction in the amount of a minimum of \$1,000 with a potential increase based on the discretion of the Finance ~~and~~ Audit Committee.

An appeals process will be available to any Provider who is assessed a financial sanction for repeat internal audit findings/observations as they relate to the health, safety, and/or welfare of individuals being served. The appeal shall be requested within 30 days of notice of the sanction. The Appeals Committee membership will include: two (2) DDSN staff members; two (2) community provider members from each provider association; and one (1) consumer or family member. Once appointed, the Appeals Committee shall decide among the membership who shall be named as chair. Once appointed, the members shall serve for two (2) years.

Internal Audit is responsible for monitoring compliance with reporting deadlines established in DDSN directive 275-04-DD: Procedures for Implementation of DDSN Audit Policy for DSN

Commented [CC4]: To align DDSN IA Charter with IIA Model Internal Audit Activity Charter, remove Audit Process/Steps and Reporting from directive and include on DDSN website for Internal Audit Division.

275-05-DD

November 19, 2020XXXX, 2022

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Boards, and 275-06-DD: Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers, and reporting the results of monitoring to the Finance Division for invoicing of financial sanctions, where required by policy.

Statement on Fraud

Auditors should be alert to situations (i.e., observations, informants) or transactions that could indicate actual or potential fraud or abuse, and consider extending audit steps and procedures, as necessary, to determine the effect of fraud on the audit results. The Audit Director should be made aware as soon as the auditor discovers potential or suspected fraud.

Auditors should exercise due professional care in pursuing indications of suspected fraudulent activity so as to avoid mistaken accusations or alerting suspected individuals and to not interfere with potential investigations or legal proceedings. If an auditor suspects fraud, embezzlement, or other possible criminal conduct, this should be discussed with the Auditor In Charge before proceeding further. The Auditor In Charge will in turn initiate a conference with the DDSN Audit Director and any other parties deemed appropriate (i.e., DDSN General Counsel). Depending on the extent and severity of the suspected fraud, appropriate reporting to the responsible entity (i.e., local law enforcement, SLED, etc.) will take place, and fieldwork in the area may be discontinued temporarily.

If the findings from an audit give the auditor reason to believe that fraud may have occurred in the Medicaid program, under the Code of Federal Regulations, 42 CFR §455.15, then the case must be referred to the Medicaid Fraud Control Unit (MFCU) in the South Carolina State Attorney General's Office.

Commented [CC5]: To align DDSN IA Charter with IIA Model Internal Audit Activity Charter, remove Statement on Fraud from directive and include in DDSN Audit Procedures Manual.

Quality Assurance and Improvement Program

IA will maintain a quality assurance and improvement program that covers all aspects of the internal audit activity. The program will include an evaluation of the ~~internal audit activity's~~ Internal Audit Division's conformance with the Standards and an evaluation of whether the Internal Auditors apply the IIA's Code of Ethics. The program will also assess the efficiency and effectiveness of the internal audit activity and identifies identify opportunities for improvement.

The Director of Internal Audit will communicate to senior management and the Commission Finance and Audit Committee on the internal audit activity's quality assurance and improvement program, including results of ongoing internal assessments, and external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside DDSN.

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COMMISSION
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Reference Number: 275-05-DD

Title of Document: General Duties of the South Carolina Department of Disabilities and Special Needs (DDSN) Internal Audit Division

Date of Issue: February 14, 2002
 Date of Last Revision: November 17, 2022 **(REVISED)**
 Effective Date: November 17, 2022

Applicability: DDSN Central Office, DDSN Regional Centers DDSN-Operated Community Settings, DSN Boards and Contracted Service Providers of all Service Programs

Purpose and Mission

The purpose of the South Carolina Department of Disabilities and Special Needs (DDSN’s) Internal Audit Division (IA) is to provide independent, objective assurance and consulting services designed to add value and improve the agency’s operations. The mission of internal audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. IA helps DDSN accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes.

Standards for the Professional Practice of Internal Auditing

IA will govern itself by adherence to the mandatory elements of The Institute of Internal Auditors’(IIA) International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the *International Standards for the Professional Practice of Internal Auditing*, and the Definition of Internal Auditing. The Internal Audit Director will report periodically to senior management and the Finance and Audit Committee regarding the Internal Audit Division’s conformance to the Code of Ethics and the *Standards*.

Authority

It is the policy of DDSN to establish and support an Internal Audit Division as an independent appraisal function to examine and evaluate DDSN and provider activities as a service to Executive Management and the DDSN Commission.

The State Director shall appoint the Director of Internal Audit, subject to the approval of the full DDSN Commission. The Director of Internal Audit shall be responsible for the day-to-day administration and operation of the Internal Audit Division, subject to policies, rules and regulations adopted by the DDSN Commission.

Subject to the approval of the State Director, the Director of Internal Audit shall prescribe the organizational structure and the personnel necessary to carry out the Internal Audit function.

The Director of Internal Audit reports administratively to the State Director and functionally to the Finance and Audit Committee Chair of the DDSN Commission.

The Director of Internal Audit will have unrestricted access to, and communicate and interact directly with, the Finance and Audit Committee and DDSN Commission, as necessary, including in private meetings without management present.

To establish, maintain, and assure that DDSN IA has sufficient authority to fulfill its duties, the Finance and Audit Committee will:

- Approve the IA Division’s charter;
 - Approve the risk-based internal audit plan;
 - Approve the Internal Audit Division’s budget and resource plan;
 - Receive communications from the Director of Internal Audit on the Internal Audit Division’s performance relative to its plan and other matters;
 - Approve decisions regarding the appointment and removal of the Director of Internal Audit;
 - Approve the remuneration of the Director of Internal Audit; and
 - Make appropriate inquiries of management and the Director of Internal Audit to determine whether there is inappropriate scope or resource limitations.

IA is authorized to:

- Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any DDSN engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Have full, free and unrestricted access to all functions, records, property, and personnel within the scope of DDSN services pertinent to carrying out any DSN Board or Contracted Service Provider engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.
- Obtain assistance from the necessary personnel of DDSN, as well as other specialized services from within or outside DDSN, in order to complete the engagement.

Independence and Objectivity

The Director of Internal Audit will ensure that the IA Division remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If the Director of Internal Audit determines that independence or objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.

Internal Auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, Internal Auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing any operational duties for DDSN or its contracted service providers.
- Initiating or approving transactions external to the Internal Audit Division.
- Directing the activities of any DDSN employee not employed by the Internal Audit Division, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist internal auditors.

Where the Internal Audit Director has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards will be established to limit impairments to independence or objectivity.

Internal Auditors will:

- Disclose any impairment of independence or objectivity, in fact or appearance, to appropriate parties.
- Exhibit professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.

The Director of Internal Audit will confirm to the Finance and Audit Committee, at least annually, the organizational independence of the Internal Audit Division.

The Director of Internal Audit will disclose to the Finance and Audit Committee any interference and related implications in determining the scope of internal auditing, performing work, and/or communicating results.

Scope of Internal Audit Activities

The scope of internal audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent assessments to the DDSN Commission and management on the adequacy and effectiveness of governance, risk management, and control processes for DDSN. Internal audit assessments include evaluating whether:

- Risks relating to the achievement of DDSN’s strategic objectives are appropriately identified and managed.
- The actions of DDSN’s commissioners, executive management, employees and contractors are in compliance with DDSN’s directives, standards, policies, procedures and applicable laws and regulations.
- The results of operations or programs are consistent with established goals and objectives.
- Operations or programs are being carried out effectively and efficiently.
- Established processes and systems enable compliance with the directives, standards, policies, procedures, laws and regulations that could significantly impact DDSN.
- Information and the means used to identify, measure, analyze, classify and report such information are reliable and have integrity.
- Resources and assets are acquired economically, used efficiently, and protected adequately.

The Director of Internal Audit will report periodically to senior management and the Finance and Audit Committee regarding:

- The Internal Audit Division’s purpose, authority, and responsibility.
- The Internal Audit Division’s plan and performance relative to its plan.
- The Internal Audit Division’s conformance with the IIA’s Code of Ethics and *Standards*, and action plans to address any significant conformance issues.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other matters requiring the attention of, or request by, the Finance and Audit Committee.
- Results of audit engagements or other activities.
- Resource requirements.
- Any response to risk by management that may be unacceptable to DDSN.

The Internal Audit Director also coordinates activities, where possible, and considers relying upon the work of other internal and external assurance and consulting service providers as needed. The Internal Audit Division may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided the Internal Audit Division does not assume management responsibility.

Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.

Responsibility

The Internal Audit Director has the responsibility to:

- Submit an annual risk-based internal audit plan to the State Director, Finance and Audit Committee, and DDSN Commission for review and approval.
- Communicate to the State Director and the Finance and Audit Committee the impact of resource limitations on the internal audit plan.
- Review and adjust the internal audit plan, as necessary, in response to changes in DDSN's priorities, risks, operations, programs, systems and controls.
- Communicate to the State Director and the Finance and Audit Committee any significant interim changes to the internal audit plan.
- Ensure each engagement of the internal audit plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programs and testing results, and the communication of engagement results with applicable conclusions and recommendations to appropriate parties.
- Follow up on engagement findings/observations and corrective actions, and report periodically to senior management and the Finance and Audit Committee any corrective actions not effectively implemented.
- Ensure the principles of integrity, objectivity, confidentiality, and competency are applied and upheld.
- Maintain a professional audit staff that collectively possesses or obtains the knowledge, skills, experience, professional certifications, and other competencies needed to meet the requirements of the internal audit charter.
- Ensure emerging trends and successful practices in internal auditing are considered.
- Establish and ensure adherence to policies and procedures designed to guide the Internal Audit Division.
- Ensure adherence to DDSN's relevant policies and procedures, unless such policies and procedures conflict with the internal audit charter. Any such conflicts will be resolved or otherwise communicated to senior management and the Finance and Audit Committee.
- Ensure conformance of the Internal Audit Division with the *Standards*, with the following qualification:
 - If the Internal Audit Division is prohibited by law or regulation from conformance with certain parts of the *Standards*, the Internal Audit Director will ensure appropriate disclosures and will ensure conformance with all other parts of the *Standards*.

Financial Sanctions

A financial sanction is only applicable to repeat internal audit findings/observations as they relate to the health, safety and/or welfare of individuals being served.

The sanction will only apply when follow-up procedures are conducted and the accepted corrective action from the initial audit was not implemented. The Provider will then be given notice and be allowed 90 days to implement the agreed upon corrective action. If in the subsequent visit (i.e., the third visit), the corrective action plan was not implemented, the Provider will receive a financial sanction in the amount of a minimum of \$1,000 with a potential increase based on the discretion of the Finance and Audit Committee.

An appeals process will be available to any Provider who is assessed a financial sanction for repeat internal audit findings/observations as they relate to the health, safety, and/or welfare of individuals being served. The appeal shall be requested within 30 days of notice of the sanction. The Appeals Committee membership will include: two (2) DDSN staff members; two (2) community provider members from each provider association; and one (1) consumer or family member. Once appointed, the Appeals Committee shall decide among the membership who shall be named as chair. Once appointed, the members shall serve for two (2) years.

Internal Audit is responsible for monitoring compliance with reporting deadlines established in DDSN directive 275-04-DD: Procedures for Implementation of DDSN Audit Policy for DSN Boards, and 275-06-DD: Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers, and reporting the results of monitoring to the Finance Division for invoicing of financial sanctions, where required by policy.

Quality Assurance and Improvement Program

IA will maintain a quality assurance and improvement program that covers all aspects of the internal audit activity. The program will include an evaluation of the Internal Audit Division’s conformance with the *Standards* and an evaluation of whether Internal Auditors apply the IIA’s Code of Ethics. The program will also assess the efficiency and effectiveness of the internal audit activity and identify opportunities for improvement.

The Director of Internal Audit will communicate to senior management and the Finance and Audit Committee on the internal audit activity’s quality assurance and improvement program, including results of ongoing internal assessments and external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside DDSN.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

FY 23 Spending Plan VS Actual Expenditures - 10/31/2022

Category	Approved 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	\$ 938,535,153	\$ 104,563,889	\$ 203,506,822	\$ 308,070,711	\$ 630,464,442	REASONABLE
Percent of total spending plan remaining	100.00%	11.14%	21.68%	32.82%	67.18%	
% of FY Remaining					66.67%	
Difference % - over (under) budgeted expenditures					-0.51%	

* In October 2022, providers billed & paid by SCDHHS an estimate of \$203.5 million in services (waiver services + state plan services).

Methodology & Report Owner: DDSN Budget Division

DDSN FY23 Contractual Agreements									
Type of Contract	Provider Name	Contract #	Initial FY23 Amount	Change to Initial FY23 Amount	Current FY23 Contract Amount	YTD Expenditures (Jul 22 - Oct 22)	% of Contract Spent	Description	
Child Day	Anderson	202324-03	\$ 192,016	\$ -	\$ 192,016	\$ 13,290	7%	Child Day Care Services	
	Charleston	202324-10	\$ 125,578	\$ -	\$ 125,578	\$ 15,500	12%		
			\$ 317,594	\$ -	\$ 317,594	\$ 28,791	9%	Total Child Day	
Consultant Agreements									
Central Office	Chris Legourd	N/A	\$ 40,000	\$ -	\$ 40,000	\$ 1,325	3%	Cost Report Consultant (Contract valid until 12/2022) \$40,000 max	
Central Office	Dr. Jane M. Charles	N/A	Hourly	\$ -	\$ -	\$ -	0%	Interdisciplinary Technical Advisory Committee (ITAC) \$225.00/hour	
Central Office	Erik Drasgow	N/A	\$ 28,800	\$ -	\$ 28,800	\$ 1,725	6%	Interdisciplinary Technical Advisory Committee (ITAC) \$150.00/hour	
Central Office	Gedeon & Associates, LLC (Kathi Lacy)	N/A	\$ 28,800	\$ -	\$ 28,800	\$ 2,525	9%	Interdisciplinary Technical Advisory Committee (ITAC) \$150.00/hour	
Central Office	Palmetto Psychiatry Consultants, LLC	N/A	\$ 249,000	\$ -	\$ 249,000	\$ 23,651	9%	Psychiatric Services \$255/hour (\$249,000 max)	
Central Office	Tallon Group	N/A	\$ 80,000	\$ -	\$ 80,000	\$ 24,111	30%	Legislative Consultant \$80,000	
Coastal	Charleston ENT Associates, LLC	N/A	\$ 5,000	\$ -	\$ 5,000	\$ -	0%	Audiological Services \$75/consumer (\$5,000 max for clinic)	
Coastal	Coastal Medical Services	N/A	\$ 2,000	\$ -	\$ 2,000	\$ -	0%	Podiatry Clinic Services - \$50/person not covered by insurance (\$2,000 max)	
Coastal	MUSC (Dr. McLeod Frampton Gwynette)	N/A	\$ 55,200	\$ -	\$ 55,200	\$ -	0%	Psychiatric Services - \$1,150/clinic (no more than 4 clinics/month, 10 per clinic & 3 hours duration) (\$55,200 max)	
Coastal	Robert P. Turner dba Network Neurology Health, LLC	N/A	\$ 48,000	\$ -	\$ 48,000	\$ 16,000	33%	Neurology Services - \$4,000/clinic every month (\$48,000 max)	
Midlands	Altman Footcare, P.A.	N/A	\$ 8,400	\$ -	\$ 8,400	\$ -	0%	Podiatry Clinic Services - \$700/clinic (\$8,400 max)	
Midlands	Delores Yvonne N. Means (Audiology Service)	N/A	\$ 5,000	\$ -	\$ 5,000	\$ -	0%	Audiological Services - \$1,000/visit (\$5,000 max)	
Midlands	John K. Baker, MD, LLC	N/A	\$ 9,000	\$ -	\$ 9,000	\$ -	0%	Neurology Services - \$750/clinic (\$9,000 max)	
Midlands	Mark Ayers, MD	N/A	\$ 78,000	\$ -	\$ 78,000	\$ -	0%	Physician Services - \$100/hour (\$78,000 max)	
Midlands	Thomas W. Talbert, Jr. DMD	N/A	\$ 10,000	\$ -	\$ 10,000	\$ -	0%	Dental Services - \$100/hour (\$10,000 max)	
Midlands	Trident Care (MobileX)	N/A	\$ 500	\$ -	\$ 500	\$ -	0%	Radiology and EKG Services - \$75/service per staff or consumer without insurance (\$500 max)	
Pee Dee	Hutto Rehab Services, LLC	N/A	\$ 42,000	\$ -	\$ 42,000	\$ -	0%	Speech Pathology Services at Pee Dee Center - \$70/hour / \$3,500/month max (\$42,000 max)	
Pee Dee	Hutto Rehab Services, LLC	N/A	\$ 42,000	\$ -	\$ 42,000	\$ -	0%	Speech Pathology Services at Saleeby Center - \$70/hour / \$3,500/month max (\$42,000 max)	
Pee Dee	Lowe's Rehabilitation Services, LLC	N/A	\$ 12,600	\$ -	\$ 12,600	\$ -	0%	Occupational Therapy Services at Saleeby Center - \$70/hour / \$1,050/month max (15 hrs.) (\$12,600 max)	
Pee Dee	Lowe's Rehabilitation Services, LLC	N/A	\$ 16,800	\$ -	\$ 16,800	\$ -	0%	Occupational Therapy Services at Pee Dee Center - \$70/hour / \$1,400/month max (20 hrs.) (\$16,800 max)	
Pee Dee	Morphis Pediatric Group	N/A	\$ 116,880	\$ -	\$ 116,880	\$ -	0%	Proactive Service Provision / Comprehensive Medical Care - \$9,740/month (\$116,880 annual max)	
Pee Dee	R. Joseph Healy, MD PA	N/A	\$ 18,000	\$ -	\$ 18,000	\$ -	0%	Neurology Services at Pee Dee Center - \$1,500/clinic (\$18,000 max)	
Pee Dee	R. Joseph Healy, MD PA	N/A	\$ 18,000	\$ -	\$ 18,000	\$ -	0%	Neurology Services at Saleeby Center - \$1,500/clinic (\$18,000 max)	
Pee Dee	Empire Audiology (Rachael Worley)	N/A	\$ -	\$ -	\$ -	\$ -	0%	Audiology services at Pee Dee Regional Center - \$75/patient. Contract is currently in the process of being approved.	
Pee Dee	Empire Audiology (Rachael Worley)	N/A	\$ -	\$ -	\$ -	\$ -	0%	Audiology services at Saleeby Regional Center - \$75/patient. Contract is currently in the process of being approved.	
Pee Dee	Trident Care (MobileX)	N/A	\$ 500	\$ -	\$ 500	\$ -	0%	Radiology and EKG Services - \$75/service per staff or consumer without insurance (\$500 max)	
Piedmont	Foot Clinic of South Carolina	N/A	\$ 3,700	\$ -	\$ 3,700	\$ -	0%	Foot Care Clinics - \$925/quarterly clinic (\$3,700 max)	
Piedmont	NHC/OP K.P. dba NHC Rehabilitation	N/A	\$ 100,000	\$ -	\$ 100,000	\$ -	0%	Speech Pathology Services - \$65/on site; \$26/ 1/2 hour travel; \$0.47/mile (\$100,000 max)	
Piedmont	Pastor Lorenzo Whitfield	N/A	\$ -	\$ 13,000	\$ 13,000	\$ -	0%	Clergy services - \$500/service day (not to exceed 26 days; \$13,000 max). Contract effective 9/18/22 - 6/30/23.	
Piedmont	Robert P. Turner	N/A	\$ 45,000	\$ -	\$ 45,000	\$ -	0%	Neurology Services at Whitten Center - \$3,500/clinic per month; \$250 travel expenses per month (\$45,000 max)	
Piedmont	Theritage Rehab Services, Inc.	N/A	\$ 142,500	\$ -	\$ 142,500	\$ -	0%	Physical Therapy Evaluation and Treatment - \$70/PT per hour; \$50/PTA per hour (\$142,500 max)	
Piedmont	Trident Care (MobileX)	N/A	\$ 500	\$ -	\$ 500	\$ -	0%	Radiology and EKG Services - \$75/service per staff or consumer without insurance (\$500 max)	
Piedmont	William A. Burn, III, DMD, MAGD	N/A	\$ 20,000	\$ -	\$ 20,000	\$ -	0%	Dental Services - \$150/hour (\$20,000 max)	
Piedmont	William S. Owens, MD (Palmetto Bone and Joint)	N/A	\$ 6,000	\$ -	\$ 6,000	\$ -	0%	Orthopedic Consultation Services - \$500/clinic (\$6,000 max)	
			\$ 1,232,180	\$ 13,000	\$ 1,245,180	\$ 69,338	6%	Total Consultants Contracts Shown at Maximum level	

DDSN FY23 Contractual Agreements

Type of Contract	Provider Name	Contract #	Initial FY23 Amount	Change to Initial FY23 Amount	Current FY23 Contract Amount	YTD Expenditures (Jul 22 - Oct 22)	% of Contract Spent	Description
Early Intervention	Aiken	202321-01	\$ 161,200	\$ -	\$ 161,200	\$ 46,493	29%	Early Intervention Services
	Allendale-Barnwell	202321-02	\$ 62,000	\$ -	\$ 62,000	\$ 17,272	28%	
	Anderson	202321-03	\$ 142,600	\$ -	\$ 142,600	\$ 12,821	9%	
	Beaufort	202321-06	\$ 148,800	\$ -	\$ 148,800	\$ 19,594	13%	
	Berkeley	202321-07	\$ 71,300	\$ -	\$ 71,300	\$ 5,927	8%	
	Calhoun	202321-08	\$ 6,200	\$ -	\$ 6,200	\$ -	0%	
	Charleston	202321-10	\$ 12,400	\$ -	\$ 12,400	\$ 73	1%	
	Cherokee	202321-11	\$ 43,400	\$ -	\$ 43,400	\$ 3,653	8%	
	Chesco	202321-13	\$ 62,000	\$ -	\$ 62,000	\$ 7,983	13%	
	Chester/Lancaster	202321-45	\$ 31,000	\$ -	\$ 31,000	\$ 8,974	29%	
	Clarendon	202321-14	\$ 43,400	\$ -	\$ 43,400	\$ 484	1%	
	Colleton	202321-15	\$ 21,700	\$ -	\$ 21,700	\$ 532	2%	
	Darlington	202321-16	\$ 49,600	\$ -	\$ 49,600	\$ 20,295	41%	
	Dorchester	202321-17	\$ 9,300	\$ -	\$ 9,300	\$ 2,516	27%	
	Hampton	202321-23	\$ 24,800	\$ -	\$ 24,800	\$ -	0%	
	Horry	202321-24	\$ 93,000	\$ -	\$ 93,000	\$ 19,739	21%	
	Jasper	202321-25	\$ 9,300	\$ -	\$ 9,300	\$ 460	5%	
	Kershaw	202321-26	\$ 9,300	\$ -	\$ 9,300	\$ -	0%	
	Laurens	202321-28	\$ 18,600	\$ -	\$ 18,600	\$ 5,104	27%	
	Lee	202321-29	\$ 21,700	\$ -	\$ 21,700	\$ -	0%	
	Marion-Dillon	202321-30	\$ 65,100	\$ -	\$ 65,100	\$ 19,594	30%	
	MaxAbilities of York	202321-40	\$ 99,200	\$ -	\$ 99,200	\$ 42,937	43%	
	Newberry	202321-46	\$ 21,700	\$ -	\$ 21,700	\$ 2,008	9%	
	Oconee	202321-33	\$ 102,300	\$ -	\$ 102,300	\$ 36,333	36%	
	Orangeburg	202321-34	\$ 40,300	\$ -	\$ 40,300	\$ 5,830	14%	
	Richland-Lexington	202321-36	\$ 158,100	\$ -	\$ 158,100	\$ 43,518	28%	
	Sumter	202321-37	\$ 89,900	\$ -	\$ 89,900	\$ 12,047	13%	
	Thrive Upstate	202321-22	\$ 120,900	\$ -	\$ 120,900	\$ 21,771	18%	
	Union	202321-38	\$ 31,000	\$ -	\$ 31,000	\$ 7,765	25%	
	Williamsburg	202321-39	\$ 18,600	\$ -	\$ 18,600	\$ 460	2%	
	ABC's of Learning, LLC	202321-3896	\$ 9,300	\$ -	\$ 9,300	\$ -	0%	
	About Play, LLC	202321-3854	\$ 1,497,300	\$ -	\$ 1,497,300	\$ 494,927	33%	
	Above and Beyond of Upstate	202321-3878	\$ 62,000	\$ -	\$ 62,000	\$ 28,230	46%	
	Achieving at Play, LLC	202321-3851	\$ 6,200	\$ -	\$ 6,200	\$ 73	1%	
	Aging with Flair, LLC	202321-3815	\$ 499,100	\$ -	\$ 499,100	\$ 112,484	23%	
	Ahead Start	202321-3801	\$ 570,400	\$ -	\$ 570,400	\$ 212,170	37%	
	All About Children, LLC	202321-3858	\$ 322,400	\$ -	\$ 322,400	\$ 89,551	28%	
	Amazing Kids, LLC	202321-3864	\$ 241,800	\$ -	\$ 241,800	\$ 9,071	4%	
	Awesome Kids Early Intervention Services	202321-3842	\$ 6,200	\$ -	\$ 6,200	\$ -	0%	
	Better Beginnings Early Intervention	202321-3866	\$ 167,400	\$ -	\$ 167,400	\$ 46,372	28%	
	Beyond Early Intervention, LLC	202321-3852	\$ 241,800	\$ -	\$ 241,800	\$ 78,182	32%	
	Beyond the Stars Early Intervention, LLC	202321-3898	\$ 43,400	\$ -	\$ 43,400	\$ 12,216	28%	
	Bloom & Blossom, LLC	202321-3857	\$ 12,400	\$ -	\$ 12,400	\$ 3,000	24%	
	Bright Start	202321-3802	\$ 1,140,800	\$ -	\$ 1,140,800	\$ 281,955	25%	
	Brilliant Beginnings, LLC	202321-3803	\$ 62,000	\$ -	\$ 62,000	\$ 26,367	43%	
	Carolina Behavior & Beyond, LLC	202321-3828	\$ 713,000	\$ -	\$ 713,000	\$ 181,396	25%	
	Carolina Early Intervention, LLC	202321-3868	\$ 37,200	\$ -	\$ 37,200	\$ 8,273	22%	
	Coastal Early Intervention, LLC	202321-3844	\$ 55,800	\$ -	\$ 55,800	\$ 13,498	24%	
	Cornerstone Support Services, LLC	202321-3856	\$ 102,300	\$ -	\$ 102,300	\$ 23,075	23%	
	Easter Seals Society of SC	202321-3804	\$ 737,800	\$ -	\$ 737,800	\$ 186,698	25%	
	Engage in Play Early Intervention	202321-3855	\$ 21,700	\$ -	\$ 21,700	\$ 10,136	47%	
	Epworth Early Intervention Center	202321-3808	\$ 96,100	\$ -	\$ 96,100	\$ 21,336	22%	
	Exceptional Kids, LLC	202321-3900	\$ 9,300	\$ -	\$ 9,300	\$ -	0%	
	Family Ties of SC, LLC	202321-3901	\$ 6,200	\$ -	\$ 6,200	\$ -	0%	
	Great Kids and Awesome Adults	202321-3870	\$ 641,700	\$ -	\$ 641,700	\$ 232,611	36%	
	Hands on Developmental Services, LLC	202321-3812	\$ 93,000	\$ -	\$ 93,000	\$ 31,275	34%	
	I Shine, LLC	202321-3818	\$ 68,200	\$ -	\$ 68,200	\$ 15,240	22%	
	Kids First, LLC	202321-3805	\$ 15,500	\$ -	\$ 15,500	\$ 3,193	21%	
	Kid in Development	202321-3809	\$ 198,400	\$ -	\$ 198,400	\$ 39,357	20%	
	Lowcountry Early Intervention, LLC	202321-3891	\$ 37,200	\$ -	\$ 37,200	\$ 11,611	31%	
	Meeting Milestones EI Services	202321-3882	\$ 542,500	\$ -	\$ 542,500	\$ 259,510	48%	
	Milestones Developmental Services, LLC	202321-3902	\$ 12,400	\$ -	\$ 12,400	\$ 1,403	11%	
	Palmetto Early Intervention	202321-3840	\$ 201,500	\$ -	\$ 201,500	\$ 72,014	36%	
	Path Finders Team Services	202321-3848	\$ 173,600	\$ -	\$ 173,600	\$ 6,628	4%	
	Pattison's DREAM Academy	202321-3820	\$ 49,600	\$ -	\$ 49,600	\$ 4,306	9%	
	Pediatric Therapy of Aiken, LLC	203221-3814	\$ 71,300	\$ -	\$ 71,300	\$ 22,618	32%	
	Pee Dee Kids, LLC	202321-3850	\$ 31,000	\$ -	\$ 31,000	\$ 8,031	26%	
	Pee Dee Professional Interv	202321-3872	\$ 133,300	\$ -	\$ 133,300	\$ -	0%	
	Peek-A-Boo EI	202321-3899	\$ 24,800	\$ -	\$ 24,800	\$ 4,935	20%	

DDSN FY23 Contractual Agreements

Type of Contract	Provider Name	Contract #	Initial FY23 Amount	Change to Initial FY23 Amount	Current FY23 Contract Amount	YTD Expenditures (Jul 22 - Oct 22)	% of Contract Spent	Description	
Early Intervention Cont.	Play 2 Learn Early Intervention	202321-3886	\$ 114,700	\$ -	\$ 114,700	\$ 34,519	30%		
	Playworks, Inc.	202321-3807	\$ 248,000	\$ -	\$ 248,000	\$ 61,588	25%		
	Promising Futures	202321-3836	\$ 161,200	\$ -	\$ 161,200	\$ 35,653	22%		
	Ready, Set, Go! Early Intervention, LLC	202321-3894	\$ 96,100	\$ -	\$ 96,100	\$ 39,986	42%		
	Right Steps	202321-3883	\$ 15,500	\$ -	\$ 15,500	\$ -	0%		
	Room to Bloom, LLC	202321-3884	\$ 170,500	\$ -	\$ 170,500	\$ 23,996	14%		
	Smart Start Early Intervention, LLC	202321-3880	\$ 52,700	\$ -	\$ 52,700	\$ 13,305	25%		
	Student Solutions	202321-3849	\$ 111,600	\$ -	\$ 111,600	\$ 38,002	34%		
	Therapy Solutions, LLC	202321-3806	\$ 62,000	\$ -	\$ 62,000	\$ 5,007	8%		
	Tina Greene & Associates	202321-3822	\$ 31,000	\$ -	\$ 31,000	\$ 6,386	21%		
	Tiny Feet Early Intervention	202321-3874	\$ 341,000	\$ -	\$ 341,000	\$ 155,155	45%		
			\$ 12,148,900	\$ -	\$ 12,148,900	\$ 3,329,520	27%	Total Early Intervention (Note: The amount of each contract was based on a rate of \$3.100 multiplied by the number of consumers)	
ICF	Allendale	202301-02	\$ 2,825,976	\$ 73,847	\$ 2,899,823	\$ 891,640	31%	Intermediate Care Facilities for Individuals with Intellectual Disabilities	
	Babcock Center	202301-04	\$ 4,742,724	\$ 123,078	\$ 4,865,802	\$ 1,471,759	30%		
	Berkeley Citizens	202301-07	\$ 1,883,984	\$ 49,231	\$ 1,933,215	\$ 608,234	31%		
	Burton Center	202301-18	\$ 5,943,012	\$ 147,694	\$ 6,090,706	\$ 1,917,204	31%		
	Calhoun	202301-08	\$ 3,856,703	\$ 98,462	\$ 3,955,165	\$ 1,220,315	31%		
	Charleston	202301-10	\$ 941,992	\$ 24,616	\$ 966,608	\$ 299,008	31%		
	Cherokee	202301-11	\$ 1,921,943	\$ 49,231	\$ 1,971,174	\$ 617,585	31%		
	Chester/Lancaster	202301-45	\$ 1,908,984	\$ 49,231	\$ 1,958,215	\$ 622,393	32%		
	Darlington	202301-16	\$ 2,041,763	\$ 49,231	\$ 2,090,994	\$ 661,009	32%		
	Dorchester	202301-17	\$ 1,883,984	\$ 49,231	\$ 1,933,215	\$ 560,558	29%		
	Florence	202301-20	\$ 4,709,960	\$ 123,078	\$ 4,833,038	\$ 1,459,796	30%		
	Laurens	202301-28	\$ 1,883,984	\$ 49,231	\$ 1,933,215	\$ 520,574	27%		
	Lee	202301-29	\$ 1,883,984	\$ 49,231	\$ 1,933,215	\$ 624,292	32%		
	Newberry	202301-46	\$ 1,177,490	\$ 30,770	\$ 1,208,260	\$ 417,187	35%		
	Orangeburg	202301-34	\$ 3,767,968	\$ 98,462	\$ 3,866,430	\$ 1,258,855	33%		
	Sumter	202301-37	\$ 3,061,474	\$ 80,001	\$ 3,141,475	\$ 1,005,138	32%		
	Thrive Upstate	202301-22	\$ 5,651,952	\$ 147,694	\$ 5,799,646	\$ 1,787,426	31%		
	Tri-Development	202301-48	\$ 3,767,968	\$ 98,462	\$ 3,866,430	\$ 1,229,803	32%		
	Union	202301-38	\$ 941,992	\$ 24,616	\$ 966,608	\$ 309,878	32%		
			\$ 54,797,837	\$ 1,415,397	\$ 56,213,234	\$ 17,482,655	31%	Total ICF	
Family Support Respite	Aiken	202329-01	\$ 19,338	\$ -	\$ 19,338	\$ 6,446	33%	Individual and Family Support Stipends and Respite State-Funded	
	Allendale-Barnwell	202329-02	\$ 5,874	\$ -	\$ 5,874	\$ 1,958	33%		
	Anderson	202329-03	\$ 50,000	\$ -	\$ 50,000	\$ 16,667	33%		
	Arc of South Carolina	202329-148	\$ 68,178	\$ -	\$ 68,178	\$ 22,726	33%		
	Bamberg	202329-05	\$ 4,422	\$ -	\$ 4,422	\$ 1,474	33%		
	Beaufort	202329-06	\$ 15,708	\$ -	\$ 15,708	\$ 5,236	33%		
	Bright Start	202329-146	\$ 201,502	\$ -	\$ 201,502	\$ 67,167	33%		
	Calhoun	202329-08	\$ 2,838	\$ -	\$ 2,838	\$ 946	33%		
	Center for Developmental Services	202329-153	\$ 21,318	\$ -	\$ 21,318	\$ 7,106	33%		
	Central Office Care Coord.	N/A	\$ 344,786	\$ -	\$ 344,786	\$ 47,329	14%		Figuring this total out
	Charles Lea	202329-09	\$ 36,828	\$ -	\$ 36,828	\$ 12,276	33%		
	Charleston	202329-10	\$ 70,488	\$ -	\$ 70,488	\$ 23,496	33%		
	Cherokee	202329-11	\$ 13,134	\$ -	\$ 13,134	\$ 4,378	33%		
	CHESCO Services	202329-13	\$ 15,972	\$ -	\$ 15,972	\$ 5,324	33%		
	Chester/Lancaster	202329-45	\$ 17,490	\$ -	\$ 17,490	\$ 5,830	33%		
	Clarendon	202329-14	\$ 7,458	\$ -	\$ 7,458	\$ 2,486	33%		
	Darlington	202329-16	\$ 19,998	\$ -	\$ 19,998	\$ 6,666	33%		
	Dorchester	202329-17	\$ 31,020	\$ -	\$ 31,020	\$ 10,340	33%		
	Florence	202329-20	\$ 26,796	\$ -	\$ 26,796	\$ 8,932	33%		
	Georgetown	202329-21	\$ 11,088	\$ -	\$ 11,088	\$ 3,696	33%		
	Horry	202329-24	\$ 49,368	\$ -	\$ 49,368	\$ 16,456	33%		
	Kershaw	202329-26	\$ 12,408	\$ -	\$ 12,408	\$ 4,136	33%		
	Laurens	202329-28	\$ 27,918	\$ -	\$ 27,918	\$ 9,306	33%		
	Marion-Dillon	202329-30	\$ 21,846	\$ -	\$ 21,846	\$ 7,282	33%		
	Marlboro	202329-31	\$ 7,062	\$ -	\$ 7,062	\$ 2,354	33%		
	Newberry	202329-46	\$ 7,788	\$ -	\$ 7,788	\$ 2,596	33%		
	Oconee	202329-33	\$ 12,804	\$ -	\$ 12,804	\$ 4,268	33%		
	Orangeburg	202329-34	\$ 39,600	\$ -	\$ 39,600	\$ 13,200	33%		
	Richland-Lexington	202329-36	\$ 124,796	\$ -	\$ 124,796	\$ 41,599	33%		
SC Autism Society	202329-147	\$ 127,314	\$ -	\$ 127,314	\$ 42,438	33%			
Sumter	202329-37	\$ 13,860	\$ -	\$ 13,860	\$ 4,620	33%			
MaxAbilities of York	202329-40	\$ 21,000	\$ -	\$ 21,000	\$ 7,000	33%			
			\$ 1,450,000	\$ -	\$ 1,450,000	\$ 415,734	29%	Total Family Support Respite	
Special Contracts	Babcock	2023-09	\$ 56,000	\$ -	\$ 56,000	\$ 37,333	67%	Facility Cost to Operate HASCI Transitional Program	
	Babcock	2023-134	\$ 870,135	\$ 158,206	\$ 1,028,341	\$ 290,045	28%	Medical Model Residential	
	Brain Injury Association of South Carolina	2023-68	\$ 64,995	\$ -	\$ 64,995	\$ 21,665	33%	Family Support Network	

DDSN FY23 Contractual Agreements								
Type of Contract	Provider Name	Contract #	Initial FY23 Amount	Change to Initial FY23 Amount	Current FY23 Contract Amount	YTD Expenditures (Jul 22 - Oct 22)	% of Contract Spent	Description
Special Contracts Cont.	Charles Lea	2023-133	\$ 1,527,326	\$ 36,923	\$ 1,564,249	\$ 509,109	33%	Medical Model Residential
	Charleston	2023-10	\$ 56,000	\$ -	\$ 56,000	\$ 37,333	67%	Facility Cost to Operate HASCI Transitional Program
	Family Connection of South Carolina	2023-26	\$ 65,000	\$ -	\$ 65,000	\$ 21,667	33%	Family Support Network
	Greenwood Genetic	2023-247	\$ 11,945,200	\$ -	\$ 11,945,200	\$ 999,403	8%	GGC Combined Services
	Hearts & Hands	2023-500	\$ 5,000	\$ -	\$ 5,000	\$ -	0%	Special community supports for C. Cleveland.
	Horry	2023-124	\$ 56,000	\$ -	\$ 56,000	\$ 37,333	67%	Facility Cost to Operate HASCI Transitional Program
	Horry	2023-02	\$ 4,800	\$ -	\$ 4,800	\$ 4,800	100%	Special Family Support for the Jennings Family
	Palmetto Health University Group	2023-33	\$ 111,332	\$ -	\$ 111,332	\$ -	0%	Physician Services (Dr. Welsh)
	Richland-Lexington	2023-170	\$ 12,000	\$ -	\$ 12,000	\$ 12,000	100%	Special Residential Supports for ID/RD Consumer-T. Richardson
	SC Respite Coalition	2023-83	\$ 257,000	\$ -	\$ 257,000	\$ 59,377	23%	Respite Training
	SC Spinal Cord Injury	2023-126	\$ 64,891	\$ -	\$ 64,891	\$ 21,630	33%	Family Support Network
	Special Olympics	2023-29	\$ 250,000	\$ -	\$ 250,000	\$ 125,000	50%	Unified Sports Program
	Thrive Upstate	2023-50	\$ 56,000	\$ -	\$ 56,000	\$ 37,333	67%	Facility Cost to Operate HASCI Transitional Program
	USC - CDR	2023-3042	\$ 316,700	\$ -	\$ 316,700	\$ 43,670	14%	Training Programs and Technical Assistance for Staff
	USC - Training Programs for Attendant Care	2023-3043	\$ 200,000	\$ -	\$ 200,000	\$ 32,767	16%	Training Programs for Attendant Care
			\$ 15,918,379	\$ 195,129	\$ 16,113,508	\$ 2,290,465	14%	Total Special
Post-Acute Rehabilitation Project	Prisma Health - Upstate		\$ 1,700,000	\$ -	\$ 1,700,000	\$ 466,042	27%	Providers are CARF accredited inpatient/outpatient TBI/SCI Rehabilitation
	Carolina Rehabilitation		\$ 165,000	\$ -	\$ 165,000	\$ 106,070	64%	Programs approved by SFAA State Procurement Office to participate in RFP
	Rehab Without Walls		\$ 501,000	\$ -	\$ 501,000	\$ 143,450	29%	Solicitation: 5400020743
	Roper Hospital		\$ 1,700,000	\$ -	\$ 1,700,000	\$ 322,215	19%	
			\$ 4,066,000	\$ -	\$ 4,066,000	\$ 1,037,777	26%	Total PARI Program
Alternative Placement Residential Services	Avalonia		\$ 365,000	\$ -	\$ 365,000	\$ 47,261	13%	Medical Rehabilitative Behavioral Services
	Broadstep Kingtree		\$ 547,500	\$ -	\$ 547,500	\$ 268,145	49%	Providers are approved by SFAA State Procurement Office to participate in RFP
	Broadstep Excalibur		\$ 990,724	\$ -	\$ 990,724	\$ -	0%	Solicitation: 5400020443
	Broadstep Georgetown		\$ 141,146	\$ -	\$ 141,146	\$ -	0%	
	Coastal Autism Academy		\$ 564,582	\$ -	\$ 564,582	\$ 106,729	19%	
	Pine Grove		\$ 705,728	\$ -	\$ 705,728	\$ 134,185	19%	
	Wise Care		\$ 70,573	\$ -	\$ 70,573	\$ 23,782	34%	
	Wellpath		\$ 3,380,009	\$ -	\$ 3,380,009	\$ 944,172	28%	
	Department of Social Services	Cost Share	\$ 79,000	\$ -	\$ 79,000	\$ -	0%	
	Department of Mental Health	Cost Share	\$ 242,500	\$ -	\$ 242,500	\$ 45,250	19%	
			\$ 7,086,762	\$ -	\$ 7,086,762	\$ 1,569,524	22%	Total Alternative Placement Residential Services
			\$ 97,017,652	\$ 1,623,526	\$ 98,641,178	\$ 26,223,803	27%	Grand Total of FY23 Contracts