

**South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016**

| | Program Need | Budget Request for FY 2017-2018 | New Services By Individual Based on FY 2018 Request |
|----------|--|---|--|
| 1 | <p>Safety and Quality of Care/Workforce Needs. Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 nursing and supervisory care of consumers. This request has three components:</p> <p>(1) Increase the hiring wage for direct care staff and immediate supervisors. Direct care wages are no longer competitive. An increased hiring wage of \$12.00 to \$13.00 per hour is needed to be highly competitive. This request supports moving toward that goal by increasing the hiring wages to \$11.00 per hour, an 8.8 percent increase from \$10.11 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases. In the last year, large private companies, like Walmart and McDonald’s, have raised their hiring pay rate to remain competitive.</p> <p>(2) Retain essential 24/7 nursing and direct care staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.</p> <p>(3) Comply with new overtime regulations imposed by the federal Department of Labor. The federal Department of Labor has imposed a new regulation scheduled to become effective during FY 2017. This regulation dramatically changes the overtime exception raising it from employees earning \$23,660 or less to employees earning \$47,476 or less. All DDSN regional centers and community providers will be required to change which staff are exempt and which staff must be paid overtime. This new requirement will result in a significant increase in workforce costs. New recurring funds are necessary to cover the increased personnel cost.</p> | <p>\$11,500,000</p> <hr/> <p>Increase Hiring Wage \$9M</p> <p>Compression & Retention \$1M</p> <p>Dept. Of Labor \$1.5M</p> | <p>Statewide</p> <hr/> |
| 2 | <p>Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists. This request has two components:</p> <p>(1) The first will provide approximately 950 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 6,400 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.</p> <p>(2) The second component of this request will provide necessary residential supports and services for approximately 100 individuals who are living at home with caregivers aged 72 and over. Providing services now prevents waiting until the family is in crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are over 1,200 individuals with severe disabilities being cared for by parents aged 72 and over. Over 500 of these caregivers are 80 years old or older. This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request would be an expansion of DDSN’s current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals.</p> | <p>\$6,400,000</p> <hr/> <p>In-Home Supports \$4.3M</p> <p>Targeted Residential/Aging Caregivers \$2.1M</p> | <p>Statewide</p> <hr/> <p>950</p> <p>100 Beds</p> |

**South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016**

| | Program Need | Budget Request for FY 2017-2018 | New Services By Individual Based on FY 2018 Request |
|----------|--|--|--|
| 3 | <p>Crisis Intervention and Stabilization for Individuals.</p> <p>(1) This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings.</p> <p>(2) Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. This request also includes increased access to psychiatric support for individuals receiving community services and support.</p> <p>(3) Funds are requested to develop approximately 50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual cost of providing a very high level of supports required for individuals with aggressive and extremely challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others. The number of providers willing to serve them is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders.</p> | <p>\$3,800,000</p> <hr/> <p>Regional Team \$750K</p> <p>Temporary Residential \$400K</p> <p>TBI Inpatient \$500K</p> <p>Psychiatric Support \$150K</p> <p>Residential \$2M</p> | <p>Statewide</p> <hr/> <p>1 Team</p> <p>4 Beds</p> <p>3 to 4</p> <p>Statewide</p> <p>50 Beds</p> |
| 4 | <p>Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care. The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The new Final Rule issued by Centers for Medicare & Medicaid Services requires states to provide services in less restrictive, more inclusive, community settings. This request represents the state's need to boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings while maintaining quality care. These funds will allow approximately 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations. Funds will be used to purchase and develop community residential settings, day services and provide necessary supports.</p> | <p>\$1,200,000</p> | <p>28</p> |

**South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016**

| | Program Need | Budget Request for FY 2017-2018 | New Services By Individual Based on FY 2018 Request |
|----------|--|--|--|
| 5 | <p>Community ICF/IID Provider Rate Increase. These funds will be used to cover the increased cost of providing consumer care in Community ICF/IID settings. Service funding rates must be sufficient to cover the cost of care or the local community providers will not be able to continue to provide the service. Services include nursing, supervision, medical specialists, medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these more intensive supports. Funding for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services are maintained. Funding this request will ensure compliance with current federal regulations. This request will provide sufficient funding as a maintenance of effort to the providers of community ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, the providers will have to serve fewer people.</p> | \$1,500,000 | Statewide |
| 6 | <p>Strengthen Provider Support, Oversight and System Changes. (1) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization will offer individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction. (2) This request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be provided directly by DDSN staff, national subject matter experts would be brought in and provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training. (3) The third component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance.</p> | \$1,650,000 <hr style="width: 20%; margin: auto;"/> Intake \$1.2M Training \$200K Provider Oversight \$250K | Statewide |
| 7 | <p>Assure Statewide Access to Genetic Services. Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center. This request will assure that all babies identified to have a genetic metabolic disease through newborn screening will receive prompt curative treatment. Both the number of infants referred for treatment and the number of infants underserved has increased which has resulted in the need for increased resources to meet the needs of these babies. This request will support maintenance and expansion of both diagnosis and monitoring of patients. This request will also increase access to services to patients with disabilities and genetic disorders in remote areas of South Carolina through tele-genetics implemented in partnership with MUSC and the Palmetto Telehealth Alliance.</p> | \$500,000 | Statewide |

**South Carolina Department of Disabilities and Special Needs
FY 2017 – 2018 Budget Request In Priority Order
Approved by the Commission on 9/15/2016**

| | Program Need | Budget Request for FY 2017-2018 | New Services By Individual Based on FY 2018 Request |
|--------------|---|--|---|
| 8 | <p>Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries. DDSN has a recurring appropriation of \$3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 would serve an additional 8 to 10 individuals and help bridge the gap. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows this results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.</p> | \$500,000 | 8-10 |
| 9 | <p>Ensure Compliance with Federal Regulations.</p> <p>(1) New federal requirements defined by the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) new Final Rule necessitate an increased emphasis on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the CMS HCBS new Final Rule. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment.</p> <p>(2) The new Final Rule also requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement.</p> <p>(3) New state funds are necessary to increase the state’s participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.</p> | <p style="text-align: center;">\$6,700,000</p> <hr/> <p style="text-align: center;">Individualized Employment/Day Supports \$5.1M</p> <p style="text-align: center;">Conflict Free Case Management \$1.1M</p> <p style="text-align: center;">CMS Requirements \$500K</p> | <p style="text-align: center;">625</p> <p style="text-align: center;">Statewide</p> <p style="text-align: center;">Statewide</p> |
| TOTAL | | \$33,750,000 | |