

# **SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**

## **MINUTES**

March 19, 2015

The South Carolina Commission on Disabilities and Special Needs met on Thursday, March 19, 2015, 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:**

Christine Sharp, Chairperson  
Fred Lynn, Vice Chairman  
Eva Ravenel, Secretary  
Bill Danielson  
Katherine Davis  
Katherine Finley

### **DDSN Administrative Staff**

Dr. Buscemi, State Director; Mrs. Susan Beck, Associate State Director, Policy; Mr. David Goodell, Associate State Director, Operations; Mr. Tom Waring, Associate State Director, Administration; Mrs. Tana Vanderbilt, General Counsel (For other Administrative Staff see Attachment 1 – Sign In Sheet).

### **Guests**

(See Attachment 1 Sign-In Sheet)

### **Coastal Regional Center (via videoconference)**

(See Attachment 2 Sign-In Sheet)

### **Pee Dee Regional Center (via videoconference)**

(See Attachment 3 Sign-In Sheet)

### **Whitten Regional Center (via videoconference)**

(See Attachment 4 Sign-In Sheet)

### **York County DSN Board (via videoconference)**

(See Attachment 5 York County Sign-In Sheet)

News Release of Meeting

Chairperson Christine Sharp called the meeting to order and Commissioner Eva Ravenel read a statement of announcement about the meeting that was mailed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Invocation

Commissioner Bill Danielson gave the invocation.

Adoption of the Agenda

The Commission adopted the March 19, 2015 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the February 19, 2015 Commission Meetings

The Commission approved the February 19, 2015 Commission Meeting minutes by unanimous consent.

Public Input

Mr. Jimmy Burton of the Burton Center spoke on behalf of the SCHSPA.

Commissioners' Update

Commissioner Katherine Davis and Chairperson Christine Sharp spoke of events in their district.

Finance and Audit Committee Report

Commissioner Bill Danielson, Chairperson of the Finance and Audit Committee, asked Mr. Kevin Yacobi to give an update of the meeting held prior to the Commission Meeting. Mr. Yacobi stated the audit activities for the year were reviewed as well as the audit budget. If everything goes as planned, the Audit Division will meet its goals.

Budget Update

Dr. Buscemi gave an update of the FY 2015-2016 budget. The budget came out of the House of Representatives exactly the same as it did with the House Ways and Means with the exception of Savannah's Playground being appropriated \$100,000 in one-time funding. There is no pay increase for employees; however, there is no increase in cost to employees for health insurance. DDSN presented the budget request to the Senate Finance Health and Human Services Subcommittee on March 11, 2015. (Attachment B)

### Waiting List Progress Report

Mrs. Susan Beck gave a detailed update on the Intellectual Disability/Related Disabilities, the Community Supports and the Head and Spinal Cord reduction waiting list reduction efforts, as well as the Critical Needs List. Mrs. Beck spoke of implementing process improvements to keep the waiting lists moving more efficiently. She also stated that DDSN is engaged in a project to better monitor with individuals in the pending status to better support the providers through that stage. She stated that we are making a lot of progress. (Attachment C)

### Incident Management

Mrs. Susan Beck presented a review summary of DDSN's Incident Management. A copy of a PowerPoint presentation with detailed information was also provided in the Commissioners' binders for their review. Upon Commissioner Bill Danielson's request, follow-up detail regarding the average age of individuals who have experienced Major Medical incidents over the past five years will be provided to the Commissioners. (Attachment D)

### Eligibility Information

Mrs. Susan Beck provided a chart representing requests for DDSN eligibility and confirmed eligibility determination as well as a chart representing the number of requests for DDSN Autism Spectrum Disorder (ASD) eligibility. Both DDSN eligibility determinations and ASD evaluation referrals have increased significantly. (Attachment E)

### Commission Officer Election

Chairperson Christine Sharp stated that she resigned as Chairperson of the Commission due to the expiration of her term and the pending appointment of her replacement. She added that the commission members were contacted beforehand to see who would be interested in serving. A motion was made to hold an election. The motion was seconded and passed. A vote was taken by written ballot and Commissioner Danielson was elected Chairperson.

### State Director's Report

Dr. Buscemi stated she recently received good news about the SC Housing Trust Fund supporting the capital needs of our providers. At yesterday's meeting, the Housing Trust Fund approved an additional \$292,000 for four homes which totals for this fiscal year \$967,500 for nine homes and eight apartments. This is great for our efforts of residential expansion.

Dr. Buscemi reported the content of the DHHS/DDSN Administrative Contract that covers October 2014 through June 2015 is finalized but not yet signed. The financial component has been submitted to CMS. We have not

received a response from them but DHHS does not anticipate any issues. Meetings have already been held regarding the new 2015-2016 Administrative contract. Dr. Buscemi added that Mr. Christian Soura was confirmed by the Senate as DHHS Director.

Dr. Buscemi spoke of the development of a "Road Map" for disability service system transformation with DHHS. The scope is being determined through discussions between DHHS and DDSN. There are many decisions points still to occur, however, the process is going very well.

Dr. Buscemi spoke of the Medicaid Autism State Plan which has been required by CMS. The current PDD Waiver will sunset once this state plan is implemented. CMS will grant 90-day extensions to the Waiver until the state plan is adopted. When the state plan is implemented, services will become an entitlement and there will not be a waiting list for Medicaid eligible children. October is the target date for the implementation of the state plan. DDSN will send out a letter informing affected families of this change. We need a companion state funded PDD service for children not Medicaid eligible or not served via a private insurance entity. There would be a waiting list for state supported program services based on current funding levels.

Dr. Buscemi noted that this is most likely Commissioner Katherine Finley and Chairperson Christine Sharp's last meeting as their replacements have been named.

Dr. Buscemi spoke of the "Call for Art" and Art Access projects so DDSN can showcase the art and talent of the population we serve. DDSN will be providing a limited number of canvases for the project.

#### Executive Session

On motion of Commissioner Fred Lynn, seconded and passed, the Commission entered into Executive Session to discuss contractual matters.

#### Enter into Public Session

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

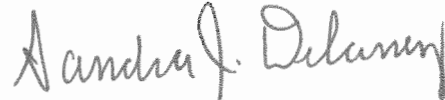
#### Next Regular Meeting Date

Chairperson Christine Sharp announced the next regular Commission Meeting is scheduled for Thursday, April 16, 2015 with the starting time to be determined. The meeting will be held at the DDSN Central Office.


Adjournment

With no further business, Chairperson Christine Sharp adjourned the meeting.

Submitted by,

  
Sandra J. Delaney

Approved:

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Commissioner Eva Ravenel  
Secretary

SC COMMISSION ON DISABILITIES AND  
Commission Meeting

Attachment 1

March 19, 2015

Guest Registration Sheet

**(PLEASE PRINT)** Name and Organization

1. Lisa Weeks
2. Jay Johnson      Potomac Center
3. Jimmy BURTON      BURTON CENTER
4. SAM MARTIN      BURTON CENTER
5. Lanni Cordell      Burton Center
6. Jerry Mize      Oconee DSN
7. Coolam Newton      Brain Injury Assoc.
8. Philip Clarkson      BIA SC
9. Jennifer Van Cleave      SC LEGA
10. Nancy McCormick      P+A
11. CHERYL ENGLISH      SC DDC
12. Ron Cofts      CCDSNB
13. LINDA VELDHEER      DDSN
14. Shondale Hall      DDSN
15. Keanne Johnston      SCHSP
16. ~~BURTON JACOBI~~      DDSN
17. David Fisher      DDSN
18. Bob Jones      Newberry PSN
19. KATHLEEN ROBERTS      WHITTEN CENTER / PROD / PARENT  
PARENTS CLUB
20. Cassidy Evans      PHS

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS  
Commission Meeting  
March 19, 2015

Guest Registration Sheet

**(PLEASE PRINT)** Name and Organization

- 21. Dorothy Goodwin Community Options
- 22. Deborah & Heather Mephusen Richland County
- 23. Dan Reed CRDSN
- 24. Diane Eganly SCSCA
- 25. Gary Lomet
- 27. ~~John Eganly~~ Aiken Co.
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SC COMMISSION ON DISABILITIES AND  
Commission Meeting  
March 19, 2015

Attachment 2

**Guest Registration Sheet**

**(PLEASE PRINT)** Name and Organization

1. Suzanne Johnson Coastal Center Parents

2. Felita Martino DDSN District II

3. Hester S. Wannamaker DII

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SC COMMISSION ON DISABILITIES AND  
Commission Meeting  
March 19, 2015

Attachment 3

**Guest Registration Sheet**

**(PLEASE PRINT)** Name and Organization

- 1. Susan John
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SC COMMISSION ON DISABILITIES ANI  
Commission Meetin\_  
March 19, 2015

Attachment 4

**Guest Registration Sheet**

**(PLEASE PRINT)** Name and Organization

1. John King DDSN

2. PAT FREN DISEN

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SC COMMISSION ON DISABILITIES AND  
Commission Meeting  
March 19, 2015

Attachment 5

**Guest Registration Sheet**

**(PLEASE PRINT)** Name and Organization

1. JANICE FOWLER, York Don Board
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**SOUTH CAROLINA COMMISSION ON DISABILITIES AN**

**A G E N D A**

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

**March 19, 2015**

**10:00 A.M.**

1. Call to Order *Chairperson Christine Sharp*
2. Welcome - Notice of Meeting Statement *Commissioner Eva Ravenel*
3. Invocation *Commissioner Bill Danielson*
4. Introduction of Guests
5. Adoption of Agenda
6. Approval of the Minutes of the February 19, 2015 Commission Meeting
7. Public Input
8. Commissioners' Update *Commissioners*
9. Finance and Audit Committee Report *Commissioner Bill Danielson*
10. Business:
  - A. Budget Update *Dr. Beverly Buscemi*
  - B. Waiting List Progress Report *Mrs. Susan Beck*
  - C. Incident Management *Mrs. Susan Beck*
  - D. Eligibility Information *Mrs. Susan Beck*
  - E. Commission Officer Election *Chairperson Christine Sharp*
11. State Director's Report *Dr. Beverly Buscemi*
12. Executive Session
13. Next Meeting Date (April 16, 2015 at DDSN Central Office)
14. Adjournment

**PLEASE SILENCE CELL PHONES DURING THE MEETING. THANK YOU.**

**South Carolina Department of Disabilities and Special Needs  
FY 2015 – 2016 Budget Request**

**Attachment B**

	<b>Program Need</b>	<b>DDSN Budget Request</b>	<b>House of Representatives</b>
<b>1</b>	Service funding rates must be sufficient to cover the actual cost of care as a maintenance of effort to the providers of services. If not funded, local community providers will not be able to continue to provide the same level of service or maintain quality as there are no automatic increases to cover increased operational expenses. Over the past years the costs of gasoline, food, electricity, medical professionals and other goods and services have increased significantly.	<b>\$5,000,000</b>	<b>\$2,000,000</b>
<b>2</b>	Provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. This request will provide approximately 1,650 children and adults with severe disabilities on waiting lists with in-home supports and services necessary to maximize their skill development, help them live at home with family and prevent unnecessary and expensive out-of-home placements. Supports improve developmental achievement, strengthen the family and allow family caregivers to remain employed. Provide necessary residential supports and services for 125 individuals living with aging caregivers. As of June 30, 2014, there were over 1,200 individuals with severe disabilities living with parents/caregivers age 70 and over. More than 450 of these caregivers are at least 80 years old. The requested funds will provide residential and day supports and services for 125 individuals.	<b>\$10,500,000</b>	<b>\$6,400,000</b>
<b>3</b>	Employment initiative that represents the state’s need to develop school to work transition for individuals aging out of the public school system and the need to establish job recruitment, job coach and job retention for adults with disabilities currently receiving day supports or on the waiting list. A two-prong approach, \$600,000 of this new funding will provide employment services for approximately 75 adults with an intellectual disability, autism, traumatic brain injury or spinal cord injury and \$500,000 of this funding will allow approximately 50 younger individuals to transition from public school to employment.	<b>\$1,100,000</b>	
<b>4</b>	Increase and improve access to respite services critical to helping parents and other family caregivers cope with the stress of providing daily care and supervision to their loved one. DDSN needs to increase the hourly rate that is paid to respite caregivers. The hourly rate that DDSN pays for this service has been increased only once during the last twelve years, a \$1.00 increase two years ago. DDSN is requesting new state funds to further increase the hourly rate by an additional \$2.00, for a total hourly rate of \$11.30. This increase will provide better access to this valuable service by identifying more caregivers as well as attracting more providers on a statewide basis who will qualify to provide this important service.	<b>\$1,000,000</b>	<b>\$1,000,000</b>
<b>5</b>	Provide for the increased cost of providing care and addressing nursing and supervision needs of consumers. Address workforce issues to recruit and retain quality staff that provide essential 24/7 nursing care and direct supervision and care of consumers. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.	<b>\$1,000,000</b>	<b>\$500,000</b>

**South Carolina Department of Disabilities and Special Needs  
FY 2015 – 2016 Budget Request**

<b>Program Need</b>		<b>DDSN Budget Request</b>	<b>House of Representatives</b>
<b>6</b>	Boost the continued transition of individuals with very complex needs from institutional (ICF/ID) settings to less restrictive community settings, while maintaining quality care. DDSN has managed this movement within its own resources for 19 years. With increasing cost of care for those individuals leaving the regional centers, new state funds are necessary to allow individuals with the most complex medical and behavioral 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. Funds requested will allow 40 individuals to move to community settings.	<b>\$1,200,000</b>	<b>\$850,000</b>
<b>7</b>	Increase access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. This request will fund specialized rehabilitation for 8 to 10 individuals who are uninsured or underinsured.	<b>\$500,000</b>	<b>\$500,000</b>
<b>8</b>	Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center. New state funds are required to replace resources no longer available to maintain current service levels. New funds will also be used to expand the metabolic treatment and genetic counseling services.	<b>\$565,000</b>	
<b>9</b>	Improve IT/Data Security statewide, replace obsolete systems, create a bridge to address BabyNet requirements and make system modifications related to Medicaid requirements to include data security and HIPAA compliance. The intended impact is to protect personal and healthcare data, to create efficiencies in DDSN's statewide network and to meet new demands required by external entities.	<b>\$1,000,000</b>	
<b>TOTAL</b>		<b>\$21,865,000</b>	<b>\$11,250,000</b>

One time Funding Approved by Ways and Means Committee:

- Autism Services                      \$1,500,000
- Special Family Resource            \$15,000
- Savannah's Playground            \$100,000

## SC Department of Disabilities and Special Needs

## Waiting List Reduction Efforts

As of March 1, 2015

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities	1,190	432	284	474
Community Supports	1,850	437	735	678
Head and Spinal Cord Injury	449	199	57	193
		1,068	1,076	
<b>Total</b>	<b>3,489</b>	<b>2,144</b>		<b>1,345</b>

Waiting List *	Number of Individuals Added Between July 1, 2014 and March 1, 2015	Number of Individuals Waiting as of March 1, 2015
Intellectual Disability/Related Disabilities	1,138	5,416
Community Supports	1,160	3,548
<b>Total</b>	<b>2,298</b>	<b>8,964</b>

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

\*\* Approximately 30 percent of 8,964 are duplicated names.

# **DDSN Incident Management**

**Review Summary ~ 3/19/2015**

## **ABUSE, NEGLECT, AND EXPLOITATION REPORTING**

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

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



## **TRACKING AND TRENDING REPORTS**

DDSN tracks, trends, and analyzes all Incident Management data through statewide and provider-level profile reports. These reports provide raw data with regard to the number of reports made and cases substantiated and also gives a rate per 100 ratio. As an additional measure, the reports breakdown the types of abuse cases within the provider agency and the number of each type of report. A listing of the top four types of reports for the provider and the state as a whole is given for additional comparison. The rate per 100 information is especially useful in providing a comparative analysis among agencies.


- Over the past 5 years, the number of statewide ANE Allegations per 100 individuals in residential services has dropped from a high of 11.4 to a low of 8.9 in FY14.
- The rate of substantiated abuse per 100 individuals in residential services has also dropped from .4 in FY10 to .18 in FY14.
- The number of ANE Allegations per 100 individuals in day services has dropped from a high of 1.3 to .99 in FY14.
- The rate of substantiated abuse per 100 individuals in day services has remains around .03 to .05.

## **CRITICAL INCIDENT REPORTING**

A Critical Incident is defined as an unusual, unfavorable occurrence that is not consistent with routine operations; has harmful or otherwise negative effects involving people with disabilities, employees, or property; and occurs during the direct provision of DDSN service.

It is also important to remember that Critical Incident numbers are not unduplicated numbers. Critical Incident categories are selected by the reporter and more than one category may be selected for an incident. For example, a van accident would be reported under Motor Vehicle Accidents, but it may also involve injuries and possibly Major Medical. Aggression between 2 consumers may result in Law Enforcement involvement and a report of injuries.

- Statewide, about 15 – 16% of our service population will have a Critical Incident of some type each year. The numbers are higher for the Regional Centers due to the medically complex needs and/or behavioral challenges presented by some residents.
- The majority of incidents reported to DDSN are for medical issues, accidents, and injuries. Major medical incidents have been steadily increasing, but this is largely impacted by our agency's aging population and increasing medical needs.
- There have been more people admitted to the hospital for pneumonia or other respiratory infections, an increase in consumers receiving Hospice care in their DDSN home as opposed to a nursing home, and other medical conditions typically associated with older adults.



**SCDDSN INCIDENT MANAGEMENT REPORTING**

- Critical Incidents
- Allegations of Abuse, Neglect, and Exploitation
- Death Reporting

**SCDDSN INCIDENT MANAGEMENT REPORTING**

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

DDSN follows the procedures for reporting allegations of Abuse, Neglect, and Exploitation according to the procedures outlined in the SC Code of Law for Adult/ Child Protective services and the Omnibus Adult Protection Act.

**SCDDSN INCIDENT MANAGEMENT REPORTING**

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**SCDDSN INCIDENT MANAGEMENT REPORTING**

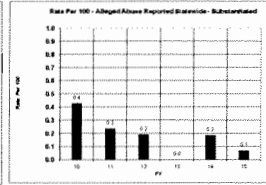
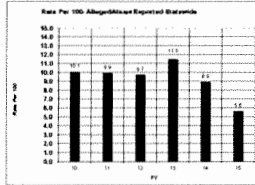
Community Residential Services - Allegations of Abuse, Neglect, Exploitation

	<u>FY 10</u>	<u>FY 11</u>	<u>FY 12</u>	<u>FY 13</u>	<u>FY 14</u>	<u>FY 15</u>
# Reports	426	420	413	493	389	244
Rate Per 100	10.08	9.90	9.72	11.47	8.92	5.64
<b>Allegations Substantiated</b>						
#	18	10	8	0	8	3
Rate Per 100	0.43	0.24	0.19	0.00	0.18	0.07

## SCDDSN INCIDENT MANAGEMENT REPORTING

Allegations reported for Community Residential Service Providers

Substantiated Allegations for Community Residential Service Providers



## SCDDSN INCIDENT MANAGEMENT REPORTING

Top 4 types of allegations for Community Residential Service Providers

	Physical	Neglect	Psychological	Exploitation
FY 10	208	94	90	52
FY 11	176	115	102	50
FY 12	197	103	92	43
FY 13	200	162	109	88
FY 14	174	129	78	43
FY 15	114	69	48	25

## SCDDSN INCIDENT MANAGEMENT REPORTING

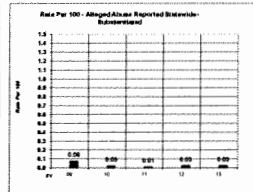
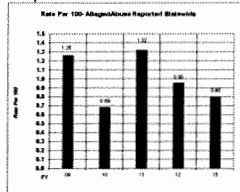
Day Services- Allegations of Abuse, Neglect and Exploitation

	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15
# Reported	52	98	71	61	74	43
Rate Per 100	0.69	1.32	0.96	0.82	0.99	0.58
# Allegations Substantiated						
#	2	1	2	2	4	4
Rate Per 100	0.03	0.01	0.03	0.03	0.05	0.05

## SCDDSN INCIDENT MANAGEMENT REPORTING

Allegations reported for Community Day Services

Substantiated Allegations for Community Day Service Providers



## SCDDSN INCIDENT MANAGEMENT REPORTING

### Top 4 # Types-Statewide for Community Day Service Providers

	Physical	Psychological	Neglect	Exploitation
FY 10	23	16	7	4
FY 11	35	29	18	17
FY 12	38	17	11	4 ea
FY 13	25	18	10	10
FY 14	38	16	13	5
FY 15	21	12	11	1

## SCDDSN INCIDENT MANAGEMENT REPORTING

ABUSE, NEGLECT, EXPLOITATION reported by Regional Centers

### # Allegations Reported

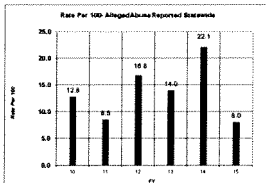
	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15
# Allegations Reported	107	69	137	110	167	58
Rate Per 100	12.8	8.5	16.8	13.8	22.1	8.0

### # Allegations Substantiated

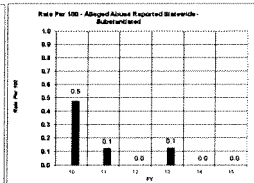
	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15
# Allegations Substantiated	4	1	0	0	0	0
Rate Per 100 (Substantiated)	0.5	0.1	0.0	0.0	0.0	0.0

## SCDDSN INCIDENT MANAGEMENT REPORTING

### Allegations reported for Regional Centers



### Substantiated Allegations for Regional Centers



## SCDDSN INCIDENT MANAGEMENT REPORTING

### Top 4 types of allegations for DDSN Regional Centers

	Physical	Psychological	Neglect	Sexual abuse
FY 10	84	12	12	3
FY 11	52	11	5	1
FY 12	103	16	16	9
FY 13	96	8	4	2
FY 14	145	19	5	1 ea
FY 15	50	6	2	2

## SCDDSN INCIDENT MANAGEMENT REPORTING

### ANE Reports- Disciplinary Action Taken

Per 534-02-DD, for all allegations of abuse, neglect or exploitation, the alleged perpetrator must be immediately placed on Administrative Leave Without Pay. Based on the outcome of the internal review for improper conduct and any policy or procedural violations, the provider agency may take appropriate disciplinary action consistent with their human resource policies. Allegations substantiated by SLEI, Local Law Enforcement or DSS must result in termination of the employee.

Disciplinary actions for DDSN and its provider agency personnel have been summarized based on actions documented in the Incident Management System.

Community Residential & Day	FY15
Termination	43
Resignation	6
Written Warning	31
Verbal Counseling	2
Suspension	6
Other disciplinary action	34
<b>Regional Centers</b>	
FY15	
Termination	6
Written Warning	4
Suspension	2
Other disciplinary action	14

## SCDDSN INCIDENT MANAGEMENT REPORTING

### Critical Incidents

\*\*Critical Incident numbers are not unduplicated numbers.

Critical Incident categories are selected by the reporter and more than one category may be selected for an incident. For example, a van accident would be reported under Motor Vehicle Accidents, but it may also involve injuries and possibly Major Medical. Aggression between 2 consumers may result in Law Enforcement involvement and a report of injuries.

## SCDDSN INCIDENT MANAGEMENT REPORTING

Major medical incidents have been steadily increasing, but this is impacted by our agency's aging population and increasing medical needs. There have been more people admitted to the hospital for pneumonia or other respiratory infections, an increase in consumers receiving Hospice care in their DDSNhome as opposed to a nursinghome, and other medical conditions typically associated with older adults. DDSN staff trend this data and work with program staff to provide appropriate training and technical assistance where needed.

## SCDDSN INCIDENT MANAGEMENT REPORTING

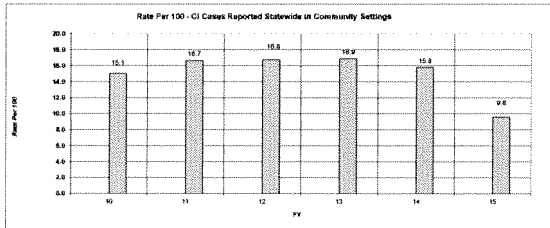
Critical Incidents reported by Community Providers (DSN Boards and Qualified Providers)

# Incidents Reported

FY 10	FY 11	FY 12	FY 13	FY 14	FY 15
1,221	1,319	1,324	1,338	1,277	767

Rate Per 100      15.07   16.68   16.81   16.91   15.82   9.56

## SCDDSN INCIDENT MANAGEMENT REPORTING



## SCDDSN INCIDENT MANAGEMENT REPORTING

### Top 4 types of Critical Incidents reported by Communitybased providers

	Maj. Med.	Injury	Aggression	LE
FY 10	412	171	150	118
FY 11	495	156	138	117
FY 12	475	142	135	129
FY 13	391	206	124	115
FY 14	277	239	134	116
FY 15	145	130	92	86

## SCDDSN INCIDENT MANAGEMENT REPORTING

### CRITICAL INCIDENTS reported by Regional Centers

#### # Incidents Reported

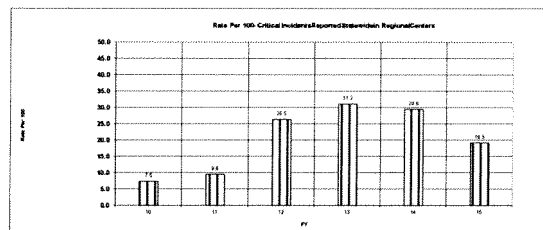
FY 10	FY 11	FY 12	FY 13	FY 14	FY 15
63	78	216	248	224	140

#### Rate Per 100

7.5	9.6	26.5	31.2	29.6	19.3
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In September 2011, DDSN revised the Critical Incident Directive to include additional criteria under major medical to better track this information. The revised criteria include hospital admissions of 3 or more days or more than 2 ER visits in a 30 day period. This change had a much larger impact on DDSN Regional Centers than the community providers.

## SCDDSN INCIDENT MANAGEMENT REPORTING



## SCDDSN INCIDENT MANAGEMENT REPORTING

### Top 4 types of Critical Incidents in Regional Centers

10	Maj. Med.	Injury	Fall	Aggression
	28	13	6	5
11	Maj. Med.	Fall	Elopement	Motor Veh. accident
	33	5	4	4
12	Maj. Med.	Other	Injury	Fall
	90	52	37	8
13	Maj. Med.	Hospitalization	Other	Injury
	123	104	17	12
14	Hospitalization	Maj. Med.	Injury	Other
	122	81	11	7
15	Hospitalization	Maj. Med.	Injury	
	75	36	7	

## SCDDSN INCIDENT MANAGEMENT REPORTING

Deaths reported by Community Providers (DSN Boards and Qualified Providers)

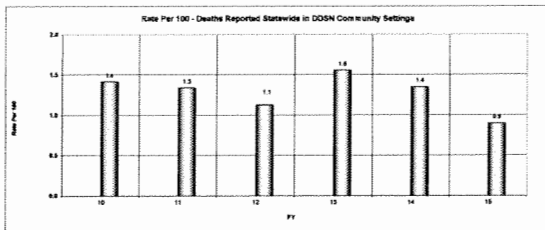
# Deaths Reported

	FY 10	FY 11	FY 12	FY 13	FY14	FY15
	60	57	48	67	59	39

Rate Per 100

	1.42	1.34	1.13	1.56	1.35	0.9
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## SCDDSN INCIDENT MANAGEMENT REPORTING



## SCDDSN INCIDENT MANAGEMENT REPORTING

DEATHS reported by Regional Centers

# Deaths Reported

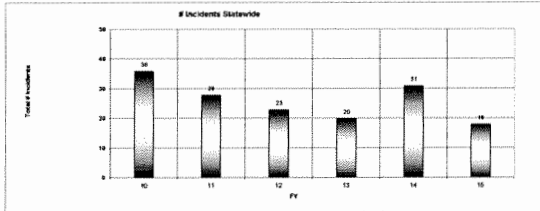
FY 10	FY 11	FY 12	FY 13	FY14	FY15
36	28	23	21	31	18

Rate Per 100

4.3	3.4	2.8	2.6	4.1	2.5
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## SCDDSN INCIDENT MANAGEMENT REPORTING



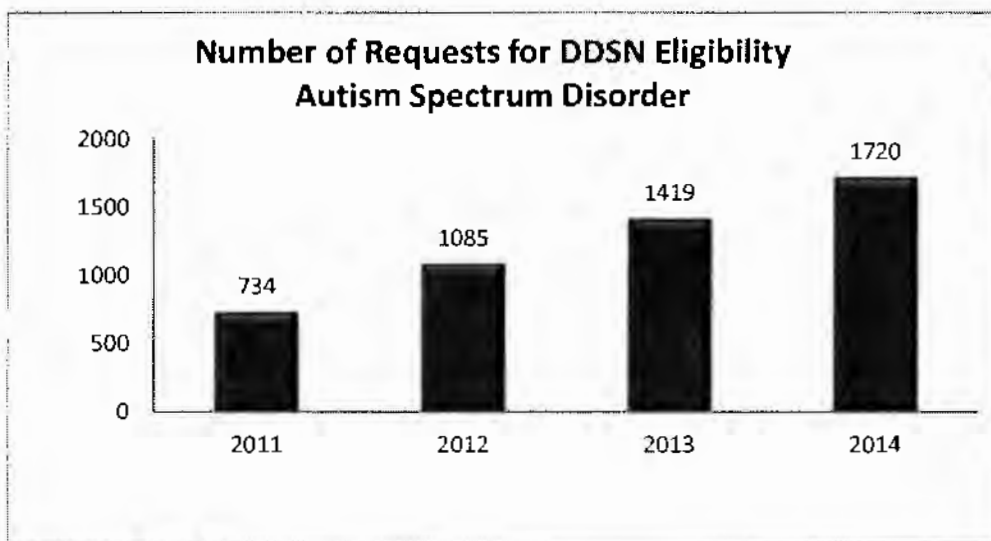
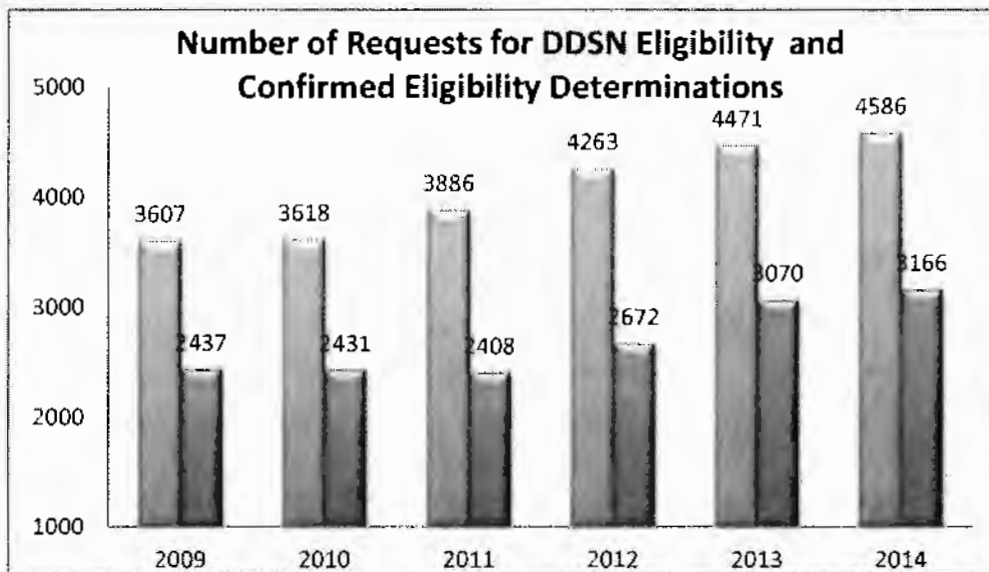
## SCDDSN INCIDENT MANAGEMENT REPORTING

DDSN has staff dedicated to the review of statewide incident management data. All reports are reviewed for completeness and consistency. Staff ensure reporting procedures are consistent with DDSN policy.

Reports are reviewed to ensure appropriate disciplinary actions, recommendations for training and additional quality management actions to prevent recurrence.

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

- oIncreased staffing to support consumers in day or residential locations or on community outings.
- oDevelopment of new/ revised policies
- oAdditional/ refresher MANDT or crisis intervention training for staff
- oSensitivity training
- oAppropriate use of restraints
- oRight/ dose process
- oSign language
- oRevision of supervision plans/ behavior support
- oEvaluation of assistive technology



Requests for DDSN eligibility determination has increased 27 percent over the past five years. Two significant changes are driving this increase. Based on 2010 data, the Center for Disease Control published an increased prevalence rate of autism from 1:88 to 1:68, a 30 percent increase.

In 2013 the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) issued new criteria for the diagnosis of Autism Spectrum Disorder (ASD). The new ASD diagnosis is broader and now encompasses what had been four separate disorders. Two of the former disorders did not meet DDSN eligibility criteria as established by state law. Over the last four years, the number of requests for eligibility under the ASD category has increased by over 134 percent.