

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

November 12, 2015

The South Carolina Commission on Disabilities and Special Needs met on Thursday, November 12, 2015, at 10:00 a.m. at the Pickens County Board of Disabilities and Special Needs, Administration/Day Services Building, 1308 Griffin Mill Road, Easley, South Carolina

The following were in attendance:

COMMISSION

Present:

Bill Danielson, Chairperson
Fred Lynn, Vice Chairman
Eva Ravenel, Secretary
Mary Ellen Barnwell
Katherine Davis
Gary Lemel – Via Video Conference
Vicki Thompson

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)

Pickens County DSN Board (via videoconference)

(See Attachment 4 Sign-In Sheet)

Whitten Regional Center (via videoconference)

(See Attachment 5 Sign-In Sheet)

York County DSN Board (via videoconference)

(See Attachment 6 Sign-In Sheet)

News Release of Meeting

Chairperson Danielson called the meeting to order and Commissioner Ravenel read a statement of announcement about the meeting that was mailed to the appropriate media, interested persons, and posted at the Central Office, the Pickens County Board of Disabilities and Special Needs, and on the website in accordance with the Freedom of Information Act.

Invocation

Commissioner Lynn gave the invocation.

Adoption of the Agenda

The Commission adopted the November 12, 2015 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the October 15, 2015 Commission Meetings

The Commission approved the October 15, 2015 Commission Meeting minutes with a change by unanimous consent.

Public Input

Ms. Judy Johnson, Executive Director of the Babcock Center, Columbia, SC spoke on behalf of herself.

Commissioners' Update

Commissioners Lemel, Lynn, Davis and Danielson spoke of events in their districts.

Provider Showcase

Ms. Amy Stewart, Lead Job Coach at Walgreens in Anderson, SC, spoke of the process of placing individuals for employment at Walgreens and Mr. William Huff, spoke of his success as an employee of Walgreens.

Mr. John Cocciolone, Executive Director of the Greenville DSN Board, provided data regarding the Board's employment model showing how it has improved over the last eighteen months. He also spoke of how proud they are of the employment model.

Dr. Jerry Bernard, Executive Director of the Charles Lea Center, shared a video of the Transitions Program operated by the Center that assists in helping individuals move into their own homes and live independently.

Incident Management Reporting

Mrs. Susan Beck presented a review summary of DDSN's Incident Management. She also provided a comprehensive report as well. She spoke of Directive 534-02-DD that the provider network bases their actions following a report for allegations of abuse, neglect or exploitation. Mrs. Beck emphasized that safety is the primary concern for the individuals we serve. Dr. Buscemi stated that South Carolina has a more robust reporting system of critical incidents than other states. Discussion followed. Mrs. Beck will provide to the Commission a report of disciplinary actions taken regarding abuse, neglect and exploitation. (Attachment B)

Financial Audit Status Update

Dr. Buscemi stated that the Office of the State Auditor has been very helpful with the planning of the financial audit. A separate party will perform the task of developing the year-end financial statements and another will audit and render an opinion of the financial statements. The proposer's conference is scheduled for next week. The Office of the State Auditor will have the selection of accounting firms the day before the December Commission meeting and a package should be available for the Commission members to review. The finance audit should be complete by May 2016.

Financial Reporting

Mr. Waring gave a detailed analysis of the agency's financial activity for FY 2016. The agency's total operating funds balance as of October 31, 2015 is \$151,584,597. The compression pay and employee bonus have been paid out to the provider network. (Attachment C)

Mr. Waring also provided an analysis of expenditures for the Waiting List Reduction Effort FY 2015 and FY 2016. Discussion followed regarding usage of one-time funds. (Attachment D)

Mr. Waring provided a detailed analysis of expenditures of the Regional Centers from July 1, 2015 through September 30, 2015. (Attachment E)

2008 LAC Recommendation No. 26

Dr. Buscemi stated Commissioner Thompson requested 2008 LAC recommendation No. 26 as an agenda item. Commissioner Thompson stated that we have controls but maybe we are not implementing the controls regarding holding providers accountable for their fiscal management. It was asked if the providers have to submit a plan of action. Discussion followed as to what the agency is doing to avoid repetitive mistakes and what extent is the agency doing to be proactive rather than reacting. Dr. Buscemi stated the agency has processes in place such as yearly audits and quarterly reporting. In December, she will provide a financial status of the boards to show where they are sitting financially.

Waiting List Progress Report

Mrs. Beck gave an update of the Intellectual Disability/Related Disabilities, the Community Supports and the Head and Spinal Cord Injury reduction waiting list reduction efforts, as well as the Critical Needs List. (Attachment F)

HCBS Quality Review

Mrs. Beck spoke of the Home and Community-Based Services (HCBS) Final Rule public notice. The SC Department of Health and Human Services will have an open comment period on changes to the HCBS/waiver programs. The notice was sent to the provider network. Mrs. Beck stated there will also be a webinar. (Attachment G)

Strategic Planning Progress Update

Dr. Buscemi reported that we are moving along with the DDSN strategic planning. A memo was sent out to the provider network regarding the focus groups. A DDSN division assessment is being conducted through soliciting input from DDSN staff.

State Director's Report

Dr. Buscemi reported on the following:

The State of South Carolina Travel Report for Fiscal Year 2014-2015 that is prepared by the Comptroller General's Office ranks DDSN number 66 out of 115 agencies in travel and registration expenditures. This is very positive for the agency. The report is prepared as a management tool to assist agency heads and state leaders in ensuring that the State's financial resources are being used efficiently.

She spoke about some of the topics that were discussed at the November 4, 2015 Senate Finance Health and Human Services Subcommittee. Senator Alexander would like the agency to make recommendations to the General Assembly regarding the LAC Audit. The recommendations will be discussed with the provider network, then bring those recommendations to the Commission. This will be an agenda item for the December Commission meeting.

The House Ways and Means Healthcare Subcommittee is holding hearings regarding flood recovery and assessment. She will present on November 16, 2015 providing an updated estimated impact on the agency.

The agency is in the process of scheduling FOIA training for the provider network. Mr. Jay Bender, faculty member of the USC School of Law and Reid H. Montgomery Freedom of Information Chair, School of Journalism and Mass Communications College of Information and Communications, will provide the training. The training will be recorded and made available for future viewing. This training will count towards the training requirements for members of the local DSN Boards of Directors.

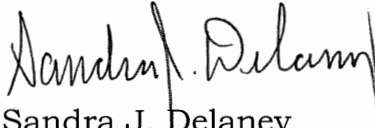
Executive Session

Chairman Danielson stated that he and Dr. Buscemi decided there was no need to go into Executive Session.

Adjournment

With no further business, Chairman Danielson adjourned the meeting stating the next Commission Meeting is scheduled for December 17, 2015 with a Finance/Audit Committee meeting scheduled prior to the Commission Meeting.

Submitted by,



Sandra J. Delaney

Approved:

Commissioner Eva Ravenel
Secretary

SC COMMISSION ON DISABILITIES AND
Commission Meeting

Attachment 1

November 12, 2015

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- | | | |
|-----|----------------|--------------------|
| 1. | CHUCK NORMAN | DDSN |
| 2. | Zenobia Corley | Kershaw County DSN |
| 3. | Thoyd Warren | Spartan DSNB |
| 4. | Ann Dalton | SCDDSN |
| 5. | LOIS PARK MOLE | SCDDSN |
| 6. | Julie Cook | DHHS |
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SC COMMISSION ON DISABILITIES AND
Commission Meeting
November 12, 2015

Attachment 2

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Ronda Ritchie - DDSN Dist. II
2. ~~Heather~~ Wannamaker - DDSN Dist. II
3. Ratus Britt - DDSN Dist. II
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SC COMMISSION ON DISABILITIES AND
Commission Meeting
November 12, 2015

Attachment 3

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Susan Ujahn / Ex Dir. Home Co DSN

2. Deborah K. Smither District II

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SC COMMISSION ON DISABILITIES AND :
Commission Meeting
November 12, 2015

Attachment 4

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

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|-----|--------------------|---------------------------|
| 21. | Judy Johnson | Bethesda Center |
| 22. | Carolann Newton | Brain Injury Assoc. of SC |
| 23. | John King | Anderson |
| 24. | EVA RAVENHILL | DDSN Commission |
| 25. | Vernon Bernard | SC Provider Assn. |
| 27. | Jersey C Mize | Oconee DSN |
| 28. | Joe White | Cherokee County DSM/B |
| 29. | | |
| 30. | Amy Black | ACDSMD (Walgreens) |
| 31. | William Huff | Walgreens |
| 32. | May Ellen Barnwell | Commuter |
| 33. | John Cocciolone | GCDSNB |
| 34. | Sylvia T. Smith | PCBDSN |
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**SC COMMISSION ON DISABILITIES AND
Commission Meeting
November 12, 2015**

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Pat Fagan SCDDSN
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**SC COMMISSION ON DISABILITIES AND
Commission Meeting
November 12, 2015**

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Gary Lemel - Commission Member
- 2. Mary Poole
- 3. Janice Fowler
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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**A G E N D A**

**South Carolina Department of Disabilities and Special Needs
 Pickens County Board of Disabilities and Special Needs
 Administration/Day Services Building
 1308 Griffin Mill Road
 Easley, South Carolina 29640**

November 12, 2015**10:00 a.m.**

- | | |
|---|---|
| 1. Call to Order | <i>Chairperson Bill Danielson</i> |
| 2. Welcome - Notice of Meeting Statement | <i>Commissioner Eva Ravenel</i> |
| 3. Invocation | <i>Commissioner Fred Lynn</i> |
| 4. Introduction of Guests | |
| 5. Adoption of Agenda | |
| 6. Approval of the Minutes of the October 15, 2015 Commission Meeting | |
| 7. Public Input | |
| 8. Commissioners' Update | <i>Commissioners</i> |
| 9. Business: | |
| A. Provider Showcase | <i>Anderson County DSN Board
Greenville County DSN Board
Charles Lea Center</i> |
| B. Incident Management Reporting | <i>Mrs. Susan Beck</i> |
| C. Financial Audit Status Update | <i>Dr. Beverly Buscemi</i> |
| D. Financial Reporting | <i>Mr. Tom Waring</i> |
| E. 2008 LAC Recommendation No. 26 | <i>Mr. Tom Waring</i> |
| F. Waiting List Reduction Efforts | <i>Mrs. Susan Beck</i> |
| G. HCBS Quality Review | <i>Mrs. Susan Beck</i> |
| H. Strategic Planning Progress Update | <i>Dr. Beverly Buscemi</i> |
| 10. State Director's Report | <i>Dr. Beverly Buscemi</i> |
| 11. Executive Session | |
| 12. Next Regular Meeting (December 17, 2015) | |
| 13. Adjournment | |

DDSN Incident Management Review Summary

11/12/15

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 8.8 in FY14. For FY15, the rate per 100 was 9.9.
- The rate of substantiated abuse per 100 individuals in residential services has also dropped from .4 in FY10 to .09 in FY15.
- The number of ANE Allegations per 100 individuals in day services has dropped from a high of 1.3 in FY11 to .6 in FY15.
- 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.

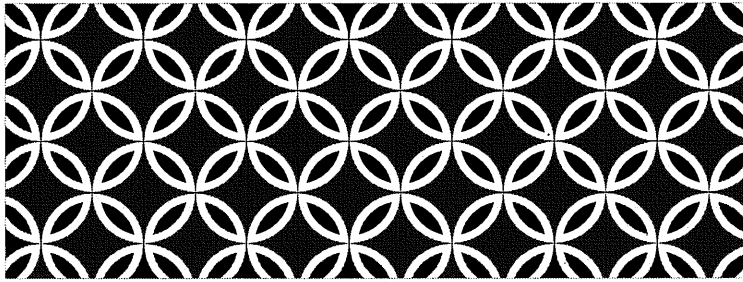
- Statewide, about 15 – 17% of our service population will have a Critical Incident of some type each year. The numbers are higher for the Regional Centers due to the medically complex needs and/or behavioral challenges presented by some residents.
- The majority of incidents reported to DDSN are for 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.

DDSN REVIEW

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

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

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



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 timeframes, 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

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.

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 SLED, Local Law Enforcement or DSS must result in termination of the employee.

The following slides represent the total number of allegations reported and the number of cases substantiated by a State Investigative Agency, divided by location type. Based on these findings, 6 staff were terminated due to substantiated abuse, neglect or exploitation. An additional 50 staff were terminated throughout the DDSN due to policy or procedural violations or other improper conduct towards a consumer.

SCDDSN INCIDENT MANAGEMENT REPORTING

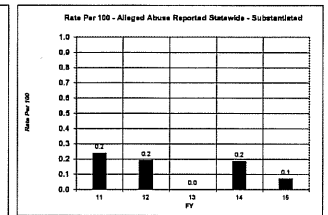
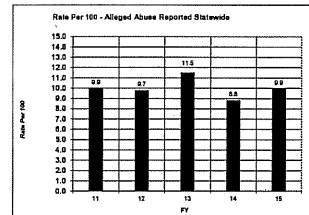
Community Residential Services -Allegations of Abuse, Neglect, Exploitation

	FY 11	FY 12	FY 13	FY14	FY15
# Reports	420	412	493	383	438
Rate Per 100	9.90	9.72	11.47	8.78	9.88
Allegations Substantiated	10	8	0	11	4
Rate Per 100	0.24	0.19	0.00	0.25	0.09

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	Psychological	Neglect	Exploitation
FY 11	176	115	102	50
FY 12	197	103	92	43
FY 13	200	162	109	68
FY 14	171	128	77	43
	Physical	Neglect	Exploitation	Physical

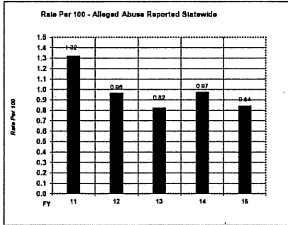
SCDDSN INCIDENT MANAGEMENT REPORTING

Day Services- Allegations of Abuse, Neglect and Exploitation

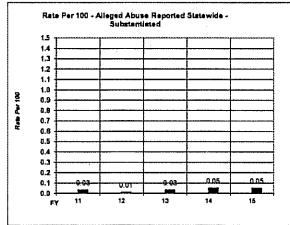
	FY 11	FY 12	FY 13	FY14	FY15
# Reported	98	71	61	73	65
Rate Per 100	1.32	0.96	0.82	0.97	0.58
# Allegations Substantiated	1	2	2	4	4
Rate Per 100	0.01	0.03	0.03	0.05	0.05

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	Neglect	Psychological	Sexual abuse
FY 11	35	29	18	17
FY 12	38	17	11	4 ee
FY 13	25	19	10	10
FY 14	37	16	13	5
FY 15	25	21	15	5

SCDDSN INCIDENT MANAGEMENT REPORTING

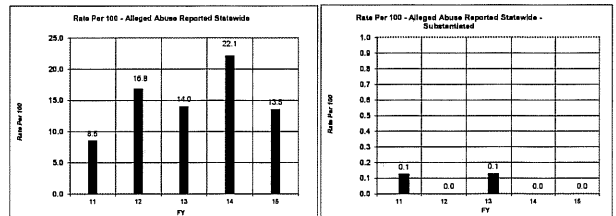
ABUSE, NEGLECT, EXPLOITATION reported by Regional Centers

	FY 11	FY 12	FY 13	FY14	FY15
# Allegations Reported	69	137	110	167	102
Rate Per 100	8.5	16.8	13.8	22.1	13.5
# Allegations Substantiated	1	0	0	0	0
Rate Per 100 (Substantiated)	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

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.

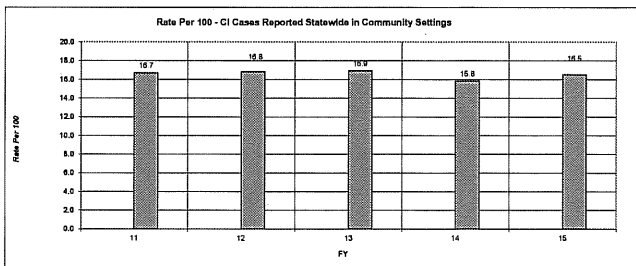
SCDDSN INCIDENT MANAGEMENT REPORTING

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

	FY 11	FY 12	FY 13	FY 14	FY 15
# Incidents Reported	1,319	1,325	1,338	1,277	1,379
Rate Per 100	16.7	16.8	16.9	15.8	16.5

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 DSN home as opposed to a nursing home, and other medical conditions typically associated with older adults. DSN staff trend this data and work with program staff to provide appropriate training and technical assistance where needed.

SCDDSN INCIDENT MANAGEMENT REPORTING



SCDDSN INCIDENT MANAGEMENT REPORTING

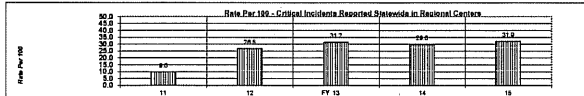
Top 4 types of Critical Incidents reported by Community-based providers

	Maj. Med.	Aggression	Injury	LE
FY 11	495	156	138	117
FY 12	475	142	135	129
FY 13	391	208	124	115
FY 14	277	239	134	116
FY 15	270	257	154	148

SCDDSN INCIDENT MANAGEMENT REPORTING

CRITICAL INCIDENTS reported by Regional Centers

	FY 11	FY 12	FY 13	FY14	FY15
# Incidents Reported	78	216	248	224	240
Rate Per 100	9.6	26.5	31.2	29.6	31.9

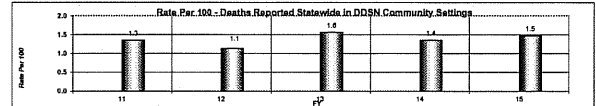


In September 2011, DDSN revised the Critical Incident Directive to include additional criteria under major medical to better track this information. The revised criteria include hospital admissions of 3 or more days or more than 2 ER visits in a 30 day period. This change had a much larger impact on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

SCDDSN INCIDENT MANAGEMENT REPORTING

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

	FY 11	FY 12	FY 13	FY14	FY15
# Deaths Reported	57	48	67	59	65
Rate Per 100	1.34	1.13	1.56	1.35	1.47

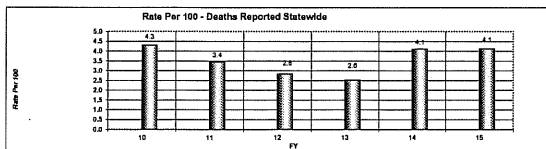


For both community residential settings and regional centers, DDSN has observed a slight increase in the number of deaths reported. DDSN provides support to a population that is aging in place rather than moving to a nursing home. Many residents receive Hospice care in their DDSN sponsored setting, rather than moving to a Hospice setting. DDSN has also observed more deaths related to cardiac disease.

SCDDSN INCIDENT MANAGEMENT REPORTING

DEATHS reported by Regional Centers

	FY 11	FY 12	FY 13	FY14	FY15
# Deaths Reported	28	23	21	31	31
Rate Per 100	3.4	2.8	2.6	4.1	4.1



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.

Reports are also tracked for various details, including the number of reports, by type, for each provider and the average age of consumers involved in incidents.

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

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

**FINANCIAL POSITION ANALYSIS - OPERATING FUNDS
FY 2016 AS OF 10/31/2015**

	State Fund Revenue (Appropriations)	Earned Medicaid Revenue	Other Revenue and One-Time Carry Forward	Federal and Restricted Funds	Total
Activity through 10/31/2015					
Revenue	\$220,620,484	\$128,236,825	\$1,678,654	\$172,956	\$350,708,919
Carry Forward	\$1,030,471	\$1,912,919	\$969,009	\$135,055	\$4,047,454
Interfund Loan	(\$27,250,000)	\$25,000,000	\$2,000,000	\$250,000	\$0
Personal Services Expense	(\$17,602,254)	(\$5,589,213)		(\$93,582)	(\$23,285,049)
Fringe & Benefit Expense	(\$7,088,109)	(\$2,375,997)		(\$39,012)	(\$9,503,118)
Other Operating Expense	(\$37,524,368)	(\$132,744,901)	(\$113,155)	(\$1,185)	(\$170,383,609)
Balance as of 10/31/2015 per Financial System	\$132,186,224	\$14,439,633	\$4,534,508	\$424,232	\$151,584,597

Attachment D

South Carolina Department of Disabilities and Special Needs				
Analysis of Expenditures for Waiting List Reduction Effort FY 16				
As of November 1, 2015				
Appropriation	\$6,400,000			
One-time System Capacity Initiatives	\$3,450,000			
Service Expansion	\$2,950,000			
		FY 16 State Funds Committed One-Time	FY 16 State Funds Expended	FY 16 State Funds Remaining
One-time System Capacity Initiatives:				
Capital for Day and Residential Capacity Building		\$1,000,000	\$284,717	
State Funded Case Management Service to Expedite Enrollment		\$1,900,000	\$800,340	
Increase Access to Respite Services		\$100,000	\$500	
Equipment Grants to Early Intervention/Service Coordination Providers for use with Therap (November)		\$450,000	\$0	
Total One-time System Capacity Initiatives		\$3,450,000	\$1,085,557	\$2,364,443
		FY 16 State Funds Committed Recurring	FY 16 State Funds Expended	FY 16 State Funds Projected
Service Expansion:				
Residential Services		\$948,816	\$173,485	
In-Home Supports				
Waiver Services - HASCI		\$430,725	\$0	
Waiver Services - ID/RD		\$3,876,840	\$549,622	
State Funded Community Supports		\$678,700	\$167,964	
New Services to Meet Increased Needs of Existing Consumers		\$464,919	\$263,582	
Total Service Expansion		\$6,400,000	\$1,154,653	\$1,795,347
Total Service Expansion			\$2,950,000	

South Carolina Department of Disabilities and Special Needs			
Analysis of 2015 Waiting List Reduction Effort			
As of 9/30/15			
FY 2015 Appropriation	\$13,293,825		
Service Expansion through September	(\$10,165,807)		
Projected Expansion Effort through Remainder of FY 2016	(\$2,127,600)		
Estimated Balance	\$1,000,418		
Service Expansion:		FY 15 State Funds Appropriated	FY 2015 State Funds Expended /Committed in FY 2016
Residential Services		\$4,551,180	\$2,177,100
In-Home Supports			
Waiver Services		\$4,433,511	\$4,405,700
State Funded Community Support Service		\$3,787,200	\$3,083,007
New Services to Meet Increased Needs of Existing Consumers		\$521,934	\$500,000
Total Service Expansion		\$13,293,825	\$10,165,807

SC Department of Disabilities and Special Needs
Waiting List Reduction Efforts
 As of November 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 (As of July 1, 2014)	2,899	1,018	734	1,147
Community Supports (As of July 1, 2014)	3,068	920	1,520	628
Head and Spinal Cord Injury (As of Oct 1, 2013)	644	275	193	176
		2,213	2,447	
Total	6,611	4,660		1,951

Waiting List *	Number of Individuals Added Between July 1, 2014 and November 1, 2015	Number of Individuals Waiting as of November 1, 2015
Intellectual Disability/Related Disabilities	2,367 (586 since 7/1/15)	4,793
Community Supports	2,387 (545 since 7/1/15)	3,534
Head and Spinal Cord Injury	396 (65 since 7/1/15)	0
Total	5,150	8,327**

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

** Approximately 34 percent of 8,327 are duplicated names; therefore approximately 5,495 people are on waiting lists.

South Carolina Department of Disabilities and Special Needs
Waiting List Summary
As of October 31, 2015

Service List	09/30/15	Added	Removed	10/31/15
Critical Needs	122	31	35	118
Pervasive Developmental Disorder Program	1615	53	47	1621
Intellectual Disability and Related Disabilities Waiver	4934	192	333	4793
Community Supports Waiver	3544	163	173	3534
Head and Spinal Cord Injury Waiver	0	12	12	0

Report Date: 11/5/15

PUBLIC NOTICE

**SUBJECT: Home and Community-Based Services (HCBS) Final Rule Heightened Study;
SCDHHS Seeks Community Input on Residential and Day Programs**

The South Carolina Department of Health and Human Services (SCDHHS) gives notices of an open comment period on changes to the Medicaid Home and Community-Based Services (HCBS)/waiver programs. Specifically, the agency seeks input as to whether the residential and day programs, funded by SCDHHS, provide opportunities for people receiving HCBS/waiver services to be part of the community. The agency will use this input to compile a list of programs throughout the state to review.

Starting Nov. 2, 2015, SCDHHS will seek public input on the home and community-based (HCB) settings qualities of the following:

- Residential settings
These include Community Training Homes II's, Supported Living Program I's, Supervised Living Programs II's and Community Residential Care Facilities.
- Non-residential settings
These include day programs (Adult Activity Centers and Work Activity Centers) and Adult Day Health Care Centers.

SCDHHS seeks input on any HCB/waiver setting (a day program, adult day care or a residence) that may fit into one of these categories:

1. Any setting that is located in a building that is a publicly or privately operated facility that provides inpatient treatment; OR
2. Any setting that is located in a building on the grounds of, or immediately next to, a public institution*; OR
3. Any setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. That could mean that all or almost all of the people at the setting have a disability, or that the setting is physically isolated from most of the community.

**A public institution is defined as an inpatient facility that is financed and operated by a county, state, municipality or other unit of government.*

You can find more information about the HCB Setting Quality Review process at www.scdhhs.gov/hcbs.

If you wish to submit input, please provide:

1. Your name and contact information
2. Name/type of setting you are submitting

3. Address of setting
4. Name of provider
5. Description of why the setting might be like one (or more) of the three categories listed above.

You may submit a setting for review by SCDHHS staff the following ways:

- Email at hcbassessments@scdhhs.gov
- Submit a comment at <https://msp.scdhhs.gov/hcbs/webform/hcb-settings-quality-review>
- Mail:

South Carolina Department of Health and Human Services

Attn: Kelly Eifert, Ph.D.

1801 Main Street

PO Box 8206

Columbia, SC 29202-8206

The deadline to submit information is December 31, 2015.