

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

EMERGENCY COMMISSION MEETING MINUTES

June 30, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, June 30, 2021, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Eddie Miller

Gary Kocher, M.D.

Present Microsoft Teams

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Lemel

David Thomas

DDSN Administrative Staff

Constance Holloway, Interim State Director and General Counsel; Pat Maley, Chief Financial Officer; Rufus Britt, Associate State Director of Operations; Susan Beck – Associate State Director of Policy; Jacob Flowers – Attorney; Robb McBurney, Interim Public Information Officer and Legislative Liaison; Ken Parks, IT Manager and Christie Linguard, Administrative Coordinator.

Call to Order and Notice of Meeting Statement

Chairman Rawlinson called the meeting to order at 10:08 AM and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

On a motion by Commissioner Miller, seconded by Commissioner Malphrus and unanimously approved by the Commission members, the agenda was approved as presented. (Attachment A)

10% Federal Medical Assistance Percentages (FMAP) Funding Discussion

Mr. Maley prepared and discussed his three page memorandum and attachment outlining the strategies and proposed budget for utilizing the 10% FMAP funding. Commissioner Thomas noted that this plan was devised based on the consensus from the seven (7) Listening Session held throughout the state over a period of two

weeks. Mr. Maley recommends that the commission approve the \$42.5 million proposed 10% FMAP budget contained on Attachment "A" of the memorandum provided. He also recommends the appointment/establishment of a 10% FMAP Steering Committee.

Commissioner Blackwood made a motion to have Chairman Rawlinson appoint individuals to the 10% FMAP Steering Committee at the full commission meeting in July to include two commission members, one stakeholder, one family member, one DDSN staffer; and one private provider, (Chairman Rawlinson serves on any committee she appoints); the motion was seconded by Commissioner Kocher. Commissioner Blackwood amended her motion to include that the Steering Committee has the powers/functions to provide oversight; commission collection and any recommendation(s) that a changed budget has to go through the full commission for approval. The amended motion was seconded by Commissioner Miller. Mr. Maley was asked to discuss the flexibility the agency will have to move this money around if needed. Mr. Maley answered by explaining the process by which this proposed budget will be implemented. He stated that after the commission approves a budget for the 10% FMAP funding, it will go to the SC Department of Health and Human Services (SCDHHS) for their approval and then to the Centers for Medicare and Medicaid Services (CMS) for final approval. The budget presented today is an estimated budget. The goal of the Steering Committee will provide oversight and execution of the budget and give transparency over this three year period. The motion and its amendment to include the powers/functions of the Steering Committee were approved unanimously by the commission.

Mr. Maley went over all eleven (11) options in Attachment "A" of the memorandum presented. Commissioner Thomas is expecting the commission and the Steering Commission to fully explain how staff will lay out this funding and to put a system in place to check on the spending; there needs to be a lot of good oversight. Commissioner Thomas made a motion to accept the general proposal as presented by Mr. Maley concerning the expenditures; seconded by Commissioner Lemel. Commissioner Miller asked that the motion be amended to include a reporting system and utilize DDSN's auditors, and Commissioner Thomas agreed to the amended motion. The amended motion was seconded by Commissioner Lemel.

Commissioner Kocher felt that the \$1.0 million estimated "gap funding" grant is too low (option #1). Mr. Maley agreed but explained that the agency needed to be more specific in targeting specific areas to include such things like workforce retention. Mr. Maley also agreed to written procedures on how this money will be allocated, all the way down to even requesting receipts.

The motion on the floor was unanimously approved by the commission.

Commissioner Thomas requested that the term "Emergency" be replaced with maybe "Expedited" Commission Meeting as it does not sound as urgent. Chairman Rawlinson stated that the Policy Committee can take up the renaming of the meeting in the Bylaws.

Chairman Rawlinson noted that the next special-called commission meeting will take place on July 14, 2021 for the purpose of interviewing candidates for the state director position vacancy at the agency.

Commissioner Miller made a motion that no FMAP funds be approved until the full commission approves the financial reporting system that is in agreement with the DDSN internal auditors; seconded by Commissioner Thomas and unanimously approved by the commission.
(Attachment B)

Adjournment

On a motion by Commissioner Blackwood seconded by Commissioner Malphrus and unanimously approved by the Commission, the meeting was adjourned at 11:09 a.m.

Submitted by:


Christie D. Linguard
Administrative Coordinator

Approved by:

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Commissioner Robin Blackwood
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

EMERGENCY MEETING

A G E N D A

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

June 30, 2021

10:00 A.M.

1. Call to Order *Chairman Stephanie Rawlinson*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Adoption of Agenda
4. 10% Federal Medical Assistance Percentages (FMAP) Funding Discussion
5. Adjournment

Attachment A

10% FMAP Budget Plan (6/30/2021)

List of Main Issues Raised at "Listening Sessions" to Assist in Budget Allocation Decisions: 1) Inability to retain & hire staff, particularly direct support employees (DSP) and nursing; 2) providers want flexibility in the use of funds to recover from COVID-19 inasmuch as COVID-19 impacted service providers differently; 3) Day Programs have not recovered – at-home attendance 50% of pre-COVID-19 levels; 4) telehealth benefits; 5) waiting list reduction; 6) training of all kinds, particularly skills training throughout the system in behavioral supports to engage/train/lead the individuals we serve; 7) use of technology rather than people due to personnel shortages; 8) ability to address individuals in crisis living at-home or in residential settings; 9) capital funds of all sorts; 10) SCDHHS service rates appear challenged before COVID and even more challenged due to post-COVID hiring pool shortage undermining attracting minimum staffing levels for day and residential, as well as at-home staff undermining service availability; and 11) many other issues tending to overlap or be subsets of above issues.

Option #	Estimated Cost	Medicaid Match **	Target	Brief Description of Funding Options
1	\$3,000,000	\$0	Providers Qualified by DDSN *	One-time COVID-19 "gap funding" grants for the DDSN provider network to provide latitude to recover from impact of COVID-19 due to additional costs, lost revenue, and capital depletion.
2	\$6,200,000	\$0	Providers Qualified by DDSN *	Targeted staff retention & recruiting in the form of enhanced pay rates, bonus pay, incentive pay, and hiring bonus.
3	\$3,450,000	\$0	Day Services	Temporarily add \$7/unit of state funds to the current Day service rate (\$31.29 to \$38.29) for six months (7/1/21 - 12/31/2021) at an estimated \$575,000 per month for a six month total of \$3.45 million to incentivize re-opening, cover higher costs to maintain social distancing, and supplement a proportionally higher cost structure while increasing enrollment. These state funds support fully re-starting Day services, currently at 50% of pre-COVID-19 levels for at-home individuals, which will end as the IDR Waiver Renewal becomes effective on 1/1/22, hopefully containing modernized Day services and rates.
4	\$21,250,000	\$49,512,500	Day, Residential, and At-Home Services	Planned new & modernized (enhanced) services in the IDR Waiver Renewal, which will be finalized effective 1/1/22. These include: a) modernizing Day services by increasing community based requirements and improving staffing ratios from 1:7 to 1:4/5 range; b) adding a separate "business" respite rate to increase provider pool, access, and speed caregiver certifications; c) add Independent Living Skills service; d) add supportive technology for at-home individuals; e) increase environmental modification cap; f) add in-home self-directed supports; and g) add individualized residential settings to promote acuity based rates (provider fair rates) and staffing standards (assurance of service for residents).
5	\$2,500,000	\$0	Residential	Telehealth start-up costs and monthly service costs for one year.
6	\$600,000	\$1,400,000	HASCI Services	HASCI waiting list reduction - 50 waiver slots.
7	\$1,000,000	\$0	Residential and Day Services	Grants for generators for residential and day facilities based on need.
8	\$2,000,000	\$2,000,000	All DDSN Service Lines, Providers, Waiver Participants, and Families	Major training effort to include: a) family education & skill building; b) at-home caregiver skill building; c) electronic training platform for all providers containing continually updated training modules for all facets of operations; d) Positive Behavior Support training through direct, train-the-trainer, and electronic modules; e) residential intensive behavior interventionist training & certification to promote "in-house" provider expertise; f) strengthening assessment & person center planning; and g) abuse, neglect & exploitation prevention training.
9	\$1,000,000	\$1,000,000	All Waiver Participants	Build capacity in system to prevent escalation of individuals to more restrictive and more costly living setting by developing a tele-psychiatry response capability.
10	\$1,000,000	\$0	Case Management	Grants to case management to support mobile workforce increasingly relying on virtual technology, to include being HIPPA compliance.
11	\$500,000	\$0	Residential Services	Grants to residential providers to pilot technology in lieu of staffing (similar technology service added for waiver participants in the IDR Waiver Renewal).
TOTAL	\$42,500,000	\$53,912,500		

* DDSN qualifies residential, day & case management providers for HCBS services

** Estimated using traditional 70% federal match for services and 50% for administrative costs