

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

## **MINUTES**

April 16, 2020

The South Carolina Commission on Disabilities and Special Needs met on Thursday, April 16, 2020, 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 via Skype:

Gary Lemel – Chairman

Robin Blackwood – Vice Chairman

Lorri Unumb – Secretary

Barry Malphrus

David Thomas

### DDSN Administrative Staff

Director Mary Poole; Mr. Pat Maley, Deputy Director; Mr. Chris Clark, CFO; Mr. Rufus Britt, Associate State Director, Operations; Ms. Constance Holloway, General Counsel, Mr. Robb McBurney, Legislative Liaison; Lori Manos, Program Manager, Ms. Sandra Delaney, Administrative Coordinator

### Notice of Meeting Statement

Chairman Lemel called the meeting to order and Secretary Unumb 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 motion of Commissioner Thomas, seconded by Commissioner Malphrus, the Commission unanimously adopted the April 16, 2020 Meeting Agenda. (Attachment A)

### Invocation

Commissioner Unumb gave the invocation.

### Approval of the Commission Meeting Minutes

On motion of Commissioner Malphrus, seconded by Commissioner Unumb, the Commission unanimously approved the March 19, 2020 Commission Meeting minutes with changes.

### Commissioners' Update

Commissioner Malphrus spoke of topics relating to Commission matters.

### **Old Business**

#### A. Case Management Report

Mrs. Manos shared a PowerPoint presentation that provided information on Case Management. Chairman Lemel stated it was not necessary to continue to report provider terminations. Mrs. Manos and Director Poole spoke of the monitoring guidance that is being developed. Discussion followed. (Attachment B)

#### B. Early Intervention Report

Mrs. Joyce Kimrey shared a PowerPoint presentation that provided information on Early Intervention (EI). She stated that authorization was received from SCDHHS to use telehealth so our consumers can continue to receive the services that they are entitled. (Attachment C)

#### C. Legislative Budget Update

Mr. McBurney stated the budget is in exactly the same position it was in at the last meeting, passed in the House, awaiting a vote in the Senate. The House had approved all but three of our 11 requests for the year. The Legislature met once since the last meeting with each body passing different Continuing Resolutions (CR). The CR would keep the Government funded at the previous year's level. If neither side agrees to the other body's CR, then there is no continuing resolution. That would put tremendous pressure on the Legislature to meet before the end of June to pass a budget. Discussion followed.

### **New Business**

#### A. SCDHHS Update

Josh Baker, SCDHHS State Director, gave a recap of what SCDHHS' response has been to the unprecedented disruption of the health care system in this state. Guidance is being provided to the provider network and SCDHHS is working with DDSN to address the issue of loss of

revenue in the adult day programs. He recapped the impact he has seen on the overall health care system. They have by and large left rates unchanged in the system. He explained that a review of our service levels as compared to others in the health care system indicates that our Case Management and Early Intervention services are faring “extraordinarily well.” He stated that the original Appendix K was submitted without retainer payments, but as we go into the second phase of the response, we will look at the impact to the provider network, and what supports are going to have to be put in place to make sure that there is a provider network back end. He explained that the absence of retainer payments in the first version of the Appendix K should not indicate the lack of willingness of the Department to consider them. He indicated that he knows that financial supports will have to be put in place to assist some elements of the provider network. He commented on the negative impact it has on our budget to pay out state dollars in advance as bands and there being no billable activity to Medicaid. Paying for services that are not being delivered consumes the FMAP. He spoke of the anticipated 2021 budget forecasts. For budget planning purposes, the best case would be level funding. He indicated that our future billing efficiency is critical. He commented that providers should be looking at other options outside of Medicaid to permit them to remain solvent. Chairman Lemel asked if the Commission should be focused on anything specific. Mr. Baker responded by stating the biggest risk he sees for DDSN now financially is the day-to-day continuation of payments for bands where services are not being delivered shifts them from matchable to unmatchable fund sources and greatly reduces the efficiency of our appropriation with respect to DDSN’s ability to produce federal match. He encouraged the Commission to look for matchable sources to keep providers whole instead of continuing to release band payments that cannot be matched because there is no billing activity

B. Financial Update

Mr. Clark provided an overview of the agency’s financial activity and the agency’s current financial position and made additional comments in regards to our current situation. The billing efficiency is being impacted right now by the day program closures. On the revenue side, we have done very well as a provider network pivoting to billing day services within a residential facility. We have determined that we are losing about nine hundred thousand dollars a week in day program billing. We have asked our provider network to give us more current data right now to make projections. We will monitor this data weekly and keep the Commission updated. We also expect a drop in residential revenue because we have families taking loved ones home. Mr. Clark added that we are monitoring all these things and trying to figure out how this impacts us from a cash flow perspective. Not knowing the FMAP yet is a big question mark but we are going to have to look at our cash flows this

coming week and to see where we are. There have been staff discussions about what the opportunities are to address this situation. We will need to convene a Finance and Audit Committee meeting probably sometime between now and the next Commission meeting to discuss our options because we cannot continue to put fixed dollars out there with no billing. Discussion followed. On motion of Commissioner Thomas, seconded by Commissioner Unumb, the Commission unanimously approved the financial update as presented. (Attachment D)

D. Coronavirus (COVID-19) Report/State Director's Report

Director Poole provided a Coronavirus and State Director's Report (Attachment E)

Executive Session

An Executive Session was not held.

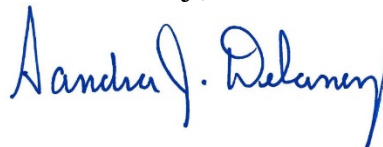
Next Regular Meeting

May 21, 2020

Adjournment

On motion of Commissioner Malphrus, seconded by Commissioner Blackwood and passed, the meeting was adjourned.

Submitted by,



Sandra J. Delaney

Approved:



Commissioner Lorri Unumb  
Secretary



SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

Attachment B

# Case Management

Presented to the DSN Commission

April 16, 2020



# Revenue Analysis – March 2020

Statewide Average Revenue Per Individual by Category			
	WCM	MTCM/SFCM	TOTAL
March	\$ 107.18	\$ 79.73	\$ 102.75

- Rate Increase was implemented for WCM on 1/1/20.
- Overall, these rates continue to cause a 0.85 % increase in average monthly revenue per person for WCM.



# Revenue Analysis – March 2020

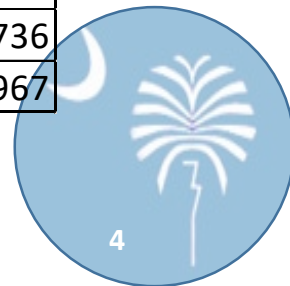
- Billing errors and Medicaid ineligibles continue to be minimal
- 337 consumers who were enrolled in the waiver did not have reportable notes during the month of March 2020.
  - This represents 2.8 % of the waiver individuals in the system.
  - This number is a decrease from February (3.48 %).



# Revenue Analysis – March 2020

- Billing was analyzed to determine if a shift to billing the non-travel rate negatively impacted providers.
- The chart below compares face-to-face and non-face-to-face units in February and March. It reflects face-to-face units decreased during March, but this was offset by an increase in non-face-to-face units.

Comparison of March 2020 CM Billing Units & Dollars to February 2020									
Month Billed	Waiver Face-to-Face Units	Waiver Face-to-Face Dollars	Waiver Non Face-to-Face Units	Waiver Non Face-to-Face Dollars	MTCM Face-to-Face Units	MTCM Face-to-Face Dollars	MTCM Non Face-to-Face Units	MTCM Non Face-to-Face Dollars	Total Dollars
March 2020 CM Billing	13,602	\$345,763	61,223	\$956,915	1,836	\$36,720	10,487	\$157,305	\$1,496,703
February 2020 CM Billing	20,861	\$530,287	48,539	\$758,665	2,699	\$53,980	8,787	\$131,805	\$1,474,736
Difference	-7,259	-\$184,524	12,684	\$198,251	-863	-\$17,260	1,700	\$25,500	\$21,967





# Adapted Service Delivery during COVID-19

- All required Case Management activities can be completed telephonically during the crisis.
- Request for WCM limit exceptions has been streamlined with additional approval at the DDSN level.
- Monitoring guidance has been developed and distributed to case managers.
- Case Managers have been encouraged to request active case management for people who are not connected with a CM through another avenue.



# Provider Terminations Since 7/1/19 Rate Change

- 3 providers have terminated CM contracts, the last one effective 8/31/19.
- All cases were successfully transitioned to new providers.
- While we have no new terminations, we have been in contact with providers who intend to make case management decisions in the next few months.
- The implementation of Conflict Free Case Management will impact providers' decisions related to the provision of case management.



# Appendix K Waiver Amendment

- Submitted by DHHS to CMS for approval on 4/13/20
- Allows us some flexibility in service delivery during the COVID-19 emergency.
- Retroactive to 1/1/20 and some items have already been implemented
  - Licensing flexibilities
  - Exception to ANE/CI reporting timeline if warranted
  - Contract Compliance QIO desk reviews
  - Modification of Level of Care assessment to non-face-to-face





SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

Attachment C

# Early Intervention

Presented to the DSN Commission

April 16, 2020



# Revenue Analysis – March 2020

- EI Billing for ages 3-6 in March was \$846,735
- Approximately \$10,000 less than the average for monthly billing this Fiscal Year
- Drop in billing toward end of month



# Adapted Service Delivery during COVID-19

- On March 30<sup>th</sup> DHHS issued a Bulletin that indicated telehealth services would be allowed for Early Intervention
  - Follow up questions have been submitted to DHHS for clarification
  - Bulletin established unit limits for Early Intervention that previously did not exist
  - Some EI providers still going into homes as allowed by families
  - Some layoffs and furloughs have been reported



# Provider Terminations

- Due to changes from a contract payment to Fee-for-Service payments for the DSN Boards, some Boards have decided to terminate their Early Intervention Contracts
  - Burton Center – on hold, will transition after crisis has passed
  - Fairfield County – All cases have been transferred
  - Pickens County—Ended EI services last year



# Provider Network

- Provider network remains strong
  - DDSN currently has 75 Early Intervention providers
  - Three new providers have been approved and will be added to the provider matrix once training requirements are completed





**FY 19/20 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 3/31/2020)**

Funded Program - Bud	Original Budget	Adjustments	Adjusted Budget	YTD Actual Expense	Remaining Budget	Percent Expended - Target
						%
						75.00%
ADMINISTRATION	\$ 8,256,999	\$ 182,329	\$ 8,439,328	\$ 4,649,858	\$ 3,789,471	55.10%
PREVENTION PROGRAM	\$ 657,098	\$ -	\$ 657,098	\$ 12,500	\$ 644,598	1.90%
GREENWOOD GENETIC CENTER	\$ 15,185,571	\$ -	\$ 15,185,571	\$ 9,169,785	\$ 6,015,786	60.38%
CHILDREN'S SERVICES	\$ 24,889,594	\$ (220,400)	\$ 24,669,194	\$ 7,744,997	\$ 16,924,197	31.40%
IN-HOME FAMILY SUPP	\$ 91,285,431	\$ (805,413)	\$ 90,480,018	\$ 41,164,107	\$ 49,315,911	45.50%
ADULT DEV&SUPP EMPLO	\$ 83,355,338	\$ 803,600	\$ 84,158,938	\$ 67,026,874	\$ 17,132,064	79.64%
SERVICE COORDINATION	\$ 22,656,140	\$ 11,800	\$ 22,667,940	\$ 10,439,698	\$ 12,228,242	46.05%
AUTISM SUPP PRG	\$ 26,355,826	\$ (786,600)	\$ 25,569,226	\$ 9,003,956	\$ 16,565,270	35.21%
HD&SPINL CRD INJ COM	\$ 5,040,532	\$ -	\$ 5,040,532	\$ 4,088,647	\$ 951,885	81.12%
REG CTR RESIDENT PGM	\$ 89,945,948	\$ 2,572,088	\$ 92,518,036	\$ 55,787,002	\$ 36,731,034	60.30%
HD&SPIN CRD INJ FAM	\$ 29,296,050	\$ 5,000	\$ 29,301,050	\$ 14,016,390	\$ 15,284,660	47.84%
AUTISM COMM RES PRO	\$ 29,739,084	\$ 25,000	\$ 29,764,084	\$ 11,955,805	\$ 17,808,279	40.17%
INTELL DISA COMM RES	\$ 335,315,273	\$ 6,074,007	\$ 341,389,280	\$ 280,209,847	\$ 61,179,432	82.08%
STATEWIDE CF APPRO		\$ -	\$ -		\$ -	
STATEWIDE PAY PLAN		\$ -	\$ -		\$ -	
STATE EMPLOYER CONTR	\$ 35,392,850	\$ 1,135,443	\$ 36,528,293	\$ 21,520,604	\$ 15,007,689	58.91%
SC GENOMIC MED-TGEM		\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ -	100.00%
<b>Legislative Authorized Total</b>	<b>\$ 797,371,734</b>	<b>\$ 10,996,854</b>	<b>\$ 808,368,588</b>	<b>\$ 538,790,069</b>	<b>\$ 269,578,519</b>	<b>66.65%</b>
Legislative authorization capacity above actual spending plan budget			\$ (37,538,345)			
DDSN spending plan budget			\$ 770,830,243	\$ 538,790,069	\$ 232,040,174	69.90%
Percent of total spending plan budget			100.00%	69.90%	30.10%	REASONABLE
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	75.00%	25.00%	
Difference % - over (under) budgeted expenditures			0.00%	-5.10%	5.10%	
Difference \$ - over (under) budgeted expenditures				\$ (39,332,613)		

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 20 Estimated Expenditure Commitments: YES X ; At-Risk    ; NO   

**Expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:**

Expenditure	FY 19 - % of total	FY 18 - % of total
Central Office Admin & Program	2.35%	2.37%
Indirect Delivery System Costs	1.22%	1.56%
Board & QPL Capital	0.07%	0.14%
Greenwood Autism Research	0.03%	0.03%
Direct Service to Consumers	96.33%	95.90%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>

NOTE: Prior FY data will be calculated and presented to provide assurance as to the consistent pattern of direct service & non-direct service expenditures and explanation for increases/decreases

FUNDED PROGRAMS	FUNDED PROGRAM NAMES
0100.000000.000	Administration Operational & Personal Services Expenditures of Administration Departments
4000.050100.000	Prevention Prevention Awareness Grants Possible GGC Contracts Over & Above the Special Item Funded Program
4000.050500X000	Prevention-Special Item - Greenwood Genetic Center Contracts for Research and Development, and Counseling
4000.100501.000	Children's Services Child Day Care Centers in Anderson and Charleston Early Intervention Summer Services
4000.101000.000	In-Home Family Support ID/RD & Community Support Waiver Services Respite Services
4000.101500.000	Adult Development Program Services to include Adult Day, Supported Employment, Rehab Support
4000.102000.000	Service Coordination Service Coordination Planning for all consumers
4003.250000.000	Intellectual Disability Comm. Residential Residential Expenditures for Community Training Homes, Intermediate Care Facilities Evaluation and Planning Services
4000.150500.000	Autism Family Support Program Services to include Adult Day, Supported Employment, Family Respite Evaluation and Planning Services Rehab Service Coordination
4002.300000.000	Autism Comm. Residential Residential Expenditures for Community Training Homes
4002.200000.000	Head & Spinal Cord Family Support Program Services to include Post Acute Rehab for HSC/TBI, Adult Day, Supported Employment
4001.350000.000	Head & Spinal Cord Comm. Residential Residential Expenditures for Community Training Homes
4001.400000.000	Regional Centers Operational & Personal Services Expenditures of Daily Regional Center Functions
9500.050000.000	Employee Benefits Personal Services Expenditures of Administration Departments, Residential, and Regional Centers
9814.190000X000	SC Genomic Medicine - TGEM Greenwood Genetic Center Genomic Medicine

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Third Quarter Amendment Summary

PROVIDER	SERVICE	20 funds	EFF. Date	Purpose
Aldersgate	Residential- QPL	\$ 28,739	2/18/20	Residential services for CC at Rick's House CTH II
Allendale-Barnwell	Capitated- Band B	\$ (5,926)	11/1/19	Quarterly adjustments to Band B consumer population
Allendale-Barnwell	Capitated- CSW	\$ 12,250	11/1/19	Quarterly adjustments to CSW consumer population
Allendale-Barnwell	Capitated- CTH II	\$ (3,076)	1/3/20	Vacancy @ Corley Heights until filled by RC
Anderson	Capitated- Band B	\$ (20,035)	11/1/19	Quarterly adjustments to Band B consumer population
Anderson	Capitated- CSW	\$ 6,989	11/1/19	Quarterly adjustments to CSW consumer population
Anderson	Start-up - SLP II	\$ 1,881	7/1/19	Start-up for placement of ST in SLP II
Anderson	Capitated- SLP I	\$ 12,655	12/9/19	SLP I slot for MF
Anderson	Capitated- CTH II	\$ (2,197)	2/1/20	Vacancy @ Cherry Seed until filled by MH
Arc of the Midlands	Residential- QPL	\$ 14,653	2/6/20	Residential services for ML and AB in SLP I
Arc of the Midlands	Start-up - SLP I	\$ 1,799	2/6/20	Start up for placement of BA in SLP I
Babcock	Capitated- CTH II	\$ (9,992)	12/18/19	Band G filling Band H at Old Saybrook, KG
Babcock	Capitated- Band B	\$ 163,300	11/1/19	Quarterly adjustments to Band B consumer population
Babcock	Capitated- CSW	\$ (35,522)	11/1/19	Quarterly adjustments to CSW consumer population
Babcock	Medical Model Residential	\$ 57,089	1/10/20	Placement of RD in Medical Model ICF
Babcock	State Funded Follow Along	\$ 8,303	7/1/19	SFFA changes in consumer population
Babcock	Capitated- CRCF	\$ (44,662)	1/18/20	Termination of vacancy @ Ida Lane II
Babcock	Capitated- CRCF	\$ (51,159)	12/25/19	Termination of vacancy @ Ida Lane II
Babcock	Capitated- ICF	\$ (7,550)	1/8/20	Reduction for vacancy @ Rabbit Run until filled by OC
Babcock	Capitated- CRCF	\$ (40,331)	2/3/20	Termination of vacancy @ Ida Lane II
Babcock	Capitated- CTH II	\$ (51,971)	12/22/19	Termination of vacancy @ Pleasant Ridge
Babcock	Capitated- CTH II	\$ 34,273	1/27/20	Restoration of vacancy @ Peach Tree for CS
Babcock	Capitated- CTH II	\$ (37,354)	2/14/20	Termination of vacancy @ Osprey
Babcock	Capitated- CTH II	\$ (46,016)	1/13/20	Termination of vacancy @ Venus Rd.
Bamberg	Capitated- Band B	\$ (5,735)	11/1/19	Quarterly adjustments to Band B consumer population
Bamberg	Capitated- SLP I	\$ 7,223	3/6/20	SLP I placment for MW
Bamberg	Capitated- CTH I	\$ 10,975	2/3/20	CTH I placement for JA
Beaufort	Capitated- CTH II	\$ (58,196)	11/29/19	Termination of vacancy @ Peyton Way CTH II
Beaufort	Capitated- Band B	\$ 27,148	11/1/19	Quarterly adjustments to Band B consumer population
Beaufort	Capitated- CSW	\$ 8,385	11/1/19	Quarterly adjustments to CSW consumer population
Beaufort	Capitated- CTH II	\$ 37,348	1/13/20	Restoration of vacancy @ Peyton Way for JA
Berkeley Citizens	State Funded Follow Along	\$ 2,280	1/27/20	New SFFA consumer MD
Berkeley Citizens	Capitated- Band B	\$ 40,415	11/1/19	Quarterly adjustments to Band B consumer population
Berkeley Citizens	Capitated- CSW	\$ (19,402)	11/1/19	Quarterly adjustments to CSW consumer population
Berkeley Citizens	Capitated- CTH II	\$ (49,264)	1/1/20	Termination of Vacancy @ Temple CTH II
Burton	Capitated- ICF	\$ (4,937)	11/16/19	Reduction for vacancy @ Nazareth until filled by KL
Burton	Capitated- Band B	\$ 30,015	11/1/19	Quarterly adjustments to Band B consumer population
Burton	Capitated- CSW	\$ (22,650)	11/1/19	Quarterly adjustments to CSW consumer population
Burton	Capitated- CTH I	\$ (8,853)	3/2/20	Termination of CTH I for AA
Burton	Capitated- SLP II	\$ 12,754	3/2/20	Restoration of Vacancy for AA
Burton	Capitated- CTH II	\$ 41,955	1/28/20	Restoration of Vacancy for RP
Burton	Capitated- CTH II	\$ 42,226	1/27/20	Restoration of Vacancy for NS
Burton	Capitated- ICF	\$ (62,434)	11/29/20	Termination of vacancy
Burton	Capitated- ICF	\$ (45,011)	1/27/20	Termination of vacancy
Burton	Capitated- ICF	\$ (45,301)	1/28/20	Termination of vacancy

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Burton	Capitated- ICF	\$ (35,718)	2/29/20	Termination of vacancy
Burton	Capitated- CTH II	\$ (33,394)	1/31/20	Termination of vacancy
Burton	Capitated- CTH II	\$ 41,143	1/31/20	Restoration of Vacancy for CB
Burton	Capitated- CTH II	\$ 29,775	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- CTH II	\$ 29,775	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- CTH II	\$ 29,775	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- CTH II	\$ 29,775	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- ICF	\$ (31,943)	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- ICF	\$ (31,943)	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- ICF	\$ (31,943)	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- ICF	\$ (31,943)	3/13/20	Conversion of ICF to CTH II
Burton	Capitated- ICF	\$ (44,430)	1/30/20	Termination of vacancy
Burton	Capitated- ICF	\$ 31,943	3/13/20	Restoration of Vacancy for DT
Calhoun	Capitated- CSW	\$ 10,564	11/1/19	Quarterly adjustments to CSW consumer population
Calhoun	Special HASCI Residential	\$ 39,249	2/7/19	HASCI residential placement of NS at Cameron CTH II
Calhoun	Capitated- CTH II	\$ (41,685)	1/29/20	Termination of vacancy @ Cameron- filled by HASCI NS
Calhoun	Capitated- CTH II	\$ (35,188)	2/22/20	Termination of vacancy @ Calhoun Rd.
Charles Lea	Capitated- SLP I	\$ 12,038	12/19/19	SLP I placement of DJ
Charles Lea	Capitated- SLP II	\$ 19,289	12/31/19	New SLP II for IF
Charles Lea	Capitated- CTH II	\$ 40,864	12/28/19	Restore vacancy @ Crossgate for TL
Charles Lea	Capitated- CTH II	\$ (47,015)	11/30/19	Termination of vacancy @ Penarth
Charles Lea	Capitated- CTH II	\$ 38,886	1/6/20	Restore vacancy @ Penarth for NM
Charles Lea	Capitated- CTH II	\$ 65,909	9/5/19	Restore funding for PB at Heather
Charles Lea	Special Grant- CIRS Day	\$ 29,542	10/1/19	Fy 20 Second Quarter CIRS Day attendance
Charles Lea	Special Grant- CIRS Day	\$ 143,669	11/1/18	FY 19 Amendment for CIRS Day attendance
Charles Lea	Special Grant- CIRS Day	\$ 43,677	7/1/19	FY 20 first Quarter CIRS Day Attendance
Charles Lea	CIRS Residential	\$ (18,792)	12/31/19	Termination of CIRS services to IF
Charles Lea	Capitated- Band B	\$ (4,284)	11/1/19	Quarterly adjustments to Band B consumer population
Charles Lea	Capitated- CSW	\$ 22,486	11/1/19	Quarterly adjustments to CSW consumer population
Charles Lea	Capitated- CTH II	\$ 35,371	1/22/20	Restoration of vacancy @ Autumn Ridge
Charles Lea	Capitated- CTH II	\$ 38,227	1/9/20	Restoration of vacancy @ Avon
Charles Lea	Capitated- CTH II	\$ 32,735	2/3/20	Restore vacancy for placement @ Cowpens
Charles Lea	Capitated- CTH II	\$ 27,682	2/26/20	Restoration of vacancy at Avon
Charleston	Capitated- CRCF	\$ (60,903)	11/19/19	Termination of vacancy @ Farmington for KC
Charleston	Capitated- Band B	\$ 11,279	11/1/19	Quarterly adjustments to Band B consumer population
Charleston	Capitated- CSW	\$ (9,619)	11/1/19	Quarterly adjustments to CSW consumer population
Charleston	Capitated- CTH II	\$ (36,250)	1/18/20	Termination of vacancy @ Piper Drive
Charleston	Capitated- CTH II	\$ -	2/13/20	Restoration of Vacancy @ Piper Drive for RW
Charleston	Capitated- CTH II	\$ (50,347)	12/28/19	Termination of vacancy @ Star Drive
Charleston	Capitated- CTH II	\$ (52,512)	12/20/19	Termination of vacancy @ Secessionville
Charleston	Capitated- CTH II	\$ 38,667	1/7/20	Restoration of vacancy @ Secessionville for LS
Charleston	Capitated- CTH I	\$ (12,878)	1/7/20	Termination of CTH I for LS
Cherokee	Capitated- Band B	\$ (30,626)	11/1/19	Quarterly adjustments to Band B consumer population
Cherokee	Capitated- CSW	\$ (2,384)	11/1/19	Quarterly adjustments to CSW consumer population
Cherokee	Capitated- ICF	\$ (8,432)	2/12/20	Reduction for Vacancy @ J. Claude Fort I until restored by JB
CHESCO	Capitated- SLP II	\$ (3,478)	12/1/19	Reduction for vacancy @ Wynn Way until filled by DG

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CHESCO	Capitated- Band B	\$ (6,003)	11/1/19	Quarterly adjustments to Band B consumer population
CHESCO	Capitated- CSW	\$ (16,072)	11/1/19	Quarterly adjustments to CSW consumer population
CHESCO	Capitated- SLP II	\$ (12,227)	3/7/20	Termination of vacancy at Wynn Way
CHESCO	Capitated- CTH II	\$ (45,745)	1/12/20	Termination of vacancy at William ST
CHESCO	Capitated- CTH II	\$ 37,129	1/14/20	Restoration of vacancy at William ST for JT, Band G
CHESCO	Capitated- SLP II	\$ 16,970	1/22/20	Restoration of vacancy at Wynn Way for BR
CHESCO	Capitated- CTH II	\$ (39,985)	1/1/20	Termination of vacancy at Henrietta Isget
Chester/Lancaster	Capitated- Band B	\$ 7,762	11/1/19	Quarterly adjustments to Band B consumer population
Chester/Lancaster	Capitated- CSW	\$ 24,871	11/1/19	Quarterly adjustments to CSW consumer population
Chester/Lancaster	Capitated- SLP II	\$ (16,970)	1/22/20	Termination of vacancy @ Hickory Hill SLP II
CHS Group	Residential- QPL	\$ 30,320	3/16/20	Depop placement of TH
CHS Group	Residential- QPL	\$ 30,320	3/16/20	Depop placement of CM
Clarendon	Capitated- Band B	\$ (8,985)	11/1/19	Quarterly adjustments to Band B consumer population
Clarendon	Capitated- CSW	\$ 9,989	11/1/19	Quarterly adjustments to CSW consumer population
Clarendon	Capitated- CTH I	\$ 11,341	1/28/20	New CTH I for LK
Clarendon	Capitated- CTH I	\$ (16,968)	1/30/20	Termination of CTH I for YM
Clarendon	Capitated - CTH I	\$ 8,780	3/3/20	New CTH I for TS
Clarendon	Capitated- SLP I	\$ (7,408)	3/3/20	Termination of SLP I for TS
Colleton	Capitated- Band B	\$ (8,947)	11/1/19	Quarterly adjustments to Band B consumer population
Community Options	Residential- QPL	\$ 17,556	1/5/20	Residential services for SC in SLP II
Community Options	Residential- QPL	\$ (54,971)	12/20/19	Termination of residential services to BD in CTH II
Community Options	Residential- QPL	\$ 17,753	1/3/20	Residential services to PP in SLP II
Community Options	Residential- QPL	\$ 31,956	2/3/20	Residential services to SW in CTH II
Darlington	Capitated- ICF	\$ (6,969)	11/29/19	Reduction for vacancy @ Reagan until filled by JH
Darlington	Capitated- CTH II	\$ (41,962)	12/23/19	Termination of vacancy @ Ann King
Darlington	Capitated- Band B	\$ 17,894	11/1/19	Quarterly adjustments to Band B consumer population
Darlington	Capitated- CSW	\$ (9,866)	11/1/19	Quarterly adjustments to CSW consumer population
Darlington	Capitated- CTH II	\$ 30,318	2/14/20	Restoration of vacancy @Ann Smith for PS
Darlington	Capitated- ICF	\$ (15,971)	1/1/20	Reduction at Reagan until filled by DL
Dorchester	Capitated- CTH II	\$ (13,401)	11/6/19	Reduction at Cedar St until filled by MF
Dorchester	Capitated- SLP II	\$ 6,008	11/6/19	SLP II placement of JV until terminated
Dorchester	Capitated- Waiver/Band B	\$ (10,322)	1/6/20	Termination of Band B outlier for MF
Dorchester	Start-up - SLP II	\$ 1,464	7/1/19	Start-up for placement of ND in SLP II
Dorchester	Capitated- Band B	\$ 19,652	11/1/19	Quarterly adjustments to Band B consumer population
Dorchester	Capitated- CSW	\$ 1,110	11/1/19	Quarterly adjustments to CSW consumer population
Dorchester	Capitated- SLP I	\$ 9,630	1/27/20	SLP I for JW
Fairfield	Special HASCI Residential	\$ (89,668)	11/19/19	Termination of residential and outlier for AL
Fairfield	Capitated- CTH II	\$ 82,632	12/19/19	Restoration of vacancy at Wilson I for RA
Fairfield	Capitated- Band B	\$ 8,068	11/1/19	Quarterly adjustments to Band B consumer population
Florence	Capitated- Band B	\$ (30,933)	11/1/19	Quarterly adjustments to Band B consumer population
Florence	Capitated- CSW	\$ 17,019	11/1/19	Quarterly adjustments to CSW consumer population
Florence	Capitated- SLP II	\$ (2,951)	1/14/20	Reduction for time JH was out of SLP II
Florence	Capitated- SLP II	\$ (18,024)	1/12/20	Termination of vacancy @ 220 Kelly St SLP II
Florence	Capitated- CTH II	\$ (34,647)	2/24/20	Termination of vacancy @ Twin Oaks CTH II
Florence	Capitated- SLP II	\$ 13,492	2/24/20	Restoration of vacancy @ 220 Kelly for transfer of CW
Florence	Capitated- ICF	\$ (13,649)	1/11/20	Reduction for vacancy at Hampton Place until filled by JB

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Florence	Capitated- CTH II	\$ (33,835)	2/27/20	Termination of vacancy at Edison Rd
Georgetown	Capitated- Band B	\$ (9,291)	11/1/19	Quarterly adjustments to Band B consumer population
Georgetown	Capitated- Band B	\$ (28,416)	12/31/19	Termination of Band B and Outliers for CH and AH
Georgetown	Capitated- CTH II	\$ 72,000	2/29/20	Two new slots at Middleton for CH and AH
Georgetown	Capitated- SLP II	\$ 19,289	2/29/20	New SLP II for JG
Horry	Capitated- Band B	\$ 27,030	11/1/19	Quarterly adjustments to Band B consumer population
Horry	Capitated- CSW	\$ (22,897)	11/1/19	Quarterly adjustments to CSW consumer population
Horry	Capitated- SLP II	\$ (2,530)	1/17/20	Reduction at Oak Hill Condo for AS
Jasper	Capitated- Band B	\$ (6,997)	11/1/19	Quarterly adjustments to Band B consumer population
Jasper	Capitated- CSW	\$ 8,591	11/1/19	Quarterly adjustments to CSW consumer population
Jasper	Capitated- CTH II	\$ (16,674)	1/24/20	Reduction for vacancy @ Pine Forest until filled by IS
Jasper	Capitated- CTH II	\$ (15,240)	12/25/19	Termination of outlier for DA
Kershaw	Capitated- Band B	\$ 8,794	11/1/19	Quarterly adjustments to Band B consumer population
Kershaw	Capitated- CSW	\$ 24,582	11/1/19	Quarterly adjustments to CSW consumer population
Kershaw	Capitated- CTH II	\$ 27,462	2/27/20	Restoration of vacancy @ Cureton for JC
Laurens	Capitated- Waiver/Band B	\$ (49,663)	7/1/19	Termination of outlier for CO
Laurens	Capitated- Band B	\$ (9,368)	11/1/19	Quarterly adjustments to Band B consumer population
Laurens	Capitated- CSW	\$ (34,365)	11/1/19	Quarterly adjustments to CSW consumer population
Lee	Capitated- CTH II	\$ 38,447	1/8/20	Restoration of vacancy @ 521 Lee St for LD
Lutheran Family Services	Residential- QPL	\$ (36,650)	2/14/20	Termination of residential services to SD
Lutheran Family Services	Residential- QPL	\$ (59,224)	11/21/19	Termination of residential services to MB
Lutheran Family Services	Residential- QPL	\$ (52,319)	12/17/19	Termination of residential services to AE
Lutheran Family Services	Residential- QPL	\$ 35,322	2/19/20	Residential services to KG in CTH II
Lutheran Family Services	Residential- QPL	\$ 44,617	1/15/20	Residential services to TJ in CTH II
Lutheran Family Services	Residential- QPL	\$ 58,959	11/22/19	Residential services to RL in CTH II
Lutheran Family Services	Residential- QPL	\$ 52,319	12/17/19	Residential services to LD in CTH II
Lutheran Family Services	Residential - SFH	\$ 43,792	12/18/19	SFH Services with Day for AE
Lutheran Family Services	Residential - SFH	\$ (29,274)	12/17/19	Termination of SFH for LD
Lutheran Family Services	Residential - SFH	\$ (19,912)	2/18/19	Termination of SFH for KG
Marion-Dillon	Capitated- Band B	\$ 8,029	11/1/19	Quarterly adjustments to Band B consumer population
Marlboro	Capitated- Band B	\$ 1,988	11/1/19	Quarterly adjustments to Band B consumer population
MIRCI	Residential- QPL	\$ 36,384	2/15/20	Residential services for DG in CRCF
Newberry	Capitated- CTH II	\$ (48,992)	12/21/19	Termination of vacancy @ Conifer Drive
Newberry	Capitated- Band B	\$ (13,192)	11/1/19	Quarterly adjustments to Band B consumer population
Newberry	Capitated- CSW	\$ (7,235)	11/1/19	Quarterly adjustments to CSW consumer population
Newberry	Capitated- SLP I	\$ (8,334)	2/17/20	Termination of SLP I for RW
Newberry	Capitated- SLP II	\$ 14,229	2/17/20	Restoration of SLP II at Palmetto Pointe for RW
Oconee	Special HASCI Residential	\$ (47,910)	1/6/20	Termination of HASCI residential for JR
Oconee	Capitated- CTH II	\$ 38,886	1/6/20	Move CTH II at Code to Capitated for JM
Oconee	Capitated- Band B	\$ 35,711	11/1/19	Quarterly adjustments to Band B consumer population
Oconee	Capitated- CSW	\$ (9,331)	11/1/19	Quarterly adjustments to CSW consumer population
Oconee	Capitated- CTH II	\$ (6,271)	3/1/20	Band decrease for JR
Orangeburg	Capitated- Band B	\$ 30,359	11/1/19	Quarterly adjustments to Band B consumer population
Orangeburg	Capitated- CSW	\$ (17,512)	11/1/19	Quarterly adjustments to CSW consumer population
Orangeburg	Capitated- CTH II	\$ (1,686)	12/23/19	Reduction for vacancy @ 501 Murray until filled by MS
Orangeburg	Capitated- SLP II	\$ (2,636)	1/8/20	Reduction for vacancy @ Marshall until filled by VG

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Orangeburg	Capitated- CTH II	\$ (33,614)	1/30/20	Termination of vacancy @ Pickett Street
Pickens	Capitated- CTH II	\$ (11,828)	11/12/19	Reduction for vacancy @ Stewart Dr until filled by KR
Pickens	Capitated- CTH II	\$ (2,637)	12/18/19	Reduction for vacancy @ Bruce B. Hair until filled by DS
Pickens	Capitated- Band B	\$ (9,444)	11/1/19	Quarterly adjustments to Band B consumer population
Pickens	Capitated- CSW	\$ (8,838)	11/1/19	Quarterly adjustments to CSW consumer population
Pickens	Capitated- SLP II	\$ 14,544	2/14/20	New SLP II for SD
Pickens	Capitated- SLP II	\$ 13,280	2/26/20	New SLP II for VG
Pickens	Capitated- CTH II	\$ (27,682)	2/26/20	Termination of vacancy @ Stewart Drive
Pine Grove	Residential- QPL	\$ 42,493	1/23/20	Residential services for HW in CTH II
SAFY	Residential - SFH	\$ (13,723)	12/30/19	Termination of SFH Services to BW
Sumter	Capitated- Band B	\$ 11,891	11/1/19	Quarterly adjustments to Band B consumer population
Sumter	Capitated- CSW	\$ (10,276)	11/1/19	Quarterly adjustments to CSW consumer population
Sumter	Capitated- CTH II	\$ 41,143	1/31/20	Restoration of vacancy @ West Charlotte for BS
Thrive Upstate	One-time Grant	\$ 31,276	7/1/19	Reimbursement for waiver at-home consumers from FY 19
Thrive Upstate	Capitated- Band B	\$ 71,919	11/1/19	Quarterly adjustments to Band B consumer population
Thrive Upstate	Capitated- CSW	\$ 37,120	11/1/19	Quarterly adjustments to CSW consumer population
Thrive Upstate	Capitated- CTH II	\$ (28,780)	2/21/20	Termination of vacancy @ Jude CTH II
Tri-Development	Capitated- CTH II	\$ 2,303	11/13/19	Vacancy @ Trolley Line until filled by TK
Tri-Development	Capitated- CTH II	\$ (49,506)	11/24/19	Termination of vacancy @ Wise Hollow
Tri-Development	Capitated- Band B	\$ 6,501	11/1/19	Quarterly adjustments to Band B consumer population
Tri-Development	Capitated- CSW	\$ 699	11/1/19	Quarterly adjustments to CSW consumer population
Tri-Development Center	Capitated- CTH I	\$ 10,317	2/11/20	CTH I slot for PL
Tri-Development Center	Capitated- CTH II	\$ (3,790)	2/29/20	Reduction for vacancy @ Pinewood CTH II until filled by HM
Tri-Development Center	Capitated- Band B	\$ (11,051)	3/14/20	Termination of Band B and Outlier for HM
Tri-Development Center	Capitated- CRCF	\$ (59,331)	1/12/20	Reduction for vacancy at Saunders, and termination of outlier for HR
Union	Capitated- CTH II	\$ (3,295)	11/15/19	Vacancy @ Riverhills until filled by CK
Union	Capitated- Band B	\$ (15,791)	11/1/19	Quarterly adjustments to Band B consumer population
Union	Capitated- CSW	\$ (8,386)	11/1/19	Quarterly adjustments to CSW consumer population
Union	Capitated- SLP I	\$ (8,519)	2/14/20	Termination of SLP I for WS
UCP	Residential- QPL	\$ 7,246	2/8/20	SLP services for TB
UCP	Residential- QPL	\$ (7,327)	2/5/20	Termination of residential services for ML in SLP I
Williamsburg	Capitated- CTH II	\$ (48,553)	11/24/19	Reduction for vacancy @ James Clyburn
Williamsburg	Capitated- CTH II	\$ (9,667)	12/21/19	Reduction for vacancy @ Longstreet until filled by ZB
MaxAbilities of York	Capitated- CRCF	\$ (3,248)	12/18/19	Reduction for vacancy @ Meadowlark until filled by APM
MaxAbilities of York	Capitated- Band B	\$ 38,849	11/1/19	Quarterly adjustments to Band B consumer population
MaxAbilities of York	Capitated- CSW	\$ 27,212	11/1/19	Quarterly adjustments to CSW consumer population
MaxAbilities of York	Capitated- SLP I	\$ 9,630	1/27/20	SLP I placement of RT
	<b>Total</b>	<b>\$ 50,317</b>		

There is no doubt that this virus is a major disruption in our normal day to day lives; but it cannot change who we are and what we do. While much of the country, and even the world, is in a temporary pause, our mission remains focus and our character remains resolute. We continue to support people. The staff at the Regional Centers as well as our providers in the community show up every day and support our individuals.

Yes we can see that the COVID-19 emergency has changed what “business as usual” means and we are adapting also – we are all now zooming, skyping, building business teams and share files and holding conference calls. Our regional centers are holding virtual visits between the residents and their families. It is amazing what you can do when you have to. This national emergency is like nothing any of us have ever seen before and is a threat that has some responding with fear – but I see our staff responding with determination and courage.

### **1. Regional Centers Update:**

- a. PPE Inventory – good when we started and we have got better. We were initially short: face shields, masks, and gowns. This week everyone will have a cloth mask. We are using the surgical masks and the K95 masks for use with individuals who are sick (COVID or flu). If the diagnosed COVID-19 cases increase, so will the use of PPE; but we are ahead of the curve for now. We continue to order.
- b. Current messaging for PPE—don PPE when any consumer has symptoms. Any symptom by staff are addressed by being put out until tested.
- c. Staffing is measured daily and report the next day so we know exactly how many “boots on the ground” we have. Staffing was at a 3 high just prior to COVID-19 and is maintaining. A bit more callouts, but balanced with a bit more overtime.
- d. Planning a bonus payment to all front line staff who work directly with a COVID positive individual.
- e. At this time 2 residents who have tested positive. One was in the hospital when he contracted COVID and has since recovered. One who is currently ill and is being treated at the center utilizing all proper protocols. We did have 7 individuals tested and we are awaiting the results. DHEC is doing the testing.
- f. At this time 8 staff testing positive.

### **2. Provider Community Update:**

- a. Serve 4500 in community residential settings & community ICFs.
- b. 5 positive cases in the community – all in CTH-II’s of those, have 4 in the recovery phase and there was one fatality



- c. 15 staff testing positive – I do not have information as to their health status, but I do know there has been one fatality.
- d. Getting PPEs have been a challenge – not just our challenge – it is a nation-wide challenge. The two mechanisms developed is DDSN continually monitors and updates vendor lists distributed through SITREPS & direct providers to contact local EMDs who are to coordinate purchases from DHEC & national supply distributions. DDSN surveyed providers and got 3 responses. All 3 were coordinated to receive PPEs.
  - i. We only have 2 counties with positive test results. The provider with the most significant incident involving 4 consumers testing positive in a CTH II and several staff was able to meet this crisis with adequate PPE.
  - ii. The second county with a positive result was able to meet the PPE needs of the staff. DDSN borrowed some supplies from Midlands Center (no sick individuals) and from some we had been able to procure using the same vendors we have given to the providers – and gave them enough to get through until their orders can arrive.
  - iii. We will continue to give out the most promising sources of PPEs to the provider community as we source the same for the regional centers
  - iv. We will continue to reach to any provider who is treating a person testing positive for COVID to ensure that they are in possession of what they need to get through the illness. This means borrowing from neighbors, going to EMD and or taking from our centers if need be.
  - v. I do want everyone to know we are not hoarding PPEs. DDSN is sourcing them from the vendor list just like everyone else.
- e. In preparation of Appendix K being approved & applied retroactively to provide Day Program in Residential service settings, providers were instructed in the Thursday, March 19<sup>th</sup> SITREP to start doing this. Based on survey earlier this week, providers are doing a great job—as high as 90% attendance and we have asked for DSALs to be completed weekly to verify billable for planning purposes. Roughly half of our day program attendees come from residential settings.
- f. Survey showed 3% of at-home consumers still receiving day program services; almost all in enclaves or group employment.
- g. Closing of Day Programs has permitted Day Program staff to supplement residential staffing and should lower overtime in addition to providing Day Program in residences.
- h. We have not been told of any layoffs of day or residential staff at the boards. There has been some lay-offs of staff from a couple of QPL day

programs and a couple of QPL EI providers and a QPL case management provider indicated that 2 CMs were laid off. If any other lay-offs have occurred, we have not been informed.

- i. We have dedicated staff time to contacting providers to check status. The report that I received yesterday afternoon - with 56 providers being contacted:
  - i. We only have 1 DSN Board who has closed their Admin Office
  - ii. We have 37 providers who are providing day program activities in their residential home.
  - iii. All 56 providers report staff as "ok for now: with the following comments:
    - 1 provider says "good for now, concerned about nursing"
    - 1 provider says "good for now, but lots of overtime"
  - iv. Other comments when asked about storm damage include:
    - "lots of staffs' homes are damaged"
    - 2 homes with no power but they have generators
    - "lots of neighborhoods destroyed"
  - v. General comments:
    - Starting to see behaviors and cabin fever!
    - Cabin fever
    - Staff are doing great keeping folks busy!

### **3. Collaboration with DHHS: National Emergency/Crisis Response to Waivers through Appendix K**

- a. Purpose: ensure continuation of services through modifying requirements to facilitate and increasing services to meet needs during the crisis.
- b. Submitted by DHHS to CMS for approval on Monday, 4/13/20; approval for other states has been fairly short, certainly less than a week.
- c. Retroactive to 1/1/20 and ends at termination of state of emergency and some regulatory "flexibilities" have already been implemented – telephonic visits to complete plans, provisional licenses, extended training period etc.
- d. Includes flexibilities for:
  - i. Service provider licensing, minimum monthly service requirement, provider qualifications, staff training and service locations
  - ii. Certain service limits
  - iii. Supplanting services (e.g., respite and personal care for close Day and ADHC)
  - iv. Adds home delivered meals for those displaced from ADHC where meals were provided
  - v. Adds in-home supports service for ID/RD and HASCI Waiver Programs

- vi. Waiving timelines for fingerprint checks with certain assurances and family members providing services for their loved ones.
- vii. Exception to ANE/CI reporting timeline if needed, only with request and review
- viii. Contract Compliance QIO desk reviews
- ix. Modification of Level of Care assessment to non-face-to-face

4. Appendix K Implementation:

- a. Once the K is approved, it will need to be operationalized. So changes can be rolled out as efficiently and as quickly as possible.
- b. Since we first gave DHHS our ideas for the Appendix K – we have begun working on the *Appendix K Action Plan*
- c. Now that we have the final draft, we have been putting the finishing touches on that plan.
- d. Pending any changes suggested by CMS reviewers, we will action the plan.
- e. Once the K is approved by CMS and we make changes to the Action Plan, we will forward that to the commissioners.
- f. Please know that the Appendix K can be amended based on the duration and intensity of the pandemic.

5. Communications:

- a. SITREP has been our main vehicle.
- b. All subject matter monthly meetings have continued, such as EI, CM, QM, FM
- c. Quarterly State Director Skypes with Provider EDs. Continue as usual – in fact there is one at 2:00 today.
- d. Weekly State Director Skypes with Central Office employees working remotely. Our remote workforce is varies from 77-79% daily which exceeds the Governor's target of 75%. Obviously, we have no one of our 1500 regional center employees working remotely.
- e. EOC phone line & email monitored 24/7.
- f. Robust COVID-19 webpage.
- g. Weakness has been communicating direct to our consumers receiving services (21,111) and those eligible but no receiving services (16,741). Total eligible 37,852. This is something that we have identified as a problem and are working to identify the proper vehicle to facilitate this communication.

6. Financial:

- a. 6.2% FMAP purpose:
- b. Current COVID-19 is causing major havoc in our band system.

- For example, at-home day program has been reduced to 3% for a few employment enclaves, which creates roughly a \$750,000 loss of Medicaid billable revenue a week or \$3million/month.
- Through May 1, we estimate a loss in Day Program billing of approximately \$5 million—we can't fill with 6.2% further and we have to be fiduciaries to taxpayers and not continue to pay for services not rendered.
- On July 1<sup>st</sup>, will everything get back to normal so we can expect the same billing patterns to generate income to support band payment?
- Without further study and a little bit more information we're not going to be able to figure out how to close the 600 to 750 million dollar loss we have every week. We are going to have to have those tough conversations. We will be [REDACTED] will bring it to the Commission once we have a few plans and a few ideas as to which way we need to go we also know that shutting down an economy is going to leave a mark. There's no way around it so we might say that we anticipate budget cuts. I think we have to anticipate them. If they don't come to fruition great, but if they do, we at least have a plan in place. The one thing we've learned from this experience that we continue to learn every day. We didn't even know about an appendix K when this whole thing started even though it's been there apparently for a decade but we sure do now. We continue to learn develop and rethink what we need to do trying to focus.

## 7. Getting Back to Business:

- a. Policy side of the house is over-run with Appendix K implementation and plan changes.
- b. Financial side overrun, but what we are doing to address COVID-19 is also consistent with research and planning parallel to Fee for Service planning. Fee for Service may need to be implemented in a measured manner to avoid destabilizing Boards. However, COVID-19's impact on bands is destabilizing and if it persists, Fee for Service implementation may bring order to the chaos caused by the bands. NO DECISIONS, BUT CONSIDERING ALL OPTIONS IN AN ACCELERATED MANNER.