SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

February 16, 2017

The South Carolina Commission on Disabilities and Special Needs met on Thursday, February 16, 2017, 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

<u>Present</u>: Bill Danielson, Chairman Eva Ravenel, Vice Chairman Gary Lemel – Secretary Mary Ellen Barnwell Katie Fayssoux Vicki Thompson

<u>Absent:</u> Sam Broughton, Ph.D.

DDSN Administrative Staff

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

<u>Guests</u>

(See Attachment 1 Sign-In Sheet)

<u>Coastal Regional Center (via videoconference)</u> (See Attachment 2 Sign-In Sheet)

<u>Georgetown County DSN Board</u> (See Attachment 3 Sign-In Sheet)

<u>Pee Dee Regional Center (via videoconference)</u> (See Attachment 4 Sign-In Sheet)

<u>Pickens County DSN Board (via videoconference)</u> (See Attachment 5 Sign-In Sheet)

<u>Whitten Regional Center (via videoconference)</u> (See Attachment 6 Sign-In Sheet)

<u>York County DSN Board (via videoconference)</u> (See Attachment 7 Sign-In Sheet)

Jasper County DSN Board (via videoconference)

February 16, 2017 DDSN Commission Meeting Minutes Page 2 of 6

News Release of Meeting

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

Adoption of the Agenda

The Commission adopted the February 16, 2017 Meeting Agenda by unanimous consent with a change due to the absence of Commissioner Broughton. (Attachment A)

Invocation

Commissioner Lemel gave the invocation.

Approval of the Minutes of the January 19, 2016 Commission Meetings

The Commission approved the January 19, 2016 Commission Meeting minutes with a change by unanimous consent.

Public Input

The following individual spoke during Public Input: Dr. Gerald Bernard.

Commissioners' Update

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

State Director's Report

Dr. Buscemi reported on the following:

<u>Budget Request Update</u> – A Senate hearing was held yesterday. The top budget priority of increasing direct support staff wages seemed well received.

<u>Bills potentially effecting DDSN</u> - S 180. After two hearings, the Subcommittee carried the bill over; H.3117 – A Subcommittee meeting has not been scheduled; H.3324 Subcommittee meeting has not been scheduled.

<u>House Legislative Oversight Committee -</u> Online public input survey went live on Feb 9 and will be available through March 13. The survey can be accessed through the HLOC website. DDSN has sent out public notice widely, also available for visitors here today. Initial hearing scheduled for March 2nd at 1 pm for public input, copies of the notice available for visitors here today. February 16, 2017 DDSN Commission Meeting Minutes Page 3 of 6

<u>Senate Legislative Oversight</u> - Information gathering from the agency has already begun. Phillip Willis' contact information has been provided in the Commissioners notebooks and in the visitors' packets.

<u>Statewide RFP status update including Intake</u> - About 20 providers are being approved this week or next week because they have successfully corrected any concerns with their submission. About 10 additional providers are likely to be approved based on information received, this should happen in March.

<u>Public Reporting of Provider Data</u> - The "go live" date was delayed. This was due to an anomaly in the data that was sent from Alliant. DDSN extended the deadline to give all providers additional time to double and triple check their data. DDSN would rather delay the roll out than take the risk of displaying would-could be incorrect data. DDSN internal staff have taken additional steps to check the data, respond to providers, and literally try to "break the system" before it goes live. We think we are all good now and it is expected we will send out a notice of availability of the system tomorrow or early next week.

<u>Capital Improvement Projects Update</u> - DDSN has requested seven of the oldest projects be closed and that is currently in process. DDSN has identified another six projects to request be closed in the next few months with discussion at the state level the options for closing the 25-year-old dorm project reallocating those funds to a new Midlands Center electrical grid project.

<u>Proposed PDD Sliding Fee Scale</u> - In response to instructions by proviso, the draft has gone out widely. Input from stakeholder is currently being received. There are two future categories of state eligible children - pending Medicaid eligibility and temporary loss of Medicaid eligibility.

<u>Administrative Contract</u> – CMS has indicated verbally they intend to approve the methodology for cost allocation related to the administrative expenses for the four waivers that DDSN operates on behalf of Medicaid. Just last Thursday CMS came back with more questions and DDSN has responded thru DHHS.

<u>PCG provider assessments</u> – PCG was the successful bidder to the DHHS RFP. Staff are being hired and trained to complete the DHHS site visits. Every DDSN provider is being reviewed across the state for day programs and a sample of each providers' residential settings. They have completed a couple pilot reviews in the upstate as part of their training program and process. The official site reviews will begin in March and continue through October.

<u>Implementation of the SIG recommendations</u> – Workgroup of multiple state agencies have met twice. The subgroups are very helpful in understanding how different agencies respond to the same statute. There are some language issues – a lot cannot be changed due to federal statutes. DDSN is exploring how we can code or report more areas consistent with their terminology. SLED has agreed to follow up with LLE on referred cases that remain open starting this year. February 16, 2017 DDSN Commission Meeting Minutes Page 4 of 6

<u>New Position</u> – DDSN has hired Pat Maley, the former SIG. He will assist with the agency's movement on ANE, critical incidents, multiple components of strategic planning, and project management and performance improvement. He officially starts next week.

Finance and Audit Committee Report

Committee Chairman Lemel gave an update of the Finance and Audit Committee meeting that was held February 1, 2017. Proposed recommendations to the Commission were discussed. On behalf of the Committee, Chairman Lemel made the motion that members of the entity which names the directors to the local disability boards (i.e. local legislative delegations, county councils) shall be notified of reportable conditions in DDSN Internal Audit Division reports when the conditions relate to the governance of the local board, primarily in the areas of Board of Directors, or gross negligence on the part of the executive management of the local disabilities board. In addition, this same entity will be notified that when the local county board is issued a positive audit report including those with no reportable conditions are noted; this includes initial or follow-up audits. The implementation for this process to begin is effective March 2017. The motion was passed.

On behalf of the Committee, Chairman Lemel made the motion that effective for fiscal year 2017; require all DDSN private providers who receive \$250,000 or more in DDSN revenue to submit audited financials to the department. Should a provider be able to show this requirement would, in some fashion, put an undue burden on the provider, the organization may request an exemption, in writing, for fiscal year 2017 with mandated compliance to begin in fiscal year 2018. This exemption must be requested in accordance with policies and terms to be developed and distributed in a timely fashion such as to allow the provider ample time to request the exemption prior to the end of the fiscal year. Ultimately, the decision to grant the exception rests with the Department. Discussion followed. Chairman Lemel moved to amend the motion effective for fiscal year 2017, to require all DDSN private providers who receive \$250,000 or more in DDSN revenue to submit audited financials to the department. Should a provider be able to show this requirement would, in some fashion, put an undue burden on the provider, the organization may request an exemption, in writing, for fiscal year 2017 with mandated compliance to begin in fiscal year 2018. This exemption must be requested 15 days prior to the end of the fiscal year defined by the entity in accordance with policies and terms to be developed and distributed in a timely fashion such as to allow the provider ample time to request the exemption prior to the end of the fiscal year. Ultimately, the decision to grant the exception rests with the Department. The amended motion was passed. Committee Chairman stated based on a meeting with Senator Alexander to receive clarification of the appropriate sanctions and the appropriate time allowed for providers to respond, another Finance and Audit Committee meeting will be held and the Committee will present a full recommendation at the March Commission meeting.

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Waiting List Reduction Efforts

Mrs. Beck gave a brief update on the Waiting List Reduction Efforts. She reported the ID/RD Waiver is in its ninth extension; however, DHHS is getting additional information from CMS. Mrs. Beck noted the percentage of individuals that are on the combined waiting lists as duplicates are decreasing and there is a substantial increase in enrollments. Discussion followed. Mrs. Beck also reported on the State Plan and the PPD Waiver. Communications continue to be sent to individuals and families, as it is important that the transition goes smoothly. (Attachment B)

Consideration of Bid

Mr. Waring presented information for Commission approval for three generators for emergency shelters at Florence DSN, Georgetown DSN, and Horry DSN Boards. Discussion followed. Commissioner Lemel moved to approve the recommendation to award the base contract to DNB Electric Inc. of West Columbia, South Carolina to include alternates for each site a total contract award of \$304,045. Discussion followed regarding providers providing funding to share in the cost of the generators up to 25 percent of the cost of each project. The motion was seconded and passed as amended to include the requirement for staff to recommend at the March Commission meeting how DDSN can absorb the 25 percent cost share that each Board had previously agreed to fund. (Attachment C)

Special Grants

Mr. Waring provided information on the department's special grants. Discussion followed. (Attachment D)

Incident Management Quarterly Report

Mrs. Beck provided a detailed presentation of the QA Process and Incident Management Report. Discussion followed regarding the change in categories of critical incidents. Chairman Danielson made the motion to move forward with new system as to redefine critical incidents to exclude operation and routine medical incidents. The motion was seconded and passed. (Attachment E)

Financial Reports

Mr. Waring gave an overview of the agency's financial activity through January 31, 2017 and the agency's current financial position. The agency's operating cash balance as of January 31, 2017 is \$87,111,904. A SCEIS report reflecting budget verses actual expenditures through January 2017 was also provided. (Attachment F)

February 16, 2017 DDSN Commission Meeting Minutes Page 6 of 6

Executive Session

On motion of Commissioner Barnwell, seconded and passed, the Commission entered into Executive Session to discuss a contractual matter of a former provider, Channel the Beacon.

Enter into Public Session

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

Next Regular Meeting

March 16, 2017

Submitted by, elany Sandra J.

Sandra J. Delaney

Approved:

Commissioner Gary Lemel Secretary

Attachment 1

DSSN

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS **Commission Meeting**

February 16, 2017

Guest Registration Sheet

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting

February 16, 2017

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Attachment 2

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting

February 16, 2017

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting

February 16, 2017

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Attachment 5

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting February 16, 2017

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Attachment 6

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting February 16, 2017

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Attachment A

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

AGENDA

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

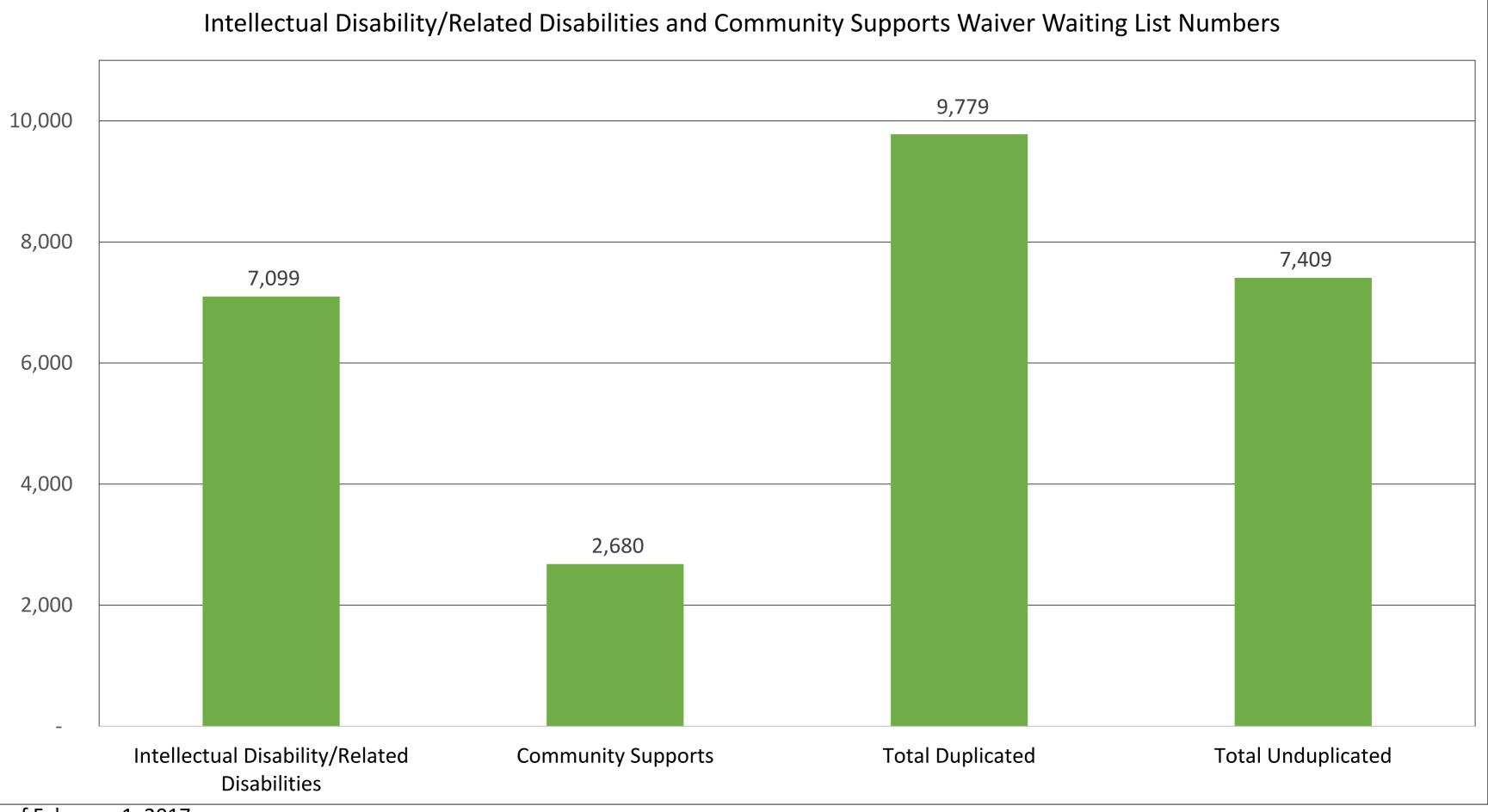
February 16, 2017

Adjournment

14.

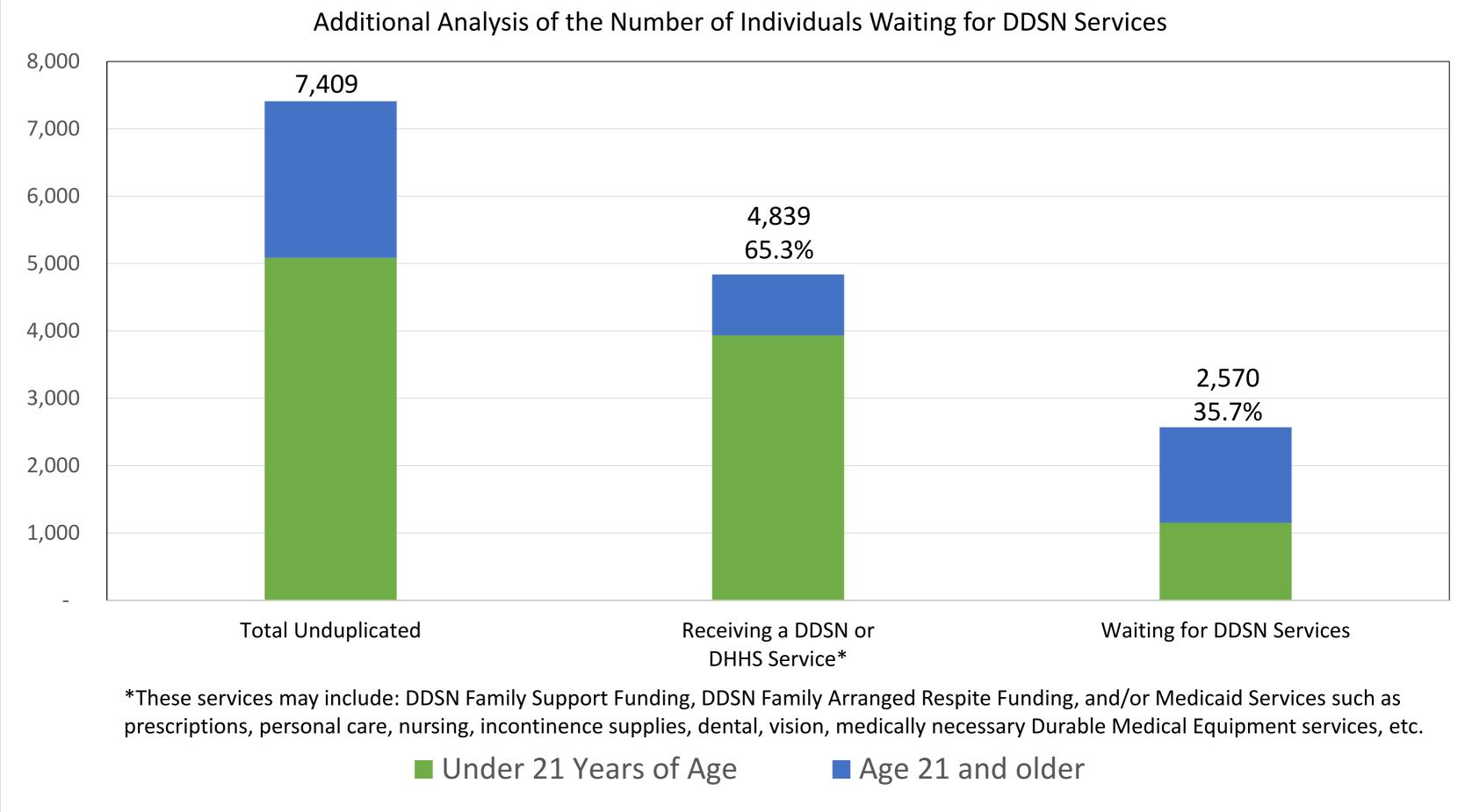
1.	Call to Order	Chairman Bill Danielson
2.	Welcome - Notice of Meeting Statement	Commissioner Gary Lemel
3.	Invocation	Commissioner Sam Broughton
4.	Introduction of Guests	
5.	Adoption of Agenda	
6.	Approval of the Minutes of the January 19, 2017	Commission Meeting
7.	Public Input	
8.	Commissioners' Update	Commissioners
9.	State Director's Report	Dr. Beverly Buscemi
10.	Finance and Audit Committee Report	Committee Chairman Gary Lemel
11.	Business:	
	 A. Waiting List Reduction Efforts B. Consideration of Bid Generators for Emergency Services-Community C. Special Grants 	Mrs. Susan Beck Mr. Tom Waring ity Providers Mr. Tom Waring
	D. Incident Management Quarterly Report	Mrs. Susan Beck
	E. Financial Update	Mr. Tom Waring
12.	Executive Session	
13.	Next Regular Meeting (March 16, 2017)	

10:00 A.M.



*As of February 1, 2017

SC Department of Disabilities and Special Needs



*As of February 1, 2017

SC Department of Disabilities and Special Needs Waiting List Reduction Efforts As of February 1, 2017 (run on February 1, 2017)

Waiting List	Number of Individuals	Consumer/Fam	Number of Individuals	
	Removed from Waiting Lists	Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	Services are Pending
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) <u>153 (FY17)</u> 3,700	713 (FY15) 1,047 (FY16) <u>127 (FY17)</u> 1,887	523 (FY15) 927 (FY16) <u>16 (FY17)</u> 1,466	60 (FY15) 179 (FY16) <u>108 (FY17)</u> 347
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) <u>3,373 (FY17)</u> 7,640	698 (FY15) 640 (FY16) <u>638 (FY17)</u> 1,976	1,515 (FY15) 1,015 (FY16) <u>1,390 (FY17)</u> 3,920	22 (FY15) 207 (FY16) <u>1,515 (FY17)</u> 1,744
Head and Spinal Cord Injury (As of Oct 1, 2013)	870	420	294	156
		4,283	5,680	
Total	12,210	9,	963	2,247

Waiting List *	Number of Individuals Added Between July 1, 2014 and February 1, 2017	Number of Individuals Waiting as of February 1, 2017
Intellectual Disability/Related Disabilities	5,609 (1,686 since 7/1/16)	7,099
Community Supports	6,207 (2,327 since 7/1/16)	2,680
Head and Spinal Cord Injury	0	0
Total	11,816	9,779**

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

** There are 7,409 unduplicated people on a waiver waiting list. Approximately 24.2 percent of the 9,779 names on the combined waiting lists are duplicates.

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

		2016									20	17	
Row #	Total Numbers At Beginning of the Month	March	April	May	June	July	August	September	October	November	December	January	February
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	5,001	5,191	5,312	5,545	5,702	5,815	6,059	6,207	6,362	6,539	6,689	7,099
2	Community Supports Waiver Waiting List Total	3,551	3,566	3,734	3,563	3,028	3,010	2,862	2,788	2,600	2,303	2,418	2,680
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	0
4	Critical Needs Waiting List Total	133	125	129	137	149	160	147	131	136	136	121	130
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	389	544	602	456	452	346	615	553	450	512	558	1,110
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	272	340	313	394	830	251	596	381	484	632	293	438
7	Number of Individuals Enrolled in a Waiver by Month	138	196	138	125	139	119	125	128	91	143	97	146
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	145	170	153	70	91	582	224	146	185	191	64	36
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	7,631	7,935	8,229	8,676	9,412	9,650	10,154	10,667	10,934	11,550	11,822	12,210
10	Total Number of Individuals Pending Waiver Services (Running Total)	1,690	1,606	1,598	1,736	2,084	1,999	2,059	2,251	2,220	2,396	2,341	2,247
11	Total Unduplicated Individuals on the Waiver Waiting Lists (*Approximate) ** There are 7,400 unduplicated people on a waiver waiting list. Approvi	5,635	5,776	5,879	6,148	6,129	6,246		6,588	6,663	6,824	6,996	7,409

** There are 7,409 unduplicated people on a waiver waiting list. Approximately 24.2 percent of the 9,779 names on the combined waiting lists are duplicates.

PDD Waiting List Information

12	PDD Program Waiting List Total	1,649	1,659	1,679	1,653	1,639	1,630	1,607	1,596	1,583	1,539	1,514	1,443
13	Total Number <u>Added</u> to the PDD Waiting List	48	63	69	34	62	44	50	44	38	22	53	26
14	Total Number <u>Removed</u> from the PDD Waiting List	37	53	49	60	76	53	73	55	51	66	78	97
15	Number of Individuals Enrolled in the PDD <u>State Funded</u> Program by Month	259	263	256	253	241	227	214	206	190	184	189	195
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	75	81	97	110	137	143	164	169	181	202	221	239
17	Number of Individuals Enrolled in the PDD Waiver by Month	695	690	671	656	631	625	605	591	573	555	536	518

Updated 2/1/2017

South Carolina Department Of Disabilities & Special Needs As Of January 31, 2017

Service List	12/31/16	Added	Removed	01/31/17
Critical Needs	121	45	36	130
Pervasive Developmental Disorder Program	1514	26	97	1443
Intellectual Disability and Related Disabilities Waiver	6689	489	79	7099
Community Supports Waiver	2418	601	339	2680
Head and Spinal Cord Injury Waiver	0	20	20	0

Report Date: 2/2/17

CONSIDERATION OF BID

THREE GENERATORS FOR EMERGENCY SHELTERS – FLORENCE, GEORGETOWN, HORRY COUNTIES FEMA-17-01 (A,B,C)

The project scope is installation of emergency generators at the first three of twenty-three locations statewide to provide reliable and continuous power for special needs shelters during emergency situations. The Matthew B. Wallace Center in Florence will receive a 125 KW natural gas generator, The Cooper Center in Georgetown will receive a 250 KW diesel generator, and The Horry County Disabilities & Special Needs Adult Development Center will receive a 100 KW diesel generator. Alternates include the controls packages, which are an important feature that will assist the local Disabilities & Special Needs Boards with the routine exercise, maintenance, and record keeping for the generators.

Costs at each location will be shared by the local provider with approximately 75% of the cost provided by Federal Emergency Management Agency's (FEMA) Federal Mitigation Grant Program. DDSN is a Sub-Recipient of the FEMA grant awarded to South Carolina Emergency Management Division (SCEMD).

Three bids were received on Tuesday, January 31, 2017. It is recommended that a contract be awarded to **DNB ELECTRIC INC. OF WEST COLUMBIA, SOUTH CAROLINA** to include all three location Base Bids and all three location Alternates for a total contract award of **\$304,045.00**. DDSN has worked with **DNB ELECTRIC INC.** on previous projects, and DDSN has found this contractor to be responsible.

ATTACHMENT: <u>BID TABULATION</u> FUNDS: <u>FEMA, DDSN (Electrical Consultant), and Local Provider Match</u> **Bid Date**: January 31, 2017_ Date: <u>February 6, 2017_</u>

PROJECT NO .: FEMA-17-01 (A.B.C)

PROJECT NAME: Three Generators for Emergency Shelters -Florence, Georgetown, Harry Counties BID DATE: January 31, 2017 TIME: 2:00 p.m. LOCATION: SCDDSN, Rm. 247 SCDDSN Engineering and Planning 3440 Harden SI. Extension Columbia, SC 29203 Phane: (803) 898-9794 Faz; (803) 832-8188



CONTRACTOR	Addam One	1.	(A) FLORENCE		(B) GEORGETOWN		(C) HORRY	TOTAL
	1	Base bid 1	\$ 86,625.00	have tild 2	\$ 107,970.00	bure Md b	\$ 93,700.00	
DNB Electric Inc		Attempte 1	\$ 5,250.00	ABorpan 2	\$ 5,250.00	Allempid 3	\$ 5,250.00	A. Surgers and
1 West Columbia, SC 29171	Ň	(A) Talat	\$ 91,875.00	(0) Total	\$ 113,220.00	(C) felal	\$ 98,950.00	\$ 304.045.00
and a second	121	Bieckical Sub	DNB Electric Inc.	Section Sile	DNB Electric Inc.	Frechical Sub	DNB Electric Inc	5 m m m m
		Electrical Jub All	Generator Services	Blackson Sab An	General or Sarvicas	Electrical Sub All	Generator Services	
	1	Paul Bid 1	\$ 134,660.00	Bain Nd2	\$ 161,970.00	Hote N/75	\$ 125,700.00	
Electric Services Inc.		Aliemate 1	\$ 7,850.00	Alternale 1	\$ 7,850.00	Alienate 1	\$ 7,850.00	
2 Columbia, SC	4	(A) Toka	\$ 142,510.00	(a) total	\$ 169,820.00	(C) retai	\$ 133,550.00	\$ 445,880.00
	1.1	Becinical Sub	Power Systems Inc	Electrical Sub	Power Systems Inc.	Electrical Jule	Power Systems Inc.	0.000
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	1.00	Rale 844 (\$ 179,100.00	Kare No 2	\$ 204,930,00	Norw 192 3	\$ 171,170.00	
Industrial Electric Co.		Allemate I	\$ 12.430.00	Alternate Z	\$ 12,430.00	Alienate 3	\$ 12,430.00	1
3 Charlotte, NC	- v	(A) Toist	\$ 191,530,00	(8) Total	\$ 217,360,00	(C) Talal	\$ 183,600.00	\$ 592,490.00
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BID TABULATION

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Reed Marshall, Project Manager

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DDSN Special Grants Fiscal Year 2016-2017

Provider	Amount	Description
ARC of South Carolina	\$ 25,000	Statewide Awareness Project
Brain Injury Association	\$ 62,500	Statewide Brain Injury Support Group
Children's Trust Fund	\$ 5,000	SAFE KIDS Injury Prevention Initiatives
Family Connection	\$ 65,000	Statewide Family Support Network
Family Connection	\$ 20,650	Statewide Education and Training Partnerships
MUSC	\$ 2,500	Special Needs Dental Conference Sponsorship
SC Arts Commission- Arts Access SC	\$ 6,700	Statewide Increasing Training in the Arts
SC Special Olympics	\$ 250,000	Statewide Unified Sports Program
South Carolina Spinal Cord Injury Association	\$ 62,500	Statewide Spinal Cord Injury Peer Support Network
SC Autism Society	\$ 20,000	Statewide Support Project
SC Autism Society		PDD Educational Materials- Teaching Toy Box
USC Specialty Clinics/Pediatrics	\$ 111,332	DDSN Medical Director
USC-Training Programs for Attendant Care	\$ 200,000	Statewide Training Programs for Self Directed Attendant Care
USC - UAP	\$ 918,016	Statewide Training Programs, Technical Assistance, and Assessments
LLR- State Fire Marshall	\$ 126,000	Annual Inspections of Day & Residential Facilities
Tri-Development Center	\$ 50,000	Pilot Project to Improve Health Outcomes/Reduce Hospitalizations
Babcock Center	\$ 50,000	Pilot Project to Improve Health Outcomes/Reduce Hospitalizaitons
Charles Lea Center	\$ 50,000	Pilot Project to Improve Health Outcomes/Reduce Hospitalizations
Tri-Development Center	\$ 24,300	Congregate Caregiver Relief
Babcock Center, Inc	\$ 50,000	Congregate Caregiver Relief
Bamberg DSN Board	\$ 50,000	Congregate Caregiver Relief
Beaufort DSN Board	\$ 50,000	Congregate Caregiver Relief
Florence DSN Board	\$ 25,000	Congregate Caregiver Relief
Kershaw DSN Board	\$ 30,873	Congregate Caregiver Relief
Laurens DSN Board	\$ 25,875	Congregate Caregiver Relief
Laurens DSN Board	\$ 26,250	Congregate Caregiver Relief
Marion-Dillon DSN Board	\$ 40,000	Congregate Caregiver Relief
Williamsburg DSN Board		Congregate Caregiver Relief
York Adult Day Care Services	\$ 8,000	Congregate Caregiver Relief
Total	\$ 2,430,496	

SCDDSN Incident Management Review Summary

2/16/17

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.

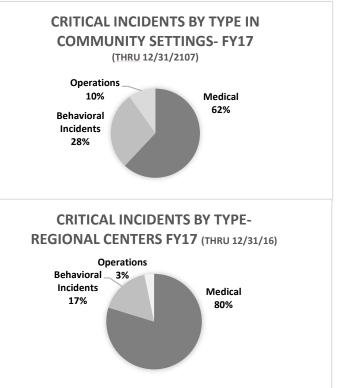
- Over the past 5 years, the number of statewide ANE Allegations per 100 individuals in residential services has dropped from a high of 11.5 to a low of 8.8 in FY14. For FY16, the rate per 100 was 10.0. For the 1st half of FY17, the rate per 100 is 5.1.
- The rate of substantiated abuse per 100 individuals in residential services remains under .25. For FY16, the rate was 0.1. For the 1st half of FY17, the rate per 100 is 0.02.
- The number of ANE Allegations per 100 individuals in day services remains low. For FY16, the rate was .7. For the 1st half of FY17, the rate per 100 is 0.5.
- The rate of substantiated abuse per 100 individuals in day services remains below .1. For FY16, the rate was .01. For the 1st quarter of FY17, the rate per 100 is 0.0.

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. With the continued implementation of Therap, DDSN will consider documentation requirements for different types of incidents.

- Statewide, about 15 20% 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.
- For the past two years, approximately 50% of all critical incidents were related to major medical or hospitalization related reports. This trend appears higher in FY17 (62%), as DDSN distinguishes medical events from other types of critical incident reports. In the Regional Centers, medical events make up over 80% of Critical Incident Reports.
 - 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.
 - O There have been more people admitted to the hospital for flu, 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.



Ο

o 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 M	anagemer	nt Report fo	or FY16/1	7 (Comm	unity Res	idential,	Day Servio	e, and Re	egional Cer	nters) Thr	u12/31/16	•
Allegations of Abuse/Neglect/Exploitation												
Community Residential	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
# of ANE Allegations	32	41	24	56	39	50	30	54	50	36	32	37
# ANE Allegations Substantiated	0	1	0	0	0	0	0	0	0	0	0	1
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	6	8	6	3	5	3	3	10	8	11	1	4
Day Services	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
# of ANE Allegations	3	7	3	5	2	8	10	7	6	4	8	1
# ANE Allegations Substantiated	0	0	0	1	0	0	0	0	0	0	0	0
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	3	2	1	1	1	2	1	3	5	0	0	1
Regional Centers	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
# of ANE Allegations	4	7	13	8	6	21	13	8	13	13	11	9
# ANE Allegations Substantiated	0	0	0	0	0	0	0	0	0	0	0	0
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all terminations are specifically related to allegation of ANE)	1	3	0	0	2	3	1	0	3	5	0	0

Critical Incident Reporting												
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
# of Reports for Critical Incidents in community-based residential programs	118	112	110	117	125	98	136	105	123	131	109	118
# of Reports for Critical Incidents in Day Service Settings	13	21	26	22	19	18	31	22	13	18	10	14
# of Critical Incidents Reported by other service areas	-	-	-	-	-	-	23	12	6	14	25	8
# of types of Incidents reported	-	-	-	-	-	-	190	139	142	163	144	140
Medical Events reported to DDSN through the Critical Incident	-	-	-	-	-	-	106 (56%)	83 (60%)	94 (66%)	93 (57%)	94 (65%)	99 (71%)
Behavioral Incidents	-	-	-	-	-	-	63 (33%)	44 (32%)	37 (26%)	51 (31%)	37 (26%)	27 (19%)
Operations related Incidents	-	-	-	-	-	-	21 (11%)	12 (8%)	11 (8%)	19 (12%)	13 (9%)	14 (10%)
# of Critical Incidents Reported- Regional Centers	20	32	17	21	30	23	33	25	30	26	9	30
# of types of Incidents reported	-	-	-	-	-	-	33	25	30	26	9	30
Medical Events reported to DDSN through the Critical Incident	-	-	-	-	-	-	24 (73%)	18 (72%)	24 (80%)	19 (73%)	9 (100%)	28 (93%)
Behavioral Incidents	-	-	-	-	-	-	8 (24%)	5 (20%)	6 (20%)	5 (19%)	0	2 (7%)
Operations related Incidents	-	-	-	-	-	-	1 (3%)	2 (8%)	0	2 (8%)	0	0

*Medical Events reported to DDSN through the Critical Incident Reporting Process. May include Hospital Admissions > 3 days, Major Medical Events (Cardiac, uncontrolled seizures), Choking events, accidents causing injury, falls, etc...) or 2 or more ER visits in 30 days.

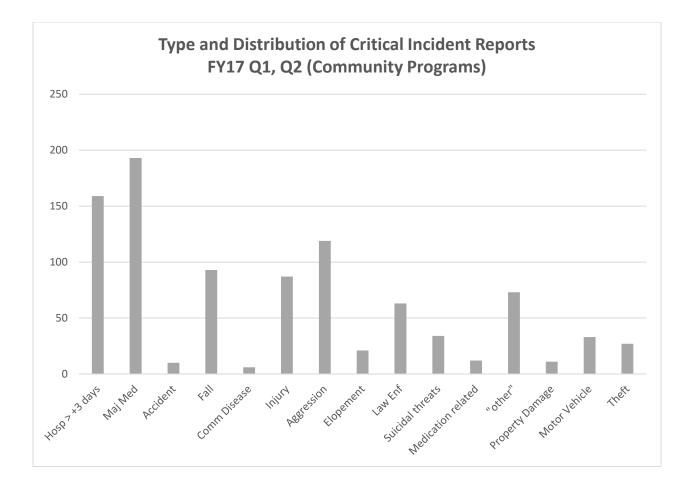
** Critical Incidents reflected in this chart include events that involve all aspects of DDSN Service, including those outside of Residential and Day Services. Not all incidents reported include consumers.

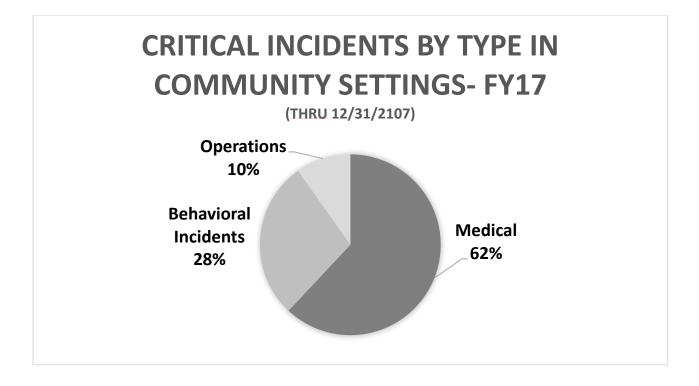
Death Reporting												
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	July	Aug	Sept	OCTOBER	NOVEMBER	DECEMBER
# of Deaths Reported-	10	5	6	5	5	5	5	7	10	9	6	2
Community Residential												
# of Deaths Reported- Regional	4	1	3	1	0	3	0	3	1	0	4	3
Centers												

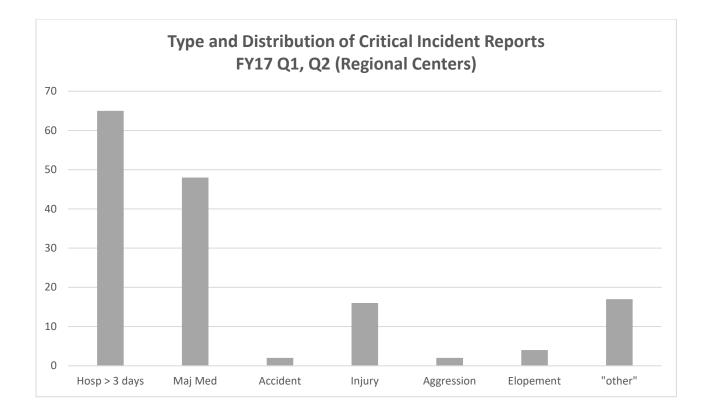
SCDDSN Incident Management Report 5 year trend data (Community Residential, Day Service, and Regional Centers) Thru 12/31/16.											
Allegations of Abuse/Neglect/Exploitation											
Community Residential	2013	2014	2015	2016	2017 (Q1,Q2)						
# of ANE Allegations	492	383	437	459	239						
Rate per 100	11.5	8.8	9.9	10	5.1						
# ANE Allegations Substantiated	1	12	7	4	1						
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	92 (Day & Res.)	65	74	65	35						
Day Services	2013	2014	2015	2016	2017 (Q1,Q2)						
# of ANE Allegations	61	73	65	58	36						
Rate per 100	0.82	0.97	0.84	0.72	0.46						
# ANE Allegations Substantiated	2	4	4	1	0						
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	92 (Day & Res.)	14	9	17	12						
Regional Centers	2013	2014	2015	2016	2017 (Q1,Q2)						
# of ANE Allegations	111	167	102	110	67						
Rate per 100	13.6	22.1	13.5	15.4	9.4						
# ANE Allegations Substantiated	1	0	0	2	0						
# of Staff Terminated for policy and/or procedural violations or employee misconduct (not all disciplinary action is specifically related to the allegation of ANE)	21	17	16	24	9						

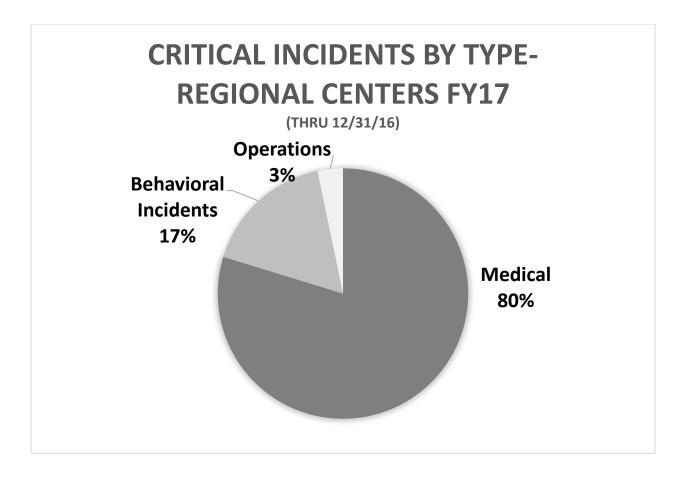
Critical Incident Reporting	2013	2014	2015	2016	2017 (Q1,Q2)
# of Reports for Critical Incidents for participants in Community Day & Residential Settings including medical events and business-operations events that require follow-up. *	1338	1277	1385	1663	896
Rate per 100	16.9	15.8	16.8	19.2	10.3
# of Reports for Critical Incidents for participants in Regional Centers, including medical events and business- operations events that require follow- up. *	248	224	241	287	174
Rate per 100	31.2	29.6	32	40.1	24.4
Death Reporting	2013	2014	2015	2016	2017 (Q1,Q2)
# of Deaths Reported- Community Settings	68	59	65	63	40
Rate per 100	1.6	1.4	1.8	1.4	0.9
# of Deaths Reported- Regional Centers	20	31	31	26	11
Rate per 100	2.5	4	4.1	3.6	1.5

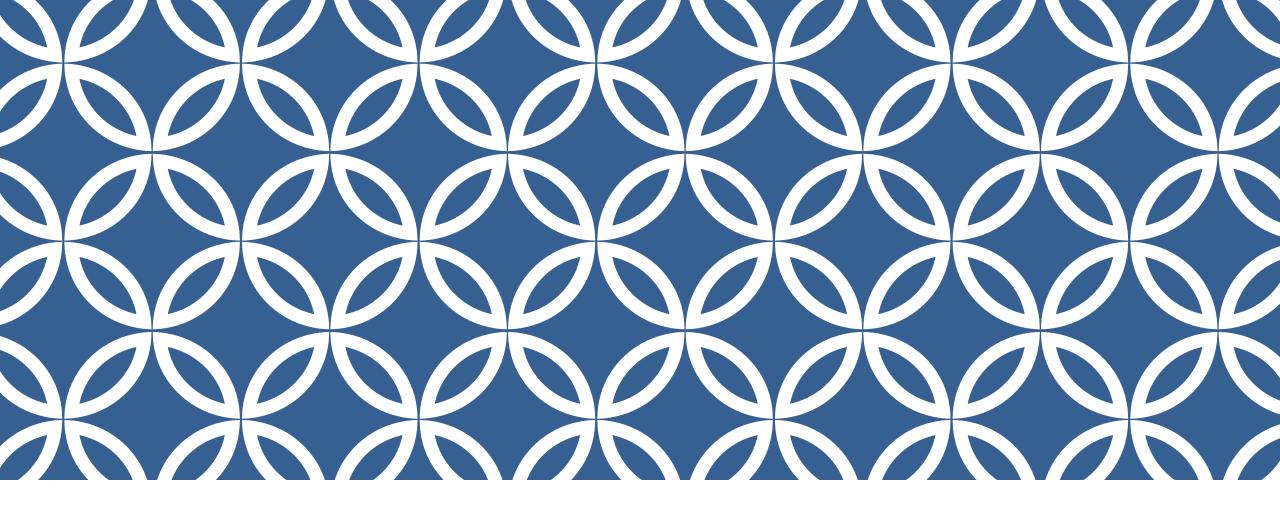
* Critical Incident numbers in this chart reflect events that directly affect DDSN consumers. Not all incidents currently reported as a critical incident include consumers.











SCDDSN INCIDENT MANAGEMENT REPORTING 2-16-2017

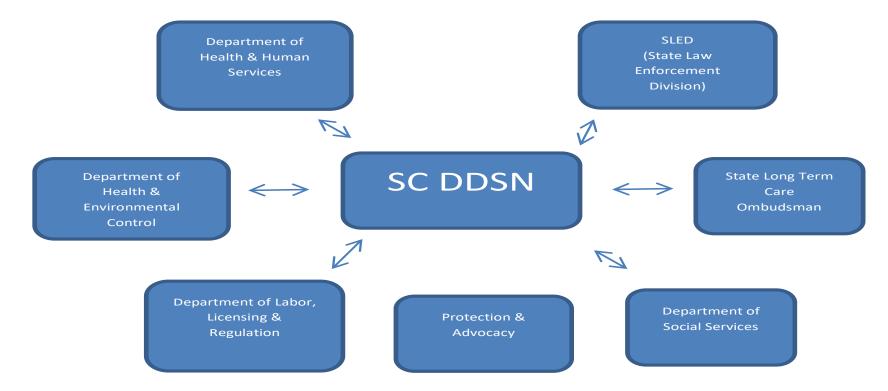
- Critical Incidents
- Allegations of Abuse, Neglect, and Exploitation
- Death Reporting

SCDDSN INCIDENT MANAGEMENT REPORTING

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.

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.

SCDDSN INCIDENT MANAGEMENT REPORTING AND INTERACTION WITH OTHER STATE AGENCIES



SCDDSN INCIDENT MANAGEMENT REPORTING

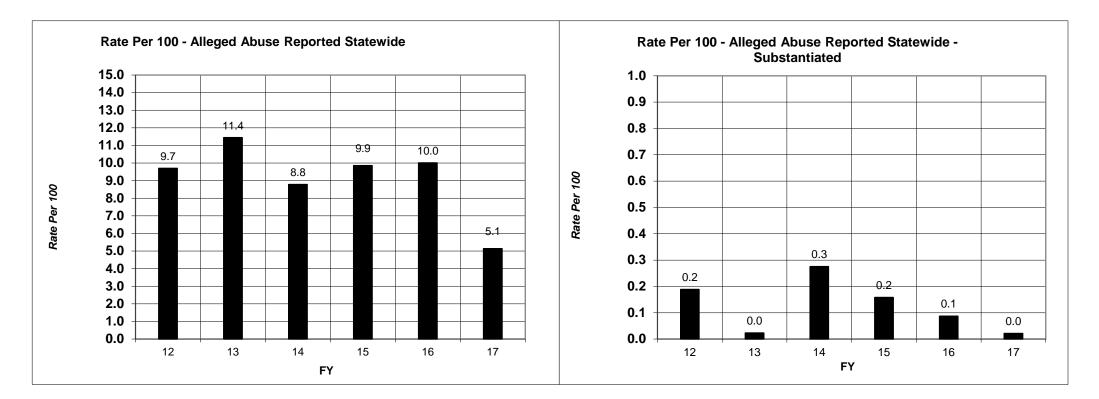
DDSN tracks, trends, and analyzes all Incident Management data through statewide and provider-level profile reports. These reports provide raw data with regard to the number of reports made and cases substantiated and also gives a rate per 100 ratio. As an additional measure, the reports breakdown the 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.

Community Residential Services -Allegations of Abuse, Neglect, Exploitation

	<u>FY 13</u>	FY14	FY15	FY16	FY17 (Q1, Q2)
# Reports	492	383	437	459	239
Rate Per 100	11.5	8.8	9.9	10.0	5.1
Allegations Substantiated	1	12	7	4	1
Rate Per 100	0.02	0.3	0.2	0.1	0.02

Allegations reported for Community Residential Service Providers

Substantiated Allegations for Community Residential Service Providers



Frequency of the types of alleged abuse reported-Statewide Residential

	Physical	Neglect	Psychological	Exploitation
FY 13	200	162	109	68
	Physical	Neglect	Psychological	Exploitation
FY 14	171	128	77	43
	Physical	Neglect	Exploitation	Psychological
FY 15	209	116	63	56
	Physical	Neglect	Psychological	Exploitation
FY 16	207	138	89	38
	Physical	Neglect	Psychological	Exploitation
FY17 (Q1, Q2)	106	67	59	19
				2-16-2017 COMMISSION MEETING

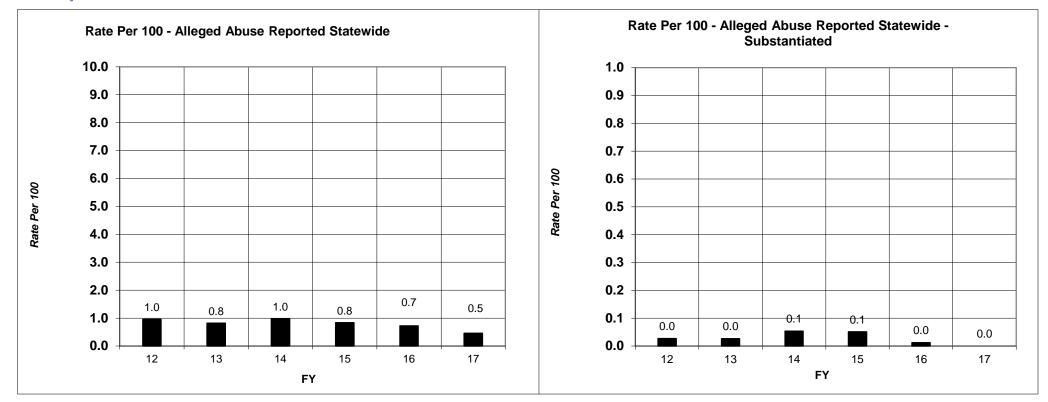
7

Day Services- Allegations of Abuse, Neglect and Exploitation

	<u>FY 13</u>	FY14	FY15	FY16	FY17 (Q1,Q2)
# Reported	61	73	65	58	36
Rate Per 100	0.8	1.0	0.8	0.7	0.5
# Allegations Substantiated	2	4	4	1	0
Rate Per 100	0.03	0.1	0.1	0.01	0.0

Allegations reported for Community Day Services

Substantiated Allegations for Community Day Service Providers



Frequency of the types of alleged abuse reported-Statewide Day

	Physical	Neglect	Exploitation	Psychological
FY 13	25	19	10	10
	Physical	Psychological	Neglect	Sexual
FY 14	37	16	13	5
	Psychological	Physical	Neglect	Sexual
FY 15	25	21	15	5
	Physical	Neglect	Psychological	Exploitation
FY 16	27	20	12	1
	Physical	Neglect	Psychological	Exploitation
FY17 (Q1,Q2)	24	6	8	O 2-16-2017 COMMISSION MEETING

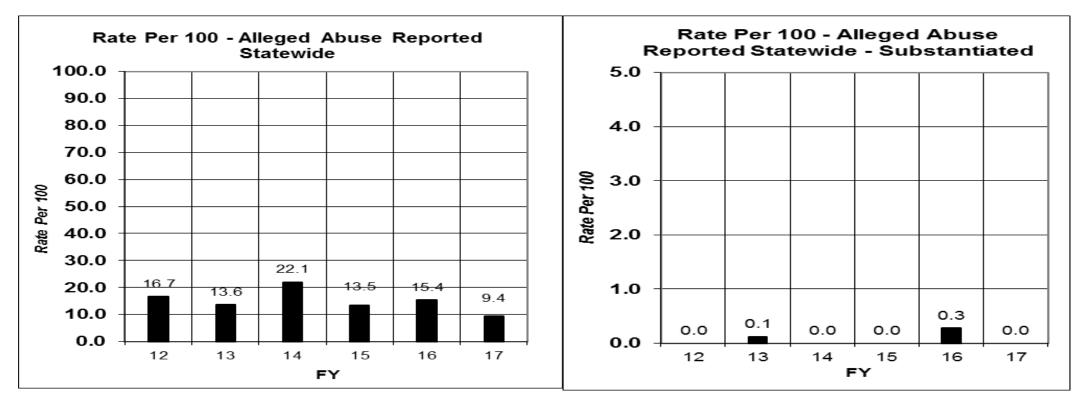
10

Regional Centers- Allegations of Abuse, Neglect, Exploitation

	<u>FY 13</u>	FY14	FY15	FY16	FY17 (Q1,Q2)
# Allegations Reported	111	167	102	110	67
Rate Per 100	13.6	22.1	13.5	15.4	9.4
# Allegations Substantiated Rate Per 100 (Substantiated)	1	0	0	2	0
kale rei 100 (Substannaled)	0.1	0.0	0.0	.3	0.0

Allegations reported for Regional Centers

Substantiated Allegations for Regional Centers



Frequency of the types of alleged abuse reported-Regional Centers

	Physical	Neglect	Psychological	Sexual
FY 13	52	11	5	1
	Physical	Neglect	Psychological	Exploitation
FY 14	94	8	2	9
	Physical	Psychological	Neglect	Exploitation
FY 15	78	14	5	4
	Physical	Neglect	Psychological	Exploitation
FY 16	83	19	8	3
	Physical	Psychological	Neglect	Exploitation
FY17 (Q1,Q2)	62	3	3	0

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.

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

Community Residential & Day	FY14	FY15	FY16	FY17 (Q1, Q2)
Termination	79	83	82	47
Resignation	1	7	7	4
Written Warning	15	39	10	10
Verbal Counseling	6	7	15	3
Suspension	5	17	10	7
Other disciplinary action	11	47	26	20
Regional Centers	FY14	FY15	FY16	FY17 (Q1, Q2)
Termination	17	16	24	9
Written Warning	4	13	4	0
Suspension	1	4	1	0

3

19

Other disciplinary action

12

4

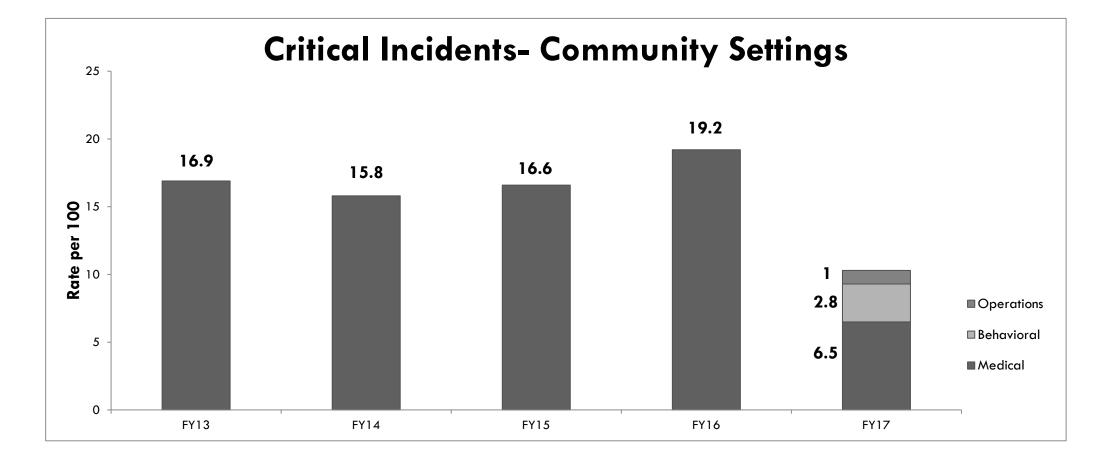
Critical Incidents reported by Community Providers (DSN Boards and Qualified Providers)

Incidents Reported

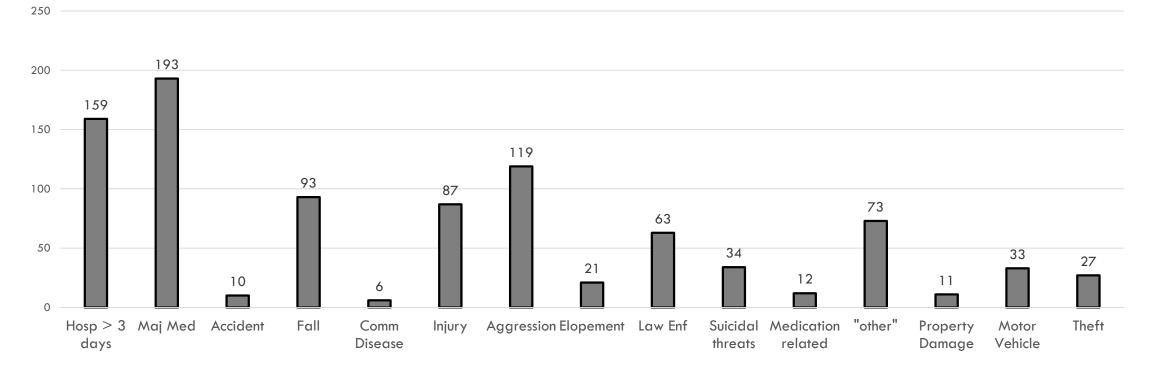
FY 13FY14FY15FY16FY171,3381,2771,3851663896

**Critical Incident numbers are not unduplicated numbers.

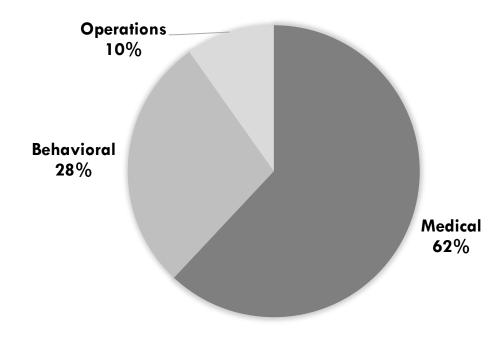
Critical Incident categories are selected by the reporter and more than one category may be selected for an incident. For example, a van accident would be reported under Motor Vehicle Accidents, but it may also involve injuries and possibly Major Medical. Aggression between 2 consumers may result in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



Type and Distribution of Critical Incident Reports FY17 Q1, Q2 (Community Programs)



CRITICAL INCIDENTS BY TYPE IN COMMUNITY SETTINGS-FY17 (THRU 12/31/2107)

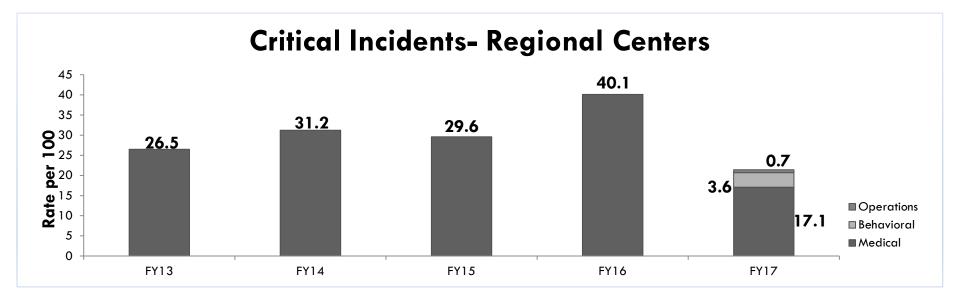


Types of Critical Incident Reports most frequently submitted-Community-Based Providers

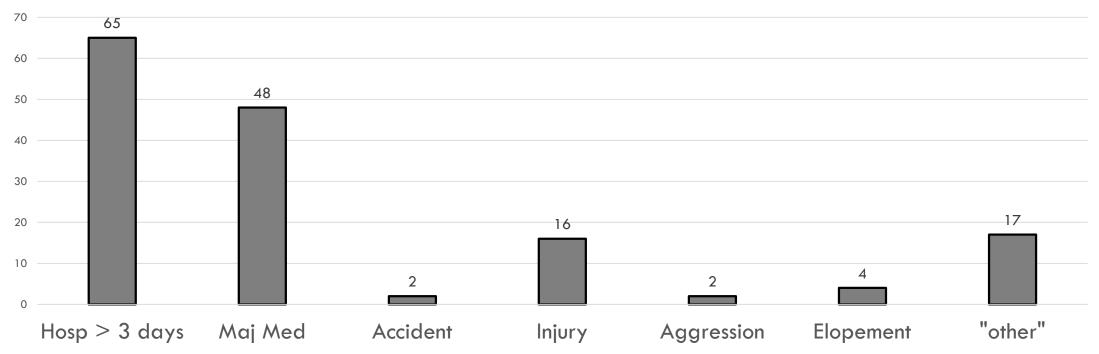
	Maj. Med	Hosp>3	Aggression	Fall
FY 13	391	208	124	115
	Maj. Med	Hosp>3	Injury	Aggression
FY 14	277	239	134	116
	Hosp>3	Maj. Med	Other	Aggression
FY 15	270	257	154	148
	Hosp>3	Maj. Med	Law Enf	Other
FY 16	345	318	202	191
	Hosp>3	Maj. Med	Aggression	Falls
FY17 (Q1, Q2)	159	193	119	93

CRITICAL INCIDENTS reported by Regional Centers

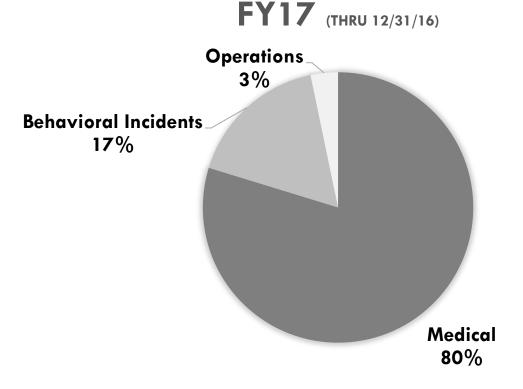
	<u>FY 13</u>	FY14	FY15	FY16	FY17 (Q1, Q2)
# Incidents Reported	248	224	241	287	174
Rate Per 100	31.2	29.6	32.0	40.1	24.4



Type and Distribution of Critical Incident Reports FY17 Q1, Q2 (Regional Centers)



CRITICAL INCIDENTS BY TYPE- REGIONAL CENTERS

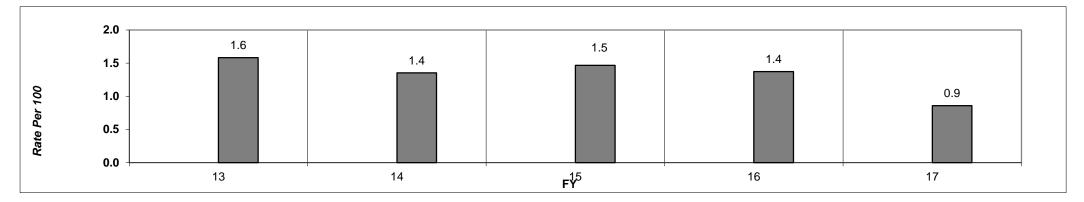


Types of Critical Incident Reports most frequently submitted-Regional Centers

	Maj. Med	Hosp>3	Other	Injury
FY 13	123	104	17	13
	Hosp>3	Maj. Med	Injury	Other
FY 14	122	81	11	7
	Hosp>3	Maj. Med	Injury	Other
FY 15	127	59	18	8
	Hosp>3	Maj. Med	Injury	Other
FY 16	141	66	26	20
	Hosp>3	Maj. Med	Other	Injury
FY17 (Q1, Q2)	65	48	17	16

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

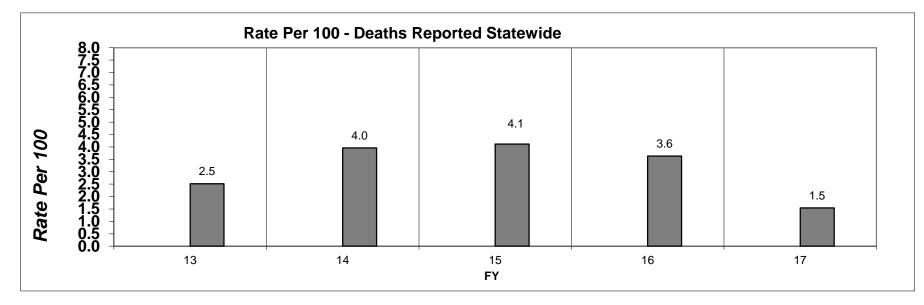
	<u>FY 13</u>	FY14	FY15	FY16	FY17 (Q1, Q2)
# Deaths Reported	68	59	65	63	40
Rate Per 100	1.6	1.4	1.8	1.4	.9



For both community residential settings and regional centers, DDSN has observed a slight increase in the number of deaths reported. DDSN providers support 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.

DEATHS reported by Regional Centers

	<u>FY 13</u>	FY14	FY15	FY16	FY17 (Q1,Q2)
# Deaths Reported	20	31	31	26	11
Rate Per 100	2.5	4.0	4.1	3.6	1.5



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:

Olncreased 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

OAppropriate use of restraints

•Rights/ due process

Sign language

• Revision of supervision plans/ behavior support

• Evaluation of assistive technology

Attachment F

SC Department of Disabilities and Special Needs FY 2017 Monthly Financial Summary - Operating Funds Month Ended: January 31, 2017

	General Fund (Appropriations)		Medicaid Fund		Other Operating Funds		Federal and Restricted Funds		Total	
FY 2016 Unreserved Cash Brought Forward	\$	939,561	\$	527,877	\$	877,569	\$	16,190	\$	2,361,197 ¹
FY 2017 YTD Activity										
<u>Receipts/Transfers</u>										
Revenue	\$	240,453,324	\$	222,727,315	\$	3,674,432	\$	411,490	\$	467,266,561
Interfund Transfers	\$	(25,000,000)	\$	25,000,000	\$	-	\$	-	\$	-
Total Receipts/Transfers	\$	215,453,324	\$	247,727,315	\$	3,674,432	\$	411,490	\$	467,266,561
Disbursements										
Personal Services	\$	(27,558,173)	\$	(8,887,056)	\$	(19,904)	\$	(113,882)	\$	(36,579,015)
Fringe Benefits	\$	(11,411,740)	\$	(3,836,016)	\$	-	\$	(46,917)	\$	(15,294,673)
Other Operating Expense	\$	(103,663,520)	\$	(226,402,465)	\$	(153,608)	\$	-	\$	(330,219,593)
Capital Outlays	\$	-	\$	(123,581)	\$	(59,417)	\$	-	\$	(182,998)
Total Disbursements	\$	(142,633,433)	\$	(239,249,118)	\$	(232,929)	\$	(160,799)	\$	(382,276,279)
Outstanding Accounts Payable Balance	\$	(23,630)	\$	(212,362)	\$	(3,583)	\$	-	\$	(239,575)
Unreserved Cash Balance - 1/31/2017	\$	73,735,822	\$	8,793,712	\$	4,315,489	\$	266,881	\$	87,111,904

¹ \$5,000,000 of the total cash balance has been reserved for future Medicaid Settlements

	C:\Users\SDelaney\OneDrive - DDSN\Barfield Admin Asst\Commission\2017\02 February 16, 2017\Binders\TAB 7. 2. FM Budget vs Actual - FY 2017 January 2-8-17											
\square	G	Н	1	J	К	L	М	Ν	0	Р		
1	FM Bu	dget vs Actua	1									
2		Author	JGRANT Status of Data 2/8/2017 04:53:15									
3	Filter	Information										
4 12												
14	Table											
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	Fiscal	Business			Budget			Balance Before	Commitments and			
15	year	area	Funded Program - Bud	Original Budget	Adjustments	Current Budget	YTD Actual Expense	Commitments	Other Transactions	Remaining Balance		
16	2017	DDSN	ADMINISTRATION	\$ 7,278,969.00	\$ 172,575.00	\$ 7,451,544.00	\$ 3,899,613.40	\$ 3,551,930.60	\$ 474,969.41	\$ 3,076,961.19		
17			PREVENTION PROGRAM	\$ 257,098.00	\$ 195,902.00	\$ 453,000.00	\$ 19,200.00	\$ 433,800.00	\$ 433,000.00	\$ 800.00		
18			GWOOD GENETIC CTR	\$ 11,358,376.00	\$ 0.00	\$ 11,358,376.00	\$ 7,965,915.00	\$ 3,392,461.00	\$ 3,392,461.00	\$ 0.00		
19			CHILDREN'S SERVICES	\$ 14,859,135.00	\$ 7,251,573.00	\$ 22,110,708.00	\$ 5,386,141.33	\$ 16,724,566.67	\$ 4,600.00	\$ 16,719,966.67		
20			BabyNet	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00	\$ 8,750,951.00	\$ 561,549.00	\$ 0.00	\$ 561,549.00		
21			IN-HOME FAMILY SUPP	\$ 102,211,827.00	-\$ 14,282,694.81	\$ 87,929,132.19	\$ 30,952,387.34	\$ 56,976,744.85	\$ 10,886,669.25	\$ 46,090,075.60		
22			ADULT DEV&SUPP EMPLO	\$ 67,475,832.00	\$ 12,540,225.00	\$ 80,016,057.00	\$ 47,444,074.89	\$ 32,571,982.11	\$ 0.00	\$ 32,571,982.11		
23			SERVICE COORDINATION	\$ 22,707,610.00	\$ 50,145.00	\$ 22,757,755.00	\$ 12,349,485.98	\$ 10,408,269.02	\$ 658,268.73	\$ 9,750,000.29		
24			AUTISM SUPP PRG	\$ 14,113,306.00	\$ 22,720.00	\$ 14,136,026.00	\$ 6,429,479.06	\$ 7,706,546.94	\$ 848,049.86	\$ 6,858,497.08		
25			Pervasive Developmental Disorder (PDD)	\$ 10,780,880.00	-\$ 500,000.00	\$ 10,280,880.00	\$ 2,645,470.85	\$ 7,635,409.15	\$ 1,275,319.70	\$ 6,360,089.45		
26			HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 673,210.00	\$ 3,713,742.00	\$ 2,175,609.04	\$ 1,538,132.96	\$ 0.00	\$ 1,538,132.96		
27			REG CTR RESIDENT PGM	\$ 73,912,065.00	\$ 1,495,925.00	\$ 75,407,990.00	\$ 38,693,529.09	\$ 36,714,460.91	\$ 4,262,079.42	\$ 32,452,381.49		
28			HD&SPIN CRD INJ FAM	\$ 26,258,987.00	\$ 2,438,539.00	\$ 28,697,526.00	\$ 10,802,059.96	\$ 17,895,466.04	\$ 4,803,775.71	\$ 13,091,690.33		
29			AUTISM COMM RES PRO	\$ 23,557,609.00	\$ 900.00	\$ 23,558,509.00	\$ 8,423,605.92	\$ 15,134,903.08	\$ 79,778.83	\$ 15,055,124.25		
30			INTELL DISA COMM RES	\$ 311,439,097.00	-\$ 92,956.00	\$ 311,346,141.00	\$ 180,978,918.94	\$ 130,367,222.06	\$ 24,328,021.08	\$ 106,039,200.98		
31			STATEWIDE CF APPRO		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00		
32			STATEWIDE PAY PLAN		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00		
33			STATE EMPLOYER CONTR	\$ 29,857,979.00	\$ 737,492.00	\$ 30,595,471.00	\$ 15,294,673.10	\$ 15,300,797.90	\$ 0.00	\$ 15,300,797.90		

-\$ 4,739.56

\$ 356,909,502.73

\$ 0.00

\$ 4,739.56

\$ 300,000.00

\$ 382,515,854.46

\$ 0.00

\$ 0.00

\$ 51,446,992.99

-\$ 4,739.56

\$ 305,462,509.74

\$ 0.00

34 35

DUAL EMPLOYMENT

Result

Lander University Equestrian

\$ 300,000.00

\$ 11,003,555.19

\$728,421,802.00

\$ 300,000.00

\$ 739,425,357.19