Everyone,

The South Carolina Commission on Disabilities and Special Needs will hold its September meeting in-person on Monday, September 16, 2024, at 10:00 a.m. in conference room 251 at the SC Department of Disabilities and Special Needs, Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. *Please note the day change from Thursday to Monday for this month*.

To access the live audio stream for the 10:00 a.m. meeting, please visit https://ddsn.sc.gov

Attached is the Commission Packet for the meeting.

For further information or assistance, contact (803) 898-9769 or (803) 898-9600.

Thank you.

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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

AGENDA

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

	September 16, 2024	10:00 A.M.
1.	Call to Order	Chairman Eddie Miller
2.	Notice of Meeting Statement	Commissioner Gary Kocher, MD
3.	Welcome	
4.	Adoption of Agenda	
5.	Invocation	Commissioner Barry Malphrus
6.	Approval of the August 15, 2024 Commission M	leeting Minutes Pages 2-8
7.	Commissioners' Update	Commissioners
8.	Public Input	
9.	Programs and Services	
	Spinal Cord Injury Awareness Month	Ms. Melissa Ritter, DDSN HASCI Director
10.	<u>New Business</u>	
	 Regional Center Renovations Page 9 FY25 YTD Spending Plan Budget vs. Actual FY26 Legislative Budget Proposal Pages 1 	
11.	Director's Update	Ms. Constance Holloway
12.	Executive Session	
	• Litigation Update	
13.	Rise Out of Executive Session	
14.	Action on Item(s) Discussed in Executive Sessi	on, if needed

- 15. Next Regular Meeting October 17, 2024, at 10:00 AM
- 16. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

August 15, 2024

The South Carolina Commission on Disabilities and Special Needs met on Thursday, August 15, 2024, 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:

<u>COMMISSION</u> <u>Present In-Person</u> Eddie Miller - Chairman Michelle Woodhead – Vice Chairman Gary Kocher, MD - Secretary Barry Malphrus

<u>Microsoft Teams</u> David Thomas

DDSN Administrative Staff

Constance Holloway, State Director; Courtney Crosby, Internal Audit Director; Quincy Swygert, Chief Financial Officer; Janet Priest, Associate State Director of Operations; Carolyn Benzon, General Counsel; Greg Meetze, Lori Manos, Associate State Director of Policy; Chief Information Officer; Jamie Heyward, Director of Risk Management; Ann Dalton, Director of Quality Management; Pacifico Perea, Public Information; Janá Brown and Chanel Cooper, Information Technology Division; and Christie Linguard, Executive Assistant.

Notice of Meeting Statement

Chairman Miller called the meeting to order, and Commissioner Kocher read the 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.

<u>Welcome</u>

Chairman Miller welcomed everyone to the meeting.

Adoption of the Agenda

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

<u>Invocation</u>

Chairman Miller gave the invocation.

Approval of the July 18, 2024, Commission Meeting Minutes

Commissioner Kocher made a motion to approve the minutes from the July 18, 2024, Commission meeting as presented. This motion was seconded by Commissioner Thomas and unanimously approved by the full Commission. (Attachment B)

Commissioners' Updates

Commissioner Malphrus spoke briefly about an article he read in *WORLD* Magazine recently entitled, "Going to ice cream school", by Stephanie Greer. This article focuses on the college-style program that teaches practical skills to adults with disabilities in Alabama. There are two campuses that have a total of 150 students.

Commissioner Kocher informed everyone that he read a new book recently entitled, "*The Best Minds: A Story of Friendship, Madness, and the Tragedy of Good Intentions*", by Jonathan Rosen. He encourages others to read it.

Public Input

There was no public input.

Commission Committee Business

Chairman Woodhead announced that the Finance & Audit Committee met on Tuesday, August 13, 2024-2025. There are three items Quincy Swygert, Chief Financial Officer, will discuss with the Commission.

FY25 YTD Spending Plan vs. Actual Expenditures

Mr. Swygert began by calling the Commission's attention to the year-to-date performance report showing the proposed FY25 Spending Plan Budget of a little under \$379 million. Through July 2024, the Agency spent approximately \$12.5 million, which puts the Agency under the budgeted expenditures by 5.04%. (Attachment C)

FY25 Contracts Report

Mr. Swygert noted that the figures for the contracts that are up for renewal for the Agency are included in the proposed Spending Plan. Some of the amounts could change during the fiscal year due to a few multi-year contracts that are slated to expire this fiscal year, and the fact that the Agency is currently in the solicitation process. Commission members were urged to contact Mr. Swygert if he or she has questions regarding specific contracts. Commissioner Kocher made a motion to approve the contracts on the list provided for renewal as submitted, seconded by Commissioner Malphrus and unanimously approved by the Commission. (Attachment D)

FY25 Spending Plan Summary

Mr. Swygert presented the FY25 proposed Spending Plan Summary for approval. The projected non-recurring cash spend amounts to \$36,701,009 and the recurring revenue forecast projection for this new fiscal year is \$342,194,411 for a total revenue of \$378,895,420. Commissioner Malphrus asked if any Commission member would like to be a non-voting member of Greenwood Genetics Board, please let the Agency know so that someone can contact them to see if this is still possible to have a representative from this Agency's Commission on their Board. Commissioner Kocher made a motion to approve the FY25 Spending Plan, seconded by Commissioner Woodhead and unanimously approved by the Commission. (Attachment E)

Old Business

Commission Recommendations for Meeting Frequency

Ms. Crosby gave a brief overview of the history behind the Commission discussing this topic. At the June Commission meeting guidance was sought from the Commission on meeting frequency going forward. This is primarily due to a response to the Legislative Audit Council's recommendation to reduce the number of Commission meetings. Discussion was held and several Commission members proposed recommended meeting frequency as it pertained to monthly meetings. Commissioner Thomas made a motion for the Commission not to meet in the months of July, August, December and January; however, if there is a need to meet in those months, then the Commission will meet. This motion was seconded by Commissioner Woodhead and unanimously approved by the Commission. Chairman Miller clarified that the Commission will still meet on the third Thursday of each month.

Quarterly Incident Report

Ms. Dalton briefly spoke on the five-year incident trend data for Community-Based Services (including Residential and Day Service Settings) through June 30, 2024. She updated the Commission on the various training options that are available for our providers. Ms. Heyward gave the five-year trend data report for the Regional Centers through June 30, 2024. Training is ongoing. (Attachment F)

Update on DDSN Ongoing Projects

Waiver Enrollment and Eligibility Process

Ms. Manos commenced by noting that after the switch from Fee for Service in April, 2022, the match funding that was attached to the waiver participants was transferred to the Department of Health and Human Services (DHHS). Right now, our Agency continues to operate the waivers and we continue to work through the waiting list, but our Agency does not have the authority to add additional people to the waiver enrollment logs; DHHS is currently doing this. DHHS is doing a study of our waiting list and have hired an outside firm to assist with the budget ask for additional funding in the future. The Agency's process improvements are centered around the management of the attrition slots through the current budgeted slots. The Agency has done a great amount of work around slot allocation. Timelines have been mandated of our providers and our focus has been placed on preparing consumers for enrollment. The Agency is working on cleaning up the waiting list. We are contacting consumers on the waiting list annually to update our list. We have increased the number of people we have removed from the waiting list; however, we are increasing the number of people added at almost the same rate. Ms. Manos will keep the Commission informed of the number of slots requested by DHHS in their upcoming budget.

State Level Case Management

The Agency is currently having unprecedented complex situations in case management and capacity issues in our provider areas. One of the things the Agency has done to offset these situations is to hire four Case Management Specialists. These specialists provide constant follow-up and monitoring of provider activity. They monitor the residential needs waiting list to make sure everyone is receiving timely referrals and getting them into placement. There is a monthly report produced to denote expired plans. These Specialists also conduct a lot of special projects.

As of June 2024, the Agency has also hired eight complex care coordinators who are state level case managers that are actively working cases. The Agency has targeted the most complex cases. Caseloads for each care coordinator are kept to 15 people or less. The Agency has established relationships with other agencies and entities to try to identify people and get them assistance as soon as possible. Ms. Manos explained the two types of case management, waiver case management (billed directly and it has a specific rate), and Medicaid targeted case management.

Commissioner Kocher asked Ms. Manos to give an update on Policies for the Agency. Ms. Manos replied that there was a pause on Policy updates due to Senate Bill 915. The Agency will restart updating policies by prioritizing policies first. Work will be done with the Policy Committee Chairman, Commissioner Kocher, to determine which policies need to go through committee and which need to go straight to the Commission.

Crisis Stabilization and/or Dually Diagnosed Individuals

Ms. Priest gave an update on the Crisis Stabilization project that the Agency committed to last Spring. Through research, the Agency at that time learned that it is probably not the best idea to pursue crisis stabilization as State Regulations did not allow for the Agency to be licensed to have one. However, this has changed. Additionally, the Agency would need a full-time psychiatrist, the Agency advertised for but were not able to hire one. Those units that were intended for crisis stabilization, are now being used for institutional respite, which is a Medicaid reimbursable service.

In the Spring of 2023, DHHS released a grant to address the state's need for behavioral health crisis stabilization services. In June 2023, \$45.5 million in grant funds were awarded by DHHS to hospitals across the state. In January 2024, coverage for hospital-based crisis stabilization services were added for Medicaid members. Crisis stabilization is not a need specific to people who are eligible for DDSN services. Based on the funding provided to DHHS for hospitals, it seems that the state acknowledged the broader need and DHHS is taking the lead on this issue. The Agency does not specifically track the number of DDSNeligible people needing crisis stabilization.

There are a large number of people who are entering DDSN or DDSN Residential Services that come directly from hospitals. DDSN staff, specifically Melissa Ritter and her staff have been working very closely with hospitals (and are doing a fantastic job) to ensure that people who are identified as ready for discharge truly are ready for discharge. They are making sure that hospitals understand what our Agency and its network of Residential Services providers can and cannot do and that there is an understanding of the risk involved in supporting a vulnerable person who may be psychiatrically unstable in settings where other vulnerable people are supported.

In addition to this, Julie Cook has engaged in conversations with a current contractor about the possibility of utilizing some existing beds for short-term stabilization.

The Interdisciplinary Technical Advisory Committee (ITAC)

The ITAC (or Committee) began in the Summer of 2022. It was comprised of four professionals and a team lead. Those professionals were a policy expert/case manager, a Board-Certified Behavioral Analyst – Doctoral (BCBA-D), an internal medicine physician, and a psychiatrist. The team lead and the physician were employees who were assigned additional duties. One professional was already under contract with the Agency, and this duty was added to the contract. The

other two professionals were contacted and only billed for time spent reviewing or meeting. The Committee members were provided information about people prior to the meeting and met to discuss their opinions and attempt to reach a consensus on recommendations for person to pursue.

The criterion for an appropriate referral was shared. About 30 people were reviewed by the ITAC. The Committee has not formally met since October 2023 and has not received any (appropriate) referrals for review.

In July 2024, the BCBA-D chose not to renew his contract with the Agency. At this time, the Agency is not seeking to re-fill this contract.

Regarding effectiveness, the Committee was not as successful as the Agency hoped. The recommendations from the Committee for a specific person were not easily actionable. The ITAC has been extraordinarily valuable to the Agency by providing recommendations regarding DDSN eligibility decisions when those decisions were "close calls". The Committee has been extremely helpful by offering opinions/recommendations on care decisions.

It is important to note that some of the people that would have been presented to the Committee are now in the hospitals and is now being navigated by Melissa Ritter and her team. A number of the "close calls" have been discussed with two members of the Committee because they have a long history with working with autism consumers.

<u>New Business</u>

Conveyance for DDSN's Real Property (Central Office Building)

Director Holloway informed the Commission that the South Carolina Department of Administration (DOA) has made a request for the Central Office building to be placed on surplus as the Agency will no longer need this building. This needs to be approved by this Commission today so that the State Fiscal Accountability Authority (SFAA) can place the Central Office building on their August 27th meeting agenda. Commissioner Malphrus made a motion to surplus the Central Office building which would allow for it to be sold by DOA. This motion was seconded by Commissioner Woodhead and unanimously approved by the Commission.

Director's Update

Director Constance Holloway gave her Director's Update on the Agency. (Attachment G)

Next Regular Meeting

September 19, 2024, at 10:00 AM. Chairman Miller noted that Vice Chairman Woodhead will chair this meeting as he will not be in town but will attend via Microsoft Teams.

Commissioner Malphrus stated that the Commission may want to revisit the months the Commission will not meet again because November's meeting will be one week before Thanksgiving. The Commission may want to consider not meeting in November and meet in January instead.

<u>Adjournment</u>

On a motion by Commissioner Woodhead, seconded by Commissioner Kocher, and unanimously approved by the Commission, the meeting adjourned at 11:15 A.M.

Submitted by:

Approved by:

Christie D. Linguard Executive Assistant Commissioner Gary Kocher, M.D. Secretary

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Constance Holloway, Esq. State Director Carolyn Benzon General Counsel Janet Brock Priest Associate State Director Operations Lori Manos Associate State Director Policy Mary Long Interim Chief Financial Officer Greg Meetze Chief Information Officer



COMMISSION Eddie L. Miller Chairman Michelle Woodhead Vice-Chairman Gary Kocher, M.D. Secretary Barry D. Malphrus David L. Thomas

<u>MEMORANDUM</u>

DATE: September 11, 2024

TO: Commission Members

FROM: Constance Holloway, State Director

RE: Regional Center Renovations

The Department of Disabilities and Special Needs ("DDSN") recognizes that the five Regional Centers owned and operated by the agency fill a critical need for individuals with intellectual disabilities who require a high level of care in addition to a safe and stable homes. As you are aware, DDSN completed a Strategic Plan for the agency, which created several, key five-year goals, including one goal entitled "Establishing the DDSN Regional Centers as Centers of Excellence in Specialized Care." To achieve this goal, DDSN leadership determined modernization and structural renovations are required for all Regional Centers to provide newer, cleaner, and safer homes for South Carolina's most vulnerable population receiving housing and care services from DDSN.

Accordingly, DDSN began planning for renovations by first identifying available funds to finance the project. DDSN intends to utilize \$73 million in non-recurring funds which the agency received as a part of the Families First Coronavirus Response Act in addition to \$22 million in non-recurring funds from Social Security income payments of individuals residing at the Regional Centers supplementing the non-covered portions of room and board charges.

Along with funds outlined above, DDSN worked with Senator Sean M. Bennett from Dorchester County, District 28 to successfully pass Proviso 36.14 as part of the 2024-2025 General Appropriations Bill. Proviso 36.14 allows DDSN to conduct assessments of all Regional Centers, develop a comprehensive renovation plan, and present the plan to the Joint Bond Review Committee ("JBRC"). This comprehensive renovation plan currently estimates the cost of renovations for each Regional Center to be as follows: Coastal Center - \$36,775,098; Midlands Center - \$31,853,029; Pee Dee Center - \$46,184,500; Saleeby Center - \$7,859,967; Whitten Center - \$30,882,425. As such, additional funds will most likely be requested during the next budget cycle.

A motion will be needed to approve this prior to DDSN presenting at the JBRC meeting, which will take place on Tuesday, October 8, 2024.

FY25 SPENDING PLAN BUDGET - APPROVED	\$ 378,895,42
YTD EXPENDITURES BY CATEGORY - PRELIMINARY	(PENDITURES THRU 8/31/2024
501000 - PERSONAL SERVICES - PAYROLL	\$ 18,655,16
502000 - CONTRACTUAL SERVICES	\$ 27,592,57
503000 - SUPPLIES AND MATERIALS	\$ 1,063,55
504000 - FIXED CHARGES AND CONTRIBUTIONS (RENT/LEASE)	\$ 1,263,61
505000 - TRAVEL	\$ 49,60
506000 - FIXED ASSETS (CAPITALIZED)	\$ 27,60
507000 - LAND & BUILDINGS	\$ 525,80
511000 - PUBLIC ASSISTANCE	\$ 1,021,97
513000 - EMPLOYER CONTRIBUTIONS - FRINGE BENEFITS	\$ 8,604,51
515000 - UTILITIES	\$ 315,30
517000 - ALLOCATIONS	\$ 11,67
518000 - AID TO SUBDIVISIONS (STATE AID)	\$
520000 - FIXED ASSETS(NON-CAPITALIZED)	\$
DHHS RECLASSIFICATION JOURNAL ENTRY TO REIMBURSE EXP	\$
TOTAL YTD EXPENDITURES	\$ 59,131,38
% OF YTD EXPENDITURES	15.61
% OF SPENDING PLAN REMAINING	84.39
% OF FISCAL YEAR REMAINING	83.33
% DIFFERENCE - OVER (UNDER) BUDGETED EXPENDITURES	-1.06

Notes:	

Methodology & Report Owner: DDSN Budget Division

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Priority	Description of Agency Need	State	Earmarked	Total	Туре
1	 State Funded Residential Services – This decision package is designed to support forty-eight (48) individuals for whom traditional Medicaid reimbursable supports are not appropriate or are not available. These individuals, including youth, present to DDSN in need of out of home placement following hospitalization, incarceration, or psychiatric treatment and have needs that, due to severity, cannot be supported in currently available placement options. These services ensure that individuals are safely and appropriately supported. Autism Study Committee: Legislative Recommendations Invest state funding for the development of specialized, community-based residential habilitation settings; These settings will address complex behavioral needs of individuals with ASD or ASD/DD, providing interventions to adjust to a group care setting and to facilitate the ultimate goal of transitioning to a longer-term, community-based environment. While initially focusing on children and youth, this should ultimately include children, youth and adult populations. Boston Consulting Group (BCG) Recommendations: Based on the April 2024 SC Public Health Delivery and Organization Review conducted by BCG, "there are significant gaps with smaller residential settings, such as group homes (with a gap of ~3,700 beds vs. the U.S.) and IDD/ASD-specific host/foster beds (with a gap of ~870 placements vs. the U.S.)" (pg. 36-37). SC also spends 65% less in state funding per capita for individuals with developmental disabilities as compared to the average of other southern states (pg. 41). 	\$ 9,275,380	\$ -	\$ 9,275,380	Recurring
2	Employment Navigation Services – This decision package is designed to support seven hundred fifty (750) individuals to achieve employment in competitive jobs. The October 2023 Legislative Audit Council's report entitled "A Limited Review of the S.C. Department of Disabilities and Special Needs: New and Continuing Issues at DDSN [Part 2 of 2]" indicates that the percentage of DDSN-eligible people who are employed is "low" and that the rate of employment for DDSN-eligible citizens is lower than "disability services counterparts" in other states that are similar to South Carolina. The agency in state government whose mission is to "prepare and assist eligible South Carolinians with disabilities to achieve and maintain competitive employment is the South Carolina Vocational Rehabilitation Department (SCVRD). In accordance with SC Code Ann. 44-26-200, DDSN is seeking to work together with SCVRD to find employment for DDSN-eligible people. To do so, DDSN believes a new service, Employment Navigation is needed. In SFY23, 95.9% of DDSN-eligible people who were referred to SCVRD exited the SCVRD program without getting a job. A 2021 federal monitoring report entitled "Report on the Review of South Carolina Vocational Rehabilitation Services Administration noted, "a significant percentage of individuals exited the (SCVRD) program at various stages" and opined that this may be attributed to the lack of continuing engagement by SCVRD with job seekers, services that did not meet the job seekers needs or a delay in service provision. Employment Navigation is intended to support DDSN-eligible people by ensuring those desiring to work are referred to SCVRD, documents that confirm the job seeker's disability are provided, engagement with SCVRD regarding supports for the job seeker is continual until an outcome is reached, and job seekers are supported to advocate for the timely and appropriate services.	\$ 975,000	\$ -	\$ 975,000	Recurring

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Priority	Description of Agency Need	State	Earmarked	Total	Туре
3	 Non-Recurring Capital Funds to stand up additional residential services – This decision package is designed to support DDSN eligible individuals in South Carolina who are currently in need of residential services. This non-recurring funding will allow DDSN to support qualified providers to acquire and open settings in which approximately one hundred (100) individuals will be served. DDSN eligible individuals are assessed to need residential services when they are determined to be in situations that are life threatening or pose imminent risk of becoming life threatening. There are currently three hundred eleven (311) individuals in need of residential services. SC Palmetto Autism Study Committee: Legislative Recommendations Based on the January 2024 SC Palmetto Autism Study Committee Report, legislative recommendations included investing state funding for the development of specialized, community-based residential habilitation settings; These settings will address complex behavioral needs of individuals with ASD or ASD/DD, providing interventions to adjust to a group care setting and to facilitate the ultimate goal of transitioning to a longer-term, community-based environment. While initially focusing on children and youth, this should ultimately include children, youth and adult populations. Boston Consulting Group (BCG) Recommendations: Based on the April 2024 SC Public Health Delivery and Organization Review conducted by BCG, "there are significant gaps with smaller residential settings, such as group homes (with a gap of ~3,700 beds vs. the U.S.) and IDD/ASD-specific host/foster beds (with a gap of ~870 placements vs. the U.S.)" (pg. 36-37). SC also spends 65% less in state funding per capita for individuals with developmental disabilities as compared to the average of other southern states (pg. 41). 	\$17,500,000	\$ -	\$17,500,000	Non-Recurring
4	Funding for Deferred Maintenance - This decision package is designed to comply with legislative recommendations as part of prior agency reviews. In 2017, the Senate Medical Affairs Committee conducted a review of DDSN. The Senate Oversight Report dated November 2017 recommended that DDSN divest itself of properties within the communities by transitioning fifty-seven (57) properties to local providers. These properties, which are owned by the state, and operated by providers of disability services are primarily residential facilities used to support individuals in need of 24-hour care and supervision. However, six (6) of these facilities are used to provide services for a portion of the day, as well as house administrative staff of the local provider. In an effort to comply with the recommendation, DDSN is seeking non-recurring funding for deferred maintenance. This funding will be essential for SFAA conveyance requirements as contained in proviso 36.6. (Current Estimate approx. \$15,828,801)	TBD	\$ -	\$-	Non-Recurring
5	South Carolina Genomic Medicine Initiative – Greenwood Genetic Center state funded plan for funding in conjunction with funds from the private sector. This request is to expand and sustain genomic testing and technologies to adults and medical conditions that are currently underfunded and often under-utilized.	\$ 500,000	\$-	\$ 500,000	Recurring
6	South Carolina Genomic Medicine Initiative – Greenwood Genetic Center state funded plan for funding in conjunction with funds from the private sector. This is a research and development investment to improve existing specialized genetic service levels. The number of infants and children requiring more extensive and expensive services will be reduced if prompt curative treatment is received. The use of genomic technologies will optimize primary prevention and treatment options for individuals with intellectual disabilities and their families.	\$ 1,000,000		\$ 1,000,000	Non-Recurring

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