



**DDSN Executive Memo**

**TO:** DSN BOARD AND QPL FINANCE DIRECTORS  
DSN BOARD EXECUTIVE DIRECTORS  
QPL CEOS/PRESIDENTS

**FROM:** W. CHRIS CLARK, CPA, CGMA  
CHIEF FINANCIAL OFFICER

**DATE:** SEPTEMBER 18, 2019

**RE:** FUNDING OF RATE INCREASES AND IMPLEMENTATION OF DOCUSIGN

I know everyone is anxiously awaiting information and funding for all of the increases this year. We appreciate your patience and your understanding that we cannot complete our computational processes until we receive information from the State Department of Administration. Once the information was received by us on August 27<sup>th</sup>, we expedited the computation of the funding changes. As you can imagine, there are many steps and processes to complete the computation in an accurate manner. Statewide funding was around \$30,000,000 and the need for precision and accuracy was vital. Being new to this process myself, it was imperative for me to reach a high comfort level with the computation before I would agree to contract amendments and payments being processed. There is much at stake here if an error is made.

Attached are the revised rates so that you can get a jump on computing anticipated dollar amounts for your Agency. Debra Leopard is working diligently to get contract amendments processed and to you for your review. We will be using DocuSign to process contracts and amendments from this point forward. We believe you will find this process to be much more efficient, convenient, and easy to use. Attached is a short guide to assist you in the signing process. You should be receiving notifications from us via DocuSign in the coming days or at the latest early next week. Please be on the lookout for these notifications. If you have problems using DocuSign or have contract questions, then please email [contracts@ddsn.sc.gov](mailto:contracts@ddsn.sc.gov) or call Debra Leopard at 803-898-9674.

Again, thank you for your patience during this process.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**  
**FY 2020 STATEWIDE INDIVIDUAL FUNDING LEVELS - EFFECTIVE JULY 1, 2019**  
**ADJUSTED RATES FOR \$1 DIRECT CARE PAY RATE INCREASE, COMPRESSION INCREASE, RETIREMENT AND HEALTH INCREASES, AND 2% COLA**  
(Pay Increase funding amounts include fringe benefits cost at 27%)

|   |   | <u>Initial<br/>FY 19<br/>Funding</u> | <u>\$1 Direct Care<br/>Increase</u> | <u>Compression<br/>Increase</u> | <u>Retirement<br/>and Health<br/>Increase</u> | <u>2% Salary<br/>Increase</u> | <u>Revised<br/>Funding<br/>Bands<br/>eff. 7/1/19</u> |        |
|---|---|--------------------------------------|-------------------------------------|---------------------------------|---|-------------------------------|--|--------|
| Band B  | At Home - IDR Waiver                        | \$ 13,639                            | \$ 185                              | \$ 29                           | \$ 57   | \$ 84                         | \$ 13,994  | Band B |
| Band C  | Supported Residential - SLP II              | \$ 35,969                            | \$ 1,436                            | \$ 198                          | \$ 395  | \$ 580                        | \$ 38,578  | Band C |
| Band D  | Supported Residential - SLP I               | \$ 21,373                            | \$ 599                              | \$ 105                          | \$ 210  | \$ 307                        | \$ 22,594  | Band D |
| Band E  | Supported Residential - CTH I               | \$ 25,847                            | \$ 413                              | \$ 88                           | \$ 175  | \$ 257                        | \$ 26,780  | Band E |
| Band F  | Supported Residential - Enhanced CTH I      | \$ 39,642                            | \$ 383                              | \$ 95                           | \$ 190  | \$ 279                        | \$ 40,589  | Band F |
| Band G  | Residential Low Needs                       | \$ 73,106                            | \$ 4,257                            | \$ 515                          | \$ 1,026                                      | \$ 1,505                      | \$ 80,409  | Band G |
| Band H  | Residential High Needs                      | \$ 92,361                            | \$ 3,895                            | \$ 475                          | \$ 948  | \$ 1,390                      | \$ 99,069  | Band H |
| Band I  | At Home - Community Supports Waiver         | \$ 14,541                            | \$ 263                              | \$ 41                           | \$ 81   | \$ 119                        | \$ 15,045  | Band I |
| Band R  | Residential Placement from Regional Centers | \$ 101,822                           | \$ 2,112                            | \$ 267                          | \$ 531  | \$ 779                        | \$ 105,511   | Band R |
| Band T  | ICF Residential                             | \$ 99,447                            | \$ 3,778                            | \$ 517                          | \$ 1,030                                      | \$ 1,511                      | \$ 106,283   | Band T |
| Residential Band H - Outlier Cost Threshold             |   |                                      | <u>\$ 125,802</u>                   |                                 |   |                               |  |        |
| Residential Band R does not qualify for outlier status. |   |                                      | <u>N/A</u>                          |                                 |   |                               |  |        |
| At Home Band B - Outlier Cost Threshold                 |   |                                      | <u>\$ 37,013</u>                    |                                 |   |                               |  |        |
| Day Rate - 7/1/19 Original                              | \$ 13,436                                   |                                      |                                     | SFCS Cap - 7/1/19 Original      | \$ 15,103                                     |                               |  |        |
| Direct Care Increase                                    | \$ 451                                      |                                      |                                     | Direct Care Increase            | \$ 333  |                               |  |        |
| Compression Increase                                    | \$ 70                                       |                                      |                                     | Compression Increase            | \$ 52   |                               |  |        |
| Retirement and Health Increase                          | \$ 140                                      |                                      |                                     | Retirement and Health Increase  | \$ 103  |                               |  |        |
| Salary Increase   | \$ 205                                      |                                      |                                     | Salary Increase                 | \$ 151  |                               |  |        |
| Day Rate - 7/1/19 Revised                               | <u>\$ 14,302</u>                            |                                      |                                     | SFCS Cap - 7/1/19 Revised       | <u>\$ 15,742</u>                              |                               |  |        |
| Unit Rate   | <u>\$ 27.50</u>                             |                                      |                                     |                                 |   |                               |  |        |

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
 QPL RATE CHANGE EFFECTIVE JULY 1, 2019

Issue Date  
 09/18/19

ADJUSTED RATES FOR \$1 DIRECT CARE PAY RATE INCREASE, COMPRESSION INCREASE, RETIREMENT AND HEALTH INCREASES, AND 2% COLA

|  | <u>Unit</u> | <u>Initial<br/>FY 19<br/>Funding</u> | <u>\$1 Direct Care<br/>Increase</u> | <u>Compression<br/>Increase</u> | <u>Retirement<br/>and Health<br/>Increase</u> | <u>2% Salary<br/>Increases</u> | <u>Revised<br/>Rates<br/>eff. 7/1/19</u> | <u>Rate<br/>Increase</u> | <u>Unit</u> |
|--|-------------|--------------------------------------|-------------------------------------|---------------------------------|---|--------------------------------|--|--------------------------|-------------|
| Residential High Needs - CRCF/CTH II   | Daily       | \$ 249.09                            | \$ 9.59                             | \$ 1.17                         | \$ 2.32                                       | \$ 3.41                        | \$ 265.58                                | \$ 16.49                 | Daily       |
| Residential Low Needs - CRCF/CTH II    | Daily       | \$ 196.35                            | \$ 10.58                            | \$ 1.28                         | \$ 2.54                                       | \$ 3.72                        | \$ 214.47                                | \$ 18.12                 | Daily       |
| Residential - HASCI CTH II             | Daily       | \$ 254.20                            | \$ 5.89                             | \$ 0.71                         | \$ 1.42                                       | \$ 2.08                        | \$ 264.30                                | \$ 10.10                 | Daily       |
| Supported Residential - SLP II         | Daily       | \$ 91.49                             | \$ 3.93                             | \$ 0.54                         | \$ 1.08                                       | \$ 1.59                        | \$ 98.63                                 | \$ 7.14                  | Daily       |
| Supported Residential - SLP I          | Monthly     | \$ 1,487.46                          | \$ -                                | \$ -                            | \$ 17.50                                      | \$ 25.58                       | \$ 1,530.54                              | \$ 43.08                 | Monthly     |
| Supported Residential - CTH I          | Monthly     |                                      | \$ -                                | \$ -                            | \$ -  | \$ -                           |  |                          | Monthly     |
| Supported Residential - Enhanced CTH I | Monthly     | \$ 2,489.73                          | \$ -                                | \$ -                            | \$ 14.58                                      | \$ 21.42                       | \$ 2,525.73                              | \$ 36.00                 | Monthly     |
| Day Supports                           | Half Day    | \$ 25.84                             | \$ 0.87                             | \$ 0.13                         | \$ 0.27                                       | \$ 0.39                        | \$ 27.50                                 | \$ 1.66                  | Half Day    |
| Supported Employment - Individual      | Hour        | \$ 70.58                             | \$ -                                | \$ -                            | \$ 0.41                                       | \$ 0.60                        | \$ 71.59                                 | \$ 1.01                  | Hour        |
| Respite                                | Hour        | \$ 11.30                             | \$ -                                | \$ -                            | \$ -  | \$ -                           | \$ 11.30                                 | \$ -                     | Hour        |
| Personal Care 1                        | 15 Minutes  | \$ 3.50                              | \$ -                                | \$ -                            | \$ -  | \$ -                           | \$ 3.50                                  | \$ -                     | 15 Minutes  |
| Adult Companion                        | Hour        | \$ 11.26                             | \$ -                                | \$ -                            | \$ -  | \$ -                           | \$ 11.26                                 | \$ -                     | Hour        |

## DocuSign Instructions

Effective immediately, DDSN Contracts will be utilizing a new delivery system, DocuSign, for all contracts and amendments. You will not need to purchase the system or incur any cost to utilize the system. You will receive TWO emails from *DDSN Contracts via DocuSign* with a link to review and sign the contract document. The first email is a link for the Executive Director's review and signature. Once the Executive Director has signed the document, it will prompt you to forward for the next signature. A second email will be sent to you for you to obtain the witness signature. You will need to assign this signature to your desired witness. Please follow the below steps to complete the process:

For the Executive Director Signature:

1. Open the email from DocuSign and click "REVIEW DOCUMENT"
2. Review the contract document
3. Agree to the Electronic Record and Signature Disclosure and click "Continue"
4. Click "Signature" (If you have never used DocuSign before, you will be prompted to create a signature for your account)
5. Click "Finish" at the top of the page to send the completed document to the next step

For the Witness Signature:

1. You will receive another email from the system
2. Open this email from DocuSign and click "REVIEW DOCUMENT"
3. Click "OTHER ACTIONS" at the top of the page and select "Assign to Someone Else"
4. Enter the requested information for the witness
5. An email will then be sent to your witness
6. They will open the email from DocuSign and click "REVIEW DOCUMENT"
7. Review the contract document
8. Agree to the Electronic Record and Signature Disclosure and click "Continue"
9. Click "Signature" (If you have never used DocuSign before, you will be prompted to create a signature for your account)
10. Click "Finish" at the top of the page to send the completed document to the next step

Once your witness has signed the document, it will be forwarded to DDSN for signatures. After all parties have signed the document, an email with a link to review the completed document will be immediately sent back to you by DocuSign. Please make sure you save an electronic copy and/or print a copy of the contracts for your files.

Self-help videos can be located at this link if you need additional assistance:

<https://support.docusign.com/en/videos>

**Note: the link to the signed documents will expire after a period of time so make sure you save or print a copy for your records.**