

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

March 21, 2013

The South Carolina Commission on Disabilities and Special Needs met on Thursday, March 21, 2013, at 10:30 A.M. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:

Fred Lynn, Chairman
Deborah McPherson, Vice Chairman
Christine Sharp, Secretary
Katherine Davis
Katherine Finley
Eva Ravenel
Harvey Shiver

DDSN Administrative Staff

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

Guests

(See Attachment 1 Sign-In Sheet)

Coastal Regional Center (via videoconference)

(See Attachment 2 Coastal Regional Center Sign-In Sheet)

Pee Dee Regional Center (via videoconference)

(See Attachment 3 Pee Dee Regional Center Sign-In Sheet)

Whitten Regional Center (via videoconference)

(See Attachment 4 Whitten Center Regional Center Sign-In Sheet)

York County DSN Board (via videoconference)

(See Attachment 5 York County Sign-In Sheet)

News Release of Meeting

Chairman Fred Lynn called the meeting to order and Commissioner Christine Sharp read a statement of announcement about the meeting that had been 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.

Invocation

Commissioner Katherine Finley gave the invocation.

Adoption of the Agenda

The Commission adopted the March 21, 2013 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the February 17, 2013 Meetings

The Commission approved the minutes of the February 21, 2013 Commission Meeting by unanimous consent.

Public Input

Ms. Kathleen Roberts of Newberry, SC spoke on behalf of the Whitten Center.

Report from DSN Boards

Mr. Jimmy Burton spoke on behalf of the SC Human Service Providers Association.

Commissioners' Update

Commissioners Deborah McPherson, Christine Sharp and Fred Lynn spoke of events and meetings that they attended and shared news of upcoming events in their district.

Disability Advocacy Day

Ms. Margie Williamson, President of the SC Partnership of Disability Organizations, and Ms. Connie Coleman, President of Voices for Pride in Newberry and President of SC Impact, the statewide self-advocate organization, spoke about the Disability Advocacy Day event that took place on March 6, 2013 at the South Carolina Statehouse.

Budget Update

Mr. Tom Waring discussed Dr. Buscemi's 2014 budget update memo that was distributed last week. He gave an overview of DDSN's four budget priorities and DDSN is very appreciative of the House Ways and Means Committee prioritizing funding needs of the people we serve. The SC House approved the \$4.9 million of additional funds recommended. Dr. Buscemi's March 13, 2013 budget presentation to the Health and Human Services Senate Finance Subcommittee was well received. The budget now goes to the Senate Finance Committee. The Board of Economic Advisors will report its final revenue forecast for 2014 the second week of April and the 2014 budget process will continue until the latter part of June when DDSN will know for sure its final funding for 2014. (Attachment B)

Targeted Case Management (TCM)

Dr. Buscemi spoke of the March 7, 2013 memo that was distributed to all providers of TCM regarding updates of the March 6, 2013 DDSN and DHHS meeting and also the March 11, 2013 letter that was written by Dr. Buscemi and Mr. Tony Keck to Representatives Brian White and Murrell Smith, summarizing the progress of the TCM issues. DHHS has agreed to delay the next phase of implementation for TCM currently scheduled for July 1, 2013 in order for DDSN and DHHS to develop a more comprehensive case management service in all four of DDSN's waivers. DDSN and DHHS are exploring an administrative contract to serve the individuals not enrolled in a waiver who receive TCM including children in Early Intervention services. Dr. Buscemi stated that Dr. Kathi Lacy spoke of DHHS's intent to have a prior authorization process in place by July 1, 2013 for all TCM services. DHHS may use Key Pro, a QIO or conduct an in-house process. All these changes will mean additional and ongoing training to providers. Dr. Buscemi stated she will share updates with the Commission. Mr. Tom Waring provided a presentation which showed improvement in billable minutes recorded by service coordination. January and February activity was remarkable higher than the previous months. Service coordinators have increased confidence in recorded reported activities and training is providing better guidance on activities that are reportable. Discussion followed with concern of the lower rate for out of home TCM services versus the at-home services and that DHHS needed to understand the importance of providing TCM services wherever the consumers are in the community versus just in their homes. Dr. Buscemi advised that staff be allowed to continue to work with DHHS for another month and see how things roll out. (Attachment D)

Positive Behavior Support Curriculum

Dr. Kathi Lacy gave a presentation about Positive Behavior Supports discussing how DDSN partnered with USC School of Medicine and Dr. Denny Reid to develop a competency-based curriculum for direct support staff and their supervisors over twelve years ago. It has reached national and worldwide attention of ID/RD agencies. It is now published by AAIDD and is one of their

most popular publications. Dr. Lacy spoke of training family members that have individuals at home. (Attachment E)

Medicaid Eligibility and Reserved Capacity

Dr. Kathi Lacy spoke of individuals receiving one hundred percent state-funded day support services because they currently are not Medicaid eligible. DDSN received approval by DHHS and CMS to reserve capacity in the CS waiver for this group. If the individual became Medicaid eligible, they could participate in the Community Support waivers, enabling DDSN to serve more individuals and move the CS waiting list. Discussion followed that it needs to be an informed decision and it needs to be communicated so individuals understand they are only going through a process. Commissioner Christine Sharp made the motion that an individual who receives 100 percent state-funded day support services and does not pursue Medicaid eligibility after receiving education, assistance and guidance will lose that state-funded slot. The motion was seconded and passed unanimously.

State Director's Report

Dr. Buscemi reported on the following topics:

Brain Injury Awareness Day – The event was held at the Statehouse, yesterday, March 20, 2013 which she attended. She noted there were great speakers and personal stories. Several members of the General Assembly were also in attendance.

Whooping Cough Cases Spike – Schools are now requiring vaccination proof for seventh graders. DDSN has been managing and tracking this for a long time because there could be greater incidents in closed populations such as the Regional Centers.

Greenville County DSN Board – The Board has hired a new executive director, John Cocciolone. Mr. Cocciolone has worked in Connecticut and Michigan. He will begin the second week of April. Mr. David Goodell is already beginning to transition back to the Central Office. Mr. Goodell will help orient Mr. Cocciolone along with District I staff.

LAC Audit – The audit is still ongoing with LAC reviewing information that DDSN submitted to them. Visits to the Regional Centers and Providers by the auditors have not begun.

ABLE Act (Achieving Better Life Experiences) – Dr. Buscemi stated through the NASDDDS National Policy Workgroup in which she is involved supports this Act. This Act was introduced February 13, 2013 to amend Section 529 of the Internal Revenue Service Code to create a tax-free savings account for people with disabilities. Qualified expenses would be education, housing and transportation. This would supplement not supplant benefits through private insurance, Medicaid, SSI, etc.

CMS Performance Review Recommended Changes – NASDDDS is working closely with CMS on these changes such as giving up 100 percent compliance, individual remediation except in cases of abuse and setting the threshold of 86 percent when performance is below 86. State would develop a new plan of correction if and when appropriate.

April Commission Meeting – April's Commission meeting has been moved up a week to April 11, 2013. The main agenda item will be recognition of employees of the year at our Regional Centers.

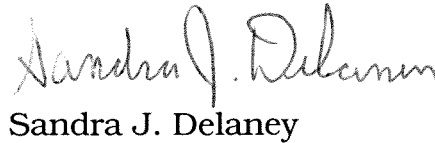
Next Regular Meeting Date

Chairman Fred Lynn announced the next regular Commission Meeting is scheduled for Thursday, April 11, 2013 with the starting time to be announced later.

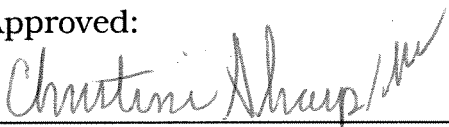
Adjournment

With no further business, Chairman Fred Lynn adjourned the meeting.

Submitted by,


Sandra J. Delaney

Approved:



Commissioner Christine Sharp
Secretary

SC COMMISSION ON DISABILITIES AN
Commission Meeting

Attachment 1

March 21, 2013

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Sharon Williams Calhoun DSNB
2. Arlene Moss Calhoun DSNB
3. Dorothy Good Community Agency
4. Jimmy Sweet Burke Center
5. LINDA VELDHEER DDSN
6. Beth Bunge Bright Start
7. Kathleen Robert ^(KATHLEEN ROBERTS) Whitton Center Parent Club
SCADA
8. Mildred Lilley (Lilley) Parent
9. Kathy Martin PA
10. Richard Wueik DDSN
11. Marcia Lindsay LAC
12. AMARA RANSON LAC
13. Jim Thomas SCAS
14. KEVIN YALOB DDSN
15. Margie Williamson Arc of SC
16. Toni Marie Wilson Arc of SC
17. Cindy Farr NCDSNB
18. Connie Coleman NCDSNB
19. Heather Joy BIASC
20. Lori Moss DDSN

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

March 21, 2013

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

21. David Rotholz USC

22. W.C. Hoeckel Family Connection

23. Shondale Hall DDSN

24. DARE party SCSCA

25.

27.

28.

29.

30.

31.

32.

33.

34.

35.

36.

37.

38.

39.

40.

SC COMMISSION ON DISABILITIES AND SI
Commission Meeting
March 21, 2013

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Rufus Britt SCDDSN
- 2. Ronda Ritchie DDSN Dist. II
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

SC COMMISSION ON DISABILITIES AND
Commission Meeting
March 21, 2013

Attachment 3

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. Susan John - Homey DSW
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

SC COMMISSION ON DISABILITIES AND
Commission Meeting
March 21, 2013

Attachment 4

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. John King DDSN
- 2. Pat Fagan DDSN
- 3. Jennifer Brooks NCRNB
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

SC COMMISSION ON DISABILITIES ANI
Commission Meetin
March 21, 2013

Attachment 5

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- 1. Mary Poole YCBDSN
- 2. Michelle Shaffer YCBDSN
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

SOUTH CAROLINA COMMISSION ON DISABILITIES AN

A G E N D A

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

March 21, 2013

10:30 A.M.

1. Call to Order *Chairman Fred Lynn*
2. Welcome - Notice of Meeting Statement *Commissioner Christine Sharp*
3. Invocation *Commissioner Katherine Finley*
4. Introduction of Guests
5. Adoption of Agenda
6. Approval of the Minutes of the February 21, 2013 Meeting
7. Public Input
8. Report from DSN Boards *Mr. Jimmy Burton*
9. Commissioners' Update *Commissioners*
10. Business:
 - A. Disability Advocacy Day *Ms. Margie Williamson/Ms. Connie Coleman*
 - B. Budget Update *Mr. Tom Waring*
 - C. Targeted Case Management *Dr. Beverly Buscemi*
 - D. Positive Behavior Support Curriculum *Dr. Kathi Lacy*
 - E. Medicaid Eligibility and Reserved Capacity *Dr. Kathi Lacy*
11. State Director's Report *Dr. Beverly Buscemi*
12. Next Regular Meeting Date (April 11, 2013) **Please note change in regular meeting date**
13. Adjournment

PLEASE SILENCE CELL PHONES DURING THE MEETING. THANK YOU.



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration

COMMISSION
Fred Lynn
Chairman
Deborah C. McPherson
Vice Chairman
Christine Sharp
Secretary
Katherine W. Davis
Harvey E. Shiver
Katherine Llamas Finley
Eva R. Ravenel

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

MEMORANDUM

TO: Advocates, Providers and DDSN Staff
FROM: Beverly A. H. Buscemi, Ph.D.
State Director
RE: DDSN Budget Update
DATE: March 15, 2013

This week the House of Representatives passed its budget for fiscal year 2013-2014. The House budget is very good for people with disabilities and includes new appropriations to DDSN in several important areas. The House appropriated almost \$5 million in new recurring state funds -- a clear statement reflecting their dedication to people with disabilities and the essential services they receive.

First, the budget will continue current service levels. Second, it also responds to new federal compliance changes that required new state funds. This is very important because without these new dollars to address the requirements DDSN must meet, existing money would have had to be taken from services. Next, the House budget also addresses the need to provide quality care at today's costs and assures the safety and wellbeing of consumers. It also enhances in-home support services and will move more people off waiting lists. All of this funding will support individuals, help families and caregivers, and prevent unnecessary and expensive out-of-home placements. Please see the attached chart.

Once again services for individuals with disabilities and their families were given highest priority. We gladly acknowledge the House's strong support and offer our gratitude. Special appreciation and recognition are well deserved by Committee Chairman Brian White, and Health Subcommittee members, Rep. Murrell Smith (Chairman), Rep. Tracy Edge, Rep. Bill Herbkersman, and Rep. Harry Ott. Please thank these important leaders and make an opportunity to personally thank your House members for their outstanding support and dedication to DDSN and the services provided across the state. Share this good news!

CC: DDSN Commission

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

**South Carolina Department of Disabilities and Special Needs
Budget Request Considerations for FY 2013 - 2014**

Program Need	Description of Need	Agency Request	House of Representatives
1. Meet Federal Requirements/Initiatives	<p>This request is necessary to comply with Federal requirements and new initiatives while maintaining current service levels for consumers receiving services this year. Federal compliance changes require new state funds to manage reduced reimbursement rates for administrative costs in waiver services and consumer room and board costs. New dual eligible initiative (both Medicaid and Medicare) requires new state funds to serve consumers age 65 years old or older who do not live in institutional settings. The Affordable Care Act (ACA) is facilitating movement away from paper records for all service providers resulting in new state funds needed to transition to electronic health records related to consumer care.</p> <p>Reduced reimbursement rates for Administration - \$500,000 Reduced reimbursement rates for Room and Board - \$700,000 New DHHS Dual Eligibility Initiative - \$600,000 Transition to Electronic Health Records - \$400,000</p>	\$2,200,000	\$2,200,000
2. Assure Safety and Quality of Care and Address Needs of Individuals Living with Aging Caregivers	<p>This request is to assure safety and quality of care and address the growing residential service needs of individuals living with elderly caregivers. Service funding rates must be sufficient to cover the actual cost of care as a maintenance of effort to the providers of services. If the increased costs of gasoline, oil, electricity, food, medical professionals and other goods and services are not covered, eventually local providers will have to reduce the scope and quality of care below acceptable standards, eliminate the services for which there is insufficient funding, or stop providing services. This request will also provide necessary residential supports and services for 75 individuals living with caregivers aged 70 years old or older. As of June 30, 2012, there were over 1,100 individuals with severe disabilities being cared for by parents age 72 and over. Over 400 of these caregivers are 80 years old or older themselves and their sons and daughters with a disability are in their 50's or 60's. As the parent's age increases, the likelihood of their becoming disabled or dying increases significantly. When these fragile family arrangements fall apart, DDSN must respond to the health and safety risks of the individual with the disability who cannot care for him/herself.</p> <p>Service funds sufficient to cover Actual Cost of Care - \$2.5 Million 75 Beds for Individuals Living with Aging Caregivers - \$1.350 Million</p>	\$3,850,000	\$569,762
3. Boost the Continued Transition of Individuals and Maintain Provision of Quality Care to Consumers	<p>This request is to maintain the provision of quality care as required. It represents the state's need to boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings while maintaining quality care. DDSN has managed this movement to community settings within its own resources for the past 18 years. With increasing cost of care for those individuals leaving the regional centers, the department no longer has the funding capacity to maintain the quality of care at the regional centers as well as to insure the quality of care for those individuals moving into the community. New state funds are required to continue to meet the federal mandate of allowing those individuals desiring to live in the community to move out of the regional centers. This request will allow 50 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request will also allow the agency to expand the utilization of the Supports Intensity Scale (SIS) to better assess individuals' needs. This SIS is a validated and reliable tool which can</p>	\$3,600,000	\$1,100,000

**South Carolina Department of Disabilities and Special Needs
Budget Request Considerations for FY 2013 - 2014**

Program Need	Description of Need	Agency Request	House of Representatives
	<p>enable the agency to ensure individual consumers are getting the right amount of supports and services and ensures equity across consumers by matching support levels to individual needs. This request also provides for the increased cost of providing care and addressing nursing and supervision needs of consumers. Quality cannot be reduced and staffing ratios must be maintained and meet compliance standards. Workforce issues must be addressed to recruit and retain quality staff who provide essential 24/7 nursing care and direct supervision and care of consumers.</p> <p>Olmstead US Supreme Court decision/Service funds required to transition 50 individuals from region centers to community settings Expand use of Supports Intensity Scale (SIS) - \$600,000 Workforce Recruitment and Retention – Nurses and Direct Care - \$1.5 Million</p>		<p align="center">-</p> <p align="right">\$600,000 \$500,000</p>
<p>4. Increase and Improve Access to In-Home Individual and Family Supports</p>	<p>This request is to prevent unnecessary and expensive out-of-home placements by providing individuals and their family caregivers with the supports necessary to maintain them in their homes. It represents the need to increase and improve access to respite services critical to helping parents and other family caregivers cope with the stress of providing daily care and supervision to their loved one. Supply and demand requires an increase in the hourly rate paid to respite providers to attract and retain more caregivers and providers on a statewide basis. This request will also provide approximately 700 individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. As of June 30, 2012, there are about 3,300 consumers on the waiting list for Intellectual Disability/Related Disabilities Community Services and 390 awaiting Head and Spinal Cord Injury Community Services. There were also 1,300 individuals awaiting a day support service. This request also responds to South Carolina's need to fully fund over time the remaining cost of post-acute rehabilitation that enables people with traumatic brain or spinal cord injuries to obtain an appropriate level of specialized rehabilitation after the injury and acute hospital stay. Currently in the state, there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. The estimated total cost of care would be \$68 million; however, \$56.5 million of this expense could be covered by private insurance, Medicare and other government reimbursements. This fiscal year, DDSN will have \$2,084,000 in recurring funding for this program. The State funding needed for the balance to cover the uninsured/underinsured and Medicaid State matching funds would be \$9,420,000. Due to the amount of funding needed, DDSN is only requesting \$500,000 in additional funding at this time. This amount would serve 10 additional individuals.</p> <p>Increase hourly rate from \$8.30 to \$10.30 per hour for Respite Caregivers - \$1 Million Move 700 individuals off Waiting Lists and provide In-home Supports - \$1.875 Million Increase Post-acute Rehabilitation service capacity by 10 individuals - \$500,000 (40 how)</p>	<p align="right">\$3,375,000</p>	<p align="right">\$1,100,000</p> <p align="right">\$500,000 \$600,000 -</p>
	<p align="right">Total</p>	<p align="right">\$13,025,000</p>	<p align="right">\$4,969,762</p>

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
TARGETED CASE MANAGEMENT - JANUARY 2013

Active Service Coordination - Level 1

Total Minutes Logged	657,812	
Minutes Reportable - Medicaid Eligible - Not at Home	404,442	61.48%
Minutes Reportable - Medicaid Eligible - At Home	147,778	22.47%
Minutes - Non Reportable - Medicaid Eligible	72,208	10.98%
Minutes - Non Medicaid Eligible	33,384	5.08%
	657,812	100.00%

Billable Minutes Based on Proposed Partial Units

Estimated Billable Minutes - Not at Home	404,442	100.00%
Minutes Reportable - Medicaid Eligible - Not at Home	404,442	
Estimated Billable Minutes - At Home	147,778	100.00%
Minutes Reportable - Medicaid Eligible - At Home	147,778	

Projected Revenue - January 2013

Estimated Billable Units - Not at Home	27,250
Rate	\$ 15
Revenue	\$ 408,750
Estimated Billable Units - At Home	9,880
Rate	\$ 20
Revenue	\$ 197,600

Total Projected January 2013 Revenue per New Payment Structure \$ 606,350

Actual DDSN Payment to Service Providers for January 2013 \$ 1,261,421

Percentage of January 2013 Projected Revenue to
Payments to Service Providers for January Services 48.07%

Data as of March 14, 2013

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
TARGETED CASE MANAGEMENT - FEBRUARY 2013

Active Service Coordination - Level 1

Total Minutes Logged	650,437	
Minutes Reportable - Medicaid Eligible - Not at Home	407,244	62.61%
Minutes Reportable - Medicaid Eligible - At Home	140,316	21.57%
Minutes - Non Reportable - Medicaid Eligible	72,780	11.19%
Minutes - Non Medicaid Eligible	30,095	4.63%
	650,435	100.00%

Billable Minutes Based on Proposed Partial Units

Estimated Billable Minutes - Not at Home	407,244	100.00%
Minutes Reportable - Medicaid Eligible - Not at Home	407,244	
Estimated Billable Minutes - At Home	140,316	100.00%
Minutes Reportable - Medicaid Eligible - At Home	140,316	

Projected Revenue - February 2013

Estimated Billable Units - Not at Home	27,505
Rate	\$ 15
Revenue	\$ 412,575
Estimated Billable Units - At Home	9,438
Rate	\$ 20
Revenue	\$ 188,760

Total Projected February 2013 Revenue per New Payment Structure \$ 601,335

Actual DDSN Payment to Service Providers for February 2013 \$ 1,259,038

Percentage of February 2013 Projected Revenue to
Payments to Service Providers for February Services 47.39%

Data as of March 14, 2013

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
TARGETED CASE MANAGEMENT - JULY TO DECEMBER 2012

Active Service Coordination - Level 1

Total Minutes Logged	3,306,637	
Minutes Reportable - Medicaid Eligible - Not at Home	2,267,046	68.56%
Minutes Reportable - Medicaid Eligible - At Home	507,987	15.36%
Minutes - Non Reportable - Medicaid Eligible	371,308	11.23%
Minutes - Non Medicaid Eligible	160,296	4.85%
	3,306,637	100.00%

Billable Minutes Based on Proposed Partial Units

Estimated Billable Minutes - Not at Home	2,220,690	97.96%
Minutes Reportable - Medicaid Eligible - Not at Home	2,267,046	
Estimated Billable Minutes - At Home	504,645	99.34%
Minutes Reportable - Medicaid Eligible - At Home	507,987	

Projected Revenue - July to December 2012

Estimated Billable Units - Not at Home	148,046	
Rate	\$ 15	
Revenue	\$ 2,220,690	
Estimated Billable Units - At Home	33,643	
Rate	\$ 20	
Revenue	\$ 672,860	
Total Projected 6 Months Revenue per New Payment Structure	\$ 2,893,550	
Actual DDSN Payment to Service Providers for 6 Months Services	\$ 8,417,067	
Percentage of 6 Months Projected Revenue to Payments to Service Providers for 6 Months Services	34.38%	

Data as of January 14, 2013

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
TARGETED CASE MANAGEMENT - JULY 2012 TO FEBRUARY 2013

Active Service Coordination - Level 1

Total Minutes Logged	4,630,568	
Minutes Reportable - Medicaid Eligible - Not at Home	3,092,462	66.78%
Minutes Reportable - Medicaid Eligible - At Home	801,814	17.32%
Minutes - Non Reportable - Medicaid Eligible	518,237	11.19%
Minutes - Non Medicaid Eligible	218,055	4.71%
	4,630,568	100.00%

Billable Minutes Based on Proposed Partial Units

Estimated Billable Minutes - Not at Home	3,055,605	98.81%
Minutes Reportable - Medicaid Eligible - Not at Home	3,092,462	
Estimated Billable Minutes - At Home	800,100	99.79%
Minutes Reportable - Medicaid Eligible - At Home	801,814	

Projected Revenue - July to December 2012

Estimated Billable Units - Not at Home	203,707
Rate	\$ 15
Revenue	\$ 3,055,605
Estimated Billable Units - At Home	53,340
Rate	\$ 20
Revenue	\$ 1,066,800

Total Projected 8 Months Revenue per New Payment Structure \$ 4,122,405

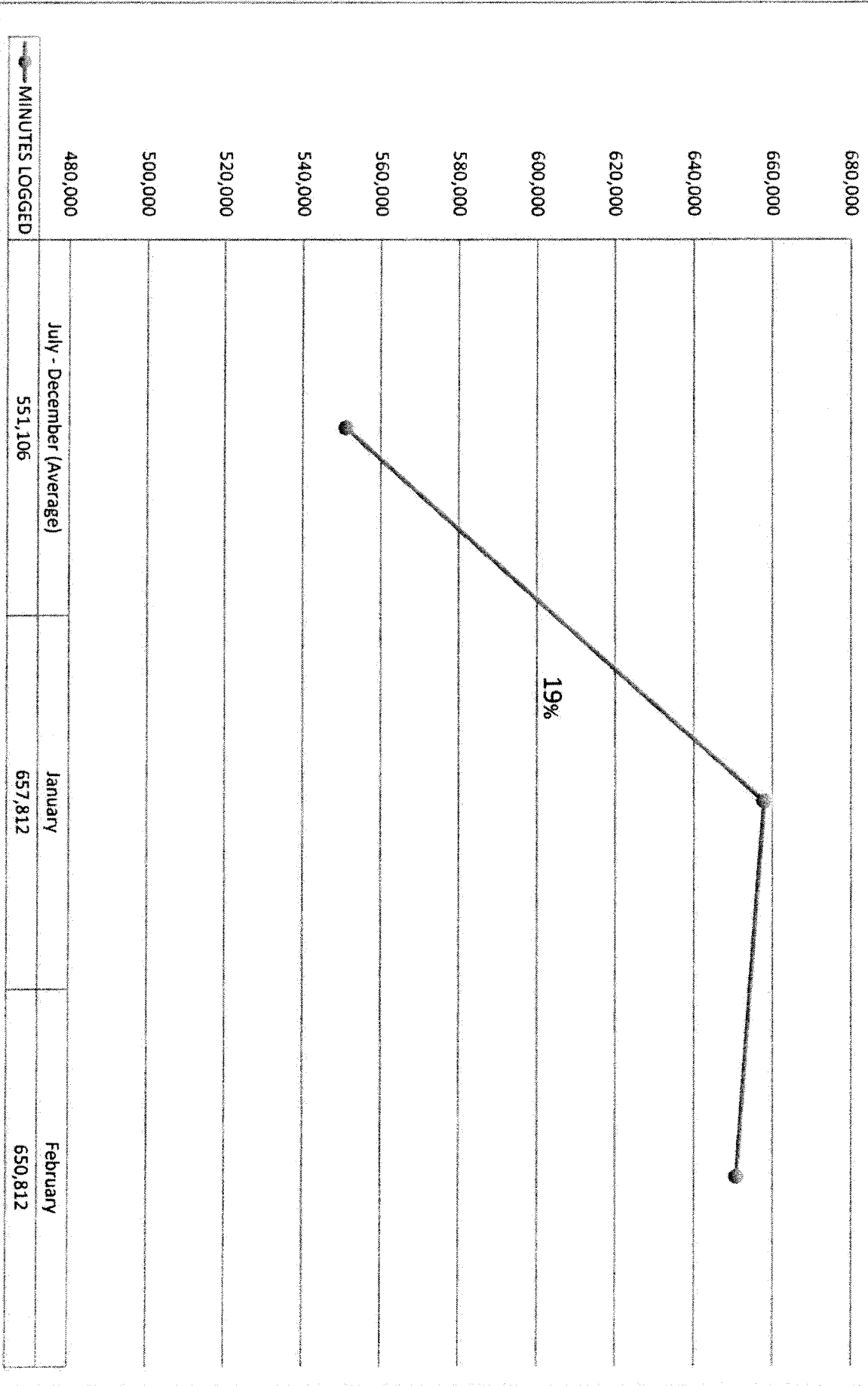
Actual DDSN Payment to Service Providers for 8 Months Services \$ 10,947,526

Percentage of 8 Months Projected Revenue to
Payments to Service Providers for 8 Months Services 37.66%

Data as of March 14, 2013

SCDDSN

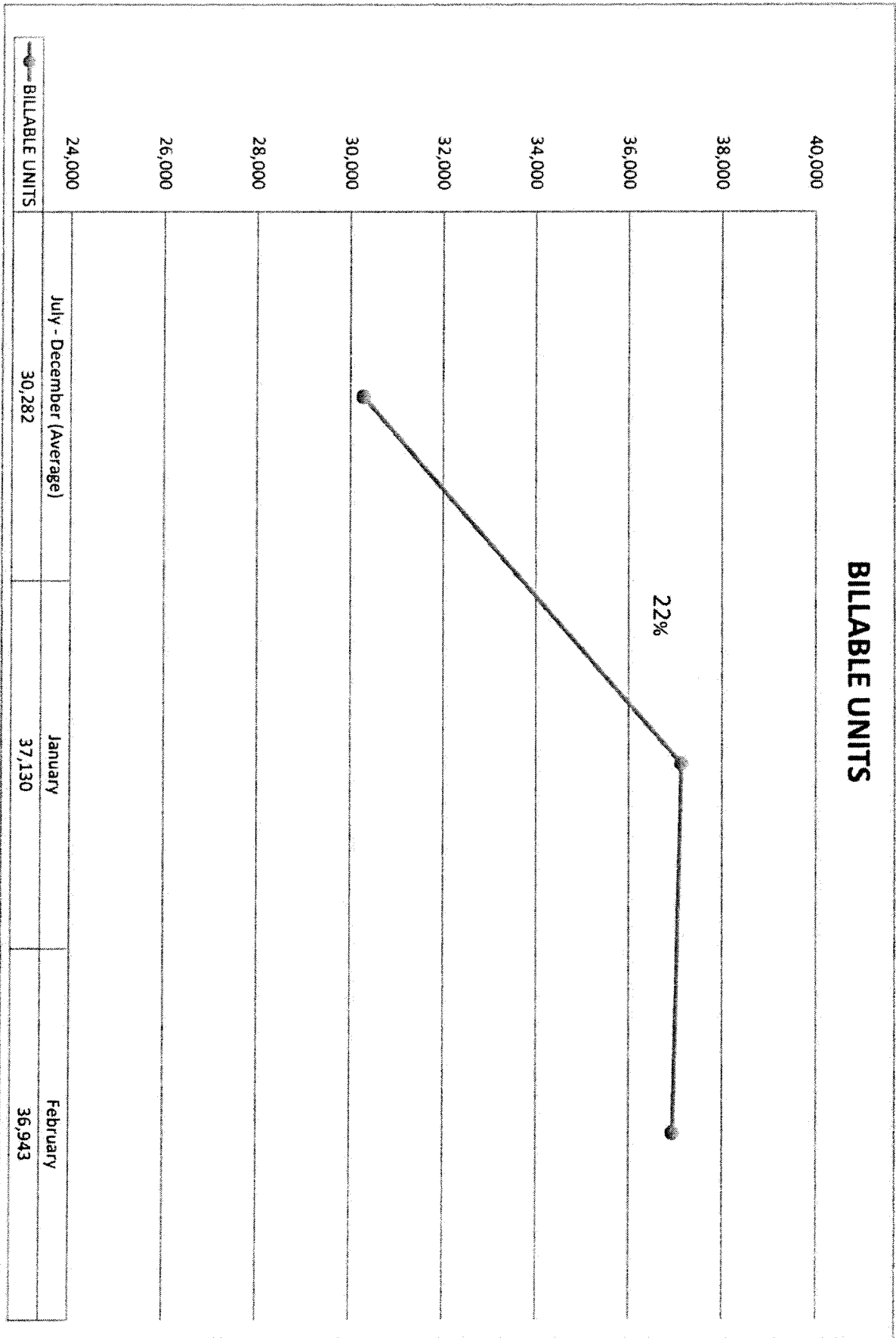
MINUTES LOGGED



MINUTES LOGGED

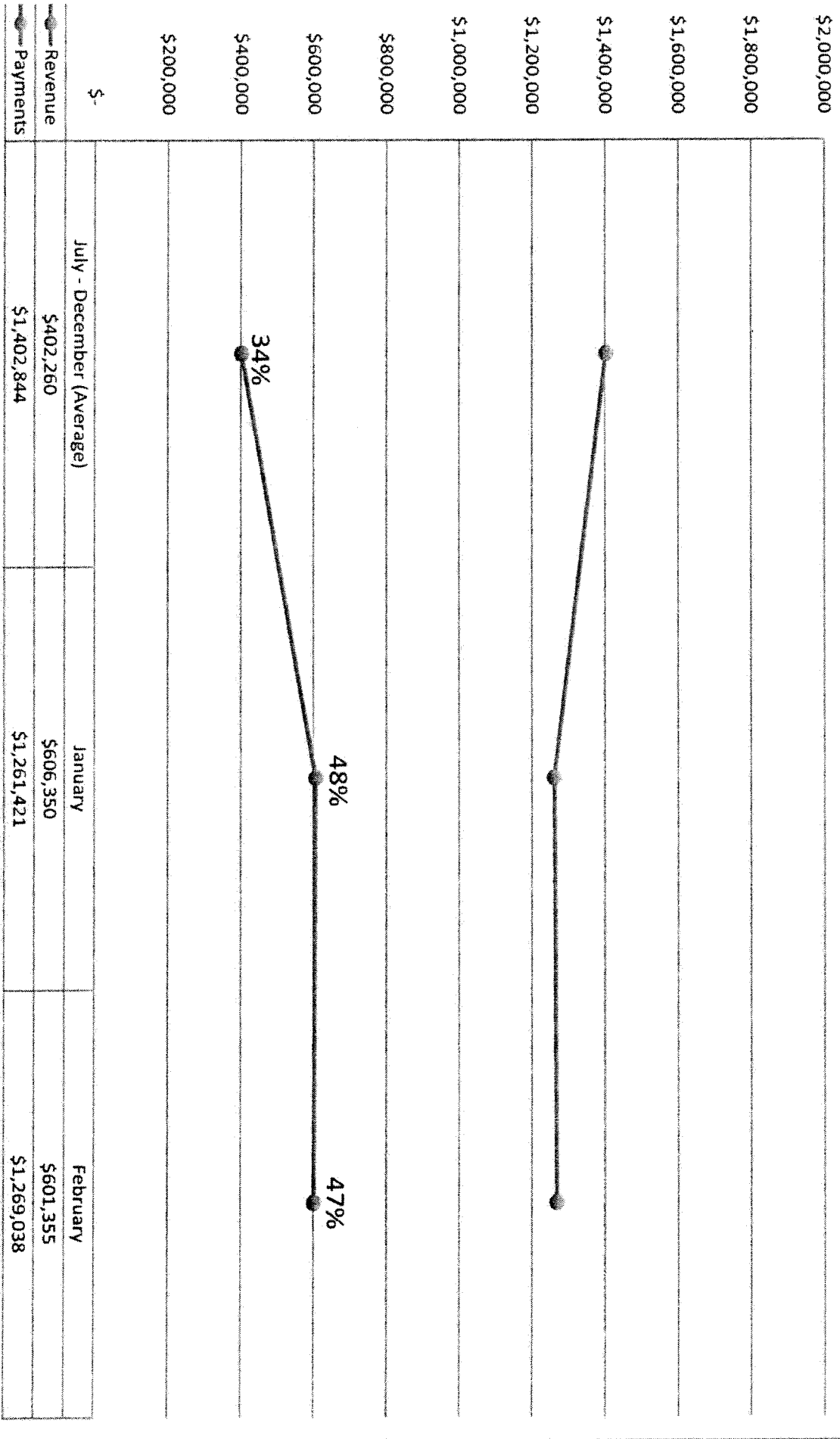
Period	Minutes Logged	Period	Minutes Logged	Period	Minutes Logged
July - December (Average)	551,106	January	657,812	February	650,812

BILLABLE UNITS



SCDDSN

PAYMENT TO PROVIDERS VS. REVENUE GENERATED



POSITIVE BEHAVIOR SUPPORTS

A value- and evidence-based approach to preventing and reducing challenging behavior among people with developmental and related disabilities

GOALS

1. Help people with disabilities enjoy their lives.
2. Support people in living as independently as possible and in ways they want to live.
3. Support people in having a normal life, and to live, work and play with people who do not have disabilities.
4. Help people overcome problem behavior.

VALUES

Values are at the center of everything we do with Positive Behavior Support

1. Respect for the rights of all citizens
 - rights that protect people from procedures that cause harm or hurt;
 - rights that protect people from restraint without due process;
 - rights to privacy.

VALUES Continued

2. Importance of the Individual
 - person-centered
 - hopes and dreams
3. Treating people with Dignity
 - people first
4. Protection from Abuse and Neglect

EVIDENCE-BASED

National Association for People with Dual Diagnosis
Robert Fletcher – Founder and CEO

“A comprehensive treatment approach for persons with problem behavior would include Applied Behavior Analysis or Positive Behavior Support, psychopharmacology (if biologically-driven, medication-responsive disorder is identified) & psychotherapy.”

Hundreds of published studies showing Positive Behavior Support is effective

SOUTH CAROLINA 12 YEARS AGO (2001)

DDSN realized that Positive Behavior Support strategies were an essential element in the work of professionals in our field.

We wanted a practical, competency-based approach to help Direct Support Professionals and their Supervisors understand the needs of the people they support using proactive, proven techniques to reinforce good behavior.

DDSN & USC - CDR

Fortunately we found Dr. Denny Reid and Ms. Marsha Parsons:
The South Carolina Positive Behavior Support Training Curriculum

The Curriculum consists of 25 training modules:

1-16 for Direct Support Professionals and Supervisors

17-25 for Supervisors only

PBS Curriculum

Classroom training AND on-the-job mastery of skills in the trainees routine work setting

Each Module identifies:

- Skills to be taught
- Objectives to be mastered
- General procedures and processes to be used in the training
- Types of skills checks to be used to assess trainee mastery
- Estimated amount of training time (total 5 days for supervisors and 2 days for direct support professionals)

PBS Training Curriculum

- Module 1: Dignity and Behavior Support
- Module 2: Rating Behavior
- Module 3: Positive Reinforcement
- Module 6: Teaching Functional Skills
- Module 10: Prompting
- Module 15: Functional Assessment
- Module 17: Data Analysis
- Module 19: Feedback
- Module 23: Problem Solving

DDSN Statistics

Implemented Across the State

Over 1025 people have successfully completed the full five-day training

Over 150 approved trainers (275)

Thousands of dps trained

Highest ratings in DDSN history of offering training

National & Worldwide

- The South Carolina PBS Curriculum caught the attention of the AAIDD
- AAIDD approached us about publishing the curriculum in 2004
- In return DDSN received royalties on the sale of each curriculum sold

AAIDD Acknowledgment

"This curriculum was developed, validated, and implemented on a statewide basis by the South Carolina Department of Disabilities and Needs. The development and implementation was conducted by the South Carolina Department of Disabilities and Special Needs, its contractors, and USC-CDR. The authorship and editors of the curriculum reflect the contributions of those who translated the South Carolina Department of Disabilities and Special Needs' intentions into a training curriculum."

Copyright by AAIDD