SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

April 19, 2018

The South Carolina Commission on Disabilities and Special Needs met on Thursday, April 19, 2018, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:
Eva Ravenel, Chairman
Gary Lemel – Vice Chairman
Mary Ellen Barnwell – Secretary
Sam Broughton, Ph.D.
Chris Neeley
Vicki Thompson – Via Teleconference
Lorri Unumb

DDSN Administrative Staff
Mr. Pat Maley, Interim State Director; Mr. David Goodell, Associate State Director, Operations; Ms. Lisa Weeks, Interim Associate State Director, Administration; Mrs. Susan Beck, Associate State Director, Policy; Ms. 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 Sign-In Sheet

Georgetown County DSN Board

Pee Dee Regional Center (via videoconference)
(See Attachment 4 Sign-In Sheet)

Pickens County DSN Board (via videoconference)
(See Attachment 5 Sign-In Sheet)

Whitten Regional Center (via videoconference)
(See Attachment 6 Sign-In Sheet)

MaxAbilities (via videoconference)
(See Attachment 7 Sign-In Sheet)

News Release of Meeting

Chairman Ravenel called the meeting to order and Commissioner Barnwell 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.

Invocation

Commissioner Neeley gave the invocation.

Adoption of the Agenda

The Commission adopted the April 19, 2018 Meeting Agenda by unanimous consent. (Attachment A)

Approval of the Minutes of the March 15, 2018 Commission Meetings

The Commission approved the March 15, 2018 Commission Meeting minutes by unanimous consent.

Public Input

The following individual spoke during Public Input: Deborah McPherson.

Commissioners' Update

There were no updates.

State Director's Report

Pat Maley reported on the following:

Announced personnel changes and retirements

DHHS Stakeholder meeting begins in May

Adult Health Care Consent Act – No traction in legislature. Will try to go through the Legislative House Oversight Committee to get it cleared up.

Critical Needs Plan – Opening six beds at the Midlands center for men and six beds at the Pee Dee Center for women. Will present written plan to the Commission.

State Director Search Committee Update

Committee Chairman Thompson gave an update of the State Director Search Committee meeting that was held Thursday, March 15, 2018. On behalf of the Committee, Chairman Thompson recommended to the Commission, to open the application process for the position of the State Director for 30 days and that the State Director Search Committee would meet in May. By motion of Commissioner Lemel, the Commission approved the recommendation.

Disability Awareness Day

Ms. Dawn Darby, Vice President of Disability Organizations and Executive Director of the Therapy Place, spoke of the events that took place at the 29th Annual Disability Advocacy Day held at the State House on March 7, 2018, which included State Treasurer Curtis Loftis sharing the impact of the South Carolina ABLE Savings Program. Ms. Angela Green, Advocate of the Year, shared her award and expressed thanks for all the support she has received.

Autism Awareness Month

Mr. Daniel Davis, DDSN Autism Division Director, share history about working in the field of Autism. In 1984, 1 in 10,000 individuals were diagnosed with Autism; however, today, 1 in 69 is diagnosed.

House Bill 3790 – Expanded Insurance Coverage for Individuals with Autism

Mr. Daniel Davis and Commissioner Unumb spoke on House Bill 3790 that picks up two insurance plans that were excluded in 2006. Discussion followed. On motion of Commissioner Neeley, seconded and passed, the Commission approved for staff to draft a letter or resolution for the Commissioners' signatures urging the Legislation to bring House Bill 3790 to a vote. (Attachment B)

Waiting List Reduction Efforts

Mrs. Beck presented an updated Waiting List Reduction Efforts report along with a presentation bringing awareness to factors that are causing difficulties in moving forward with waiver enrollment processing. She emphasized that staff are working jointly with SCDHHS on improving the processes. (Attachment C)

HCBS Final Rule Update

Mrs. Beck provided a PowerPoint detailing the intent of the HCBS Setting Rule. Discussion followed regarding how important communication will be to implement the changes. Mr. Maley stated that DDSN, for the next twelve months, would be fine-tuning the process to provide guidance. (Attachment D)

Case Management Medicaid Reimbursement Rate Change

Mr. Maley shared the history of case management rates. He emphasized that the delivery system needs to be at or near revenue neutral when the DHHS rate reduction is implemented. It will be important to increase billing capacity. (Attachment E)

FY 2018-2019 Budget Update

Mr. Maley provided a detailed update on the agency's budget request. The Senate version was the same as the House; however, they added funding to Priority 2, Waiting List at $700,000 and Priority 9, Post-acute Rehabilitation at $500,000. (Attachment F)

Financial Update

Mr. Maley spoke of the new revised report. An overview of the agency's financial activity was provided through March 31, 2018. A monthly financial summary was also provided showing a cash balance of $43,115,345 as of March 31, 2018. (Attachment G)

Consideration of Bid-Coastal Center Campus

Mr. Maley presented information on the bid for the Coastal Center Campus drainage improvements. On motion of Commissioner Lemel, seconded and passed, the Commission approved that the contract be awarded to Sea Island Land Development LLC, of Charleston, South Carolina in the amount of $205,217.00. (Attachment H)

DDSN Employee of the Year

Mr. Goodell spoke of the Regional Center employees and how they provide a wide array of services to the consumers 24-hours a day, 7-days a week and are extremely dedicated to individuals that live at the Regional Centers. They are the backbone of our delivery system. Ms. Lemmond introduced each Regional Center Facility Manager to make the following announcements:

Mr. John Hitchman announced Mr. Jerome Cooks as Employee of the Year for the Pee Dee Regional Center. Commissioner Broughton presented a Commission resolution to Mr. Cooks.

Mr. Randy Davis announced Ms. Jacqueline P. Williams as Employee of the Year for the Whitten Regional Center. Commissioner Neeley presented a Commission resolution to Ms. Williams.

Ms. Becky Hill announced Mr. James B. Moses as Employee of the Year for the Coastal Regional Center. Commissioner Barnwell presented a Commission resolution to Mr. Moses.

Mr. John Hitchman announced Ms. Janice Dickson as Employee of the Year for the Saleeby Regional Center. Commissioner Unumb presented a Commission resolution to Ms. Dickson.

Ms. Angela Wright announced Ms. Virginia S. Kirton as Employee of the Year for the Midlands Regional Center. Commissioner Lemel presented a Commission resolution to Ms. Kirton.

Commissioner Ravenel announced Mr. James B. Moses as the statewide 2017 DDSN Employee of the Year and presented him with a plaque. Mr. Maley presented Mr. Moses with a monetary award.

Executive Session

On motion of Commissioner Broughton, seconded and passed, the Commission entered into Executive Session to discuss contractual matters.

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

May 17, 2018 to be held at the DDSN Central Office.

Submitted by,

Sandra J. Delaney

Sandra J. Delaney

Approved:

Mary Ellen Barnwell /W

Commissioner Mary Ellen Barnwell
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

April 19, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1.	CHUCK NORMAN	DDSN
2.	Janice Dickson	DDSN
3.	Jerome Cooks	PD Center
4.	John Hitchcock	SCDDSN
5.	Jerry C Mize	Oconee DSN
6.	Sylvia Sawyer	DDSN
7.	Angela Graves	
8.	Stephanie Williams	CCDSNB
9.	Jaynelle Williams	C. Metts
10.	Dexter Alston	DDSN
11.	Randy Davis	DDSN- Whitten
12.		Babcock Center
13.	Mike Moss	Calhoun DSNB
14.	Daniel Davis	Autism
15.	Deborah + Heather McPherson	Richland County
16.	Lynn Lugo	SCDDSN
17.	Tamara Tammenga	SCDDSN
18.	KATHLEEN ROBERTS	WHITTEN CENTER / SCPADD
19.	Nancy Hall	District One Director
20.	Jamelia Moses	DMH
	Susan Davis	USC/CDR

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

April 19, 2018

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

21. Liz Lemmond
22. Alfredia Stevenson — Chester-Lancaster DSNB
23. Suzanne Johnson — Coastal Center Parents
24. Richard Johnson — " " "
25. Dawn Darby — SCPDO/The Therapy Place
27. Tom Ritter — DDSN
28. Mike Kerr — Marion-Dillon DSN
29. Angelo Wright — Midlands Center
30. Thos. Warren — Babcock Center
31. Shantewna Felt — BCBDSN
32. [illegible] — ABBDSNB
33. Kathleen List — Aging with Elan
34. Rebecca Hill — Coastal Center
35. James Moses — Coastal Center
36. Kathryn Peddycord — FCSC
37. Wallace Hunter III — Coastal Center
38. Ray Miller — SC DDC
39. Dorothy Goodwin — Community Options
40. Ruffus Brice — DDSN
41) Shawn Keith — SCDSNB
42) Kathleen Worthen — HHA

43)	Ben Omer	DPSN
44)	Sherry Pressley	LSC
45)	Bre Spalding.	Biosc.
46)	Kathleen Brooks	SCSCIA

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

April 19, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Gloria M. James — Bamberg Co. DSN Bd.
2. Sloan Todd — Path Finders
3. Felita Martino — Dist. II DDSN
4. Ronda Ritchie — DDSN Dist. II
5. Hester Wannamaker — DD
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

April 19, 2018

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

1. Mary Mack — Lee Co DSNB
2. Deborah C Smith — District II
3. Vicki Leeke, RN
4. Ruth Blocker — Darlington DSNB
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

April 19, 2018

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

1. Elaine M. Thena PCBDSN
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
April 19, 2018

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

1. Pat Flynn SCDDSN
2. Dawn Childers Union Co
3. Charlie Gray Cherokee County DSN
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

April 19, 2018

Guest Registration Sheet

(PLEASE PRINT) **Name and Organization**

1. Michelle Shaffer Michelle Shaffer Max Abilities
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Attachment A

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

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

April 19, 2018 **10:00 A.M.**

1.	Call to Order	*Chairman Eva Ravenel*
2.	Welcome - Notice of Meeting Statement	*Commissioner Mary Ellen Barnwell*
3.	Invocation	*Commissioner Chris Neeley*
4.	Introduction of Guests	
5.	Adoption of Agenda	
6.	Approval of the Minutes of the March 15, 2018 Commission Meeting	
7.	Public Input	
8.	Commissioners' Update	*Commissioners*
9.	State Director's Report	*Mr. Pat Maley*
10.	State Director Search Committee Update	*Committee Chairman Vicki Thompson*
11.	Business:	
	A. Disability Advocacy Day	*Ms. Margie Williamson* *Executive Director, The Arc of SC* *President, SC Partnership of Disability Organizations*
	B. Autism Awareness Month	*Mr. Daniel Davis*
	C. House Bill 3790 - Expand Insurance Coverage for Individuals with Autism	*Mr. Daniel Davis*
	D. Waiting List Reduction Project Report	*Mrs. Susan Beck*
	E. HCBS Final Rule Update	*Mrs. Susan Beck*
	F. Case Management Medicaid Reimbursement Rate Change	*Mr. Pat Maley*
	G. FY 2018-2019 Budget Update	*Mr. Pat Maley*
	H. Financial Update	*Mr. Pat Maley*
	I. Consideration of Bid – Coastal Center Campus Drainage Improvements	*Mr. Pat Maley*
	J. DDSN Employee of the Year	*Mr. David Goodell* *Ms. Liz Lemmond*
12.	Executive Session	*Chairman Eva Ravenel*
13.	Next Regular Meeting (May 17, 2018)	
14.	Adjournment	

Attachment B

South Carolina General Assembly
122nd Session, 2017-2018

Download This Bill in Microsoft Word format

~~Indicates Matter Stricken~~
Indicates New Matter

H. 3790

STATUS INFORMATION

General Bill
Sponsors: Reps. Erickson, Ballentine, Govan, Brown, Toole, Crosby and Whipper
Document Path: l:\council\bills\cc\15085vr17.docx
Companion/Similar bill(s): 307, 427

Introduced in the House on February 16, 2017
Introduced in the Senate on May 2, 2017
Last Amended on April 26, 2017
Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Insurance

HISTORY OF LEGISLATIVE ACTIONS

Date	Body	Action Description with journal page number
2/16/2017	House	Introduced and read first time (House Journal-page 20)
2/16/2017	House	Referred to Committee on **Medical, Military, Public and Municipal Affairs** (House Journal-page 20)
3/29/2017	House	Committee report: Favorable with amendment **Medical, Military, Public and Municipal Affairs** (House Journal-page 47)
4/4/2017	House	Debate adjourned until Wed., 4-5-17 (House Journal-page 74)
4/5/2017	House	Member(s) request name added as sponsor: Ballentine
4/5/2017	House	Requests for debate-Rep(s). White, Hill, Gagnon, Erickson, Ballentine, Caskey, JE Smith, Ryhal, Williams, Bennett, Crosby, Sandifer, Forester, GR Smith, Loftis, Jefferson (House Journal-page 12)
4/5/2017	House	Debate adjourned until Thur., 4-6-17 (House Journal-page 146)
4/6/2017	House	Member(s) request name added as sponsor: Govan, Brown, Whipper
4/19/2017	House	Member(s) request name added as sponsor: Toole
4/19/2017	House	Debate adjourned until Thur., 4-20-17 (House Journal-page 45)
4/26/2017	House	Member(s) request name added as sponsor: Crosby
4/26/2017	House	Amended (House Journal-page 75)
4/26/2017	House	Read second time (House Journal-page 75)
4/26/2017	House	Roll call Yeas-83 Nays-21 (House Journal-page 107)
4/27/2017	House	Read third time and sent to Senate (House Journal-page 43)
5/2/2017	Senate	Introduced and read first time (Senate Journal-page 16)

5/2/2017 Senate Referred to Committee on **Banking and Insurance**
(Senate Journal-page 16)

View the latest legislative information at the website

VERSIONS OF THIS BILL

2/16/2017
3/29/2017
4/26/2017

(Text matches printed bills. Document has been reformatted to meet World Wide Web specifications.)

~~Indicates Matter Stricken~~

Indicates New Matter

AMENDED

April 26, 2017

H. 3790

Introduced by Reps. Erickson, Ballentine, Govan, Brown, Toole and Crosby

S. Printed 4/26/17--H.

Read the first time February 16, 2017.

A BILL

TO AMEND SECTION 44-20-30, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO TERMS DEFINED IN THE "SOUTH CAROLINA INTELLECTUAL DISABILITY, RELATED DISABILITIES, HEAD INJURIES, AND SPINAL CORD INJURIES ACT", SO AS TO ADD A DEFINITION FOR "AUTISM SPECTRUM DISORDER"; TO AMEND SECTION 38-71-280, RELATING TO HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDER, SO AS TO MAKE CONFORMING CHANGES; AND TO AMEND SECTION 59-21-510, AS AMENDED, RELATING TO SPECIAL EDUCATION PROGRAMS, SO AS TO MAKE CONFORMING CHANGES.

Amend Title To Conform

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act must be known and may be cited as "Ryan's Law".

SECTION 2. Section 44-20-30 of the 1976 Code, as last amended by Act 47 of 2011, is further amended by adding an appropriately numbered item at the end to read:

"( ) 'Autism spectrum disorder' means autism spectrum disorder as defined by the most recent publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or a pervasive developmental disorder as defined in any previous edition of the DSM."

SECTION 3. Section 38-71-280 of the 1976 Code is amended to read:

"(A) As used in this section:

(1) 'Autism spectrum disorder' means ~~one of the three following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:~~

~~(a) Autistic Disorder;~~

~~(b) Asperger's Syndrome;~~

~~(c) Pervasive Developmental Disorder Not Otherwise Specified~~ autism spectrum disorder as defined by the most recent publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or a pervasive developmental disorder as defined in any previous edition of the DSM.

(2) 'Insurer' means an insurance company, a health maintenance organization, and any other entity providing health insurance coverage, as defined in Section 38-71-670(6)~~, which is licensed to engage in the business of insurance in this State and which is subject to state insurance regulation~~.

(3) 'Health maintenance organization' means an organization as defined in Section 38-33-20(8).

(4) 'Health insurance plan' means a ~~group~~ health insurance policy or ~~group~~ health benefit plan offered by an insurer. It includes the State Health Plan~~, but does not otherwise include any health insurance plan offered in the individual market as defined in Section 38-71-670(11), any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer, as defined by Section 38-71-1330(17)~~.

(5) 'State Health Plan' means the employee and retiree insurance program provided for in Article 5, Chapter 11, Title 1.

(B) A health insurance plan as defined in this section must provide coverage for the treatment of autism spectrum disorder. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating medical doctor in accordance with a treatment plan. With regards to a health insurance plan as defined in this section an insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual solely because the individual is diagnosed with autism spectrum disorder.

(C) The coverage required pursuant to subsection (B) must not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance plan~~, except as otherwise provided for in subsection (E)~~. However, the coverage required pursuant to subsection (B) may be subject to other general exclusions and limitations of the health insurance plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, utilization review of

health care services including review of medical necessity, case management, and other managed care provisions.

(D) The treatment plan required pursuant to subsection (B) must include all elements necessary for the health insurance plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency, and duration of treatment, the anticipated outcomes stated as goals, the frequency by which the treatment plan will be updated, and the treating medical doctor's signature. The health insurance plan may only request an updated treatment plan once every six months from the treating medical doctor to review medical necessity, unless the health insurance plan and the treating medical doctor agree that a more frequent review is necessary due to emerging clinical circumstances.

~~(E) To be eligible for benefits and coverage under this section, an individual must be diagnosed with autistic spectrum disorder at age eight or younger. The benefits and coverage provided pursuant to this section must be provided to any eligible person under sixteen years of age. Coverage for behavioral therapy is subject to a fifty thousand dollar maximum benefit per year. Beginning one year after the effective date of this act, this maximum benefit shall be adjusted annually on January first of each calendar year to reflect any change from the previous year in the current Consumer Price Index, All Urban Consumers, as published by the United States Department of Labor's Bureau of Labor Statistics.~~"

SECTION 4. This act takes effect upon approval by the Governor.

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This web page was last updated on May 3, 2017 at 9:53 AM

SC Department of Disabilities and Special Needs

Waiting List Reduction Project Report

April 19, 2018

South Carolina Department of Disabilities and Special Needs

FY 18 Q3 Quarterly Report-- Waiver Process Performance

April 2018

	CSW	HASCI	ID/RD	Total
Analysis of Waiver Slots:				
Budgeted Waiver Slots	3,405	1,055	8,576	13,036
Enrolled Waiver Slots	3,045	872	7,697	11,614
Available Waiver Slots	360	183	**879**	1,422
Available Waiver Slots Comparison:				
Three Months Ago	287	179	**1,056**	1,522
Six Months Ago	221	185	1,185	1,591
Twelve Months Ago	919	144	713	1,776
Analysis of Pending Waiver Slots:				
Total Pending	775	157	793	1,725
Avg. Days Pending	**290**	**244**	**179**	
Pending Greater than 6 Months	403	74	319	

South Carolina Department of Disabilities and Special Needs

FY 18 Q3 Quarterly Report-- Waiver Process Performance

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Analysis of Pending Waiver Slots:				
Total Pending	775	157	793	1,725
Avg. Days Pending	**290**	**244**	**179**	
Pending Greater than 6 Months	403	74	319	
Avg. Days Pending Comparison:				
Three Months Ago	290	256	168	
Six Months Ago	not measured	not measured	not measured	
Twelve Months Ago	not measured	not measured	not measured	
Analysis of Waiver Slot Movement-Rolling Average 12-18 Months Prior:				
Awarded	2,084	141	236	2,461
Enrolled	543	45	106	694
Removed	1,359	74	109	1,542
Pending > 1 year	182	22	21	225
Conversion Rate (Enrolled/Award)	**26%**	**32%**	**45%**	
Conversion Rate Comparison:				
Three Months Ago	0	1	0	
Six Months Ago	not measured	not measured	not measured	
Twelve Months Ago	not measured	not measured	not measured	
Estimated Cost to Eliminate Waiver Waiting List:				
Current Waiver Waiting List	4,336	none	7,828	
X Current Conversion Rate	x .26		x .45	
Estimated Waiver Slots Required	1,130		3,522	**4,652**
X $14,000 B or I Band	x $14,000		x $14,000	
X 30% State Match	x .30		x .30	
Estimated Cost to Elim. Waiver Wait list	$4,745,049	$0	$14,792,400	**$19,537,449**

NOTE: CURRENT System Capacity to Reasonably Enroll is 1200/year

Waiting List Length of Time (Years):			
Apr-18	1.3	0	3.3
Jul-17	0.8	0	4.0
Jul-16	2.3	0	3.5
Jul-15	4.5	0	4.6

Opportunities to Improve -- Process Improvement Initiatives:

PROBLEM-INORDINATE TIME TO CONVERT SLOT AWARD TO ENROLLMENT; ACTIONS: 1) Require Medicaid prior to slot award; 2) case worker assigned prior to slot award; 3) education prior to slot award; 4) CSW to ID/RD without starting enrollment over; 5) six month limit on holding the slot award; 6) Re-examine respite model

Report & Methodology Owner Ben Orner

South Carolina Department Of Disabilities Special Needs
Critical Needs List Activity For 6/30/2017 Through 3/31/2018

	As Of 6/30/2017	Added During The Period	Removed During The Period	As Of 3/31/2018
Coastal	17	39	44	12
Midlands	58	84	98	44
Pee Dee	19	50	52	17
Piedmont	38	81	78	41
Total:	132	254	272	114

SC Department of Disabilities and Special Needs

HCBS Settings Rule Update

April 19, 2018

Home and Community Based Services (HCBS) Settings Rule

The intent of the HCBS Settings Rule is to **enhance the quality of the HCBS** by providing protections to ensure consumers have full access to benefits of community living and the opportunity to receive services in the **most integrated setting** that is appropriate, based on assessed needs.

Ensures an individual's **rights** of privacy, dignity and respect, and freedom from coercion and restraint.

SC Code of Laws Title 44 Health

CHAPTER 26. Rights of Clients With Intellectual Disability
Last Updated 2011 and Refers Back to 1992

SECTION 44-26-100. General **rights of clients; limitations on rights**

SECTION 44-26-110. **Right to daily physical exercise**

SECTION 44-26-120. Access to medical and habilitative records; grounds for denial of access; appeal of denial of access; disclosure form

SECTION 44-26-130. Confidentiality of communications with, and records of clients; disclosure

SECTION 44-26-140. Clients to receive **least restrictive appropriate care and habilitation available**; exceptions.

SECTION 44-26-150. Clients to be informed of **rights** upon admission; written **individualized plan** of habilitation; review of plan; revision of, or changes in, plan.

Existing SC Code of Laws and HCBS Settings Rule Requirements are Compatible

Emphasis on Rights, Visitors, Choice, Privacy

SECTION 44-26-100. General rights of clients; limitations on rights.

(A) Except to the extent an interdisciplinary team of a residential program determines that it is required by the medical needs, safety, or habilitative goals of the client to impose restrictions, a client may:

(1) communicate by sealed mail, telephone, or otherwise with persons, including official agencies, inside or outside the institution. Reasonable access to writing materials, stamps, envelopes, and telephones, including reasonable funds or means by which to use telephones, must be provided;

(2) **receive visitors**. A facility must have a designated area where clients and visitors may speak privately;

(3) wear his clothes, have access to personal hygiene articles, **keep and spend a reasonable sum of his money**, and keep and use his personal possessions, including articles for personal grooming not provided for by the facility unless the clothes or personal possessions are determined by an intellectual disability professional or physician to be dangerous or otherwise inappropriate to the habilitation regimen. If clothing is provided by the facility, clients must have **the opportunity to select** from neat, clean, seasonal clothing that allows the client to appear normal in the community. The clothing must be considered to be the client's throughout his stay in the facility;

(4) have access to individual storage space for **private** use. Personal property of a client brought into the facility and placed in storage by the facility must be inventoried. Receipts must be given to the client and at least one other interested person. The personal property may be reclaimed only by the client or his guardian as long as he is living unless otherwise ordered by the court;

(5) follow or abstain from religious practices. Religious practices may be prohibited by the facility supervisor if they lead to physical harm to the client or to others, harassment of other clients, or damage to property.

(B) The department shall determine what constitutes reasonable access for the rights provided in this section. **Limitations imposed on the exercise of the rights by the client and the reasons for the limitations must be made part of the client's record**. The limitations are valid for no more than thirty days. The time may be extended an additional thirty days if, upon review, it is determined the client's safety or habilitation warrants limitations of the rights. **If the department restricts rights, the reasons for the restriction and why the condition cannot be resolved in a less restrictive manner must be recorded in the client's record.**

HISTORY: 1992 Act No. 366, § 1; 2011 Act No. 47, § 6, eff June 7, 2011.

Emphasis on Least Restrictive

SECTION 44-26-140. Clients to receive least restrictive appropriate care and habilitation available; exceptions.

Clients receiving services for intellectual disability shall **receive care and habilitation suited to their needs and in the least restrictive appropriate care and habilitation available. The care and habilitation must be administered skillfully, safely, and humanely with full respect for the client's dignity and personal integrity. The department shall make every effort, based on available resources, to develop services necessary to meet the needs of its clients.**

(B) In emergency admissions when the least restrictive setting is not available a client must be admitted to the nearest proper facility until he may be moved to the least restrictive setting.

(C) In judicial or emergency admissions to the department every attempt must be made by the court to ensure a client's placement in the least restrictive alternative of services available.

(D) No client may remain at a level of care that is more restrictive than is warranted to meet his needs if alternative care is available. A residential program must attempt to move clients from:

(1) more to less structured living;

(2) larger to smaller facilities;

(3) larger to smaller living units;

(4) group to individual residence;

(5) segregated from the community to integrated into the community;

(6) dependent to independent living.

HISTORY: 1992 Act No. 366, § 1; 1993 Act No. 31, § 2; 2011 Act No. 47, § 6, eff June 7, 2011

State Level Site Assessment Data

Area	State Compliance Percentage
Community Integration	82%
Choice of Setting	69%
Individual Rights	78%
Autonomy and Independence	69%
Choice of Services	68%
Landlord Tenant Rights	68%
Privacy	56%
Self-Determination	73%
Visitors	64%
Physical Accessibility	91%

72% Overall Compliance Average

17 Training Topics/Issues Identified By Providers

Bold = Priority

1. Autonomy
2. **Co-Location**
3. Day Services
4. DOL Posters
5. **Food**
6. House Rules
7. Keys
8. **Lease**
9. Money
10. Person-Centered Planning
11. Programmatic Mitigation
12. Service Plans
13. Setting Selection
14. Site-Specific Assessment
15. Staff Selection
16. **Visitors**
17. **Compliance Action Plan Completion**

HCBS Settings Rule Compliance Timeline

Date(s)	Activities and Requirements
April 2018	Topic Generation and Workshops from Provider Input After Review of DDSN Resources
May-December 2018	Continued Technical Assistance and Resource Sharing
September 30, 2018	Compliance Actions Plan Submitted
July- December 2018	DDSN Shares Preliminary Determinations on Residences Presumed Institutional Forwarded to SCDHHS
October 1, 2018 Until Resolution or No Later Than September 30, 2020	On-site Quality Review to Determine if the Location Can Overcome the Presumption of Possessing Institutional Qualities
December 31, 2018	Deadline for Residential Compliance with HCBS Settings Rule Excluding Geographical or Co-location Concerns
March 17, 2022	Deadline for Non-Residential and Residential Setting Compliance with Geographical or Co-Location Concerns

There is time for the system to mitigate risk and reach compliance!

Analysis of Co-Location Data - Results

- 1082 (63%) of the day and residential settings appear to lack issues concerning proximity and isolation
- 647 (**37%**) locations co-located according to the review criteria

- Will **mitigate risk** by proactive, intentional planning to ensure community access.
  - Ex. House in town and close to shopping, bus line, jobs = less change
  - Ex. House in rural location with less access to these community features = more change

Change

“There is no growth in the comfort zone and no comfort in the growth zone.”

Unknown

MEMORANDUM

TO: Executive Directors

FROM: Patrick J. Maley, Interim State Director

RE: Update on HCBS Settings Final Rule Implementation

DATE: March 30, 2018

The purpose of this Memorandum is to provide Executive Directors an update on the HCBS Settings Final Rule (HCBS Rule) of where we are and, most importantly, the future plans and milestones to fully implement.

Background

The Centers for Medicare & Medicaid Services (CMS) established HCBS Rule regulations for Medicaid's 1915(c) HCBS waivers on March 17, 2014. The intent of the HCBS Rule is to **enhance the quality of the HCBS** by (1) providing protections to ensure consumers have full access to benefits of community living; and (2) the opportunity to receive services in the most integrated setting that is appropriate, based on assessed needs.

Key elements of the HCBS Rule include:

- **Person-Centered Plan and Planning Requirements**: A person-centered plan reflects the needs identified through an assessment, as well as the consumer's strengths, preferences, identified goals, and desired outcomes. The consumer leads the plan development process to the greatest extent possible, as well as being provided information and support to make informed choices regarding services and provider choice (See Attachment B for itemized Person-Centered Plan requirements).

- **Provider Setting Requirements**: The setting is integrated and supports full access of consumers to the greater community. The consumer is given the autonomy, independence, and rights to make informed life choices, to include selecting providers and services received. In short, the consumer should receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. (See Attachment B for itemized Provider Setting requirements).

- **Conflict Free Case Management Requirements**: Service providers cannot provide case management or develop the person-centered service plan for the same person.

It is critical to note most, if not all, of the HCBS Rule requirements have been generally accepted best practices by the ID community for many years. Providers have in varying degrees already integrated many of the HCBS Rule requirements into their operations. Many of the requirements are cost-neutral requiring policy and practice changes. Some requirements may have resource implications to coordinate or hire additional staff to meet consumers' increased individualized expectation for choice and independence. The HCBS Rule has essentially transitioned the discretionary use of many existing ID best practices to now being mandatory requirements as a prerequisite to serve consumers receiving Medicaid waiver services.

Where We Are

To this point, a variety of actions have occurred in order to prepare for compliance. Some of these actions include: (1) providers completed HCBS Rule self-assessments (summer 2015), (2) SCDHHS contracted with PCG to conduct on-site provider assessments (spring-fall 2017), (3) DDSN provided PCG individual and global on-site assessment results (January 2018), and (4) DDSN revised Residential Habilitation Standards to include

HCBS Rule requirements (February 2018). Currently, providers are analyzing data and preparing Compliance Action Plans for any areas of non-compliance noted in the on-site PCG assessments. Non-compliance mitigation generally pertains to adjustment to policies, procedures, and staff training.

Many of the HBCS Rule requirements are straight forward, possibly only requiring a provider to formalize in policy what they have already been doing. Others may require new basic policies or practices to guide staff to meet requirement expectations, as illustrated in Attachment A of this memo, "SC HCBS Positive Practices for Residential Services." However, DDSN sees a number of key issues needing greater in-depth, two-way discussion to enhance clarity and squeeze out ambiguity to ease the implementation of HCBS Rule requirements. Some of these issues include:

- Co-located residences "at-risk" of not meeting the HCBS Rule requirements: Our main risk is co-located residences, such as two CRCFs located next to each other or a six apartment HUD building serving all SLP-II consumers. Concentration of consumers can lead to shared programming and staff, which then could potentially limit consumers' abilities to interact with the broader community. Co-located residences do not automatically equate to being categorized for "heightened scrutiny." Co-located residences increase the risk consumers are not adequately integrated and supported in the greater community, which in turn, increases the provider's responsibility to mitigate such risk through policies and practices. These co-location issues can most always be mitigated through documented practices limiting "congregate" activities and promoting community involvement. Residential settings with irreversible non-compliance will be a highly remote likelihood. The intent to meet the HCBS Rule compliance is to mitigate residential homes in-place if at all possible and set increased expectations for new homes being planned.

  Two PCG assessment items pertaining to co-location (A5 & A6) were disregarded due to criteria error used by PCG in their assessments (see PCG Preliminary Data Discussion Guide). Using a CMS example as criteria, "numerous group homes co-located on a single site or in close proximity, such as multiple units on the same street," appears sufficient for providers to self-identify those residences with co-location risks. DDSN is using other data to develop a formal list of residences for each provider with co-location risk requiring mitigation in their CAP to ensure consumers are adequately integrated and supported in accessing the greater community.

- Implementing requirements within practical fiscal constraints: For example, how does a provider balance residential consumers having greater autonomy and independence in choosing their free time activities, yet meet these increased expectations within existing staff resources?

- Implementing a requirement for one consumer which potentially adversely impacts other consumers in the same residence: For example, how does a provider balance a consumer's rights to have visitors of their choosing at any time with the rights of other consumers living in the same residence?

- Implementing a requirement balancing safety and independence (choice and risk) based on a consumer's assessed needs: The HCBS Rule's general default policy is enabling a consumer to be able to live as free and independent a life as you and me. Given this default, the responsibility is on the provider to sufficiently document any restrictions or modifications on a consumer's ability to fully exercise rights or requirements set forth in the HCBS Rule. This certainly is a potentially complex area to practically implement and administratively document consistent with stringent HCBS Rule expectations. SCDHHS and DDSN recognize some of these specific situations are challenging. However, we must find practical solutions within our discretion consistent with the intent of the HCBS Rule, because CMS regulations can't be changed by a State.

All of the above issues, and likely a few more, can be clarified with focused two-way discussions between all stakeholders. The outcome of these focused discussions will be DDSN/SCDHHS specific written guidance to bring clarity and remove ambiguity.

Plans and Milestones to Reach Full Implementation

1. April 5, 2018: During SCDHHS's recurring broad HCBS Work Group meeting (in-person or Skype), the main topic will be to solicit input to identify common violations or key HCBS Rule issues needing clarity or reinforcement to ease implementation.

2. April 2018: SCDHHS and DDSN will establish separate workshops for the common violations or key issues identified during the April 5th meeting or other stakeholder feedback mechanisms that need clarity or reinforcement to ease implementation. Workshops will last as long as necessary but hopefully about an hour. Attendance can be in-person or via Skype in Room 180, DDSN Central Office. This format is critical to ensure robust, two-way dialogue with providers, family serving agencies, consumers and advocates. The outcome of each workshop will be SCDHHS/DDSN preparing specific written guidance based on input to assist the entire provider community on these key and common issues.

3. May – December 2018: SCDHHS and DDSN sponsored webinars on the priority topics of interest.

4. May -- December 2018: DDSN on-site technical assistance upon request.

5. May – December 2018: Refine and update DDSN's HCBS dedicated webpage with relevant information and guidance.

6. May 2018 – December 2020: Each provider will be required to complete the Basic Assurances® review process to assist, give feedback, and provide assurance on their quality enhancement efforts to be compliant with CMS waiver provider requirements, to include the HCBS Rule. This will be a developmental tool. The results will not be shared on the Provider Dashboard or otherwise publicly reported. Only volunteer providers or at-risk providers will participate during calendar year 2018 due to the workload already placed on providers addressing PCG audit findings and readiness activities to meet SCDHHS's December 31, 2018 deadline for aspects of HCBS Rule compliance.

7. Today - September 30, 2018: Providers will respond to issues identified in the PCG Review and send their completed Compliance Action Plan (CAP) to the Quality Management Division, DDSN. Completed CAPS or questions related to the process may be sent to HCBS@ddsn.sc.gov. A panel of DDSN program staff will review the CAP, with the possibility of the CAP being returned requesting additional information. Each co-located residence's mitigation plan must address policy, practices, and training demonstrating consumers are integrated and supported to have full access to the greater community. For all residences with CAPs successfully mitigating their Final Rule compliance issues, DDSN will exercise its authority to determine the residence(s) as meeting an initial Final Rule compliance. DDSN will make a "preliminary" determination for all residences assessed as having the potential to be presumed institutional.

8. July – December 31, 2018: DDSN "preliminary" determinations of residences having the potential to be presumed institutional will be forwarded to SCDHHS. SCDHHS will make the final decision on those residences. Residences with presumed institutional qualities will be placed into the "heightened scrutiny" category.

9. October 1, 2018 forward until resolved no later than September 30, 2020: SCDDHS and DDSN will conduct an on-site review of each setting in the "heightened scrutiny" category to discern if data can be developed to overcome the presumption of possessing institutional qualities. If so, SCDHHS will prepare a Heightened Scrutiny Evidence Package requiring final approval by CMS.

10. December 31, 2018: SCDHHS deadline for Residential Compliance with HCBS Settings HCBS Rule, excluding unresolved geographical or co-location concerns.

DDSN Audits during the HCBS Rule Developmental Phase

Alliant will continue its normal licensing and contract compliance reviews each year. Each year, effective July 1st, SCDHHS and DDSN adjust Alliant's key indicators. In FY 18, DDSN added eight new key indicators for licensing to meet HCBS Rule compliance, which were 2.12-2.18 and 3.9. These few HCBS Rule key indicators were added in order to primarily establish policy for new residential housing, as well as support providers' developmental process for existing co-located residences. Because these eight HCBS Rule indicators were effective in February 2018 during this 2018 developmental calendar year, Alliant licensing will "note" exceptions for any of these new eight HCBS Rule indicators and clearly mark "for developmental feedback only" in the licensing Preliminary Summary Findings Report and Final Report. These noted exceptions, not indicator citations, will not be incorporated into the provider's performance score by Alliant. Providers will have to do no further work to resolve "noted" HCBS Rule exceptions, nor will providers prepare a licensing exception until after SCDDHS's 12/31/2018 deadline for State compliance with HCBS Rule requirements.

The absolute earliest the HCBS Rule requirements will be reflected in Alliant Contract Compliance Audit key indicators will be on July 1, 2019. DDSN fully recognizes the time and effort required in this HCBS Rule cultural shift for providers to get each employee trained. SCDHHS and DDSN will certainly be judicious and incremental in its approach adding HCBS Rule key indicators to the Alliant audit process July 1, 2019 with full implementation beginning July 1, 2020.

A long-range audit plan is under consideration to use the Basic Assurances® Model, with minor modifications, as DDSN's contract compliance tool. The benefits would include having national comparable benchmarks available to assist providers and DDSN in identifying areas for improvement, as well as move from the current annual contract compliance audits to multi-year Basic Assurances "certifications" for providers scoring above a certain performance score. A Waiver amendment will be required prior to any move towards full implementation of the Basic Assurances® as the review tool in lieu of the Contract Compliance Review Key Indicators.

Closing

Please make plans to attend SCDHHS's recurring broad HCBS Work Group meeting (in-person or Skype) at 10AM, April 5, 2018. The main topic will be to solicit input to identify common violations or key HCBS Rule issues needing clarity or reinforcement to ease implementation. During the DDSN Business Task Force meeting at 10AM, April 13, 2018, all of us will build on the results of the SCDHHS April 5th meeting; settle on priority workshop topics; and confirm/modify our forward path plans and milestones to get us in full compliance with the HCBS Rule with the least amount of stress and wasted motion. We have time on our side.

Thanks in advance for your patience and cooperation as we work through this national change initiative.

Attachment A: SCHCBS Positive Practices - Residential Services
Attachment B: HCBS Rule Person-Centered Plan and Provider Setting Requirements

Attachment A

South Carolina Home and Community Based Services
Positive Practices - Residential Services

Rights

"Individual has rights of privacy, dignity and respect, and freedom from coercion and restraint"

- Participants receive training on rights.
- Rights information is posted in an area easily accessible to the participant.
- No rights are restricted without due process and a plan to clearly restore the right.
- Participants are informed of the process for filing grievances or complaints.
- Participants freely express complaints without fear of staff imposed consequences.
- Regular ANE training is provided and participants are familiar with reporting options. If participants miss the scheduled trainings, staff provide individual make-up sessions.
- The setting prohibits the use of unauthorized restraining interventions such as seclusion, physical restraints, chemical restraints, or locked doors.

Choices

"Individual is provided choice regarding services and supports, and who provides them"

- Participants are involved in the interview process for staff.
- Staff are given a trial run in the home where they spend a couple days working there.
- Individuals actively participate in choosing who they want to work with/deciding their staff person.
- Participants can decorate their bedrooms in the manner of their choosing.

Autonomy

"Individual has autonomy, and independence in making life choices, where possible"

- Participants can go inside, outside, and to all common areas of the home at their choosing.
- Participants do not have to go to their rooms or bed at a specific time each evening and they have reasonable flexibility for wake up times.
- Participants make decisions on how they spend their free time and the activities that they are involved in reflects their individual interests and choices.
- Participants are included in the development of a financial plan and help determine how their money is spent.
- Participants are included in meal preparation, meal planning and shopping for ingredients.
- Participants take an active role in performing laundry, cleaning, and household chores according to their abilities.
- Individuals are afforded privacy in receipt and sending of mail.
- Individuals are afforded privacy in receipt and making of phone calls.
- Wi-Fi or computer is available in the home for participant's usage.

Integration

"The setting is integrated and supports full access of Individuals to the greater community to the same degree of access as individuals not receiving Medicaid HCBS"

- Group and individual activities are planned with input from the participants rather than chosen by staff.
- Staff help participants build community integration and natural supports through independent/individualized events and/or volunteer opportunities.
- A Calendar of Community Events is posted in a public place so individuals are aware of what is going on in their area.
- Participants or groups of participants get together to plan and discuss what they would like to do and staff help execute the plan.
- Participants are supported to achieve their employment and/or volunteer goals.
- Participants are supported to learn job skills, develop resumes, and practice completing job applications.
- Participants are supported in achieving academic goals and greater independence to transition from the HCBS programs.
- Participants develop and have ongoing relationships with non-waiver receiving neighbors and community members.
- Public support groups are identified, as well as speaking events, and other public recreational events such as community concerts and picnics in the park.
- Participants run errands independent of their housemates.
- Participants go on outings with family members, friends, or other people important to them.

Positive Practices - Residential Services

Setting Selection	*"Individual selects both the setting (location) and provider from among setting options"*
	• Participants are provided options when choosing the setting, including non-disability specific settings. • Participants know how to and are able to request a change in their living situation. • The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas and visible to residents.
Accessibility	*"The setting is physically accessible to the individual"*
	• Ramps are present to access the home, if needed by participants residing in the home. Grab bars are available for those who need them. • Public transportation is accessible, where available.
Privacy	*"Individual has privacy in their sleeping or living unit"*
	• Individuals have their own rooms/apartment or person has been accommodated to share a room/apartment and maintain privacy. • Cordless or cell phones are available for individuals to speak in private. Wi-Fi is available in bedrooms. • Participant's health information is only discussed with those authorized by the person. • Health information is stored in a secure location which is only accessible to staff with a need to know. • Participant's schedules for PT, OT, medications, restricted diet, etc. are kept private. • Health related and personal care activities (ex: blood pressure readings, medication administration, personal hygiene, etc.), including discussions of health, are conducted in private locations.
Locks	*"Units have entrance doors that are lockable by the individual, with only appropriate staff having keys"*
	• Bedroom doors are lockable from the inside, and/or the individual has a key to their bedroom • Participants have keys to the home or apartment and keys to their rooms, unless otherwise specified in the participant's plan. • Participants can lock the bathroom door, unless otherwise specified in the person's plan. • The setting provides a secure place for Participants to store personal belongings.
Personalization	*"Individual has the freedom to furnish/decorate the living unit within the lease or other agreement"*
	• Bedroom is decorated to the individual's taste. • Bedrooms exhibit differing levels of tidiness representing that the individual is able to control how their room is maintained.
Lease Agreement	*"Individual has a legally enforceable agreement documenting the eviction and appeals process"*
	• Lease agreements are in place for each participant.
Roommate Selection	*"Individual has choice of roommates/housemates"*
	• Interview/getting to know each other process is in place for roommates. Potential roommates come to dinner, spend time together away from the residence, and maybe stay overnight before a decision is made that they will move in. • The participant is involved in the selection of a roommate when living alone is not a viable option.
Visitors	*"Individual is able to have visitors of their choosing at any time"*
	• No schedule in place for when visitors are allowed. • Staff help participants coordinate arrangements to see their friends and families. • Staff support participants in planning and coordinating dates.
Schedule Control	*"Individual has freedom to control his/her own schedule and activities including access to food"*
	• Participants do not always go on or attend all the same outings together/ run errands at the same time. • Staffing patterns during peak hours during the day or evenings support greater flexibility in opportunities for participating in community events. • Participants generally do not have their schedules and lives dictated by staff. • Participants are able to have meals when they choose. Snacks and food are available at all times, unless otherwise indicated in the person's plan. • Kitchen utensils and appliances are accessible for participants; cabinets in the kitchen are not locked, unless specific security measures are required an approved by the HRC. • Participants can choose to not attend day training and provider will ensure staff provide support for individuals staying home.

Attachment B

ATTACHMENT B: HCBS Rule Person-Centered Plan and Provider Setting Requirements

Person-Centered Plan/Planning Requirements:

- Reflects the needs identified through a functional assessment;
- Reflects the strengths, preferences, identified goals, and desired outcomes of the person supported;
- Reflects the services and supports (paid and unpaid) that will meet the needs of the person supported;
- Reflects that the residential setting is chosen by the person supported;
- Prevents the provision of unnecessary or inappropriate services and supports;
- Reflects risk factors and measures to minimize them;
- Identifies the individual responsible for monitoring the plan;
- Must be understandable and distributed to the person supported and others involved in the plan and/or authorized by the person supported; and
- Must be finalized, agreed to, and signed by all planning participants, including the person supported, and providers responsible for implementation.

Provider Setting Requirements:

- Are integrated and support access to the greater community;
- Provide opportunities to:
  - Seek employment and work in competitive, integrated settings;
  - Engage in community life; and
  - Control personal resources.
- Ensure the person supported receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services;
- Are selected by the person supported from among setting options, including non-disability specific settings and an option for a private unit in a residential setting;
- The person supported has rights of privacy, dignity and respect, and freedom from coercion and restraint;
- The person supported has access to make and receive telephone calls/ text/ emails according to their own preference and convenience;
- The person supported has direction and independence in making life choices, to the extent possible;
- The choices are incorporated into the service plan;
- The person supported is provided choice regarding services and supports, and who provides them;
- The person supported determines when to eat and with whom they wish to have meals;
- Specific unit/dwelling is owned, rented or occupied under legally enforceable agreement;
- Same responsibilities/protections from eviction as all tenants under landlord tenant law or state, county, city or other designated entity;
- SC has landlord-tenant laws to protect consumers. A lease, residency agreement or other written agreement must be in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
- Each person supported has privacy in their sleeping or living unit:
  - Units have lockable entrance doors, with person supported and appropriate staff having keys to doors as needed;
  - Individuals sharing units have a choice of roommates;
  - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement;
  - Individuals have freedom and support to control their schedules and activities and have access to food any time;
  - Individuals may have visitors at any time; and
  - Setting is physically accessible to the person supported.

DSN Commission Advisement
April 12, 2018

Topic: Co-Location Review for Compliance with HCBS Settings Rule

Review Completed: DDSN staff reviewed 1729 individual addresses to determine their proximity to other service locations and risk factors for isolation pursuant to the HCBS Settings Rule. The following criteria were applied:

1) DDSN day or residential settings;
2) Shared property line with another service location OR
3) High concentration of homes within a defined area (i.e., 3 or more homes in a 2 to 3 street area) OR
4) Day programs next to residential settings operated by the same provider.

Conclusion: It was determined that 1082 (63%) of the day and residential settings appear to lack issues concerning proximity and isolation. Alternately, there are 647 (37%) locations co-located according to the review criteria. The breakout for settings determined "at risk" due to co-location is summarized below:

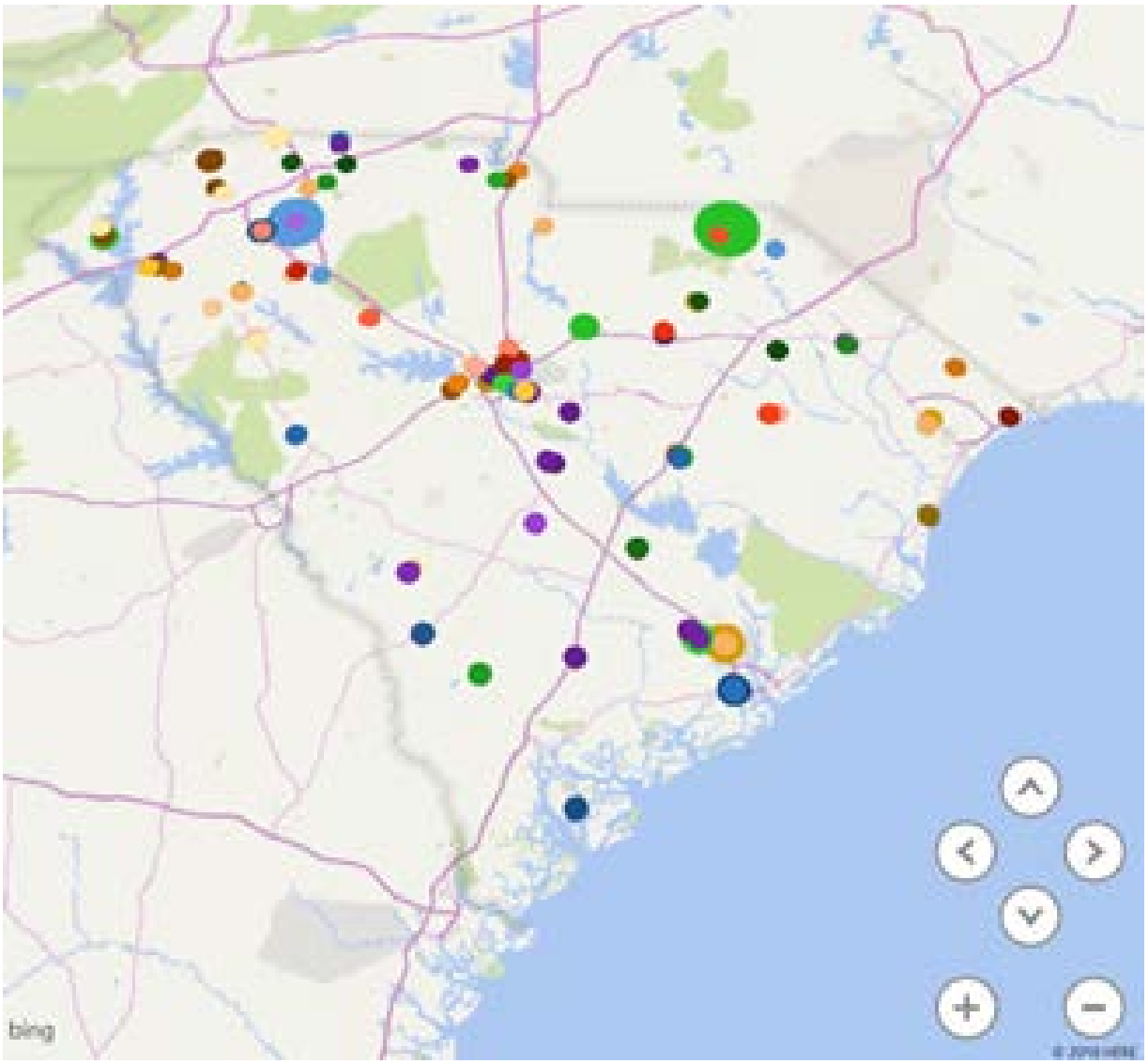
- 20 CRCF locations (42%). 3 are at a higher risk due to their location on the grounds of a larger campus-like environment serving other populations. 16 of these settings occur in pairs.
- 145 CTH IIs (22%). This includes several groups of 3 or more homes in close proximity.
- 86 SLP I locations (33%). Most are located in a single apartment complex within the county of service.
- 385 SLP II locations (97%). This includes 30 apartment complexes that are ID specific settings.
- 11 Day Service locations (14%) that are located next to residential settings operated by the same provider.

Next Steps: DDSN technical assistance staff will contact individual providers to include giving each provider their list of "tentative" residences with co-location risk. Each cluster of co-locations will require one mitigation plan (Corrective Action Plan; CAP) detailing how the provider will ensure clustered/concentrated locations provide community access and integration for consumers. DDSN will provide technical assistance/remediation until each provider submits a CAP for these locations that is compliant with the HCBS Settings Rule regulatory requirements as determined by SCDHHS.

DDSN Analysis of Initial HCBS Settings Rule Compliance

Day and Residential Settings Hot Spots with Risk of Non-Compliance due to Co-Location

April 12, 2018



From: Delaney, Sandra
Sent: Friday, April 6, 2018 4:03 PM
Cc: Pat Maley (pmaley@ddsn.sc.gov) <pmaley@ddsn.sc.gov>; Weeks, Lisa <LWeeks@ddsn.sc.gov>; Beck, Susan <SKBeck@ddsn.sc.gov>; Goodell, David <DGoodell@ddsn.sc.gov>; Hall, Nancy <NHall@ddsn.sc.gov>; Britt, Rufus <RBritt@ddsn.sc.gov>
Subject: Important Notification from Interim State Director Pat Maley About Case Management

This communication is being distributed to the following: DSN Board-Executive Directors and Qualified Provider-CEOs

On behalf of Pat Maley, please see the below message.

Thank you,

Sandra Delaney
SCDDSN

Executive Directors,

SC DHHS has advised DDSN to resume the 2014 plan to implement Waiver Case Management as an approved waiver service. The genesis of this issue began in 2012 with SC DHHS submitting a State Plan Amendment to CMS, which requested moving all Medicaid Targeted Case Management (MTCM) to market rates. The plan required provider MTCM cost based rates to be incrementally reduced with new "blended rates" over a 30 month period starting on 1/1/2013. These new blended rates were to be gradually implemented starting with a blended rate composed of 75% cost based rate & 25% market rate. This rate would drop incrementally to 50/50, 25/75, and finally to a 100% full market rate [$20/unit (15 minute) face-to-face; $15/unit (15 minute) for all other] at the end of the 30 months (7/1/2015).

Given Waiver Case Management materially differs from MTCM in requirements expected to be performed by case managers, SC DHHS established a separate Waiver Case Management rate. In October 2013, SC DHHS established a Waiver Case Management rate of $25.20/$15.50 per unit. This rate was to go into effect on 7/1/2014. However, due to a delay in implementing case management as a waiver service, this $25.20/$15.50 rate did not go into effect as planned. Rather, it was decided to maintain the existing blended rate at the time (75% cost based & 25% market rate), which was $40/$39 per unit ($160/$156 per hour; highest Medicaid non-physician rate) and it is still the current Medicaid rate.

Today, DDSN pays a monthly band rate of $138/consumer. A quick sample of the first four months of FY18 determined the average monthly case management band payments totaled $1,749,133 and the average monthly provider activity based Medicaid billings totaled $1,582,422. This resulted in an average $166,711 monthly deficit spending (loss) by DDSN. In short, providers were roughly billing 3.1 units per month for each consumer and DDSN's band rate paid roughly 3.5 units per month for each consumer.

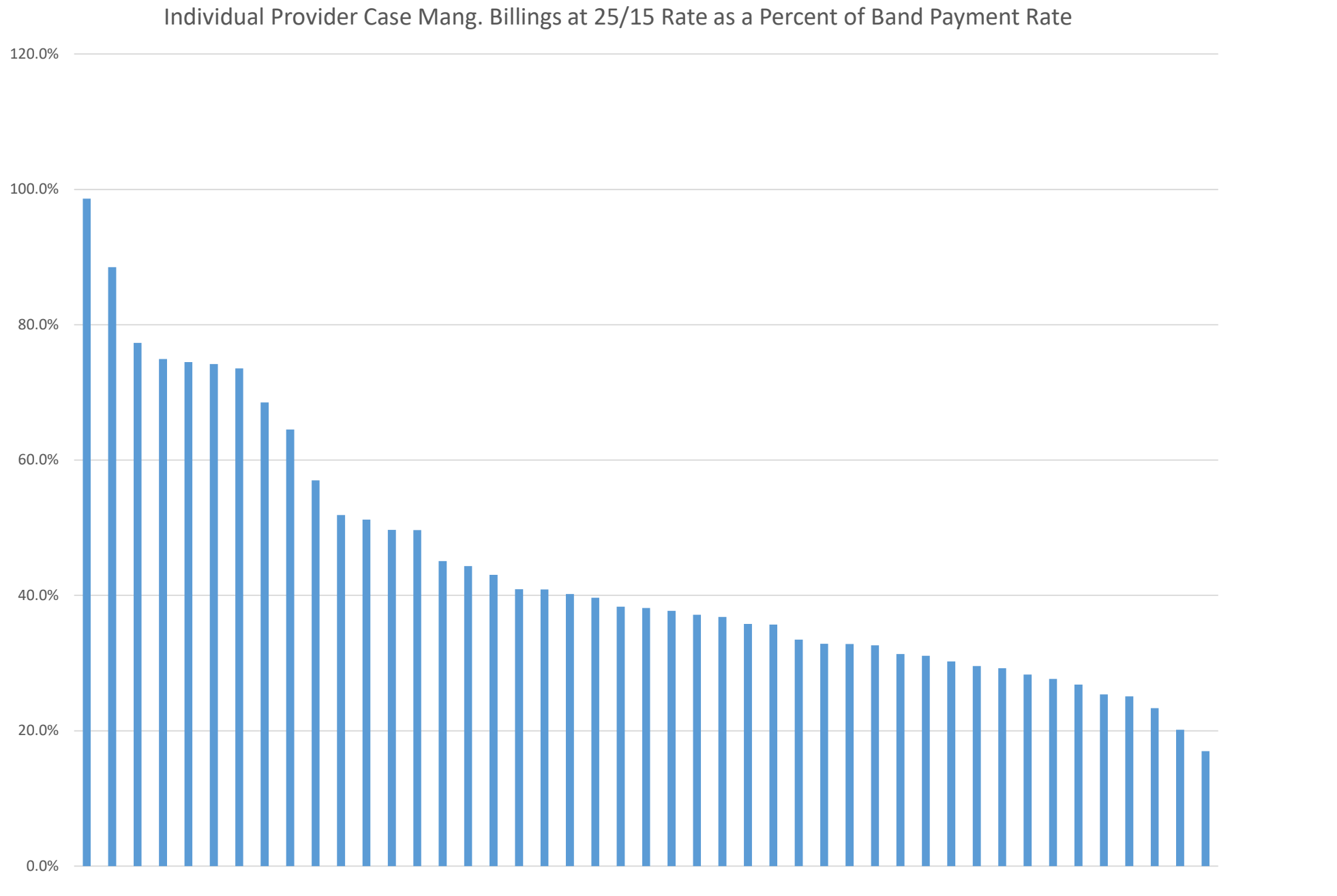
It appears case managers' current activity based billing frequency (productivity rate) is low, which was also an issue in the 2013/2014 time frame. There are several reasons for this. The upside, much like in 2014, provides opportunity to increase provider activity based billing to offset a reduction in case management rates ($40/$39 to $25.20/$15.50 per unit). Further, Waiver Case Management will permit a broader range of reportable activities and, therefore, increase billable units.

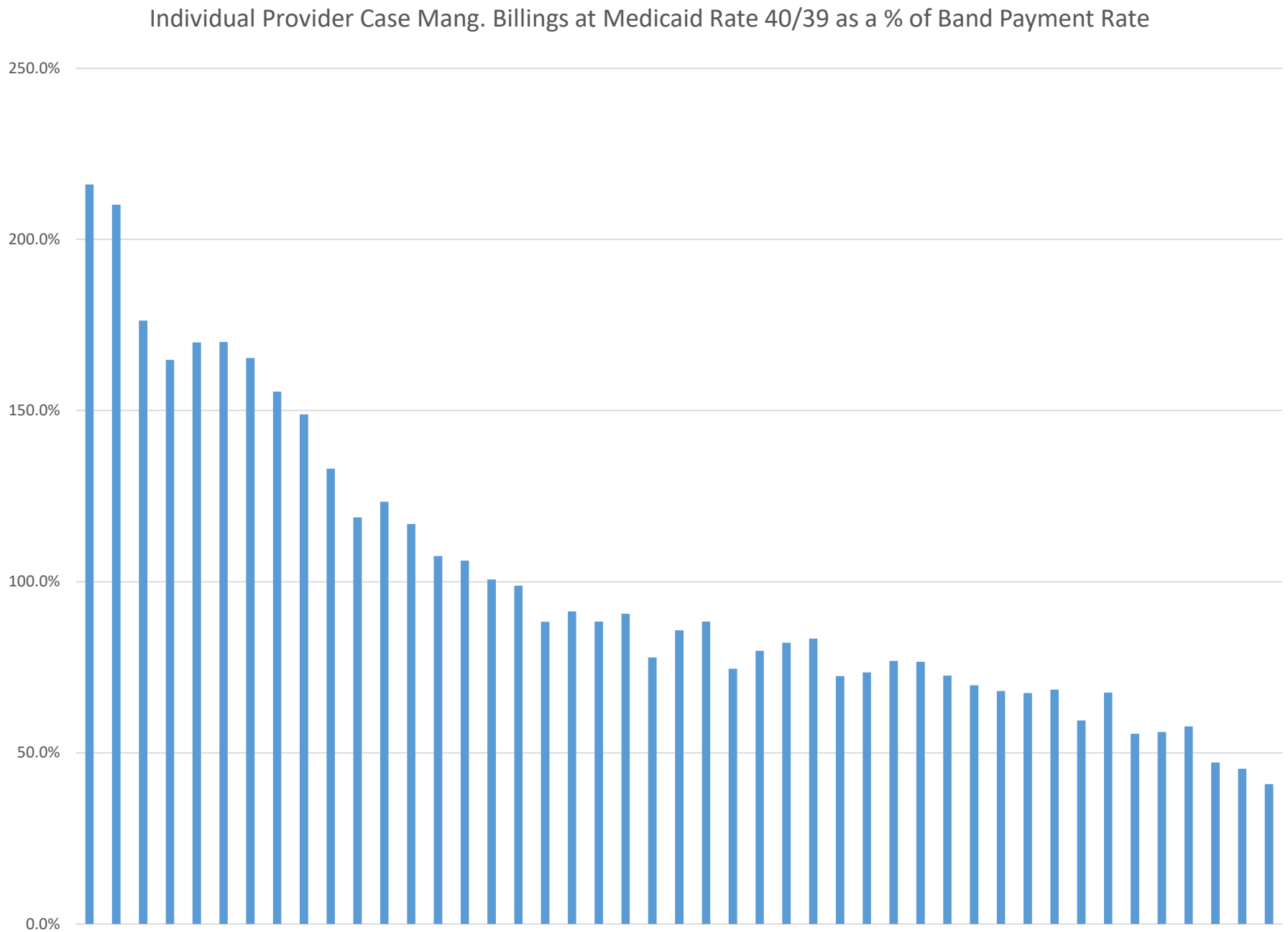
We are working with SC DHHS to establish a time frame for this transition, so it will maintain the current Medicaid reimbursement rate ($40/$39) for a reasonable time to allow for the DDSN delivery system to develop a plan and implement in a manner that can increase billing productivity to potentially be revenue neutral. However, the transition time frame will be much sooner rather than later.

How we move forward (band, fee-for-service, or a combination) and the logistics to get us there are all on the table for robust discussion/dialogue/debate. Fortuitously, a DDSN Business Task Force meeting has already been planned next week on Friday, April 13th. However, I will be asking both providers associations for 2-3 experts in this area to meet via Skype or in-person on Tuesday of next week to help us collectively process our situation and begin shaping strategy options to address this issue. I am hopeful lessons learned from the 2013-2014 experience will be useful.

There is no sugar coating Medicaid case management reimbursement rates will be reduced by 50% to a market based rate. However, adding more billing codes through Waiver Case Management to accurately capture all your work and case management robustly documenting its work creates ample opportunity to raise productivity levels to offset the drop in rates. However, we have to work this issue assuming the worst, so we leave no doubt our productivity levels will be at least revenue neutral, possibly more, whenever the transition to Waiver Case Management takes place at some future date.

Thank you for your partnership as we engage in another system-wide issue to solve together—Pat.


Individual Provider Case Mang. Billings at 25/15 Rate as a Percent of Band Payment Rate
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%


Individual Provider Case Mang. Billings at Medicaid Rate 40/39 as a % of Band Payment Rate
250.0%
200.0%
150.0%
100.0%
50.0%
0.0%

South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017

	Program Need – Recurring Funds	Budget Request for FY 2018-2019	Senate
1	**Safety and Quality of Care/Workforce Needs.** Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 care to consumers. This request is the second year of a multiyear request and has two components: (1) Increase the hiring wage for direct care staff and immediate supervisors. Direct care wages are no longer competitive. An increased hiring wage of $12.00 to $13.00 per hour is needed to be highly competitive. This request supports moving toward that goal by increasing the hiring wages to $12.00 per hour, a 9.1 percent increase from $11.00 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases. Large private companies, like Walmart and McDonald's, are raising their hiring pay rate to remain competitive. (2) Retain essential staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists at supervisory and manager levels where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services.	**$11,300,000** **_____** **Increase Hiring Wage $10M** **Compression & Retention $1.3M**	**$11,300,000**
2	**Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists.** This request has three components: (1) The first component will provide approximately 1,000 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development and independence, keep them at home and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 8,100 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This initiative represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance. (2) The second component requests new funds required to cover the new costs associated with changes to services or service levels in the ID/RD and HASCI Medicaid Waivers. Pest control/bed bug infestation will be a new service in the HASCI Waiver and the caps on environmental modifications and private vehicle modifications in the ID/RD waiver will be increased from $7,500 to $15,000 each. (3) The third component of this request will provide necessary residential supports and services to two target groups (a) 100 individuals who are living at home with caregivers aged 72 and over and (b) 45-50 individuals with intensely challenging behaviors. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals. For aging caregivers, providing services now prevents waiting until the family is in a state of crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are almost 1,400 individuals with severe disabilities being cared for by parents aged 72 and over. Over 570 of these caregivers are 80 years old or older. This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request would be an expansion of DDSN's current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis. For individuals with extremely challenging behavior, funds are requested to develop approximately 50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual	**$9,500,000** **_____** **In-Home Supports $4.5M** **Added Waiver * Services $700K** **Targeted Residential/Aging Caregivers $2.3M** **Targeted Residential/High Management $2M**	**$700,000 ***

	Program Need – Recurring Funds	Budget Request for FY 2018-2019	Senate
	cost of providing a very high level of supports required for individuals with aggressive, intense challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others. The number of providers willing to serve them is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders.		
3	**Psychiatric Intervention and Stabilization for Individuals.** This request would build crisis intervention capacity within DDSN's system in three major areas. (1) Psychiatric intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Nurse practitioners will assist in medical diagnosis and treatment. Intensive supports would be provided in individuals' current living environment. The use of telehealth will be integrated in order to increase access to psychiatrists, nurse practitioners and other specialists. This will also improve management of complex physical and psychological conditions and is cost efficient. Existing mental health resources are not sufficient or tailored to meet the needs of individuals with developmental disabilities. This request also includes increased access to psychiatric support for individuals receiving community services and supports. The primary objective is to prevent a crisis situation, intervene to support an individual escalating to crisis and stabilize individuals in crisis in order that they can remain in their home. (2) The crisis response and stabilization system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building psychiatric service capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings. (3) Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. Increasing access to psychiatric services in a timely manner will increase the success of interventions. These interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement.	**$1,800,000** **_____** **Psychiatric and Behavioral Supports $900K** **Temporary Residential $400K** **TBI Inpatient $500K**	**_____**
4	**Ensure Compliance with CMS Final Rule Regulations.** (1) New federal requirements defined by the Centers for Medicare & Medicaid Services Home and Community Based Services (HCBS) Final Rule necessitate an increased emphasis on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. More individualized settings require increased staffing models, necessitating additional funding. This request would provide funding to develop these new service models for individualized day supports and employment opportunities to be compliant with the CMS HCBS Final Rule. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment. (2) The Final Rule also requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not	**$6,700,000** **_____** **Individualized Employment/Day Supports $5.1M** **CMS Requirements $1.6M**	**_____**

	Program Need – Recurring Funds	Budget Request for FY 2018-2019	Senate
	performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement. (3) New state funds are necessary to increase the state's participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.		
5	**Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care.** The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The Final Rule issued by Centers for Medicare & Medicaid Services requires states to provide services in less restrictive, more inclusive, community settings. This request 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. These funds will allow 25 to 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations. Funds will be used to purchase and develop community residential settings, day services and provide necessary supports.	**$1,200,000**	**_____**
6	**Community ICF/IID Provider Rate Increase.** These funds will be used to cover the increased cost of providing consumer care in Community ICF/IID settings. Service funding rates must be sufficient to cover the cost of care or the local community providers will not be able to continue to provide the service. There are no automatic increases to cover increasing operating expenses. Services include nursing, supervision, medical specialists, medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these more intensive supports. Funding for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services are maintained. Funding this request will ensure compliance with current federal regulations. This request will provide sufficient funding as a maintenance of effort to the providers of community ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, the providers will have to serve fewer people.	**$1,500,000**	**_____**
7	**Strengthen Provider Support, Oversight and System Changes.** This request has three components: (1) The first component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance. (2) This request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be (a) provided directly by DDSN staff, (b) national subject matter experts would be brought in and (c) provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training.	**$1,650,000** **_____** **Provider Oversight $250K** **Training $200K** **Intake $1.2M**	**_____**

South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017

	Program Need – Recurring Funds	Budget Request for FY 2018-2019	Senate
	(3) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization offers individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction.		
8	**Assure Statewide Access to Genetic Services.** This request will assure statewide access to genetic services for infants born with complex developmental disabilities and their families. It also supports development of a systematic and comprehensive application of new genomic technologies. The Greenwood Genetic Center would receive these funds through contracts. Currently the underlying cause for intellectual disabilities in approximately 40% of individuals evaluated is not identified. For individuals with autism, an underlying cause is not identified in 80% of those evaluated. The lack of a specific cause is not acceptable to families and physicians. It also significantly limits optimum medical management, treatment options and informed decision-making. This request supports the use of new and emerging genomic technologies, such as whole genome sequencing, whole exon array, transcriptomics, metabolomics and structural variant assessment technologies, to improve the ability to determine the underlying causation of intellectual disability for individuals served by DDSN. The request of $500,000 of new state funds will be used in conjunction with funds from the private sector. Anticipated private partners include Duke Endowment, Self Healthcare, Self Family Foundation and individual donors.	**$500,000**	**$500.000**
9	**Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries.** DDSN has a recurring appropriation of $3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is $11,504,000. This request for additional permanent funding of $500,000 would serve an additional 8 to 10 individuals and help bridge the gap. For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows these results in more substantial levels of permanent disability and limits the ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.	**$500,000**	**$500,000**
	TOTAL RECURRING FUNDS	**$34,650,000**	**$13,000,000**

NOTE: BabyNet Transfer to DHHS - $11,402,071 (-)
PDD Program Transition to DHHS Medicaid State Plan Service - $5,830,880 (-)

South Carolina Department of Disabilities and Special Needs
FY 2018 – 2019 Budget Request Items In Priority Order
Approved by the Commission on 8/17/2017

	Program Need – Non-Recurring Funds	Budget Request for FY 2018-2019	Senate
1	**Vehicle and Building Maintenance.** DDSN's statewide network of community service providers own and operate hundreds of buildings for the provision of day services, residential services, case management and early intervention services and administration of programs and services. In addition, a multitude of vehicles is associated with the provision of care and services. This request for $5,000,000 of non-recurring state funds will provide sufficient funding as a maintenance of effort regarding the infrastructure needs of DDSN's network of community service providers. Federal, state and local requirements require compliance with ADA and Medicaid regulations, Fire Marshal specifications, licensure standards, building codes, etc. for buildings. Health and safety of individuals receiving services and staff must be protected during the operation of vehicles. The provision of funds for this request will ensure buildings and vehicles are compliant, well maintained and safe. Maintenance cannot be continually deferred. Eventually these costs must be covered or services have to be reduced or eliminated. Reducing quality is not an option due to the nature of services provided to individuals with disabilities.	**$5,000,000**	**_____**
	TOTAL NON-RECURRING FUNDS	**$5,000,000**	**_____**

FM Budget vs Actual

Author JGRANT **Status of Data** 4/11/2018 02:04:16

Filter Information

FY 17/18 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 3/31/2018)

Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance
ADMINISTRATION	$ 7,883,999.00	$ 0.00	$ 7,883,999.00	$ 5,180,507.65	$ 2,703,491.35
PREVENTION PROGRAM	$ 257,098.00	$ 585,902.00	$ 843,000.00	$ 100,955.00	$ 742,045.00
GREENWOOD GENETIC CENTER	$ 11,858,376.00	$ 0.00	$ 11,858,376.00	$ 10,128,640.00	$ 1,729,736.00
CHILDREN'S SERVICES	$ 14,859,525.00	$ 2,391,436.00	$ 17,250,961.00	$ 13,214,435.07	$ 4,036,525.93
BABYNET	$ 9,312,500.00	$ 0.00	$ 9,312,500.00	$ 7,944,063.00	$ 1,368,437.00
IN-HOME FAMILY SUPP	$ 87,577,481.00	-$ 9,501,917.00	$ 78,075,564.00	$ 41,305,495.51	$ 36,770,068.49
ADULT DEV&SUPP EMPLO	$ 70,022,008.00	$ 9,679,896.00	$ 79,701,904.00	$ 61,294,190.34	$ 18,407,713.66
SERVICE COORDINATION	$ 22,707,610.00	-$ 1,004,697.00	$ 21,702,913.00	$ 15,486,406.30	$ 6,216,506.70
AUTISM SUPP PRG	$ 14,136,026.00	$ 10,955,882.00	$ 25,091,908.00	$ 10,566,140.24	$ 14,525,767.76
Pervasive Developmental Disorder (PDD) Program	$ 9,780,880.00	-$ 1,330,000.00	$ 8,450,880.00	$ 1,593,359.54	$ 6,857,520.46
HD&SPINL CRD INJ COM	$ 3,040,532.00	$ 1,336,219.00	$ 4,376,751.00	$ 3,146,824.57	$ 1,229,926.43
REG CTR RESIDENT PGM	$ 79,396,018.00	$ 502,756.00	$ 79,898,774.00	$ 53,165,323.63	$ 26,733,450.37
HD&SPIN CRD INJ FAM	$ 27,758,987.00	$ 640,914.00	$ 28,399,901.00	$ 14,124,005.15	$ 14,275,895.85
AUTISM COMM RES PRO	$ 23,557,609.00	$ 5,335,351.00	$ 28,892,960.00	$ 22,941,908.39	$ 5,951,051.61
INTELL DISA COMM RES	$ 333,536,387.00	-$ 17,209,360.00	$ 316,327,027.00	$ 230,031,917.89	$ 86,295,109.11
STATEWIDE CF APPRO		$ 3,200,271.29	$ 3,200,271.29		$ 3,200,271.29
STATE EMPLOYER CONTR	$ 32,089,541.00	$ 590,053.00	$ 32,679,594.00	$ 21,646,650.24	$ 11,032,943.76
DUAL EMPLOYMENT				$ 0.00	$ 0.00
CAPITAL PROJECTS				-$ 33,225.00	$ 33,225.00
Legislative Authorized Total	**$ 747,774,577.00**	**$ 6,172,706.29**	**$ 753,947,283.29**	**$ 511,837,597.52**	**$ 242,109,685.77**
Legislative authorization capacity above actual spending plan budget			**-$72,221,645.29**		
DDSN spending plan budget			**$681,725,638.00**	**$ 511,837,597.52**	**$ 169,888,040.48**
Percent of total spending plan budget			100.0%	75.1%	24.9%
% of FY completed (expenditures) & % of FY remaining (available funds)			100.0%	75.0%	25.0%
Difference			0.0%	0.1%	-0.1%

REASONABLE

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 18 Estimated Expenditure Commitments: YES_X__ ; At-Risk___ ; NO___

FY 16/17 expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:

Expenditure	% of total
Central Office Admin & Program	2.36%
Indirect Delivery System Costs	1.42%
Lander University	0.05%
Board & QPL Capital	0.59%
Greenwood Autism Research	0.10%
Direct Service to Consumers	95.48%
Total	**100.00%**

Any indication FY 16/17 expenditures for direct services to consumers (95.48%) will decline in FY 17/18? YES___; NO_X__

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

Methodology & Report Owner Lisa Weeks

SC Department of Disabilities and Special Needs
FY 2018 Monthly Financial Summary - Operating Funds
Month Ended: March 31, 2018

	General Fund (Appropriations)	Medicaid Fund	Other Operating Funds	Federal and Restricted Funds	Total
FY 2017 Unreserved Cash Brought Forward	**$ 947,655**	**$ 2,500,725**	**$ 4,288,046**	**$ 6,586**	**$ 7,743,012** [1]
FY 2018 YTD Activity					
Receipts/Transfers					
Revenue	$ 251,390,695	$ 292,516,426	$ 4,137,301	$ 738,334	$ 548,782,756
Interfund Transfers	$ (28,500,000)	$ 28,500,000	$ (1,572,825)	$ -	$ (1,572,825)
Total Receipts/Transfers	**$ 222,890,695**	**$ 321,016,426**	**$ 2,564,476**	**$ 738,334**	**$ 547,209,931**
Disbursements					
Personal Services	$ (38,646,607)	$ (13,034,672)	$ (31,733)	$ (182,819)	$ (51,895,831)
Fringe Benefits	$ (15,924,035)	$ (5,645,243)	$ 3,027	$ (77,372)	$ (21,643,623)
Other Operating Expense	$ (132,002,347)	$ (303,916,753)	$ (1,145,501)	$ (667,548)	$ (437,732,149)
Capital Outlays	$ -	$ (263,874)	$ (58,927)	$ -	$ (322,801)
Total Disbursements	**$ (186,572,989)**	**$ (322,860,542)**	**$ (1,233,134)**	**$ (927,739)**	**$ (511,594,404)**
Outstanding Accounts Payable Balance	**$ (30,875)**	**$ (174,740)**	**$ (14,335)**	**$ (23,244)**	**$ (243,194)**
Unreserved Cash Balance - 3/31/2018	**$ 37,234,486**	**$ 481,869**	**$ 5,605,053**	**$ (206,063)**	**$ 43,115,345**

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

[2] *$952,616 of the total cash balance has been reserved for PDD Carryforward*

CONSIDERATION OF BID

COASTAL CENTER
CAMPUS DRAINAGE IMPROVEMENTS
COASTAL REGION
STATE PROJECT NO. J16-9873

The project scope includes grading of courtyards and swales, installation of new and repair of existing drop-inlets, construction of catch basin, sidewalks, HC ramp, piping, miscellaneous repairs and other related site work.

The low bidder's total bid for all 25 Unit Price Pay Items is **$403,085.80**. Due to budget limitations, it is recommended that a contract be awarded to **Sea Island Land Development LLC, of Charleston, SC** for **Pay Items 1 through 24** in the amount of **$205,217.00**. DDSN has no previous work experience with this contractor; however, this contractor has a responsible record of performance with other state agencies.

PAY ITEMS 1 THROUGH 24:	**$ 205,217.00**
CONTRACT AMOUNT:	**$ 205,217.00**

Attachment: Bid Tabulation and Unit Price Pay Items Bid Sheet BF-1B
Funds: Debt Service

Bid Date: April 10, 2018
Date: April 10, 2018

	TOTAL PAY ITEMS AND QUANTITIES					
Item No.	Pay Item	Description	UNITS	APPROX. QUANTITY	UNIT PRICE	BID AMOUNT
1	Hillside 320 Courtyard Site Excavation		LS	1	4404.00	4404.00
2	New 24"x36" Drop Inlet	Includes new 8" PVC	EA	1	6000.00	6000.00
3	Modify Existing Drop Inlet		LS	1	1200.00	1200.00
4	Adjust Existing Manhole		LS	1	700.00	700.00
5	Centipede Sod		SY	1,100	18.00	19,800.00
6	Hillside 220 Courtyard Site Excavation		LS	1	6475.00	6475.00
7	Grade 3 Swales		LS	1	6,000.00	6,000.00
8	Box and Pipe Repairs D		LS	1	20,392.00	20,392.00
9	Box and Pipe Repair E		LS	1	19,250.00	19,250.00
10	Box and Pipe Repairs F		LS	1	14,240.00	14,240.00
11	Construct CB Type 9 G		LS	1	17,330.00	17,330.00
12	Box and Pipe Repair H		LS	1	14,240.00	14,240.00
13	Box and Pipe Repair I		LS	1	18,185.00	18,185.00
14	Box and Pipe Repair J		LS	1	18,185.00	18,185.00
15	Box and Pipe Repair K		LS	1	13,100.00	13,100.00
16	Removal and Disposal of Existing Concrete Pavement		SY	133	40.00	5320.00
17	Concrete Pavement (4" Uniform)		SY	148	72.00	10,656.00
18	Removal and Disposal of Existing Concrete Curb		LF	19	31.57	600.00
19	Site Grading L		LS	1	2490.00	2490.00
20	Handicap Ramp with Detectable Warning Surface		LS	1	1750.00	1750.00
21	Black out Blue Markings		LS	1	300.00	300.00
22	4" White Solid Thermo for Parking Spaces, 90 mil.		LF	100	10.00	1000.00
23	4" Blue Thermo for HC Spaces and Ramp, 90 mil.		LF	200	10.00	2000.00
24	Blue Thermo Handicap Symbols, 125 mil.		EA	2	800.00	1600.00
25	Hillside Downspout Drainage System		LS	1	197,868.80	197,868.80
					TOTAL	403,085.80

PROJECT NO.: J16-9873
PROJECT NAME: Coastal Center - Campus Drainage Improvements

ARCHITECT/ENGINEER: Robert Dickinson, P.E.

SCDDSN Engineering and Planning
3440 Harden St. Extension
Columbia, SC 29203
Phone: (803) 898-9796
Fax: (803) 832-8188

BID DATE: Tuesday, 4/10/2018
TIME: 3:00 PM
LOCATION: SCDDSN, Central Office, Room 247

BID TABULATION

	CONTRACTOR NAME	BID SEC	Addendum No. One	PAY ITEMS TOTAL
1	Sea Island Land Development Charleston, SC	✓	✓	$403,085.80 See Attached Unit Price Pay Items Bid Sheet BF-18
2				

Reed Marshall, Project Manager

Witness