

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

June 15, 2017

The South Carolina Commission on Disabilities and Special Needs met on Thursday, June 15, 2017, at 9:00 a.m. at the Georgetown County Disabilities and Special Needs Board, 94 Academy Drive, Georgetown, South Carolina.

The following were in attendance:

COMMISSION

Present:

Bill Danielson, Chairman
Eva Ravenel, Vice Chairman
Gary Lemel – Secretary
Mary Ellen Barnwell
Sam Broughton, Ph.D.
Katie Fayssoux
Vicki Thompson

DDSN Administrative Staff

Dr. Buscemi, State Director; Mr. David Goodell, Associate State Director, Operations; Mrs. Susan Beck, Associate State Director, Policy; Mr. Tom Waring, Associate State Director, Administration; 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

(See Attachment 3 Sign-In Sheet)

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)

(No guests in attendance)

York County DSN Board (via videoconference)

(See Attachment 7 Sign-In Sheet)

Jasper County DSN Board (via videoconference)

News Release of Meeting

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

Executive Session

On motion of Commissioner Broughton, seconded and passed, the Commission entered into Executive Session to discuss contractual matters with DHHS, receive legal advice and a contractual matter related to the RFP for the QIO Contract.

Enter into Public Session

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

Adoption of the Agenda

The Commission adopted the June 15, 2017 Meeting Agenda by unanimous consent. (Attachment A)

Invocation

Chairman Danielson gave the invocation.

Approval of the Minutes of the May 18, 2017 Commission Meetings

The Commission approved the May 18, 2017 Commission Meeting minutes with a change by unanimous consent.

Public Input

Chairman Danielson made the following announcement - Please be aware this meeting is being video recorded and the recording will be placed on DDSN's Website for public viewing.

The following individuals spoke during Public Input: Deborah McPherson and Susan John.

Commissioners' Update

Commissioner Lemel spoke of events in his district.

Election of Officers

Commissioner Broughton of the Nominating Committee, presented the following slate of officers for FY 2017-2018 – Commissioner Ravenel as Chairman, Commissioner Lemel as Vice Chairman, and Commissioner Barnwell as Secretary. A motion was made and the Commission approved the slate of officers by acclamation.

State Director's Report

Dr. Buscemi reported on the following:

Pending Commissioner – Senate Medical Affairs has not scheduled another meeting which would continue the confirmation and appointment process of Lorri Unumb. It could be another 6 to 8 months before the next scheduled meeting.

Budget – Very thankful for the new \$9 million for wage increases for direct support professionals. The Commission would vote on the submission of the FY 2018-2019 Budget Request at the August Commission Meeting. Meetings with providers and stakeholders will be held in advance for their input.

P & A – P & A published a report titled “Unjustified Isolation, Unwarranted Assumptions: Why South Carolina’s System of Sheltered Employment Services Needs to Change.” The report was shared with Commissioners, and other stakeholders including the provider network.

FOIA Changes – A cover letter from the Attorney General’s Office is expected to be released soon. Once released, it will be shared with stakeholders and the DDSN’s directive will be changed accordingly.

Therap – DDSN is going back and looking at timeline implementation after hearing concerns from the provider network regarding GERs and lack of tracking system. The transition of critical incidents to GERs is now planned for October 1st.

Georgetown County DSN Board Presentation

Executive Director, Mrs. Elizabeth Krauss, staff and consumers shared the different employment and activities they are involved in as well as the provision of services they provide.

Finance and Audit Committee Report

Committee Chairman Lemel reported on the following regarding the June 13, 2017 Finance and Audit Committee: (Attachment B)

A. Provider Contracts – Ongoing capital debts were discussed. The Committee made the recommendation for staff to inquire as to whether if it would

benefit agency to pay the debts off or continue monthly payments. The Commission approved by unanimous consent.

- B. Contract Approval Process – The Committee did not make a recommendation. The Committee referred the issue back to the Policy Committee for further discussion.
- C. IA Contract Withhold Repeat Finding – The Committee has not reached a point where they can make a recommendation to the Commission as a whole. Agency staff will further study. The sliding scale fee vote was 2 to 1 in the Finance Audit Meeting. Changes in appearance of the Audit Reports will begin July 1, 2017 using color codes and good reports will be clearer.

Waiting List Reduction Efforts

Mrs. Beck gave a brief update on the Waiting List Reduction Efforts. The reporting mechanism has changed so there is a more specific reason as to why an individual declines a slot. Efforts are being made to establish a timeline on pending status. Waiting List managers are making contact with individuals at the top of the wait list to make sure they are reachable and interested. Discussion followed. (Attachment C)

Waiver Slot Allocation Plan ID/RD and CSW

Dr. Buscemi explained in detail as well as providing an informational handout documenting options to redirect funding as there is no new funding for the waiting list for FY2018.. Dr. Buscemi recommended Option No. 4 which would be the fastest option to start moving the ID/RD waiting list more rapidly and which would best meet the needs of the individuals. On motion of Commissioner Thompson, seconded and passed, Option No. 4 was approved. (Attachment D)

Future Restructuring of the Provider Payment System

Dr. Buscemi presented reasons why the current band structure needs to be reexamined. She asked the Commission for direction on pursuing an effort to study the provider payment structure. There is no new funds to rebase; the restructuring of the band payment system will need to be done within existing funds. DDSN needs to continue to be compliant with Medicaid expectation. Discussion followed. On motion of Commissioner Thompson, seconded and passed, the Commission approved that staff move forward with studying recommendations for provider payment structure changes. (Attachment E)

DDSN as Administrative Entity for Medicaid State Plan for ASD

Mrs. Beck stated the Medicaid State Plan for ASD will take effect July 1, 2017 with plans for DDSN to be the administrative entity. DDSN will have a call center for receiving referrals, will determine eligibility, approve providers, authorize services and provide quality assurance. DDSN will have a very

visible role. There is not a finalized contract to date although negotiations have been very positive and much progress has been evidenced. Mrs. Beck shared four areas of concern. Discussion followed. The administrative budget is not an issue; public concern has been stated about the provider rate as an issue influencing ABA provider network capacity. Mrs. Beck stated DDSN will reach out to resolve the issues with the contract as DDSN does not have the authority to change the rates. Commission Thompson moved to table this agenda item until the next Commission meeting. The motion was seconded. Discussion followed. Commissioner Thompson withdrew her motion. Commissioner Broughton motioned that the Commission is unable to approve the contract because of the outstanding issues. The motion was seconded and passed.

RFP for Quality Improvement Organization Contract

Mrs. Beck presented a summary of changes to the Quality Management Review Process for FY18. The changes will focus more on consumer outcomes and would be included in the RFP upon the Commission's approval. Commissioner Thompson moved that the Commission approve the Quality Improvement Organization contract RFP as presented. The motion was seconded and passed. (Attachment F)

Department of Transportation Grant

Mr. Waring presented information on the Department of the Transportation Section 5310 Funding. On motion of Commissioner Lemel, seconded and passed, the Commission approved for the department to receive funds from the Department of Transportation for vehicle expansion/replacement. (Attachment G)

Financial Update

Mr. Waring gave an overview of the agency's financial activity through May 31, 2017 and the agency's current financial position. The agency's operating cash balance as of May 31, 2017 is \$43,037,266. A SCEIS report reflecting budget verses actual expenditures through May 2017 was also provided. Mr. Waring also provided an analysis of expenditures to date for the \$6.6 million in new funds that the department received for the Waiting List Effort FY17. (Attachment H)


Budget Update

Mr. Waring gave an update of the FY 2017-2018 budget request. The Governor issued his veto message regarding the FY207-2018 General Appropriations Act, however, his vetoes did not impact the \$9 million appropriated for wage increases for the Direct Support Professionals. A memo was shared with the provider network this week regarding the updates. (Attachment I)

Next Regular Meeting

July 20, 2017 to be held at the DDSN Central Office.

Submitted by,



Sandra J. Delaney

Approved:



Commissioner Mary Ellen Barnwell
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

June 15, 2017

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- | | | |
|-----|-----------------|---------------------------|
| 1. | CHUCK NORMAN | DDSN |
| 2. | Marty Rawls | DDSN |
| 3. | Ralph Courtney | Aiken Co. / TDC |
| 4. | Joe White | Cherokee Co. DSMB |
| 5. | Jim Smith | Greenville News |
| 6. | Ann Dalton | DDSN |
| 7. | Sue St. Cyr | PTA |
| 8. | Kristy Caldwell | PTA |
| 9. | Bob Jones | Newberry PSNB |
| 10. | Suzanne Hymov | Project HOPE / Hope Reach |
| 11. | Jennifer Buster | DDSN |
| 12. | Dexter Alston | DDSN |
| 13. | David Goldmintz | Orangeburg PSNB |
| 14. | Sherry Pressley | LSC |
| 15. | Jennifer Mojan | ECM |
| 16. | Bob Pa... | ABDSNB |
| 17. | Kevin Jacobs | DDSN |
| 18. | Lois Park Mole | DDSN |
| 19. | | |
| 20. | | |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

June 15, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Sloan Todd Path Finders
2. Laura Mackey RN Coastal Center
3. Ronda Ritchie DDSN Dist. II
4. Felita Martino DDSN DIST II
5. Hester Wannamaker DDSN District II
6. Rufus Britt Dist. II Director - DDSN
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
 June 15, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Deborah + Heather Maphersen Richland County
2. Jatic Fayssouy
3. Gay Lemel
4. Vicki Thompson
5. Debbie Walsh
6. Mary Ellen Barnwell
7. Eva Kaveny
8. Thomas Williams GC DSN
9. Susan John Horry Co. DSN
10. Mike Keith Monrovia DSN
11. Jay Cole
12. Rhonda Stone Parks + Recreation
13. Jera L. Cooper GC Parks & Recreation
14. Thomas Spindemann GC Parks & Recreation
15. Cassidy Evans SC DHHS
16. Ryan Way Clarendon DSN
17. FRANK HORSCEW Georgetown DDSN
18. Jot Miller MSU
19. Evelyn Turner Charleston
- 20.

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting June 15, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Mary Mack, Lee Co. DSN Board

2. Floyd B. Dan

3. Ruth Blocker

4. Paula Cornett NCDSN

5. Clara Joyce Dyer WCDSNB

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
June 15, 2017

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
June 15, 2017

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 1. PAT FASAN SCDSEN
- 2. Tyler Rex ACDSD/B
- 3. Jimmy Burt Burt Center
- 4. Stephanie Helmuth Burt Center
- 5. Kathleen Roberts WC Parent Club & SC PASS
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS Commission Meeting

June 15, 2017

Guest Registration Sheet

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Name and Organization

1. Michelle Shaffer Maxabilities
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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**A G E N D A**

**Georgetown County Disabilities and Special Needs Board
The Cooper Center/Growth Enterprises
95 Academy Avenue
Georgetown South Carolina 29440**

June 15, 2017**9:00 A.M.**

1. Call to Order *Chairman Bill Danielson*
2. Welcome - Notice of Meeting Statement *Commissioner Gary Lemel*
3. Executive Session – will be closed to the public
- 4. Enter into Public Session – at approximately 10:00 a.m. or later**
5. Invocation *Chairman Bill Danielson*
6. Introduction of Guests
7. Adoption of Agenda
8. Approval of the Minutes of the May 18, 2017 Commission Meeting
9. Public Input
10. Commissioners' Update *Commissioners*
11. Election of Officers *Commissioner Sam Broughton*
12. State Director's Report *Dr. Beverly Buscemi*
13. Georgetown County DSN Board Presentation *Ms. Elizabeth Krauss
Executive Director
Georgetown County DSN Board*
14. Finance and Audit Committee Report *Committee Chairman Gary Lemel*
 - A. Provider Contracts
 - B. Contract Approval Process
 - C. IA Contract Withhold Repeat Finding
15. Business:
 - A. Waiting List Reduction Efforts *Mrs. Susan Beck*
 - B. Waiver Slot Allocation Plan ID/RD and CSW *Dr. Beverly Buscemi*
 - C. Future Restructuring of the Provider Payment Structure *Dr. Beverly Buscemi*
 - D. DDSN as Administrative Entity for Medicaid State Plan for ASD *Mrs. Susan Beck*
 - E. RFP for Quality Improvement Organization Contract *Mrs. Susan Beck*
 - F. Department of Transportation Grant *Mr. Tom Waring*
 - G. Financial Update *Mr. Tom Waring*
 - H. Budget Update *Mr. Tom Waring*
16. Next Regular Meeting (July 20, 2017)
17. Adjournment

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
AGENCY BUDGET FOR COMMUNITY CONTRACTS
FISCAL YEAR 2017 TO 2018**

	<u>FY 2016-2017</u> <u>AMOUNT</u>	<u>FY 2017-2018</u> <u>AMOUNT</u>	<u>INCREASE</u> <u>(DECREASE)</u>	<u>%</u> <u>INCREASE</u> <u>(DECREASE)</u>
RESIDENTIAL SERVICES	\$ 265,768,095	\$ 273,995,177	\$ 8,227,082	3%
DAY SUPPORTS	\$ 84,795,945	\$ 83,052,732	\$ (1,743,213)	-2%
CASE MANAGEMENT	\$ 22,331,719	\$ 21,617,905	\$ (713,814)	-3%
EARLY INTERVENTION	\$ 20,950,789	\$ 25,041,788	\$ 4,090,999	20%
PREVENTION	\$ 10,211,376	\$ 12,051,376	\$ 1,840,000	18%
INDIVIDUAL/FAMILY SUPPORT SERVICES	\$ 107,058,990	\$ 118,582,134	\$ 11,523,144	11%
SPECIAL SERVICE CONTRACTS	\$ 235,000	\$ 255,650	\$ 20,650	9%
INTERAGENCY SERVICE CONTRACTS	\$ 1,331,030	\$ 1,213,061	\$ (117,969)	-9%
GRAND TOTAL	<u>\$ 512,682,944</u>	<u>\$ 535,809,823</u>	<u>\$ 23,126,879</u>	<u>5%</u>

The Grand Total amount of \$535,809,823 includes \$456,314,857 in Community Contracts and \$79,494,966 in projected payments that will be made to qualified providers for authorized service activity based on approved rates. The \$79,494,966 is broken down by service activity as follows:

HASCI Waiver - \$31,251,816
PDD Waiver - \$22,377,250
Case Management - \$21,493,905
State Fire Marshal Facility Inspections - \$138,000
Alternative Placements - (Correct Care) - \$4,028,495
Intake - \$205,500

The \$9 million in new state appropriations for the direct support professional wage increase is not included in the Grand Total due to the timing of the state budget process. In addition, the Grand Total does not reflect funding related to residential vacancies, expansion beds still in development, funding associated with pending ID/RD and CS waiver slots and unallocated state funded Community Support slots.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
 AGENCY BUDGET FOR COMMUNITY CONTRACTS
 FISCAL YEAR 2017 TO 2018**

<u>SERVICE</u>	<u>NUMBER INDIVIDUALS</u>	<u>AMOUNT</u>
RESIDENTIAL SERVICES	4,525	\$ 273,995,177
DAY SUPPORTS	8,420	\$ 83,052,732
SERVICE COORDINATION	12,388	\$ 21,617,905
EARLY INTERVENTION	6,675	\$ 25,041,788
PREVENTION	1,700	\$ 12,051,376
INDIVIDUAL/FAMILY SUPPORT SERVICES	10,900	\$ 118,582,134
SPECIAL SERVICE CONTRACTS	-	\$ 255,650
INTERAGENCY SERVICE CONTRACTS	-	\$ 1,213,061
GRAND TOTAL	<u>44,608</u>	<u>\$ 535,809,823</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - RESIDENTIAL SERVICES
FISCAL YEAR 2017 TO 2018**

	<u>Amount</u>	<u>Total Number Served</u>
<u>Residential Services</u>		
ICF (Intermediate Care Facilities)	42,354,798	502
CRCF (Community Residential Care Facilities)	26,250,800	390
CTH II (Community Training Home II)	181,259,087	2,689
CTH I (Community Training Home I)	5,940,309	207
SLP I (Supervised Living Program I)	3,925,086	265
SLP II (Supervised Living Program II)	10,236,602	443
Alternative Placements/Correct Care	4,028,495	29
	<u>\$ 273,995,177</u>	<u>4,525</u>
<u>Residential Services by Service Provider</u>		
Aiken	-	-
Aldersgate	829,842	14
Allendale-Barnwell	4,643,483	76
Anderson	4,968,851	97
ARC of the Midlands	228,067	11
Babcock Center	20,009,197	324
Bamberg	1,694,332	35
Beaufort	2,785,694	52
Berkeley Citizens	6,280,085	102
Burton Center	9,848,342	160
Calhoun	4,284,351	56
Care Focus	3,964,768	44
Charles Lea	16,647,278	299
Charleston	11,997,505	220
Cherokee	2,528,402	36
CHESCO	15,610,365	253
Chester/Lancaster	2,312,770	43
Clarendon	3,692,407	73
Colleton	3,141,211	58
Community Options	9,549,900	131
Darlington	3,176,528	49
Dorchester	6,487,976	118
ECM Consulting	79,009	2
Excalibur Youth Services	2,570,797	24
Fairfield	3,299,835	48
Florence	8,172,821	146
GEO Care/Now Correct Care	4,028,495	29
Georgetown	2,311,673	39
Greenville	13,757,781	246
Growing Homes	497,900	12
Hampton	785,370	15
Horry	4,201,154	85
Jasper	1,554,352	24
Kershaw	1,388,860	25
Laurens	6,431,781	114
Lee	3,467,831	63
LifeShare Management	712,315	12
Lutheran Family Services	4,604,195	57
Marion-Dillon	3,603,516	57
Marlboro	691,846	16
Mentor	17,051,291	189
MIRCI	1,037,556	12
Newberry	3,443,491	62
Oconee	3,804,401	85
Orangeburg	7,787,267	144
PADD	369,387	6
Pickens	4,806,016	88
Pine Grove	1,000,085	12

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - RESIDENTIAL SERVICES
FISCAL YEAR 2017 TO 2018**

	<u>Amount</u>		<u>Total Number Served</u>	
Richland-Lexington	854,102		28	
SAFY	421,087		8	
SC Department of Social Services	-		-	
Sumter	5,894,063		100	
Tridevelopment Center	10,439,287		190	
UCP of SC	6,299,888		90	
Union	2,521,179		42	
Williamsburg	1,796,390		36	
Willowglen Academy	1,318,380		16	
YAP	-		-	
York	8,310,421		152	
Total	<u>\$ 273,995,177</u>		<u>4,525</u>	
<u>Residential Services by Provider Type</u>	<u>Amount</u>		<u>Number Served</u>	<u>%</u>
Private Providers	54,334,897	20%	658	15%
Public Providers	219,660,281	80%	3,867	85%
	<u>\$ 273,995,177</u>		<u>4,525</u>	

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - DAY SERVICES
FISCAL YEAR 2017 TO 2018**

<u>Day Supports</u>	<u>Amount</u>	<u>Total Number Served</u>
Adult Day Supports	71,827,046	7,352
Adult Day Supports - Regional Center Consumers	60,515	7
Adult Day Supports - State Funded Consumers	3,482,964	258
Child Daycare Centers	317,594	33
HASCI Community Opportunities	575,829	200
HASCI Division Rehabilitation Supports	1,192,500	110
Supported Employment	5,596,284	460
	<u>\$ 83,052,732</u>	<u>8,420</u>

Day Supports by Service Provider

Aiken	90,000	9
Allendale-Barnwell	1,215,636	102
Anderson	2,480,240	198
ARC of the Midlands	44,197	9
Babcock Center	8,098,656	717
Bamberg	793,500	66
Beaufort	2,375,892	198
Berkeley Citizens	2,257,110	189
Burton Center	3,250,858	271
Calhoun	836,564	70
Charles Lea	5,160,042	431
Charleston	5,806,575	513
Cherokee	940,726	77
CHESCO	3,252,560	265
Chester/Lancaster	1,458,550	121
Clarendon	1,465,914	123
Community Options	54,106	16
Colleton	1,170,268	98
Darlington	860,400	72
Dorchester	2,013,744	168
Fairfield	693,548	58
Florence	2,834,427	235
Georgetown	1,143,730	95
Goodwill Industries Day Supports	-	-
Greenville	5,420,423	488
Hampton	624,344	52
Horry	2,784,101	271
Jasper	821,974	70
Kershaw	898,458	75
Laurens	1,787,302	149
Lee	893,850	75
Marion-Dillon	1,849,594	155
Marlboro	550,532	46
Mentor	-	-
Newberry	1,179,882	99
Oconee	1,916,096	160
Orangeburg	2,490,464	208
Pickens	1,706,180	142
Richland-Lexington	262,196	22
SC Special Olympics	250,000	1,345
State Funded Community Supports	-	-
Sumter	1,877,640	156
Tri-Development Center	4,532,652	378
UCP of SC	108,311	27
Union	803,114	67
Williamsburg	1,165,262	97
York	2,833,114	237
York Adult Enrichment Centers	-	-
Total	<u>\$ 83,052,732</u>	<u>8,420</u>

Day Supports by Provider Type

	<u>Amount</u>	<u>%</u>	<u>Number Served</u>	<u>%</u>
Private Providers	456,614	1%	1,397	17%
Public Providers	82,596,118	99%	7,023	83%
	<u>\$ 83,052,732</u>		<u>8,420</u>	

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - CASE MANAGEMENT (formerly Service Coordination)
FISCAL YEAR 2017 TO 2018**

<u>Case Management</u>	<u>Amount</u>	<u>Total Number Served</u>
Aiken	865,226	522
Allendale-Barnwell	197,194	120
Anderson	543,002	327
Bamberg	136,392	83
Beaufort	368,095	224
Berkeley	524,206	319
Bright Start	1,056,629	643
Burton	592,590	356
Calhoun	146,252	89
Carolina Behavior and Beyond	1,643	1
Center for Developmental Services	95,459	58
Charles Lea	1,048,225	633
Charleston	1,314,249	790
Cherokee	185,691	113
CHESCO	376,311	229
Chester/Lancaster	382,563	230
Clarendon	253,065	154
Clear Vision Community Services	23,006	14
Colleton	208,697	127
Darlington	293,208	173
Dorchester	496,271	302
DSN Advocates	131,462	80
Easter Seals	25,095	15
Fairfield	111,743	68
Florence	702,236	422
Georgetown	202,123	123
Greenville	1,244,214	751
Hampton	108,456	66
Hermione Flowers	32,866	20
Horry	614,837	368
Jasper	169,391	101
Kershaw	243,205	148
Laurens	343,446	209
Lee	136,392	83
Marion-Dillon	294,147	179
Marlboro	111,743	68
Newberry	195,550	119
Oconee	346,732	211
Orangeburg	537,767	323
Pathfinders Team	59,158	36
Pickens	325,651	196
Richland-Lexington	2,783,430	1,600
SC Autism Society	1,005,687	612
Sumter	308,937	188
Taylor Consultants LLC	-	-
The Arc of SC	442,042	269
Union	144,609	88
Upstate Support Services	-	-
Williamsburg	180,761	110
York	709,271	428
Non-Waiver Case Management	998,980	
	<u>\$ 21,617,905</u>	<u>12,388</u> *

<u>Case Management by Provider Type</u>	<u>Amount</u>	<u>%</u>	<u>Number Served</u>	<u>%</u>
Private Providers	2,873,047	13%	1,748	14%
Public Providers	18,744,858	87%	10,640	86%
	<u>\$ 21,617,905</u>		<u>12,388</u>	

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - EARLY INTERVENTION
FISCAL YEAR 2017 TO 2018**

<u>Early Intervention</u>	<u>Amount</u>	<u>Total Number Served</u>
About Play	899,730	266
Advantage Early Intervention	13,842	2
Aging with Flair	968,940	280
Ahead Start	1,799,460	424
Aiken	330,699	86
All About Children	392,190	108
Allendale-Barnwell	224,744	41
Amazing Kids	184,560	58
Anderson	276,389	92
Awesome Kids	73,824	22
Beaufort	330,699	90
Berkeley	276,389	84
Better Beginnings	33,221	9
Beyond Early Intervention	599,820	164
Bright Start	3,921,900	1,053
Brilliant Beginnings	392,190	71
Burton Center	124,618	32
Calhoun	31,155	5
Carolina Behavior & Beyond	645,960	178
Carolina Early Intervention	78,438	23
Charles Lea	330,699	106
Charleston	276,389	75
Cherokee	124,618	33
Chesco	155,773	44
Chester/Lancaster	124,618	35
Clarendon	62,309	8
Coastal Early Intervention	357,585	100
Colleton	124,618	44
Cornerstone Support Services	138,420	25
Creative Development	59,982	21
Darlington	218,082	68
Dorchester	251,899	69
Easter Seals	1,799,460	475
Epworth	108,298	32
Fairfield	62,309	7
Florence	330,699	87
Georgetown	124,618	39
Great Kids and Awesome Adults	415,260	139
Greenville/Thrive Upstate	509,531	131
Hampton	93,464	16
Hands on Development	253,770	78
Horry	441,984	111
I Shine	299,910	81
Jasper	62,309	17
Kershaw	31,155	8
Kid in Development	645,960	188
Kids 1st	129,192	42
Laurens	193,837	46

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - EARLY INTERVENTION
FISCAL YEAR 2017 TO 2018**

	<u>Amount</u>	<u>Total Number Served</u>
Lee	62,309	8
Marion-Dillon	249,234	57
Marlboro	93,464	25
Maxibilities of York County	276,389	77
Newberry	62,309	24
Oconee	249,234	73
Orangeburg	276,389	56
Palmetto Early Intervention	415,260	112
Path Finders Team Services	276,840	90
Pattison's DREAM Academy	179,946	50
Pediatric Therapy of Aiken	207,630	54
Pee Dee Kids	253,770	67
Pee Dee Professional Interv	13,842	3
Pickens	62,309	10
Playworks	876,660	217
Promising Futures	433,716	99
Richland - Lexington*	582,598	127
Sumter	124,618	22
Therapy Solutions	322,980	96
Tina Greene & Associates	87,666	22
Tiny Feet EI	80,745	22
Union	93,464	20
Upstate Supp. Services	175,332	51
Vision Institute of SC	166,104	56
Williamsburg	93,464	24
	<u>\$ 25,041,788</u>	<u>6,675</u>

Early Intervention by Provider Type

	<u>Amount</u>	<u>%</u>	<u>Number Served</u>	<u>%</u>
Private Providers	17,702,403	71%	4,778	72%
Public Providers	7,339,385	29%	1,897	28%
	<u>\$ 25,041,788</u>		<u>6,675</u>	

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS
FISCAL YEAR 2017 TO 2018**

<u>Prevention</u>	<u>Amount</u>	<u>Total Number Served</u>
Greenwood Genetic Center	12,051,376	1,700
Injury Prevention Initiatives		
	<u>\$ 12,051,376</u>	<u>1,700</u>

<u>Individual/Family Support Services</u>	<u>Amount</u>	<u>Total Number Served</u>
Caregiver Relief Program - Support Services	323,498	60
Community Supports Waiver - Support Services	17,566,806	2,979
Head & Spinal Cord Injury Waiver - Support Services	31,277,816	1,015
Intellectual & Developmental Disabilities Waiver - Support Services	38,093,693	3,405
Individual/Family Support and Respite	1,362,571	2,226
Pervasive Developmental Disorder Program	26,502,250	1,075
Preventive Health	150,000	75
TBI/SCI Post-Acute Rehabilitation	3,100,000	65
Intake	205,500	
	<u>\$ 118,582,134</u>	<u>10,900</u>

<u>Special Service Contracts</u>	<u>Amount</u>	<u>Total Number Served</u>
ARC of South Carolina - Support Activities For Families	25,000	
Brain Injury Association of SC - Support Activities For Consumers and Families	62,500	
Family Connection of SC - Support Network For Families	85,650	
SC Autism Society - Support Activities For Families	20,000	
SC Spinal Cord Injury Assoc. - Support Network For Peers	62,500	
	<u>\$ 255,650</u>	<u>-</u>

<u>Interagency Service Contracts</u>	<u>Amount</u>	<u>Total Number Served</u>
Children's Trust Fund - Children's Injury Prevention	5,000	
LLR - State Fire Marshall	138,000	
SC Arts Commission - Arts Training for Individuals with Disabilities	6,700	
USC - Center for Disability Research - Attendant Care Training	200,000	
USC - Center for Disability Research - SIS Assessments /Toll Free Access/Eligibility Screening (limited)/Professional Development Training	749,529	
USC - Department of Pediatrics - Medical Policy Advisor	111,332	
MUSC - Sponsorship of Special Dental Training	2,500	
	<u>\$ 1,213,061</u>	<u>-</u>

GRAND TOTAL ALL COMMUNITY CONTRACTS	<u>\$ 535,809,823</u>	<u>44,608</u>
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SUMMARY OF COMMUNITY CONTRACTS BY PROVIDER	#	\$
Early Intervention Contracts	3,725	\$ 13,780,503
Special Grants	-	\$ 16,855,078
Aiken County	95	\$ 456,809
Aldersgate	14	\$ 829,843
Allendale/Barnwell Counties	190	\$ 6,458,336
Anderson County	422	\$ 9,418,759
ARC of the Midlands	20	\$ 272,264
ARC of South Carolina	-	\$ 45,573
Babcock Center	1,383	\$ 37,082,246
Bamberg County	177	\$ 2,704,549
Beaufort County	312	\$ 6,053,011
Berkeley Citizens	390	\$ 10,260,031
Bright Start	1,053	\$ 4,041,632
Burton Center	421	\$ 14,223,983
Calhoun County	129	\$ 5,516,089
Care Focus	44	\$ 3,964,768
Charles Lea Center	831	\$ 29,757,955
Charleston County	771	\$ 21,185,156
Cherokee County	162	\$ 4,139,067
Chesco	371	\$ 18,285,688
Chester/Lancaster Counties	260	\$ 6,657,406
Clarendon County	151	\$ 5,563,437
Colleton County	178	\$ 4,919,196
Community Options	147	\$ 9,604,006
Darlington County	186	\$ 4,720,130
Dorchester County	382	\$ 10,374,130
ECM Consulting	2	\$ 79,009
Excalibur	24	\$ 2,570,797
Fairfield County	84	\$ 4,292,989
Florence County	473	\$ 13,220,221
Georgetown County	170	\$ 4,298,593
Thrive Upstate (Greenville County)	1,024	\$ 25,226,563
Growing Homes	12	\$ 497,900
Hampton County	80	\$ 1,748,623
Horry County	441	\$ 9,061,930
Jasper County	95	\$ 11,735,709
Kershaw County	140	\$ 3,394,415
Laurens County	269	\$ 9,416,657
Lee County	103	\$ 4,514,138
LifeShare	12	\$ 712,315
Lutheran Family Services	57	\$ 4,604,195
Marion/Dillon Counties	225	\$ 6,113,125
Marlboro County	92	\$ 1,657,942
MIRCI	12	\$ 1,037,556
Newberry County	155	\$ 5,029,046
Oconee County	277	\$ 6,670,071
Orangeburg County	351	\$ 11,326,309
PADD	6	\$ 369,387
Pickens County	197	\$ 7,203,494
Pine Grove	12	\$ 1,000,085
Richland/Lexington Counties	156	\$ 1,974,685
SAFY	8	\$ 421,087
SC Autism	-	\$ 154,535
SC Mentor	189	\$ 17,051,290
Sumter County	241	\$ 8,520,343
Tri-Development Center	517	\$ 16,558,255
UCP	92	\$ 6,408,199
Union County	94	\$ 3,682,370
Williamsburg County	133	\$ 3,379,398
Willowglen Academy	16	\$ 1,318,380
MaxAbilities of York	499	\$ 13,895,600
TOTAL COMMUNITY CONTRACTS	18,072	\$ 456,314,857

<u>EARLY INTERVENTION ONLY</u>	#	\$
About Play	266	\$ 899,730
Advantage EI	2	\$ 13,842
Aging with Flair	280	\$ 968,940
Ahead Start	424	\$ 1,799,460
All About Children	108	\$ 392,190
Amazing Kids	58	\$ 184,560
Awesome Kids	22	\$ 73,824
Better Beginnings	9	\$ 33,221
Beyond EI	164	\$ 599,820
Brilliant Beginnings	71	\$ 392,190
Carolina Behavior and Beyond	178	\$ 645,960
Carolina Early Intervention	23	\$ 78,438
Coastal Early Intervention	100	\$ 357,585
Cornerstone Support	25	\$ 138,420
Creative Development	21	\$ 59,982
Easter Seals	475	\$ 1,799,460
Epworth	32	\$ 108,298
Great Kids and Awesome Adults	139	\$ 415,260
Hands on Development	78	\$ 253,770
I Shine	81	\$ 299,910
Kids 1st	42	\$ 129,192
Kids in Development	188	\$ 645,960
Palmetto Early Intervention	112	\$ 415,260
Path Finders Team Services	90	\$ 276,840
Pattison's Dream Academy	50	\$ 179,946
Pediatric Therapy of Aiken	54	\$ 207,630
Pee Dee Kids	67	\$ 253,770
Pee Dee Professional Intervention	3	\$ 13,842
Playworks	217	\$ 876,660
Promising Futures	99	\$ 433,716
Therapy Solutions	96	\$ 322,980
Tina Greene	22	\$ 87,666
Tiny Feet	22	\$ 80,745
Upstate Support	51	\$ 175,332
Vision Institute	56	\$ 166,104
TOTAL EI ONLY	3,725	\$ 13,780,503

SPECIAL GRANTS		#	\$
*	Brain Injury Association of SC	-	\$ 62,500
	Carolinas Rehab - TBI/SCI Post-Acute Rehabilitation	-	\$ 815,000
*	Children's Trust Fund - Safe Kids Injury Prevention	-	\$ 5,000
*	Family Connection - Family Support Network	-	\$ 65,000
*	Family Connection - Education and Training	-	\$ 20,650
*	Greenwood Genetics Center - Autism Research	-	\$ 200,000
*	Greenwood Genetics Center - Neural Tube Defect Prevention	-	\$ 678,600
	Greenwood Genetics Center - Genetic Testing and Counseling	-	\$ 3,309,856
	Greenwood Genetics Center - Institutional Testing and Counseling	-	\$ 3,448,295
	Greenwood Genetics Center - Metabolic Disorders	-	\$ 3,839,625
*	Greenwood Genetics Center - Specialized Equipment & Testing	-	\$ 315,000
*	Greenwood Genetics Center - Laboratory Equipment Purchase	-	\$ 260,000
*	MUSC - Sponsorship of Special Dental Training	-	\$ 2,500
	Rehab Without Walls - TBI/SCI Post-Acute Rehabilitation	-	\$ 250,000
	Roger C. Peace Hospital - TBI/SCI Post-Acute Rehabilitation	-	\$ 1,160,000
	Roper Rehab Hospital - TBI/SCI Post-Acute Rehabilitation	-	\$ 875,000
*	SC Arts Commission	-	\$ 6,700
*	SC Respite Coalition	-	\$ 159,991
*	SC Special Olympics	-	\$ 250,000
*	SC Spinal Cord Injury Association	-	\$ 62,500
*	USC - Physician Services	-	\$ 111,332
*	USC - Training Programs for Attendant Care	-	\$ 200,000
*	USC - Training Programs and Technical Assistance for Staff	-	\$ 749,529
	York Adult Day Care - Care Giver Relief	-	\$ 8,000
TOTAL SPECIAL GRANTS		-	\$ 16,855,078
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

AIKEN		#	\$
	Early Intervention	86	\$ 330,699
	HASCI Rehab Supports	9	\$ 90,000
	Family Support	-	\$ 36,110
TOTAL AIKEN CONTRACTS		95	\$ 456,809

ALDRSGATE		#	\$
	CTH 2	4	\$ 214,197
	CRCF	10	\$ 615,646
TOTAL ALDRSGATE CONTRACT		14	\$ 829,843

ALLENDALE/BARNWELL		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	28	\$ 363,720
	Band I - At-Home CSW	45	\$ 612,540
	Band D - Residential	6	\$ 117,408
	Band G - Residential	31	\$ 1,908,453
	Band H - Residential	39	\$ 3,213,522
Total Capitated Contract		149	\$ 6,215,643
Special Contracts			
	Early Intervention	41	\$ 224,744
	Family Support	-	\$ 17,949
Total Special Contracts		41	\$ 242,693
TOTAL ALLENDALE/BARNWELL CONTRACTS		190	\$ 6,458,336

ANDERSON		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	99	\$ 1,375,807
	Band I - At-Home CSW	98	\$ 1,333,976
	Band C - Residential	18	\$ 569,988
	Band D - Residential	10	\$ 195,680
	Band G - Residential	35	\$ 2,154,705
	Band H - Residential	34	\$ 2,906,574
Total Capitated Contract		294	\$ 8,536,730
Special Contracts			
	Early Intervention	92	\$ 276,389
*	Child Day	22	\$ 192,016
	HASCI - Individual Rehab Supports	11	\$ 112,500
	Family Support	-	\$ 56,116
	State Funded Community Supports	3	\$ 42,666
*	Walgreen Employment Project	-	\$ 202,342
Total Special Contracts		128	\$ 882,029
TOTAL ANDERSON CONTRACTS		422	\$ 9,418,759
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

<u>ARC OF THE MIDLANDS</u>		#	\$
	Supported Employment	9	\$ 44,197
	SLP 1	11	\$ 228,067
TOTAL ARC OF THE MIDLANDS CONTRACTS		20	\$ 272,264

<u>ARC OF SOUTH CAROLINA</u>		#	\$
	Family Support	-	\$ 20,573
*	General Operating for Awareness Project	-	\$ 25,000
TOTAL ARC OF SC CONTRACTS		-	\$ 45,573
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

BABCOCK CENTER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	663	\$ 8,797,175
	Band I - At-Home CSW	327	\$ 4,451,124
	Band C - Residential	42	\$ 1,338,370
	Band D - Residential	7	\$ 136,976
	Band F - Residential	6	\$ 228,624
	Band G - Residential	83	\$ 5,109,729
	Band H - Residential	165	\$ 14,407,309
	Band R - Residential	4	\$ 362,116
Total Capitated Contract		1,297	\$ 34,831,423
Special Contracts			
	HASCI Day		\$ 172,555
	HASCI Residential	4	\$ 165,298
	HASCI - Individual Rehab Supports	17	\$ 191,250
	Medically Fragile Home	8	\$ 828,144
	Caregiver Relief		\$ 50,000
	State Funded Follow Along	13	\$ 69,550
	State Funded Community Supports	33	\$ 469,326
	CIRS	5	\$ 190,107
*	Healthy Outcomes		\$ 50,000
*	Maintenance for Autism Home	-	\$ 7,500
	DDSN Autism Slot	1	\$ 11,918
	Regional Center Attending Day	5	\$ 45,175
Total Special Contracts		86	\$ 2,250,823
TOTAL BABCOCK CONTRACTS		1,383	\$ 37,082,246
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

BAMBERG		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	13	\$ 190,166
	Band I - At-Home CSW	26	\$ 353,912
	Band D - Residential	6	\$ 117,408
	Band F - Residential	1	\$ 38,104
	Band G - Residential	118	\$ 1,108,134
	Band H - Residential	10	\$ 823,980
Total Capitated Contract		174	\$ 2,631,704
Special Contracts			
	Family Support	-	\$ 5,179
	Caregiver Relief	-	\$ 25,000
	State Funded Community Supports	3	\$ 42,666
Total Special Contracts		3	\$ 72,845
TOTAL BAMBERG CONTRACTS		177	\$ 2,704,549

BEAUFORT		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	67	\$ 889,984
	Band I - At-Home CSW	96	\$ 1,306,752
	Band D - Residential	7	\$ 136,976
	Band E - Residential	1	\$ 24,297
	Band F - Residential	1	\$ 38,104
	Band G - Residential	20	\$ 1,231,260
	Band H - Residential	22	\$ 1,812,756
	Band R - Residential	1	\$ 90,529
Total Capitated Contract		215	\$ 5,530,658
Special Contracts			
	Early Intervention	90	\$ 330,699
	Family Support	-	\$ 27,100
	Caregiver Relief	-	\$ 65,000
	State Funded Community Supports	7	\$ 99,554
Total Special Contracts		97	\$ 522,353
TOTAL BEAUFORT CONTRACTS		312	\$ 6,053,011

BERKELEY CITIZENS		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	99	\$ 1,286,010
	Band I - At-Home CSW	103	\$ 1,402,036
	Band D - Residential	2	\$ 39,136
	Band E - Residential	4	\$ 97,188
	Band G - Residential	37	\$ 2,277,831
	Band H - Residential	54	\$ 4,491,440
	Band R - Residential	2	\$ 181,058
Total Capitated Contract		301	\$ 9,774,699
Special Contracts			
	HASCI Residential	1	\$ 82,398
	Early Intervention	84	\$ 276,389
	Family Support	-	\$ 33,627
	State Funded Community Supports	2	\$ 28,444
	CIRS	2	\$ 64,474
Total Special Contracts		89	\$ 485,332
TOTAL BERKELEY CITIZENS CONTRACTS		390	\$ 10,260,031

BRIGHT START		#	\$
	Early Intervention	1,053	\$ 3,921,900
	Family Support	-	\$ 74,348
*	Mortgage Expenses	-	\$ 45,384
TOTAL BRIGHT START CONTRACTS		1,053	\$ 4,041,632
*	Denotes Contract amount does not fluctuate as		
	a result of consumers exercising choice of service		
	provider or utilization of authorized service.		

BURTON CENTER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	85	\$ 1,104,150
	Band I - At-Home CSW	131	\$ 1,783,172
	Band C - Residential	19	\$ 601,654
	Band D - Residential	9	\$ 176,112
	Band E - Residential	4	\$ 97,188
	Band F - Residential	1	\$ 38,104
	Band G - Residential	37	\$ 2,277,831
	Band H - Residential	90	\$ 7,801,581
Total Capitated Contract		376	\$ 13,879,792
Special Contracts			
	Early Intervention	32	\$ 124,618
	Family Support	-	\$ 43,559
	State Funded Follow Along	1	\$ 5,350
	State Funded Community Supports	12	\$ 170,664
Total Special Contracts		45	\$ 344,191
TOTAL BURTON CENTER CONTRACTS		421	\$ 14,223,983

CALHOUN		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	32	\$ 415,680
	Band I - At-Home CSW	35	\$ 476,420
	Band G - Residential	10	\$ 615,630
	Band H - Residential	46	\$ 3,954,753
Total Capitated Contract		123	\$ 5,462,483
Special Contracts			
	Early Intervention	5	\$ 31,155
	Family Support	-	\$ 8,229
	State Funded Community Supports	1	\$ 14,222
Total Special Contracts		6	\$ 53,606
TOTAL CALHOUN CONTRACTS		129	\$ 5,516,089

CARE FOCUS	#	\$
Low Needs CTH 2	1	\$ 61,565
High Needs CTH 2	27	\$ 2,224,766
HASCI Residential CTH 2	4	\$ 333,362
Band R	4	\$ 362,109
High Needs CTH 2 with Outliers	8	\$ 974,506
Room & Board	-	\$ 8,460
TOTAL CARE FOCUS CONTRACTS	44	\$ 3,964,768

CHARLES LEA CENTER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	254	\$ 3,520,748
	Band I - At-Home CSW	159	\$ 2,164,308
	Band C - Residential	16	\$ 506,656
	Band D - Residential	20	\$ 391,360
	Band E - Residential	1	\$ 24,297
	Band G - Residential	126	\$ 7,756,938
	Band H - Residential	100	\$ 8,398,237
	Band R - Residential	1	\$ 90,529
Total Capitated Contract		677	\$ 22,853,073
Special Contracts			
	HASCI Residential	1	\$ 82,398
	Early Intervention	106	\$ 330,699
	Family Support		\$ 66,332
	Medically Fragile Home	8	\$ 973,848
	State Funded Follow Along	1	\$ 5,350
	State Funded Community Supports	13	\$ 184,886
	CIRS	25	\$ 834,834
*	Healthy Outcomes	-	\$ 50,000
*	Maintenance for Autism Home	-	\$ 7,535
*	Fiscal Agent - Respite Admin	-	\$ 62,000
	Fiscal Agent - Respite Payroll	-	\$ 4,307,000
Total Special Contracts		154	\$ 6,904,882
TOTAL CHARLES LEA CENTER CONTRACTS		831	\$ 29,757,955
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

CHARLESTON		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	187	\$ 2,549,702
	Band I - At-Home CSW	230	\$ 3,130,760
	Band C - Residential	26	\$ 823,316
	Band D - Residential	19	\$ 371,792
	Band E - Residential	8	\$ 194,376
	Band F - Residential	2	\$ 76,208
	Band G - Residential	56	\$ 3,447,528
	Band H - Residential	109	\$ 9,229,525
Total Capitated Contract		637	\$ 19,823,207
Special Contracts			
	HASCI Day	-	\$ 184,227
	Early Intervention	75	\$ 276,389
	HASCI - Individual Rehab Supports	17	\$ 191,250
*	Child Day	11	\$ 125,578
	Family Support	-	\$ 93,857
	State Funded Follow Along	1	\$ 5,350
	State Funded Community Supports	30	\$ 426,660
*	Mortgage Expenses for Day Program	-	\$ 58,638
Total Special Contracts		134	\$ 1,361,949
TOTAL CHARLESTON CONTRACTS		771	\$ 21,185,156
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

CHEROKEE		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	39	\$ 506,610
	Band I - At-Home CSW	44	\$ 598,928
	Band G - Residential	14	\$ 861,882
	Band H - Residential	22	\$ 1,892,962
Total Capitated Contract		119	\$ 3,860,382
Special Contracts			
	Early Intervention	33	\$ 124,618
	Family Support	-	\$ 11,847
	State Funded Community Supports	10	\$ 142,220
Total Special Contracts		43	\$ 278,685
TOTAL CHEROKEE CONTRACTS		162	\$ 4,139,067

CHESCO		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	35	\$ 577,899
	Band I - At-Home CSW	49	\$ 666,988
	Band C - Residential	39	\$ 1,234,974
	Band D - Residential	7	\$ 136,976
	Band F - Residential	6	\$ 228,624
	Band G - Residential	48	\$ 2,955,024
	Band H - Residential	118	\$ 10,013,977
Total Capitated Contract		302	\$ 15,814,462
Special Contracts			
	Early Intervention	44	\$ 155,773
	Family Support	-	\$ 15,466
	State Funded Follow Along	3	\$ 16,050
	State Funded Community Supports	3	\$ 42,666
	CIRS	3	\$ 118,396
	High Management Homes	16	\$ 2,015,793
	Leisure Activities for Nursing Home Residents	-	\$ 8,000
*	Mortgage Expenses for Day Program	-	\$ 99,082
Total Special Contracts		69	\$ 2,471,226
TOTAL CHESCO CONTRACTS		371	\$ 18,285,688
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

CHESTER/LANCASTER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	86	\$ 1,259,746
	Band I - At-Home CSW	69	\$ 939,228
	Band C - Residential	7	\$ 221,662
	Band G - Residential	23	\$ 1,415,949
	Band H - Residential	29	\$ 2,525,506
Total Capitated Contract		214	\$ 6,362,091
Special Contracts			
	Early Intervention	35	\$ 124,618
	Family Support	-	\$ 23,127
	State Funded Follow Along	1	\$ 5,350
	State Funded Community Supports	10	\$ 142,220
Total Special Contracts		46	\$ 295,315
TOTAL CHESTER/LANCASTER CONTRACTS		260	\$ 6,657,406

CLARENDON		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	32	\$ 436,987
	Band I - At-Home CSW	38	\$ 517,256
	Band D - Residential	7	\$ 136,976
	Band F - Residential	6	\$ 228,624
	Band G - Residential	37	\$ 2,277,831
	Band H - Residential	23	\$ 1,895,154
Total Capitated Contract		143	\$ 5,492,828
Special Contracts			
	Early Intervention	8	\$ 62,309
	Family Support	-	\$ 8,300
Total Special Contracts		8	\$ 70,609
TOTAL CLARENDON CONTRACTS		151	\$ 5,563,437

COLLETON		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	50	\$ 678,825
	Band I - At-Home CSW	25	\$ 340,300
	Band C - Residential	18	\$ 569,988
	Band G - Residential	6	\$ 369,378
	Band H - Residential	33	\$ 2,719,134
	Band R - Residential	1	\$ 90,529
Total Capitated Contract		133	\$ 4,768,154
Special Contracts			
	Early Intervention	44	\$ 124,618
	Family Support	-	\$ 12,202
	State Funded Community Supports	1	\$ 14,222
Total Special Contracts		45	\$ 151,042
TOTAL COLLETON CONTRACTS		178	\$ 4,919,196

COMMUNITY OPTIONS		#	\$
	SLP 1	10	\$ 231,242
	HASCI Residential SLP 1	1	\$ 17,445
	SLP 3	3	\$ 96,327
	CTH 1	10	\$ 307,690
	Low Needs CTH 2	10	\$ 615,646
	High Needs CTH 2	64	\$ 5,273,520
	HASCI Residential CTH 2	7	\$ 590,570
	Band R	23	\$ 2,082,128
	High Needs CTH 2 with Outliers	3	\$ 335,333
	Supported Employment Services	16	\$ 54,106
TOTAL COMMUNITY OPTIONS CONTRACTS		147	\$ 9,604,006

DARLINGTON		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	31	\$ 424,220
	Band I - At-Home CSW	37	\$ 503,644
	Band F - Residential	1	\$ 38,104
	Band G - Residential	30	\$ 1,846,890
	Band H - Residential	17	\$ 1,558,545
	Band R - Residential	1	\$ 90,529
Total Capitated Contract		117	\$ 4,461,932
Special Contracts			
	Early Intervention	68	\$ 218,082
	Family Support	-	\$ 25,894
	State Funded Community Supports	1	\$ 14,222
Total Special Contracts		69	\$ 258,198
TOTAL DARLINGTON CONTRACTS		186	\$ 4,720,130

DORCHESTER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	118	\$ 1,594,516
	Band I - At-Home CSW	71	\$ 966,452
	Band C - Residential	7	\$ 221,662
	Band D - Residential	12	\$ 234,816
	Band G - Residential	60	\$ 3,693,780
	Band H - Residential	40	\$ 3,295,920
Total Capitated Contract		308	\$ 10,007,146
Special Contracts			
	Early Intervention	69	\$ 251,899
	Family Support	-	\$ 36,819
	State Funded Community Supports	5	\$ 71,110
*	Maintenance for Autism Homes	-	\$ 7,156
Total Special Contracts		74	\$ 366,984
TOTAL DORCHESTER CONTRACTS		382	\$ 10,374,130
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

ECM CONSULTING		#	\$
	SLP 1	2	\$ 79,009
TOTAL ECM CONSULTING CONTRACT		2	\$ 79,009

EXCALIBUR	#	\$
High Management CTH 2	24	\$ 2,570,797
TOTAL EXCALIBUR CONTRACT	24	\$ 2,570,797

FAIRFIELD		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	17	\$ 269,456
	Band I - At-Home CSW	11	\$ 149,732
	Band G - Residential	23	\$ 1,415,949
	Band H - Residential	24	\$ 2,230,126
Total Capitated Contract		75	\$ 4,065,263
Special Contracts			
	HASCI Residential	1	\$ 142,398
	Early Intervention	7	\$ 62,309
	Family Support	-	\$ 8,797
	State Funded Community Supports	1	\$ 14,222
Total Special Contracts		9	\$ 227,726
TOTAL FAIRFIELD CONTRACTS		84	\$ 4,292,989

FLORENCE		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	132	\$ 2,041,286
	Band I - At-Home CSW	97	\$ 1,320,364
	Band C - Residential	34	\$ 1,076,644
	Band E - Residential	2	\$ 48,594
	Band G - Residential	43	\$ 2,647,209
	Band H - Residential	67	\$ 5,520,666
Total Capitated Contract		375	\$ 12,654,763
Special Contracts			
	Early Intervention	87	\$ 330,699
	Family Support	-	\$ 57,464
	Caregiver Relief	-	\$ 12,500
	State Funded Community Supports	9	\$ 127,998
	Leisure Activities - Manor House	-	\$ 21,457
	Regional Center Attending Day	2	\$ 15,340
Total Special Contracts		98	\$ 565,458
TOTAL FLORENCE CONTRACTS		473	\$ 13,220,221

GEORGETOWN		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	57	\$ 955,132
	Band I - At-Home CSW	30	\$ 408,360
	Band G - Residential	15	\$ 923,445
	Band H - Residential	21	\$ 1,730,358
Total Capitated Contract		123	\$ 4,017,295
Special Contracts			
	Early Intervention	39	\$ 124,618
	Family Support	-	\$ 10,570
	State Funded Community Supports	5	\$ 71,110
	CIRS	3	\$ 75,000
Total Special Contracts		47	\$ 281,298
TOTAL GEORGETOWN CONTRACTS		170	\$ 4,298,593

THRIVE UPSTATE		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	314	\$ 4,533,098
	Band I - At-Home CSW	281	\$ 3,824,972
	Band C - Residential	41	\$ 1,298,306
	Band D - Residential	11	\$ 215,248
	Band G - Residential	91	\$ 5,602,233
	Band H - Residential	94	\$ 7,775,856
Total Capitated Contract		832	\$ 23,249,713
Special Contracts			
	HASCI Day	-	\$ 184,551
	HASCI Residential	9	\$ 546,576
	HASCI - Individual Rehab Supports	35	\$ 393,750
	Early Intervention	131	\$ 509,531
	Family Support	-	\$ 100,668
	State Funded Community Supports	17	\$ 241,774
Total Special Contracts		192	\$ 1,976,850
TOTAL THRIVE UPSTATE CONTRACTS		1,024	\$ 25,226,563

<u>GROWING HOMES</u>		#	\$
	TFH - Level 1	5	\$ 126,418
	TFH - Level 2	2	\$ 75,373
	TFH - Level 3	5	\$ 260,355
	Day Service Add-Ons	-	\$ 35,755
TOTAL GOWING HOMES CONTRACT		12	\$ 497,900

HAMPTON		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	25	\$ 357,081
	Band I - At-Home CSW	22	\$ 299,464
	Band D - Residential	3	\$ 58,704
	Band G - Residential	4	\$ 246,252
	Band H - Residential	8	\$ 659,184
Total Capitated Contract		62	\$ 1,620,685
Special Contracts			
	Early Intervention	16	\$ 93,464
	Family Support	-	\$ 6,030
	State Funded Community Supports	2	\$ 28,444
Total Special Contracts		18	\$ 127,938
TOTAL HAMPTON CONTRACTS		80	\$ 1,748,623

HORRY		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	139	\$ 1,928,136
	Band I - At-Home CSW	76	\$ 1,034,512
	Band C - Residential	15	\$ 474,990
	Band D - Residential	8	\$ 156,544
	Band E - Residential	2	\$ 48,594
	Band G - Residential	26	\$ 1,600,638
	Band H - Residential	30	\$ 2,493,092
	Band R - Residential	2	\$ 181,058
	Funded Vacancies	-	\$ -
Total Capitated Contract		298	\$ 7,917,564
Special Contracts			
	HASCI Day	-	\$ 145,805
	HASCI Residential	2	\$ 140,088
	HASCI - Individual Rehab Supports	15	\$ 157,500
	Early Intervention	111	\$ 441,984
	Family Support	-	\$ 49,731
	State Funded Follow Along	1	\$ 5,350
	State Funded Community Supports	14	\$ 199,108
	Special Family Support	-	\$ 4,800
Total Special Contracts		143	\$ 1,144,366
TOTAL HORRY CONTRACTS		441	\$ 9,061,930

JASPER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	19	\$ 246,810
	Band I - At-Home CSW	29	\$ 394,748
	Band G - Residential	8	\$ 492,504
	Band H - Residential	16	\$ 1,347,880
	Total Capitated Contract	72	\$ 2,481,942
Special Contracts			
	Early Intervention	17	\$ 62,309
	Family Support	-	\$ 7,236
	HASCI - Individual Rehab Supports	5	\$ 45,000
	State Funded Community Supports	1	\$ 14,222
	Fiscal Agent - ID/RD Attendant Care	-	\$ 400,000
	Fiscal Agent - CS Waiver Attendant Care	-	\$ 1,675,000
*	Fiscal Agent - Self-Arranged Attendant Care	-	\$ 185,000
	Fiscal Agent - Respite Payroll	-	\$ 2,680,000
*	Fiscal Agent - Respite Payroll Admin	-	\$ 85,000
	Fiscal Agent - HASCI Self-Directed Care	-	\$ 4,100,000
	Total Special Contracts	23	\$ 9,253,767
TOTAL JASPER CONTRACTS		95	\$ 11,735,709
* Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.			

KERSHAW		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	65	\$ 1,094,360
	Band I - At-Home CSW	40	\$ 544,480
	Band D - Residential	1	\$ 19,568
	Band G - Residential	17	\$ 1,046,571
	Band H - Residential	6	\$ 494,388
	Band R - Residential	1	\$ 90,529
Total Capitated Contract		130	\$ 3,289,896
Special Contracts			
	Early Intervention	8	\$ 31,155
	Family Support	-	\$ 14,047
	Caregiver Relief	-	\$ 30,873
	State Funded Community Supports	2	\$ 28,444
Total Special Contracts		10	\$ 104,519
TOTAL KERSHAW CONTRACTS		140	\$ 3,394,415

LAURENS		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	50	\$ 856,943
	Band I - At-Home CSW	54	\$ 735,048
	Band C - Residential	14	\$ 443,324
	Band D - Residential	12	\$ 234,816
	Band G - Residential	32	\$ 1,970,016
	Band H - Residential	54	\$ 4,680,317
	Band R - Residential	1	\$ 90,529
Total Capitated Contract		217	\$ 9,010,993
Special Contracts			
	HASCI Residential	1	\$ 61,563
	Early Intervention	46	\$ 193,837
	Family Support	-	\$ 27,029
	Caregiver Relief	-	\$ 52,125
	State Funded Community Supports	5	\$ 71,110
Total Special Contracts		52	\$ 405,664
TOTAL LAURENS CONTRACTS		269	\$ 9,416,657

LEE		#	\$
	Capitated Contract		
	Band B - At-home ID/RD Waiver	7	\$ 90,930
	Band I - At-Home CSW	25	\$ 340,300
	Band C - Residential	10	\$ 316,660
	Band D - Residential	3	\$ 58,704
	Band G - Residential	23	\$ 1,415,949
	Band H - Residential	27	\$ 2,224,746
	Total Capitated Contract	95	\$ 4,447,289
	Special Contracts		
	Early Intervention	8	\$ 62,309
	Family Support	-	\$ 4,540
	Total Special Contracts	8	\$ 66,849
	TOTAL LEE CONTRACTS	103	\$ 4,514,138

LIFESHARE		#	\$
	TFH - Level 1	1	\$ 25,284
	TFH - Level 2	2	\$ 75,373
	TFH - Level 3	9	\$ 468,638
	Day Service Add-Ons	-	\$ 143,021
TOTAL LIFESHARE CONTRACT		12	\$ 712,315

LUTHERAN		#	\$
	Low Needs CTH 2	1	\$ 61,565
	High Needs CTH 2	18	\$ 1,483,908
	HASCI Residential - CTH 2	2	\$ 190,950
	Band R	8	\$ 724,218
	High Needs CTH 2 with Outliers	10	\$ 1,138,618
	TFH - Level 1	2	\$ 50,567
	TFH - Level 2	4	\$ 150,745
	TFH - Level 3	12	\$ 636,768
	Day Service Add-Ons		\$ 166,858
TOTAL LUTHERAN CONTRACTS		57	\$ 4,604,195

MARION/DILLON		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	27	\$ 386,531
	Band I - At-Home CSW	83	\$ 1,129,796
	Band C - Residential	1	\$ 31,666
	Band G - Residential	18	\$ 1,108,134
	Band H - Residential	38	\$ 3,131,124
Total Capitated Contract		167	\$ 5,787,251
Special Contracts			
	Early Intervention	57	\$ 249,234
	Family Support	-	\$ 22,418
	Caregiver Relief	-	\$ 40,000
	State Funded Community Supports	1	\$ 14,222
Total Special Contracts		58	\$ 325,874
TOTAL MARION/DILLON CONTRACTS		225	\$ 6,113,125

MARLBORO		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	30	\$ 412,082
	Band I - At-Home CSW	20	\$ 272,240
	Band D - Residential	4	\$ 78,272
	Band G - Residential	10	\$ 615,630
	Band H - Residential	2	\$ 164,796
Total Capitated Contract		66	\$ 1,543,020
Special Contracts			
	Early Intervention	25	\$ 93,464
	Family Support	-	\$ 7,236
	State Funded Community Supports	1	\$ 14,222
Total Special Contracts		26	\$ 114,922
TOTAL MARLBORO CONTRACTS		92	\$ 1,657,942

<u>MIRCI</u>	#	\$
CRCF - High Needs	6	\$ 494,393
CRCF - Band R	6	\$ 543,164
TOTAL MIRCI CONTRACT	12	\$ 1,037,556

NEWBERRY		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	25	\$ 324,750
	Band I - At-Home CSW	37	\$ 503,644
	Band C - Residential	6	\$ 189,996
	Band D - Residential	7	\$ 136,976
	Band G - Residential	39	\$ 2,400,957
	Band H - Residential	17	\$ 1,400,766
Total Capitated Contract		131	\$ 4,957,089
Special Contracts			
	Early Intervention	24	\$ 62,309
	Family Support	-	\$ 9,648
Total Special Contracts		24	\$ 71,957
TOTAL NEWBERRY CONTRACTS		155	\$ 5,029,046

OCONEE		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	54	\$ 701,460
	Band I - At-Home CSW	51	\$ 694,212
	Band C - Residential	17	\$ 538,322
	Band D - Residential	17	\$ 332,656
	Band G - Residential	22	\$ 1,354,386
	Band H - Residential	26	\$ 2,142,348
	Band W - Residential	11	\$ 441,848
Total Capitated Contract		198	\$ 6,205,232
Special Contracts			
	HASCI Residential	2	\$ 143,961
	Early Intervention	73	\$ 249,234
	Family Support	-	\$ 14,756
	State Funded Community Supports	4	\$ 56,888
Total Special Contracts		79	\$ 464,839
TOTAL OCONEE CONTRACTS		277	\$ 6,670,071

ORANGEBURG		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	97	\$ 1,399,741
	Band I - At-Home CSW	66	\$ 898,392
	Band C - Residential	18	\$ 569,988
	Band G - Residential	41	\$ 2,524,083
	Band H - Residential	63	\$ 5,220,304
Total Capitated Contract		285	\$ 10,612,508
Special Contracts			
	HASCI Residential	5	\$ 320,118
	Early Intervention	56	\$ 276,389
	Family Support	-	\$ 46,184
	State Funded Community Supports	5	\$ 71,110
Total Special Contracts		66	\$ 713,801
TOTAL ORANGEBURG CONTRACTS		351	\$ 11,326,309

<u>PADD</u>	#	\$
CRCF - Low Needs	6	\$ 369,387
TOTAL PADD CONTRACT	6	\$ 369,387

PICKENS		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	33	\$ 428,670
	Band I - At-Home CSW	60	\$ 816,720
	Band C - Residential	16	\$ 506,656
	Band D - Residential	12	\$ 234,816
	Band G - Residential	19	\$ 1,169,697
	Band H - Residential	41	\$ 3,872,123
Total Capitated Contract		181	\$ 7,028,682
Special Contracts			
	Early Intervention	10	\$ 62,309
	Family Support	-	\$ 27,171
	State Funded Community Supports	6	\$ 85,332
Total Special Contracts		16	\$ 174,812
TOTAL PICKENS CONTRACTS		197	\$ 7,203,494

<u>PINE GROVE</u>		#	\$
	CTH 2 - High Needs	12	\$ 1,000,085
TOTAL PINE GROVE CONTRACT		12	\$ 1,000,085

<u>RICHLAND/LEXINGTON</u>		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	1	\$ 12,990
	Band F - Residential	26	\$ 990,704
Total Capitated Contract		27	\$ 1,003,694
Special Contracts			
	Early Intervention	127	\$ 582,598
	Family Support	-	\$ 112,799
	Special Supports - ID/RD Individual	-	\$ 12,000
*	Rent Expenses	-	\$ 124,000
	BEAP Program	-	\$ 26,000
	TFH - Level 2	1	\$ 37,686
	TFH - Level 3	1	\$ 52,071
	Day Service Add-Ons	-	\$ 23,837
Total Special Contracts		129	\$ 970,991
TOTAL RICHLAND/LEXINGTON CONTRACTS		156	\$ 1,974,685
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

SAFY		#	\$
	TFH - Level 2	3	\$ 113,059
	TFH - Level 3	5	\$ 260,355
	Day Service Add-Ons	-	\$ 47,674
TOTAL SAFY CONTRACT		8	\$ 421,087

SC AUTISM		#	\$
	Family Support	-	\$ 109,535
*	Support Project	-	\$ 20,000
*	Teaching Toy Box	-	\$ 25,000
TOTAL SC AUTISM CONTRACTS		-	\$ 154,535
*	Denotes Contract amount does not fluctuate as a		
	result of consumers exercising choice of service		
	provider or utilization of authorized service.		

SC MENTOR	#	\$
CTH 1	1	\$ 29,413
Low Needs CTH 2	4	\$ 246,258
High Needs CTH 2	62	\$ 5,108,723
HASCI Residential - CTH 2	10	\$ 833,405
High Management Homes - CTH 2	95	\$ 9,867,837
Band R - CTH 2	4	\$ 362,109
TFH - Level 1	3	\$ 75,851
TFH - Level 2	2	\$ 75,373
THH - Level 3	8	\$ 416,567
Day Service Add-Ons	-	\$ 35,755
TOTAL SC MENTOR CONTRACTS	189	\$ 17,051,290

SUMTER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	38	\$ 493,620
	Band I - At-Home CSW	73	\$ 993,676
	Band C - Residential	12	\$ 379,992
	Band G - Residential	42	\$ 2,585,646
	Band H - Residential	45	\$ 3,707,910
	Band R - Residential	1	\$ 90,529
Total Capitated Contract		211	\$ 8,251,373
Special Contracts			
	Early Intervention	22	\$ 124,618
	Family Support	-	\$ 30,576
	State Funded Community Supports	8	\$ 113,776
Total Special Contracts		30	\$ 268,970
TOTAL SUMTER CONTRACTS		241	\$ 8,520,343

TRI-DEVELOPMENT CENTER		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	148	\$ 1,922,520
	Band I - At-Home CSW	166	\$ 2,259,592
	Band C - Residential	20	\$ 633,320
	Band D - Residential	15	\$ 293,520
	Band F - Residential	10	\$ 381,040
	Band G - Residential	56	\$ 3,447,528
	Band H - Residential	88	\$ 7,298,105
Total Capitated Contract		503	\$ 16,235,625
Special Contracts			
	HASCI Residential	2	\$ 101,966
	State Funded Community Supports	12	\$ 170,664
*	Healthy Outcomes	-	\$ 50,000
Total Special Contracts		14	\$ 322,630
TOTAL TRI-DEVELOPMENT CENTER CONTRACTS		517	\$ 16,558,255
*	Denotes Contract amount does not fluctuate as a result of consumers exercising choice of service provider or utilization of authorized service.		

UCP	#	\$
CTH 1	4	\$ 117,654
SLP 1	8	\$ 158,475
SLP 2	9	\$ 306,370
Low Needs CTH 2	14	\$ 861,904
High Needs CTH 2	48	\$ 3,955,140
HASCI Residential - CTH 2	3	\$ 250,021
High Needs CTH 2 with Outliers	3	\$ 559,797
Band R - CTH 2	1	\$ 90,527
Day Services	2	\$ 23,837
Final Rule Initiative - Day Service Add-On	-	\$ 84,474
TOTAL UCP CONTRACTS	92	\$ 6,408,199

UNION		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	22	\$ 285,780
	Band I - At-Home CSW	28	\$ 381,136
	Band D - Residential	4	\$ 78,272
	Band G - Residential	17	\$ 1,046,571
	Band H - Residential	21	\$ 1,753,876
Total Capitated Contract		92	\$ 3,545,635
Special Contracts			
	Early Intervention	-	\$ 93,464
	Family Support	-	\$ 14,827
	State Funded Community Supports	2	\$ 28,444
Total Special Contracts		2	\$ 136,735
TOTAL UNION CONTRACTS		94	\$ 3,682,370

WILLIAMSBURG		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	23	\$ 323,126
	Band I - At-Home CSW	46	\$ 626,152
	Band D - Residential	1	\$ 19,568
	Band E - Residential	1	\$ 24,297
	Band F - Residential	6	\$ 228,624
	Band G - Residential	17	\$ 1,046,571
	Band H - Residential	11	\$ 906,378
Total Capitated Contract		105	\$ 3,174,716
Special Contracts			
	Early Intervention	24	\$ 93,464
	Family Support	-	\$ 14,330
	Caregiver Relief	-	\$ 40,000
	State Funded Community Supports	4	\$ 56,888
Total Special Contracts		28	\$ 204,682
TOTAL WILLIAMSBURG CONTRACTS		133	\$ 3,379,398

<u>WILLOWGLEN ACADEMY</u>		#	\$
	High Needs CTH 2	16	\$ 1,318,380
TOTAL WILLOWGLEN ACADEMY CONTRACT		16	\$ 1,318,380

MAX ABILITIES OF YORK		#	\$
Capitated Contract			
	Band B - At-home ID/RD Waiver	164	\$ 2,175,611
	Band I - At-Home CSW	101	\$ 1,374,812
	Band C - Residential	19	\$ 601,654
	Band D - Residential	13	\$ 254,384
	Band G - Residential	45	\$ 2,770,335
	Band H - Residential	74	\$ 6,289,320
Total Capitated Contract		416	\$ 13,466,116
Special Contracts			
	HASCI Residential	1	\$ 39,412
	HASCI - Individual Rehab Supports	1	\$ 11,250
	Early Intervention	77	\$ 276,389
	Family Support	-	\$ 45,545
	State Funded Community Supports	4	\$ 56,888
Total Special Contracts		83	\$ 429,484
TOTAL MAX ABILITIES OF YORK CONTRACTS		499	\$ 13,895,600

Agency Contract Approval Process

1. The commission must approve all contracts, other than those which fluctuate due to persons exercising their freedom of choice of qualified service providers, where the total contract amount exceeds \$200,000 in a fiscal year.
2. The commission must approve all agency contracts that exceed \$200,000 per fiscal year provided that commission approval will not delay the provision of services, through any qualified provider, when the contract amount goes above the \$200, 000 limit due to persons exercising their freedom of choice of qualified service providers.

To: Finance and Audit Committee Members

Re: Recommendation Options to Use Financial Penalties (Contract Withholds) For Repeat Audit Findings

Date: June 9, 2017

Prior to presenting the recommendation options, it is beneficial to restate DDSN Internal Audit's forthcoming reworked audit report format. This new format design provides the reader with a more holistic view of the audit results. It will permit management and stakeholders to better interpret DDSN audit reports by establishing overall performance ratings in major audit areas of its financial management system. It is quite common to have multiple audit findings of a minor nature needing correction, yet these audit findings in no way undermine the overall satisfactory functionality of the provider's financial management system.

The new format uses a color-coded system to distinguish performance levels in each major audit area. These overall performance ratings by major audit area will provide better context to understand the relative impact of the individual audit findings. This is a reporting format change and not a substantive change to the methodology. The color-coded reporting should clarify the vast majority of providers have historically been "green" and "red" was the exception. The agency hopes to implement this new format starting July 1st. See "Attachment A" for a mock internal Audit report using the proposed new format.

Recommendation Options to Use Financial Penalties

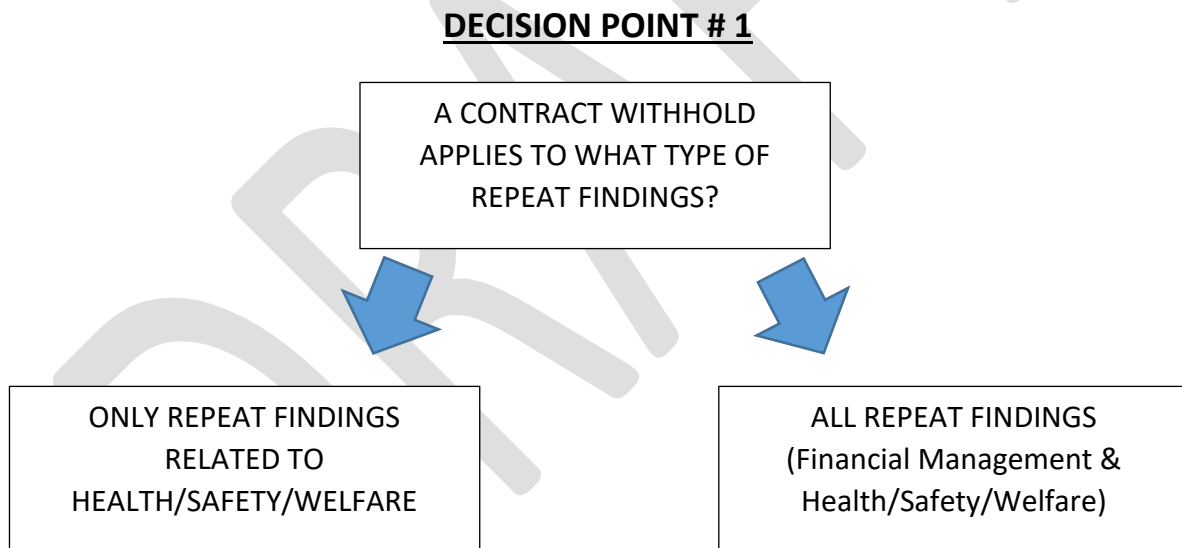
The decision to attach financial penalties to audit findings should not be made lightly. However, a persistent pattern of repeat findings in financial audits needs to be addressed. Given DDSN's authority over providers is primarily contractual, it leaves few options other than financial penalties (contract withholds) to draw attention to address this systemic non-compliance issue. A repeat finding occurs when a finding cited in the initial audit report was found in the subsequent follow-up audit to still be deficient with established standards or the agreed upon corrective action plan. A repeat finding is not a new finding that was found during a follow-up audit (was not included in the initial audit but found as a result of the follow-up audit process) and included in the follow-up. A repeat finding does not apply to an audit finding that was cited in previous audit cycles but was considered cleared in the follow-up audit.

Examples of internal audit repeat findings that may result in contract withholds are:

- Systemic issues with cash on-hand exceeding the \$50 maximum amount allowed to be held by the Provider on behalf of the individual without proper documentation to support the increase.
- Checks made payable to cash or cash withdrawals without supporting documentation.
- Checking accounts titled as joint accounts with staff.
- Checks made payable to staff without supporting documentation and sign off by supervisory management.

- Disbursements not having sufficient documentation to support consumers' expenses.
- Residual funds not accounted for when monies are left over from consumer purchases.
- Inappropriate purchases made with consumer funds (i.e. CTH II resident purchasing household supplies, late fees, medical supplies covered under the waiver).
- Not allowing consumers' access to their funds through the withholding of deposits (unearned and earned income).
- Allowing consumer to lose Medicaid eligibility due to exceeding asset limit (typically \$2,000).
- Overcharging of room and board (i.e., not allowing \$50 of unearned income to be retained, not allowing % of earned income).
- Weekly spending not agreeing to the consumers' authorized financial plans.

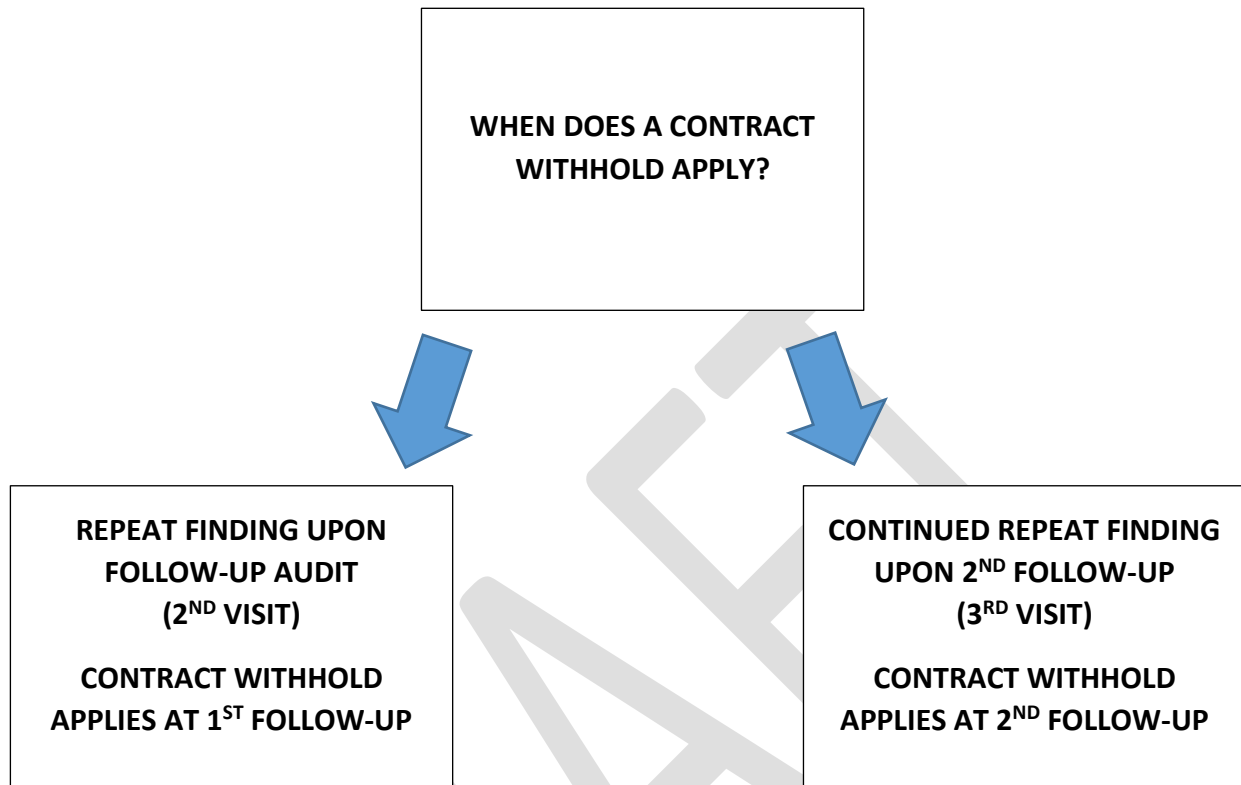
After multiple stakeholder meetings, the way forward on this issue requires three decision points:



Decision Point Number One: Do contract withholdings apply only to repeat Internal Audit findings related to Health, Safety, and Welfare or do they apply to all repeat findings?

Items related to Health, Safety and Welfare are most often connected to consumer funds and assets.

DECISION POINT # 2

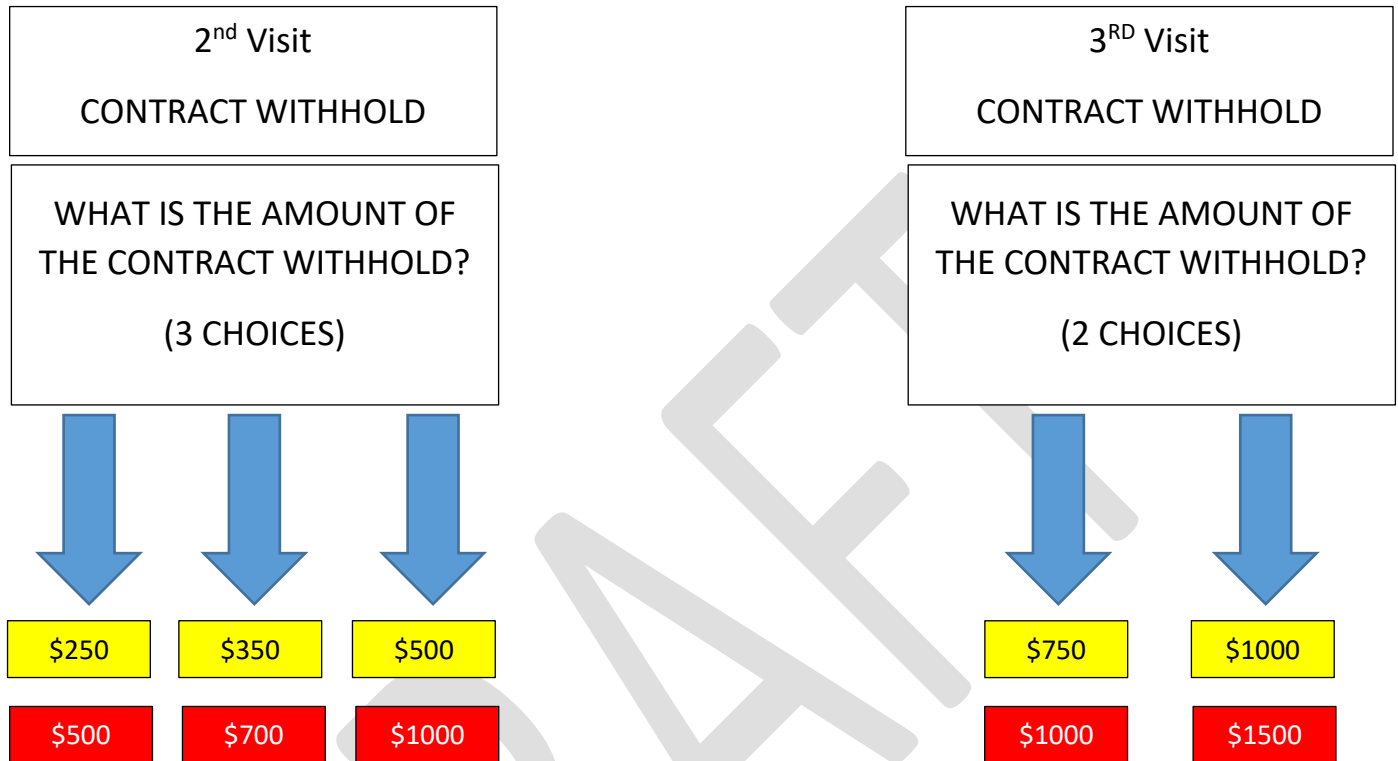


THIS DECISION POINT REMAINS THE SAME REGARDLESS OF WHETHER A CONTRACT WITHHOLD APPLIES TO ALL REPEAT FINDINGS OR ONLY THOSE RELATED TO HEALTH, SAFETY AND WELFARE.

Decision Point Number Two: Does the current process continue in which Internal Audit does a follow up review and contract withholds are issued for repeat findings after the first follow-up (2ND visit) or does Internal Audit staff return for a second follow-up audit (3rd visit) and contract withholds only apply to continued deficiencies at that point?

- Instituting a new second follow-up (3rd visit) would have resource implications for the agency because of the increased numbers of reviews required by Internal Audit staff.

DECISION POINT # 3



THIS DECISION POINT VARIES DEPENDING ON THE DECISIONS MADE AT POINTS NUMBER ONE AND TWO.

Decision Point Number Three: Multiple options for amounts of contract withholds to be considered.

If contract withhold applies only to a repeat finding related to Health, Safety and Welfare:

The possible contract withhold amounts for consideration would only apply to the red boxes, as findings in the yellow categories would not directly relate to health, safety, and welfare.

If contract withhold applies to any repeat finding:

The possible contract withhold amounts for consideration would apply to both the red and yellow boxes. The contract withhold would be less for yellow items and more for red items.

DDSN Audit Finding Standards

During the stakeholder meetings, providers emphasized a need for DDSN to provide clear standards upon which audit findings are made. As a result, DDSN Internal Audit will ensure audit finding standards are clear for each individual audit test conducted. Audit tests quantifiable, primarily in the provider's financial management system, will set forth an "acceptable exception rate" which will vary slightly based on audit sample sizes. Exception (error) rates exceeding this established acceptable exception rate will generate an audit finding requiring corrective action by the provider. For audit tests requiring the auditor's judgement of both quantitative (frequency) and qualitative (i.e., impact, significance, etc.) factors, the criteria used will be set forth, as well as the finding will require a narrative description of evidence relied upon. These multiple criteria based findings are often found in health/welfare/safety audit tests. It should be noted all field audit findings are reviewed by a DDSN quality assessment auditor to ensure findings, particularly those based on field auditor judgement, are supported with sound evidence and consistent with prior provider audit findings.

Appeal Option

A monetary contract withhold should contain a provider appeal option. A proposed appeal structure would be as follows:

Contract Withhold Indicated by Internal Audit Repeat Finding

**Provider appeals contract withhold
30 calendar days timeframe**

**Interdisciplinary team of DDSN Division Heads hears the
appeal and issues a final decision within 30 days.
Directors will be excluded from hearing appeals in their
area(s) of direct responsibility.**

Conclusion

The decision points pertaining to the type of findings, the number of follow-up audits, and the amounts of contract withholds provide the task force latitude to balance stakeholder equities with the need to solve a recurring problem of repeat findings. A contract withhold policy is designed as a mechanism to increase the attention of providers who are not instituting corrective action and providing the necessary oversight to remedy audit findings, and is not designed to be punitive. This approach is consistent with the overarching goals of DDSN Internal Audit to provide assurance to a variety of management with emphasis to provide developmental feedback to address issues/problems early. Most importantly, consistent auditing maintains and promotes the long-term financial health of the DDSN provider network and enables them to better serve consumers.

Attachment A

Purpose and Scope

DDSNs' Internal Audit Division (IA) performed an audit of ABCCBDSN consumers' personal funds and property. After a review of all the residential facilities, we selected a judgmental sample of consumers to perform an audit of their personal funds and property. The sample consisted of ten out of the 21 (49%) consumers served, with representation to include five in the Community Training Home (CTH) II program, and one in the Supervised Living Program (SLP) I.

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked them as "high" priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to Provider management and were not included in this report.

The scope of the audit encompassed the period July 1, 2014 through December 31, 2014. An entrance conference was held with Provider management on January 21, 2015 immediately followed by the field work. An exit conference was conducted on April 10, 2015.

Business Objective	Control Assessment
Management of Consumer Cash on Hand (Objective 1)	Satisfactory
Management of Consumers' Checkbooks (Objective 2)	Satisfactory
Management of Personal Property (Objective 3)	Needs Improvement
Management of Consumer Funds (Objective 4)	Unsatisfactory

Summary of Findings

Our audit of the Provider disclosed areas of concern related to the controls over consumer funds and property. These are noted in more detail in our report and present the Provider the opportunity to improve internal controls over the specific areas noted.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Provider was limited in scope and would not necessarily have detected other significant deficiencies that may exist.

Control Summary		
Sound Controls	Areas for Control Improvement	Immediate Improvement
<ul style="list-style-type: none">Cash on Hand managed appropriately. (Objective 1)	<ul style="list-style-type: none">Maintaining receipts for consumer purchases. (Objective 1)	<ul style="list-style-type: none">Counter checks were made payable to cash totaling \$3,560 were issued and

<ul style="list-style-type: none"> • Bond in effect for consumer funds. (Objective 2) • Financial forms are in file and documented appropriately. (Objective 2) • Bank account guidelines are in place and conform to requirements. (Objective 2) • Checking account guidelines are in place and properly documented. (Objective 2) • Reconciliations are conducted timely and properly documented. (Objective 2) • Personal property records (PPR) exist, if applicable, and staff are documenting items with \$50 or more in value. (Objective 3) • PPR is kept current with additions and deletions. (Objective 3) • Quarterly inventories performed and documented appropriately. (Objective 3) 	<ul style="list-style-type: none"> • Recording adequate descriptions, to include serial/model numbers, of personal property owned by consumers. (Objective 3) 	<p>drawn on consumers accounts. (Objective 4)</p> <ul style="list-style-type: none"> • Caregiver borrowed funds from the consumer. (Objective 4) • Any recommendation for a consumer to be reimbursed and they have not been reimbursed when the follow-up audit occur
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Findings and Action Plans

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

MAINTAINING RECEIPTS

Our review of consumers' personal funds found that the Provider did not always manage them in accordance with DDSN directive 200-12-DD, "Management of Funds for People Participating in Community Residential Programs." Of the 21 people in the residential programs, we reviewed the financial files for ten (49%) consumers, to include five CTH II, and one SLP I for the period July 1, 2014 through December 31, 2014. For nine of the ten consumers, we

reviewed a sample of 71 disbursements from the consumers' checking accounts. We found that two of seventy-one (3%) disbursements totaling \$50.93 did not have sufficient documentation available to support the purchase.

DDSN directive 200-12-DD requires certain controls be established and followed for handling consumers' personal funds to ensure that funds are properly accounted for and adequately safeguarded. In addition, appropriate documentation should be obtained and retained on file to support the use of the person's personal funds.

Residential staff did not always properly maintain and account for personal funds according to DDSN directive 200-12-DD. Failure to comply with all the requirements of DDSN directive 200-12-DD by establishing and implementing certain controls weakens accountability over the consumers' personal funds. In addition, failure to obtain and maintain sufficient and adequate documentation could result in the loss or misappropriation of consumers' funds without timely detection.

Action Plan

The procedure for retaining receipts has been revised. Management staff will no longer store receipts in the desk drawer. When receipts are received, management staff will immediately place them in the file for that individual. Management staff was inserviced on this procedure on 4/8/2015.

The agency will reimburse the consumer \$50.93 for not having sufficient documentation available to support the purchases made. The consumer will be reimbursed by 5/29/15.

Effective Date: May 29, 2015.

CONSUMER PROPERTY- DESCRIPTIONS

Of the 21 people in the residential programs, we reviewed the Personal Property Records for nine (43%) consumers, to include five CTH II, for the period July 1, 2014 through December 31, 2014. A review of the nine consumers' personal property, and corresponding Personal Property Records (PPRs), found that residential staff did not always manage the consumers' personal property in accordance with DDSN directive 604-01-DD "Individual Clothing and Personal Property". We verified the physical existence of their property items costing \$50 or more and traced the items in their living areas back to the entries recorded on the PPRs. Our review found the following:

1. Two of nine (22%) consumers' PPRs did not contain an adequate serial/model number for large dollar items, where applicable.
2. Six of nine (67%) individual's PPRs did not always contain adequate descriptions for non-clothing items reviewed. For example, there was no color description of consumers' bedroom furniture.

DDSN directive 604-01-DD requires consumers' personal property records to be maintained and kept current. The records should include adequate descriptions, serial numbers, values/costs, and dates for additions/deletions to the PPRs for all items costing \$50 or more. Inventories should be taken at least quarterly and documented with the date and staff initials on the property records.

Residential staff did not always monitor or maintain consumers' personal property according to the requirements of DDSN directive 604-01-DD. Failure to comply with the directive weakens accountability for non-clothing personal property that could result in loss through theft or misappropriation without timely detection. In addition, lost items without complete inventory records might not be returned, if recovered items cannot be definitively identified.

Action Plan

House Managers will be re-inserviced on how to complete the Personal Property Records to include: serial numbers, color, brand and name of property.

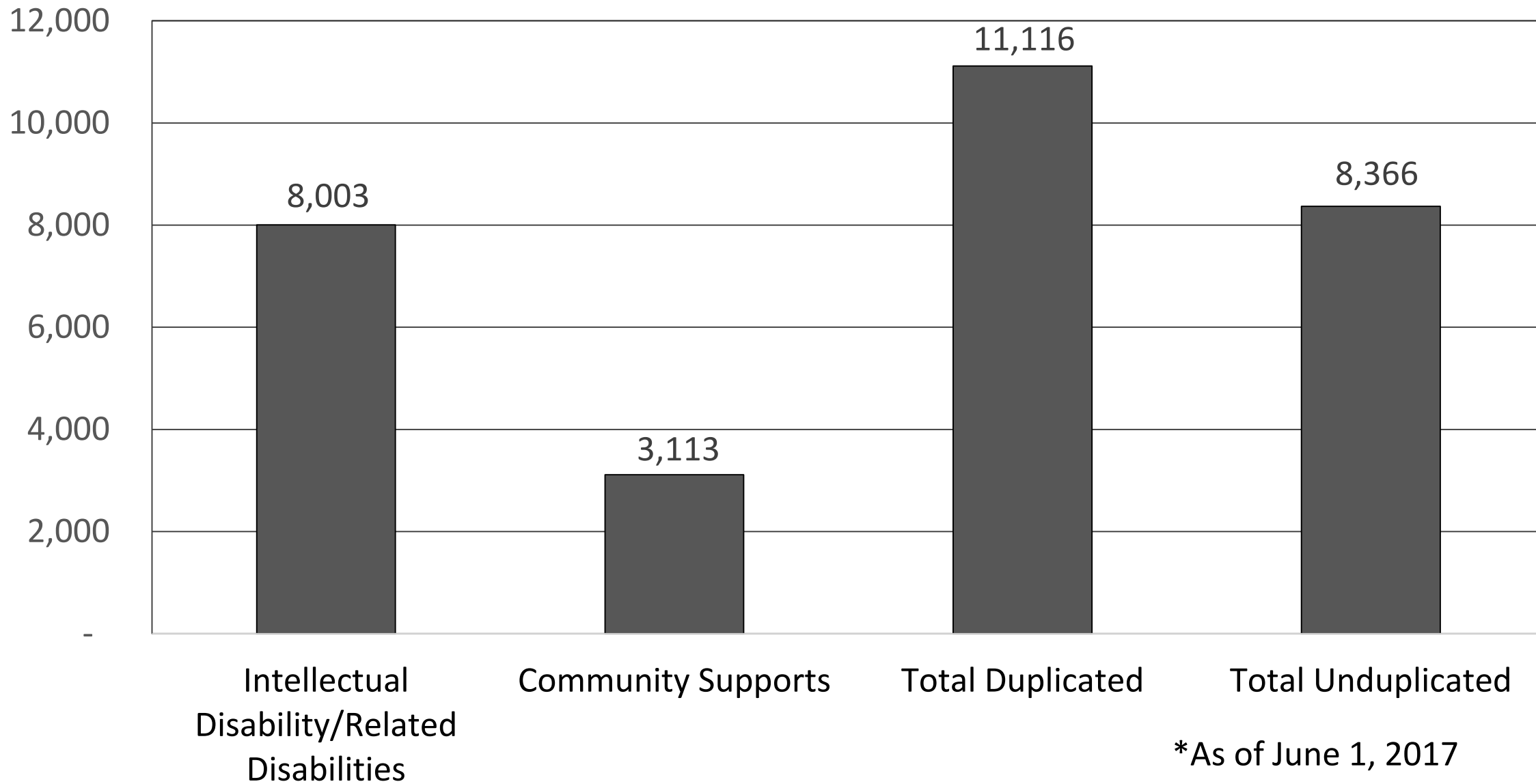
Effective Date: May 30, 2015.

In-Charge Auditor

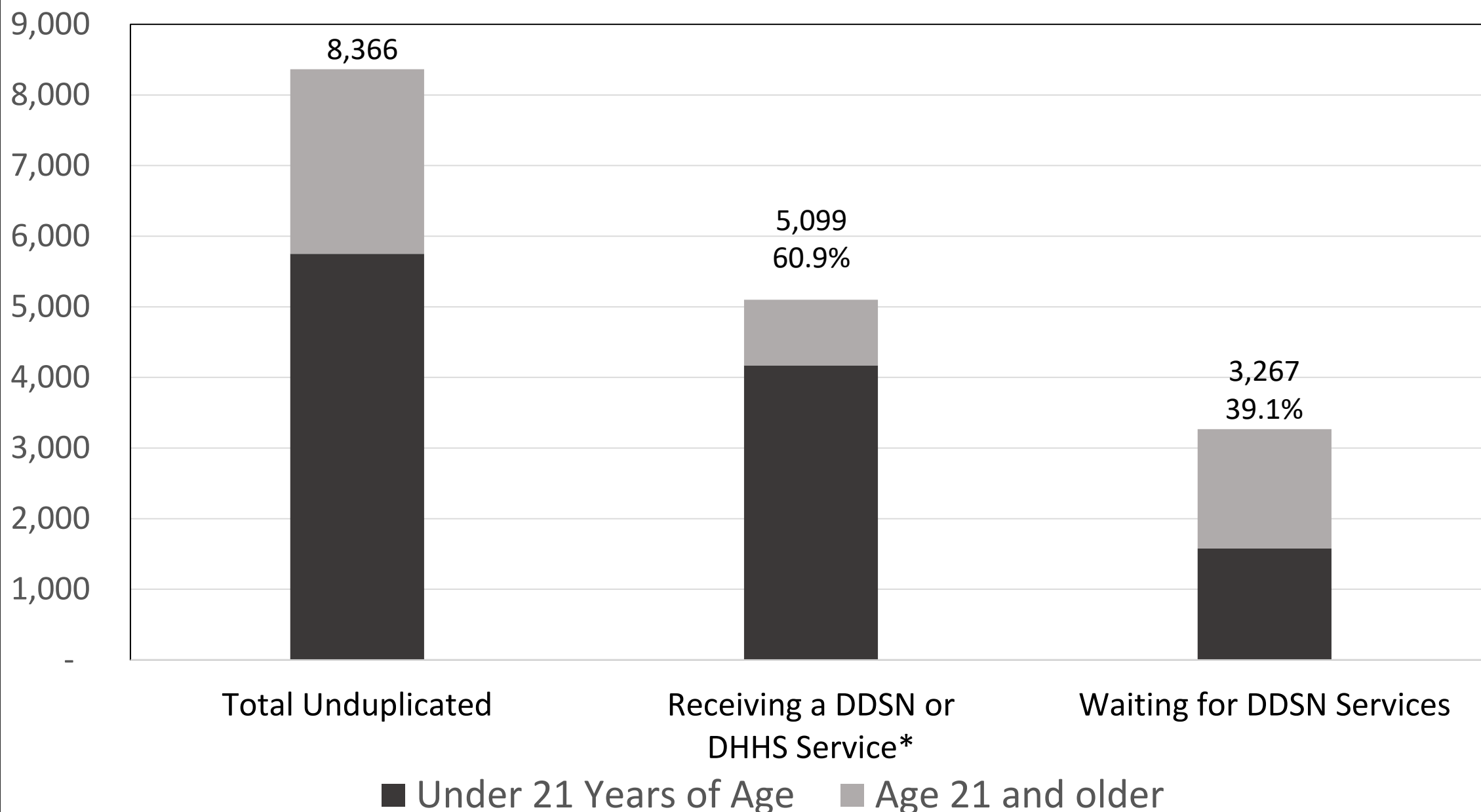
Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

SC Department of Disabilities and Special Needs

Intellectual Disability/Related Disabilities and Community Supports Waiver Waiting List Numbers



Additional Analysis of the Number of Individuals Waiting for DDSN Services



*These services may include: DDSN Family Support Funding, DDSN Family Arranged Respite Funding, and/or Medicaid Services such as prescriptions, personal care, nursing, incontinence supplies, dental, vision, medically necessary Durable Medical Equipment services, etc.

*As of June 1, 2017

SC Department of Disabilities and Special Needs

Waiting List Reduction Efforts

As of June 1, 2017 (run on June 1, 2017)

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) <u>308 (FY17)</u> 3,855	713 (FY15) 1,048 (FY16) <u>211 (FY17)</u> 1,972	534 (FY15) 952 (FY16) <u>74 (FY17)</u> 1,560	44 (FY15) 133 (FY16) <u>146 (FY17)</u> 323
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) <u>4,396 (FY17)</u> 8,663	698 (FY15) 641 (FY16) <u>1,019 (FY17)</u> 2,358	1,523 (FY15) 1,054 (FY16) <u>2,226 (FY17)</u> 4,803	12 (FY15) 134 (FY16) <u>1,356 (FY17)</u> 1,502
Head and Spinal Cord Injury (As of Oct 1, 2013)	997	462	348	187
		4,792	6,711	
Total	13,515	11,503		2,012

Waiting List *	Number of Individuals Added Between July 1, 2014 and June 1, 2017	Number of Individuals Waiting as of June 1, 2017
Intellectual Disability/Related Disabilities	6,719 (2,796 since 7/1/16)	8,003
Community Supports	7,813 (3,933 since 7/1/16)	3,113
Head and Spinal Cord Injury	0	0
Total	14,532	11,116

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

** There are 8,366 unduplicated people on a waiver waiting list. Approximately 24.7 percent of the 11,116 names on the combined waiting lists are duplicates.

**SC Department of Disabilities and Special Needs
Waiting List Reduction Efforts**

Row #	Total Numbers At Beginning of the Month	2016						2017					
		July	August	September	October	November	December	January	February	March	April	May	June
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	5,702	5,815	6,059	6,207	6,362	6,539	6,689	7,099	7,430	7,692	7,857	8,003
2	Community Supports Waiver Waiting List Total	3,028	3,010	2,862	2,788	2,600	2,303	2,418	2,680	3,004	3,025	3,118	3,113
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	0
4	Critical Needs Waiting List Total	149	160	147	131	136	136	121	130	117	123	128	125
5	Total Number <u>Added</u> to the ID/RD, HASCI, and CS Waiting Lists	452	346	615	553	450	512	558	1,111	993	859	511	482
6	Total Number <u>Removed</u> from the ID/RD, HASCI, and CS Waiting Lists	830	251	596	381	484	632	293	439	338	576	253	341
7	Number of Individuals Enrolled in a Waiver by Month	139	119	125	128	92	143	97	160	138	137	119	100
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	106	643	276	188	258	348	131	203	90	142	49	19
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	9,412	9,650	10,154	10,667	10,934	11,550	11,822	12,210	12,497	12,947	13,195	13,515
10	Total Number of Individuals Pending Waiver Services (Running Total)	2,084	1,999	2,059	2,251	2,220	2,396	2,341	2,247	2,111	2,132	2,010	2,012
11	Total Unduplicated Individuals on the Waiver Waiting Lists (*Approximate)	6,129	6,246	6,425	6,588	6,663	6,824	6,996	7,409	7,827	8,011	8,182	8,366

** There are 8,366 unduplicated people on a waiver waiting list. Approximately 24.7 percent of the 11,116 names on the combined waiting lists are duplicates.

PDD Waiting List Information

12	PDD Program Waiting List Total	1,639	1,630	1,607	1,596	1,583	1,539	1,514	1,443	1,397	1,317	1,259	1,265
13	Total Number <u>Added</u> to the PDD Waiting List	62	44	50	44	38	22	53	26	18	20	19	62
14	Total Number <u>Removed</u> from the PDD Waiting List	76	53	73	55	51	66	78	97	64	100	77	56
15	Number of Individuals Enrolled in the PDD <u>State Funded</u> Program by Month	241	227	214	206	190	184	189	195	191	182	159	134
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	137	143	164	169	181	202	221	239	240	271	282	287
17	Number of Individuals Enrolled in the PDD Waiver by Month	631	625	605	591	573	555	536	518	502	484	478	463

Updated 6/1/2017

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

Service List	04/30/17	Added	Removed	05/31/17
Critical Needs	128	27	30	125
Pervasive Developmental Disorder Program	1259	62	56	1265
Intellectual Disability and Related Disabilities Waiver	7857	168	22	8003
Community Supports Waiver	3118	293	298	3113
Head and Spinal Cord Injury Waiver	0	21	21	0

Report Date: 6/6/17

**South Carolina Department of Disabilities and Special Needs
Commission Report June 15, 2017
Funding Decision for Waiver Slot Allocation for FY 2018**

Current Considerations

- There is no new Waiver Waiting List Reduction appropriation for FY 2018.
- Funds become available throughout the year through natural attrition (people leaving the waiver). As people dis-enroll from a waiver, those funds will then be available to the agency to serve other individuals on waiting lists.
- Funding available due to attrition from the HASCI Waiver should remain with that waiver to serve new people. It would not be redirected to waivers serving a different disability population.
- Funding available from attrition in the ID/RD and CS waivers can be redirected between the two waivers as they serve the same disability populations.
- Historically, funding for Residential services was reserved for those who meet Critical Needs criteria as indicated in the Waiting List Directive. Examples of these criteria are: recently abused/neglected/exploited by primary caregiver, homeless or recent loss of primary caregiver. These services are among the most expensive.
 - On average, 250 people leave ID/RD Waiver residential services each year.
 - Funding made available by people leaving the service is required to address the needs of new individuals who will meet the Critical Needs criteria and require residential services during the year.
 - If the funding made available due to people leaving residential services is insufficient, funding available due to individuals leaving in-home waiver services could be redirected to meet these needs.
- Further expanding residential services with current funding is problematic because of the continued need for in-home services for those individuals waiting and a lot of in-home service capacity would have to be reduced to fund even a very limited increased residential capacity.

A Few Facts Informing the Funding Decision

- Consistent with waiver policy, individuals with critical needs bypass the ID/RD waiting list. Based on their needs, services are generally more expensive than average funding levels.
- The ID/RD waiting list includes people who have waited longer, up to approximately 4 years.
- The CS waiting list includes people who have been waiting up to about 7 months. Approximately 30% of those waiting have previously been offered the CS Waiver, declined and then asked to be placed on the waiting list once again. Some have been offered a funded CS slot multiple times.

- Funding associated with services provided within each waiver is different. The CS Wavier is capped at slightly above \$14,000 and the ID/RD Waiver has no caps. On average, service funds authorized are higher for the ID/RD than for CS due to the expanded array of services and assessed needs of individuals. Average funding for at-home slots in the ID/RD Waiver and the CS Waiver are approximately the same. Average funding for about 5 CS slots will fund 1 ID/RD Residential slot.
- Medicaid requires that certain populations (e.g., military family member, individuals leaving ICFs) have immediate access to the ID/RD Waiver without being placed on waiting lists.

Data for Consideration

Approximate Budgeted Funding of Waiver Services Per Individual Slot

Waiver Program	In-Home	Residential
Community Supports	\$13,600	N/A
ID/RD	\$13,000	\$62,000 (avg of all models)
HASCI	\$30,000	\$73,000 (avg of all models)

Pending Totals

Waiver	Total
Community Supports	1502
ID/RD	598
HASCI	187

Declination Rates

Waiver	Declination Rate
Community Supports	60%
ID/RD	40%

Critical Needs List Movement

FY 2016	Total
Added	450
Removed	433
FY 2017 to 5/31/17	Total
Added	350
Removed	373

Proposed Options to Consider

Option 1: Funding for Attrition of CS and ID/RD Waiver remains with that service area to serve the next person on the list.

Pros: Continues CS and ID/RD waiting movement on both waiting lists.

Cons: Individuals on the ID/RD waiting list have been waiting much longer than those waiting for CS. The current wait estimate for the CS waiver is 7 months with about 30% of those waiting having already been offered the waiver and chose to decline and wait again. Individuals enrolled in the ID/RD Waiver are likely to remain enrolled in the waiver longer and have greater needs. There is much less attrition in the ID/RD Waiver for this reason. Funds made available due to individuals dis-enrolling have to be used for the individuals with critical needs so this option further lessens access to in-home supports of the ID/RD Waiver.

Option 2: Freeze CS Waiting List attrition and redirect all attrition funds to the ID/RD waiting list for in-home services until 400 additional ID/RD In-home slots are awarded.

Pros: This enables greater movement of the ID/RD waiting list on which individuals have been waiting for a much longer time period.

Cons: No movement of the CS waiting list for about 2 months. CS waiting list total would increase. Fewer individuals would be offered services.

Option 3: Some attrition within the CS waiting list and move the ID/RD waiting list for in-home services with a conversion ratio of 2 CS: 1 ID/RD In-home slot until 600 additional ID/RD in-home slots are awarded.

Pro: This option allows continued movement on both waiting lists.

Cons: Will continue a more rapid movement of individuals on the CS waiting list while people who have been waiting years longer on ID/RD waiting list for in-home services will continue to wait.

Option 4: Some attrition within the CS waiting list and move the ID/RD waiting list with a higher conversion ratio of 4 CS: 3 ID/RD In-home slot until 600 additional ID/RD In-home slots are awarded.

Pros: Continues some movement on the CS waiting list. Increases movement on ID/RD waiting list.

Cons: A fewer number of individuals will be moved from waiting lists. Will continue less rapid movement of CS waiting list. Increase financial liability as the ID/RD Waiver has no funding cap.

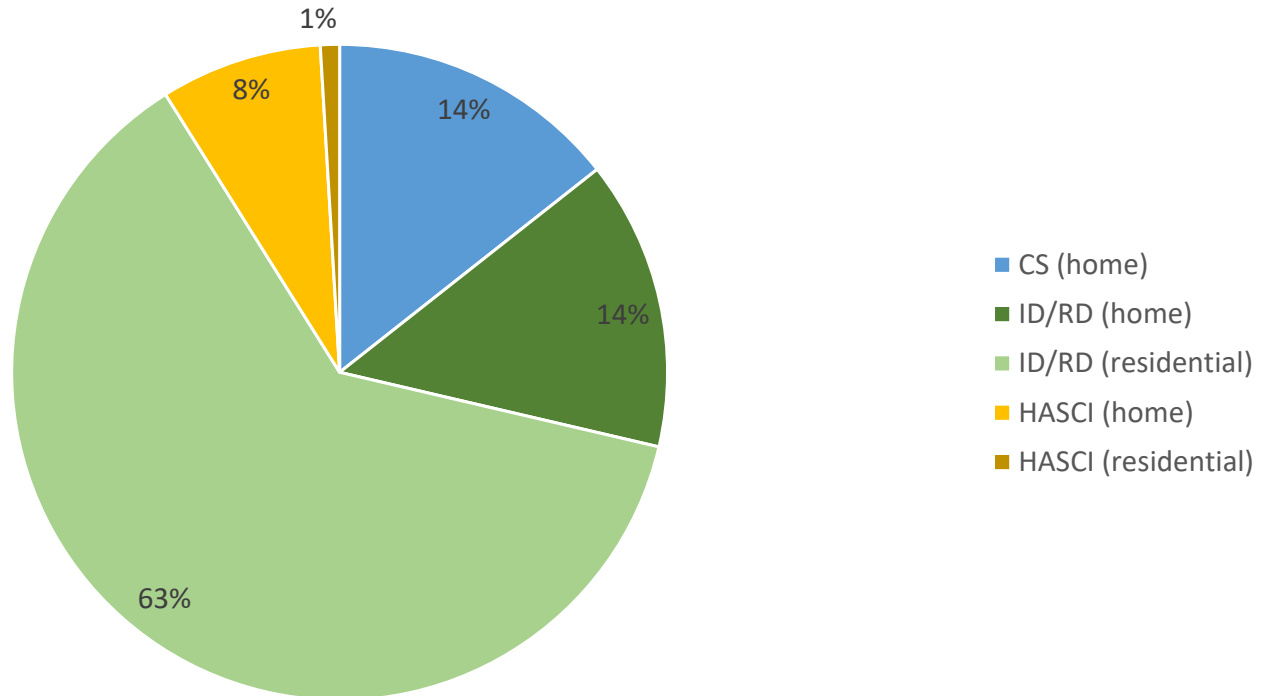
Current Funded Waiver Slots, Budgets & Reallocation Conversion Rates (All Enrolled or Awarded Pending Enrollment)

Waiver (service)	Waiver Slots Funded	Budgeted Funds/Slot	Total Budgeted Funds	% of Total Budget	Slot Conversion Rates Between Waivers
CS (home)	4005	\$13,600	\$54,468,000	14%	1 CS: 1 ID home; 4.6 CS: 1 ID residential
ID/RD (home)	4160	\$13,000	\$54,080,000	14%	4.6 ID home: 1 ID residential
ID/RD (residential)	3815	\$62,000 **	\$236,530,000	63%	see above
HASCI (home)	1006	\$30,000	\$30,180,000	8%	no waiting list currently
HASCI (residential)	49	\$73,000 **	\$3,577,000	1%	no waiting list currently
Totals	13,035 *	n/a	\$378,835,000	100.0%	

* 1723 awarded & pending enrollment

** Blended rate of the variety of residential settings

Waiver Budgets as a Percentage of the Total Budget (\$378.8 million)



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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Reference Number: 502-05-DD
Title of Document: DDSN Waiting Lists
Date of Issue: January 1, 1988
Effective Date: July 29, 2014
Last Review Date: September 20, 2016
Date of Last Revision: September 20, 2016 (REVISED)
Applicability: DSN Boards, Contract Provider Agencies, DDSN Central Office, DDSN District Offices

I. Purpose

The purpose of this policy is to assure that those who are eligible for services from the Department of Disabilities and Special Needs (DDSN) are provided services in the most timely and equitable manner possible, and that those who have critical needs that jeopardize their health and safety are given priority to services and supports.

II. Determination of Critical Needs

- A. Critical Needs - Defined: Only those who are in life-threatening situations requiring immediate services or those who are in situations that present an imminent risk of jeopardizing their health and safety requiring immediate action are considered by DDSN to have a critical need.

A critical need is defined as a life-threatening situation that requires immediate action. A critical need is also defined as a situation that presents imminent risk of jeopardizing the person's health, safety and welfare. Life threatening or imminent risk of life threatening situations typically are limited to situations in which the person:

- 1) Has been recently abused/neglected/exploited by the primary caregiver;

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

- 2) Is homeless (to include situations where the individual is being discharged from an alternative placement and is unable to return to a family member's home or live independently);
- 3) Has seriously injured self or others and continues to pose a threat to the health and safety of self or others;
- 4) Has been judicially admitted to DDSN;
- 5) Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver; or
- 6) Has a primary caregiver who is 80 years of age or older with diminished ability to provide care that is likely to continue indefinitely due to the caregiver's physical or mental status and lack of an alternative caregiver. Care is being provided now, but it is clear that the need for services is imminent, because the caregiver will soon be unable to provide care and no other caregivers are available.

All efforts to address situations in which a critical need is present through the use of appropriate in-home support services when warranted, including Home and Community Based (HCB) Waiver services, must be exhausted prior to any consideration of residential placement. Refusal of in-home supports does not necessarily constitute the presence of a critical need. Additionally, living with relatives or friends must be ruled out prior to someone being considered homeless.

B. Procedure for Placement on/Removal from the DDSN Critical Needs List

When placed on the Critical Needs List the Case Manager/Early Interventionist must visit the person and his/her family members or caregivers [caregiver(s)] in their home for the purpose of gathering information about the person's current situation, his/her needs and the needs and expectations of the caregivers. The Case Manager/Early Interventionist should explain the definition of "critical needs" as defined in this directive and the process that will be followed in order for a determination to be made.

Subsequent to the home visit, the Case Manager/Early Interventionist must:

1. For Intellectual Disabilities/Related Disabilities (ID/RD) Waiver participants complete the Assessment of Need for Residential Habilitation (ID/RD Form A-RH) and the Request for Determination. The completed and signed Assessment of Need for Residential Habilitation, with required information attached, and the completed and signed Request for Determination must be submitted to the DDSN District Office Crisis Coordinator (DOCC) who serves the DDSN District in which the person resides. In circumstances where the person's health and safety would likely be seriously jeopardized during the decision-making period, the case management/early intervention provider's Executive Director/CEO must contact the Director of the DDSN District Office to arrange for immediate intervention.

2. For those not participating in the ID/RD Waiver, the Case Manager/Early Interventionist must complete the Assessment of Critical/Priority Need and the Request for Determination. The completed and signed Assessment of Critical/Priority Need, with required information attached, and the completed and signed Request for Determination must be submitted to the DDSN District Office Crisis Coordinator who serves the DDSN District in which the person resides. In those circumstances where the person's health and safety would likely be seriously jeopardized during the decision-making period, the case management/early intervention provider's Executive Director/CEO must contact the Director of the DDSN District Office to arrange for immediate intervention.
3. The Case Manager/Early Interventionist must maintain frequent contact with the person and his/her caregiver(s) while the submission is being considered. In those circumstances where the person's situation worsens and the person's health and safety would likely be seriously jeopardized during the remainder of the decision-making period, the case management/early intervention provider's Executive Director/CEO must contact the District Director to arrange for immediate intervention.
4. If the criteria are determined to have been met, DDSN will obtain additional information to ensure that needed services are provided in the least restrictive and most community inclusive setting possible. This information will be obtained through the completion of either a Supports Intensity Scale (SIS) interview or a Health Risk Screening Tool (HRST) assessment. Whether the SIS or HRST is used, the Case Manager/Early Interventionist must assist the person/caregiver(s), as needed and appropriate, to ensure the timely completion of the interview/assessment.
5. Once the criteria are determined to have been met, and the setting determined, the Case Manager/Early Interventionist must communicate the decision and must provide information to the person and his/her caregiver(s) about the next steps. Should the person/caregiver(s) disagree with the decision, including disagreement with the setting deemed appropriate for the person, information about how to request reconsideration or appeal the decision must be provided. The Case Manager/Early Interventionist must document this communication in accordance with DDSN Case Management Standards.
6. If the criteria are determined to have not been met, the Case Manager/Early Interventionist will communicate the decision to the person and his/her caregiver(s) and provide written information about how to request reconsideration or appeal the decision. The communication of the decision and provision of reconsideration/appeal information must be documented in accordance with DDSN Case Management Standards.
7. Once someone's name is placed on the Critical Needs List, while awaiting resolution, the person's Case Manager/Early Interventionist must develop a plan that ensures his/her health and safety while waiting and provides for the services

that will resolve the critical need. This plan may include temporarily participating in State Funded Community Supports. A setting that is more restrictive than the setting approved by DDSN may not be included in the plan for services to resolve the critical need.

8. Until the need is resolved, the Case Manager/Early Interventionist should be in regular contact with the person/caregiver(s) to assess the status of the situation.
9. As appropriate, the Case Manager/Early Interventionist must follow the procedures detailed in DDSN Directive 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting, and the DDSN ID/RD or HASCI Waiver Manuals.

The receipt of a complete request for inclusion of a person's name on the Critical Needs List requires the following actions by the DDSN District Office:

1. Upon receipt, the District Office Crisis Coordinator (DOCC) will review each submission to assure that it is properly prepared, complete, and contains required supporting documentation. Incomplete submissions will be returned to the Executive Director/CEO with a written explanation of the reason for the return.
2. If the submission is complete, then the DOCC will evaluate whether the criteria have been met.
3. If determined to meet the criteria, a Supports Intensity Scale (SIS) interview will be conducted by the DDSN SIS contractor to inform decisions about the best and appropriate level of service for the person. If circumstances do not permit the completion of a SIS prior to service provision, one will be completed after services are initiated.
4. If a SIS interview cannot be conducted, DDSN may complete a Health Risk Screening Tool (HRST) assessment to inform decisions about the best and appropriate setting for service delivery for the person.
5. If deemed necessary by the Director of the District Office, a visit to the person's home or face-to face visit with the person or his/her caregiver(s) will be conducted by the DOCC.
6. Using all available information, the District Office will determine the type and setting that will, in the least restrictive and most community inclusive setting possible, meet the needs of the person. The person's name will be placed on the DDSN Critical Needs List and the results will be communicated to the Case Manager/Early Interventionist via the Review of the Request for Determination form (see Attachment B).
7. If the criteria has not been met, the DOCC will communicate the decision to the case manager/early interventions via the Review of the Request for Determination form (see Attachment B).

8. The DOCC will also monitor the status of those whose names have remained on the Critical Needs List for a lengthy period of time.
9. Weekly, DDSN will provide all applicable qualified providers an up-to-date copy of the Critical Needs List to assist in responding to needs in the timeliest manner possible.

NOTE: DDSN has the right to remove a person's name from the Critical Needs List should DDSN's offer of residential placement be declined. DDSN will make this determination based on the person's circumstances and the nature of the service sought.

III. Residential Services Waiting Lists

Residential services are defined as 24 hours per day supports that are provided by or contracted for operation by DDSN. DDSN maintains waiting lists for those likely to need residential services at some time in the future. For residential services, there are two waiting lists which are differentially prioritized with defined criteria. The criteria and procedures are as follows:

1. **Priority I** status is defined as an urgent situation which is anticipated to require residential services through DDSN within the next year to prevent harm to the individual or his/her caregiver(s). An urgent situation is considered to exist when the person has a history of significant behavioral or medical challenges that have not been or cannot continue to be effectively met. These difficulties, while significantly disruptive to the person's current setting, do not pose an imminent threat to the health and safety of the individual or others. It is anticipated that the degree of threat to the person's health and safety will continue to increase. DDSN must approve Priority I status. Only those in urgent situations with features suggesting there is a probability the person will require residential services within the next 12 months are considered by DDSN to have Priority I status.

Procedures

The inclusion of someone's name on the Residential Services Waiting List with Priority I status requires the following actions by his/her case management/early intervention provider:

1. The Case Manager/Early Interventionist must determine that all appropriate in-home services and supports have been implemented, that they are appropriate to meet the person's needs, and that they are consistent with the person's desires and aspirations as well as those of his/her caregiver(s).
2. The Case Manager/Early Interventionist must assure that the service plan is up-to-date.
3. The Case Manager/Early Interventionist must have a face-to-face visit with the person and his/her caregiver(s). A home visit is recommended but not required.
4. The Case Manager/Early Interventionist must explain the Residential Services Waiting List including the status that will be assigned. The Case Manager/Early

Interventionist must document the discussions with the person and his/her caregiver(s) in accordance with DDSN Case Management Standards.

5. Subsequent to the face-to-face visit, a Request for Determination and Assessment of Critical/Priority Need along with supporting documentation must be submitted to the DOCC serving the county in which the person resides.
6. The Case Manager/Early Interventionist must apprise the DOCC of any changes in the person's situation and take action accordingly.
7. The Case Manager/Early Interventionist must communicate the DDSN decision regarding the request and document the discussions with the person and his/her caregiver(s).

The receipt of a complete request for the inclusion of someone's name on the Residential Services Waiting List with Priority I status requires the following actions from the District Office:

1. Upon receipt, the District Office Crisis Coordinator (DOCC) will review each submission to assure that it is properly prepared, complete, and contains required supporting documentation. Incomplete submissions will be returned to the Executive Director/CEO with a written explanation of the reason for the return.
2. If the submission is complete, then the DOCC will evaluate whether the criteria have been met.
3. Using all available information, the District Office will determine the potential level of service needed to meet the person's needs in the least restrictive and most community inclusive setting possible. The person's name will be placed on the DDSN Residential Services Waiting List with Priority I status assigned. The results will be communicated to the Case Manager/Early Interventionist via the Review of Request for Determination form (see Attachment B).

If the criteria have not been met, and the DOCC will communicate the decision to the case manager/early interventions via the Review of Request for Determination form (see Attachment B).

2. **Priority II** status is defined as a situation in which the person or caregiver(s) perceive that residential placement may be needed in the future, more than one year from the present time.

Procedures

The inclusion of someone's name on the Residential Services Waiting List with Priority II status requires the following actions by his/her case management/early intervention provider:

1. Case Manager/Early Interventionist will enter the person's name in the "Services" menu of DDSN's Service Tracking System (STS). In the "Services" menu, using the "Awaiting Services Transaction" function, the Case Manager/Early

Interventionist must enter the service (Residential) and the provider preferred by the person or his/her caregiver(s). The Case Manager/Early Interventionist must enter either the residence (licensed facility) or the county preferred by the person or his/her caregiver(s). The priority level of "2" must be entered.

IV. Home and Community Based (HCB) Waiver Waiting Lists:

DDSN operates four (4) HCB waivers on behalf of the Medicaid agency. Those waivers are the Intellectual Disabilities/Related Disabilities Waiver, the Head and Spinal Cord Injury Waiver, the Community Supports Waiver, and the Pervasive Developmental Disorders Waiver. Each HCB Waiver operated by DDSN has its own policy for those awaiting enrollment. The criteria to determine the order in which those awaiting enrollment will be allowed entrance into the Waiver are addressed in each approved Application for a §1915(c) Home and Community-Based Services Waiver.

For the Intellectual Disability/Related Disability (ID/RD) Waiver

Individuals discharged from an ICF/IID, children in South Carolina Department of Social Services (DSS) custody for whom DSS has agreed to financially sponsor enrollment in the ID/RD Waiver, and those who reside in or need DDSN sponsored residential placement may be enrolled in the ID/RD Waiver without needing to be placed on a waiting list.

Those determined by the following criteria to have a critical need for the services provided through the waiver will be placed on the ID/RD Waiver Critical Waiting List.

A critical need is defined as one in which the person:

- Requires a service available through the ID/RD Waiver, which if not provided will likely result in serious and imminent harm; and
- Has an immediate need for direct care or supervision; or
- Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver; or
- Is ready for or has recently been discharged from a hospital and needs services immediately to prevent re-admission.

Those determined to not meet the criteria described above will be placed on the ID/RD Waiver Regular Waiting List.

Those on the ID/RD Waiver Critical Waiting List will be allowed entrance first. If no names appear on the ID/RD Waiver Critical Waiting List, those on the ID/RD Waiver Regular Waiting List will be allowed entrance into the waiver on a first-come, first served basis.

*Please refer to the ID/RD Waiver Manual for specific instructions and procedures regarding waiting lists.

For the Head And Spinal Cord Injury (HASCI) Waiver

Those determined by the following criteria to have an urgent need for the services provided through the Waiver will be placed on the HASCI Waiver Waiting List in Urgent Status:

An urgent need is defined as one in which the individual meets the criteria required to be placed on the Regular HASCI Waiver Waiting List and has two (2) or more of the following conditions present:

- Very severe injury with functional limitations requiring extensive or total care (Spinal Cord Injury at quadriplegia level or very severe Traumatic Brain Injury);
- Emergency need for assistance with personal care and safety;
- Recent loss of a primary caregiver (permanently gone within past 90 days) or imminent risk of losing a primary caregiver (permanently gone within next 90 days), and no other paid or unpaid supports to replace the primary caregiver;
- Recently discharged (within past 90 days) or pending discharge (within next 90 days) from acute care or rehabilitation hospital with complex unmet service needs;
- Lack of an active support network of family, friends and community resources; or
- Specific extenuating circumstances affecting urgency (e.g., more than one person with disabilities or special needs in the household, primary caregiver is elderly or has a serious medical condition; primary caregiver is also responsible for minor children or elderly family members; etc.).

Those determined to not meet the criteria described above will be placed on HASCI Waiver Waiting list in Regular status.

Those on the HASCI Waiver Waiting List with Urgent Status will be allowed entrance first. If no names appear on the HASCI Waiver Waiting List with Urgent Status, those on the HASCI Waiver Waiting List in Regular Status will be allowed entrance into the waiver on a first come, first served basis.

*Please refer to the HASCI Waiver Manual for specific instructions and procedures regarding waiting lists.

For the Community Supports (CS) Waiver

Those requesting the CS Waiver services will have their names added to the Community Supports Waiver Waiting List. Entrance into the waiver is granted on a first come, first served basis.

*Please refer to the CS Waiver Manual for specific instructions and procedures regarding waiting lists.

For the Pervasive Developmental Disorder (PDD) Waiver

The names of children requesting the PDD Waiver will be added to the PDD Waiver Waiting List. Entrance into the waiver will be granted on a first come, first served basis.

*Please refer to the PDD Waiver Manual for specific instructions and procedures regarding waiting lists.

V. Procedures for Reporting Age of Caregivers of Consumers


DDSN does not maintain a separate waiting list for those with caregivers who are aging. However, to plan for the future needs of those with disabilities in the state, DDSN will survey available data to determine the number of people who are cared for by caregivers who are older or aging (e.g., older than 65 years of age, older than 80 years of age). The source of the data surveyed is DDSN's Consumer Data Support System (CDSS). CDSS must include the correct and complete dates of birth for all caregivers. Caregivers' dates of birth must be recorded in the "Contacts" section of CDSS. In order to be determined to meet an established "aging caregiver" criteria, all of the person's caregivers must meet the age criteria.

VI. Appeals

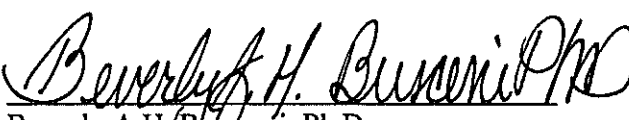
Adverse decisions regarding requests for determination of critical needs and/or the placement on a DDSN waiting list may be appealed in accordance with the procedures outlined in the DDSN Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures.

VII. Quality Assurance

Service Division (ID/RD, HASCI, or Autism) Directors, or their designees, will periodically conduct post-audit reviews of the placement of those on the DDSN waiting lists to assure compliance with DDSN policy.



Susan Kreh Beck
Associate State Director-Policy
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.

- Attachment A: Request for Determination of Critical/Urgent Circumstances
- Attachment B: Review of the Request for Determination of Critical/Urgent Circumstances
- Attachment C: Assessment of Need for Residential Habilitation-ID/RD Waiver Form
- Attachment D: Assessment of Need for Critical/Priority I – Form

South Carolina Department of Disabilities and Special Needs

REQUEST FOR DETERMINATION

IDENTIFYING INFORMATION:

Name: _____ Date of Birth: _____

Sex: Male Female County of Residence: _____

Date of Home Visit: _____

DDSN Eligibility Category: ID RD AUTISM TBI SCI SD

This request is for a determination of need for:

Critical Priority I Residential Habilitation

RESIDENTIAL SERVICES:

Recommended setting for Residential Services:

SLP-I SLP-II CTH-I CTH-II ICF/IID CRCF ECTH-1 Alternative Placement

County(ies) preferred: _____

If preferred county is not available, will interim placement in another county be accepted if offered?

Yes No

CASE MANAGEMENT/EARLY INTERVENTION:

CM/EI Name: _____

CM/EI Agency: _____

CM/EI Phone Number/Ext.: _____

CM/EI e-mail address: _____

I hereby certify that the information submitted reflects an accurate and complete summary of the situation. I also certify that all efforts at the local level to resolve the situation without resorting to out of home placement have been explored and implemented.

Case Manager: _____
Signature

Date: _____

Case Manager Supervisor: _____
Signature

Date: _____

Executive Director: _____
Signature

Date: _____

South Carolina Department of Disabilities and Special Needs

REVIEW OF THE REQUEST FOR DETERMINATION

Name: _____

DOB: _____

Service Division: ID/RD Autism HASCI Gender: Female Male Current County: _____

Contact Name: _____ Contact Phone No: _____

DISPOSITION

Approved for Critical Needs Waiting List

- Abuse, Neglect, Exploitation
- Health & Safety of Consumer in Serious Jeopardy
- Health & Safety of Others in Serious Jeopardy
- Homelessness
- Recently lost primary caregiver
- Imminent risk of losing a primary caregiver
- Judicial admission to DDSN
- Primary caregiver age 80 or over with diminished capacity
- Other: _____

Approved for Priority I Waiting List

- Behavioral Challenges that cannot be effectively met
- Medical Challenges that cannot be effectively met
- Other

Service Level (if approved for CNWL or PIWL):

- HCBS Waiver/In-home CTH-II CTH-I CRCE ECTH-I ICF/IID - Community
- SLP-I Alternative Placement SLP-II

Supports Intensity Scale (SIS Interview): Pre-service Post service

Support Needs (if approved for CNWL or PIWL)

- Exhibits Frequent/Intense Physical Aggression Requires 24 hour nursing/intense nursing Uses Wheelchair

Services Currently Receiving (if approved for CNWL or PIWL)

- ID/RD Waiver CS Waiver HASCI Waiver CITC Waiver RBHS SFCS RC STA CRCF/Non-DDSN
- Nursing Facility PRTF Hospital Detention Center Other Declined

Denied for Critical Needs Waiting List

- Risk factors present, but in-home services not attempted
- Risk factors present, but not sufficiently serious
- Non-DDSN service options not attempted
- No risk factors present
- Other: _____

Denied for Priority I Waiting List

- Risk factors present, but in-home services not attempted
- Risk factors present, but not sufficiently serious
- Non-DDSN service options not attempted
- No risk factors present
- Other: _____

ON-SITE FOLLOW UP REQUIRED

- Approved: More Preventive Efforts Should Have Been Taken
- Not Approved: Confirm Alternative Services Are Provided

District Crisis Coordinator-Signature

Date: _____

District Director-Signature

Date: _____

**ASSESSMENT OF NEED FOR RESIDENTIAL HABILITATION
S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
ID/RD WAIVER**

Answer each question, giving detailed explanations, and provide documentation, when needed, to support the responses. Copies of South Carolina Annual Assessments, Support Plans and Case Management Service Notes will be reviewed but copies need not be provided. This assessment must be completed with input from the waiver participant's current primary caregiver/family. Once completed, the Assessment must be signed by the waiver participant, his/her primary caregiver/family representative, and the person completing the assessment. **Each Question must be answered to be accepted.**

1. Describe where and with whom this person currently lives:

2. Describe any other services/supports that have been tried but have failed to meet this person's needs. Indicate when the services/supports were tried and why the services/supports were ineffective:

3. Indicate any services/supports available to address this person's needs that have not been tried and indicate why they have not been tried.

4. Indicate which of these situations/circumstances exists for this person. For each situation/circumstance noted to exist, provide a detailed explanation of the situation/circumstance and provide documentation to support the existence of the situation/circumstance.

This person:

Has been recently abused/neglected/exploited by his/her primary caregiver.

Documentation Provided: _____

Is/will be homeless (is being discharged from placement and is unable to independently or with family; has no family or friends with whom he/she may live; is living with their family but the family will not continue to provide housing. ** A statement signed by the waiver participant's family/primary caregiver must be included which clearly indicates that the waiver participant will no longer be permitted to live in the residence or will not be permitted to return to the family's/caregiver's home and that the family is unwilling to continue to care for and support the waiver participant. If the waiver participant refuses to return to his/her home after being away, he/she should indicate such.*

Documentation Provided: _____

Has seriously injured self or others and continues to pose a threat to the health and safety of others. *Examples of documentation include, police reports and/or medical records specifying the injuries caused or threats posed must be included.*

Documentation Provided: _____

Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver and no other caregiver is available. *Examples of documentation include obituary/death notices or medical records for the primary caregiver.*

Documentation Provided: _____

Has a primary caregiver who is 80 years of age or older with diminished ability to provide care. The caregiver's diminished capacity is likely to continue indefinitely due to the caregiver's physical or mental status. Care is provided now, but it is clear that the need for another caregiver is imminent and no other caregiver is available. *Examples of documentation include proof of age of the caregiver and medical records demonstrating his/her diminished capacity.*

Documentation Provided: _____

5. If none of the situations/circumstances from question #4 exists, describe in detail why the person's current living arrangement cannot continue.

As the person completing this assessment, I attest that the information contained in this document is true and accurate.

Signature

Date: _____

Printed Name, Title

I, _____, as the primary caregiver/family representative of this waiver participant, attest that I have been given the opportunity to have input into the creation of this document, I have read it and I agree with the information it contains.

Signature

Date: _____

Relationship to Waiver Participant

Participant Signature

Date: _____

**ASSESSMENT OF NEED FOR CRITICAL/PRIORITY I
S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

Answer each question, giving detailed explanations, and provide documentation, when needed, to support the responses. Case Management Service Notes will be reviewed but copies need not be provided. This assessment must be completed with input from the person's current primary caregiver/family. Once completed, the Assessment must be signed by the person, his/her primary caregiver/family representative, and the person completing the assessment. **Each Question must be answered to be accepted.**

1. Describe where and with whom this person currently lives:

2. Describe any other services/supports that have been tried, but have failed to meet this person's needs. Indicate when the services/supports were tried and why the services/supports were ineffective:

3. Indicate any services/supports available to address this person's needs that have not been tried and indicate why they have not been tried.

4. Indicate which of these situations/circumstances exists for this person. For each situation/circumstance noted to exist, provide a detailed explanation of the situation/circumstance and provide documentation to support the existence of the situation/circumstance.

This person:

Has been recently abused/neglected/exploited by his/her primary caregiver.

Documentation Provided: _____

Is/will be homeless (is being discharged from placement and is unable to independently or with family; has no family or friends with whom he/she may live; is living with their family but the family will not continue to provide housing. * A statement signed by the waiver participant's family/primary caregiver must be included which clearly indicates that the waiver participant will no longer be permitted to live in the residence or will not be permitted to return to the family's/caregiver's home and that the family is unwilling to continue to care for and support the waiver participant. If the waiver participant refuses to return to his/her home after being away, he/she should indicate such.

Documentation Provided: _____

Has seriously injured self or others and continues to pose a threat to the health and safety of others. Examples of documentation include, police reports and/or medical records specifying the injuries caused or threats posed must be included.

Documentation Provided: _____

Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver and no other caregiver is available. Examples of documentation include obituary/death notices or medical records for the primary caregiver.

Documentation Provided: _____

Has a primary caregiver who is 80 years of age or older with diminished ability to provide care. The caregiver's diminished capacity is likely to continue indefinitely due to the caregiver's physical or mental status. Care is provided now, but it is clear that the need for another caregiver is imminent and no other caregiver is available. *Examples of documentation include proof of age of the caregiver and medical records demonstrating his/her diminished capacity.*

Documentation Provided: _____

Has a history of significant behavioral challenges and is currently disruptive in his/her current living situation. Supports to prevent harm to the person and/or others will not likely continue to effectively address the situation. Residential Services will likely be required within the next twelve (12) months.

Documentation Provided: _____

Has significant medical challenges. Supports to prevent harm to the person will not likely to continue to effectively address the situation. Residential Services will likely be required within the next 12 months.

Documentation Provided: _____

5. If none of the situations/circumstances from question #4 exists, describe in detail why the person's current living arrangement cannot continue.

As the person completing this assessment, I attest that the information contained in this document is true and accurate.

Signature

Date: _____

Printed Name/Title

I, _____, as the primary caregiver/family representative of _____, attest that I have been given the opportunity to have input into the creation of this document, I have read it and I agree with the information it contains.

Signature of family/representative

Date: _____

Relationship to person

Signature person eligible for DDSN services

Date: _____

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	6668
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists
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Provide a brief, descriptive title for this request.

AMOUNT	\$14,950,000 State \$25,304,950 Other Funds
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What is the net change in requested appropriations for FY 2016-17? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	S.C. Code Ann. §44-20-10 (Supp. 2012) et. seq., §44-21-10 (Supp. 2012) et. seq. and §44-380-10 (Supp. 2000) This decision package is not prompted by a change in statute.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
<input checked="" type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	This request will provide new in-home supports and services to approximately 1,800 children and adults with intellectual or related disabilities, autism, traumatic brain injury or spinal cord injury currently waiting for services. This request will also provide necessary residential and day supported services for 125 individuals who have been identified as meeting critical criteria and require residential placement to resolve their critical situation. This request will provide specialized therapies to approximately 300 children with Autism Spectrum Disorder on the waiting list for services and fund the new rate structure being implemented by DHHS. Funds will be allocated based on individual needs utilizing existing methodologies. The agency will contract with local disabilities and special needs boards and private service providers to deliver services. No new FTEs are required.
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AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

RELATED REQUEST(S)	No.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	Yes. \$25,304,950 in other funds will be earned by the agency.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	No other resources are available within the agency to meet this need. The Department has already redirected resources to serve individuals and families.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>This request has three components. The first will provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development, keep them at home with family and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 6,100 individuals waiting for in-home support services. This request is to reduce the demand for services and to provide needed services to families who are caring for individuals with intellectual disabilities in their homes.</p> <p>This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 85% of the informal caregiving rather than replacing families. Usually, individual and family support services such as personal care aides, employment, or respite services cost less than one-half the least expensive out-of-home placement option. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. 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.</p> <p>The second component of this request will provide necessary residential supports and services for 125 individuals whose situations place their health and safety in jeopardy</p>	
Information Technology /Security	Y/N N/A	
Consulted DTO during development	Y/N N/A	

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

and residential services are now necessary as care can no longer be safely provided at home. 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 now requiring out-of-home care.

This request represents the state's need to respond to individuals whose care can no longer be provided at home. While this request would be an expansion of DDSN's current community residential programs, it only addresses the highest priority for out-of-home placement needs where increased family support cannot meet the need and where there is currently a list of individuals who have been identified as meeting critical criteria. During FY 2015, 457 new individuals met this criteria and were added to the Critical Needs List. Since individuals with severe disabilities usually live a normal life span and need services for 30 to 50 years, no real turnover exists among current consumers to accommodate the additional demand for residential services.

Based on past experience, approximately 400 individuals will require residential placement during the next fiscal year as the result of changing situations for which no amount of family support in their home is judged to be adequate to address the situations. DDSN must respond to these individuals' health and safety with a residential option and can only partially meet this demand through those individuals leaving residential services.

In South Carolina there are over 1,200 individuals with severe disabilities being cared for by parents age 70 and over. Over 450 of these caregivers are 80 years old or older themselves and their sons or daughters with a disability are in their 50's and 60's. As the parent's age increases, of course, the likelihood of their becoming disabled or dying increases significantly. Additionally, individuals with severe disabilities are being cared for by siblings, grandparents, or people other than their parents. When these fragile family arrangements fall apart, DDSN must respond to the health and safety risk of the individual with the disability who cannot care for him/herself.

The third component of this request is for the Pervasive Developmental Disorder (PDD) Program. This request will allow DDSN to maintain current service capacity and provide specialized therapies to an additional 300 children of the 1,600 currently on the waiting list. This request will also allow DDSN to fund the new rate structure being implemented in the new Medicaid State Plan service package in order to maintain provider availability.

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

METHOD OF CALCULATION	<p>The funding for in-home services will be allocated among the Department’s three disability divisions of intellectual disabilities, autism, and head and spinal cord injuries. The Department will maximize the state funds appropriated by using the Medicaid waivers operated by the Department when possible. Of the new 1,800 slots 1,650 slots will be allocated to intellectual disabilities population which calculates to \$6,183,500 in new state funds based on an average annual state cost of approximately \$3,800 per slot. One hundred (100) of the 1,800 slots will be allocated for state only funded services which calculates to \$1,399,700. Fifty (50) slots will be allocated to individuals with traumatic brain injury or spinal cord injury which calculates to \$416,800 in new state funds based on an average cost of approximately \$8,300. New state funding required to provide specialized therapies to 300 children in the Autism Spectrum waiting for services is \$3,200,000.</p> <p>To develop 125 new residential beds and corresponding day supports for consumers meeting critical criteria and requiring out-of-home placement, the Department needs on average \$103,000 annually to provide for individual care based on a 24/7 schedule. For 125 new beds at an average cost of \$103,000 per bed, the total impact is \$12,918,000. The Department is seeking \$3,750,000 in new state funds to meet this demand.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>This funding will provide essential in-home supports and services to approximately 1,800 individuals currently waiting for these services, specialized autism therapies for 300 children and residential supports for 125 individuals with critical needs. Recurring funds are required to continue service levels.</p> <p>Without additional funding there will continue to be individuals awaiting in-home services. In addition, not funding this request will further increase the growing residential waiting list and will create further pressure to fund additional residential placements. Assisting individuals in their own homes may also help prevent lawsuits that are likely to arise from the new requirement for states to expand community options to be in compliance with the U.S. Supreme Court Olmstead decision that waiting lists for individuals with developmental disabilities move at a reasonable pace.</p> <p>Recurring funds are also required to meet residential service needs. One-time capital and startup needs will be funded with these dollars as residential and day services are developed. Once these one-time costs are covered, the recurring cost of services will be met.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

AGENCY NAME:	Department of Disabilities and Special Needs		
AGENCY CODE:	J160	SECTION:	36

PRIORITIZATION	<p>If new funds are not identified to meet this need the agency's ability to respond to these families will be only when a crisis occurs. Without new funds the agency would have to delay provision of effective and efficient services to assist families in caring for their family member with a disability at home and would delay the agency's ability to respond to individuals living with aging caregivers who can no longer safely provide care in the family home. When fragile family arrangements fall apart, DDSN must respond to the health and safety risk of the individual with the disability who cannot care for himself/herself.</p> <p>Residential services must be provided to care for individuals meeting critical criteria. No other service options are available to meet their health and safety needs. All other options have been exhausted.</p> <p>Intensive specialized therapies for children on the Autism Spectrum enhance their development, reduce the need for future services and enable family members to provide care in the home.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2016-17?

INTENDED IMPACT	<p>The primary objective of the in-home family support program is to prevent unnecessary and costly out-of-home placements for individuals with severe lifelong disabilities by providing the supports necessary to maintain them in their families' homes. Family support services prevent the breakup of families, reduce financial burdens and stressors associated with the family member's disability and prevent the development of crisis situations and the resulting expensive out-of-home placement.</p> <p>The primary objective of residential services is to respond to the needs of individuals whose circumstances have jeopardized their safety and wellbeing.</p> <p>The primary objective of PDD services is to improve children's skills and development and avoid future service needs.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>In-home supports and services will provide the needed relief or assistance to individual consumers and families who provide the majority of care to their family member with a disability which will prevent consumers from needing out-of-home placements. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.</p> <p>DDSN will track the number of individuals moving from their family's home to a community residential setting. Outcomes include honoring family choice and assurance of health, safety and wellbeing of consumers.</p> <p>The number of children receiving specialized autism therapies will increase.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

Restructuring of DDSN's Current Funding Band Structure:

DDSN staff are recommending that DDSN initiate a discussion with stakeholders to move away from the current band payment structure and establish a new payment structure. Determining what the payment structure should be and implementing the change is a significant endeavor that will require a lot of planning and discussion. Examining the current band structure for restructuring is recommended for the following reasons.

- The expectations of CMS for Conflict Free Service Delivery and recent decisions made at both federal and state levels relate specifically to Conflict Free Case Management. CMS approved DHHS "Individual Choice Model" which now necessitates further changes in the DDSN service delivery system. This new model will create additional situations throughout the DDSN system where an individual is supported by multiple provider entities, each providing different types of services. As the system continues to evolve to be compliant with the CMS final rule and ensure conflict free service delivery, there is greater potential for individuals receiving services, families, advocates, and private service providers to perceive the role of the DSN Boards as fiscal agents to be conflictual. The DSN Boards' current function as the fiscal agent is likely to become more demanding and burdensome for both Boards and private providers. DDSN as the state funding entity needs to ensure compliance with CMS and promote a high level of transparency.
- At a minimum, existing funding bands need rebasing. A lot of new people have come into DDSN's service delivery system from the major waiting list reduction effort. Changes in the demographics and service needs of these individuals requires DDSN re-evaluation of the funding assigned to specific bands. Rebasing of the existing band structure is required to ensure funding is allocated to best support individuals and meet their needs. Since rebasing is required, the time is perfect to back up and examine the bigger picture of the funding band system as a whole.
- Some DSN providers have expressed an interest in direct billing to DHHS. A restructuring of DDSN's payment structure may better posture the system to prepare for the option and choice of direct billing to DHHS.

- While many changes have been made over time in an effort to treat the DSN Boards and the private providers equally, there is still a fundamental difference in how DDSN pays the Boards versus QPLs. The DSN Boards are paid prospectively for most services and the QPLs are paid retrospectively in all cases. A new funding structure should be consistent and treat all providers equally in how funding is provided.
- Over the years the agency has received recommendations from external entities related to revamping the current band system or moving to another payment structure. While the current funding band system has been determined allowable, these entities suggest that a revised payment methodology could increase transparency and reduce complexity.

Any funding structure change will take significant time and resources to determine and implement. Individuals and families receiving services, advocates, providers, and other key stakeholders will all be essential in determining the components of any new funding system and the implementation timeline. This is the first year in four that the agency and the provider network will not be in the middle of major service expansion due to allocation of new funds to reduce the waiting lists. While we are still expanding and waiver enrollment is a top priority, we should take the time necessary in the 2017-2018 fiscal year to devote to planning and development of a new funding system.

Based on the details of the new structure proposal, a transition plan and time frame for implementation would be developed. A funding structure alternative and plan for implementation would then be recommended to the Commission for consideration.

Summary of Changes to the Quality Management Review Process for FY18:

Recent reviews of DDSN's Contract Compliance and Licensing Review Process have indicated a need to transition to a format that requires service providers to be "Review Ready at All Times." As a result, DDSN has directed its contracted Quality Improvement Organization (QIO) to make the following changes to the review process, beginning July 1, 2017.

Contract Compliance Reviews



- Individual Record Reviews will begin without prior notice to the Provider Agency for Case Management, Residential and Day Services. The QIO will begin the record review utilizing information available through the electronic record, including Therap and CDSS. The QIO will set up a time to go on-site to review any information that is not documented in an electronic format, or the provider may choose to upload the documentation required for review.
 - * *Early Intervention and Early Intensive Behavior Support services will have a one week prior notice for review.*
- The Provider will receive a 48 hour notice for their Administrative Indicator review. This can be an on-site review or a desk review with the provider uploading required information (provider choice).
- Individual Record Review and Administrative Indicator Review may or may not occur simultaneously. The QIO will coordinate the review process to ensure both reviews are completed within 7 business days. A brief, written summary of the review findings will be available at the conclusion of the review and the provider will have a 48 hour reconciliation period to provide additional information for the review team. The Report of Findings will be issued within 30 days of the end of the reconciliation period. Providers will continue to have a 30 day period in which to file an appeal for any findings that continue to be in dispute.
- The threshold for providers to remain on an 18 month review cycle is now a minimum of 85% Compliance for all areas reviewed. Providers scoring below 84.9% in all service area or for the Administrative Indicator review will have a 12 month review cycle.

Residential and Day Observation



- Residential and Day Observations will be completed as a separate review and no longer considered a sub-component of the Contract Compliance Review. The Day and Residential Observation process will now stand alone as a distinct measure of service delivery, focused more on consumer outcomes. An Observation will be completed for 100% of DDSN's Contracted Day Service locations and 25% of DDSN's Contracted Non-ICF/IID Residential Service Locations. The Observations may be completed in conjunction with other review types, including Licensing Reviews and/or Contract Compliance, or they may take place as a separate visit when service recipients are present.
- The QIO will adapt observation schedules, as needed, for community activities and consumer employment.

Licensing



- Day and Residential Licensing Reviews will have a same-day notice, instead of the current 24 hour notice.
 - * *Settings that do not operate with shift-staffing will have a 24 hour notice.*
- All DDSN licensed locations will continue to be inspected annually.

Summary of Changes to the Quality Management Review Process for FY18:

Recent reviews of DDSN's Contract Compliance and Licensing Review Process have indicated a need to transition to a format that requires service providers to be "Review Ready at All Times." As a result, DDSN has directed its contracted Quality Improvement Organization (QIO) to make the following changes to the review process, beginning July 1, 2017.

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The threshold for providers to remain on an 18 month review cycle is now a minimum of 85% for all areas reviewed. Providers scoring below 84.9% in and service area or for the Administrative indicator review will have an annual review cycle.

Residential and Day Service Observation:

Residential Observations will be completed as a separate review and no longer considered a sub-component of the Contract Compliance Review. The Day and Residential Observation process will now stand alone as a distinct measure of service delivery, focused more on consumer outcomes. A Day Service Observation will be completed for 100% of DDSN's Contracted Day Service locations. 25% of DDSN's Contracted Non-ICF/IID Residential Service Locations. The Observations may be completed in conjunction with other review types, including Licensing Reviews and/or Contract Compliance, or they may take place as a separate visit when service recipients are present.

The QIO will adapt observation schedules, as needed, for community activities and consumer employment.

Licensing:

Day and Residential Licensing Reviews will have a same-day notice, instead of the current 24 hour notice. Locations that do not have shift staffing will receive a 24 hour notice.

Section 5310
Enhanced Mobility of Seniors
and Individuals with Disabilities
Funding Plan

Section 5310 Small Urban Projects

AGENCY NAME	COG Ranking	Federal	Local Match	Total Project	Project Type
Pee Dee COG					
Darlington COA	1	\$50,000	\$8,823	\$58,823	Vehicle-Expansion
Florence County DSNB	2	\$50,000	\$8,823	\$58,823	Vehicle-Replacement
Senior Citizen Association of Florence	3	\$50,000	\$8,823	\$58,823	Vehicle-Expansion
Total		\$150,000	\$26,469	\$176,469	
Santee Lynches					
National Federation of the Blind	1	\$2,500	\$500	\$3,000	Purchase of Service
Sumter County DSNB	2	\$50,000	\$8,823	\$58,823	Vehicle-Replacement
Senior Services of Sumter	3	\$50,000	\$8,823	\$58,823	Vehicle-Replacement
Total		\$102,500	\$18,146	\$61,823	
Statewide Coordination Project					
SC Department of Disabilities & Special Needs	1	\$50,000	\$8,823	\$58,823	Vehicle-Expansion
SU Grand Total		\$602,500	\$110,053	\$712,553	
SMALL URBAN PROJECT TOTAL:		\$602,500	\$110,053	\$712,553	

SFY2017-2018
(FFY2017)
LEGAL & AUTHORIZING SIGNATURES
Updated January 19, 2017
(SMTF APPLICANTS)

RESOLUTION BY BOARD OF DIRECTORS TO APPLY FOR FUNDING

The Board of Directors of SCDDSN
(agency)

is aware of the provisions of Federal Transit Administration (FTA) program fund requirements for each application it makes to the state of South Carolina for Federal and/or State funding and hereby authorizes Thomas P. Waring, Associate State Director *(*authorized representative)* of SCDDSN
(Agency) to file application with the South Carolina Department of Transportation (SCDOT) on behalf of SCDDSN
(agency) for federal and/or state funding to assist in providing community and/or human services transportation services. If this application is approved:

- (1) The Board resolves that the SCDDSN (agency) will provide the required match for the capital, operations and administrative charges, the necessary insurance coverage as required under the agreement, and all necessary local match for operating losses; and
- (2) The Board agrees to comply with all FTA and SCDOT Program statutes and regulations, directives, certifications and assurances to carry out the project as described in the application.

**Note that Authorized Representative and Witness MUST be 2 separate individuals (2 different names).*

APPROVED AND ADOPTED

This _____ day of _____, 20_____.

*

Signature of Attesting Witness

Signature of Chairperson

Printed Name of Attesting Witness

Printed Name of Chairperson

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

	<u>General Fund (Appropriations)</u>	<u>Medicaid Fund</u>	<u>Other Operating Funds</u>	<u>Federal and Restricted Funds</u>	<u>Total</u>
FY 2016 Unreserved Cash Brought Forward	\$ 939,561	\$ 527,877	\$ 877,569	\$ 16,190	\$ 2,361,197 ¹
<u>FY 2017 YTD Activity</u>					
<u>Receipts/Transfers</u>					
Revenue	\$ 240,453,324	\$ 371,492,737	\$ 7,021,909	\$ 555,239	\$ 619,523,209
Interfund Transfers	\$ (15,000,000)	\$ 15,000,000	\$ -	\$ -	\$ -
Total Receipts/Transfers	\$ 225,453,324	\$ 386,492,737	\$ 7,021,909	\$ 555,239	\$ 619,523,209
<u>Disbursements</u>					
Personal Services	\$ (44,232,911)	\$ (13,260,035)	\$ (53,869)	\$ (169,538)	\$ (57,716,353)
Fringe Benefits	\$ (18,050,588)	\$ (5,629,231)	\$ -	\$ (70,698)	\$ (23,750,517)
Other Operating Expense	\$ (138,217,573)	\$ (353,795,340)	\$ (4,641,310)	\$ (113,246)	\$ (496,767,469)
Capital Outlays	\$ -	\$ (174,451)	\$ (93,334)	\$ -	\$ (267,785)
Total Disbursements	\$ (200,501,072)	\$ (372,859,057)	\$ (4,788,513)	\$ (353,482)	\$ (578,502,124)
Outstanding Accounts Payable Balance	\$ (272,348)	\$ (69,187)	\$ (870)	\$ (2,611)	\$ (345,016)
Unreserved Cash Balance - 5/31/2017	\$ 25,619,465	\$ 14,092,370	\$ 3,110,095	\$ 215,336	\$ 43,037,266

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

FM Budget vs Actual									
Author JGRANT			Status of Data 6/8/2017 07:20:53						
Filter			Information						
Table									
Fiscal year	Business area	Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance Before Commitments	Commitments and Other Transactions	Remaining Balance
2017	DDSN	ADMINISTRATION	\$ 7,278,969.00	\$ 420,777.00	\$ 7,699,746.00	\$ 6,000,204.29	\$ 1,699,541.71	\$ 305,624.29	\$ 1,393,917.42
		PREVENTION PROGRAM	\$ 257,098.00	\$ 453,852.00	\$ 710,950.00	\$ 632,755.00	\$ 78,195.00	\$ 0.00	\$ 78,195.00
		GREENWOOD GENETIC CENTER	\$ 11,358,376.00	\$ 0.00	\$ 11,358,376.00	\$ 11,358,376.00	\$ 0.00	\$ 0.00	\$ 0.00
		CHILDREN'S SERVICES	\$ 14,859,135.00	\$ 7,000,651.31	\$ 21,859,786.31	\$ 13,834,732.89	\$ 8,025,053.42	\$ 950.00	\$ 8,024,103.42
		BabyNet	\$ 9,312,500.00	\$ 0.00	\$ 9,312,500.00	\$ 9,312,500.00	\$ 0.00	\$ 0.00	\$ 0.00
		IN-HOME FAMILY SUPP	\$ 102,211,827.00	-\$ 24,055,040.03	\$ 78,156,786.97	\$ 44,039,422.24	\$ 34,117,364.73	\$ 7,773,224.36	\$ 26,344,140.37
		ADULT DEV&SUPP EMPLO	\$ 67,475,832.00	\$ 15,477,949.12	\$ 82,953,781.12	\$ 71,876,356.62	\$ 11,077,424.50	\$ 167,748.98	\$ 10,909,675.52
		SERVICE COORDINATION	\$ 22,707,610.00	-\$ 3,912.00	\$ 22,703,698.00	\$ 16,131,808.16	\$ 6,571,889.84	\$ 239,523.41	\$ 6,332,366.43
		AUTISM SUPP PRG	\$ 14,113,306.00	-\$ 290,972.47	\$ 13,822,333.53	\$ 11,528,637.92	\$ 2,293,695.61	\$ 733,665.27	\$ 1,560,030.34
		Pervasive Developmental Disorder (PDD)	\$ 10,780,880.00	-\$ 500,000.00	\$ 10,280,880.00	\$ 4,606,850.44	\$ 5,674,029.56	\$ 312,541.13	\$ 5,361,488.43
		HD&SPINL CRD INJ COM	\$ 3,040,532.00	\$ 1,103,706.00	\$ 4,144,238.00	\$ 3,601,792.52	\$ 542,445.48	\$ 0.00	\$ 542,445.48
		REG CTR RESIDENT PGM	\$ 73,912,065.00	\$ 970,581.00	\$ 74,882,646.00	\$ 60,654,459.11	\$ 14,228,186.89	\$ 1,908,034.38	\$ 12,320,152.51
		HD&SPIN CRD INJ FAM	\$ 26,258,987.00	\$ 1,547,797.40	\$ 27,806,784.40	\$ 15,572,187.87	\$ 12,234,596.53	\$ 2,935,512.97	\$ 9,299,083.56
		AUTISM COMM RES PRO	\$ 23,557,609.00	-\$ 843,269.00	\$ 22,714,340.00	\$ 12,856,895.88	\$ 9,857,444.12	\$ 46,711.21	\$ 9,810,732.91
		INTELL DISA COMM RES	\$ 311,439,097.00	\$ 9,745,224.86	\$ 321,184,321.86	\$ 272,772,176.85	\$ 48,412,145.01	\$ 22,363,299.65	\$ 26,048,845.36
		STATEWIDE CF APPRO		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00
		STATEWIDE PAY PLAN		\$ 0.00	\$ 0.00		\$ 0.00		\$ 0.00
		STATE EMPLOYER CONTR	\$ 29,857,979.00	-\$ 273,790.00	\$ 29,584,189.00	\$ 23,757,827.68	\$ 5,826,361.32	\$ 0.00	\$ 5,826,361.32
		DUAL EMPLOYMENT				\$ 10,156.23	-\$ 10,156.23	\$ 0.00	-\$ 10,156.23
		Lander University Equestrian		\$ 300,000.00	\$ 300,000.00	\$ 300,000.00	\$ 0.00	\$ 0.00	\$ 0.00
		Result	\$ 728,421,802.00	\$ 11,053,555.19	\$ 739,475,357.19	\$ 578,847,139.70	\$ 160,628,217.49	\$ 36,786,835.65	\$ 123,841,381.84

South Carolina Department of Disabilities and Special Needs				
Analysis of Planned Expenditures for Waiting List Reduction Effort FY 17				
As of June 2017				
Appropriation	\$6,600,000			
One-time System Capacity Initiatives	\$2,994,007			
Service Expansion	\$3,424,616			
State Funds to Be Carried Forward	\$181,377 *			
One-time System Capacity Initiatives Approved by Commission 9/15/16:		FY 17 State Funds Committed One-Time	FY 17 State Funds Expended	FY 17 State Funds Remaining
Capital for Day and Residential Capacity Building		\$1,000,000	1,000,000	
State Funded Case Management Service to Expedite Enrollment - as of 6/9		\$700,000	1,038,284	
Intake Process as of 6/12		\$879,000	404,896	
Increase Access to Respite Services as of 6/12		\$70,000	60,827	
Equipment and Training Assistance for Service Providers for use with Therap		\$250,000	50,000	
Special Olympics - Project Unify		\$200,000	200,000	
Workforce Initiatives		\$287,250	240,000	
Total One-time System Capacity Initiatives		\$3,386,250	2,994,007	392,243
Service Expansion:		FY 17 State Funds Committed Recurring	FY 17 State Funds Expended	FY 17 State Funds Remaining
Residential Services: Approximately 115-125 Residential Slots (99) (6/1)		\$3,540,000	2,190,688	
In-Home Supports				
Waiver Services - Community Supports 750 Expansion Slots (671) (6/12)		\$3,060,000	1,233,928	
Total Service Expansion		\$6,600,000	3,424,616	(210,866)
Total Service Expansion			3,213,750	
* The amount as of 4/30/2017 was \$649,392, a comparison between May and June is a difference of \$468,015.				

Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

Associate State Director

Operations

Susan Kreh Beck

Associate State Director

Policy

Thomas P. Waring

Associate State Director

Administration



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MEMORANDUM

COMMISSION

William O. Danielson

Chairman

Eva R. Ravenel

Vice Chairman

Gary C. Lemel

Secretary

Mary Ellen Barnwell

Sam F. Broughton, Ph.D.

Catherine O. Faysoux

Vicki A. Thompson

TO: Families, Service Providers and Advocates

FROM: Beverly A. H. Buscemi, Ph.D. 
State Director

RE: DDSN FY 2017-2018 Budget Update

DATE: June 13, 2017

On June 12th, Governor McMaster issued his veto message regarding the FY 2017-2018 General Appropriations Act. His vetoes did not impact funding appropriated to DDSN. The budget approved by the Governor and General Assembly is very good for the DDSN service delivery system as it appropriates \$9,000,000 in new recurring state funds to the Department of Disabilities and Special Needs to address workforce needs. The approved budget also provides \$500,000 to the Greenwood Genetic Center.

Addressing workforce issues continues to be the greatest need within our DDSN service delivery system. The generous appropriations of recent years to reduce waiting lists have helped thousands of people. However, direct care staffing is at a crisis level and we must be competitive in the job market. New or expanded services cannot be provided without a strong workforce. The new funding is a very important first step in what DDSN hopes will be a multi-year effort to increase the hiring wage for Direct Support Professionals to the \$12.00 to \$13.00 per hour range. A new appropriation of \$9 million supports moving toward that goal by increasing the hiring wage to \$11.00 per hour. This represents an 8.8 percent increase from the current \$10.11 per hour.

The appropriation bill does not provide any general pay increase or bonus for state or provider employees. It does include funding to cover the increased cost of health insurance. There would be no increase in deductible and/or co-pays.

The DDSN Commission and staff greatly appreciate the time, leadership and hard work that goes into the budget process. The efforts of Governor McMaster and many legislators ensured services for individuals with disabilities and their families were again given a very high priority in the state budget. Please take time to thank the Governor, your Senator and your Representative for his/her outstanding support of DDSN and services provided across the state. Thank you all for your continued work and advocacy on behalf of those we serve.

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