

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

June 17, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, June 17, 2021, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Gary Lemel – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D. (*Joined at 11:15 a.m.*)

Stephanie Rawlinson

Eddie Miller

Present Conference Call

David Thomas (*Joined for Executive Session*)

DDSN Administrative Staff

Constance Holloway, Interim State Director and General Counsel; Pat Maley, Chief Financial Officer and Deputy Director; Rufus Britt, Associate State Director, Operations; Susan Beck, Associate State Director, Policy; Robb McBurney, Interim Public Information Officer and Legislative Liaison; Michael Mickey, Information Technology Director; Ken Parks, Information Technology Manager; Jacob Flowers, Attorney III; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

Chairman Lemel called the meeting to order and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

On a motion by Commissioner Malphrus, seconded by Commissioner Miller, the commission unanimously adopted the June 17, 2021 meeting agenda as presented. (Attachment A)

Invocation

Commissioner Blackwood gave the invocation.

Approval of the Minutes from May 20, 2021 Commission Meeting; May 27, 2021 and June 10, 2021 Special-Called Meetings

Commissioner Malphrus made a motion to include the word “collectively” after “Providers” under New Business, section C; this motion was seconded by Commissioner Miller. Commissioner Miller made a motion to change “It was recommended...” under section 9A Financial Audit Planning to “The State Auditor recommended”; this motion was seconded by Commissioner Rawlinson. Both amendments were approved unanimously by the Commission. Commissioner Miller made a motion to approve the amended May 20, 2021 Commission meeting minutes, the May 27, 2021, and the June 10, 2021 Special-Called Meeting minutes, seconded by Commissioner Rawlinson and unanimously approved by the commission members. (Attachment B)

Commissioners’ Update

Commissioner Malphrus mentioned Wisconsin Shepard’s College had a wonderful graduation that he watched online. This is a wonderful school for practical education for persons with disabilities. Chairman Lemel noted that he attended a presentation at Miracle Park earlier this month. The Carolina Panthers hosted an event at the Park where the Panther’s Foundation made a \$200,000 donation as well, the Pepper Foundation made a donation of \$500,000 to the Park. According to Chairman Lemel, this project was the reason why DDSN selected Rock Hill to receive the Silver Palmetto a couple of years ago because this Park is on the cutting edge.

Public Input

There was one public input request from Jerry Mize.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on June 1, 2021. The following topics were presented for review and approval by the Commission:

Process for Approving Non-Service Contracts \$200,000 or Greater – there are three solicitations that were presented in the sub-committee meeting; however, only one needs the full commission’s approval. There was also one existing contract increasing \$200,000 or greater which includes the four individuals with high needs who are currently being served at Wellpath. Community Options (residential provider) will start serving these four individuals with the next 1-2 months in a CTH II.

Commissioner Malphrus made a motion to approve the procedures as outlined but the Finance and Audit Committee, seconded by Commissioner Rawlinson and unanimously approved by the commission.

Commissioner Blackwood made a motion to approve the The Family Support Network solicitation as presented, this motion was seconded by Commissioner Rawlinson and unanimously approved by the commission. (Attachment C)

275-04-DD: Procedures for Implementation of DDSN Audit Policy for DSN Boards – Commissioner Blackwood noted that the agency received a good amount of feedback from providers concerning these directives. Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment D)

275-06-DD: Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers – Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment E)

B. Policy Committee

The Policy Committee met on June 8, 2021. The following topics were presented for review and approval by the Commission:

413-09-DD: Outside Employment – Commissioner Malphrus noted that general counsel is continuing to review comments received from staff and is strongly recommending that the Policy Committee review again before the commission approves. Received as information only.

700-07-DD: Employment First – This directive was posted for external review and for public comment. There were no comments. Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment F)

367-15-DD: Mobile Device Security Policy – This policy is recommended to be marked obsolete because they were previously combined into another directive earlier this year. Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment G)

367-17-DD: Human Resource and Security Awareness Policy – Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment H)

Ms. Susan Beck gave a summary of the number of directives, standards and processes that have been completed to date.

C. Nominating Committee

Election of Officers

Committee Chair Blackwood noted that the committee met on June 16, 2021 to recommend the following slate of officers: Commissioner Stephanie Rawlinson as Chairman; Commissioner Barry Malphrus as Vice Chairman; and Commissioner Robin Blackwood as Secretary. Coming out of committee, Chairman Lemel treated this slate of officers as a motion and second. He then asked if there were any other additional nominations for additional positions, and there were none. Commissioner Rawlinson made a motion to vote by acclamation as opposed to written ballot, seconded by Commissioner Malphrus. The aforementioned slate of officers were unanimously approved by a vote of acclamation.

Commissioner Lemel turned the gavel over to the new Chairman, Stephanie Rawlinson. Chairman Rawlinson stated that she thanks the commission for having faith in her to accept this assignment.

New Commissioner Committee Assignments

Chairman Rawlinson announced the appointment of committee chairs: Commissioner Ed Miller is the Chair of the Legislative Committee; Commissioner Robin Blackwood will remain Chair of the Finance and Audit Committee; and Commissioner Malphrus will remain Chair of the Policy Committee. Chairman Rawlinson would like to speak with Commissioners Lemel, Kocher and Thomas to get their input on which committees they would like to serve on for the upcoming year.

Old Business

A. Update on Listening Sessions

Mr. Robb McBurney thanked all commission members for their flexible participation in the listening sessions. He also thanked Michael Mickey and the executive staff for assisting with staffing these events. Mr. McBurney noted that the agency has held three sessions already. Going forward, the agency will catalog these listening sessions on the DDSN website as well as generate a summary for all commission members.

Providers expressed a variety of workforce issues so far along with ideas on how to combat the staffing issues after the pandemic. Other issues are repairing legacy buildings, home modifications, behavioral health improvement issues and respite assistance. Mr. Maley commented that a financial spreadsheet will be completed after all sessions have ended and that the deadline is June 28th for submission to the SC Department of Health and Human Services.

B. ID/RD Waiver Renewal Update

Ms. Beck provided a briefing on the status and timeline of the Intellectual Disability/Related Disabilities Waiver renewal. This waiver renewal will come to fruition on January 1, 2022. Usually, CMS requires a 90 day submission; however, DHHS has been preparing for a 180 day submission timeline to provide a buffer of time for any incidental issues. The agency is compiling a list of things needed to be delivered back to DHHS, to include the suspended amendment list; development of the independent living skills services; e-monitoring; career preparations; waiver case management limits; employment services individual transportation; residential rate (multiple); increased requirements for day services that may include increased rates; and acuity assessment consideration. The acuity or service assessment will be brought back to the Commission for approval per the Executive Limitations policy. DDSN and DHHS jointly have a technical assistance group (New Editions) to work with the agency, bringing information from other states into consideration as well.

C. Waiver Waiting List Update

Ms. Manos updated the Commission on the waiver waiting list to date. She presented a PowerPoint that outlined exactly the number of individuals currently receiving specific services now, pending slots for individuals for each waiver (community support waiver (capped); head and spinal cord injury waiver and intellectual disability and related disabilities waivers) and available slots.
(Attachment I)

D. Band B & I Issue – Band Change & Outlier Recommendations

Mr. Pat Maley presented 19 submissions for band increases; staff recommends that nine (seven from Band G to H and two outliers) be approved for an annualized cost of \$251,633. Commissioner Malphrus made a motion to approve the nine band increases, seconded by Commissioner Blackwood and unanimously approved. Commissioner Malphrus made a motion to deny the other 10 requests due to lack of justification. This motion was seconded by Commissioner Blackwood and unanimously approved by the commission.
(Attachment J)

E. Legislative Update

Mr. Robb McBurney gave a brief legislative update which included the conference committee meeting on House Bill 3244, employment first oversight commission which involves this agency. Legislators are finishing up the budget because they received new revenue in the middle of the legislative process. Pay raise is also on the list as well.

New Business

A. FY22 Community Contracts

Mr. Maley presented the FY22 Community Contracts outlined in the handouts he provided to commission members. The separation of fee-for-service contracts and day and residential contracts has begun. The agency's carry-forward will be approximately \$50 million. Today, the agency would like for the commission to approve the wrap-around or existing contracts. Mr. Maley briefly went through all attachments. Commissioner Lemel made a motion to approve the contracts as presented with the caveat of titrating down the Richland-Lexington DSN Board Admin Program Expenses of \$124,000 over the next six months and then review again with a plan; this motion was seconded by Commissioner Miller and unanimously approved by the commission.

(Attachment K)

B. Family Supports Network Solicitation

This solicitation was approved earlier during the Finance and Audit Committee presentation, under the sub-heading, "Process for Approving Non-Service Contracts \$200,000 or Greater".

(Attachment L)

C. Financial Update

Mr. Maley noted that as we exit the capitated model, this spreadsheet will be updated to show the fee-for-service budget model. You will see expenditures and an adjustment column to include the DHHS state match. The agency anticipates cash reserves in the amount of \$50 million. Commissioner Malphrus made a motion to approve the financial report, seconded by Commissioner Lemel and unanimously approved by the commission.

(Attachment M)

Executive Session

At 12:12 p.m., Chairman Rawlinson requested a motion to begin executive session to discuss personnel matters to include the hiring of a director for the internal audit division; the hiring of a legislative liaison; and the next steps in the search for a new executive director. On a motion by Commissioner Blackwood, seconded by Commissioner Malphrus and unanimously approved by the commission; executive session will begin at 12:27 p.m. following a 15-minute break.

Upon rising out of executive session at 1:20 p.m., Chairman Lemel stated that it was pointed out by Commissioner Malphrus that the new slate of officers takes effect at the end of the commission meeting today. He went on to say that the algorithms were not any differently if he had handled the portion of the meeting he turned over to her. Chairman Lemel announced that no motions or decisions were made and no votes were taken during executive session. Commissioner Blackwood made a motion to have DDSN instruct the staffing agency handling the State director search that they are using of the commission members schedules over the next phase of the interview process, seconded by Commissioner Miller and unanimously approved by the commission.

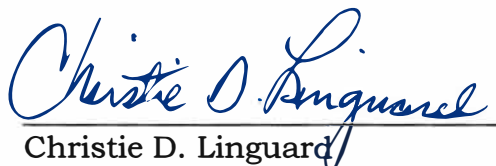
Next Regular Meeting

July 15, 2021

Adjournment

On a motion by Commissioner Miller, seconded by Commissioner Rawlinson and unanimously approved by the commission, the meeting was adjourned at 1:23 p.m.

Submitted by:


Christie D. Linguard

Administrative Coordinator

Approved by:

DocuSigned by:


Commissioner Robin Blackwood
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

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

June 17, 2021

10:00 A.M.

1. Call to Order *Chairman Gary Lemel*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner Robin Blackwood*
6. Approval of Commission Meeting Minutes
 1. May 20, 2021 Commission Meeting
 2. May 27, 2021 Special-Called Meeting
 3. June 10, 2021 Special-Called Meeting
7. Commissioners' Update *Commissioners*
8. Public Input
9. Commission Committee Business
 - A. Finance and Audit Committee *Committee Chair Robin Blackwood*
 1. Process for Approving Non-Service Contracts \$200,000 or Greater
 2. 275-04-DD: Procedures for Implementation of DDSN Audit Policy for DSN Boards
 3. 275-06-DD: Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers
 - B. Policy Committee *Committee Chair Barry Malphrus*
 1. 413-09-DD: Outside Employment
 2. 700-07-DD: Employment First
 3. 367-15-DD: Mobile Device Security Policy
 4. 367-17-DD: Human Resource and Security Awareness Policy
 5. Committee Updates
 - C. Nominating Committee *Committee Chair Robin Blackwood*
 1. Election of Officers
 2. New Commissioner Committee Assignments
10. Old Business:
 - A. Update on Listening Sessions *Mr. Pat Maley*
 - B. ID/RD Waiver Renewal Update *Ms. Susan Beck*
 - C. Waiver Waiting List Update *Ms. Lori Manos*

D. Band B & I Issue – Band Change & Outlier Recommendations
E. Legislative Update

Mr. Pat Maley
Mr. Robb McBurney

11. New Business:

A. FY22 Community Contracts
B. Family Supports Network Solicitation
C. Financial Update

Mr. Pat Maley
Ms. Susan Beck
Mr. Pat Maley

12. Executive Session

Personnel Matters

13. Enter into Public Session

14. Next Regular Meeting (July 21, 2021)

15. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

May 20, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, May 20, 2021, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Gary Lemel – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D.

Stephanie Rawlinson

Eddie Miller

David Thomas

DDSN Administrative Staff

Constance Holloway, Interim State Director and General Counsel; Pat Maley, Interim Chief Financial Officer and Deputy Director; Rufus Britt, Associate State Director, Operations; Susan Beck, Associate State Director, Policy; Liz Lemmond, Human Resources Director; Robert McBurney, Program Manager for Emergency Operations and Special Projects; Kyla Schulz, Risk Management Director; Ann Dalton, Quality Management Director; Michael Mickey, Information Technology Director; Andrew Tharin, Director of Engineering; Randy Davis, Whitten Center Facility Administrator; Shannah Wyatt, DSP Supervisor at Whitten Center; Sallie Simmons, QIDP at Whitten Center; and Christie Lingard, Administrative Coordinator.

Notice of Meeting Statement

Chairman Lemel called the meeting to order and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Commissioner Gary Kocher was welcomed by everyone. He stated that he was glad to be a part of the commission.

Adoption of the Agenda

On a motion by Commissioner Rawlinson, seconded by Commissioner Malphrus, the commission unanimously adopted the May 20, 2021 meeting agenda as presented. (Attachment A)

Invocation

Chairman Lemel gave the invocation.

Approval of the Minutes from April 15, 2021 Commission Meeting

Commissioner Rawlinson made a motion to approve the April 15, 2021 meeting minutes as written, seconded by Commissioner Malphrus and unanimously approved by the commission members. (Attachment B)

Employee of the Year

Liz Lemmond and Randy Davis presented Ms. Shannah Wyatt with the Employee of the Year Award for the Regional Centers. Ms. Lemmond also read the names of the other nominees along with all employees who received their 10, 20 or 30 year service award.

Nominating Committee

Chairman Lemel appointed Commissioner Blackwood as chair of the Nominating Committee for the Commission. Other members appointed to the committee were Commissioner Malphrus and Commissioner Rawlinson.

Commissioners' Update

All commission members commended and thanked the staff for a wonderful Employee Appreciation Day at DDSN Central Office on yesterday. They enjoyed meeting and interacting with DDSN staff members. A special recognition was given to the human resources staff, especially Morgan Foster, for an exceptional job at planning everything.

Commissioner Malphrus urged all commission members to send in their picture and/or bio for the DDSN website. He applauded staff for the new look.

Public Input

There were six public input requests from Jason Tavenner, Ryan Way, Dana McConnell, Tyler Rex, Elizabeth Krauss and Nancy Dixon.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on May 4, 2021. The following topics were presented for review and approval by the Commission:

Process for Approving Non-Service contracts \$200,000 or Greater – detailed discussion was held concerning the process by which the \$200,000 or greater non-service contracts should be approved. Commissioner Thomas made a motion for the committee to revise their proposed draft procedures to include the fact that those contracts approved by the sub-committee will be presented to the full commission; and that at any time, they can be overridden by the full commission. Commissioner Rawlinson seconded the motion and asked that we put the amended procedure in place for the next sub-committee meeting and then actually vote on the procedure at the next commission meeting.
(Attachment C)

Financial Audit Planning – Commissioner Blackwood, Commissioner Malphrus and Interim Director Holloway met with staff at the State Auditor's Office (Director Sue Moss, George Gentry and George Kennedy) via a telephone conference earlier this month to discuss the benefits of an agency audit. It was recommended that the agency not conduct a financial audit but rather ask for specific performance audit concerns to be addressed (i.e. review certain contracts or providers). Commissioner Thomas inquired about the State Auditor's Office assisting with the Legislative Oversight Committee's recommendations. Commissioner Miller asked that the recording be transcribed. Commissioner Blackwood asked that all specific financial concerns of the agency be submitted to the sub-committee for review and approval. As well, the executive staff should submit any of their concerns to the sub-committee for review.
(Attachment D)

B. Policy Committee

The Policy Committee met on May 18, 2021. The following topics were presented for review and approval by the Commission:

413-08-DD: Anti-Harassment – Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive.
(Attachment E)

Commissioner Malphrus noted that there are approximately 14 other directives that are referred to either the Finance and Audit Committee or

staff for comments/changes. The next Policy Committee Meeting will take place on June 8, 2021.

Old Business

A. Communications Update

Mr. Mickey briefed the Commission on the conference room and the new changes that will be occurring in the near future. He also announced that each member of the commission now have an agency cell phone. (Attachment F)

B. Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal Update

Ms. Beck provided a briefing on the status and timeline of the Intellectual Disability/Related Disabilities Waiver renewal. The public comment will begin in May, which, according to their website, has not begun yet. The one recommended change by SCDHHS is to increase the service limit for environmental modifications service to \$15,000 per lifetime with a re-evaluation of utilization following waiver year one. Previously, the service limit was \$30,000 per lifetime. (Attachment G)

C. Waiver Enrollment Process Improvement Initiative

Ms. Manos briefed the Commission on specifics regarding waiver enrollment process changes including entrance to waiver waiting lists. With the new process, the Eligibility division will continue to add individuals to the waiting lists per usual; however, at least annually, the Agency will make contact with individuals to determine if he/she has a qualifying reason (i.e., consumer has passed away or moved out of state) to be removed from the waiting list. Six months before an individual reaches the top of the waiting list, staff will determine who has closed cases or has been determined ineligible. Then, three months from reaching the top of the waiver list, staff will contact each individual, move them to a processing status, assign case management and get them to sign the freedom of choice and financial clearance. Commissioner Miller made a motion to approve the new process for waiver enrollment, seconded by Commissioner Thomas. Chairman Lemel asked Ms. Manos to produce a written version of this process. Chairman Lemel also asked that the waiver list update be placed on the agenda for the June meeting. (Attachment H)

D. Administrative Services Contract with SCDHHS

Interim State Director Holloway stated that both SCDHHS and DDSN are ready to sign this contract pending the Commission's approval. Commissioner Miller made a motion to approve the contract as presented, seconded by Commissioner Thomas and unanimously approved by the commission.
(Attachment I)

E. CMS Guidance on 10% Federal Medical Assistance Percentage (FMAP) Increase on Home and Community Based Services (HCBS)

Mr. Maley went over a one-page summary showing the \$40 million a year increase due to the American Recovery Act. He has suggested that the agency coordinate with providers to get input in spending this \$40 million. Parameters and reporting analysis were discussed and the fact that SCDHHS will submit the state's plan with our DDSN's input. The timeline may shift but right now we are looking at 30 days for submission. Commissioner Miller recommended that the commission further peruse the input from providers with a heavy concentration on long-term needs. Commissioner Rawlinson made a motion to set up district meetings throughout the state within the next few weeks to discuss strategies and get input from all stakeholders, as well as look at short and long-term needs, again with a heavy concentration of long-term needs; seconded by Commissioner Thomas and unanimously approved by the commission.
(Attachment J)

F. Annual Comprehensive Property Implementation Plan (CPIP) 5-Year Plan and Request for Approval for Year One Projects

Mr. Maley and Mr. Tharin presented the CPIP Plan for the agency as mandated by our state government. After several meetings with central office and regional staff, the Plan presented today are project specific plans that have been well thought out. Commissioner Rawlinson made a motion to approve year one of this 5-year plan, seconded by Commissioner Blackwood and unanimously approved by the commission.
(Attachment J)

G. B & I Conversion – Approval for Band G & H Swaps and Outliers

Mr. Maley noted that the agency has been examining providers with underfunded residential waiver individuals and will recommend increases, if appropriate, through the agency's existing outlier process. Commissioner Thomas made a motion to approve the 44 band swaps contained in Attachment A of the handout, and to also approve the one band increase with an \$18,561 annual increase contained in Attachment

B; this motion was seconded by Commissioner Blackwood and unanimously approved by the commission.
(Attachment K)

H. Update on Community ICF Statewide Deficits

Mr. Maley discussed the statewide deficits in community ICF of approximately \$4.0 million. This is an accounting issue and after making needed financial adjustments, the actual deficit is approximately \$677,514. Mr. Britt discussed potential understaffing of these facilities, particularly at the current time due to availability of new hires and increased dollars for nurses. Commissioner Miller made a motion to propose a moratorium on imposing bed fees on our providers for a period of one year (from June 2021 to June 2022). Within this time period research on market rates will be reviewed as well as legal research on imposing bed fees will be done. The commission will be given the results of this research was completed. The motion was seconded by Commissioner Thomas and unanimously approved by the commission. [Commissioner Blackwood left the commission meeting at 1:52 p.m. and was unable to render a vote on this topic. She will rejoin the commission meeting via Microsoft Teams as she reaches her car].
(Attachment L)

I. Quarterly Incident Management Report

Ms. Dalton discussed the quarterly report for the agency. The report was received as information only.
(Attachment M)

J. Legislative Update

Interim State Director Holloway gave the update. Ms. McLeod is gathering written information from the comments shared during the public hearing. The Legislative session ended on May 13th. There will be conference committees and budget meetings held soon; but there has been no word yet from the House Ways and Means Committee on another agency budget presentation. The commission were provided a copy of all bills the agency has been tracking; however, since the Legislative session ended on May 13th, there has been no movement. Commissioner Rawlinson requested that providers should contact their local legislators regarding Senate Bill 743 and House Bill 4352.
(Attachment N)

New Business

A. Hurricane Season Planning

Mr. McBurney began by stating that the hurricane plans for all providers were due by May 28th. The Annual Emergency Preparedness Meeting will take place on Monday, May 24th at 1:00 PM featuring guest speaker Mr. Derek Becker from the South Carolina Emergency Management Division. Mr. Britt spoke about inland day and residential programs who have historically opened their facilities and provided staffing support for evacuees. Since these programs are now fee for service, our agency has been in constant contact with the provider network reiterating the importance of their continued support. The commission members stated that they will fully support any assist, via economic relief, any and all providers who are willing to assist during an evacuation.

B. Waiver Key Indicators

Ms. Beck spoke to the commission on the waiver key indicators as well as the tools used for contract compliance, non-waiver contract compliance and licensing review. The agency is currently in Phase 1 and have presented the indicators recommended. Commissioner Miller made a motion to conceptually approve Phase I of the key indicators standards and the process for revising the standards in Phase II; this motion was seconded by Commissioner Malphrus and unanimously approved by the commission. [Commissioner Blackwood rejoined the meeting and rendered a vote].
(Attachment O)

C. State of At-Home Day Services Recovery from COVID

Mr. Maley briefed the commission on at-home day services programs, which is one of our main service lines. Providers are losing approximately \$1.5 million dollars a month. He believes that in a couple of months, the commission will have to decide if they are going to consider funding the gap. Commissioner Miller asked if the agency could get feedback from providers on what can be done to assist. This can also be done at the upcoming stakeholders meetings.
(Attachment P)

D. Financial Update

Mr. Maley announced that the agency continues to be well below budget on the expenditure side by approximately 6%. Commissioner Miller made a motion to approve the financial update as presented, seconded by Commissioner Malphrus and unanimously approved by the commission.
(Attachment Q)

Executive Session

At 2:40 p.m., Chairman Lemel requested a motion to begin executive session to discuss an update on contractual and personnel matters to include matters related to fiscal agent services provided by The Charles Lea Center and the search for a new executive director. On a motion by Commissioner Rawlinson, seconded by Commissioner Miller and unanimously approved by the Commission; executive session will begin at 2:50 p.m. following a 10-minute break.

Upon rising out of executive session at 3:34 p.m., Chairman Lemel announced that no motions or decisions were made and no votes were taken during executive session. Commissioner Thomas made a motion to approve the emergency procurement with The Charles Lea Center (CLC) after amending the contract to state precisely what we are expecting; this motion was seconded by Commissioner Miller and unanimously approved by the commission.

Commissioner Rawlinson made a motion to hold a special-called commission meeting on Thursday, May 27, 2021 at 3:30 p.m. to discuss employment issues. She also requested that an invitation be extended to Senator Peeler's office, Representative Murrell Smith's office and the Governor's office for a designated person to be present for the review of candidates for the executive director position. This motion was seconded by Commissioner Miller and unanimously approved by the commission.

Next Regular Meeting

June 17, 2021

Adjournment

On a motion by Commissioner Thomas, seconded by Commissioner Kocher and unanimously approved by the commission, the meeting was adjourned at 3:40 p.m.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

SPECIAL-CALLED MEETING MINUTES

May 27, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, May 27, 2021, at 3:30 p.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D.

Eddie Miller

Stephanie Rawlinson

Present Microsoft Teams

Gary Lemel – Chairman

Absent

David Thomas

DDSN Administrative Staff

Constance Holloway, Interim State Director and General Counsel; Pat Maley, Deputy Director and Interim Chief Financial Officer; Michael Mickey, Director of Information Technology Division; Ken Parks, IT Manager and Christie Linguard, Administrative Coordinator.

Others Present on the Conference Line

Christin Mack, Find Great People and Philip Willis, Senate Oversight Senior Analyst.

Call to Order and Notice of Meeting Statement

Chairman Lemel called the meeting to order at 3:31 PM and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

On a motion by Commissioner Rawlinson, seconded by Commissioner Miller and unanimously approved by the Commission members, the agenda was approved as presented. (Attachment A)

Executive Session

At 3:33 p.m., Commissioner Malphrus made a motion to go into executive session to discuss the list of candidates for the executive state director position. This motion was seconded by Commissioner Rawlinson and unanimously approved by the commission.

Rise Out of Executive Session

At 5:03 p.m., the commission rose out of executive session and Commissioner Malphrus noted that there were no decisions, motions or action taken during executive session. He also noted that Chairman Lemel had to leave the meeting a few minutes early because of a prior commitment.

Commissioner Rawlinson made a motion to remove candidates number four (4) and eight (8) from the pool of candidates presented by Find Great People; and the commission will begin interviewing candidates at 9:00 AM on June 9th and 10th for 30 minutes each during executive session via Zoom. This motion was seconded by Commissioner Blackwood and unanimously approved by the commission.

Adjournment

On a motion by Commissioner Blackwood seconded by Commissioner Rawlinson and unanimously approved by the Commission, the meeting was adjourned at 5:05 p.m.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

SPECIAL-CALLED MEETING MINUTES

June 10, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, June 10, 2021, at 9:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Gary Lemel – Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D.

Eddie Miller

Stephanie Rawlinson

Present Microsoft Teams

Barry Malphrus – Vice Chairman

Absent

David Thomas

DDSN Administrative Staff

Constance Holloway, Interim State Director and General Counsel; Michael Mickey, Director of Information Technology Division; Ken Parks, IT Manager and Christie Linguard, Administrative Coordinator.

Others Present on the Conference Line

Christin Mack, Find Great People

Call to Order and Notice of Meeting Statement

Chairman Lemel called the meeting to order at 9:04 a.m. and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

On a motion by Commissioner Rawlinson, seconded by Commissioner Miller and unanimously approved by the Commission members, the agenda was approved as presented. (Attachment A)

Executive Session

At 9:05 a.m., Commissioner Blackwood made a motion to go into executive session to interview candidates for the executive state director position. This motion was seconded by Commissioner Miller and unanimously approved by the commission.

Rise Out of Executive Session

At 1:11 p.m., the commission rose out of executive session and Commissioner Malphrus noted that there were no decisions, motions or action taken during executive session.

Commissioner Rawlinson thanked commission members for their presence for today's meeting. She then made a motion to proceed with another interview of candidates 2, 3, 4 and 5 at their convenience. This motion was seconded by Commissioner Blackwood and unanimously approved by the commission.

Adjournment

On a motion by Commissioner Miller seconded by Commissioner Blackwood and unanimously approved by the commission, the meeting was adjourned at 1:13 p.m.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary



MEMO

Date: June 8, 2021

To: DSN Commissioners

From: CFO Pat Maley

Re: New Finance & Audit Committee Procedure --
Procedure to Manage Financial Approvals & Financial Threshold Reporting Requirements

Based on work with the Finance & Audit Committee over the past several months, as well as discussions at the Commission level, I make the following recommendation to add a new procedure pertaining to manage financial approvals and financial threshold reporting requirements currently in the Commission's "Executive Limitation" Policy 800-CP-03, Section "3"

Recommendation: Add the below procedure to the DSN Commission Finance and Audit Committee Procedures, which is Attachment "A" to directive 800-07-CP titled, "South Carolina Commission on Disabilities and Special Needs Committee Procedures."

Procedure: The Commission "Executive Limitation" Policy 800-CP-03, Section "3", sets out financial requirements for staff to obtain Commission approval prior to executing a financial transaction and report an executed transaction(s) often after crossing a financial threshold. To simplify implementing these requirements and minimize using valuable monthly Commission meeting time on many of these financial transaction due to volume and many low-risk contracts, staff will present these financial transactions at the monthly Finance and Audit Committee meetings in a standardized report. This will permit the Finance and Audit Committee to decide which items need to be brought to the Commission for a vote and which items only need to be reported to the Commission in the form of the monthly report for transparent reporting.

The monthly staff report will be structured to cover every financial requirement set forth in the Executive Limitation Policy, which staff will either add relevant data or affirmatively advise not applicable for the prior month. This will permit the Commission to have a simple, hopefully 1-2 pages, monthly business control to ensure staff is comprehensively reporting on all financial transactions or threshold requirements contained in the Executive Limitation Policy.

Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for June 2021

The purpose of this monthly report is to ensure staff comprehensively reports on all Executive Limitation Policy (800-CP-03) financial transactions for approval and financial threshold reporting requirements. The Finance and Audit Committee will decide which items require presentation to the Commission for a formal vote, as well as which items need only be reported via this monthly report to the Commission to ensure transparent reporting. After the Finance and Audit Committee's decisions, this report will highlight items in blue to notify Commission the contract will not need a formal vote and highlight items in green indicating the contract will require a formal Commission vote to approve.

I. New Non-Service Contracts \$200,000 or Greater:

- a) **Solicitation# 5400019196:** A fixed priced bid contract was solicited on 1/15/2021 for Direct Support Professionals. It was a five year contract with a contract ceiling value of \$250,000. On 4/9/21, four providers were qualified and awarded a contract. At the current time, one additional vendor, Consolidated Medical Staffing, has applied to be qualified and awarded a fixed price bid contract. The contract essentially qualifies vendors to perform the service at a fixed price, and then DDSN purchases services at its discretion from any qualified vendor with a \$250,000 contract limit of aggregated purchases during a five year period. In short, despite the vendor being awarded a "\$250,000" fix bid contract, the vendor is only being qualified to be a service provider with no guarantees of purchases by DDSN.
- b) **Family Support Network:** This is a current one year contract expiring on 6/30/2021. This is a new Request for Proposal (RFP) solicitation for a one (1) year contract with four (4) renewals to replace the current one year (FY21) contract expiring on 6/30/21. Potential five year contract value is \$1,250,000. The purpose of the contract is to strengthen and expand statewide consumer/family support networks relevant to DDSN's mission. Statewide non-profit organizations affiliated with national disability organizations are encouraged to submit proposals. Examples of services include, but not limited to, extend access to information about disabling conditions and relevant resources; offer outreach to non-English speaking people with disabilities/families; assist people with disabilities/families to connect with peers and support groups; improve the effectiveness of peer mentors and support groups; enhance individual/family self-advocacy; expand social/recreational opportunities for people with disabilities/families; and provide visibility and organizational leadership for one or more disability groups and promote multi-organization linkages and collaboration. DDSN intends to fund up to six projects at \$25,000-\$65,000 each for a maximum annual total of \$250,000, contingent upon availability of funding. DDSN has outsourced these types of services for many years.
- c) **Linen Services for Whitten and Midlands Regional Centers:** This is a new five year contract to replace current five year contract expiring on 6/30/21. The procurement sourcing method will be an Invitation for Bid (IFB) for one year with four (4) renewal periods. Estimated contract value is \$ 2.5 million for a five year contract period. The scope of contract includes supplying for pick-up, cleaning, and delivery of contractor owned linen and laundry at various designated locations at two DDSN Regional Centers (Whitten and Midlands).

II. **Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on indiv. choice; detail summary if not):**

Four individuals with high needs are currently served at Wellpath with state funds with an average daily rate of \$460 and annualized combined state cost of \$671,000. Community Options (residential provider) will start serving these high needs individuals within the next 1-2 months in a CTH II. After all four are enrolled in the IDR Medicaid waiver, DDSN will receive Medicaid matching funds, so DDSN's state cost for all four will be reduced to approximately \$120,000 - \$140,000. These four individuals will have a higher quality of life living in the community and generate substantial savings to the state (\$500,000+).

III. **\$200,000 or Greater Increase in Personnel Positions for a Program or Division:**

None.

IV. **New CPIP or Re-Scoping of an Existing CPIP:**

None.

V. **New Consulting Contract:**

None.

VI. **New Federal Grant:**

None.

(NOTE: In July of each year, a report of all prior FY non-service expenditures by vendor over \$200,000 will be presented as a "post-payment" review. This will add visibility for expenditures from contracts originated in prior FYs and vendors with separate purchases aggregating over \$200,000 in current FY.)

Constance Holloway
Interim State Director
Patrick Maley
Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy



COMMISSION
Gary C. Lemel
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Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

3440 Harden Street Extension
Columbia, South Carolina 29203
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

Reference Number: 275-04-DD

Title of Document: Procedures for Implementation of DDSN Audit Policy fo
DSN Boards

Date of Issuance: May 11, 1988

Date of Last Revision: June 17, 2021 (REVISED)

Effective Date: June 17, 2021

Applicability: DSN Boards

GENERAL PROVISIONS

Disabilities and Special Needs (DSN) Boards and entities grandfathered in as DSN Boards that fall into one of the following categories must obtain an audit of financial statements and a report on applying agreed-upon procedures (RoAAP) in accordance with this policy.

1. Those that receive financial assistance (program contracts, grants, subgrants, etc.) from the South Carolina Department of Disabilities and Special Needs (DDSN) during the State fiscal year ended June 30.
2. Those that receive DDSN funds and makes a sub-grant to another organization with the funds, then the sub-grantee would also be considered a recipient of DDSN funds. The sub-grantee must obtain an audit in accordance with this directive if the amount received exceeds \$250,000 during the State fiscal year ended June 30.

The audit is to be performed in accordance with Generally Accepted Governmental Auditing Standards (GAGAS or “Yellow Book”) by an independent Certified Public Accountant (CPA). If the entity expended over the threshold set by OMB Uniform Guidance (currently \$750,000) in federal awards during the fiscal year, then it must obtain an audit in accordance with the Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards, under 2 C.F.R., Subtitle A, Chapter II, Part 200 (“Uniform Guidance”). Please note that Medicaid funds received are not considered federal awards.

DSN Boards are required to: (1) engage an independent CPA to complete the agreed-upon procedures outlined in this directive and (2) submit a report on their results of applying the agreed-upon procedures.

If a DSN Board is recognized as part of county government, then the county audit, if it meets the requirements of the DDSN audit policy, will be accepted and a separate audit of the DSN Board is not necessary; however, DDSN requires the DSN Board to submit a RoAAP prepared by an independent CPA.

AUDIT REPORT AND PROCEDURES

The following applies:

1. The financial statements must be prepared in conformity with generally accepted accounting principles (GAAP). Effective implementation dates for recently issued and adopted accounting pronouncements must be followed. Early implementation of any standard must be approved by DDSN in advance of adoption. Requests for consideration of early implementation must be submitted in writing to the DDSN Chief Financial Officer (CFO) by July 31 of the applicable year. A written response will be provided to the requestor within 30 days of receipt of the request.
2. The Management Discussion and Analysis (MD&A), if applicable, must be written by the DSN Board’s staff.
3. The financial information outlined in this directive for the DDSN funding year ended June 30 must be included in the audit report. Failure to do so will make the report unacceptable.
4. The auditor must express an opinion on whether the information in the supplementary schedules is fairly stated in all material respects in relation to the financial statements taken as a whole.
5. DDSN required supplementary financial information:
 - a) Schedules of Revenues and Expenses
 - i) These schedules must be presented on the full accrual, economic resources basis and not on the modified accrual, current financial resources basis.

- ii) These schedules must be developed using the same line item detail as illustrated on Attachment A. Use of additional line items not shown in the attachment are not permitted without written approval from the DDSN CFO.
 - iii) Schedules must be prepared for the following, if applicable:
 - (1) General fund;
 - (2) Capitated programs (utilizing the capitated services contract);
 - (3) Non-capitated programs (utilizing the non-capitated services contract);
 - (4) Special grant programs (utilizing special grant contracts);
 - (5) Intermediate cost centers; and
 - (6) Other programs.
 - iv) The auditor must present the revenues and expenses separately by program. Expenses for residential programs must also be presented in detail for each residence within the program. Additionally, residential programs must be clearly distinguished as being HUD or non-HUD home(s).
- b) Room and Board Computation
- Utilizing DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs and Attachment C, prepare a computation of room and board utilizing the final audited trial balance. The auditor is not required to provide any additional assurance related to the contents of specific trial balance accounts comprising the room and board computation.
- c) Schedule of Special Grant Revenues and Expenses
- Utilizing Attachment D, prepare a schedule of special grants for all special grant revenues received and/or expended during the fiscal year.
- d) Reconciliation of audited financial statements to Medicaid Cost Reports and Cost Statements.
- When the audited financial statements and the cost reports/cost statements are both presented on the full accrual basis, but the program costs for Medicaid funded programs per the audited financial statements (AFS) do not equal the AFS program costs per the cost reports, the auditor must provide a reconciliation to explain the differences between the two documents.
- e) Audit Directive Compliance Statement
- The DSN Board must give a copy of this audit policy to the auditor prior to the start of the audit to ensure that DDSN's audit requirements are met. The auditor

must include a signed statement with the audit report stating that he/she has read and complied with the requirements of the policy. The statement must indicate the revision date of the audit policy that was followed.

f) **Supplementary Schedule of Questioned Costs**

In performing the audit, the auditor must consider whether expenses are reasonable and necessary for the program to which they are charged. Limitations on costs for awards are detailed in DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community DSN Boards. Individual negotiations and reviews will occur between the DSN Board and DDSN on all questioned costs pertaining to DDSN programs. Final resolution, use of audit information, and applicability resides with DDSN. A schedule of questioned costs must be provided by the auditor. See Attachment E for an example schedule.

6. **Combining or Consolidation Schedules**

If the audit report includes blended component units or subsidiaries, then combining or consolidation schedules must be provided to support the basic financial statements. For Governmental Accounting Standards Board (GASB) presentations, combining schedules are only required for the Statement of Net Position and the Statement of Activities.

REPORT ON APPLYING AGREED-UPON PROCEDURES (RoAAP):

DSN Boards will need to contract with an independent CPA to apply RoAAP for the procedures listed below.

A sample template of the required report on applying RoAAP can be found in Attachment B. CPAs must follow this template. The template will be provided in Word format if requested.

The CPA must follow AU-C 530 “Audit Sampling” in its sampling selection process and determination of the population and sample sizes required. DDSN was not prescriptive in selecting audit sampling, but will closely scrutinize the results for reasonableness. Attachment B contains a new chart to tease out specific number of Medicaid bills tested to permit both aggregating RoAAP data statewide to assess risk and crystalize CPA’s level of effort in sampling.

The procedures below are required to be completed and the results reported on by the CPA.

1. **Test the DSN Board’s Control and Procedures for Medicaid Billings**

a) **Background Information**

People may receive services provided either by the Board or a third-party vendor under the Medicaid program. Services must be authorized by the case manager and documented in the consumer’s plan. The DSN Board or the third-party

vendor receives payments for the Medicaid billable services rendered to the individuals from either DDSN or the SC Department of Health and Human Services (DHHS). Medicaid billable programs include, but are not limited to, all Residential Habilitation Programs, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), Community Residential Care Facilities (CRCF), Community Training Home-I (CTH-I), Community Training Home-II (CTH-II), Community Integrated Residential Services (CIRS), Supervised Living Model-I and II (SLP-I) and (SLP-II), Adult Day Programs, Supported Employment, Home and Community Based Waiver Services (enhanced board and direct billed services), Head and Spinal Cord Injury Services Waiver (enhanced board and direct billed services), Community Supports Waiver (enhanced board and direct billed services), Case Management, and Early Intervention. The auditor should reference DDSN Standards and chapter 10 of the Finance Manual located on DDSN's website for guidance related to these services and DDSN's billing and reporting procedures.

b) Procedures

- i) The CPA must gain an understanding of the Medicaid billing process and controls over Medicaid billable services (enhanced board and direct billed services). In order to gain an accurate understanding of this process, the CPA should consult with the program staff and supervisors as these employees are directly responsible for Medicaid compliance and should be familiar with how Medicaid is billed. The CPA must perform sufficient work to determine if the DSN Board's policies and procedures are adequate to provide reasonable assurance that Medicaid billable services are properly supported.
- ii) The CPA must select a representative sample from all persons from each Medicaid billable service area for which the DSN Board or a third-party vendor is receiving payments for Medicaid billable services through DDSN or DHHS. For the sample selected, the CPA must perform sufficient work to determine the following:
 - Tests determine that the supporting documentation provides reasonable assurance that billings are supported by complete and accurate information.
 - Gain an understanding of the monitorship (scan service notes, phone contacts with family members and/or employers, visits to family members' homes and/or persons' job sites, etc.) procedures established by the DSN Board to monitor each program. Test monitorship is being provided and documented by supervisory staff on an on-going basis so as to provide reasonable assurance to the DSN Board that the billable services are being provided to the persons and/or families as indicated by the documentation on file.

2. The auditor must select a representative sample in each provider residential Habilitation programs (ICF/ID, CRCF, CTH-I, CTH-II, CIRS, SLP-I and SLP-II). Test the DSN Board's management of the persons' personal funds and personal property for compliance with DDSN Directive 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property.

- a) Background Information

CPAs should familiarize themselves with the following directives: DDSN Directives 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property, outline regulations related to DSN Board management of personal funds and property. Procedures may vary by residential program and will also vary based on whether funds are retained in individual checking accounts, savings accounts, burial accounts, Achieving a Better Life Experience (ABLE) accounts, or collective accounts. Care must be taken to gain an understanding of the unique characteristics of each and to ensure procedures are developed accordingly. Additionally, CPAs must understand eligibility, regulations, and resource limits established by Medicaid. Eligibility will vary by coverage group.

- b) Procedures

The CPA must perform sufficient work to determine if the DSN Board's policies and procedures are adequate to safeguard the persons' personal funds and property, as well as are in compliance with DDSN Directives. The CPA must select a representative sample of accounts and transactions to ensure proper coverage.

- i) Determine that the persons' personal funds are not borrowed, loaned, or co-mingled by the DSN Board or another person or entity for any purpose; or, combined or co-mingled in any way with the DSN Board's operating funds.
- ii) Determine that the person's accounts are established in the person's name and social security number, and that they indicate that the accounts are for the benefit of the person (fiduciary relationship).
- iii) Determine that bank signature cards are updated timely for changes in personnel and that a copy of the signature card is maintained.
- iv) Determine that bank reconciliations are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer on the account.

- v) Determine, through a representative sample of all purchases, that receipts are on hand to support purchases made from the persons' personal funds.
- vi) Determine that the amount paid for by the person is properly charged to their personal funds. Consider if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased are proper.
- vii) For any item purchased that is required to be inventoried, verify that the persons' personal property record is properly updated. Procedures used by the Provider should be evaluated to ensure they are adequate to ensure the item is properly marked in accordance with the directive. Actual observation of the items is not required, but may be deemed necessary by the CPA to test the procedures used by the Provider.
- viii) Determine if checks written to the person cause them to exceed their cash on hand limit. Gift cards are also considered cash and must be included in the cash on hand limit. Funds written payable to the person and cashed are considered cash on hand until expended and should be considered in conjunction with other cash held by the person or by program staff.
- ix) Determine that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, are completed monthly by someone who does not have authority to receive or disburse cash. The count and agreement to the records must be documented. The CPA is only expected to test the procedures used by the Provider.
- x) Evaluated the controls over cash to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.
- xi) Determine that the persons' total countable resources do not exceed the established limits mandated by Medicaid (generally: \$2,000).
- xii) Determine that the DSN Board has a process established to identify those with recurring excess resources and have established a plan to eliminate risk of loss of benefits – for example, participation in the ABLE program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, and establishment of prepaid burial arrangements.
- xiii) For collective accounts, determined that the account is being managed in accordance with the Social Security Organizational Representative Payee guide that can be found on the Social Security Administration's website.

If the CPA becomes aware of a misappropriation involving DSN Board or persons' funds and/or any falsification of Medicaid billable services, then the CPA must promptly report that information to the DSN Board Executive Director and Financial Director, with a follow-up to DDSN Internal Audit.

3. Determine if the DSN Board is paying ALL direct care staff the established minimum hourly wage in accordance with the DDSN contract.

- a) Background Information

DDSN is appropriated funds from the State to establish a minimum pay rate for direct care staff. These funds are passed to DSN Board through an increase in rates and contract amounts. Direct support professionals are defined as people that are in a regular shift rotation and are directly involved in the care of persons' in residential or day program settings. Supervisors, House Managers, and other similar positions would qualify if they meet the criteria above. Job classifications vary by service provider and the same job classification at different service providers may or may not involve the same level of hands on care. As a result, DDSN did not take a prescriptive approach. Each DSN Board will have the responsibility of determining which employees qualify based on their unique circumstances. The minimum pay rate for direct support professionals will be \$13 per hour. DSN Boards are permitted to pay new hires a rate less than \$13 for staff training hours and for any on the job training hours where the direct support professional is not permitted to work alone. If a staff is able to/is cleared to work alone, but does not work alone due to staffing patterns in the home, then they must be paid \$13 per hour. In no case should a new hire direct support professional make less than \$13 per hour for a period to exceed 90 calendar days.

- b) Procedures

The CPA must determine that the DSN Board is paying *ALL* direct care staff the established minimum hourly wage in accordance with DDSN requirements, for all hours worked.

- i) The CPA must test the minimum pay rate used by the Provider. A variety of testing procedures may be used. One such procedure could be selecting two (2) pay periods to test proper application of the pay rate.
- ii) For all years with a direct care staff pay increase raising DDSN's minimum hourly wage, the timing of the pay rate increase must be determined to ensure the increase was paid on the first pay date in July. Retroactivity of the pay rate is permitted, but the CPA must perform sufficient work to ensure it was completed properly. If there was a retroactive payment to the employee, then the CPA is only expected to verify the process used appears to be completed correctly to ensure compliance.

- iii) If direct care staff are paid less than \$13 per hour, then verify that they meet the requirements above that permit a lower rate be paid for a period not to exceed 90 days or that there is a written exception approved by DDSN.

4. Determine that the DSN Board has adopted a Board of Director approved room and board policy. Also, test that the provider has properly and timely implemented the DDSN approved room and board rate, in accordance with their policy.

a) Background Information

DSN Boards are required to adopt a fee for services policy in accordance with DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs. Additionally, they are to obtain DDSN approval at least annually on the room and board rates to be charged to persons' in residential programs.

b) Procedures

- i) The CPA must determine that the DSN Board has established a room and board policy for persons' fees that has been reviewed and approved by the Board of Directors.
- ii) The CPA must obtain the DDSN approved room and board rates utilized during the fiscal year.
- iii) The CPA must familiarize themselves with the policy and the approved rates.
- iv) Test actual charges made to persons to ensure that they comply with the policy and do not exceed the approved room and board rates.
- v) Test individuals' move-ins and move-outs and verify that room and board charges were properly applied. The CPA is testing the proper proration of the room and board charge.

5. Determine that the DSN Board has adopted a cost allocation plan and that costs charged to intermediate cost centers are in accordance with DDSN Directives.

a) Background Information

All DSN Boards are required to submit cost allocation plans to DDSN. The cost allocation plan submitted by the DSN Board must be appropriate and comply with DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community DSN Boards. DSN Boards are to ensure that costs are properly accumulated and allocated to final cost centers.

- b) Procedures
 - i) The CPA must determine if the cost allocation plan used had been submitted and approved by DDSN.
 - ii) The CPA must determine if the approved cost allocation plan is implemented as designed and note any material exceptions.
6. Determine if DSN Board complies with DDSN Directive 250-08-DD: Procurement Requirements for Local DSN Boards.
- a) Background Information

DSN Boards are required to establish procurement policies and procedures in accordance with the requirements contained in DDSN Directive 250-08-DD: Procurement Requirements for Local DSN Boards and Contracted Service Providers. The policies and procedures can be more, but not less restrictive than the requirements in the Directive.
 - b) Procedures
 - i) The CPA must determine that the DSN Board has established a procurement policy that has been reviewed and approved by the Board of Directors.
 - ii) The CPA must perform tests to determine if the DSN Board's procurement policies and procedures are in compliance with the Directive.
 - iii) The CPA must also determine that these statements have been provided and are on file.
 - iv) A sample of purchase transactions must be selected to test compliance with the DSN Board's procurement policy.
7. The CPA must select a representative sample of financial transactions made by or on behalf of the Executive Director and top administrative staff (i.e., travel, credit cards, personal use of agency owned vehicles). Determine if transactions are proper and any tax reporting is properly reported.

AUDIT REPORT, COST REPORT, AND RoAAP DUE DATES AND EXTENSIONS

The audit report, cost report, and RoAAP are to be filed with DDSN by October 31st of each year for the fiscal year ended June 30th according to the Distribution section listed below. If this due date falls on a weekend, or any due date, then the due date is the next workday.

A request for an extension of time to file the audit, cost, and/or RoAAP reports must be submitted to DDSN Internal Audit by the DSN Board in writing on the DSN Board's letterhead stationery and signed by the Executive Director and must be approved by DDSN Internal Audit. The request for an extension must be received by DDSN Internal Audit by October 10th of the applicable year. Such requests will only be approved in extreme circumstances that are beyond the control of the DSN Board or the Auditor or when approval would be to the benefit of DDSN.

If the audit, cost, and RoAAP reports are not received within five (5) business days of the due date, including approved extensions, then a contract reduction of \$100 per calendar day will be assessed on each report until each of the reports are received by DDSN or up to a maximum of \$2,500 per report has been assessed. The total amount of the contract reduction will be deducted from a subsequent contract payment. If a DSN Board incurs a contract reduction in consecutive years for not meeting a reporting deadline subject to a contract reduction for the same report, then the contract reduction for the missed deadline(s) for the second year will be doubled.

AMENDMENTS TO AUDIT REPORTS

Where additional explanations or corrections are necessary after a report has been filed, supplements must be prepared by the audit firm for all copies and distributed as noted in "Distribution" below.

CORRECTIVE ACTION PLANS (CAP) AND EXTENSIONS

When the auditor's report, separate letter to management (if issued), or the RoAAP identify material weaknesses, significant deficiencies, deficiencies, findings or questioned costs, then the DSN Board must submit a CAP to address and resolve the problem identified by the auditor/CPA, or submit a statement of reasons why no corrective action is necessary. The CAP must be prepared on DSN Board's letterhead stationery and signed by the Executive Director. The CAP must be submitted to DDSN Internal Audit within 20 business days after issuance of the audit report or RoAAP. If the CAP is not received within 20 business days of the issuance date, then a contract reduction of \$100 per day for financials and/or RoAAP will be assessed until the CAP is received by DDSN or a maximum of \$2,500 per cap has been assessed. The total amount of the contract reductions will be deducted from a subsequent contract payment. It is recommended that the CAP be submitted with or be included as part of the audit report and RoAAP when issued. The CAP must include the specific dates when deficiencies will be corrected. Copies of documents that clarify the resolution of deficiencies must be included with the CAP, such as found missing receipts, relevant Service Error Correction Forms, and logs.

A request for an extension of time to file a CAP must be submitted to DDSN Internal Audit by the DSN Board in writing on the **DSN Board's letterhead stationery and signed by the Executive Director and must be approved by DDSN Internal Audit. The request for an extension must be filed at least 15 business days prior to the due date for the CAP.** Such requests will only be approved in extreme circumstances that are beyond the control of the DSN Board or its auditor, or when approval would be to the benefit of DDSN.

ADDRESSEE

The audit, cost, and RoAAP reports are to be addressed to the governing boards.

DISTRIBUTION

Copies of the audit, cost, and RoAAP reports, management letters, and internal control reports shall be filed as follows:

1. Executive Director of the DSN Board.
2. Chairperson of the DSN Board's governing board.
3. Hard copy to:

DDSN Internal Audit
3440 Harden Street Extension
Columbia, S.C. 29203

DDSN Director of Cost Analysis
3440 Harden Street Extension
Columbia, S.C. 29203

4. Electronic pdf copies to financial.reports@DDSN.sc.gov.

The audit firm must present the final audit report, any management letter comments, the RoAAP, and all deficiencies noted, at a scheduled meeting of the DSN Board's Board of Directors. If this is not done prior to the due date for submitting the documents to DDSN, the auditor must ensure that management is aware of the contents of the final report, management letter comments, the RoAAP, and deficiencies noted.

DISCLOSURE OF THREATS TO INDEPENDENCE

When the audit reports are filed with DDSN, DSN Boards must also submit a statement on letterhead stationery and signed by the Executive Director disclosing all identified threats to independence. The letter must outline the type and extent of all attestation, consulting, bookkeeping, and/or other services performed under contract or agreement with the audit firm. Examples that must be considered include: maintenance of the depreciation schedule, preparation of the financial statements, preparation of the SEFA, completion of the Federal Audit Clearinghouse Data Collection Form, preparation of the MD&A, preparation of income tax returns, preparation of Medicaid Cost Reports/Cost Statements, individual or aggregate material adjustments, payroll services, bookkeeping services, budget preparation, and software selection/implementation.

Reference must be made to the Government Auditing Standards 2018 Revision for those services that present threats to independence. The DSN Board is responsible for being aware of independence threats and ensuring they are addressed by the auditor to ensure they remain independent.

INSPECTION/ACCEPTANCE

Final inspection and acceptance of audit documents shall be the responsibility of DDSN Internal Audit.

Failure to meet these audit requirements may result in further withholding of subsequent payments and/or suspension of funding.

AUDIT QUALITY

To verify that the responsibility of quality audits is accomplished, DDSN Internal Audit will work with other DDSN staff, as well as other state agencies, to:

1. Ensure that all audit reports of DSN Boards are received, reviewed, and distributed to appropriate DDSN officials.
2. Ensure that if significant inadequacies relating to the professional performance of the audit are discovered, the DSN Board will be advised and the auditor will be required to take corrective action. If corrective action is not taken, DDSN shall notify the DSN Board and other state agencies of the facts. Major inadequacies or repetitive substandard performance of auditors shall be referred to the appropriate professional bodies.
3. Ensure that satisfactory audit coverage is provided in a timely manner in accordance with DDSN audit requirements.
4. Maintain a follow-up system on audit findings and investigative matters. The State Board of Accountancy may review all or a sample of DSN Board Audit Reports for compliance with professional standards.

Audit firms that receive a peer review report of other than pass must notify the DSN Board client and DDSN Internal Audit of the peer review results.

WORKING PAPERS

Working papers are to be retained by the audit firm for six (6) years following the end of the fiscal year being audited. Retention of working papers beyond six (6) years is required for audits of DSN Boards where questioned costs and/or practices have not been resolved with DDSN.

Working papers must be available, upon request, for examination by representatives of DDSN or its designee as well as successor auditors who may perform audits of the DSN Board. Availability of working papers must be provided at no additional cost to the representatives of DDSN or the successor auditor.

The auditor may be required to provide copies of any specific portions of working papers requested by DDSN personnel.

CONTRACTS

While DSN Boards are not required to obtain bids for audit services, DDSN believes that obtaining such bids is a good practice. DDSN, therefore, encourages DSN Boards to obtain bids for audit services. Additionally, in-charge auditor rotation, as well as, audit engagement team member rotation is highly recommended.

OUT-OF-STATE (CPA FIRM) REGISTRATION

CPAs and firms that operate out-of-state must comply with the requirements of the SC Board of Accountancy regarding “mobility” guidelines and/or out-of-state firm registration. Please contact the SC Board of Accountancy for more information. DDSN may verify with the SC Board of Accountancy that mobility guidelines and/or out-of-state firm registration requirements are being met.

CONFIRMATIONS - DDSN PAYMENTS

The independent auditor’s confirmation of DDSN payments made to a DSN Board is to be secured from DDSN’s Director of Finance. Requests for confirmations must be emailed to confirmations@DDSN.sc.gov. If electronic responses are desired, then please indicate such in the request along with the email address or other method of remitting the information. The auditor must reconcile DDSN payments per the confirmation with revenue per the DSN Board’s books. Questions concerning confirmations should be addressed to DDSN’s Accounting Manager at (803) 898-9682 or by email at confirmations@DDSN.sc.gov.

AMENDMENTS TO AUDIT POLICY

This document is subject to alteration or change as needed. Any changes will be made at the discretion of DDSN.

Barry D. Malphrus
Vice-Chairman

Gary C. Lemel
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://DDSN.sc.gov/providers/DDSN-directives-standards-and-manuals/current-directives>

Attachment A: Sample - Financial Statements
Attachment B: Sample - Independent Accountant’s Report on Applying Agreed-Upon Procedures
Attachment C: Sample - Supplementary Room and Board Computation
Attachment D: Sample - Supplementary Schedule of Special Grants
Attachment E: Sample - Supplementary Schedule of Questioned Costs

**COUNTY DISABILITIES AND SPECIAL NEEDS BOARDS
SUPPLEMENTAL SCHEDULE OF REVENUE AND EXPENSES
For the Fiscal Year Ended June 30, 20____**

Program Revenues

Federal

HUD HAP	_____
SCDOT	_____
DOL	_____
FEMA	_____
USDA CACFP	_____
SCDD Council	_____

Total Federal	_____
---------------	-------

State

DDSN:	
Program Revenue	_____
Less: Waiver Direct Billed	_____
Less: Medicare Part D	_____
Waiver Reimbursements	_____

Equipment/Special Grant

Supplemental Revenue	_____
DSS Optional State Supplement	_____
State of SC PEBA Credit	_____

Total State	_____
-------------	-------

Local

County	_____
Contributions	_____
County ARC	_____
United Way	_____
Donations	_____
Fundraising (Net of direct benefit cost)	_____
Miscellaneous	_____

Total Local	_____
-------------	-------

In-Kind

Rent	_____
Services	_____
Supplies	_____
Equipment	_____

Total In-Kind	_____
---------------	-------

**COUNTY DISABILITIES AND SPECIAL NEEDS BOARDS
SUPPLEMENTAL SCHEDULE OF REVENUE AND EXPENSES**

For the Fiscal Year Ended June 30, 20____

Other	
Interest	_____
Vending	_____
Room and Board	_____
Work Activity	_____
Care and Maintenance	_____
Sub-contracted Services	_____
Leased Employees	_____
Miscellaneous	_____
Total Other	_____
Total Program Revenues	=====
Program Expenses	
Personnel	
Employee Salaries	_____
Consumer Wages	_____
Total Personnel	=====
Fringe Benefits	
Health Insurance	_____
Health Insurance – OPEB	_____
Retirement	_____
Retirement – Net Pension Liability	_____
Social Security	_____
Unemployment Insurance	_____
Workers’ Compensation	_____
Other	_____
Total Fringe Benefit	=====
Contractual Services	
Accounting	_____
Cable TV	_____
Consultants	_____
Contracted Third-Party Services	_____
Electric, Gas, Water, and Sewer	_____
Fiscal Agent Respite Care	_____
Fiscal Agent Self-Directed Care	_____
Internet	_____
Legal Fees	_____
Repairs and Maintenance - Building	_____
Repairs and Maintenance - Equipment	_____
Repairs and Maintenance - Motor Vehicle	_____
Telephone - Landline	_____
Telephone - Mobile	_____
Travel	_____
Work Activity	_____
Other	_____
Total Contractual Services	=====

**COUNTY DISABILITIES AND SPECIAL NEEDS BOARDS
SUPPLEMENTAL SCHEDULE OF REVENUE AND EXPENSES**

For the Fiscal Year Ended June 30, 20____

Supplies	
Educational	_____
Food	_____
Household	_____
Maintenance	_____
Medical	_____
Minor Equipment	_____
Motor Vehicle	_____
Office	_____
Other	_____
Total Supplies	=====
Fixed Charges	
Audit Fees	_____
Dues, Subscriptions, and Licenses	_____
Insurance - Individual	_____
Insurance - Real Property	_____
Insurance - Equipment	_____
Insurance - Tort Liability	_____
Insurance - Other	_____
Lease – Real Property	_____
Lease – Equipment	_____
Lease – Motor Vehicle	_____
Other	_____
Total Fixed Charges	=====
Capital	
Amortization	_____
Amortization of lease	_____
Depreciation	_____
Interest	_____
Other	_____
Total Capital	=====
Allocated Costs	
Administration	_____
Building Maintenance	_____
Day Program	_____
Shared Facility	_____
Residential Management	_____
Transportation	_____
Total Allocated Costs	=====
Total Expenses	
Net Program Revenue (Expense)	_____
Non-Program Revenues (Expenses)	_____
Gain (Loss) on Retirement of Capital Assets	_____
Current Year Anticipated Settlements on Contracts	_____
Prior Year Settlements on Contracts	_____
Total Non-Program Revenues (Expenses)	=====
Change in Net Position	_____

Independent Accountant’s Report on Applying Agreed-Upon Procedures

To the Board of Directors

_____ (Provider’s Name)
 _____ (City/State/Zip Code)

We have performed the procedures enumerated below based upon the requirements outlined in the Department of Disabilities and Special Needs (DDSN) Provider Audit Policy (DDSN Directive 275-04-DD: Procedures for Implementation of DDSN Provider Audit Policy for DSN Boards) for the period ended _____ related to tests of controls and procedures for Medicaid billings. We have also performed the procedures enumerated in the compliance section below solely to assist the specified parties in evaluating the _____ (DSN Board’s name) in compliance with applicable DDSN Contracts and Directives. These procedures were agreed to by the management of _____ (DSN Board’s name) for the period ended _____ (DSN Board’s year-end or initial alternative period). _____’s (DSN Board’s name) management is responsible for establishing policies and procedures, and for the maintenance of records and supporting documentation. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in this report. Consequently, we make no representations regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures performed and the results of our testing are as follows:

Medicaid Billing

1. We obtained an understanding of the Medicaid billing process and controls over Medicaid billable services through discussions with management and consultations with program staff. In documenting our understanding, we also learned that the DSN Board served a total of _____ persons (unduplicated) for whom Medicaid services were billed for the period tested.

Total Population Served			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		Supported Employment
	<u>CRCF</u>		Board Billed Waiver Services
	<u>CTH-II</u>		Early Intervention
	<u>CTH-I/Specialized Family Homes</u>		Case Management
	<u>SLP-II/SLP-III</u>		Adult Day
	<u>CIRS (Cloud Program)</u>		Other (Specify)
	<u>SLP-I</u>		Other (Specify)

2. We selected a sample of _____ persons from the total number of persons for which the DSN Board is receiving payments for Medicaid billable services. We ensured that our sample represented Medicaid billings from all programs. The programs covered and number of persons selected for our procedures are identified below:

Sample Selected			
#	Program/Service	#	Program/Service
	ICF/ID		Supported Employment
	CRCF		Board Billed Waiver Services
	CTH-II		Adult Day
	CTH-I/Specialized Family Homes		CIRS (Cloud)
	SLP-II/SLP-III		Case Management
	SLP-I		Early Intervention
	Other (Specify)		Other (Specify)
	Other (Specify)		Other (Specify)

The CPA must follow AU-C 530 “Audit Sampling” in its sampling selection process and determination of the sample sizes required.

3. For the persons selected, we tested Medicaid billings for the period of _____ to determine the following:
- a. For the persons selected, we tested Medicaid billings and determined if there was sufficient documentation on file to provide reasonable assurance the billing was complete, accurate, and the service was performed, which is reflected in the below table:

Medicaid Billing Testing & Results				
# Individuals Sampled	Program/Service	# of individual billings tested	# of individual billings supported by documentation	# of individual billings NOT supported by documentation
	ICF/ID			
	CRCF			
	CTH-II			
	CTH-I/Specialized Family Homes			
	SLP-II/SLP-III			
	SLP-I			
	Supported Employment			
	Board Billed Waiver Services			
	Adult Day			
	CIRS (Cloud)			
	Case Management			
	Early Intervention			
	Other (Specify)			
	Other (Specify)			
	TOTAL			

Results/Finding:

- b. Gained an understanding of the monitorship procedures (review of service notes, phone contacts with family members and/or employers, visits to family members' homes and/or persons' job sites, etc.) established by the DSN Board to monitor each program. We tested that monitorship is being provided and documented by supervisory staff on an on-going basis so as to provide reasonable assurance to the DSN Board that the billable services are being provided to the persons and/or families as indicated by the documentation on file.

Results/Finding:

Compliance Section

1. Persons' Personal Funds and Property:

We gained an understanding of the controls over persons' personal funds and personal property managed by DSN Board staff through our discussions and inquiries with management. In documenting our understanding, we also learned that the DSN Board served a total of _____ persons (unduplicated) for whom Medicaid services were billed for the period tested. In order to gain a more accurate understanding of the nature and treatment of persons' personal funds and personal property, we consulted with the residential program staff since these employees are directly responsible for compliance with DDSN Directive 200-12-DD: Management of Funds for People Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property.

We selected a sample of _____ persons from the total number of persons for which the DSN Board is managing personal funds and personal property. The programs covered and number of persons selected for our procedures are identified below:

Total Population Served			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		<u>SLP-I</u>
	<u>CRCF</u>		<u>CIRS (Cloud)</u>
	<u>CTH-II</u>		<u>Other (Specify)</u>
	<u>CTH-I/Specialized Family Homes</u>		<u>Other (Specify)</u>
	<u>SLP-II/SLP-III</u>		<u>Other (Specify)</u>

Sample Selected			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		<u>SLP 1</u>
	<u>CRCF</u>		<u>CIRS (Cloud)</u>
	<u>CTH-II</u>		<u>Other (Specify)</u>
	<u>CTH-I/Specialized Family Homes</u>		<u>Other (Specify)</u>
	<u>SLP-II/SLP-III</u>		<u>Other (Specify)</u>

For the persons selected, we tested personal funds to determine the following:

- a. Persons' personal funds were not borrowed, loaned, or co-mingled by the DSN Board or another person or entity for any purpose or combined or co-mingled in any way with the DSN Board's operating funds.

Results/Finding:

- b. Persons' checking and/or savings accounts were established in the persons' names and social security numbers, or they indicated that the accounts were for the benefit of the persons (fiduciary relationship).

Results/Finding:

- c. Bank signature cards were updated timely for changes in personnel and a copy of the signature card is maintained.

Results/Finding:

- d. Bank reconciliations for persons' accounts are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer for the accounts.

Results/Finding:

- e. Through a representative sample of persons' purchases, determined that receipts are on hand to support purchases made from the persons' personal funds.

Results/Finding:

- f. Determined that the amounts paid for by the persons were properly charged to their personal funds. Considered if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased were proper for the persons expending the funds.

Results/Finding:

- g. For any item purchased that is required to be inventoried, verified that the persons' personal property record was properly updated, and determined procedures are in place to ensure the item is properly marked in accordance with the directive.

Results/Finding:

- h. Determined if checks written to persons caused them to exceed their cash on hand limit.

Results/Finding:

- i. Determined that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, were completed monthly by someone who does not have authority to receive or disburse cash. Verified the count and agreement to the records was documented.

Results/Finding:

- j. Review the controls over cash on hand to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.

Results/Finding:

- k. Determined that the persons' total countable resources did not exceed the established limits mandated by Medicaid (generally: \$2,000).

Results/Finding:

- l. Determined that the DSN Board has a process established to identify those with recurring excess resources and have established a plan to eliminate risk of loss of benefits – for example, participation in the Palmetto ABLE Savings Program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, establishment of prepaid burial arrangements, etc.

Results/Finding:

- m. For collective accounts, determined that the account is being managed in accordance with the Social Security Organizational Representative Payee guide.

Results/Finding:

2. Direct Care Staff Minimum Hourly Wage:

We gained an understanding of the requirements of paying all direct care staff in accordance with the DSN Board's contract with DDSN.

- a. We selected at least two (2) pay periods or used an alternative selection process to test proper application of the pay rate.

Results/Finding:

- b. If there was a direct care staff pay increase during the year raising DDSN's minimum hourly wage, the timing of the pay rate increase must be determined to ensure the increase was paid on the first pay date in July. Retroactivity of the pay rate is permitted. Any retroactivity was tested to ensure it was completed properly.

Results/Finding:

- c. For any direct care staff paid less than \$13 per hour, we verified that they met the requirements that permit a lower rate be paid for a period not to exceed 90 days or that there is a written exception approved by DDSN.

Results/Finding:

3. Room and Board Policy:

We gained an understanding of the policies and controls over room and board charges.

- a. We determined that the DSN Board established a room and board policy for persons' fees that was reviewed and approved by the Board of Directors.

Results/Finding:

- b. We obtained the DDSN approved room and board rates utilized during the fiscal year.

Results/Finding:

- c. We reviewed the actual charges made to persons to ensure that they complied with the policy, including consideration of timing of application of rate changes, and that they did not exceed the approved room and board rates.

Results/Finding:

- d. We sampled person move-ins and move-outs and ensured that room and board charges were properly prorated.

Results/Finding:

4. Indirect Cost Allocations and Cost Allocation Plan

We gained an understanding of the DSN Board's direct and indirect costs incurred. We obtained the cost allocation plan prepared and submitted to DDSN. Through discussions with fiscal staff, we determined application of the cost plan to the actual accounting procedures of the DSN Board.

- a. The CPA must determine if the cost allocation plan being used had been submitted and approved by DDSN.

Results/Findings:

- b. The CPA must determine if the approved cost allocation plan is implemented as designed and note any material exceptions.

Results/Finding:

5. Procurement

We gained an understanding of the policies and controls over procurement.

- a. We determined that the DSN Board has established a procurement policy that was reviewed and approved by the Board of Directors.

Results/Finding:

- b. We performed tests to determine if the DSN Board's procurement policies and procedures are in compliance with the DDSN Directive.

Results/Finding:

- c. We determined if standards of conduct are included that require the members of the Board of Directors, Executive Director, President/CEO, persons working in the finance department, procurement staff, and staff directly reporting to the Executive Director/President/CEO to provide signed statements to disclose potential conflicts of interest and to acknowledge/prevent potential conflicts of interest.

Results/Finding:

- d. We determined that these statements were provided and on file.

Results/Finding:

- e. We sampled purchase transactions to test compliance with the DSN Board's procurement policy.

Results/Finding:

6. Key Staff Spending

We selected a representative sample of financial transactions made by or on behalf of the Executive Director and top administrative staff (i.e., travel, credit cards, personal use of

agency owned vehicles, etc.). We determined if transactions were proper and any tax reporting was properly reported.

Results/Finding:

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management of (DSN Board's name) and DDSN and is not intended to be or should not be used by anyone other than these specified parties.

[Practitioner's Signature]
[Practitioner's City and State]
[Date]

COUNTY DISABILITIES AND SPECIAL NEEDS BOARD
 SUPPLEMENTARY ROOM AND BOARD COMPUTATION
 For the year ended June 30, _____

Non-HUD Homes

Program Type: CTH-II

Object Code #	Expense Description	Name of Home			
		Squidward	Spongebob	Patrick	Total
Directly Charged Room and Board Expenses					
5115	Telephone ¹	\$ 2,100	\$ 2,200	\$ 1,800	\$ 6,100
5116	Cable TV	600	600	600	1,800
5118	Internet	960	960	960	2,880
5130	Sewer and Water	480	540	280	1,300
5135	Electric and Gas	2,400	3,600	3,800	9,800
5160	Pest Control	180	180	180	540
5173	Garbage Service	220	220	-	440
5180	Contracted Facility Maintenance	2,800	1,500	-	4,300
5181	Lawn Maintenance	1,200	1,800	750	3,750
5210	Food ²	6,000	8,000	4,200	18,200
5225	Household Supplies	1,800	780	350	2,930
5240	Minor Equipment ³	285	-	1,100	1,385
5405	Insurance - Building and Contents	485	505	430	1,420
5505	Building and Household Depreciation	5,800	4,500	4,800	15,100
5515	Improvements Depreciation	1,200	130	1,325	2,655
5560	Building Interest	-	-	-	-
	Total Direct Room and Board Expenses	26,510	25,515	20,575	72,600
Costs Allocated to Room and Board Expenses					
5900	Administration ⁴	2,121	2,041	1,646	5,808
5950	Facility Maintenance	5,400	5,400	5,400	16,200
	Total Allocated Costs for Room and Board	7,521	7,441	7,046	22,008
	Total Allowable Room and Board Costs	\$ 34,031	\$ 32,956	\$ 27,621	\$ 94,608
	Number of Funded Beds in Facility	4	4	4	12
	Average Annual Costs per Bed	\$ 8,508	\$ 8,239	\$ 6,905	\$ 7,884
	Average Monthly Costs per Bed	\$ 709	\$ 687	\$ 575	\$ 657

COUNTY DISABILITIES AND SPECIAL NEEDS BOARD
 SUPPLEMENTARY ROOM AND BOARD COMPUTATION - CONTINUED
 For the year ended June 30, _____

HUD Homes

Program Type: CTH-II

Object Code #	Expense Description	Name of Home			
		Mr. Krabs	Gary	Plankton	Total
Directly Charged Room and Board Expenses					
5210	Food ²	\$ 6,000	\$ 8,000	\$ 4,200	\$ 18,200
5225	Household Supplies	1,800	780	350	2,930
Total Direct Room and Board Expenses		7,800	8,780	4,550	21,130
Costs Allocated to Room and Board Expenses					
5900	Administration ⁴	624	702	364	1,690
Total Allocated Costs for Room and Board		624	702	364	1,690
Total Allowable Room and Board Costs		\$ 8,424	\$ 9,482	\$ 4,914	\$ 22,820
Number of Funded Beds in Facility		4	4	3	11
Average Annual Costs per Bed		\$ 2,106	\$ 2,371	\$ 1,638	\$ 2,075
Average Monthly Costs per Bed		\$ 176	\$ 198	\$ 137	\$ 173

Note: The auditor must collaborate with the Organization to identify all allowable room and board general ledger accounts. A separate schedule must be completed for each residential program type that must have an established room and board charge. Schedules must be separated for those programs that are HUD funded and for those that are not, as applicable.

1 - Telephone should not include mobile phones or pagers.

2 - Food costs should be reported gross of SNAP/EBT benefits.

3 - Minor equipment is used to account for non-supply items such as furniture, appliances, and other room and board non-capital items.

4 - Administration costs should be based on the administrative cost percentage used to allocate expenses to each home.

**COUNTY DISABILITIES AND SPECIAL
NEEDS BOARD SUPPLEMENTARY
SCHEDULE OF SPECIAL GRANTS
For the year ended June 30, _____**

Special Grant Number	Special Grant Description	Program Charged		Potential Amount Due to DDSN				
		Revenue	Expense/Capital	Award Amount	Expended	Unexpended *	Unearned at Year End	Potential Amount Due
SC 2020-199	Start-up Funds	Any Home CTH-II	Any Home CTH-II	\$ 15,350	\$ 14,000	\$ 1,350	\$ -	\$ 1,350
SG 2020-080	HASCI Residential Placement	Any Home CTH-II	Any Home CTH-II	65,000	68,180	-	-	-
SG 2019-035	Building Purchase	Any Home CTH-II	Any Home CTH-II	24,750	26,000	-	-	-
SG 2020-032	Building Purchase	That Home CTH-II	That Home CTH-II	22,180	-	22,180	22,180	-
				<u>\$ 127,280</u>	<u>\$ 108,180</u>	<u>\$ 23,530</u>	<u>\$ 22,180</u>	<u>1,350</u>
Total Amount Recorded as Due to DDSN								<u>1,350</u>
Amount Unrecorded as Due to DDSN								<u>\$ -</u>

Note: This schedule must contain all Special Grant awards received and/or expended during the fiscal year regardless of award date.

** - Expended amount should include all amounts paid out of grant funds to include any items capitalized.*

**COUNTY DISABILITIES AND SPECIAL NEEDS BOARD
SUPPLEMENTARY SCHEDULE OF QUESTIONED COSTS
For the year ended June 30, _____**

Item Number: 2020-01
Program Charged: Administration
Grant/Contract Number: All SCDDSN grants
Amount in Question: \$ 1,250
Description of Charge: Non-consumer meals provided to staff at Christmas party.
Criteria: DDSN Directive 250-05-DD states that non-consumer meals are not allowable costs for award funds. Non-consumer meals are defined as meals consumed by parent, guests, and staff when staff attendance with the consumer is not programmatically mandatory.
Condition: During our testing of costs charged to the administration intermediate cost pool, we identified a charge to a caterer for providing a Christmas meal to certain staff in which no consumers were present.
Cause: Management was not aware of the limitations on allowable meal costs.
Effect: Non-allowable costs were charged to administration and allocated to programs overstating allowable administrative costs allocated.
Recommendation: Ensure that staff understand the allowable cost rules and either charge these costs to local funds or otherwise ensure that costs are not allocated to programs as allowable costs.
Management's Views and Corrective Action Plan: We have local funds that will be used to pay for these types of costs in the future. We will train our accounts payable staff to monitor charges such as this in the future.

COUNTY DISABILITIES AND SPECIAL NEEDS BOARD
SUPPLEMENTARY SCHEDULE OF QUESTIONED COSTS -
CONTINUED
For the year ended June 30, _____

Item Number:	2020-02
Program Charged:	Any Home CTH-II
Grant/Contract Number:	Capitated 2020-00
Amount in Question:	\$ 5,200
Description of Charge:	Roof replacement charged to program costs.
Criteria:	The Board's capitalization policy requires that this item be capitalized, but the Organization did not capitalize as required.
Condition:	During our testing of capital asset additions, we detected an amount charged to building repairs that should have been identified by management as a capital asset, but was not.
Cause:	Management did not fully understand the capitalization requirements and considered this an expense instead of an asset addition.
Effect:	Costs are charged to expense that are not allowable. Costs of the asset are charged to expense instead of a half year of depreciation on this item.
Recommendation:	Ensure management and staff understand the nuances of capitalization of repair and maintenance type items. Ensure that all charges to repairs and maintenance in excess of the capitalization limit are closely scrutinized for proper treatment and coding.
Management's Views and Corrective Action Plan:	We will ensure our staff are aware of the capitalization policy and requirements of the Organization. The Finance Director will be instructed to review all charges to repairs and maintenance expense in excess of our capitalization limit for proper accounting treatment.

Constance Holloway
Interim State Director
Patrick Maley
Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy



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Stephanie M. Rawlinson
David L. Thomas

Reference Number: 275-06-DD

Title of Document: Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers

Date of Issuance: April 5, 2017

Date of Last Revision: June 17, 2021 (REVISED)

Effective Date: June 17, 2021

Applicability: Contracted Service Providers

GENERAL PROVISIONS

Contracted Service Providers (QPLs) that receive funding, directly or indirectly, (program contracts, grants, sub-grants or payments from DSN Boards, etc.) originating from South Carolina Department of Disabilities and Special Needs (DDSN) contracts, including billings direct to the South Carolina Department of Health and Human Services (DHHS), in excess of \$250,000 during their fiscal year must engage a Certified Public Accountant (CPA) to perform and report on applying agreed-upon procedures (RoAAP) in compliance with this directive. DDSN is contractually required by DHHS to ensure billings through BRIDGES are properly documented to support units billed.

Additionally, QPLs that **PROVIDE ANY RESIDENTIAL HABILITATION SERVICE** and meet the dollar threshold for a RoAAP above, must also engage a CPA to perform an audit in accordance with generally accepted governmental auditing standards (Generally Accepted Governmental Auditing Standards (GAGAS) or “Yellow Book”) and/or the standards of the Public Company Accounting Oversight Board (PCAOB). The audit requirement is in addition to

the requirement to engage a CPA to perform and report on applying agreed-upon procedures (RoAAP) in compliance with this directive.

The audit, excluding the RoAAP, is to be performed in accordance with GAGAS or “Yellow Book” by an independent CPA. If the entity expended over the threshold set by OMB Uniform Guidance (currently \$750,000) in federal awards during the fiscal year, then it must obtain an audit in accordance with the Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards, under 2 C.F.R., Subtitle A, Chapter II, Part 200 (“Uniform Guidance”). Please note that Medicaid funds received are not considered Federal awards.

AUDIT REPORT AND PROCEDURES

1. The financial statements must be prepared in conformity with Generally Accepted Accounting Principles (GAAP). Effective implementation dates for recently issued and adopted accounting pronouncements must be followed. Early implementation of any standard must be approved by DDSN in advance of adoption. Requests for consideration of early implementation must be submitted in writing to the DDSN Chief Financial Officer (CFO) within 30 calendar days subsequent to the fiscal year end in which the implementation is to be applied. A written response will be provided to the requestor within 30 days of receipt of the request.
2. The financial information outlined in this directive for the QPL’s year-end must be included in the audit report. Failure to do so will make the report unacceptable.
3. The auditor must express an opinion on whether the information in the supplementary schedules is fairly stated in all material respects in relation to the financial statements taken as a whole. As with the financial statements, the supplementary schedules must be prepared in conformity with generally accepted accounting principles.
4. DDSN required supplementary financial information:
 - a) **Room and Board Computation** – **ONLY QPLs PROVIDING RESIDENTIAL SERVICES.**

Utilizing DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs and Attachment B, prepare a computation of room and board utilizing the final audited trial balance. The auditor is not required to provide any additional assurance related to the contents of specific trial balance accounts comprising the room and board computation.
 - b) **Schedule of Special Grant Revenues and Expenses**

Utilizing Attachment C, prepare a schedule of special grants for all special grants revenues received and/or expended during the fiscal year.

c) Audit Directive Compliance Statement

The QPL must give a copy of this audit policy to the auditor prior to the start of the audit to ensure that DDSN's audit requirements are met. The auditor must include a signed statement with the audit report stating that he/she has read and complied with the requirements of the policy. The statement must indicate the revision date of the audit policy that was followed.

REPORT ON APPLYING AGREED-UPON PROCEDURES (RoAAP)

QPLs will need to contract with an independent CPA to apply and report on applying agreed-upon procedures for the procedures listed below.

A sample template of the required RoAAP can be found in Attachment A of this Directive. **CPAs must follow this template.** The template will be provided in Word format if requested.

The CPA must follow AU-C 530 "Audit Sampling" in its sampling selection process and determination of the population and sample sizes required. DDSN was not prescriptive in selecting audit sampling, but will closely scrutinize the results for reasonableness. Attachment A contains a new chart to tease out specific number of Medicaid bills tested to permit both aggregating RoAAP data statewide to assess risk and crystalize CPA's level of effort in sampling.

The procedures below are required to be completed by and the results reported on by the CPA.

1. Test the QPL's control and procedures for Medicaid billings – ALL QPLs.

a) Background Information

People may receive services provided either by the QPL or a third party vendor under the Medicaid program. Services must be authorized by the Case Manager and documented in the person's support plan. The QPL or the third party vendor receives payments for the Medicaid billable services rendered to the persons from either DDSN or the SC Department of Health and Human Services (DHHS). Medicaid billable programs include, but are not limited to, all residential habilitation programs (Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Community Residential Care Facilities (CRCF), Community Training Home-II (CTH-II), Community Training Home-I (CTH-I), Community Integrated Residential Services (CIRS), Supervised Living Model-II (SLP-II), Supervised Living Model-I (SLP I), Specialized Family Homes (SFH), Adult Day Programs, Supported Employment, Home and Community Based Waiver Services (enhanced board and direct billed services), Head and Spinal Cord Injury Services Waiver (enhanced board and direct billed services), Community Supports Waiver Services (enhanced board and direct billed services), Case Management, and Early Intervention. The CPA should reference DDSN standards and Chapter 10 of the Finance Manual located on

DDSN's website for guidance related to these services and DDSN's billing and reporting procedures.

b) Procedures

i) The CPA must gain an understanding of the Medicaid billing process and controls over Medicaid billable services (including enhanced board and direct billed services). In order to gain an accurate understanding of this process, the CPA should consult with the program staff and supervisors, as these employees are directly responsible for Medicaid compliance and should be familiar with the Medicaid billing process. The CPA must perform sufficient work to determine if the QPL's policies and procedures are adequate to provide reasonable assurance that Medicaid billable services are properly supported.

ii) The auditor must select a representative sample from all persons from each Medicaid billable service area for which the QPL or a third party vendor is receiving payments for Medicaid billable services through DDSN or DHHS. For the sample selected, the CPA must perform sufficient work to determine the following:

- Tests determine that the supporting documentation provides reasonable assurance that billings are supported by complete and accurate information.
- Gain an understanding of the monitorship (review of service notes, phone contacts with family members and/or employers, visits to family members' homes and/or persons' job sites, etc.) procedures established by the QPL to monitor each program. Test monitorship is being provided and documented by supervisory staff on an on-going basis so as to provide reasonable assurance to the QPL that the billable services are being provided to the persons and/or families as indicated by the documentation on file.

2. **ONLY QPLs PROVIDING RESIDENTIAL SERVICES:** The auditor must select a representative sample in each provider residential Habilitation programs (ICF/ID, CRCF, CTH-I, CTH-II, CIRS, SLP-I and SLP-II). Test the provider's management of the personal funds and personal property for compliance with DDSN Directive 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property.

a) Background information

CPAs should familiarize themselves with the following directives: DDSN Directives 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and

Personal Property, outline regulations related to DSN Board management of personal funds and property. Procedures may vary by residential program and will also vary based on whether funds are retained in individual checking accounts, savings accounts, burial accounts, Achieving a Better Life Experience (ABLE) accounts, or collective accounts. Care must be taken to gain an understanding of the unique characteristics of each and to ensure procedures are developed accordingly. Additionally, CPAs must understand eligibility, regulations, and resource limits established by Medicaid. Eligibility will vary by coverage group.

b) Procedures

The CPA must perform sufficient work to determine if the QPL's policies and procedures are adequate to safeguard the persons' personal funds and property and are in compliance with DDSN Directives. The CPA must select a representative sample of accounts from each residential program and transactions to ensure proper coverage.

- i) Determine that persons' personal funds are not borrowed, loaned, or co-mingled by the QPL or any other person or entity for any purpose; or, combined or co-mingled in any way with the QPL's operating funds.
- ii) Determine that persons' accounts are established in the person's name and social security number, and that they indicate the accounts are for the benefit of the person (fiduciary relationship).
- iii) Determine that copies of bank signature cards are maintained and updated timely for changes.
- iv) Determine that bank reconciliations are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer on the account.
- v) Determine, through a random sample of 10% of all purchases that receipts are on hand to support purchases made from the person's personal funds.
- vi) Determine that the amount paid by the person is properly charged to their personal funds. Consider if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased are appropriate for the person expending the funds.
- vii) For any item purchased that is required to be inventoried, verify that the persons' personal property record is properly updated. Procedures used by the Provider should be reviewed to ensure they are adequate to ensure the item is properly marked in accordance with the directive. Actual observation of the items is not required, but may be deemed necessary by the CPA to test the procedures used by the Provider.

- viii) Determine if checks written to the person cause those to exceed their cash on hand limit. Gift cards are also considered cash and must be included in the cash on hand limit. Funds written payable to the person and cashed are considered cash on hand until expended and should be considered in conjunction with other cash held by the person and/or by program staff.
- ix) Determine that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, are completed monthly by someone who does not have authority to receive or disburse cash. The count and agreement to the records must be documented. The CPA is only expected to test the procedures used by the Provider.
- x) Evaluate controls over cash to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.
- xi) Determine that the persons' total countable resources do not Exceed the established limits mandated by Medicaid (generally: \$2,000).
- xii) Determine that the QPL has a process in which to identify those with recurring excess resources and a plan is established to eliminate risk of loss of benefits – for example, participation in the ABLÉ Program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, and establishment of prepaid burial arrangements.
- xiii) For collective accounts, the CPA must determine that the account is being managed in accordance with the Social Security Organizational Representative Payee guide that can be found on the Social Security Administration's website.

If the auditor becomes aware of a misappropriation involving the QPL or persons' funds and/or any falsification of Medicaid billable services, then the auditor must promptly report this information to management, with a follow-up to DDSN Internal Audit. Consideration should be given as to deficiencies in internal controls and whether there are any questioned costs to report.

3. Determine if the QPL is paying ALL direct care staff the established minimum hourly wage in accordance with the DDSN contract.

- a) Background Information

DDSN is appropriated funds from the State to establish a minimum pay rate for direct care staff. These funds are passed to QPL through an increase in rates and contract amounts. Direct support professionals are defined as persons that are in a regular shift rotation and are directly involved in the care of persons in residential or day program settings. Supervisors, House Managers, and other similar positions would qualify if they meet the criteria above. Job classifications vary by

service provider and the same job classification at different service providers may or may not involve the same level of hands-on care. As a result, DDSN did not take a prescriptive approach. Each QPL will have the responsibility of determining which employees qualify based on their unique circumstances. The minimum pay rate for direct support professionals will be \$13 per hour. QPLs are permitted to pay new hires a rate less than \$13 for staff training hours and for any on the job training hours where the direct support professional is not permitted to work alone. If a staff is able and has been cleared to work alone, but does not work alone due to staffing patterns in the home, then they must be paid \$13 per hour. In no case should a new hire direct support professional make less than \$13 per hour for a period to exceed 90 calendar days.

b) Procedures

The auditor must determine that the QPL is paying ALL direct care staff the established minimum hourly wage in accordance with DDSN requirements, for all hours worked.

- i) The CPA must test the minimum pay rate used by the Provider. A variety of testing procedures may be used. One such procedure could be selecting two (2) randomly selected pay periods to test proper application of the pay rate.
- ii) For all years with a direct care staff pay increase raising DDSN's minimum hourly wage, the timing of the pay rate increase must be determined to ensure the increase was paid on the first pay date in July. Retroactivity of the pay rate is permitted, but the CPA must perform sufficient work to ensure it was completed properly. If there was a retroactive payment to the employee, then the CPA is only expected to verify the process used appears to be completed correctly to ensure compliance.
- iii) If direct care staff are paid less than \$13 per hour, verify they meet the requirements above which permits a lower rate be paid for a period not to exceed 90 days or there is a written exception approved by DDSN.

4. **APPLICABLE ONLY TO QPLs PROVIDING RESIDENTIAL SERVICES**

Determine that the QPL has adopted a room and board policy. Test that they have properly and timely implemented the DDSN approved room and board, in accordance with their policy.

a) Background information

QPLs are required to adopt a fee for services policy in accordance with DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs. Additionally, they are to obtain DDSN approval at least annually on the room and board fee to be charged to persons in residential programs.

b) Procedures

- i) The auditor must determine that the QPL has established a room and board policy for persons' fees and such policy has been reviewed and approved by the Board of Directors, if the QPL has a Board of Directors. In the absence of the Board of Directors, room and board must be approved by someone in authority (Owner/CEO).
- ii) The CPA must obtain the DDSN approved room and board rates utilized during the reporting period.
- iii) The CPA should familiarize themselves with the policy and the approved rates.
- iv) The CPA must test actual charges made to persons to ensure that they comply with the policy. This would include consideration of the timing of the application of rate changes and verification that these charges do not exceed the approved room and board rates.
- v) The CPA must test move-ins and move-outs that occur within any given month to ensure that room and board charges were properly applied and the proper proration of the room and board was appropriately charged. Any miscalculations must be communicated by the CPA.

AUDIT REPORT AND RoAAP REPORT DUE DATES AND EXTENSIONS

The RoAAP and audit report, if required, are to be filed with DDSN within 120 calendar days of the year-end audited. If this due date falls on a weekend, or any due date, then the due date is the next workday.

A request for an extension of time to file the RoAAP and audit reports must be submitted to DDSN Internal Audit by the QPL in writing on the **QPL's letterhead and signed by the Executive Director/CEO/President and must be approved by DDSN Internal Audit. The request for an extension must be received by DDSN Internal Audit at least 15 calendar days prior to the due date of the report.** Such requests will only be approved in extreme circumstances that are beyond the control of the QPL or the auditor or when approval would be to the benefit of DDSN.

If the audit and RoAAP reports are not received within five (5) business days of the due date, including approved extensions, then a contract reduction of \$100 per calendar day will be assessed on each report until each of the reports are received by DDSN or up to a maximum of \$2,500 per report has been assessed. The total amount of the contract reduction will be deducted from a subsequent contract payment. If a QPL incurs a contract reduction in consecutive years for not meeting a reporting deadline subject to a contract reduction for the same report, then the contract reduction for the missed deadline(s) for the second year will be doubled.

AMENDMENTS TO AUDIT REPORTS

Where additional explanations or corrections are necessary after a report has been filed, supplements must be prepared by the audit firm and distributed as noted in the “Distribution” section below.

CORRECTIVE ACTION PLANS (CAP) AND EXTENSIONS

When the auditor’s report, separate letter to management (if issued), and/or the RoAAP identify material weaknesses, deficiencies (significant or not), findings or questioned costs, the QPL must submit a CAP to address and resolve the problem(s) identified by the auditor/CPA, or submit a statement of reasons why no corrective action is necessary. The CAP should be prepared on contracted service provider’s letterhead and signed by the Executive Director/CEO/President. The CAP must be submitted to DDSN Internal Audit within 20 business days after issuance of the audit report and/or RoAAP. If the CAP is not received within 20 business days of the due date, then a contract reduction of \$100 per day will be assessed until the CAP is received by DDSN or up to a maximum of \$2,500 per CAP has been assessed. The total amount of the contract reductions will be deducted from a subsequent payment. It is recommended that the CAP be submitted with or included as part of the audit report and/or RoAAP when issued. The CAP should include the specific dates when deficiencies will be corrected. Copies of documents that clarify the resolution of deficiencies must be included with the CAP, such as found missing receipts, relevant Service Error Correction Forms, and logs.

A request for an extension of time to file a CAP must be submitted to DDSN Internal Audit by the QPL in writing on letterhead and signed by the Executive Director/CEO/President, and must be approved by DDSN Internal Audit. The request for an extension must be filed 15 business days prior to the due date for the CAP. Such requests will only be approved in extreme circumstances that are beyond the control of the contracted service provider, the auditor, or when approval would be to the benefit of DDSN.

ADDRESSEE

Any reports issued in accordance with this directive are to be addressed to the governing boards or to management if the entity does not have a Board of Directors.

DISTRIBUTION

The RoAAP report, audit report, management letters, and internal control reports shall be filed as follows:

1. Executive Director/CEO/President of the QPL.
2. Chairperson of the QPL’s governing board (if applicable).

3. Hard copy to:

DDSN Internal Audit
3440 Harden Street Extension
Columbia, SC 29203

DDSN Director of Cost Analysis
3440 Harden Street Extension
Columbia, SC 29203

4. Electronic pdf copy to financial.reports@ddsn.sc.gov.

The audit firm must present the final audit report, any management letter comments, the RoAAP, and all deficiencies noted, at a scheduled meeting of the QPL's Board of Directors, if applicable. If this is not done prior to the due date for submitting the documents to DDSN, the auditor must ensure that management is aware of the contents of the final report, management letter comments, the RoAAP, and deficiencies noted.

DISCLOSURE OF THREATS TO INDEPENDENCE

When the audit reports are filed with DDSN, QPLs must also submit a statement on letterhead and signed by the Executive Director/CEO/President disclosing all identified threats to independence. The letter must outline the type and extent of all attestation, consulting, bookkeeping, and/or other services performed under contract or agreement with the audit firm. Examples that must be considered include, but not limited to maintenance of the depreciation schedule, preparation of the financial statements, income tax preparation and advisory services, management advisory services, third-party administrator services, preparation of the Schedule of Expenditures of Federal Awards (SEFA), completion of the Federal Audit Clearinghouse Data Collection Form, individual or aggregate, material adjustments made, payroll services, bookkeeping services, budget preparation, and software selection/implementation.

Reference must be made to the Government Auditing Standards 2018 Revision for those services that present threats to independence. The QPL is responsible for being aware of independence threats and ensuring they are addressed by the auditor to ensure they remain independent.

INSPECTION/ACCEPTANCE

Final inspection and acceptance of audit documents shall be the responsibility of DDSN Internal Audit.

Failure to meet these audit requirements may result in further withholding of subsequent payments and/or suspension of funding.

AUDIT QUALITY

To verify that the responsibility of quality audits is accomplished, DDSN Internal Audit will work with other DDSN staff, as well as other state agencies, to:

1. Ensure that audit reports of QPLs are received, reviewed and distributed to appropriate DDSN officials.

2. Ensure that if significant inadequacies relating to the professional performance of the audit are disclosed, the QPL will be advised and the auditor will be required to take corrective action. If corrective action is not taken, DDSN shall notify the QPL and other state agencies of the facts. Major inadequacies or repetitive substandard performance of auditors shall be referred to the appropriate professional bodies.
3. Ensure that satisfactory audit coverage is provided in a timely manner in accordance with DDSN audit requirements.
4. Maintain a follow-up system on audit findings and investigative matters.

The SC Board of Accountancy may review all or a sample of QPL audit reports for compliance with professional standards.

Audit firms that receive a peer review report with results other than 'pass' must timely notify the QPL client and DDSN Internal Audit of the peer review results.

WORKING PAPERS

Working papers are to be retained by the audit firm for six (6) years following the end of the year audited. Retention of working papers beyond six (6) years is required for audits of QPLs where questioned costs and/or practices have not been resolved with DDSN.

Working papers must be available upon request, at no additional cost, for examination by DDSN representatives or its designee, as well as successor auditors, who may perform audits of the QPL.

CONTRACTS

While QPLs are not required to obtain bids for audit services, DDSN believes that obtaining such bids is a good practice. Therefore, DDSN encourages contracted service providers to obtain bids for audit services. Additionally, in-charge auditor rotation, as well as, audit engagement team member rotation is highly recommended.

OUT-OF-STATE (CPA FIRM) REGISTRATION

CPAs and firms that operate out-of-state must comply with the requirements of the SC Board of Accountancy regarding "mobility" guidelines and/or out-of-state firm registration. Please contact the SC Board of Accountancy for more information. DDSN may verify with the SC Board of Accountancy that mobility guidelines and/or out-of-state firm registration requirements are being met.

CONFIRMATIONS - DDSN PAYMENTS

The independent auditor's confirmation of DDSN payments made to a QPL is to be secured from DDSN's Director of Finance. Requests for confirmations must be emailed to

confirmations@ddsn.sc.gov. If electronic responses are desired, then please indicate such in the request along with the email address or other method of remitting the information. The auditor must reconcile DDSN payments per the confirmation with revenue per the QPL's books. Any questions regarding confirmations should be emailed to confirmations@ddsn.sc.gov.

AMENDMENTS TO AUDIT POLICY

This document is subject to alteration or change as needed. Any changes will be made at the discretion of DDSN.

Barry D. Malphrus
Vice-Chairman

Gary C. Lemel
Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

Attachment A: Sample - Independent Accountant's Report on Applying Agreed-Upon Procedures
Attachment B: Sample – Supplementary Room and Board Calculation
Attachment C: Sample – Supplementary Schedule of Special Grants

Independent Accountant’s Report on Applying Agreed-Upon Procedures

To the Board of Directors/Management

_____ (Provider’s Name)
 _____ (City/State/Zip Code)

We have performed the procedures enumerated below based upon the requirements outlined in the South Carolina Department of Disabilities and Special Needs (DDSN) Provider Audit Policy (Directive 275-06-DD) for the period ended _____ related to tests of controls and procedures for Medicaid billings. [If you provide residential services insert – “We have also performed the procedures enumerated in the compliance section below solely to assist the specified parties in evaluating the _____’s (QPL’s name) compliance with applicable DDSN Contracts and Directives.”] These procedures were agreed to by the management of _____(QPL’s name) for the period ended _____(QPL’s year-end or initial year alternative period). _____’s (QPL’s name) management is responsible for establishing policies and procedures, and for the maintenance of records and supporting documentation. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in this report. Consequently, we make no representations regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures performed and the results of our testing are as follows:

Medicaid Billing

1. We obtained an understanding of the Medicaid billing process and controls over Medicaid billable services through discussions with management and consultations with program staff. In documenting our understanding, we also learned that the contracted service provider served a total of _____ persons (unduplicated) for whom Medicaid services were billed for the period tested.

Total Population Served			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		Supported Employment
	<u>CRCF</u>		Board Billed Waiver Services
	<u>CTH-II</u>		Early Intervention
	<u>CTH-I/Specialized Family Homes</u>		Case Management
	<u>SLP-II/SLP-III</u>		Adult Day
	<u>CIRS (Cloud Program)</u>		Other (Specify)
	<u>SLP-I</u>		Other (Specify)

2. We selected a sample of _____ people from the total number of people for which the QPL is receiving payments for Medicaid billable services. We ensured that our sample represented Medicaid billings from all programs. The programs covered and number of persons selected for our procedures are identified below:

Sample Selected			
#	Program/Service	#	Program/Service
	ICF/ID		Supported Employment
	CRCF		Board Billed Waiver Services
	CTH-II		Adult Day
	CTH-I/Specialized Family Homes		CIRS (Cloud)
	SLP-II/SLP-III		Case Management
	SLP-I		Early Intervention
	Other (Specify)		Other (Specify)
	Other (Specify)		Other (Specify)

The CPA must follow AU-C 530 “Audit Sampling” in its sampling selection process and determination of the sample sizes required.

3. For the people selected, we tested Medicaid billings for the period of _____ determine the following:

- a. For the persons selected, we performed tests to determine if there was sufficient documentation on file to provide reasonable assurance the billing was complete, accurate, and the service was performed, which is reflected in the below table:

Medicaid Billing Testing & Results				
# Individuals Sampled	Program/Service	# of individual billings tested	# of individual billings supported by documentation	# of individual billings NOT supported by documentation
	ICF/ID			
	CRCF			
	CTH-II			
	CTH-I/Specialized Family Homes			
	SLP-II/SLP-III			
	SLP-I			
	Supported Employment			
	Board Billed Waiver Services			
	Adult Day			
	CIRS (Cloud)			
	Case Management			
	Early Intervention			
	Other (Specify)			
	Other (Specify)			
	TOTAL			

Results/Finding:

- b. Gained an understanding of the monitorship procedures (review of service notes, phone contacts with family members and/or employers, visits to family members’

homes and/or persons' job sites, etc.) established by the QPL to monitor each program. We tested that monitorship is being provided and documented by supervisory staff on an on-going basis so as to provide reasonable assurance to the QPL that the billable services are being provided to the persons' and/or families as indicated by the documentation on file.

Results/Finding:

Compliance Section

1. People's Personal Funds and Property [note this only applies to residential service providers]:

We gained an understanding of the controls over persons' personal funds and personal property managed by QPL staff through our discussions and inquiries with management. In order to gain a more accurate understanding of the nature and treatment of people's personal funds and personal property, we consulted with the residential program staff since these employees are directly responsible for compliance with DDSN Directives 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property. In documenting our understanding, we also learned that the contracted service provider served a total of _____ persons for whom the provider managed personal funds for the period tested.

We selected a sample of _____ people from the total number of people for which the QPL is managing personal funds and personal property. The programs covered and number of people selected for our procedures are identified below:

Total Population Served			
#	Program/Service	#	Program/Service
	ICF/ID		SLP-I
	CRCF		CIRS (Cloud)
	CTH-II		Other (Specify)
	CTH-I/Specialized Family Homes		Other (Specify)
	SLP-II/SLP-III		Other (Specify)

Sample Selected			
#	Program/Service	#	Program/Service
	ICF/ID		SLP-I
	CRCF		CIRS (Cloud)
	CTH-II		Other (Specify)
	CTH-I/Specialized Family Homes		Other (Specify)
	SLP-II/SLP-III		Other (Specify)

For the persons selected, we tested personal funds for a minimum of two months to determine the following:

- a. People's personal funds are not borrowed, loaned, or co-mingled by the QPL or any other person or entity for any purpose or combined or co-mingled in any way with the QPL's operating funds.

Results/Finding:

- b. People's checking and/or savings accounts are established in the persons' names and social security numbers or they have indicated that the accounts are for the benefit of the persons (fiduciary relationship).

Results/Finding:

- c. Bank signature cards were updated timely for changes in personnel and a copy of the signature card is maintained.

Results/Finding:

- d. Bank reconciliations for people's accounts are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer for the accounts.

Results/Finding:

- e. Through a representative sample of people's purchases, determined that receipts are on hand to support purchases made from people's personal funds.

Results/Finding:

- f. Determined that the amounts paid by people were properly charged to their personal funds. Determined if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased were proper for the persons expending the funds.

Results/Finding:

- g. For items purchased that is required to be inventoried, verified that the persons' personal property record was properly updated, and determined procedures are in place to ensure items are properly marked in accordance with the directive.

Results/Finding:

- h. Determined if checks written to persons caused them to exceed their cash on hand limit.

Results/Finding:

- i. Determined that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, were completed monthly by someone who does not have authority to receive or disburse cash. Verified the count and agreement to the records was documented.

Results/Finding:

- j. Reviewed the controls over cash on hand to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.

Results/Finding:

- k. Determined that the persons' total countable resources did not exceed the established limits mandated by Medicaid (generally: \$2,000).

Results/Finding:

- l. Determined that the QPL has a process in which to identify those with recurring excess resources and a plan is established to eliminate risk of loss of benefits – for example, participation in the ABLE program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, establishment of prepaid burial arrangements, etc.

Results/Finding:

- m. For collective accounts, determined that the account has been managed in accordance with the Social Security Organizational Representative Payee guide.
2. Direct Care Staff Minimum Hourly Wage – [note this only applies to residential service providers]:

We gained an understanding of the requirements of paying all direct care staff in accordance with the QPL's contract with DDSN.

- a. We selected at least two (2) randomly selected pay periods or used an alternative selection process to test proper application of the pay rate.

Results/Finding:

- b. If there was a direct care staff pay increase during the year raising DDSN's minimum hourly wage, the timing of the pay rate increase was determined to ensure the increase was paid on the first pay date in July. Retroactivity of the pay rate is permitted. Any retroactivity was tested to ensure it was completed properly.

Results/Finding:

- c. For any direct care staff paid less than \$13 per hour, we verified that they met the requirements that permit a lower rate be paid for a period not to exceed 90 days or there is a written exception approved by DDSN.

Results/Finding:

3. Room and Board Policy – [note this only applies to residential service providers]:

We gained an understanding of the policies and controls over room and board charges.

- a. We determined that the QPL established a room and board policy for individuals' fees that was reviewed and approved by the Board of Directors.

Results/Finding:

- b. We obtained the DDSN approved room and board rates utilized during the fiscal year.

Results/Finding:

- c. We reviewed the actual charges made to the people to ensure the provider complied with the policy, including consideration of timing of application of rate changes, and that they did not exceed the approved room and board rates.

Results/Finding:

- d. We sampled move-ins and move-outs and ensured that room and board charges were properly prorated.

Results/Finding:

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management of (QPL's name) and DDSN and is not intended to be or should not be used by anyone other than these specified parties.

[Practitioner's Signature]
[Practitioner's City and State]
[Date]

QPL NAME
 SUPPLEMENTARY ROOM AND BOARD COMPUTATION
 For the year ended _____

Non-HUD Homes

Program Type: CTH-II

Object Code #	Expense Description	Name of Home			
		Squidward	Spongebob	Patrick	Total
Directly Charged Room and Board Expenses					
5115	Telephone ¹	\$ 2,100	\$ 2,200	\$ 1,800	\$ 6,100
5116	Cable TV	600	600	600	1,800
5118	Internet	960	960	960	2,880
5130	Sewer and Water	480	540	280	1,300
5135	Electric and Gas	2,400	3,600	3,800	9,800
5160	Pest Control	180	180	180	540
5173	Garbage Service	220	220	-	440
5180	Contracted Facility Maintenance	2,800	1,500	-	4,300
5181	Lawn Maintenance	1,200	1,800	750	3,750
5210	Food ²	6,000	8,000	4,200	18,200
5225	Household Supplies	1,800	780	350	2,930
5240	Minor Equipment ³	285	-	1,100	1,385
5405	Insurance - Building and Contents	485	505	430	1,420
5505	Building and Household Depreciation	5,800	4,500	4,800	15,100
5515	Improvements Depreciation	1,200	130	1,325	2,655
5560	Building Interest	-	-	-	-
	Total Direct Room and Board Expenses	26,510	25,515	20,575	72,600
Costs Allocated to Room and Board Expenses					
5900	Administration ⁴	2,121	2,041	1,646	5,808
5950	Facility Maintenance	5,400	5,400	5,400	16,200
	Total Allocated Costs for Room and Board	7,521	7,441	7,046	22,008
	Total Allowable Room and Board Costs	\$ 34,031	\$ 32,956	\$ 27,621	\$ 94,608
	Number of Funded Beds in Facility	4	4	4	12
	Average Annual Costs per Bed	\$ 8,508	\$ 8,239	\$ 6,905	\$ 7,884
	Average Monthly Costs per Bed	\$ 709	\$ 687	\$ 575	\$ 657

QPL NAME
 SUPPLEMENTARY ROOM AND BOARD COMPUTATION - CONTINUED
 For the year ended _____

HUD Homes

Program Type: CTH-II

Object Code #	Expense Description	Name of Home			
		Mr. Krabs	Gary	Plankton	Total
Directly Charged Room and Board Expenses					
5210	Food ²	\$ 6,000	\$ 8,000	\$ 4,200	\$ 18,200
5225	Household Supplies	1,800	780	350	2,930
	Total Direct Room and Board Expenses	7,800	8,780	4,550	21,130
Costs Allocated to Room and Board Expenses					
5900	Administration ⁴	624	702	364	1,690
	Total Allocated Costs for Room and Board	624	702	364	1,690
	Total Allowable Room and Board Costs	\$ 8,424	\$ 9,482	\$ 4,914	\$ 22,820
	Number of Funded Beds in Facility	4	4	3	11
	Average Annual Costs per Bed	\$ 2,106	\$ 2,371	\$ 1,638	\$ 2,075
	Average Monthly Costs per Bed	\$ 176	\$ 198	\$ 137	\$ 173

Note: The auditor must collaborate with the Organization to identify all allowable room and board general ledger accounts. A separate schedule must be completed for each residential program type that must have an established room and board charge. Schedules must be separated for those programs that are HUD funded and for those that are not, as applicable.

- 1 - Telephone should not include mobile phones or pagers.
- 2 - Food costs should be reported gross of SNAP/EBT benefits.
- 3 - Minor equipment is used to account for non-supply items such as furniture, appliances, and other room and board non-capital items.
- 4 - Administration costs should be based on the administrative cost percentage used to allocate expenses to each home.

QPL NAME
SUPPLEMENTARY SCHEDULE OF SPECIAL GRANTS
For the year ended _____

Special Grant Number	Special Grant Description	Program Charged		Potential Amount Due to DDSN				
		Revenue	Expense/Capital	Award Amount	Expended	Unexpended *	Unearned at Year End	Potential Amount Due
SC 2020-199	Start-up Funds	Any Home CTH-II	Any Home CTH-II	\$ 15,350	\$ 14,000	\$ 1,350	\$ -	\$ 1,350
SG 2020-080	HASCI Residential Placement	Any Home CTH-II	Any Home CTH-II	65,000	68,180	-	-	-
SG 2019-035	Building Purchase	Any Home CTH-II	Any Home CTH-II	24,750	26,000	-	-	-
SG 2020-032	Building Purchase	That Home CTH-II	That Home CTH-II	22,180	-	22,180	22,180	-
				<u>\$ 127,280</u>	<u>\$ 108,180</u>	<u>\$ 23,530</u>	<u>\$ 22,180</u>	<u>1,350</u>
Total Amount Recorded as Due to SCDDSN								<u>1,350</u>
Amount Unrecorded as Due to SCDDSN								<u>\$ -</u>

Note: This schedule must contain all Special Grant awards received and/or expended during the fiscal year regardless of award date.

* Expended amount should include all amounts paid out of grant funds to include any items capitalized.

Reference Number: 700-07-DD

Title of Document: Employment First Approach to Provision of Services

Date of Issue: October 28, 2015

~~Last Review Date: October 28, 2015~~

Date of Last Revision: ~~October 28, 2015~~ XXXX, 2021 (**NEWREVISED**)

Effective Date: ~~October 28, 2015~~ XXXX, 2021

Applicability: DDSN Regional Centers, DSN Boards and Contracted Providers of Day, Case Management, Residential Habilitation and Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID) Services

PURPOSE:

Since 2009, the Department of Disabilities and Special Needs (DDSN) has embraced the Employment First approach to provision of service delivery. Employment First assumes that individual integrated employment at or above minimum wage is the preferred outcome for working age adults, regardless of disability. This assumption should be the foundation for assessment and planning for individuals receiving services through DDSN (in particular Employment Services Individual). The purpose of this directive is to articulate the philosophy of the Agency regarding Employment First.

GENERAL:

The value of employment, to the individual employee as well as to society, is both measurably significant and immeasurably meaningful. Society values work and individuals who work. Often, by-products of working include a sense of accomplishment and an increased sense of competence and self-worth. Employment/occupations often give individuals a sense of identity and shape how others perceive them. Additionally, being employed often provides opportunities

to develop new relationships and accrue social capital. Ultimately, employment usually results in personal enrichment, expanded opportunities to exercise choice and greater economic independence. Employment of individuals with disabilities also benefits society by adding their contributions to the economy, adding diversity to the workforce, reducing reliance on government-sponsored benefits and developing universal designs that result in greater productivity and efficiency for the workforce as a whole.

Legislation, regulation and litigation on both the federal and state level affirm that agencies and systems serving those with disabilities have a mandate to provide services that are tailored and customized to an individual's strengths, preferences and interests and that include needed and desired employment supports. For example:

- The United States Supreme Court ruled in *Olmstead v. L.C.* (July 1999) that states must administer services for individuals with disabilities in the most integrated settings appropriate to their needs, as opposed to unnecessarily segregating them from the broader community. The United States Department of Justice (DOJ) has advised that this mandate applies to "all facets of life, including employment, public accommodations, and services, programs and activities of state and local governments... including segregated, non-residential employment and vocational programs such as sheltered workshops (*"Statement of Interest of the United States of America Lane v. Kitzhaber,"* April 20, 2012)." The DOJ has also stated that "Segregated settings include, but are not limited to,... settings that provide for daytime activities primarily with other individuals with disabilities (*"Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C."* 3, June 22, 2011)."
- S.C. Code Ann. § 44-20-20 (2018) and § 44-20-390 (2018) require that services be planned and rendered to assist those eligible for DDSN services in developing to the fullest extent possible in the least restrictive environment available.
- The Center for Medicare and Medicaid Services (CMS) issued a Final Rule on Home and Community Based Services (HCBS) in March 2014 requiring settings in which HCBS are provided to be fully integrated into the community and offer supports needed to pursue, obtain and maintain individual community employment.
- The Workforce Innovation and Opportunity Act of 2014 (WIOA) increases access for individuals with disabilities to employment and training services, beginning with pre-employment transition services for youth with disabilities to prepare for, obtain and retain competitive, integrated employment. WIOA also establishes an Advisory Committee to develop strategies for increasing employment outcomes for individuals with disabilities.

While all of the DDSN Day Services (i.e., Employment Services, Career Preparation, Community Services, Day Activity and Support Center) can be provided in integrated community settings and can lead to meaningful outcomes, DDSN promotes employment outcomes (and individual employment in particular) as the most meaningful outcomes for adults

~~of working age. While all DDSN-sponsored Employment Services (i.e., Individual and Group) and Day Services (i.e., Career Preparation, Community Services, Day Activity and Support Center) can be provided in integrated community settings and can lead to meaningful outcomes, DDSN believes that employment outcomes (and individual employment in particular) for adults of working age are the most meaningful.~~

DEFINITIONS:

Competitive Integrated Employment

As defined by the (WIOA)¹, **competitive integrated employment is work that:**

- i. Is performed on a full-time or part-time basis (including self-employment) and for which an individual is compensated at a rate that:
 - A. Is not less than the higher of the rate specified in section 6(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)(1)) or the rate required under the applicable State or local minimum wage law for the place of employment;
 - B. Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; and
 - C. In the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and
 - D. Is eligible for the level of benefits provided to other employees; and
- ii. Is at a location:
 - A. Typically found in the community (A setting in the competitive labor market. Settings established specifically for the purpose of employing individuals with disabilities are not integrated settings because they are not in the competitive labor market.); and
 - B. Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site, and, as appropriate to the work performed, other persons (e.g., customers and vendors), who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that employees who are not individuals with disabilities and who are in comparable positions interact with these persons; and

- iii. Presents, as appropriate, opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

¹<http://www.wintac.org/topic-areas/resources-and-strategies-for-competitive-integrated-employment#1cie>

Group Employment

- Individuals who work in a group setting, requiring on-going employment supports, earning at least minimum wage while working in an integrated setting, paid by either the business or a service provider from revenues earned via contracts with business/government entities.

Employment

- ~~Working for at least minimum wage in an integrated setting can be individual (paid directly by the employer), group (paid by a service provider from revenues earned via contracts with business/government entities) or self-employment (including sole proprietorships and partnerships).~~

Integrated Setting

- Typical workplace where the majority of individuals employed do not have disabilities and where the employee with a disability has opportunities to interact with coworkers, vendors, sub-contractors, customers and/or the public.

POLICY:

Employment Services - Individual, provided in integrated settings, is the first and preferred Day Service option to be offered to working age youth and adults (ages 16 – 64) who have exited school and who are eligible for DDSN services. No other DDSN Day Service, including Career Preparation, should be considered, or implied to be, a prerequisite to receiving Employment Services - Individual. Success in the provision of Employment Services – Individual is dependent upon a holistic, person-centered approach to removing barriers through an array of supports. No one staff person can shoulder this responsibility alone. Rather, other areas of the DDSN service delivery system must be involved in promoting and assuring the provision of desired and needed employment supports for DDSN adults of working age. Some specific responsibilities are as follows:

Case Management Providers

Employment First is about cultivating the expectation that individuals with disabilities can make a positive contribution in most workplaces. Many individuals who may not be “qualified” for established jobs as typically described would be quality employees if customized jobs were developed to match their strengths, interests and skill sets. And, contrary to popular myths, most individuals with disabilities can work and improve their financial situation while maintaining necessary benefits (e.g., Medicaid, SSI, etc.) - usually without limiting their hours and wages.

With proper assistance, benefits can be managed in such a way that the individual's standard of living is increased because wages are combined with needed benefits. Most adults will be better off financially by working. Case Managers can play a central role in dispelling myths, alleviating fears of losing public benefits, correcting misperceptions and raising expectations.

Employment aspirations should be discussed at the first contact, and regularly and consistently during subsequent contacts, with those of working age. Case Managers should be generally knowledgeable about the different types of government benefits (e.g., Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), Supplemental Nutrition Assistance Program (SNAP), etc.) and work incentives (e.g., Impairment-Related Work Expenses (IRWE), Plan to Achieve Self-Support (PASS), Blind Work Expense, etc.). Case Managers should also be aware of available resources to which the individual could be referred or linked when concerns regarding paid employment are expressed (e.g., Community Work Incentive Coordinators/benefits counseling, Centers for Independent Living, etc.). Anyone, regardless of disability, who expresses a desire to pursue individual employment should be informed of, offered and linked to or authorized to receive the appropriate supports to do so (e.g., SC Vocational Rehabilitation Department, DDSN Employment Services, benefits counseling, assistive technology, etc.). ~~These supports should be identified on the individual's Case Management Assessment and Support Plan (CMAP) or Case Management Annual Assessment and Support Plan.~~

Case Managers are ~~to expected to~~ promote employment as the first and preferred outcome for working age adults receiving DDSN services. When non-work services have been selected, the possibility of pursuing employment should be explored at least annually.

DDSN Employment/Day Services Providers

Anyone, regardless of disability, who expresses a desire to pursue individual employment should be assumed to be employable and offered or referred to the appropriate supports necessary to achieve that objective (e.g., experiential and ecological assessment focused on strengths, interests and preferences; community based learning; benefits counseling (available from the SC Vocational Rehabilitation Department); customized job development; assistive technology (~~available from the SC Vocational Rehabilitation Department, from the SC Assistive Technology NetworkProject at the University of South Carolina's Center for Disability Resources and from Medicaid assistive technology providers~~), etc.). ~~These support needs should be identified on the individual's plan of service.~~

If an individual has been authorized to receive a Day Service other than Employment Services, but indicates a desire to pursue employment, the Day Service provider should assist the individual as needed to advocate for authorization of or referral/linkage to the supports necessary in order for employment to be pursued. Providers of all DDSN Day Services should encourage and support all whom they serve to establish and pursue a path toward employment.

~~Employment/Day Services provider agencies should seek to partner with local school systems to raise the expectations of educators, students and families concerning post-secondary employment~~

~~supports and outcomes for students with disabilities. DDSN will assist Employment/Day Services providers to facilitate the establishment of these partnerships.~~

Residential Habilitation and ICF/IID Service Providers

Residential Habilitation and ICF/IID service providers' programs should support those who desire to work as needed to obtain and maintain employment. This support may include encouragement to pursue employment, advocacy, transportation, etc. Provider policies and procedures should not in any way jeopardize a resident's prospects for obtaining and maintaining employment.

~~Susan Kreh Beck, Ed.S., NCSP~~

~~Associate State Director Policy~~

~~(Originator)~~

Barry D. Malphrus

Vice Chairman

~~Beverly A.H. Busecemi, Ph.D.~~

~~State Director~~

~~(Approved)~~

Gary C. Lemel

Chairman

Constance Holloway
Interim State Director
Patrick Maley
Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy



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Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

Reference Number: 700-07-DD

Title of Document: Employment First Approach to Provision of Services

Date of Issue: October 28, 2015

Date of Last Revision: June 17, 2021 (REVISED)

Effective Date: June 17, 2021

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Barry D. Malphrus
Vice Chairman

Gary C. Lemel
Chairman

PROPOSED TO MARK OBSOLETE

Attachment G

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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Vice Chairman
Gary C. Lemel
Secretary
Mary Ellen Barnwell
Sam F. Broughton, Ph.D.
Catherine O. Faysoux
Vicki A. Thompson

Reference Number: 367-15-DD
Title of Document: Mobile Device Security Policy
Date of Issue: July 10, 2015
Effective Date: July 10, 2015
Last Review Date: July 10, 2015
Date of Last Revision: July 13, 2016 (NEW)
Applicability: All DDSN Employees

I. PURPOSE

The purpose of this policy is to establish the procedures and requirements necessary to protect the security of DDSN information when accessed from mobile devices, including but not limited to smart phones and tablet computers.

1. This policy includes usage restrictions, configuration management, device authentication, and implementation of mandatory security software.
2. This policy applies to DDSN owned mobile devices or employee owned devices which access DDSN data or the DDSN data network.

II. SECURITY PROCEDURES AND REQUIREMENTS

1. DDSN only allows access by mobile devices which are assigned and identified to an individual owner. Employees who are approved to access DDSN data or the DDSN data network using their personal device must register the device with the DDSN Information Technology Division (IT).
2. DDSN shall utilize mobile device management software to manage all mobile devices which access DDSN data or the DDSN data network. This includes agency owned and employee owned mobile devices.

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

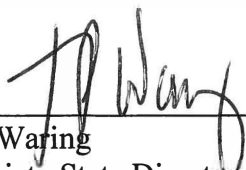
3. DDSN shall utilize a mobile device management agent which will encrypt DDSN data on mobile devices using industry standard encryption techniques.
4. Employees must allow DDSN IT personnel to install DDSN's mobile device management agent in order to protect the security of DDSN data and the DDSN network.
5. Employees must allow DDSN IT personnel to scan mobile devices for viruses before they access DDSN data or the DDSN network. They must subsequently allow an automated virus scanning process to run on a regular basis without interfering with or aborting the process.
6. DDSN only allows access by mobile devices that have the ability to be remotely wiped / erased by DDSN's MDM software in the event of loss, theft or evidence that DDSN data has been compromised.
7. Any mobile device must be approved by DDSN's designated Information Security Officer before accessing DDSN data or network. Only device types/operating systems that are supported by DDSN's MDM agent will be allowed to access DDSN's network and data.
8. Mobile devices with operating systems that have been modified from the standard provided by the mobile provider will not be allowed to access DDSN data or the DDSN network. "Rooting" and "Jail-breaking" is not allowed on phones which access DDSN data or the DDSN network.
9. Employees must notify DDSN's IT Division before the mobile device is disposed, sold, surrendered to a mobile provider, or otherwise deactivated and allow IT personnel to remove sensitive and confidential information from the mobile device.
10. If a mobile device which has access to DDSN data or the DDSN network becomes lost or stolen, the employee must notify DDSN's IT Division immediately via the Helpdesk phone number or email. DDSN will maintain the technical capability of remotely wiping data from the lost or stolen device and will do so to mitigate risks associated with the lost or stolen mobile device.
11. All mobile devices which have access to DDSN data or the DDSN network must have security activated that requires a password or passcode to unlock the phone and gain access to its data. The timeout/lockout feature must be enabled which requires the password or passcode to be entered to gain access to the device after it has not been used for a period of time.
12. Unencrypted DDSN data shall not be copied to or stored on removable media on mobile devices (SD cards, etc.).
13. Unencrypted DDSN data shall not be copied from the mobile device to external storage media by any means (USB or other wired connectivity, Bluetooth or other wireless technology).

III. MOBILE DEVICE ACCESS AGREEMENT

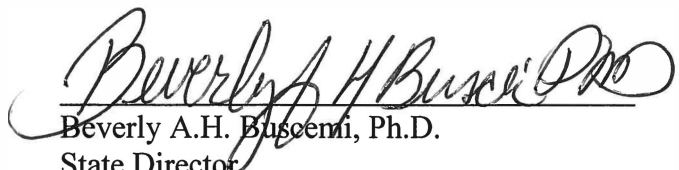
1. Employees who are approved to have mobile devices which accesses DDSN data or the DDSN network shall sign the DDSN Mobile Device Access Agreement (see attachment) before being granted access.
2. The Mobile Device Access Agreement must also be signed by the manager of the employee requesting access. By doing so, the manager is indicating that the employee has a valid business need to access DDSN data and the DDSN network using a mobile device.
3. By signing the DDSN Mobile Device Access Agreement the employee agrees that the physical security of the device shall be the responsibility of the employee to whom the device has been assigned. Devices shall be kept in the employee's physical presence whenever possible. Whenever a device is being stored, it shall be stored in a secure place, preferably out of-sight.

IV. IMPLEMENTATION, MAINTENANCE, AND COMPLIANCE

1. DDSN's designated Information Security Officer is responsible for insuring that this policy is implemented and communicated throughout DDSN.
2. Any revisions to this policy shall be developed by the designated Information Security Officer and follow the normal approval process according to DDSN Directive 100-02-DD: Implementation Procedures for the Internal Communications System.
3. Violation of the provisions of this directive will be subject to disciplinary action in accordance with DDSN's progressive discipline policy.



Tom Waring
Associate State Director-Administration
(Originator)



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

Reference: NIST SP 800-53 Revision 4: Media Use
NIST SP 800-53 Revision 4: AC 19 Access Control for Mobile Devices
NIST SP 800-53 Revision 4: PS 6 Access Agreements

***To access any Guidance references, please see the attached link at:
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53Ar4.pdf>***

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: Mobile Device Access Agreement

PROPOSED TO MARK OBSOLETE



Attachment H

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

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

COMMISSION
William O. Danielson
Chairman
Eva R. Ravenel
Vice Chairman
Gary C. Lemel
Secretary
Mary Ellen Barnwell
Sam F. Broughton, Ph.D.
Catherine O. Fayssoux
Vicki A. Thompson

Reference Number: 367-17-DD
Title of Document: Human Resource and Security Awareness Policy
Date of Issue: September 22, 2014
Effective Date: September 22, 2014
Last Review Date: September 22, 2014
Date of Last Revision: August 1, 2016 (REVISED)
Applicability: All DDSN Employees

I. PURPOSE

The purpose of the Human Resource and Security Awareness Policy is to define security roles and responsibilities and security training requirements for DDSN employees, contractors and third party users.

II. HUMAN RESOURCE COMPLIANCE

The purpose of Human Resource compliance is to define security roles and responsibilities for employees, contractors and third party users.

1. Personnel Security Policy and Procedures (PE 1)

DDSN shall define security roles and responsibilities of employees, contractors and third party users and shall be documented in accordance with DDSN information security policies.

2. Personnel Screening and Third-Party Personnel Security (PS 3) and (PS 7)

DDSN shall conduct background verification checks on all candidates for employment, including contractors, and third party users, which shall be carried out in accordance with relevant laws and DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers.

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

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

DISTRICT II

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

3. Personnel Termination and Transfer (PS 4) and (PS 5)

Upon termination/transfer of employment for employees, termination of engagement for non-employees, or immediately upon request, personnel shall return to DDSN all agency documents (and all copies thereof) and other agency property and materials in their possession or control.

4. Access Agreements (PS 6)

As part of their information security obligation, employees, contractors and third party users shall agree and sign the Acceptable Use of Network Services and the Internet Form (DDSN Directive 367-09-DD), which shall state responsibilities for information security.

Guidance: NIST SP 800-53 Revision 4: PE 1 Personnel Security Policy and Procedures
NIST SP 800-53 Revision 4: PS 3 Personnel Screening
NIST SP 800-53 Revision 4: PS 4 Personnel Termination
NIST SP 800-53 Revision 4: PS 5 Personnel Transfer
NIST SP 800-53 Revision 4: PS 6 Access Agreements
NIST SP 800-53 Revision 4: PS 7 Third-Party Personnel Security

III. SECURITY AWARENESS TRAINING

The purpose of security and awareness training is to define the information security training requirements for DDSN employees, contractors and third party users.

1. Security Awareness Training and Information Security Workforce (AT 2) and (PM 13)

DDSN management shall require employees, contractors and third party users to apply security in accordance with established policies and procedures of the organization.


2. Role-Based Security Training (AT 3)

- DDSN shall impart appropriate awareness training and regular updates in organizational policies and procedures to all employees of the organization and to contractors and third party users, as relevant for their job function.
- Training must be accompanied by an assessment procedure based on the cyber security training content presented in order to determine comprehension of key cyber security concepts and procedures.
- User access to DDSN information assets and systems will only be authorized for those users whose cyber security awareness training is current (e.g., having passed the most recent required training stage).


3. Testing, Training, and Monitoring (PM 14)

- DDSN will appoint a cyber-security awareness training coordinator to manage training content, schedules and user training completion status.
- The DDSN cyber security training coordinator, along with the Information Security Officer will review training content on an annual basis to ensure that it aligns with State of South Carolina policies.

*Guidance: NIST SP 800-53 Revision 4: AT 2 Security Awareness Training
NIST SP 800-53 Revision 4: AT 3 Role-Based Security Training
NIST SP 800-53 Revision 4: PM 13 Information Security Workforce
NIST SP 800-53 Revision 4: PM 14 Testing, Training, and Monitoring*



Tom Waring
Associate State Director-Administration
(Originator)



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

***To access any Guidance references, please see the attached link at:
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53Ar4.pdf>***



SOUTH CAROLINA DEPARTMENT OF
Disabilities and Special Needs

Attachment I

Waiting List Report

Commission Meeting

June 17, 2021



South Carolina Department of Disabilities and Special Needs

FY 21 Monthly Report-- Waiver Process Performance

June 1, 2021

	CSW	HASCI	ID/RD	Total
<u>Analysis of Waiver Slots:</u>				
Budgeted Waiver Slots	3,338	1,055	8,647	13,040
Enrolled Waiver Slots	2,987	1,032	8,433	12,452
Available Waiver Slots	351	23	214	588
<u>Available Waiver Slots Comparison:</u>				
Three Months Ago	460	15	148	623
Six Months Ago	500	14	161	675
Twelve Months Ago	601	60	241	902

Analysis of Pending Waiver Slots:

Total Pending	404	20	214	638
Avg. Days Pending	293	133	458	343
Pending Greater than 6 Months	165	7	123	295

Avg. Days Pending Comparison:

Three Months Ago	339	343	467	
Six Months Ago	333	240	475	
Twelve Months Ago	379	186	456	

Waiting List Length of Time (Years):

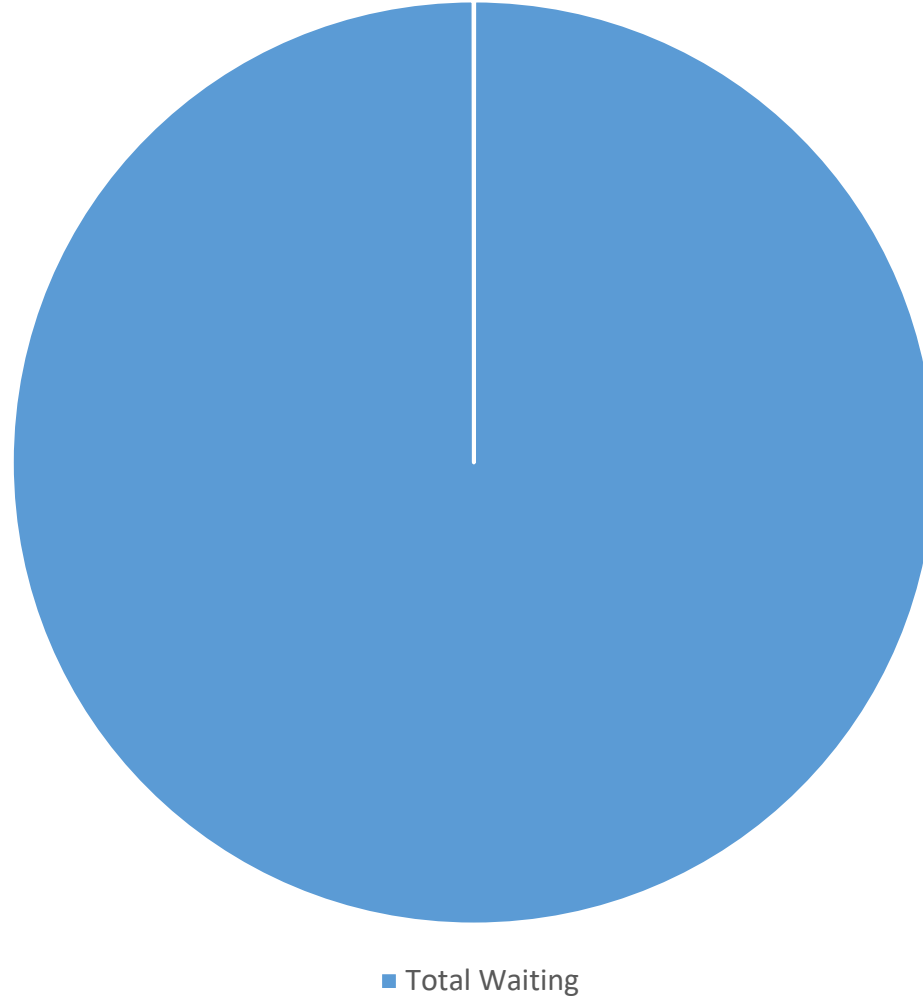
Apr 2021	3.5	0.5	5.2
Jul-20	3.0	0.0	4.4
Jul-19	2.3	0.0	3.6
Jul-18	1.5	0.0	3.4
Jul-17	0.8	0.0	4.0
Jul-16	2.3	0.0	3.5
Jul-15	4.5	0.0	4.6

Waiting List

Statistics:

- 14,241 **unduplicated** individuals are waiting on one (or all) of the waiting lists.

Unduplicated Waiting List for HASCI, CS & ID Waivers

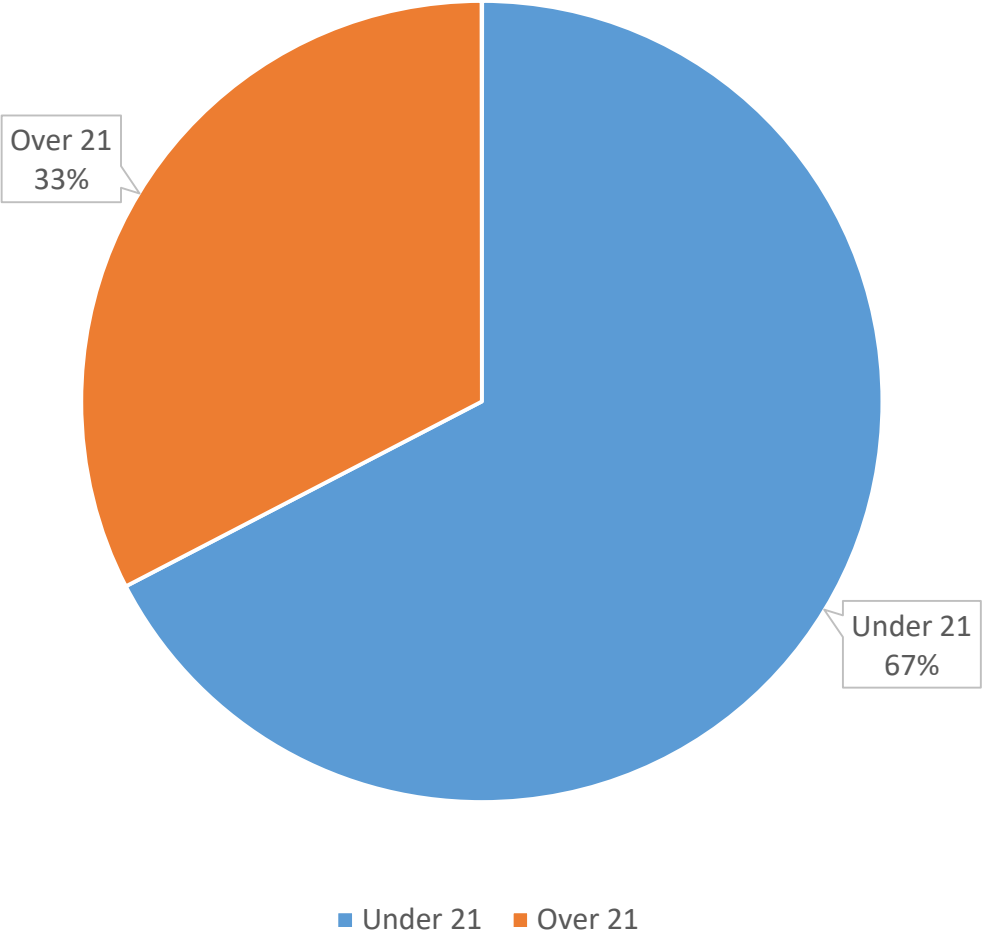


Waiting List

Statistics:

- 4645 Adults
- 9596 Children

Breakdown of Children Vs. Adults

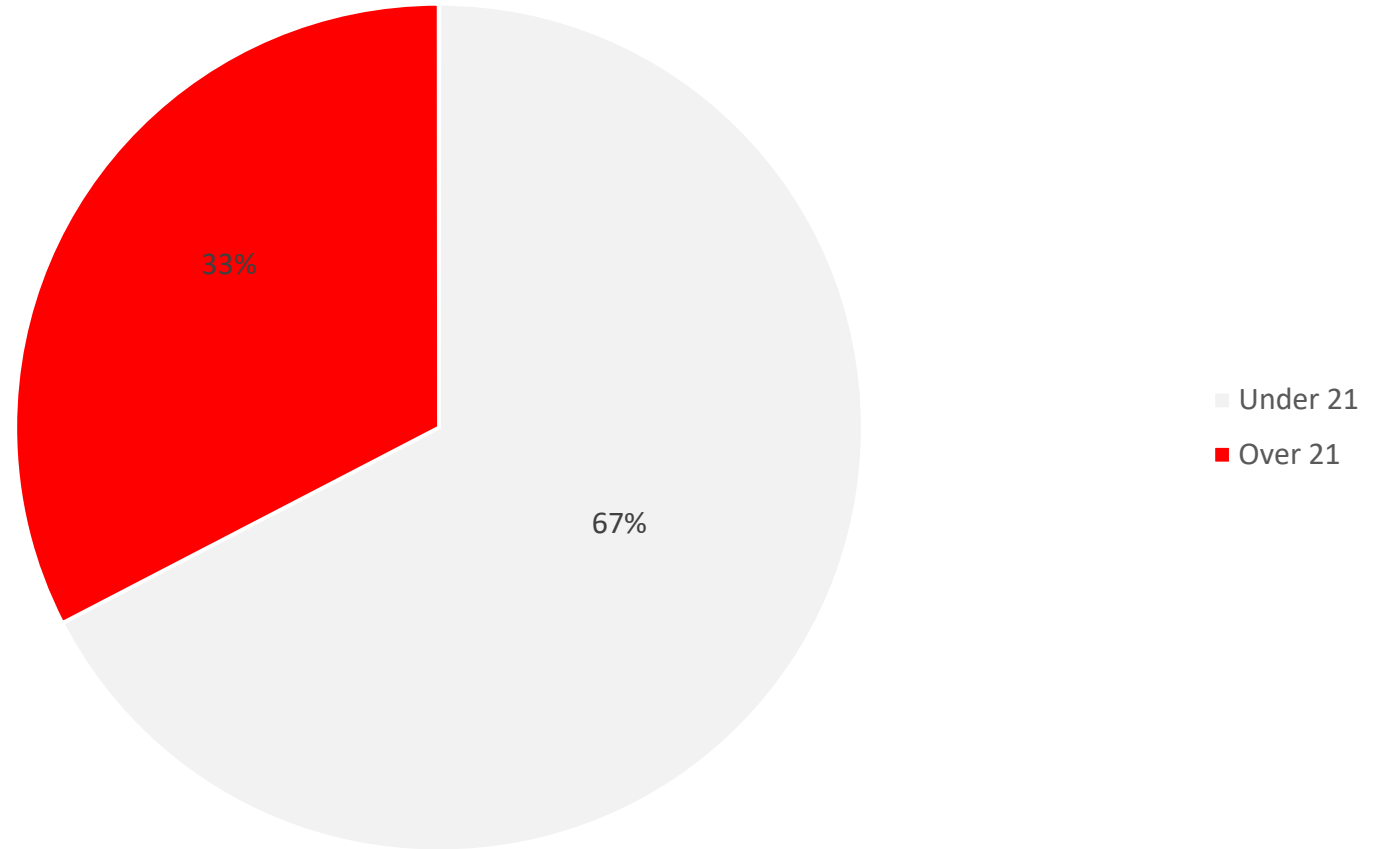


Waiting List

Statistics:

- 2427 (52.2 %) are on more than one list
- 666 (14.3%) are already participating in a DDSN Waiver
- 586 (12.6 %) do not have a DDSN open case

Adults – 4656



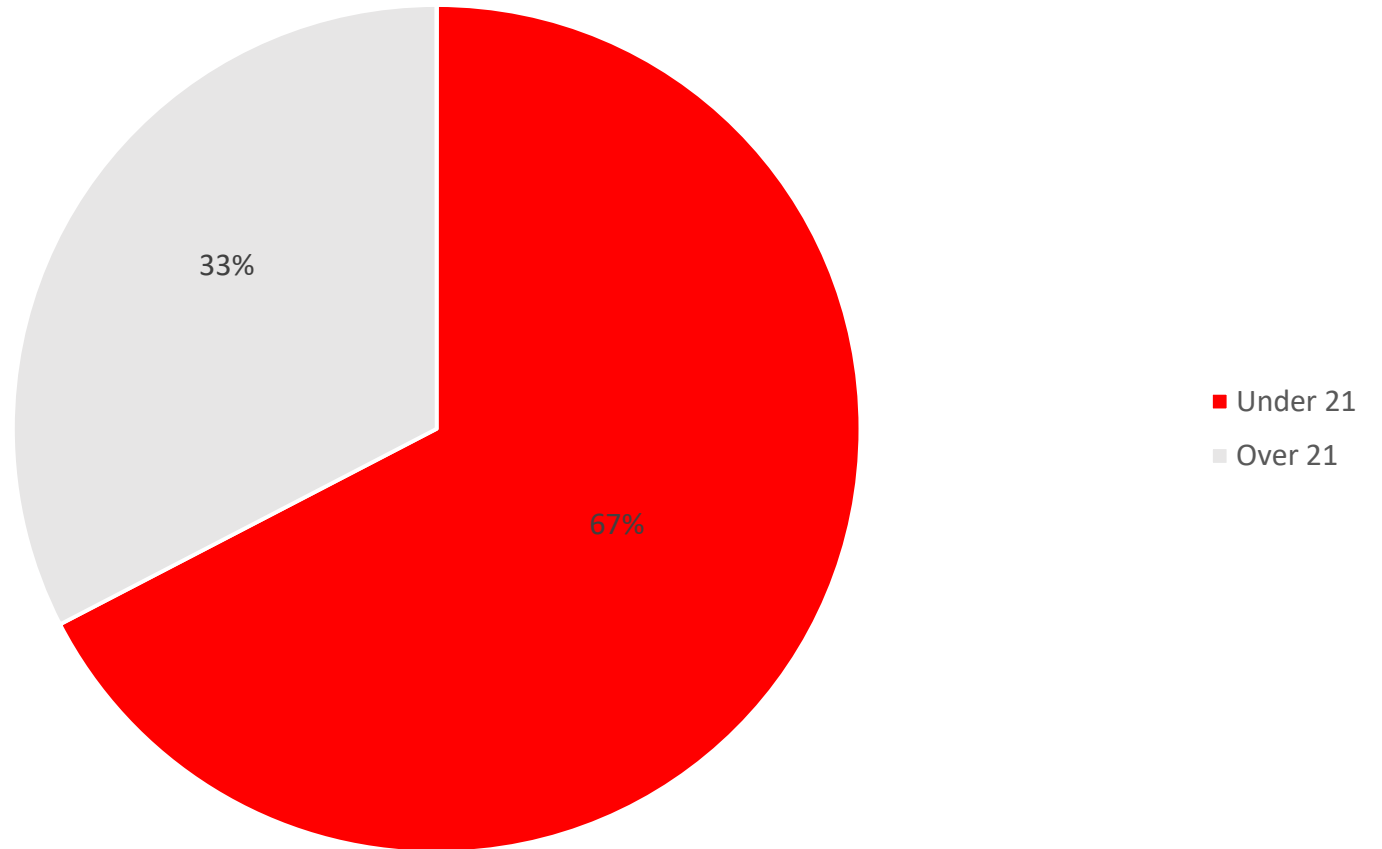
Waiting List

Statistics:

- 6415 (66.9 % %) are on more than one list
- 1021 (10.6 %) are already participating in a DDSN Waiver
- 1128 (11.8 %) do not have a DDSN open case
- 6875 (71.6 %) have Active Medicaid

- *** Individuals under 21 have access to a large array of Medicaid State Plan services. The only additional service that Waivers would offer this population would be respite.*

Children - 9596



Growth of the Waiting list in the past three years

February 2019	10,125
May 2020	11,988
May 2021	14,241



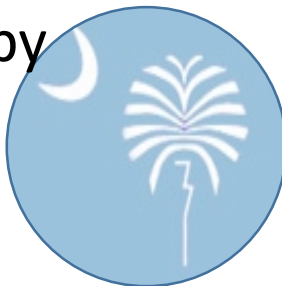
Contributing Factors

- The Family First Coronavirus Response Act, enacted on March 20, 2020, protects Medicaid beneficiaries from being terminated from services.
 - Natural Attrition of Waiver participants has slowed significantly (41 % decrease in amount of slots that are returned through attrition)
- Inordinate amount of time to convert slot award to slot resolution
- Addition of all people who are determined DDSN eligible to waiting lists where target criteria is met



Process Improvement Initiatives

- New Enrollment Process
 - Annual contact with people on the waiting list
 - Regular information on Medicaid eligibility/application process
 - Removal of people who no longer want/need to be on the list
 - Preparation at regular intervals so that people are ready to enroll when a slot is awarded
- Continued Manual effort to reduce people who have been pending for exceptional amounts of time
 - Began Central Office staff review of people pending more than 6 months in Aug 2020. Have cut the number of people awaiting more than 6 months by 50 %.





MEMO

Date: June 8, 2021

To: DSN Commissioners

From: CFO Pat Maley

Re: Band B & I Project: Band Increase & Outlier Requests

On 4/5/21, DDSN initiated the Band Increase & Outlier Request Program with funding from the B & I Transition “gap” funds available. To date, DDSN received 38 requests for Band increases and requests for outlier funding. Of these 38 requests, 1 has been approved (annualized cost of \$18,561); 7 denied; 19 being submitted to the June Commission meeting; and 11 are still pending review. Of the 19 being submitted at the June Commission meeting, staff recommends 9 be approved for an annualized cost of \$251,633 and 10 denied. If approved, this \$251,633 and 1 prior approval for \$18,561 will bring the total residential increase for this B & I Transition Program to \$270,194.

Every Friday, new requests are staffed by Operations and Finance Divisions and either approved, denied, or held in abeyance while additional data is collected to make a determination. For all new requests not approved due to lack of sufficient justification, providers are re-contacted and given ample opportunity to send in additional financial information to support the request prior to a final denial is recommended to the Commission.

Attachment A to this memo contains a schedule itemizing all staff recommendations for the June 2021 Commission meeting, where staff will seek Commission final approval. Attachment B to this memo is a summary of all previously approved Commission funding decisions for this project.

Request of the Commission:

Approve the **19** preliminary staff recommendations contained on Attachment A.

Attachment A

Staff Recommendation for Band Increases & Outliers for the June Commission Meeting

Band Increase Request				Outlier Request			Staffing Decision	
Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
LJ	G to H	\$18,561	\$ -					X
TH	G to H	\$18,561	\$ 18,561				X	
JG	G to H	\$18,561	\$ -					X
DP	G to H	\$18,561	\$ -					X
BP	G to H	\$18,561	\$ 18,561				X	
BB	G to H	\$18,561	\$ 18,561				X	
WM	G to H	\$18,561	\$ 18,561				X	
CW	G to H	\$18,561	\$ 18,561				X	
AA	G to H	\$18,561	\$ 18,561				X	
PK	G to H	\$18,561	\$ -					X
DK	G to H	\$18,561	\$ -					X
SH	G to H	\$18,561	\$ -					X
MB	G to H	\$18,561	\$ -					X
AS	G to H	\$18,561	\$ 18,561				X	
				GB	\$ 98,837	\$ 41,046	X	
				JB	\$ 134,783	\$ 80,660	X	
				MD	\$ 13,607	\$ -		X
				AJ	\$ 13,607	\$ -		X
				MS	\$ 73,362	\$ -		X
		\$ 259,854	\$ 129,927		\$ 334,196	\$ 121,706		

Attachment B

Summary of All Band Increases & Outlier Decisions Pertaining to the B & I Transition Project

Date Approved by Commission	Band Increase Request				Outlier Request			Staffing Decision	
	Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
5/20/2021	GB	G to H	\$18,561	\$ 18,561				X	
5/20/2021	CH	Low to High	\$18,561	\$ -					X
5/20/2021	DH	Low to High	\$18,561	\$ -					X
5/20/2021	LH	Low to High	\$18,561	\$ -					X
5/20/2021	RJ	Low to High	\$18,561	\$ -					X
5/20/2021	BL	G to H	\$18,561	\$ -					X
5/20/2021					TH	\$ 109,500	\$ -		X
5/20/2021					ML	\$ 112,099	\$ -		X
				\$ 18,561			\$ -		

Building Blocks for DDSN's FY22 Spending Plan		
Two Phases to Build FY22 Spending Plan	"Baseline" Components for FY22 Spending Plan	FY21 Current Expenditures Used to Establish Baseline FY22 Spending Plan
PHASE I: Community Contracts to be Approved at the June Commission Meeting to Start on 7/1/21	Residential Services (Community ICFs; Board Bands; Private Provider FFS)	\$333,222,038
	Day Supports for Board Residential (Bands)	\$48,501,304
	Case Management	\$17,424,000
	Early Intervention	\$12,052,800
	Prevention (Greenwood)	\$8,318,600
	Individual Family Support Contracts	\$1,828,412
	Interagency Contracts	\$723,816
	Special Contracts	\$273,038
	SUBTOTAL for Community Contracts	\$422,344,008
PHASE II: All other DDSN expenditure categories using FY21 baseline expenditures, which will be adjusted by estimated utilization changes; legislative appropriations; re-allocate existing funds; or use FY22 estimated surplus or FY22 carry forward. Present FY22 Spending Plan at August Commission meeting.	Community Based Services for At-Home	\$126,818,318
	ICF/IDD Regional Centers	\$102,000,000
	State Funded Services	\$12,480,764
	Medical State Plan	\$90,489,617
	DDSN Administrative Costs	\$21,478,432
	TOTAL	\$775,611,139

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
 AGENCY BUDGET FOR COMMUNITY CONTRACTS
 FISCAL YEAR 2021 TO 2022**

FY22 Community Contracts Summary Page

<u>SERVICE</u>	<u>NUMBER INDIVIDUALS</u>	<u>AMOUNT</u>	<u>NUMBER PROVIDERS</u>	<u>ATTACHMENT #</u>
RESIDENTIAL SERVICES (Community ICFs; Board Bands; Private Provider FFS)	4,463	333,222,038	58	A
DAY SUPPORTS for BOARD RESIDENTIAL (bands)	3,424	48,501,304	39	B
CASE MANAGEMENT	14,520	17,424,000	47	C
EARLY INTERVENTION	3,888	12,052,800	89	D
PREVENTION	-	8,318,600	-	E
INDIVIDUAL/FAMILY SUPPORT SERVICES	15,701 *	1,828,412	-	E
INTERAGENCY SERVICE CONTRACTS	-	723,816	-	E
SPECIAL CONTRACTS		273,038	-	E
GRAND TOTAL	<u>41,996</u>	<u>\$ 422,344,008</u>		

OTHER SCHEDULES:

Summary of Services by Category

F

Summary of Services by Providers

G

* 15,701 DDSN eligible individuals not receiving waivers eligible for these state funds; approximately 3900 receive state funding annually.

ATTACHMENT A

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - RESIDENTIAL SERVICES
FISCAL YEAR 2021- 2022**

	<u>Amount</u>	<u>Total Number Served</u>
<u>Residential Services</u>		
ICF (Intermediate Care Facilities)	51,717,495	472
CRCF (Community Residential Care Facilities)	31,363,605	377
CTH II (Community Training Home II)	225,699,037	2,753
CTH I (Community Training Home I)	6,928,629	159
SLP I (Supervised Living Program I)	4,243,662	252
SLP II (Supervised Living Program II)	13,269,609	450
	<u>\$ 333,222,038</u>	<u>4,463</u>
<u>Residential Services by Service Provider</u>		
Aldersgate	1,076,370	14
Allendale-Barnwell	6,086,558	75
Anderson	5,833,755	93
Arc of the Midlands	97,468	5
Babcock	23,770,928	308
Bamberg	2,529,088	40
Beaufort	3,181,759	49
Berkeley	8,138,727	101
Burton Center	11,338,495	147
Calhoun	5,180,562	54
Care Focus	4,936,968	51
Charles Lea	19,628,117	287
Charleston	13,951,742	208
Cherokee	3,099,586	35
Chesco	19,044,716	245
Chester/Lancaster	4,529,941	56
CHS Group	1,008,152	10
Clarendon	4,460,419	68
Colleton	4,335,647	63
Community Options	12,426,815	145
Darlington	3,864,241	47
Dorchester	8,262,595	122
ECM Support Services	-	-
Excalibur	3,512,902	27
Everlasting Arms	19,494	1
Fairfield	4,152,566	48
Florence	10,166,644	139
Georgetown	3,248,385	43
Greenville/Thrive Upstate	17,448,907	250
Growing Homes SE	447,081	8
Hampton	945,335	13
Heart and Hands	141,416	6
Horry	5,062,208	87
Jasper	1,774,364	26
Kershaw	1,653,999	24
Laurens	7,914,967	113

Lee	4,322,594	61
Lifeshare	962,010	17
Lutheran Family	5,314,872	65
Marion-Dillon	4,337,885	56
Marlboro	865,141	15
MaxAbilities of York	10,423,926	150
Pine Grove	1,126,098	12
MIRCI	1,205,580	12
Newberry	4,403,590	64
Oconee	4,902,019	94
Orangeburg	9,630,807	126
PADD	799,241	10
Pickens	5,854,836	93
Richland-Lexington	829,333	24
SAFY	634,516	11
SC Mentor	17,106,592	159
Sumter	8,423,767	109
Tri-Development	13,281,001	189
UCP	8,124,810	93
Union	3,150,500	41
Williamsburg	1,981,251	30
Willowglen	2,270,753	24
	<u>\$ 333,222,038</u>	<u>4,463</u>

Residential Services by Provider Type

Private Providers	61,211,137 [18%]	670 [15%]
Board Providers	272,010,901 [82%]	3,793 [85%]
	<u>\$ 333,222,038</u>	<u>4,463</u>

ATTACHMENT B
SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - DAY SERVICES
FISCAL YEAR 2021-2022

<u>Day Supports</u>	<u>Amount</u>	<u>Total Number Served</u>
Adult Day Supports	41,966,280	2,585
Adult Day Supports - Regional Center	-	-
Adult Day Supports - State Funded	2,745,700	198
Child Daycare Centers	317,594	33
HASCI Community Opportunities	224,000	80
Supported Employment	3,247,730	528
	<u>\$ 48,501,304</u>	<u>3,424</u>
Allendale-Barnwell	748,380	46
Anderson	1,503,536	119
Babcock	3,925,780	389
Bamberg	650,640	41
Beaufort	829,530	54
Berkeley	1,312,220	90
Burton Center	1,659,220	118
Calhoun	374,170	23
Charles Lea	3,508,950	221
Charleston	3,390,978	272
Cherokee	406,550	25
Chesco	3,167,000	197
Chester/Lancaster	666,870	50
Clarendon	1,008,740	62
Colleton	780,960	46
Darlington	498,800	32
Dorchester	1,512,950	106
Fairfield	618,260	38
Florence	1,529,260	98
Georgetown	634,490	45
Greenville/Thrive Upstate	2,620,690	211
Hampton	243,970	15
Horry	1,514,410	122
Jasper	406,750	25
Kershaw	406,670	26
Laurens	1,268,860	79
Lee	699,610	43
Marion-Dillon	846,040	53
Marlboro	260,240	16
MaxAbilities of York	2,190,760	146
Newberry	715,880	44
Oconee	1,285,250	87
Orangeburg	1,415,210	87
Pickens	1,322,940	91
Richland-Lexington	227,780	15
Sumter	1,257,980	83
Tri-Development	2,131,090	149
Union	488,060	30
Williamsburg	471,830	30
	<u>\$ 48,501,304</u>	<u>3,424</u>

ATTACHMENT C

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS COMMUNITY CONTRACTS - CASE MANAGEMENT FISCAL YEAR 2021 TO 2022

<u>Case Management</u>	<u>Amount</u>	<u>Total Number Served</u>
Aiken	694,800	579
Allendale-Barnwell	135,600	113
Anderson	238,800	199
ARC of South Carolina	1,292,400	1077
Bamberg	104,400	87
Beaufort	249,600	208
Berkeley	-	0
Bright Start	2,083,200	1736
Burton Center	-	0
Calhoun	106,800	89
Center for Develop	946,800	789
Charles Lea	904,800	754
Charleston	891,600	743
Cherokee	181,200	151
Chesco	291,600	243
Chester/Lancaster	292,800	244
Clarendon	166,800	139
Colleton	-	0
Columbus Organization	759,600	633
Darlington	208,800	174
Dorchester	370,800	309
DSN Advocates	-	0
Fairfield	-	0
Florence	549,600	458
Georgetown	145,200	121
Great Kids and Awesome Adults	64,800	54
Hampton	67,200	56
Hermeione L. Flowers	38,400	32
Horry	502,800	419
Jasper	52,800	44
Kershaw	184,800	154
Laurens	301,200	251
Lee	102,000	85
Marion-Dillon	216,000	180
Mariboro	106,800	89
MaxAbilities of York	584,400	487
Newberry	118,800	99
Oconee	159,600	133
Orangeburg	394,800	329
Path Finders Team Services	110,400	92
Pickens	-	0
Prime Community Development	-	0
Richland-Lexington	2,397,600	1998
SC Autism Society	1,034,400	862
Sumter	265,200	221
Union	106,800	89
Williamsburg	-	0
	<u>\$ 17,424,000</u>	<u>14,520</u>
<u>Case Management by Provider Type</u>		
Private Providers	6,330,000 [36%]	5,275 [36%]
Board Providers	11,094,000 [64%]	9,245 [64%]
	<u>\$ 17,424,000</u>	<u>14,520</u>

ATTACHMENT D

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS COMMUNITY CONTRACTS - EARLY INTERVENTION FISCAL YEAR 2021 TO 2022

Early Intervention Providers			
Provider	Contract.#	Total	# Served
Aiken	01	\$ 173,600	56
Allendale-Barnwell	02	\$ 71,300	23
Anderson	03	\$ 148,800	48
Babcock	04	\$ -	-
Bamberg	05	\$ -	-
Beaufort	06	\$ 207,700	67
Berkeley	07	\$ 68,200	22
Burton Center	18	\$ -	-
Calhoun	08	\$ -	-
Charles Lea	09	\$ -	-
Charleston	10	\$ 62,000	20
Cherokee	11	\$ 71,300	23
Chesco	13	\$ 55,800	18
Chester/Lancaster	45	\$ 37,200	12
Clarendon	14	\$ -	-
Colleton	15	\$ 65,100	21
Darlington	16	\$ 49,600	16
Dorchester	17	\$ 40,300	13
Fairfield	19	\$ -	-
Florence	20	\$ 55,800	18
Georgetown	21	\$ 24,800	8
Hampton	23	\$ 24,800	8
Horry	24	\$ 161,200	52
Jasper	25	\$ 3,100	1
Kershaw	26	\$ 3,100	1
Laurens	28	\$ 31,000	10
Lee	29	\$ 27,900	9
Marion-Dillon	30	\$ 58,900	19
Marlboro	31	\$ -	-
MaxAbilities of York	40	\$ 105,400	34
Newberry	46	\$ 18,600	6
Oconee	33	\$ 83,700	27
Orangeburg	34	\$ 49,600	16
Pickens	35	\$ -	-
Richland-Lexington	36	\$ 229,400	74
Thrive Upstate	22	\$ 167,400	54
Union	38	\$ 24,800	8
Williamsburg	39	\$ 21,700	7
ABCs of Learning	3896	\$ -	-
About Play	3854	\$ 1,326,800	428
Above and Beyond of Upstate	3878	\$ 93,000	30
Achieving at Play	3851	\$ 9,300	3
Aging with Flair	3815	\$ 396,800	128

Ahead Start	3801	\$ 644,800	208
All About Children	3858	\$ 344,100	111
Amazing Kids	3864	\$ 275,900	89
Awesome Kids	3842	\$ 49,600	16
Better Beginnings	3866	\$ 148,800	48
Beyond Early Intervention	3852	\$ 291,400	94
Beyond the Stars EI	3898	\$ 9,300	3
Bloom and Blossom	3857	\$ 3,100	1
Bright Start	3802	\$ 1,509,700	487
Brilliant Beginnings	3803	\$ 65,100	21
Carolina Behavior & Beyond	3828	\$ 647,900	209
Carolina Early Intervention	3868	\$ 37,200	12
Coastal Early Intervention	3844	\$ 68,200	22
Cornerstone Support Services	3856	\$ 133,300	43
Creative Development	3824	\$ -	-
Easter Seals	3804	\$ 657,200	212
Engage in Play	3855	\$ 18,600	6
Epworth	3808	\$ 71,300	23
Great Kids and Awesome Adults	3870	\$ 527,000	170
Hands on Development	3812	\$ 105,400	34
I Shine	3818	\$ 65,100	21
Kids 1st	3805	\$ 9,300	3
Kid in Development	3809	\$ 164,300	53
Lowcountry EI	3891	\$ 15,500	5
Meeting Milestones	3882	\$ 300,700	97
Palmetto Early Intervention	3840	\$ 155,000	50
Path Finders Team Services	3848	\$ 167,400	54
Pattison's DREAM Academy	3820	\$ 71,300	23
Pediatric Therapy of Aiken	3814	\$ 65,100	21
Pee Dee Kids	3850	\$ 173,600	56
Pee Dee Professional Interv	3872	\$ 99,200	32
Peek-A-Boo EI	3899	\$ 3,100	1
Play 2 Learn EI	3886	\$ 65,100	21
Playworks	3807	\$ 260,400	84
Promising Futures	3836	\$ 161,200	52
Ready, Set, Go	3894	\$ 21,700	7
Right Steps	3883	\$ 6,200	2
Room to Bloom	3884	\$ 145,700	47
Smart Start EI	3880	\$ 49,600	16
Student Solutions	3849	\$ 9,300	3
Therapy Solutions	3806	\$ 86,800	28
Tina Greene & Associates	3822	\$ 24,800	8
Tiny Feet EI	3874	\$ 266,600	86
Upstate Supp. Services	3810	\$ -	-
Vision Institute of SC	3832	\$ -	-
<i>TOTAL</i>		\$ 12,052,800	3,888

Attachment E

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS
FISCAL YEAR 2021- 2022**

Prevention

Greenwood Genetic	\$ 8,318,600
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Individual/Family Support Services

Individual/Family Support and Respite	1,173,839
Fiscal Agents for Self-Directed Services	654,573
	<u>\$ 1,828,412</u>

Other Special Contracts

Disabilities Board of Charleston- Day Program Expenses	37,956
CHESCO- Day Program Expenses	99,082
Richland Lexington DSN Board- Admin Program Expenses	124,000
Richland Lexington DSN Board-State Funded Rent for Individual	12,000
	<u>\$ 273,038</u>

Interagency Service Contracts

SC Special Olympics	250,000
USC - Center for Disability Research - Attendant Care Training	200,000
USC - Center for Disability Research - Individual Employment & Training	162,484
USC - Department of Pediatrics - Medical Policy Advisor	111,332
	<u>\$ 723,816</u>

ATTACHMENT F

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS COMMUNITY CONTRACTS - SUMMARY OF SERVICES FISCAL YEAR 2021- 2022

Summary by Service		
Row Labels	Sum of AMOUNT	Individuals
Case Management	\$ 17,424,000	14,520
Child Day	\$ 317,594	33
CIRS	\$ 824,575	21
CRCF	\$ 31,363,605	377
CTH I	\$ 6,928,629	159
CTH II	\$ 224,874,462	2,732
Day	\$ 41,966,280	2,585
Early Intervention	\$ 12,052,800	3,888
Family Support/Respite	\$ 1,173,839	15,701
Greenwood Genetic Center	\$ 8,318,600	
HASCI Community Opportunities	\$ 224,000	80
ICF	\$ 51,717,495	472
Respite	\$ 465,890	
SC Respite Coalition- Respite	\$ 188,683	
SC Special Olympics	\$ 250,000	
SLP I	\$ 4,243,662	252
SLP II	\$ 12,722,107	436
SLP III	\$ 547,502	14
State Funded Day	\$ 2,515,650	155
State Funded Residential	\$ 12,000	
State Funded Supported Employment	\$ 230,050	43
Supported Employment	\$ 3,247,730	528
USC- CDR- Attendant Care Training	\$ 200,000	
USC- Medical Policy Advisor	\$ 111,332	
USC- SIS Assesements/Professional Develop	\$ 162,484	
Admin Program	124000	-
Day Program Expense	137038	
Grand Total	\$ 422,344,008	41,996

ATTACHMENT G

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - SUMMARY OF SERVICES BY PROVIDERS
FISCAL YEAR 2021- 2022**

Summary of Services by All Providers		
Row Labels	Sum of AMOUNT	Sum of CONSUMERS
About Play	\$ 1,326,800	428
Early Intervention	\$ 1,326,800	428
Above and Beyond of Upstate	\$ 93,000	30
Early Intervention	\$ 93,000	30
Achieving at Play	\$ 9,300	3
Early Intervention	\$ 9,300	3
Aging with Flair	\$ 396,800	128
Early Intervention	\$ 396,800	128
Ahead Start	\$ 644,800	208
Early Intervention	\$ 644,800	208
Aiken	\$ 897,726	1,076
Case Management	\$ 694,800	579
Early Intervention	\$ 173,600	56
Family Support/Respite	\$ 29,326	441
Aldersgate	\$ 1,076,370	14
CRCF	\$ 799,241	10
CTH II	\$ 277,130	4
All About Children	\$ 344,100	111
Early Intervention	\$ 344,100	111
Allendale-Barnwell	\$ 7,058,064	501
Case Management	\$ 135,600	113
CRCF	\$ 626,560	7
CTH I	\$ -	-
CTH II	\$ 2,771,999	39
Day	\$ 732,150	45
Early Intervention	\$ 71,300	23
Family Support/Respite	\$ 16,226	244
ICF	\$ 2,585,664	24
SLP I	\$ 102,335	5
SLP II	\$ -	-
State Funded Day	\$ 16,230	1
Supported Employment	\$ -	-
Amazing Kids	\$ 275,900	89
Early Intervention	\$ 275,900	89
Anderson	\$ 7,778,555	1,266
Case Management	\$ 238,800	199
Child Day	\$ 192,016	22
CTH I	\$ -	-
CTH II	\$ 5,054,651	67
Day	\$ 1,057,550	65
Early Intervention	\$ 148,800	48
Family Support/Respite	\$ 53,664	807
SLP I	\$ 100,967	7
SLP II	\$ 678,137	19
State Funded Day	\$ 32,460	2

Supported Employment	\$	221,510	30
Arc of South Carolina	\$	1,358,650	1,679
Case Management	\$	1,292,400	1,077
Family Support/Respite	\$	66,250	602
Arc of the Midlands	\$	97,468	5
SLP I	\$	97,468	5
Awesome Kids	\$	49,600	16
Early Intervention	\$	49,600	16
Babcock	\$	27,696,708	697
CIRS	\$	92,784	2
CRCF	\$	1,624,942	19
CTH I	\$	67,732	2
CTH II	\$	15,385,687	190
Day	\$	3,123,840	192
Early Intervention	\$	-	
Family Support/Respite	\$	-	
HASCI Community Opportunities	\$	56,000	20
ICF	\$	5,183,046	47
SLP I	\$	93,516	6
SLP II	\$	1,323,221	42
State Funded Day	\$	292,140	18
State Funded Supported Employment	\$	128,400	24
Supported Employment	\$	325,400	135
Bamberg	\$	3,289,581	250
Case Management	\$	104,400	87
CRCF	\$	1,385,271	17
CTH I	\$	25,731	1
CTH II	\$	1,057,110	16
Day	\$	488,100	30
Early Intervention	\$	-	
Family Support/Respite	\$	5,453	82
SLP I	\$	60,976	6
SLP II	\$	-	-
State Funded Day	\$	64,920	4
State Funded Supported Employment	\$	-	-
Supported Employment	\$	97,620	7
Beaufort	\$	4,496,053	791
Case Management	\$	249,600	208
CRCF	\$	-	-
CTH I	\$	12,111	1
CTH II	\$	3,076,132	42
Day	\$	683,340	42
Early Intervention	\$	207,700	67
Family Support/Respite	\$	27,464	413
SLP I	\$	93,516	6
SLP II	\$	-	-
State Funded Day	\$	97,380	6
Supported Employment	\$	48,810	6
Berkeley	\$	9,519,147	213
Case Management	\$	-	-
CTH I	\$	12,111	1
CTH II	\$	6,379,119	83
Day	\$	1,220,250	75
Early Intervention	\$	68,200	22
Family Support/Respite	\$	-	-

ICF	\$	1,723,776	16
SLP I	\$	23,721	1
SLP II	\$	-	-
State Funded Day	\$	32,460	2
State Funded Supported Employment	\$	10,700	2
Supported Employment	\$	48,810	11
Better Beginnings	\$	148,800	48
Early Intervention	\$	148,800	48
Beyond Early Intervention	\$	291,400	94
Early Intervention	\$	291,400	94
Beyond the Stars EI	\$	9,300	3
Early Intervention	\$	9,300	3
Bloom and Blossom	\$	3,100	1
Early Intervention	\$	3,100	1
Bright Start	\$	3,776,269	4,051
Case Management	\$	2,083,200	1,736
Early Intervention	\$	1,509,700	487
Family Support/Respite	\$	183,369	1,828
Brilliant Beginnings	\$	65,100	21
Early Intervention	\$	65,100	21
Burton Center	\$	12,997,715	265
Case Management	\$	-	-
CTH I	\$	139,255	5
CTH II	\$	5,472,646	73
Day	\$	1,480,570	91
Early Intervention	\$	-	-
Family Support/Respite	\$	-	-
ICF	\$	5,246,916	46
SLP I	\$	108,418	8
SLP II	\$	371,260	15
State Funded Day	\$	129,840	8
State Funded Supported Employment	\$	-	-
Supported Employment	\$	48,810	19
Calhoun	\$	5,667,184	251
Case Management	\$	106,800	89
CTH I	\$	-	-
CTH II	\$	1,752,011	23
Day	\$	357,940	22
Early Intervention	\$	-	-
Family Support/Respite	\$	5,652	85
ICF	\$	3,428,551	31
SLP I	\$	-	-
SLP II	\$	-	-
State Funded Day	\$	16,230	1
Supported Employment	\$	-	-
Care Focus	\$	4,936,968	51
CTH II	\$	4,936,968	51
Carolina Behavior & Beyond	\$	647,900	209
Early Intervention	\$	647,900	209
Carolina Early Intervention	\$	37,200	12
Early Intervention	\$	37,200	12
Center for Develop	\$	969,343	1,128
Case Management	\$	946,800	789
Family Support/Respite	\$	22,543	339
Charles Lea	\$	24,562,884	2,091

Case Management	\$	904,800	754
CIRS	\$	674,147	17
CRCF	\$	1,838,828	21
CTH I	\$	12,111	1
CTH II	\$	14,394,103	190
Day	\$	3,064,710	194
Early Intervention	\$	-	-
Family Support/Respite	\$	55,127	829
ICF	\$	1,345,653	11
Respite	\$	465,890	
SLP I	\$	712,463	25
SLP II	\$	650,812	22
State Funded Day	\$	162,300	10
State Funded Supported Employment	\$	5,350	1
Supported Employment	\$	276,590	16
Charleston	\$	18,411,879	2,410
Case Management	\$	891,600	743
Child Day	\$	125,578	11
CRCF	\$	2,688,626	32
CTH I	\$	147,207	7
CTH II	\$	9,411,462	122
Day	\$	2,521,850	155
Early Intervention	\$	62,000	20
Family Support/Respite	\$	77,603	1,167
HASCI Community Opportunities	\$	56,000	20
ICF	\$	861,888	8
SLP I	\$	224,287	17
SLP II	\$	618,272	22
State Funded Day	\$	373,290	23
State Funded Supported Employment	\$	21,400	4
Supported Employment	\$	292,860	59
Day Program Expense		37956	
Cherokee	\$	3,771,670	430
Case Management	\$	181,200	151
CTH I	\$	-	-
CTH II	\$	1,483,546	20
Day	\$	309,130	19
Early Intervention	\$	71,300	23
Family Support/Respite	\$	13,034	196
ICF	\$	1,616,040	15
SLP I	\$	-	-
SLP II	\$	-	-
State Funded Day	\$	81,150	5
Supported Employment	\$	16,270	1
Chesco	\$	22,674,490	948
Case Management	\$	291,600	243
CIRS	\$	28,822	1
CRCF	\$	4,494,311	54
CTH I	\$	51,462	2
CTH II	\$	12,981,170	138
Day	\$	2,928,600	180
Early Intervention	\$	55,800	18
Family Support/Respite	\$	16,292	245
SLP I	\$	93,516	6
SLP II	\$	1,395,435	44

State Funded Day	\$	32,460	2
State Funded Supported Employment	\$	10,700	2
Supported Employment	\$	195,240	13
Day Program Expense		99082	
Chester/Lancaster	\$	5,543,968	620
Case Management	\$	292,800	244
CTH I	\$	-	-
CTH II	\$	2,686,501	36
Day	\$	585,720	36
Early Intervention	\$	37,200	12
Family Support/Respite	\$	17,157	258
ICF	\$	1,748,776	16
SLP I	\$	-	-
SLP II	\$	94,664	4
State Funded Day	\$	81,150	5
State Funded Supported Employment	\$	-	-
Supported Employment	\$	-	9
CHS Group	\$	1,008,152	10
CTH II	\$	1,008,152	10
Clarendon	\$	5,643,673	385
Case Management	\$	166,800	139
CRCF	\$	1,190,649	16
CTH I	\$	62,064	4
CTH II	\$	3,163,000	43
Day	\$	1,008,740	62
Early Intervention	\$	-	-
Family Support/Respite	\$	7,714	116
SLP I	\$	44,706	5
SLP II	\$	-	-
State Funded Day	\$	-	-
State Funded Supported Employment	\$	-	-
Supported Employment	\$	-	-
Coastal Early Intervention	\$	68,200	22
Early Intervention	\$	68,200	22
Colleton	\$	5,181,707	130
Case Management	\$	-	-
CRCF	\$	1,404,217	16
CTH I	\$	-	-
CTH II	\$	2,384,156	28
Day	\$	732,150	45
Early Intervention	\$	65,100	21
Family Support/Respite	\$	-	-
SLP I	\$	-	-
SLP II	\$	547,274	19
State Funded Day	\$	-	-
Supported Employment	\$	48,810	1
Columbus Organization	\$	759,600	633
Case Management	\$	759,600	633
Community Options	\$	12,426,815	145
CTH I	\$	285,487	9
CTH II	\$	11,557,955	118
SLP I	\$	414,721	14
SLP II	\$	74,716	2
SLP III	\$	93,936	2
Cornerstone Support Services	\$	133,300	43

Early Intervention	\$	133,300	43
Creative Development	\$	-	-
Early Intervention	\$	-	-
Darlington	\$	4,641,590	572
Case Management	\$	208,800	174
CTH I	\$	42,001	1
CTH II	\$	2,156,157	32
Day	\$	488,100	30
Early Intervention	\$	49,600	16
Family Support/Respite	\$	20,149	303
ICF	\$	1,666,083	14
SLP I	\$	-	-
SLP II	\$	-	-
State Funded Day	\$	-	-
State Funded Supported Employment	\$	10,700	2
Supported Employment	\$	-	-
Dorchester	\$	10,231,890	1,099
Case Management	\$	370,800	309
CTH I	\$	-	-
CTH II	\$	6,123,836	83
Day	\$	1,203,980	74
Early Intervention	\$	40,300	13
Family Support/Respite	\$	45,245	549
ICF	\$	1,723,776	16
SLP I	\$	193,115	15
SLP II	\$	221,868	8
State Funded Day	\$	64,920	4
State Funded Supported Employment	\$	-	-
Supported Employment	\$	244,050	28
DSN Advocates	\$	-	-
Case Management	\$	-	-
Easter Seals	\$	657,200	212
Early Intervention	\$	657,200	212
Engage in Play	\$	18,600	6
Early Intervention	\$	18,600	6
Epworth	\$	71,300	23
Early Intervention	\$	71,300	23
Family Support/Respite	\$	-	-
Everlasting Arms	\$	19,494	1
SLP I	\$	19,494	1
Excalibur	\$	3,512,902	27
CTH II	\$	3,512,902	27
Fairfield	\$	4,770,826	86
Case Management	\$	-	-
CTH I	\$	-	-
CTH II	\$	4,152,566	48
Day	\$	618,260	38
Early Intervention	\$	-	-
Family Support/Respite	\$	-	-
SLP I	\$	-	-
SLP II	\$	-	-
State Funded Day	\$	-	-
Supported Employment	\$	-	-
Florence	\$	12,343,492	1,216
Case Management	\$	549,600	458

CRCF	\$	1,254,408	16
CTH I	\$	24,222	2
CTH II	\$	3,850,846	53
Day	\$	1,480,570	91
Early Intervention	\$	55,800	18
Family Support/Respite	\$	42,188	503
ICF	\$	4,309,440	40
SLP I	\$	-	-
SLP II	\$	727,728	28
State Funded Day	\$	48,690	3
Supported Employment	\$	-	4
Georgetown	\$	4,063,581	217
Case Management	\$	145,200	121
CIRS	\$	28,822	1
CRCF	\$	1,315,994	16
CTH I	\$	-	-
CTH II	\$	1,856,237	24
Day	\$	601,990	37
Early Intervention	\$	24,800	8
Family Support/Respite	\$	10,706	
SLP I	\$	-	-
SLP II	\$	47,332	2
State Funded Day	\$	16,230	1
Supported Employment	\$	16,270	7
Great Kids and Awesome Adults	\$	591,800	224
Case Management	\$	64,800	54
Early Intervention	\$	527,000	170
Greenville/Thrive Upstate	\$	20,236,997	515
CRCF	\$	3,316,447	40
CTH I	\$	-	-
CTH II	\$	7,420,319	99
Day	\$	2,001,210	123
Early Intervention	\$	167,400	54
Family Support/Respite	\$	-	-
HASCI Community Opportunities	\$	56,000	20
ICF	\$	5,171,328	48
SLP I	\$	271,729	19
SLP II	\$	1,269,084	44
State Funded Day	\$	162,300	10
State Funded Supported Employment	\$	10,700	2
Supported Employment	\$	390,480	56
Greenwood Genetic	\$	8,318,600	
Greenwood Genetic Center	\$	8,318,600	
Growing Homes SE	\$	447,081	8
CTH I	\$	447,081	8
Hampton	\$	1,288,221	196
Case Management	\$	67,200	56
CRCF	\$	674,752	8
CTH I	\$	-	-
CTH II	\$	263,132	4
Day	\$	211,510	13
Early Intervention	\$	24,800	8
Family Support/Respite	\$	6,916	104
SLP I	\$	7,451	1
SLP II	\$	-	-

State Funded Day	\$	32,460	2
Supported Employment	\$	-	
Hands on Development	\$	105,400	34
Early Intervention	\$	105,400	34
Heart and Hands	\$	141,416	6
CTH I	\$	63,442	2
SLP I	\$	77,974	4
Hermeione L. Flowers	\$	38,400	32
Case Management	\$	38,400	32
Horry	\$	7,292,299	1,385
Case Management	\$	502,800	419
CRCF	\$	1,256,699	16
CTH I	\$	40,492	2
CTH II	\$	3,230,556	43
Day	\$	1,220,250	75
Early Intervention	\$	161,200	52
Family Support/Respite	\$	51,681	705
HASCI Community Opportunities	\$	56,000	20
SLP I	\$	115,869	9
SLP II	\$	418,592	17
State Funded Day	\$	129,840	8
State Funded Supported Employment	\$	10,700	2
Supported Employment	\$	97,620	17
I Shine	\$	65,100	21
Early Intervention	\$	65,100	21
Jasper	\$	2,241,070	157
Case Management	\$	52,800	44
CTH I	\$	-	-
CTH II	\$	1,752,011	23
Day	\$	406,750	25
Early Intervention	\$	3,100	1
Family Support/Respite	\$	4,056	61
SLP I	\$	22,353	3
SLP II	\$	-	-
State Funded Day	\$	-	-
Supported Employment	\$	-	-
Kershaw	\$	2,261,137	394
Case Management	\$	184,800	154
CTH I	\$	-	-
CTH II	\$	1,630,278	23
Day	\$	341,670	21
Early Intervention	\$	3,100	1
Family Support/Respite	\$	12,568	189
SLP I	\$	23,721	1
SLP II	\$	-	-
State Funded Day	\$	32,460	2
Supported Employment	\$	32,540	3
Kid in Development	\$	164,300	53
Early Intervention	\$	164,300	53
Kids 1st	\$	9,300	3
Early Intervention	\$	9,300	3
Laurens	\$	9,542,427	850
Case Management	\$	301,200	251
CRCF	\$	1,252,117	16
CTH I	\$	-	-

CTH II	\$	4,330,659	56
Day	\$	1,057,550	65
Early Intervention	\$	31,000	10
Family Support/Respite	\$	26,400	397
ICF	\$	1,723,776	16
SLP I	\$	148,409	9
SLP II	\$	460,006	16
State Funded Day	\$	81,150	5
Supported Employment	\$	130,160	9
Lee	\$	5,154,232	230
Case Management	\$	102,000	85
CTH I	\$	-	-
CTH II	\$	2,407,550	32
Day	\$	683,340	42
Early Intervention	\$	27,900	9
Family Support/Respite	\$	2,128	32
ICF	\$	1,616,040	15
SLP I	\$	62,344	4
SLP II	\$	236,660	10
State Funded Day	\$	-	-
Supported Employment	\$	16,270	1
Lifeshare	\$	962,010	17
CTH I	\$	962,010	17
Lowcountry EI	\$	15,500	5
Early Intervention	\$	15,500	5
Lutheran Family	\$	5,314,872	65
CTH I	\$	2,041,702	34
CTH II	\$	3,273,170	31
Marion-Dillon	\$	5,481,235	645
Case Management	\$	216,000	180
CRCF	\$	550,995	7
CTH I	\$	-	-
CTH II	\$	3,763,224	48
Day	\$	846,040	52
Early Intervention	\$	58,900	19
Family Support/Respite	\$	22,410	337
SLP I	\$	-	-
SLP II	\$	23,666	1
State Funded Day	\$	-	-
Supported Employment	\$	-	1
Marlboro	\$	1,239,496	230
Case Management	\$	106,800	89
CTH I	\$	-	-
CTH II	\$	826,518	12
Day	\$	227,780	14
Early Intervention	\$	-	-
Family Support/Respite	\$	7,315	110
SLP I	\$	38,623	3
SLP II	\$	-	-
State Funded Day	\$	32,460	2
Supported Employment	\$	-	-
MaxAbilities of York	\$	13,346,380	1,447
Case Management	\$	584,400	487
CRCF	\$	2,659,502	32
CTH I	\$	-	-

CTH II	\$	7,086,434	88
Day	\$	2,033,750	125
Early Intervention	\$	105,400	34
Family Support/Respite	\$	41,894	630
SLP I	\$	107,050	10
SLP II	\$	570,940	20
State Funded Day	\$	48,690	3
State Funded Supported Employment	\$	10,700	2
Supported Employment	\$	97,620	16
Meeting Milestones	\$	300,700	97
Early Intervention	\$	300,700	97
MIRCI	\$	1,205,580	12
CRCF	\$	1,205,580	12
Newberry	\$	5,265,049	336
Case Management	\$	118,800	99
CTH I	\$	-	-
CTH II	\$	3,006,703	42
Day	\$	715,880	44
Early Intervention	\$	18,600	6
Family Support/Respite	\$	8,179	123
ICF	\$	1,185,096	11
SLP I	\$	37,255	5
SLP II	\$	174,536	6
State Funded Day	\$	-	-
Supported Employment	\$	-	-
Oconee	\$	6,444,467	550
Case Management	\$	159,600	133
CTH I	\$	-	-
CTH II	\$	3,715,350	49
Day	\$	1,041,280	64
Early Intervention	\$	83,700	27
Family Support/Respite	\$	13,898	209
SLP I	\$	240,557	17
SLP II	\$	492,546	16
SLP III	\$	453,566	12
State Funded Day	\$	32,460	2
Supported Employment	\$	211,510	21
Orangeburg	\$	11,537,658	1,137
Case Management	\$	394,800	329
CTH I	\$	-	-
CTH II	\$	5,612,315	74
Day	\$	1,301,600	80
Early Intervention	\$	49,600	16
Family Support/Respite	\$	47,241	579
ICF	\$	3,447,552	32
SLP I	\$	-	-
SLP II	\$	570,940	20
State Funded Day	\$	113,610	7
Supported Employment	\$	-	-
PADD	\$	799,241	10
CRCF	\$	479,544	6
CTH II	\$	319,696	4
Palmetto Early Intervention	\$	155,000	50
Early Intervention	\$	155,000	50
Path Finders Team Services	\$	277,800	146

Case Management	\$	110,400	92
Early Intervention	\$	167,400	54
Pattison's DREAM Academy	\$	71,300	23
Early Intervention	\$	71,300	23
Family Support/Respite	\$	-	-
Pediatric Therapy of Aiken	\$	65,100	21
Early Intervention	\$	65,100	21
Pee Dee Kids	\$	173,600	56
Early Intervention	\$	173,600	56
Pee Dee Professional Interv	\$	99,200	32
Early Intervention	\$	99,200	32
Peek-A-Boo EI	\$	3,100	1
Early Intervention	\$	3,100	1
Pickens	\$	7,177,776	184
Case Management	\$	-	-
CTH I	\$	-	-
CTH II	\$	5,105,848	60
Day	\$	992,470	61
Early Intervention	\$	-	-
Family Support/Respite	\$	-	-
SLP I	\$	90,780	10
SLP II	\$	658,208	23
State Funded Day	\$	113,610	7
State Funded Supported Employment	\$	5,350	1
Supported Employment	\$	211,510	22
Pine Grove	\$	1,126,098	12
CTH II	\$	1,126,098	12
Play 2 Learn EI	\$	65,100	21
Early Intervention	\$	65,100	21
Playworks	\$	260,400	84
Early Intervention	\$	260,400	84
Promising Futures	\$	161,200	52
Early Intervention	\$	161,200	52
Ready, Set, Go	\$	21,700	7
Early Intervention	\$	21,700	7
Richland-Lexington	\$	3,879,762	3,008
Case Management	\$	2,397,600	1,998
CTH I	\$	829,333	24
CTH II	\$	-	-
Day	\$	227,780	14
Early Intervention	\$	229,400	74
Family Support/Respite	\$	59,649	897
SLP I	\$	-	-
SLP II	\$	-	-
State Funded Residential	\$	12,000	-
Supported Employment	\$	-	1
Admin Program		124000	-
Right Steps	\$	6,200	2
Early Intervention	\$	6,200	2
Room to Bloom	\$	145,700	47
Early Intervention	\$	145,700	47
SAFY	\$	634,516	11
CTH I	\$	634,516	11
SC Autism Society	\$	1,160,879	2,764
Case Management	\$	1,034,400	862

Family Support/Respite	\$	126,479	1,902
SC Mentor	\$	17,106,592	159
CTH I	\$	643,548	12
CTH II	\$	16,463,044	147
SC Respite Coalition	\$	188,683	
SC Respite Coalition- Respite	\$	188,683	
Smart Start EI	\$	49,600	16
Early Intervention	\$	49,600	16
Special Olympics	\$	250,000	
SC Special Olympics	\$	250,000	
Student Solutions EI	\$	9,300	3
Early Intervention	\$	9,300	3
Sumter	\$	10,050,679	650
Case Management	\$	265,200	221
CTH I	\$	-	-
CTH II	\$	5,289,829	71
Day	\$	1,171,440	72
Early Intervention	\$	89,900	29
Family Support/Respite	\$	13,832	208
ICF	\$	2,801,136	26
SLP I	\$	-	-
SLP II	\$	332,802	12
State Funded Day	\$	64,920	4
State Funded Supported Employment	\$	5,350	1
Supported Employment	\$	16,270	6
Therapy Solutions	\$	86,800	28
Early Intervention	\$	86,800	28
Tina Greene & Associates	\$	24,800	8
Early Intervention	\$	24,800	8
Tiny Feet EI	\$	266,600	86
Early Intervention	\$	266,600	86
Tri-Development	\$	15,412,091	338
CRCF	\$	1,344,922	16
CTH I	\$	238,388	8
CTH II	\$	7,329,209	96
Day	\$	1,854,780	114
ICF	\$	3,447,552	32
SLP I	\$	317,450	17
SLP II	\$	603,480	20
State Funded Day	\$	113,610	7
Supported Employment	\$	162,700	28
UCP	\$	8,124,810	93
CTH I	\$	95,162	3
CTH II	\$	7,649,455	77
SLP I	\$	220,265	9
SLP II	\$	159,928	4
Union	\$	3,784,191	379
Case Management	\$	106,800	89
CTH I	\$	-	-
CTH II	\$	2,193,931	30
Day	\$	471,830	29
Early Intervention	\$	24,800	8
Family Support/Respite	\$	14,031	211
ICF	\$	885,406	8
SLP I	\$	71,163	3

SLP II	\$	-	-
State Funded Day	\$	16,230	1
Supported Employment	\$	-	
University of SC	\$	473,816	
USC- CDR- Attendant Care Training	\$	200,000	
USC- Medical Policy Advisor	\$	111,332	
USC- SIS Assessments/Professional Develop	\$	162,484	
Upstate Supp. Services	\$	-	-
Early Intervention	\$	-	-
Vision Institute of SC	\$	-	
Early Intervention	\$	-	
Williamsburg	\$	2,474,781	67
Case Management	\$	-	-
CTH I	\$	51,462	2
CTH II	\$	1,922,338	27
Day	\$	471,830	29
Early Intervention	\$	21,700	7
Family Support/Respite	\$	-	-
SLP I	\$	7,451	1
SLP II	\$	-	-
State Funded Day	\$	-	-
Supported Employment	\$	-	1
Willowglen	\$	2,270,753	24
CTH II	\$	2,270,753	24
Grand Total	\$	422,344,008	41,996

Commission Briefing: Family Support Network Grants

June 17, 2021

Statement of the Issue: Approval is needed to post the Family Support Network solicitation.

Background: Annually, DDSN offers statewide, non-profit organizations which are affiliates of national disability organizations the opportunity to apply for Family Support Network Grants. Up to six projects are funded at \$25,000 to \$65,000 each, totaling not more than \$250,000.

The purpose of the funding is to complement but not duplicate DDSN functions, while strengthening and expanding support networks for individuals with disabilities and their families by:

- extending access to information about disabling conditions and relevant resources
- offering outreach to non-English speaking people with disabilities/families
- assisting people with disabilities/families to connect with peers and support groups
- improving the effectiveness of peer mentors and support groups
- enhancing individual/family self-advocacy
- expanding social/recreational opportunities for people with disabilities/families
- providing visibility and organizational leadership for one or more disability groups, and
- promoting multi-organization linkages and collaboration.

To be considered for funding, non-profit organizations must:

- be a statewide organization
- be the state affiliate of a national consumer/family support network
- lead a network of local/regional units
- target one or more disability populations served by SCDDSN
- not provide another direct or indirect service for populations served by SCDDSN
- not be on South Carolina Secretary of State's List of Suspended Charities or its Annual "Scrooge" List

Examples of organizations previously awarded funding and deliverables include:

- **The Brain Injury Association of South Carolina (BIASC):** Provides “brain injury resource bags” containing information about living with brain injury and resources to Level I trauma hospitals for dissemination to newly injured individuals; maintains a helpline for brain injury information and referral; facilitates eleven brain injury support group across the state; hold events to increase awareness of brain injury; offers an annual Life with Brain Injury Conference to link survivors, caregivers and professionals with relevant brain injury information; provides brain injury specific crisis intervention training to law enforcement, etc.
- **Family Connections:** Provides information and referral services; provides statewide Parent-to-Parent Support program which matches an experienced parent with one needing support by recruiting and training volunteer parents; trains and deploys Family Engagement Managers to assist families and caregivers with understanding and navigating systems of care, understanding disability their child’s disability, accessing community resources, and understanding their rights/responsibilities; etc.
- **The South Carolina Spinal Cord Injury Association:** Provides information and referral to Spinal Cord Injury (SCI) services and supports, offers Peer Mentoring services to individuals with SCI, facilitates seven spinal cord injury support groups across the state; facilitates a “SCI Family and Friends” support system; provides recreational resource information and opportunities; operates wheelchair loan program; provides SCI specific in-service training; offers educational resources on living with SCI; conducts events to increase SCI awareness, etc.

Staff Recommendation: Staff recommend submission of the solicitation for one year, plus four potential renewals, to the State Procurement Office for posting. Total potential contract value for five years at up to \$250,000 per year is \$1, 250,000.

All State Agencies are Operating Under a Continuing Resolution Appropriations
FY 20/21 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 5/31/2021)

Percent Expended - Target %

Funded Program - Bud	Continuing Resolution Appropriations	Adjustments	Adjusted Budget	YTD Actual Expense	Remaining Budget	91.67%
ADMINISTRATION	\$ 8,386,999	\$ 710,687	\$ 9,097,686	\$ 6,275,300	\$ 2,822,386	68.98%
PREVENTION PROGRAM	\$ 157,098	\$ -	\$ 157,098	\$ 12,500	\$ 144,598	7.96%
GREENWOOD GENETIC CENTER	\$ 15,185,571	\$ -	\$ 15,185,571	\$ 8,512,723	\$ 6,672,848	56.06%
CHILDREN'S SERVICES	\$ 12,291,594	\$ (15,734)	\$ 12,275,860	\$ 10,545,980	\$ 1,729,880	85.91%
IN-HOME FAMILY SUPP	\$ 86,302,031	\$ (14,067,005)	\$ 72,235,026	\$ 47,344,478	\$ 24,890,548	65.54%
ADULT DEV&SUPP EMPLO	\$ 83,358,338	\$ 6,100,000	\$ 89,458,338	\$ 66,089,647	\$ 23,368,691	73.88%
SERVICE COORDINATION	\$ 15,166,140	\$ (1,500,000)	\$ 13,666,140	\$ 11,358,071	\$ 2,308,069	83.11%
AUTISM SUPP PRG	\$ 26,368,826	\$ -	\$ 26,368,826	\$ 13,982,984	\$ 12,385,842	53.03%
HD&SPINL CRD INJ COM	\$ 5,040,532	\$ 550,000	\$ 5,590,532	\$ 4,905,624	\$ 684,908	87.75%
REG CTR RESIDENT PGM	\$ 77,137,897	\$ 2,793,787	\$ 79,931,684	\$ 67,148,404	\$ 12,783,280	84.01%
HD&SPIN CRD INJ FAM	\$ 18,965,193	\$ 5,240,000	\$ 24,205,193	\$ 18,332,514	\$ 5,872,679	75.74%
AUTISM COMM RES PRO	\$ 29,749,084	\$ 6,014,965	\$ 35,764,049	\$ 33,369,722	\$ 2,394,327	93.31%
INTELL DISA COMM RES	\$ 340,593,466	\$ 1,025,990	\$ 341,619,456	\$ 311,288,075	\$ 30,331,381	91.12%
STATEWIDE CF APPRO	\$ -	\$ -	\$ -		\$ -	0.00%
STATE EMPLOYER CONTR	\$ 29,862,643	\$ 168,763	\$ 30,031,406	\$ 26,101,600	\$ 3,929,806	86.91%
Earmarked Authorization over DDSN Spending Plan	\$ 56,235,857	\$ -	\$ 56,235,857		\$ 56,235,857	
Legislative Authorized Total	\$ 804,801,269	\$ 7,021,453	\$ 811,822,722	\$ 625,267,622	\$ 186,555,100	
Legislative authorization capacity above actual spending plan budget			\$ (62,372,707)		\$ (62,372,707)	
DDSN spending plan budget			\$ 749,450,015	\$ 625,267,622 *	\$ 124,182,393	83.43%
Percent of total spending plan budget			100.00%	83.43%	16.57%	REASONABLE
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	91.67%	8.33%	
Difference % - over (under) budgeted expenditures			0.00%	-8.24%	8.24%	
Difference \$ - over (under) budgeted expenditures				\$ (61,728,225)		

* \$2,295,222 of expenditures have been reimbursed under the CARES Act

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 21 Estimated Expenditure Commitments: YES X ; At-Risk ; NO

Expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:

Expenditure	FY 20 - % of total	FY 19 - % of total
Central Office Admin & Program	2.24%	2.35%
Indirect Delivery System Costs	1.03%	1.22%
Board & QPL Capital	0.04%	0.07%
Greenwood Autism Research	0.03%	0.03%
Direct Service to Consumers	96.67%	96.33%
Total	100.00%	100.00%

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