

# **SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**

## **MINUTES**

May 16, 2019

The South Carolina Commission on Disabilities and Special Needs met on Thursday, May 16, 2019, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

### COMMISSION

#### Present:

Eva Ravenel, Chairman (Via Teleconference)

Gary Lemel – Vice Chairman

Vicki Thompson – Secretary

Robin Blackwood

Lorri Unumb

#### Absent:

Sam Broughton, Ph.D.

### DDSN Administrative Staff

Director Mary Poole; Mr. Pat Maley, Deputy Director; Mr. Rufus Britt, Associate State Director, Operations; Mrs. Susan Beck, Associate State Director, Policy; Tana Vanderbilt, General Counsel, Mr. Robb McBurney, Legislative Liaison; Ms. Sandra Delaney, Administrative Coordinator (For other Administrative Staff see Attachment 1 – Sign In Sheet).

### Guests

(See Attachment 1 Sign-In Sheet)

Coastal Regional Center (via videoconference)

Pee Dee Regional Center (via videoconference)

Whitten Regional Center (via videoconference)

(See Attachment 2 Sign-In Sheet)

### Pickens DSN Board

(See Attachment 3 Sign-In Sheet)

### News Release of Meeting

Commissioner Lemel called the meeting to order and Commissioner Unumb 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 motion of Commissioner Unumb, seconded by Commissioner Blackwood, the Commission adopted the May 16, 2019 Meeting Agenda (Attachment A).

### Invocation

Commissioner Lemel gave the invocation.

### Approval of the Commission Meeting Minutes

On motion of Commissioner Unumb, seconded by Commissioner Thompson, the Commission unanimously approved the minutes of the March 21, 2019 Commission Meeting.

### Public Input

The following individuals spoke during Public Input: Deborah McPherson and Linda Lee.

### Commissioners' Update

Commissioner Unumb stated yesterday was her last day at Autism Speaks and has started her new adventure as CEO of the Council of Autism Service Providers (CASP).

### Nominating Committee

Commissioner Lemel stated that Chairman Ravenel had initially appointed Commissioners Thompson, Unumb and Broughton to the Nominating Committee, however, Commissioner Broughton will not be able to serve in that capacity. Chairman Ravenel requested that Commissioner Lemel also serve on the committee. Commissioner Thompson will chair the committee.

### Policy Committee Update

Committee Chairman Thompson gave an update on the Executive Limitations Policy and spoke of the recommended changes from the Policy Committee (highlighted areas attached). The Committee recommended two additions to the policy – one differentiating “Policies from Procedures on page 2, and the second requiring the Director to submit relevant information to the Commission regarding changes being considered by SCDHHS on page three. Commissioner Lemel stated the recommended proposals presented be treated

as a motion. Discussion followed on the first recommendation (page two). Commissioner Unumb moved to amend the motion to change the word “and” to “on”. Commissioner Thompson seconded the motion and the amendment to the motion. The motion and the amendment passed unanimously. Discussion followed on the second recommendation (page 3). Commissioner Unumb moved to amend the motion to move the last sentence to the beginning of item No. 15 and revise the sentence structure. Commissioner Thompson seconded the motion to the amendment. The motion and the amendment to the motion passed unanimously. Commissioner Lemel requested a motion to further review and create a supplemental policy on subsection 8. Commissioner Unumb motioned that the Policy Committee further review and have a supplementary policy to define the procedures under subsection eight. Commissioner Blackwood seconded the motion. Commissioners Lemel, Ravenel, Unumb, and Blackwood voted aye, Commissioner Thompson abstained. (Attachment B)

### Legislative Update

Mr. McBurney gave an update of the various Legislative topics relating to the agency. (Attachment C) In regard to the Adult Health Care Consent Act, Commissioner Thompson requested that staff research with other states as to how they handle the potential conflict of interest that exists when providers have dual relationships of being both a provider and a personal representative.

### Budget Update

Mr. McBurney provided an update of the agency’s budget process as part of the Legislative Update. He stated the budget was in conference committee to hash out the differences between the House and Senate, however, he said the agency budget looked good and the budget should be finalized by the end of the week.

### Financial Update

Mr. Maley announced that the agency hired Mr. Chris Clark as the new Chief Financial Officer and he will begin June 3, 2019. Mr. Maley provided an overview of the agency’s financial activity and the agency’s current financial position. Commissioner Unumb motioned to accept the financial report as presented. The motion was seconded by Commissioner Blackwood and passed. (Attachment D)

### HCBS Settings Rule Update

Ms. Priest gave a PowerPoint presentation update on the implementation of the HCBS Final Rule Settings. Discussion followed. Commissioner Thompson requested that staff narrow down the definition of isolation other than by using a fence and that a link for the State Transition Plan formulated

by DHHS be placed on the DDSN website when it comes open for public comment. (Attachment E)

#### Early Intervention Update

Mr. Britt gave an update on the transition to fee for service. In July, DDSN wants to implement consistency and pay retrospectively at a rate of \$23.52 for 15-minute units. At this time, only one provider, Pickens DSN Board, wants to terminate this service. They have a good transition plan to position the six children they serve to other agencies without disruption in their services. Commissioner Thompson asked if all providers would currently be breaking even according to projections with prospective payment. Mr. Britt responded no. Commissioner Lemel entertained a motion to approve the July 1 implementation date of the fee-for-service retrospective payment across the board. Commissioner Unumb so moved and the motion was seconded by Commissioner Blackwood. Discussion followed. A vote was taken with Commissioners Lemel, Ravenel, Unumb, and Blackwood voting aye and Commissioner Thompson voting no. The motion passed.

It was noted Chairman Ravenel had to disconnect from the teleconference connection after the vote.

#### Waiver Case Management Update

Ms. Beck provided a PowerPoint presentation update on waiver case management. Mr. Maley explained the provider billing trend analysis chart and shared the safety net plan to aid providers for three months through the transition to fee-for-service. Discussion followed. Commissioner Lemel entertained a motion to ratify the safety net plan. Commissioner Unumb moved and the motion was seconded by Commissioner Blackwood. A vote was taken with Commissioners Lemel, Unumb, and Blackwood voting aye and Commissioner Thompson voting no. (Attachment F)

#### Hurricane Preparedness

Mr. Britt gave an update on hurricane preparedness stating the generators the agency operates are in working order. There are sixty-two fixed generators throughout the five campuses and there are mobile generators that can power the cottages, etc. An annual emergency preparedness meeting is scheduled this Wednesday to discuss readiness plans with all providers and facility administrators. Mr. Britt also spoke of the FEMA grant applications for generators for providers. Discussion followed

It was noted that Commissioner Thompson had to depart the meeting.

### Regional Center Cameras

Mr. Britt gave an update on the cameras for the Regional Centers stating video surveillance is going well at the Coastal Center. Codelynx has been requested to visit Saleeby, Midlands and Whitten Center to provide specifications to add video surveillance of residential and day program facilities. A visit is being coordinated to visit the Pee Dee Center. A consensus is being conducted with families for the consumers that reside at the Coastal Center. The plan is to go live June 1 and if it requires staff to visit some of these families to help explain the process, that is what will be done. Discussion followed. (Attachment G)

### Analysis of Current Waiting Lists

Ms. Beck stated she had a PowerPoint presentation prepared but given the time constraint, she provided highlights of the report provided in the Commission meeting binders. Ms. Beck also summarized waiver enrollment process improvements being implemented to include changes to DDSN internal processing that will not affect case managers. Additional case management units will be awarded to help expedite enrollment in the waiver; families will be contacted 3 months earlier to begin enrollment that much earlier; and case managers will implement enrollment timelines. Discussion followed. (Attachment H)

### Quarterly Quality Management Report

Ms. Dalton provided data for a five-year trend on incident management. (Attachment I)

### State Director's Report

Director Poole reported on various topics. (Attachment J)

### Executive Session

Commissioner Lemel announced that an Executive Session would not be held due to not having a quorum.

### Next Regular Meeting

June 20, 2019.

Submitted by,



Sandra Delaney

Approved:

A handwritten signature in blue ink that reads "Vicki Thompson" followed by a stylized monogram "VT".

Commissioner Vicki Thompson  
Secretary

**SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS**  
**Commission Meeting**  
 May 16, 2019

**Guest Registration Sheet**

**(PLEASE PRINT)**

Name and Organization

- |     |                                   |                              |
|-----|-----------------------------------|------------------------------|
| 1.  | Ben Orner                         | DDSN                         |
| 2.  | Richard Johnson                   | Coastal Center Parents       |
| 3.  | Suzanne Johnson                   | " " "                        |
| 4.  | Nancy Hall                        | DDSN                         |
| 5.  | Jeremy E. Mize                    | Ocooke DSU                   |
| 6.  | Alike Moss                        | Calhoun DSNB                 |
| 7.  | Ann Dalton                        | SCDDSN                       |
| 8.  | Steph Milk                        | Calhoun DSNB                 |
| 9.  | Kathleen Roberts <sup>SCPNB</sup> | WHITTEN CENTER PARENTS' CLUB |
| 10. | Linda Lee <sup>SCPNB</sup>        | " " " "                      |
| 11. | Joyce Kinney                      | DDSN                         |
| 12. | Thosd Warren                      | Blytheboro Center            |
| 13. | Janet Priest                      | DDSN                         |
| 14. | Alfred a. Stevenson               | Chester-Lancaster DSNB       |
| 15. | Lewis Carter                      | Dept. of Administration      |
| 16. | Ray Miller                        | DD Council                   |
| 17. | Lori Moros                        | DDSN                         |
| 18. | Ken Miles                         | BIASC                        |
| 19. | Mike Keith                        | Marion-Dillon DSU            |
| 20. | Dorothy Goodwin                   | Community Options            |

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS  
Commission Meeting  
May 16, 2019

Guest Registration Sheet

**(PLEASE PRINT)**

Name and Organization

- 21. Terri Toddell Bright Start
- 22. John Hitchman SCDDSW
- 23. Kelly Cox Adv. Coach
- 24. ~~Karla Cantony~~ Debra
- 25. Kelly Eifert ~~VD~~ DHHS
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**SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS**  
**Commission Meeting**  
May 16, 2019

**Guest Registration Sheet**

**(PLEASE PRINT)** Name and Organization

1. Angie Barber - Union Co. DSN Board

2. PAT FASW - SCDSEN

3. Randy Davis - Whitten Center

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**SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS**  
**Commission Meeting**  
May 16, 2019

**Guest Registration Sheet**

**(PLEASE PRINT)** Name and Organization

- 1. Elaine M Thera PCBDSN
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**SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**

**A G E N D A**

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

**May 16, 2019**

**10:00 A.M.**

1. Call to Order *Commissioner Gary Lemel*
2. Welcome - Notice of Meeting Statement *Commissioner Vicki Thompson*
3. Adoption of Agenda
4. Invocation *Commissioner Gary Lemel*
5. Introduction of Guests
6. Approval of the Minutes of the April 18, 2019 Commission Meeting
7. Public Input
8. Commissioners' Update *Commissioners*
9. Nominating Committee *Commissioner Gary Lemel*
10. Policy Committee Update *Committee Chairman Vicki Thompson*
11. Business:
  - A. Legislative Updates *Mr. Robb McBurney*
  - B. Budget Update *Mr. Pat Maley*
  - C. Financial Update *Mr. Pat Maley*
  - D. HCBS Final Rule Update *Ms. Janet Priest*
  - E. Early Intervention Update *Mr. Rufus Britt*
  - F. Waiver Case Management Update *Mrs. Susan Beck*
  - G. Hurricane Preparedness *Mr. Rufus Britt*
  - H. Regional Center Cameras *Mr. Rufus Britt*
  - I. Analysis of Current Waiting Lists *Mrs. Susan Beck*
  - J. Quarterly Quality Management Report *Ms. Ann Dalton*
12. State Director's Report *Director Mary Poole*
13. Executive Session *Commissioner Gary Lemel*
14. Next Regular Meeting (June 20, 2019)
15. Adjournment

Reference Number: 800-03 CP

Title of Document: South Carolina Department of Disabilities and Special Needs Executive Limitations Policy

Date of Issue:	January 18, 2007	
Effective Date:	January 18, 2007	
Last Review Date:	August 16, 2018	
Date of Last Revision:	August 16, 2018	(REVISED)

The State Director of the South Carolina Department of Disabilities and Special Needs (DDSN) is selected and appointed by the Commission and serves at its pleasure. The Director is responsible for department operation, subject to Commission policies and actions applied through department directives. The State Director shall:

- 1) Maintain ethics and prudence in the administration of DDSN and to conform DDSN to all federal, state, and Commission requirements, and to protect DDSN assets.
- 2) Hire adequate qualified personnel, and implement effective programs necessary to carry out the legislative mandate and Commission policies of DDSN.
- 3) Use resources effectively and efficiently and maintain transparency and accountability with the Commission through reports on services, finances, and other monitoring data necessary to the Commission's policy governance.
  - a) Bring any contracts for procurement to the Commission for approval when the full contractual amount exceeds \$200,000, excluding contract adjustments due to filling vacancies based on consumer choice. Contracts with providers to increase capacity that exceed \$200,000 will need to be approved by the Commission.
  - b) Follow through with Capital Improvement expenditures within the fiscal year as approved by the Commission. An explanation will be provided to the Commission on Capital Improvement expenditures approved by the Commission, but not spent within the fiscal year on the year following the year of approval. All Capital Improvement Accounts retaining balances not expended will be closed out within the five (5) year Material Management time frame. New Capital Improvement Accounts may not be created without the approval of the Commission. No more than 10% of the project costs may be transferred from one Capital Improvement Account to the other without Commission approval.
  - c) Present to the Commission positions, programs and divisions that result in additional positions exceeding \$200,000 prior to implementation.

- 4) Follow the personnel grievance procedures of the Office of Human Resources of the Budget and Control Board.
- 5) Communicate effectively with the Commission, staff and the public, allow the Commission to be aware of relevant trends, anticipated adverse media coverage, material change, or assumptions on which Commission policy has been established.
- 6) Present Information clearly necessary for monitoring, making decisions, and for policy deliberations.
- 7) Inform the Commission if, in the Director's opinion, the Commission is not in compliance with its own policies.
- 8) Present draft policies, directives and standards to the Commission for review and approval. Present to the Commission for vote any Administrative Directives that cause significant changes to the service delivery system, or increase restrictions in reporting abuse, neglect, exploitation, critical incidents or sexual assault, prior to implementation-

**Policies will be defined as guiding principles and courses of action used to set direction for SCDDSN. Procedures will be defined as the step by step methods used in order to obtain compliance with the policies. Administrative Directives that are Policies according to this definition will require approval of the Commission. Administrative Directives that are Procedures according to this definition will not require approval of the Commission. As the Policies and Procedures are differentiated, the Commission Policy Chair shall reach agreement with the staff and the category of each particular policy. In the case of ambiguity, the Policy Committee shall make the determination of the Policy vs Procedure category.**

Present assessment tool to the Commission for review and approval if the assessment tool is to be used for resource allocation.

- 9) Enforce directives concerning eligibility of applicants and make final decisions on sequence of admissions.
- 10) Oversee the Audit Director administratively according to an annual work plan, while not restricting the auditor's independence or the functional oversight of the Commission. The State Director shall obtain Commission consent before hiring or firing the Audit Director.
- 11) Deal with the Commission as a whole except when individuals are specifically authorized to speak for the Commission.
- 12) Present to the Commission for vote any recommended changes to legislation prior to requesting changes from the General Assembly.

13) Implement an interim policy when faced with a time-sensitive decision. The state Director is encouraged to attempt to consult with the Executive Committee of the Commission or the Commission Chairperson whenever possible prior to implementation of the interim policy. Director will present the interim policy to the full Commission at the next Commission meeting.

14) The director shall present to the Commission for approval all proposed new Home and Community Based Waivers, Waiver renewals and/or amendments, as well as Waiver Manuals and policies recommended to SCDHHS at least 30 days prior to submitting the documents to SCDHHS. The Director shall advise the Commissioners of any matter involving DDSN prior to the matter being considered by the DHHS Medical Care Advisory Committee. The Director shall keep the Commission informed of all matters involving inquiries from CMS regarding DDSN programs and all submission to CMS involving DDSN programs of which the Director is familiar.

**15) <sup>1</sup>The Director will submit relevant information to the Commission concerning all changes being considered by SCDHHS that would affect the administering of federal funds for programs governed by SCDDSN it operates, including but not limited to:**

- **Rates and proposed changes in rates**
- **Billing methodology for Providers contracted with SCDDSN, including recommending which agency providers are to bill for services**
- **Timelines of implementation for program changes, billing changes, or rate changes**

**The Director will also submit relevant information to the Commission concerning all Requests for Provider policy changes or corrections from entities contracted by SCDHHS or SCDDSN.**

**The Commission will make recommendations to SCDHHS concerning the implementation and operation of all programs it operates directly or through contracted Providers.**

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**<sup>1</sup> SECTION 44-20-270. Administration of federal funds.**

The department is designated as the state's intellectual disability, related disabilities, head injuries, and spinal cord injuries authority for the purpose of administering federal funds allocated to South Carolina for intellectual disability programs, related disability programs, head injury programs, and spinal cord injury programs. This authority does not include the functions and responsibilities granted to the South Carolina Department of Health and Environmental Control or to the South Carolina Department of Vocational Rehabilitation or the administration of the "State Hospital Construction and Franchising Act".

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## **DDSN Commission Legislative Update ---May 16, 2019**

1 **Budget, H. 4000-** The budget was passed in the House of Representatives on March 13. It was passed in final form by the Senate on April 4. The budget has gone to conference committee that is working on a final version of the budget this week so that they can send it to the Governor. Pat Maley will provide the update on the specifics.

### **2. H. 3824 DDSN Commissioner Qualifications and Training-3-M Social Services, Mental Health and Children Sub-Committee**

The Sub-Committee met on March 26 and heard testimony from Commissioner Lemel as well as Director Poole on the bill and ways to strengthen the legislation. The Sub-Committee has taken Commissioner Lemel's suggestions regarding flexibility for the Governor in making appointments and Director Poole's suggestions regarding annual ongoing training under advisement. This bill will carry over the next legislative year. In the interim we will work on coming up with an amendment that meets all concerns voiced at the sub-committee –**Carried over to next year.**

### **3. H 3825 and S. 529 – Medical decisions under the Adult Healthcare Consent Act. -3-M Health and Environmental Sub-Committee**

The Senate did not schedule a hearing for S 529. The house 3-M Committee likewise was not able to get back to another hearing on H.3825.

Senator Tom Young attached his bill, S.529 (the same language as H3825) to a similar bill dealing with the AHCA that went through the House, H.3602. H.3602 adds language –“a person who has an established relationship with the patient” at the end of the AHCA list of priorities for consent.

The Senate also attached some other legislation that they were trying to get the House to accept. The House did not accept the Senate amendments and the matter is currently in a conference committee. The House Members of the Conference Committee are Reps. Seth Rose, Murrell Smith and Jeff Johnson. The Senate Conferees are Sens. Tom Davis, Mike Gambrell, and Kevin Johnson.

4. **Robin Blackwood- District 4 Commissioner-** approved by the Senate April 30, 2019.

**5. H. 3273-Vulnerable Adult Abuse Registry**-Judiciary Special Laws Sub-Committee

The Sub-Committee is continuing to work on the registry bill and to work on identifying the fiscal impact of the registry as well as curing some constitutional and due process concerns. **Carried over to next year.**

**6. S.291 –Creation of a SC Dept of Early Childhood Development and Education**-Family and Veterans Services Sub Committee

This bill is an attempt to move all early childhood programs administered by the state under one cabinet level agency. Items affecting DDSN would be the move of First Steps and BabyNet under this new agency. **–Carried over to next year.**

**Looking forward to next year-** In addition to the carried over legislation, we will be working with the 3-M and Medical Committees on more of the legislative recommendations from the LOC. The biggest will be to update and add to the Departments regulations.

FY 18/19 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 4/30/2019)					
Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance
ADMINISTRATION	\$ 8,256,999.00	\$ 0.00	\$ 8,256,999.00	\$ 5,137,158.66	\$ 3,119,840.34
PREVENTION PROGRAM	\$ 657,098.00	\$ 0.00	\$ 657,098.00	-\$ 15,495.00	\$ 672,593.00
GREENWOOD GENETIC CENTER	\$ 13,185,571.00	\$ 0.00	\$ 13,185,571.00	\$ 11,638,165.00	\$ 1,547,406.00
CHILDREN'S SERVICES	\$ 16,302,094.00	\$ 18,414,500.00	\$ 34,716,594.00	\$ 27,330,201.21	\$ 7,386,392.79
BABYNET	\$ 5,587,500.00	-\$ 5,587,500.00	\$ 0.00		\$ 0.00
IN-HOME FAMILY SUPP	\$ 89,589,626.00	\$ 3,282,236.77	\$ 92,871,862.77	\$ 42,688,140.69	\$ 50,183,722.08
ADULT DEV&SUPP EMPLO	\$ 81,402,958.00	-\$ 8,713,475.00	\$ 72,689,483.00	\$ 68,901,283.27	\$ 3,788,199.73
SERVICE COORDINATION	\$ 22,656,140.00	-\$ 1,460,828.00	\$ 21,195,312.00	\$ 18,462,716.61	\$ 2,732,595.39
AUTISM SUPP PRG	\$ 26,355,826.00	\$ 262,500.00	\$ 26,618,326.00	\$ 11,739,818.00	\$ 14,878,508.00
Pervasive Developmental Disorder (PDD) Program	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00
HD&SPINL CRD INJ COM	\$ 5,040,532.00	-\$ 95,107.00	\$ 4,945,425.00	\$ 3,921,287.87	\$ 1,024,137.13
REG CTR RESIDENT PGM	\$ 84,032,118.00	\$ 1,771,157.00	\$ 85,803,275.00	\$ 58,123,230.69	\$ 27,680,044.31
HD&SPIN CRD INJ FAM	\$ 28,742,377.00	\$ 2,040,000.00	\$ 30,782,377.00	\$ 14,956,856.90	\$ 15,825,520.10
AUTISM COMM RES PRO	\$ 29,739,084.00	\$ 0.00	\$ 29,739,084.00	\$ 27,453,097.17	\$ 2,285,986.83
INTELL DISA COMM RES	\$ 317,799,720.00	\$ 5,032,272.00	\$ 322,831,992.00	\$ 270,946,857.49	\$ 51,885,134.51
STATEWIDE CF APPRO		\$ 0.00	\$ 0.00		\$ 0.00
STATE EMPLOYER CONTR	\$ 32,745,158.00	\$ 1,198,348.00	\$ 33,943,506.00	\$ 22,801,746.50	\$ 11,141,759.50
DUAL EMPLOYMENT		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Legislative Authorized Total</b>	<b>\$ 762,092,801.00</b>	<b>\$ 16,144,103.77</b>	<b>\$ 778,236,904.77</b>	<b>\$ 584,085,065.06</b>	<b>\$ 194,151,839.71</b>
Legislative authorization capacity above actual spending plan budget			<b>-\$59,703,587.77</b>		
DDSN spending plan budget			<b>\$ 718,533,317.00</b>	<b>\$ 584,085,065.06</b>	<b>\$ 134,448,251.94</b>
Percent of total spending plan budget			100.00%	81.29%	18.71%
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	83.33%	16.67%
Difference			0.00%	-2.04%	2.04%
<b>Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 19 Estimated Expenditure Commitments: YES <u>X</u> ; At-Risk <u>   </u> ; NO <u>   </u></b>					
<b>Expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:</b>					
Expenditure	FY 18 - % of total	FY 17 - % of total			
Central Office Admin & Program	2.37%	2.36%			
Indirect Delivery System Costs	1.56%	1.42%			
Lander University	0.00%	0.05%			
Board & QPL Capital	0.14%	0.59%			
Greenwood Autism Research	0.03%	0.10%			
Direct Service to Consumers	95.90%	95.48%			
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>			
<b>NOTE: Prior FY data will be calculated and presented to provide assurance as to the consistent pattern of direct service &amp; non-direct service expenditures and explanation for increases/decreases</b>					
Methodology & Report Owner: DDSN Budget Division					

REASONABLE

### **Background Information on the HCBS Settings Rule**

The Home and Community-Based Services (HCBS) Settings Rule was issued by the Centers for Medicare and Medicaid Services (CMS) in January 2014 and was effective March 2014. With the initial issuance of the Settings Rule, states were expected to be fully compliant with the provisions therein by March 2019. Subsequently, CMS issued an extension of the date for full compliance to March 2022. Lastly, the Rule includes a transition process for states to ensure that the Rule requirements are met; each state must submit its plan for transitioning to full compliance to CMS.

#### **Key Provisions**

As a reminder, the key provisions of the Rule are that all home and community-based settings meet the following criteria:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and supports and who provides them.

The Rule includes additional requirements for provider-owned or controlled home and community-based residential settings which are:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

#### **Rights Modifications Process**

The Rule notes that any modification to the additional requirements for provider-owned or controlled home and community-based residential settings must be supported by a specific assessed need and justified in the person-centered service plan.

#### **CMS Heightened Scrutiny**

As a key provision, the Rule excludes certain settings as permissible for the provision of Medicaid HCBS (e.g., Nursing Facilities, ICFs/IIDs). Additionally, it identifies other settings that are presumed to have institutional qualities, and do not meet the threshold for Medicaid HCBS. These settings include:

- Settings in a public or privately-owned facility that provides inpatient treatment;
- Settings on the grounds of , or immediately adjacent to a public institution; or
- Settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

The Rule notes that if states seek to include settings that are presumed to have institutional qualities in Medicaid HCBS programs, a determination must be made by CMS, based on information submitted by the state, that the setting is home and community-based and does not have the qualities of an institution.



SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

# Home and Community- Based Settings Regulation

DSN Commission

May 16, 2019



# Background

- The HCBS Settings Regulation was issued by the Centers for Medicaid and Medicare Services (CMS) in January 2014 and became effective March 2014.
- With the initial issuance, states were expected to be fully compliant with the provisions of the Regulation by March 2019.
- Subsequently, CMS issued an extension of the date for full compliance to March 2022.





# Key Provisions of the Settings Regulation

The key provisions of the Settings Regulation are that **all** home and community-based settings must have the following qualities:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and supports and who provides them.



# Key Provision: Additional Conditions For Provider-Controlled Residential Settings

When services are delivered in a provider-owned or controlled residential setting, the following additional conditions must be met:

1. The individual has a lease or other legally enforceable agreement providing similar protections;
2. The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
3. The individual has freedom and support to control their own schedule, and activities, including access to food at any time;
4. The individual can have visitors at any time; and
5. The setting is physically accessible.



# Key Provision: Modification of Additional Conditions 1-4

The Regulation stipulates that the additional conditions (1-4) may be modified:

- when there is a specific and individualized assessed need, and
- when positive interventions and supports have not been successful.

When modified, there must be a plan for restoration and established time limits for periodic review.

The modification must:

- include the informed consent of the person, and
- assure that the intervention and support will cause no harm to the person.



# Key Provision: Settings That Are Not Home & Community-Based

The Settings Regulation identifies settings that are **not** home and community-based such as:

- Nursing facilities, and
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)



# Key Provision: Settings That Are Presumed To Have The Qualities Of An Institution

The Regulation identifies settings that are **presumed** to have the qualities of an institution, which are:

- Settings in a public or privately-owned facility that provides inpatient treatment;
- Settings on the grounds of, or immediately adjacent to a public institution; or
- Settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.



# Key Provision: Determination by CMS

When released in January 2014, the Settings Regulation noted that if states seek to include settings that are **presumed** to have institutional qualities in Medicaid HCBS programs, a determination must be made by CMS that the setting is home and community-based and does not have the qualities of an institution.

- This determination by CMS is referred to as “heightened scrutiny”.



# Again,

Settings identified by CMS that are **presumed** to have the qualities of an institution, which are:

- Settings in a public or privately-owned facility that provides inpatient treatment;
- Settings on the grounds of, or immediately adjacent to a public institution; or
- Settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.



# Settings Presumed to Have Institutional Qualities Because They Have The Effect Of Isolating

States have some latitude in defining the settings may have the effect of isolating. For South Carolina, the definition now includes:

- A Community Residential Care Facility (CRCF) that was formerly an ICF/IID, and is physically located next to another CRCF that was also formerly an ICF/IID
- A HUD 811 apartment complex
- A setting with a locked fence around the property
- Three (3) or more HCBS (waiver) settings clustered together operated by the same provider





# South Carolina Settings Presumed To Have The Qualities Of An Institution

Regarding DDSN-supported settings **presumed** to have the qualities of an institution, there are:

**No** settings in a public or privately-owned facility that provides inpatient treatment;

**10** settings on the grounds of, or immediately adjacent to a public institution; and

**117** settings that, based on the state's definition, have the effect of isolating individuals receiving Medicaid HCBS from the broader community.



# Key Provision: Statewide Transition Plan

The Settings Regulation includes a transitional process for states to ensure that the requirements are met, this process requires that:

- Each state submit to CMS its plan for transitioning to full compliance which is the **Statewide Transition Plan (STP)**.
- Each state provide to CMS a “milestone document” which outlines the dates by which the state will accomplish specific milestones toward full compliance, including the remediation of any specific settings found to not be fully compliant.



# History: Compliance Assessments 2017

In December 2016, SCDHHS engaged the Public Consulting Group, Inc. (PCG) to:

- develop a review instrument, and
- complete on-site reviews of the following settings:
  - DDSN-licensed day programs (88),
  - DDSN-licensed residential settings (928),
  - DDSN-sponsored Supported Living Programs (57), and
  - Community Residential Care Facilities (49).

These reviews were completed between February and October 2017.



# History: Provider Compliance Action Plans

Using the results from the PCG reviews and the state's definition of settings that have the effect of isolating, DDSN created templates to be used by providers to:

- respond to the specific review findings, and
- document the actions to be taken by the agency to achieve full compliance with the Settings Regulation.

Providers were asked to submit their agency's CAP to DDSN by October 2018.



# Review of Compliance Action Plans

- All Compliance Action Plans submitted have been reviewed.
- Reviews were completed independently by two DDSN staff members then jointly discussed by the staff members for concurrence.



# Findings from the CAP Reviews

The Compliance Action Plans submitted varied widely in content, completeness, and quality.

- Some were well done and it was evident that the provider had already embraced the settings philosophy was making strides to reach full compliance.
- The most effective plans:
  - incorporated continuous training and systems for monitoring the implementation of key processes necessary for compliance, and
  - incorporated strategies to ascertain the participants' experiences as a measurement of compliance.



# Findings from the CAP Reviews

- Some Compliance Action Plans submitted were missing needed templates or supporting information.
- The least effective plans:
  - utilized a “once and done” approach to training and monitoring of key processes necessary for compliance, and/or
  - relied heavily on checklists, handbooks, calendars, and other documentation or management tools as the sole source of “proof” of compliance.



# Next Steps: Acceptance of CAP

- DDSN will respond to each provider regarding their Compliance Action Plan.
- A specific plan will be developed for and discussed with each provider.
- As needed, DDSN staff will be fully briefed and available to assist providers to:
  - ✓ Update or correct their Compliance Action Plan,
  - ✓ Update internal policies or procedures as a basis for compliance, and/or
  - ✓ Structure ongoing, internal mentoring and monitoring to ensure that the requirements become an ingrained and natural part of service delivery.





# Next Steps: Milestone Achievement

South Carolina's milestone document indicates 25% (approximately 308) of the state's residential settings will be fully compliant by **June 30, 2019**.

DDSN is currently determining which residential settings will be fully compliant by June 30, 2019.

DDSN will continue to track both residential and non-residential settings to ensure compliance with subsequent milestones.



# Additional Guidance to States Issued by CMS 3/22/19

On March 22, 2019, CMS issued additional guidance to states on the implementation of the Settings Regulation. The guidance included:

- Clarification of the factors CMS will consider when determining if a setting may have the effect of isolating.
- An allowance for states to **avoid** having a determination made by CMS (heightened scrutiny) when the state determines that a setting that may have the effect of isolating can fully comply with HCBS regulatory criteria by **July 1, 2020**.
  - ❖ Many of the **117** settings identified can avoid a determination by CMS.



# Determination by CMS – Heightened Scrutiny

Not all settings that are presumed to have institutional qualities will be able to avoid determination by CMS (heightened scrutiny) that the setting is home and community-based and does not have the qualities of an institution. Those settings are:

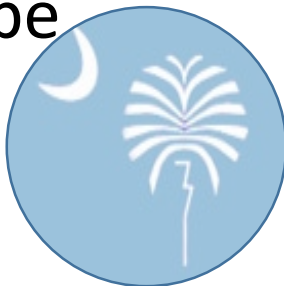
- The **10** settings on the grounds of, or immediately adjacent to a public institution, and
- Any of the **117** settings that have the effect of isolating which can fully comply with HCBS regulatory criteria, but will **not** be able to do so by **July 1, 2020**,



# Determination by CMS – Heightened Scrutiny

When a heightened scrutiny review is required:

- DDSN will work closely with each provider to collect a package of evidence to support that the setting does not have institutional qualities or does not have the effect of isolating.
- The evidence will be reviewed by a state review team comprised of SCDHHS and DDSN staff members with consultation as needed from a trained panel comprised of representatives from various stakeholder groups.
- Information about settings that, based on the evidence, are determined to overcome the presumed institutional qualities will be presented for public comment and submitted to CMS.



# National Core Indicator Data Supporting HCBS Implementation

NCI Question #	FY 2018 NCI Survey Question	Nat. Avg	SC Avg.
29	Chose or had some input in choosing where they live if not living in the family home.	57%	43%
30	Chose or had some input in choosing their housemates if not living in the family home, or chose to live alone.	44%	30%
31	Chose or had some help in choosing where they work.	75%	61%
32	Chose or had some input in choosing day program or workshop.	56%	28%
33	Chose staff or were aware they could request to change staff.	65%	82%
34	Chooses or has help deciding their daily schedule.	85%	90%
35	Chooses or has help deciding how to spend free time.	92%	97%
36	Chooses or has help deciding what to buy or has set limits on what to buy with their spending money	87%	94%



# National Core Indicator Data Supporting HCBS Implementation

41	Jobs in the community.	32%	23%
41	Jobs in group settings.	27%	48%
60	Went out shopping at least once in the past month	89%	79%
61	Went out on errands at least once in the past month	86%	70%
62	Went out for entertainment at least once in the past month	N/A%	N/A%
64	Went out to religious service or spiritual practice at least once in the past month	41%	55%
65	Participated as a member in community group	32%	45%
67	Community Inclusion Scale	84%	73%
68	Able to go out and do the things like to do in the community	85%	94%
69	Gets to go out and do the things likes to do in the community as often as wants to	79%	91%



# National Core Indicator Data Supporting HCBS Implementation

70	Has enough things to do when at home	85%	92%
71	Has friends who are not staff or family members	78%	89%
72	Has best friend (may be staff or family)	70%	86%
74	Has friends (may be staff or family) and can see their friends when they want	80%	90%
77	Can see and communicate with their family when they want	80%	90%
80	Likes home or where lives	89%	94%
89	Staff come and leave when they are supposed to	92%	98%
90	Took part in last service planning meeting, or had the opportunity but chose not to	98%	99%
91	Understood what was talked about at last service planning meeting	84%	94%
92	Last service planning meeting included people person wanted to be there	93%	98%
93	Person was able to choose services they get as part of service plan	79%	96%
94	Has a way to get places need to go	93%	100%



# National Core Indicator Data Supporting HCBS Implementation

95	Able to get places when wants to do something outside of home	85%	94%
96	Staff have right training to meet person's needs	89%	97%
101	In poor health	3%	1%
122	People (who do not live in the home) let person know before entering home	91%	97%
123	Can lock bedroom	48%	71%
127	There are rules about having friends or visitors at home	34%	59%
130	Staff treat person with respect	93%	95%
133	There is at least one place where the person feels afraid or scared (in home, day program, work, walking in the community, in transport, or other place)	19%	8%
134	Have someone to go to for help if they ever feel scared	94%	99%





**Technical Assistance Visits for Case Management Transition to Market Rates  
Date of Report: May 15, 2019**

**Technical Assistance Summary**

Twelve providers reporting less than 40% billing efficiency in the March 2019 Billing Efficiency Report (60% statewide average) were required to receive technical assistance from DDSN in order to assist in planning for the future transition. As of 5/15/19, visits have been conducted with 9 providers; one additional provider visit scheduled for 5/16/19.

In all cases, the issues related to billing appear to be personnel and/or management related. DDSN Program and Audit staff offered suggestions for effective strategies to increase billing. All agencies agreed to continue providing case management but expressed concern in sustaining the case management program due to a potential decrease in revenue. The agencies each planned to take significant steps to increase their billing strategies and management of staff over the next few months.

Fairfield DSN Board notified DDSN that they will no longer provide case management services effective 7/1/19. DSN Advocates notified DDSN that they will either terminate their contract entirely or only provide case management to a very limited number of consumers. A transitional meeting was held on 5/15/19 with Fairfield. DDSN staff are attempting to meet with DSN Advocates as soon as possible.



SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

# Waiver Case Management

Presented to the DSN Commission

May 16, 2019



# Waiver Case Management (WCM) Service Implementation July 1, 2019

- DHHS has chosen to implement July 1, 2019.
- WCM: monthly contact, quarterly face-to-face, face-to-face in home once/6 mos., allows billing when hospitalized
- In order to obtain stakeholder input, draft DDSN Waiver Case Management Standards were distributed for public comment on April 30<sup>th</sup>.
- These standards will be reviewed and ultimately approved by the DSN Commission Policy Committee and the full DSN Commission.
- Necessary changes will be forwarded to DHHS for consideration prior to its June issuance of the final Waiver Case Management Policy Manual and approval of DDSN standards.
- Training will be scheduled for last two weeks in June.



# DHHS WCM Rates

- DHHS used rate setting methodology to set \$100/hour with travel and \$62/hour no travel WCM “market rates.” The current DHHS rates are \$162/\$156.
- The \$100/\$62 is a pass through rate.
- A case manager generally has to bill between 4-5 hours each on-duty day for the provider to break-even.
- Break-even billing efficiency (4.00 - 5.28 hours billable/day) is due to providers having wide variations in case management program cost structures. A lean provider has the right ratio of case managers: consumer cases; a working supervisor carrying a case load; low-end retirement & health benefits; and low overhead. A high cost structure has the opposite.



# Technical Assistance

- Twelve providers reported less than 40% billing efficiency in the March 2019 Billing Efficiency Report (60% statewide average) were required to receive technical assistance from DDSN in order to assist in planning for the future transition.
- As of 5/15/19, visits have been conducted with 9 providers; Fairfield DSNB will terminate as of 7/1/2019 and one QPL with either terminate or reduce caseload.
- In all cases, the issues related to billing appear to be personnel and/or management related.
- DDSN Program and Audit staff offered suggestions for effective strategies to increase billing.
- Additionally in FY 2019, system-wide, 27 provider case management staff received other training and technical assistance on billable activities and the need to focus on appropriate documentation.

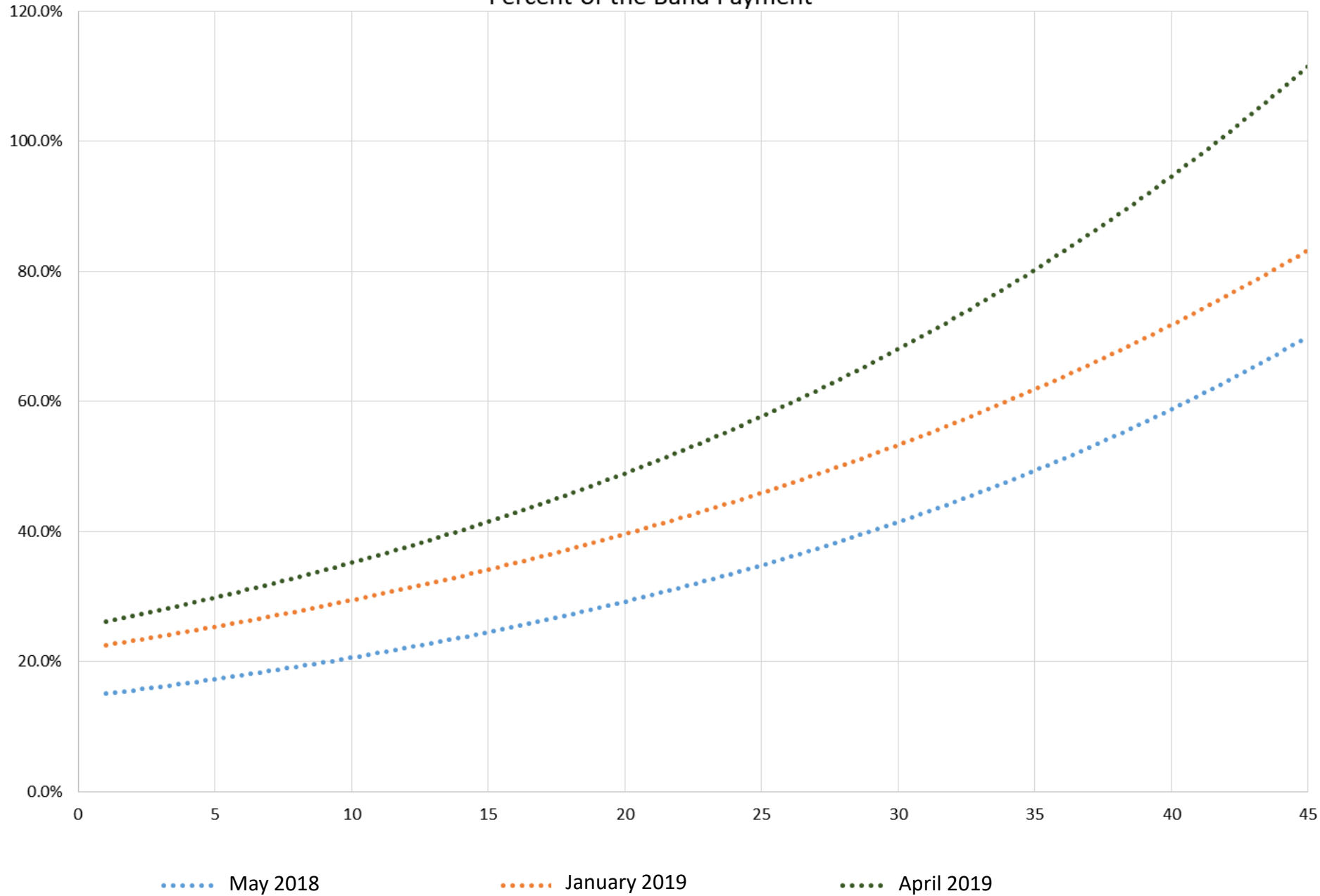


# Providers Who Received Technical Assistance

Provider Name	Market Rate (25/15) Rev. Compared to band Payment for <b>March 2019</b>	Market Rate (25/15) Rev. Compared to band Payment for <b>April 2019</b>	April Provider Size (by consumer count)
Provider 16	56.7%	74.8%	788
Provider 28	36.1%	50.5%	64
Provider 41	26.1%	49.1%	335
Provider 38	27.0%	48.4%	292
Provider 33	37.2%	46.5%	52
Provider 24	34.4%	42.5%	328
Provider 36	23.5%	37.1%	104
Provider 45	30.8%	35.6%	123
Provider 30	34.6%	31.2%	145
Provider 44	31.0%	28.9%	56
Provider 42	12.5%	21.3%	172
Average	31.8%	42.4%	2459



Provider Billing Trend Analysis Using May 2018, January 2019, and April 2019 Billing as a Percent of the Band Payment



Sensitivity Analysis of Case Management Market Rate Risk (5/8/2019)

Provider Name	Market Rate (25/15) Rev. Compared to band Payment for April 2019	April Waiver Consumers	25% Quartiles
Provider 13	119.2%	79	Top Quartile 74.8%-119.2%
Provider 4	96.2%	339	
Provider 8	94.7%	220	
Provider 11	89.7%	218	
Provider 3	83.1%	503	
Provider 2	80.8%	61	
Provider 34	78.7%	98	
Provider 18	76.7%	416	
Provider 16	74.8%	788	
Provider 1	74.4%	716	Upper Middle Quartile 68.5%-74.4%
Provider 7	72.8%	53	
Provider 37	70.9%	124	
Provider 9	70.7%	32	
Provider 39	70.3%	120	
Provider 6	70.1%	355	
Provider 10	68.8%	1525	
Provider 12	68.5%	283	
Provider 14	66.4%	200	
Provider 5	64.5%	474	Lower Middle Quartile 54.9%-66.4%
Provider 15	62.3%	114	
Provider 35	62.1%	94	
Provider 29	61.5%	152	
Provider 23	60.6%	174	
Provider 19	58.0%	638	
Provider 22	56.2%	719	
Provider 25	55.8%	104	
Provider 46	55.4%	75	
Provider 21	54.9%	224	Bottom Quartile 2.7%-54.8%
Provider 17	54.8%	188	
Provider 20	54.5%	423	
Provider 28	50.5%	64	
Provider 31	49.5%	19	
Provider 32	49.2%	295	
Provider 41	49.1%	335	
Provider 38	48.4%	292	
Provider 33	46.5%	52	
Provider 24	42.5%	328	
Provider 26	41.6%	84	
Provider 36	37.1%	104	
Provider 45	35.6%	123	
Provider 30	31.2%	145	
Provider 40	29.2%	197	
Provider 44	28.9%	56	
Provider 42	21.3%	172	
Provider 27	2.7%	86	
<b>Total</b>		<b>11,861</b>	<b>100%</b>





# Video Surveillance Pilot Update-Coastal Center

- Installation commenced on 4/23/19
- Human Rights Committee Training on 5/2/19
- Letters to stakeholders and consent process initiated
- Codelynx site visits:       Saleeby Center 4/19/19  
  Midlands Center 5/7/19  
  Whitten Center 5/16/19
- Coordinating site visit to Pee Dee Center



Surveillance Start Date: June 1, 2019





SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

Attachment H

# Waiting List Analysis

DSN Commission Meeting

May 16, 2019



South Carolina Department of Disabilities and Special Needs

FY 19 Monthly Report-- Waiver Process Performance

May 1, 2019

	CSW	HASCI	ID/RD	Total
<b><u>Analysis of Waiver Slots:</u></b>				
Budgeted Waiver Slots	3,409	1,055	8,576	13,040
Enrolled Waiver Slots	2,854	944	8,088	11,886
Available Waiver Slots	555	111	488	1,154
<b><u>Available Waiver Slots Comparison:</u></b>				
Three Months Ago	502	125	603	1,230
Six Months Ago	435	146	704	1,285
Twelve Months Ago	377	175	841	1,393

<b>Analysis of Pending Waiver Slots:</b>	<b>CSW</b>	<b>HASCI</b>	<b>ID/RD</b>	<b>Total</b>
Total Pending	561	98	789	1,448
Avg. Days Pending	<b>435</b>	<b>317</b>	<b>223</b>	311
Pending Greater than 6 Months	338	44	343	725
<b><u>Avg. Days Pending Comparison:</u></b>				
Three Months Ago	428	282	237	
Six Months Ago	386	334	274	
Twelve Months Ago	332	250	276	

**South Carolina Department of Disabilities and Special Needs**

May 1, 2019

Waiting List Summary Analysis (OVER 21 Years old)

Total Count: 1,641 on CS Waiting List and 2,707 on IDRD Waiting List:	4,348	Remaining on List
Number of Individuals on both lists (to show "unduplicated individuals waiting"):	1,318	3,030
Number already receiving services in another DDSN waiver:	614	2,416
Of those remaining...number that has declined a slot in the past 4 years:	591	1,825
Of those remaining...number with closed cases in DDSN System*:	248	1,577

\*Closed in the DDSN System could indicate they are not eligible for DDSN Services, no longer desired services (requested closure), have moved out of state, etc.

**South Carolina Department of Disabilities and Special Needs**

May 1, 2019

Waiting List Summary Analysis (UNDER 21 Years old)

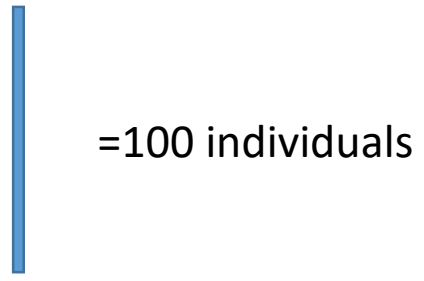
Total Count: 4,434 on CS Waiting List and 6,340 on IDRD Waiting List:	10,774	Remaining on List
Number of Individuals on both lists (to show "unduplicated individuals waiting"):	3,812	6,962
Number already receiving services in another DDSN waiver:	1,082	5,880
Of those remaining...number that has declined a slot in the past 4 years:	1,443	4,437
Of those remaining...number with closed cases in DDSN System:	587	3,850
Of those remaining...number under 21 years old with active Medicaid:**	2,835	1,015
Of those remaining...number under 21 years old with NO Medicaid (per our info):***	1,015	-

\*Closed in the DDSN System could indicate they are not eligible for DDSN Services, no longer desired services (requested closure), have moved out of state, etc.

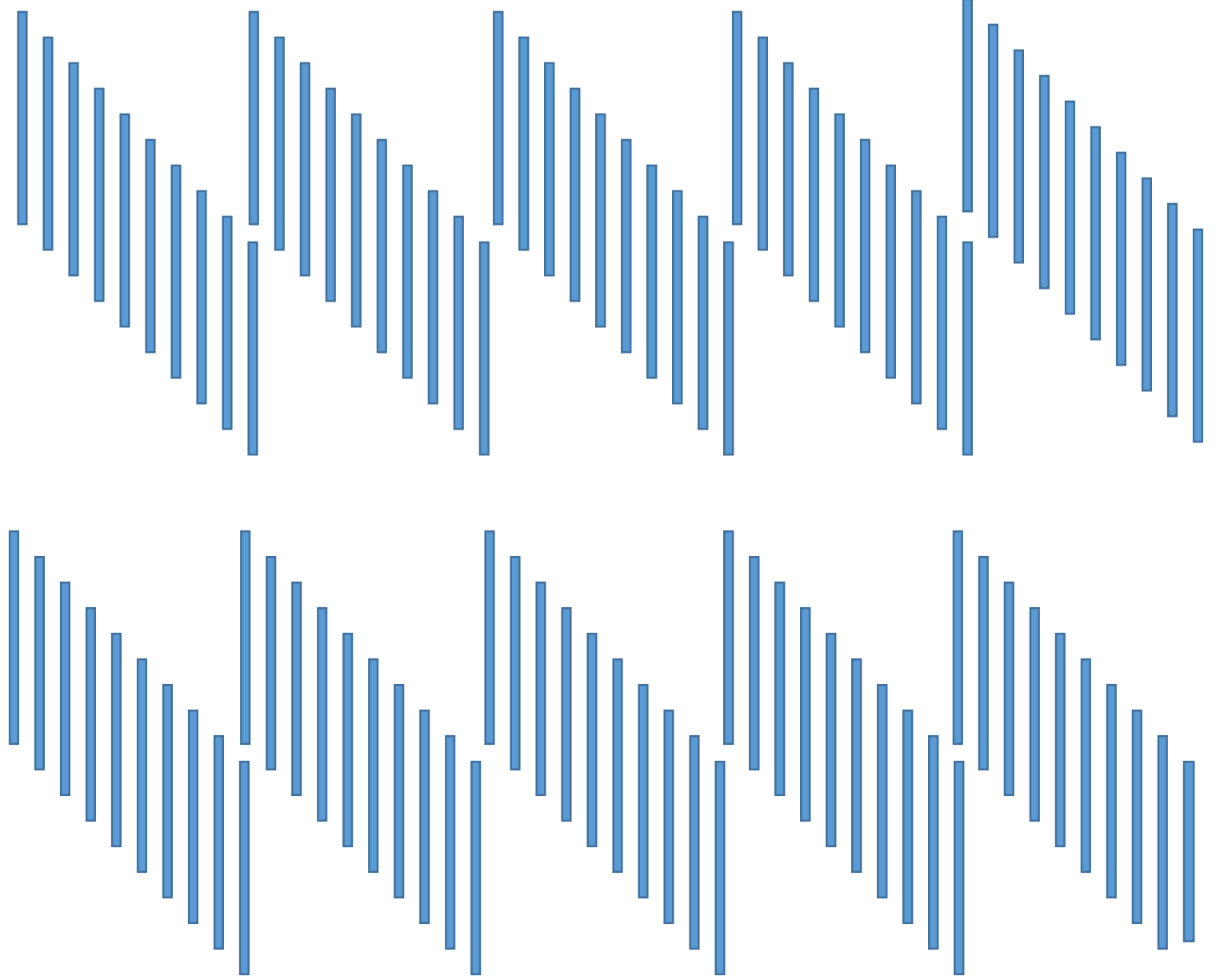
\*\* Individuals under 21 have access to a large array of State Plan services. The only additional service that Waivers would offer this population would be respite.

\*\*\*If these children are DDSN eligible they likely could qualify for TEFRA Medicaid and have access to the full array of Medicaid Services for Children.

## Waiting List Statistics:



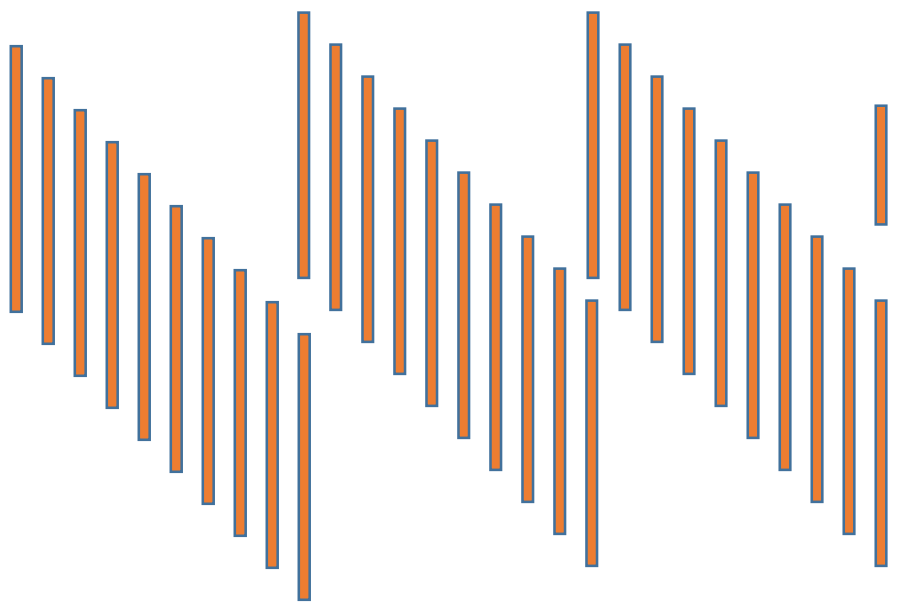
- 9,992 **unduplicated** individuals are waiting on one (or both) of the waiting lists.



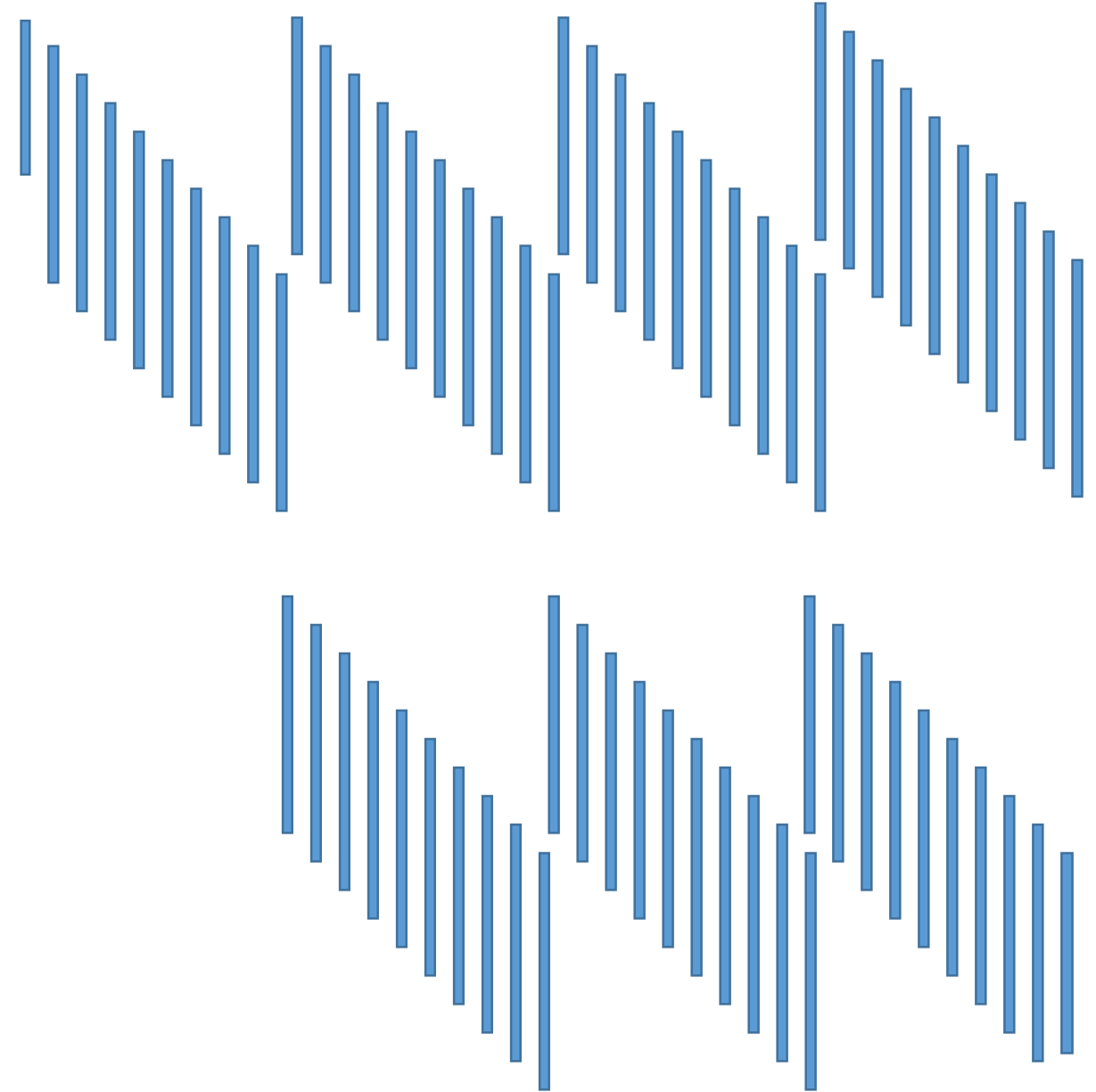
**Waiting List Statistics:**

=100 individuals

- 3,030 Adults



- 6,962 Children (Under 21)

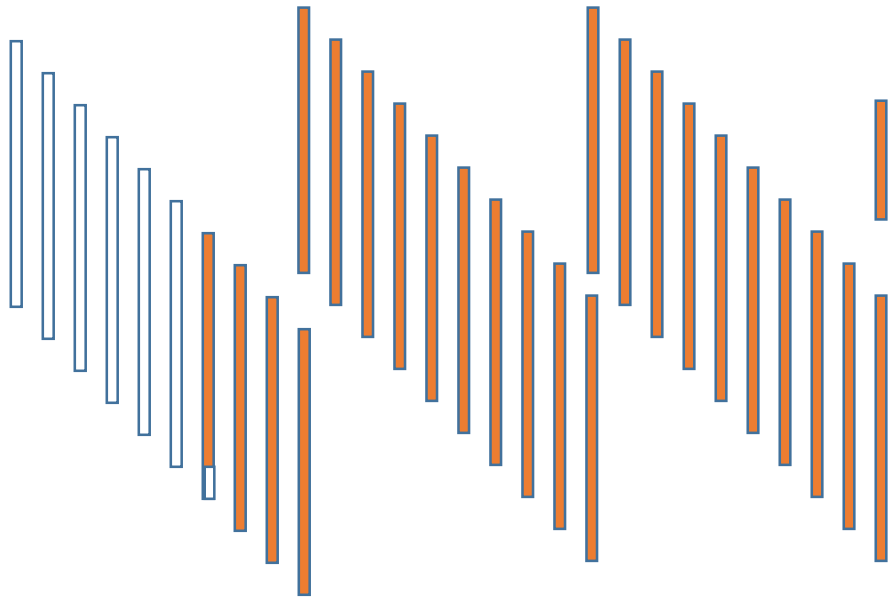




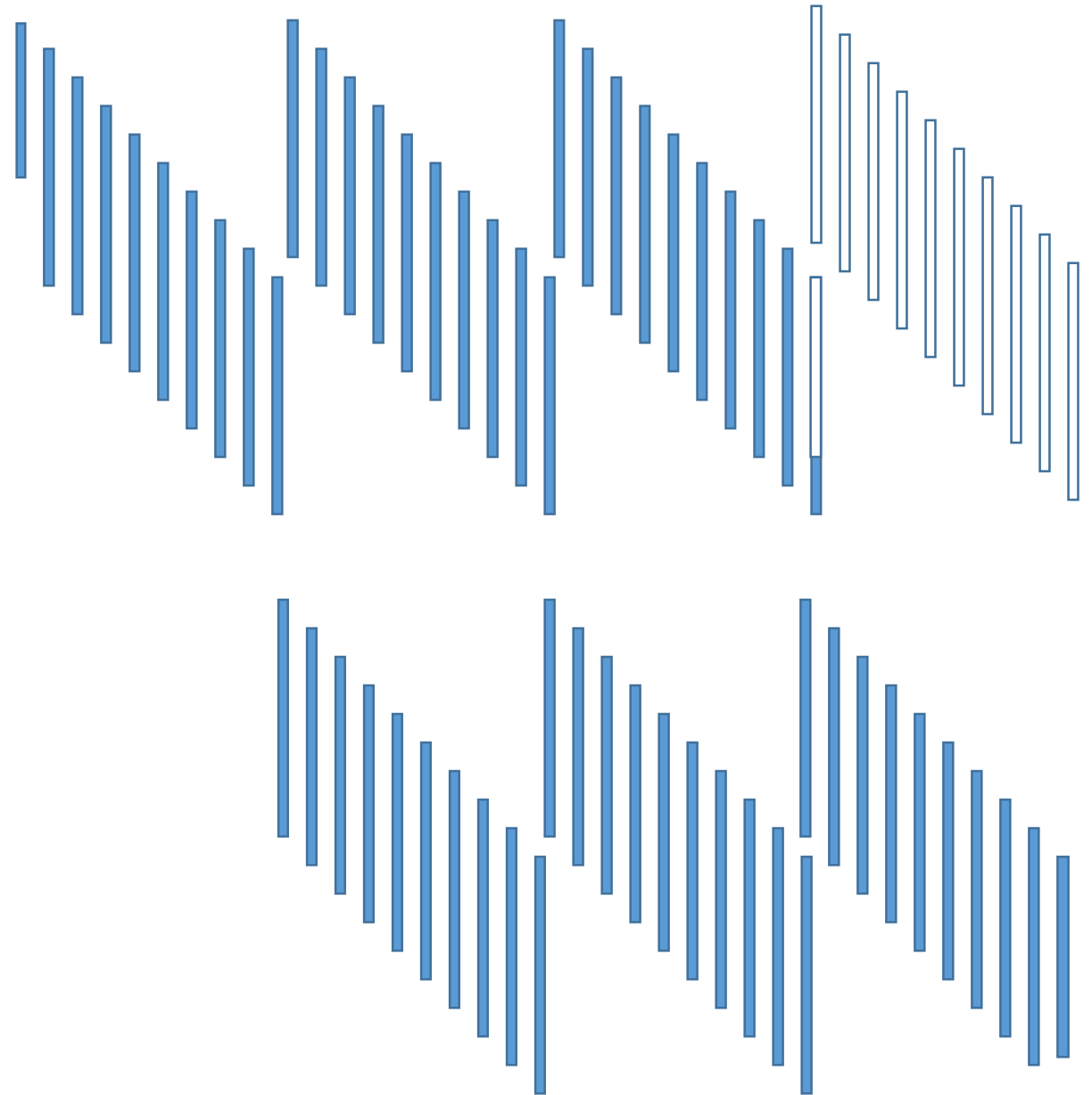
**Waiting List Statistics:**

=100 individuals

- 614 **Adults** already receiving DDSN Waiver services



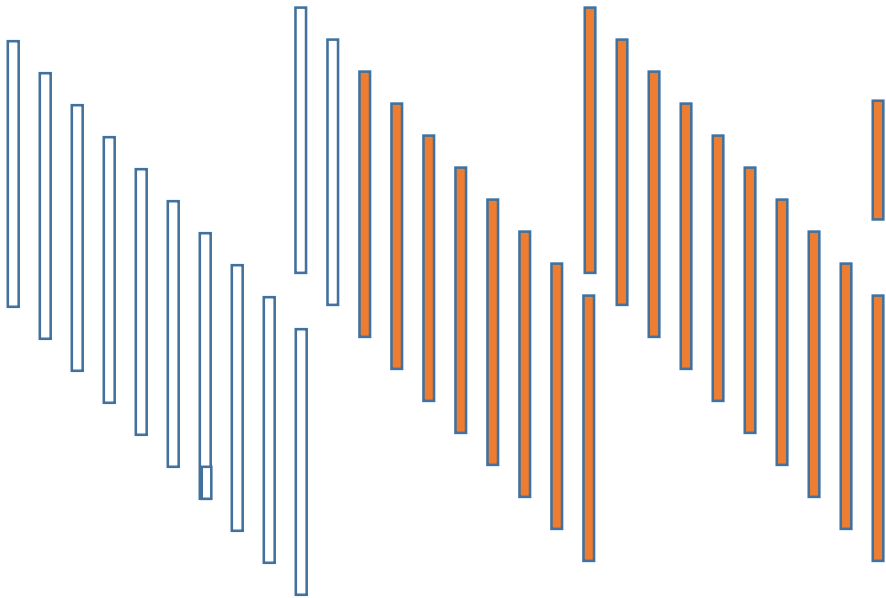
- 1,082 **Children** already receiving DDSN waiver services



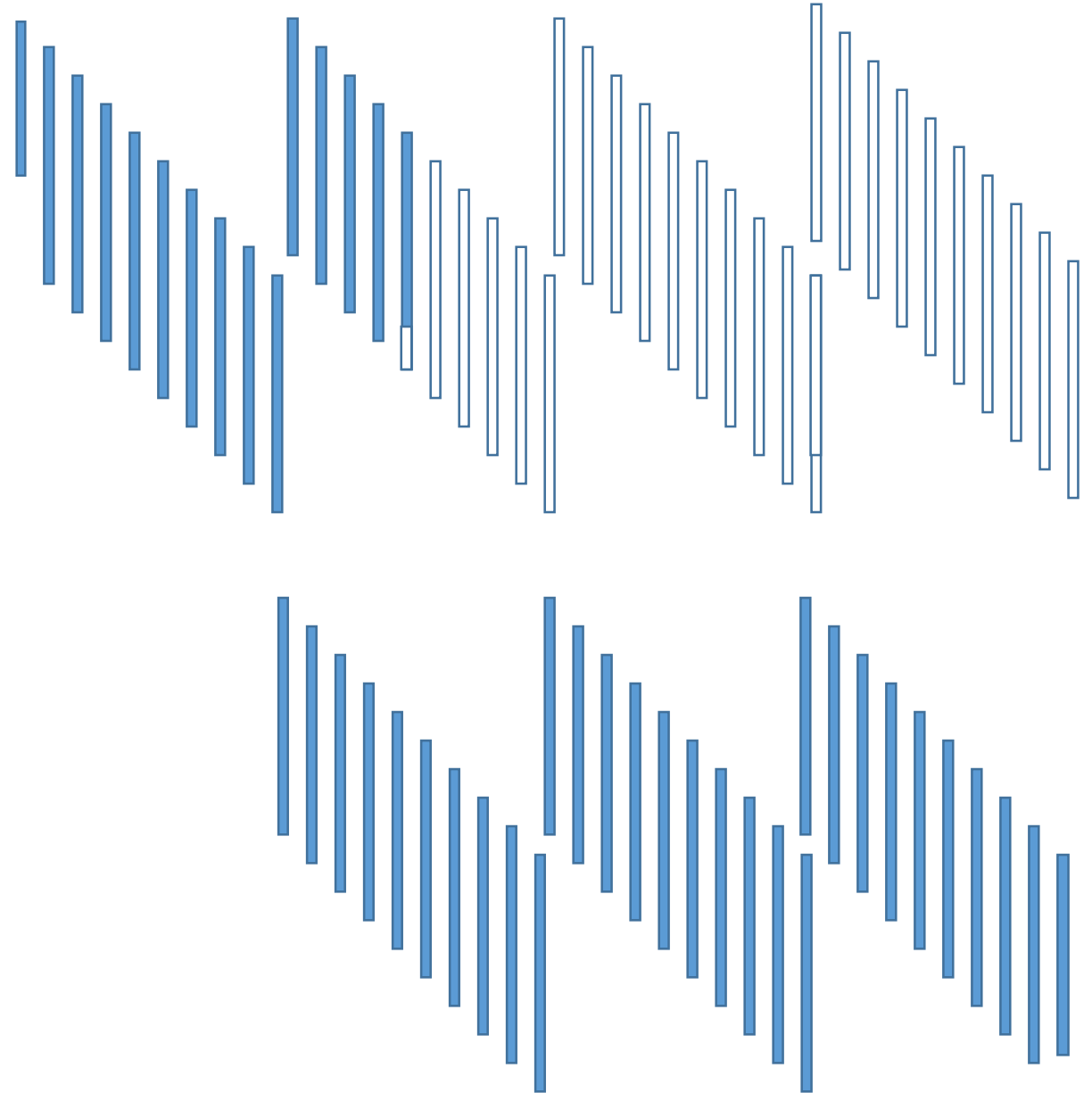
# Waiting List Statistics:

=100 individuals

- 591 **Adults** have declined a slot in the last 4 years



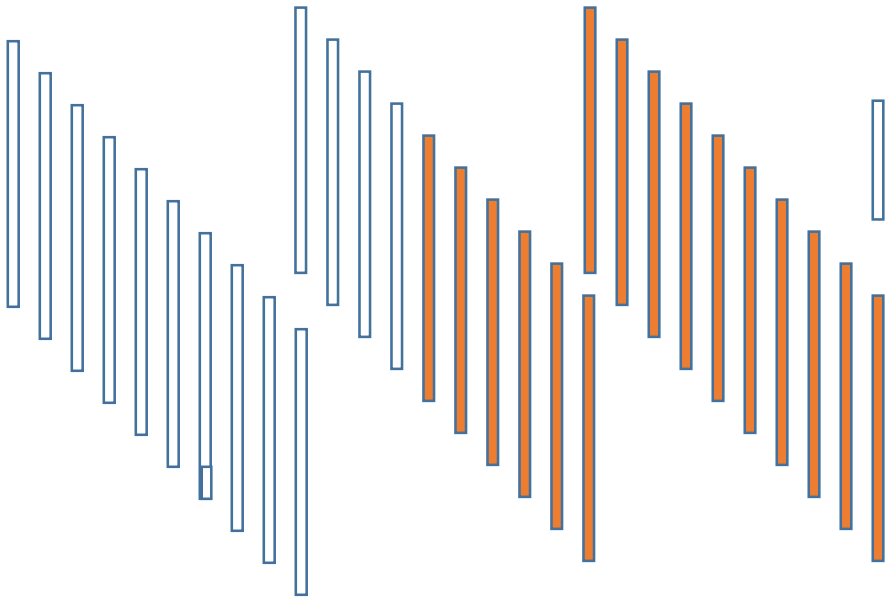
- 1,443 **Children** have declined a slot in the last 4 years



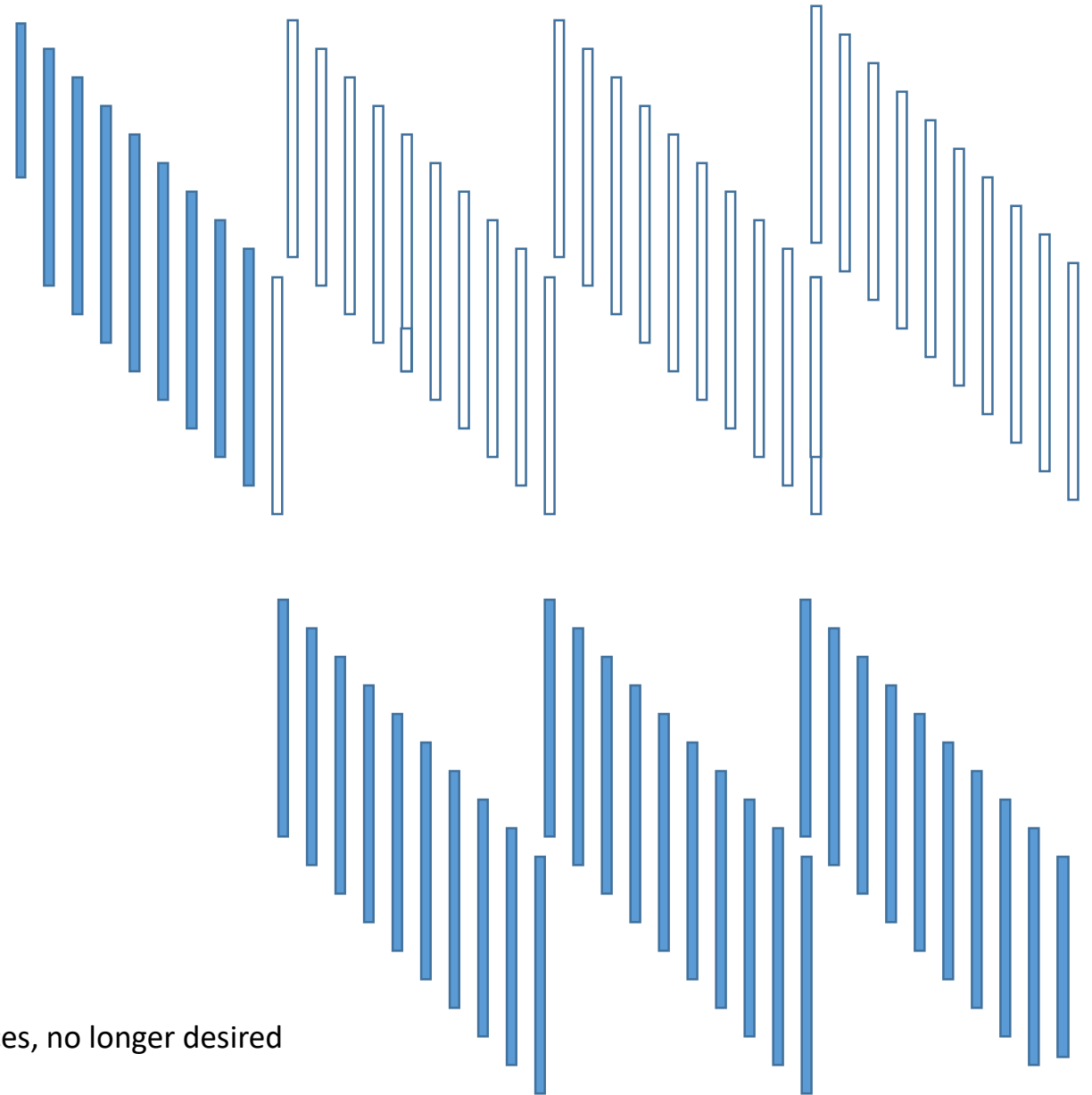
## Waiting List Statistics:

=100 individuals

- 248 **Adults** have closed cases in the DDSN System\*



- 587 **Children** have closed cases in the DDSN System\*

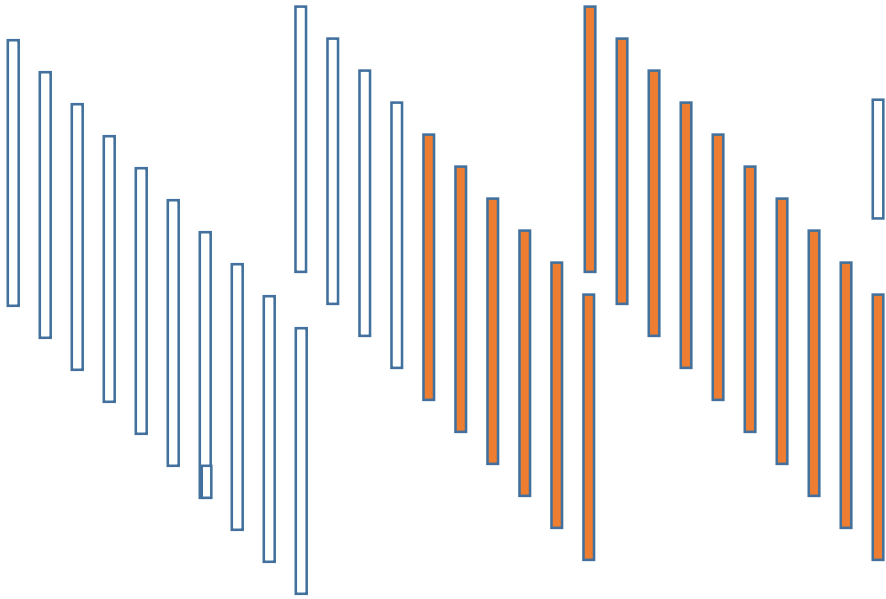


\*Closed in the DDSN System could indicate they are not eligible for DDSN Services, no longer desired services (requested closure), have moved out of state, etc.

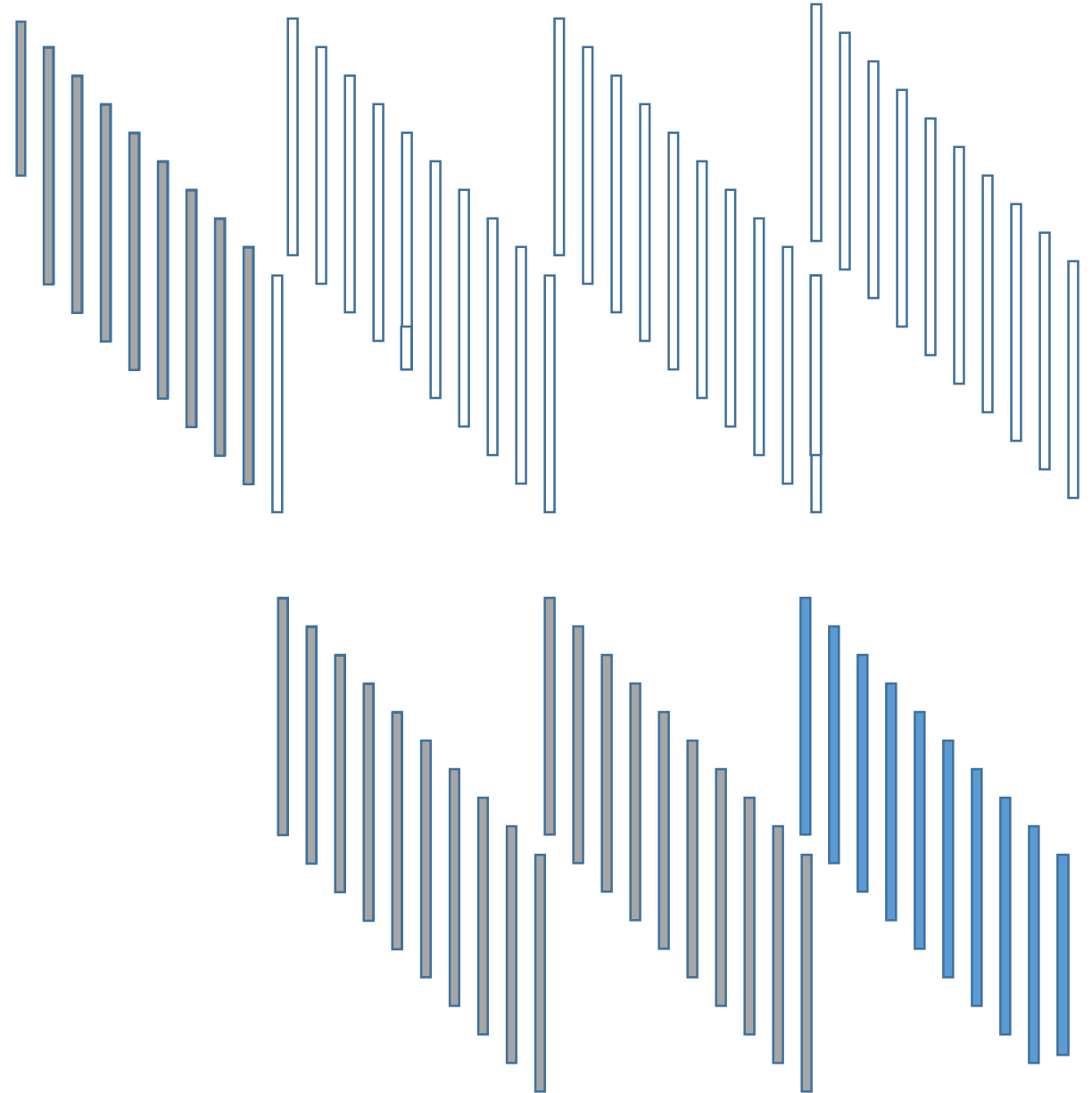
## Waiting List Statistics:

=100 individuals

- 1,577 **Adults** remain on the list that are not in any of the previous categories.



- 2,835 Children have active Medicaid
- 1,015 **Children** have no active Medicaid



**Waiting List Length of Time (Years):**

May-19	2.2	0	3.5
Jul-18	1.5	0	3.4
Jul-17	0.8	0	4.0
Jul-16	2.3	0	3.5
Jul-15	4.5	0	4.6

**Opportunities to Improve -- Process Improvement Initiatives:**

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

Report & Methodology Owner Ben Orner





SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

# Waiver Enrollment Process Improvements



# Overview of Changes

- Most of the new process are changes at DDSN and do not affect Case Managers.
- Additional Case Management units will be awarded in order to help expedite enrollment in the waiver.
- Families will be contacted at least 3 months prior to getting a slot in the waiver which will “start” the enrollment process that much earlier.
- Timeframes will be enforced as an accountability measure and will be communicated with families at every step in the process.
  - Enrollment expected within 6 months of slot award.
  - Every month after 6 requires request for extension from CM/Executive Director.
  - After 12 months extensions require DDSN State Director Approval.



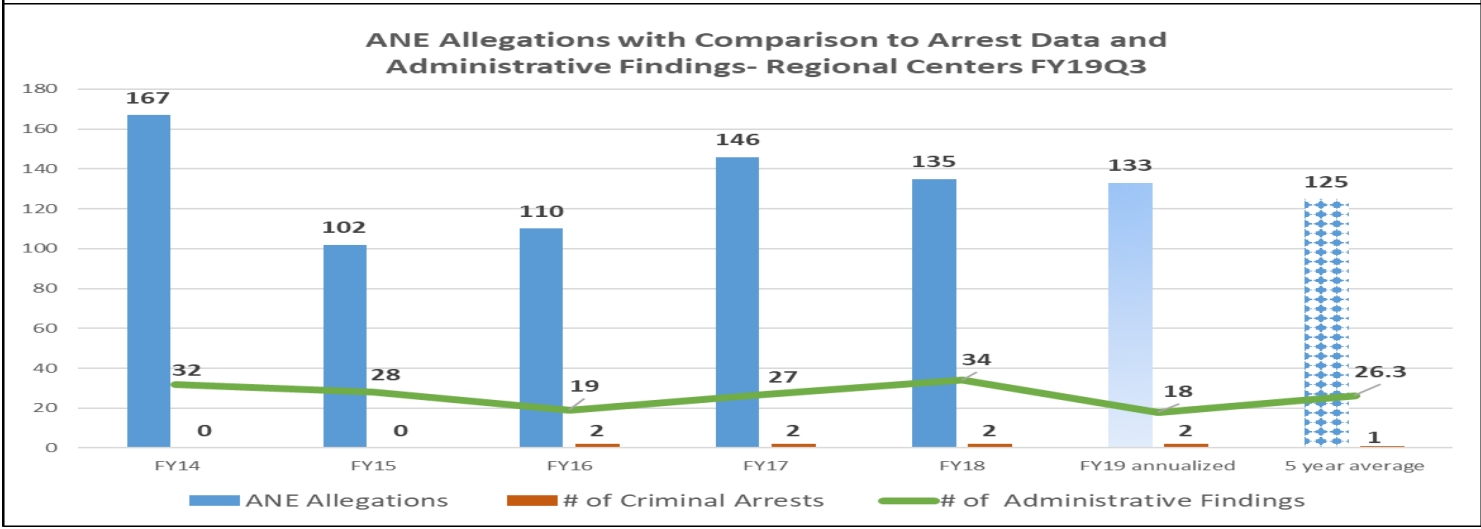
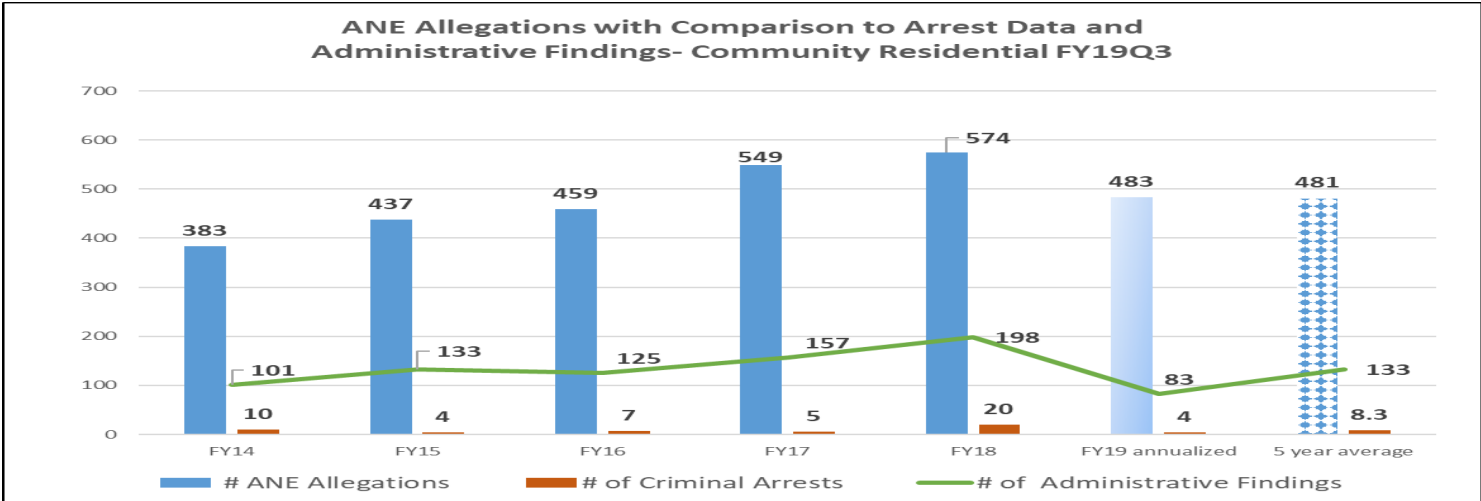
## SCDDSN Incident Management Report 5 year trend data (Community Residential, Day Service, and Regional Centers) Thru 3/31/19

Community Residential	FY15	FY16	FY17	FY18	FY19 Annualized	<b>Recommendations from Executive RM Team:</b> 1. Provide ongoing training at all available times on the requirements of a mandated reporter to report in a timely fashion to the appropriate agency; but to also inform supervision of the incident. Utilize unannounced facility checks, staff meetings, any organizational meetings to continually drive this important issue home. 2. Providers need to have a system in place that assures all Staff members are current with the annual training Requirements. The system needs to identify employees Who have training dates coming due, it needs to be able to notify them and then it needs to be able to pull them out of service when the training is not completed. 3. Management staff/supervisory staff must have a physical presence in all programs on a non-routine basis. Management by walking around is an effective tool to aid in providing “on-the-spot” training and preventions of ANEs. 4. Management needs to provide training on medical care needs, signs and symptoms of illness and how supervision can change when medical care needs increase. The phrase “you can always be early, but you can never be late, and you can always do more, you can never do less” remains true. 5. Although there is not a space on the current DDSN residential plan or in a directive stating that a provider needs to assess a “bathing” supervision level – it should be considered part of the “in home” supervision description. This supervision level does not need to be just one level. You can say that “Mary is assessed to be at an hourly supervision level when at home and there are no unusual circumstances. However, when bathing Mary requires staff to remain in the area of the bath due to her seizure activity. In addition, if Mary begins to pace or holds her hands over her ears (signs of agitation), staff is to reduce supervision to constant visual. If she begins to yell or slap herself then staff needs to be 1:1” Supervision levels need to reflect the whole person and They need to give staff direction. Please note that a new plan is being developed by the QI Work Group.
# of Individual ANE Allegations	437	459	549	574	483	
# of ANE Incident Reports (The same incident may involve multiple allegations)	315	370	399	402	341	
Rate per 100	9.9	10.0	11.7	12.2	10.7	
# ANE Allegations resulting in Criminal Arrest	4	7	5	20	4	
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	133	125	157	198	83	
Day Services	FY15	FY16	FY17	FY18	FY19 Annualized	
# of Individual ANE Allegations	65	58	77	57	56	
# of ANE Incident Reports (The same incident may involve multiple allegations)	36	49	56	46	45	
Rate per 100	0.84	0.72	0.94	0.7	0.8	
# ANE Allegations resulting in Criminal Arrest	1	0	1	2	1	
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	6	6	5	4	3	
Regional Centers	FY15	FY16	FY17	FY18	FY19 Annualized	
# of Individual ANE Allegations	102	110	146	135	133	
# of ANE Incident Reports (The same incident may involve multiple allegations)	84	87	104	97	89	
Rate per 100	13.5	15.4	17.1	19.2	19.6	
# ANE Allegations resulting in Criminal Arrest	0	2	2	2	2	
# ANE Allegations resulting in Administrative Findings from DSS or State Long-Term Care Ombudsman	28	19	27	34	16	
Death Reporting	FY15	FY16	FY17	FY18	FY19 Annualized	
# of Deaths Reported- Community Settings	65	63	78	73	80	
Rate per 100	1.8	1.4	1.6	1.6	1.7	
# of Deaths Reported- Regional Centers	31	26	24	27	29	
Rate per 100	4.1	3.6	3.4	3.8	4.2	



Critical Incident Reporting	FY15	FY16	FY17	FY18	FY19 Annualized
# of Reports for Critical Incidents for participants in Community Day & Residential Settings <i>*Change of criteria for reporting in November 2017.</i>	1385	1666	1883	1071	883
Rate per 100	16.8	19.2	21.1	11.6	9.5
# Choking Events reported as Critical Incidents in the Community.	25	45	63	58	80
# Law Enforcement Calls as Critical Incidents in the Community.	123	202	144	214	224
# of Reports for Critical Incidents for participants in Regional Centers <i>*Change of criteria for reporting in November 2017.</i>	241	287	323	144	131
Rate per 100	32	40	45.9	20.4	19.3
# Choking Events reported as Critical Incidents in Regional Centers	3	2	7	5	8
# Law Enforcement Calls as Critical Incidents in Regional Centers	4	4	9	5	9

Note: Change in Reporting process applied to FY18. Major Medical events, hospitalizations related to general health care and operations events are no longer reflected in this category. Reports prior to 11/17 included these incident types in addition to business operations events that required follow-up.



**Director's Report 05/16/2019** – many of the items I report on every month – like the CM and EI update, have already been covered so my report is short this month

1. Organizational changes have begun.
  - a. QM/QI (quality improvement) unit under the RM umbrella. At this moment this department is reporting to me until we can develop the RM position and get it posted. We have our first department meeting tomorrow.
  - b. We have begun the operations development – Rufus is putting his team together
  - c. Chris Clark starts on June 3<sup>rd</sup> and will be building the finance unit
  - d. All of this is being done to strengthen the agency's position to assist providers remain strong and deliver quality services to the individuals we support and their families. Quality service – at any level is job one.
  
2. DSP curriculum in HS is moving ahead with a pilot program being implemented in August 2019.
  - a. Luckily there is a CNA curriculum so we were able to piggy back on that to get our foot in the door.
  - b. There has been great enthusiasm from the Department of Education and our community steering committee.
  - c. This project is being spearheaded by our transition coordinator, Laura Elder and supervised by Susan Beck.
  
3. Person centered thinking training with case managers is well underway.
  - a. We have trained 135 so far,
  - b. When through we will have trained 370 based on registration to date.
  - c. The plan is to move forward with providing this training to Residential Coordinators and Day Program Coordinators (those who write day and residential plans).
  - d. In addition, we will be putting DDSN staff through the train the trainer course so we can offer training throughout the year to new hires.
  
4. I do not have the Mercer report. I do have faith that the report will be out in time to use the information in our budget development for 2021.
  
5. DDSN is participating in an Interagency Coalition and attended the first strategic planning meeting with DSS (Adult Protection Services) and the Department of Mental Health. We are at the beginning phase of a collaborative to build a complex case resolution process.
  
6. In June, I will be participating in four meetings with the Governor's Roundtable on Children's' Issues.