

**From:** [Linguard, Christie](#)  
**Subject:** Meeting Notice - SC Commission on Disabilities & Special Needs Commission Meeting - April 21, 2022  
**Date:** Tuesday, April 19, 2022 4:26:41 PM  
**Attachments:** [May Commission Packet.pdf](#)

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**Good Afternoon,**

**The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in person on Thursday, April 21, 2022, at 10:00 a.m. in conference room 251 at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. To access the live audio stream for the 10:00 a.m. meeting, please visit [www.ddsn.sc.gov](http://www.ddsn.sc.gov).**

**Please see the attached Commission Meeting packet.**

**For further information or assistance, contact (803) 898-9769 or (803) 898-9600.**

**Thank you.**

**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**

**April 21, 2022**

**10:00 A.M.**

1. Call to Order *Chairman Stephanie Rawlinson*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Chairman Barry Malphrus*
6. Approval of the March 17, 2022 Commission Meeting Minutes **Pages 3-10**
7. Commissioners' Update *Commissioners*
8. Public Input
9. Autism Awareness Month *Katie Franke, Ph.D., BCBA  
The Unumb Center for Neurodevelopment*
10. Client Assistance Program (CAP) Program **Pages 11-20** *Colin DiResta  
Advocate for Disability Rights SC*
11. Appointment of Nominating Committee for Election of Officers *Chairman Stephanie Rawlinson*
12. Commission Committee Business
  - A. Finance Committee *Committee Chair Robin Blackwood*
    1. Financial Approval & Threshold Report for April 2022 **Page 21**
    2. Information Technology Upgrades **Pages 22-26**
  - B. Policy Committee *Committee Chair Barry Malphrus*
    1. 800-03-CP: SC Commission DSN Executive Limitations **Pages 27-30**
    2. 800-08-CP: SCDSN Commission Meeting – Public Input **Pages 31-34**
    3. 200-05-DD: Usage of Consultants **Pages 35-36**
    4. 700-08-DD: Single Case Agreement for Residential Habilitation **Pages 37-43**
    5. Committee Update

13. Old Business:

- A. ID/RD Waiver Renewal Update
- B. Fee-for-Service Update
- C. Internal Audit Update
- D. Legislative Update

*Ms. Lori Manos*  
*Ms. Lori Manos*  
*Ms. Courtney Crosby*  
*Ms. Carol Stewart*  
*The Tallon Group, Inc.*

14. New Business:

- A. Sound Masking Conference Rooms 180 and 247
- B. Head and Spinal Cord Injury (HASCI), Post-Acute Rehabilitation Injury (PARI) Funding Request
- C. Financial Update **Page 44**

*Mr. Greg Meetze*  
  
*Ms. Lori Manos*  
*Ms. Tracey Hunt*

15. Director's Update

*Michelle Fry, J.D., Ph.D.*

16. Executive Session

- A. Personnel Matters
  - Legislative Director Position
  - Organizational Restructuring
- B. Contractual Matter
  - Discussion of Contract for Legislative Services

17. Enter into Public Session

18. Next Regular Meeting (May 19, 2022)

19. Adjournment

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

**MINUTES**

March 17, 2022

The South Carolina Commission on Disabilities and Special Needs met on Thursday, March 17, 2022, 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

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, MD

Eddie Miller

Microsoft Teams

Michelle Woodhead

DDSN Administrative Staff

Michelle Fry, State Director; Constance Holloway, General Counsel; Lori Manos, Interim Associate State Director of Policy; Courtney Crosby, Internal Audit Director; Greg Meetze, Chief Information Officer; Tracey Hunt, Chief Financial Officer; Tommy Windsor, Public Information Officer and Legislative Liaison; Debra Punzirudu, Finance Director; Nancy Rumbaugh, Budget Director; Andrew Tharin, Director of Engineering; Candis Golston, Procurement Director; Robb McBurney, Emergency Operations and Special Projects; Melissa Ritter, Director of Head and Spinal Cord Injury Division, Preston Southern, Information Technology Division; and Colleen Honey, Administrative Coordinator.

Notice of Meeting Statement

Chairman Rawlinson 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.

Welcome

Chairman Rawlinson welcomed everyone to the meeting. She wished everyone a Happy St. Patrick's Day and Brain Injury Month.

### Adoption of the Agenda

Commissioner Blackwood made a motion to amend the agenda, specifically under item 14 on the agenda. The motion to amend included elaborating on the Executive Session under item 14c, Personnel Matter to include discussion of executive level positions and receipt of legal advice for a threatened legal claim concerning a personnel matter. The motion to amend and approve the agenda was seconded by Commissioner Thomas and approved by the commission. (Attachment A)

### Invocation

Commissioner Miller gave the invocation.

### **Approval of the Minutes from the February 17, 2022 Commission Meeting**

Commissioner Malphrus asked that we amend the Commissioners' Update to state that "the seat's reappointment" instead of "his reappointment". Commissioner Malphrus' motion to amend was seconded by Commission Thomas and unanimously approved by the February 17, 2022 commission meeting minutes were unanimously approved by the commission. (Attachment B)

### **Commissioners' Update**

Chairman Rawlinson introduced the newest South Carolina Disabilities and Special Needs' Commission member, Michelle Woodhead from York, South Carolina. Commissioner Woodhead spoke on her family and her plight to become a member of the commission. Other members present welcomed Commission Woodhead to the commission.

Commissioner Malphrus thanked the photographer present for volunteering to take pictures of the Commission this month.

Commissioner Kocher noted that he attended SC Advocacy Day at the statehouse and got an opportunity to speak to a lot of people. He was happy to hear that our Fee-for-Service initiative is going smoothly.

Commissioner Thomas stated that he was glad to be at the meeting in-person this month and thankful to have put his COVID-19 illness behind him.

Commissioner Blackwood thanked all those involved with the SC Assistive Technology Virtual Conference, which will be posted on the University of South Carolina School of Medicine website. Also, she noted that she attended the Advocacy Day at the statehouse. She thanked Chairman Rawlinson for her

remarks. March is national recognition for many disabilities. She highlighted Cerebral Palsy as this illness is recognized this month as well.

Chairman Rawlinson echoed the fact that she spoke at the Advocacy Day at the statehouse, and that she was honored to speak on behalf of the agency.

### **Public Input**

There was one public input by Mr. and Mrs. Region. Due to pending litigation against the agency, a second member of the public was asked to submit her input in writing so that the agency's attorney can read and approve for it to be a part of the commission minutes. (Attachment C)

### **Brain Injury Awareness Month**

Ms. Melissa Ritter spoke briefly about Brain Injury Awareness Month and the events the agency has been involved with so far, specifically a 'Baking for Brains' bake sale today with all proceeds going to the Brain Injury Association of South Carolina and an art exhibit by Emily Yarbrough Ruff who is an artist and brain injury survivor. The Brain Injury Association loaned the decorative masks outside in the hallway to commemorate this month. Commissioner Thomas asked if he could speak to Ms. Ritter about the Legislative Audit Report in regards to not reaching enough people that have brain and spinal injury.

Ms. Joyce Davis, Executive Director of the Brain Injury Association of South Carolina upcoming Tik Tok features on their website and the rocks that were painted by consumers who have been impacted by brain injury.

### **Commission Committee Business**

#### A. Finance and Audit Committee

The Finance and Audit Committee met on March 8, 2022. Commissioner Blackwood submitted the following:

A fixed price bid contract was solicited on 2/12/2022 for LPN/RN Support Services providing nursing assignment to the Regional Centers. The contract essentially qualifies vendors to perform the service at a fixed price. This is a routine solicitation and will only need approved by this committee. (Attachment D)

An item for approval is the Comprehensive Permanent Improvement Plan (CPIP) for Coastal Center campus-wide Fire Alarm Replacement. After review and consideration of the bid, Commission approval is needed to enter into a contract with Hiller Systems, in Summerville, SC for the amount of \$313,762; the agency projected cost was \$400,000.

Commissioner Blackwood stated that the committee approved this CPIP project to move forward. Coming out of the committee as a motion and a second, the commission unanimously approved the contract with Hiller Systems for the Coastal Center camps-wide Fire Alarm Replacement system.

## B. Policy Committee

Commissioner Malphrus presented the following items to the Commission:

413-08-DD: Anti-Harassment – The committee approved the addition of the sexual harassment form to be attached on the back of the current policy. Coming out of committee as a motion and a second, the commission unanimously approved the addition made to this policy. (Attachment E)

250-10-DD: Funding for Services – The committee voted to make this policy obsolete. Coming out of committee as a motion and a second, the commission unanimously approved making this policy obsolete. (Attachment F)

250-11-DD: Outlier Funding Request System – Capitated Funding System – The committee voted to make this policy obsolete. Coming out of committee as a motion and a second, the commission unanimously approved making this policy obsolete. (Attachment G)

738-01-DD: Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICD/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program – There is a minor change in the removal of a paragraph regarding band payments. This directive will be posted for public comment. Coming out of committee as a motion and a second, the commission unanimously approved to remove one paragraph. (Attachment H)

Chairman Rawlinson announced that she has appointed Commissioner Ed Miller to the Policy Committee and Commissioner Woodhead will be appointed to the Finance and Audit Committee.

Commissioner Malphrus noted that the Code of Conduct directive, 413-03-DD, was approved by the committee with four changes. There was detailed discussion in the committee meeting regarding the dollar limit on gifts between co-workers. This issue was tabled to allow staff time to research four or five other state agencies. A sentence was added to page 4 stating reporting should occur within 14 calendar days of the identification of the conflict. To expedite enacting this directive, the

committee approved to seek the full commission's approval without the usual 10-day public comment period. Coming out of committee as a motion and a second, the commission unanimously approved the changes and look forward to seeing this policy in the future. (Attachment I)

### **Old Business**

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

Ms. Manos updated the commission on the ID/RD Renewal. The ID/RD Waiver Renewal was retroactively approved as of January 1, 2022. The agency will now begin working on the rollout of the new services added to the waiver: independent living skills services; remote support as a part of the assistive technology services; and the implementation of a tiered approach for respite for people who live in the same household. Appendix K document has been approved by Centers for Medicare and Medicaid Services (CMS). The due date for public comment in the renewal of the Community Supports (CS) Waiver is March 28, 2022.

#### B. Fee-for-Service (FFS) Update

Ms. Manos noted that the agency is continuing to make progress on the transition to FFS. March 1, 2022 was the go live date for FFS with a delay of one month (April 1, 2022) for direct billing for Medicaid, with a full reconciliation. Ms. Manos discussed leave days approved by the Department of Health and Human Services (DHHS). To date, we have only two (2) providers who have not completed their Medicaid application. We are still trying to get them onboard.

#### C. Internal Audit (IA) Update

Ms. Crosby announced that the 2021 Agreed-Upon Procedures (AUP) Reports for the DSN Boards are complete. Sixteen reviews have been completed from our Boards and 23 are in process. The AUP was received from all nine (9) private providers who had a June 30<sup>th</sup> year-end date. Two (2) of the three (3) AUP due on September 30<sup>th</sup> have been received from private providers. The 2021 contract reductions are \$27,200, which is trending upward.

IA has initiated follow-up procedures with seven (7) providers; the field work is complete for two (2) providers and it is underway for the five (5) additional providers. The tracking report will be updated and resubmitted to all commission members.



D. Legislative Update

Mr. Robb McBurney spoke about the confirmation of Commissioner Woodhead from the fifth district. He thanked all commission members who were able to attend the Advocacy Day at the statehouse. Four (4) regulations are being submitted this year by our agency. There was a subcommittee hearing on March 9, 2022 in the Senate. Three (3) of the regulations have been pulled back and reworked on in conjunction with Disabilities Right SC. One (1) regulation was a straight repel of an entire article went to the Senate Medical Affairs Committee today. Dr. Fry made a presentation to the Senate Finance Subcommittee on yesterday. There are no movement or meetings with any pending bills we are watching for the agency.

**New Business**

A. Organizational Restructuring of Pee Dee and Saleeby Centers

Ms. Hunt discussed restricting of these centers by separating them into two individual centers. The current Pee Dee/Saleeby construct of a singular Facility Administrator is not effective. Span of control (facilities are 45 miles apart) and lack of consistent/focused leadership at both locations (simultaneously) has hampered compliance with Governing Body and Client Protections conditions of participation as outlined in the State Operations Manual. The creation of a Saleeby Facility Administrator position and further separation of the operations of these two locations will improve on-site oversight of service delivery and fiscal management.

B. Financial Update

Ms. Hunt presented the spending plan vs actual expenditures as of February 28, 2022. To date the agency is .25% under budget. On a motion by Commissioner Thomas, seconded by Commissioner Blackwood, the spending plan was approved as presented.

There was a point of comfort five (5) minute break.

**Director's Update**

State Director Michelle Fry commenced by giving updates on pending solicitation for an Assessment Consultation and a Strategic Planning, which is now posted.

A survey was issued to all providers regarding the Electronic Visit Verification (EVV), which we will be soliciting an RFP for in the future.

Dr. Fry spoke at the Human Services Provider Conference in Myrtle Beach at the beginning of the month.

Craig Byrd started as the new Facility Administrator at the Whitten Center this past Monday. We will soon be posting four (4) new Facility Administrator Assistants for our Regional Centers.

Pacifico “PJ” Perea will be joining our agency on Monday as the new Public Information Director. Our new Chief Administrative Officer, Dr. Pamela Harley Davis, will be joining the agency the following Monday. We welcome both of these new staff members.

The Executive Leadership Team Retreat will take place next Tuesday.

An Electronic Visit Verification (EVV) Ready Webinar will take place with our providers sometime in April to cover frequently asked questions. Ms. Manos was called upon to explain EVV.

DHHS has announced that they will be providing a half-band payment to providers.

Lastly, Dr. Fry is looking forward to traveling to Greenville for the “Drumming Up Awareness” event. DDSN Monthly Provider Meeting will take place on Monday.

### Executive Session

At 12:13 PM, on a motion by Commissioner Blackwood, seconded by Commissioner Kocher, the commission entered into executive session after a 10-minute break to discuss the following items:

#### Receive Legal Advice Regarding:

- MedPod Pilot Agreement
- Advancing of Loans
- Personnel Matters - discussion of executive level positions and receipt of legal advice for a threatened legal claim concerning a personnel matter

### Enter into Public Session

Upon rising out of executive session at 2:41 PM, Chairman Rawlinson announced that no decisions were made, no votes were taken and no motions were made. The commission received legal advice.

### Next Regular Meeting

April 21, 2022

Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Thomas and unanimously approved by the commission, the meeting was adjourned at 2:41 P.M.

Submitted by:

Approved by:

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Christie D. Linguard  
Administrative Coordinator

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Commissioner Robin Blackwood  
Secretary



DISABILITY  
RIGHTS  
SOUTH CAROLINA

**Client Assistance Program  
CAP**

Colin DiResta, Advocate

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# About DRSC

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- Non-profit providing free services statewide
- Mandated by state and federal law to protect the rights of people with disabilities in SC
- Independent of agencies that provide treatment or other services to people with disabilities
- Mission: We protect and advance the legal, civil, and human rights of people with disabilities in South Carolina
- Formerly known as Protection and Advocacy for People with Disabilities (P&A)



# DRSC Services

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We provide

- Information and referral
- Legal Support
- Education and outreach
- Monitoring and investigations
- Public Policy



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In 2017 the Client Assistance Program (CAP) came to DRSC. This program has expanded our efforts to make sure that people with disabilities have the supports and services they need to help them work.



# How Can CAP Help?

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We can help people with disabilities:

Understand their rights to services from VR or SCCB.

Receive better services from VR or SCCB.

Understand their right to reasonable accommodations from an employer.

Understand their right to be free from discrimination from an employer based on disability.





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- The CAP assists individuals who receive or want to receive services from the South Carolina Vocational Rehabilitation Department (SCVRD) or the South Carolina Commission for the Blind (SCCB) understand their rights to services.



# When should someone contact CAP?

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CAP can help individuals who:

Have been turned down for services by VR or SCCB.

Need a better plan for VR or SCCB to help them work or go to work.

Need a better plan for VR or SCCB to help them with Post Secondary Education.

Need VR or SCCB to pay for something needed for work or school.

- Need better Pre Employment Transition Services.



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We also use CAP funding to help people understand their employment rights; such as their rights to reasonable accommodations and to be free from disability related discrimination.



# What else can CAP help with?

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Help get needed services from an independent living center like Able South Carolina, Walton Options, or AccessAbility.

Provide training to help people with disabilities better understand their rights to services from VR, SCCB, or independent living centers.



# Contact Us

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Help Line: 1-866-275-7273

TTY: 1 -866-232-4525

Email: [info@disabilityrightssc.org](mailto:info@disabilityrightssc.org)

Office: 1- 803-782-0639



**Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for April 2022**

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 green to notify Commission this will not need a formal vote and highlight items in yellow indicating item will require a formal Commission vote to approve.

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

None

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

None

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.)

**For informational purposes only.**

### ***SCDDSN Information Technology (IT) Upgrades***

DDSN needs an upgrade and additional new technology in all of its regional centers. In addition to the work being performed at the regional centers, DDSN will purchase laptops for central office employees that are identified for the agency remote workforce. The individual initiatives are listed below.

- A. Replacement of End of Life PC workstations throughout all of the regional campuses
  - All workstations that are scheduled for replacement range from seven to eight years old
  - These workstations are also at an end of life status
- B. Digital Signage installation
  - The digital signage system will used for various communication efforts in all of the regional offices
    - i. Ease of communication with staff
    - ii. Improve internal communication
    - iii. Connect with employees by providing relevant information (e.g. policy changes, training, etc.)
    - iv. Presenting emergency information
    - v. Timely messaging (e.g. Christmas, holidays, birthdays or other peak periods)
- C. Whitten Center Conference room Upgrade
  - The Whitten center needs a conference room upgrade. All other centers have received this upgrade.
- D. Central office laptop purchase
  - Purchase laptops for identified remote work employees.

## A. Replacement of End of Life Workstations

**DRAFT**

<b>Item</b>	<b>Quantity</b>	<b>Cost</b>
Dell 24 inch monitor	200	\$44,000.00
Optiplex 7090 Workstation	150	\$105,000.00

**Total Cost** **\$149,000.00**

**This project is to replace desktop workstations located at the regional offices that are end of life.**





**C. Whitten Center Conference Room Upgrade**

**DRAFT**

<b>Item</b>	<b>Cost</b>
TV 75" Samsung	\$1,261.60
Wall Mount	\$520.85
Camera	\$937.00
Mounting Bracket	\$110.70
Conference Room Hub	\$2,210.00
Microphone	\$611.00
equipment accessories	\$798.14
Installation\ training	\$3,040.00
Taxes	\$515.97
<b>Total cost</b>	<b>\$10,005.26</b>

**This project is to provide video conference capabilities for the Whitten Admin Conference Room**

## D. Central Office Laptop Purchases

**DRAFT**

<b>Item</b>	<b>Cost each</b>	<b>Quantity</b>	<b>Total cost</b>
L 5420- , i7, 256 H, 16 Mem	\$1,009.00	100	\$100,900.00
Monitor 24" with Speakers U2421E	\$220.00	100	\$22,000.00
Wireless Keyboard, mouse MK235	\$24.99	100	\$2,499.00
Docking Stations	\$234.29	100	\$23,429.00
Surge Protector	\$15.41	100	\$1,541.00
<b>Total per user</b>	<b>\$1,503.69</b>		

**Total Project Cost** **\$150,369.00**

**This quote was built to provide equipment for people working remotely**

**Michelle G. Fry, J.D., Ph.D.**  
*State Director*  
**Constance Holloway**  
*General Counsel*  
**Tracey Hunt**  
*Chief Financial Officer*  
**Janet Priest**  
*Interim Associate State Director*  
*Operations*  
**Lori Manos**  
*Associate State Director*  
*Policy*



3440 Harden Street Extension  
 Columbia, South Carolina 29203  
**803/898-9600**  
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**Home Page: [www.ddsn.sc.gov](http://www.ddsn.sc.gov)**

**COMMISSION**  
**Stephanie M. Rawlinson**  
*Chairman*  
**Barry D. Malphrus**  
*Vice Chairman*  
**Robin B. Blackwood**  
*Secretary*  
**Gary Kocher, M.D.**  
**Eddie L. Miller**  
**David L. Thomas**  
**Michelle Woodhead**

Reference: Number: 800-03-CP

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

Date of Issue: January 18, 2007

Date of Last Revision: April 21, 2022 **(REVISED)**

Effective Date: April 21, 2022

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

Only decisions of the Commission when acting as a body are binding upon the State Director. Decisions, instructions or requests of individuals are not binding on the State Director, except as specifically authorized by the Commission.

The State Director shall:

1. Maintain ethics and prudence in the operation of DDSN and conform DDSN to all federal, state, and Commission requirements, and protect DDSN assets. Make all decisions, take all actions, establish all practices, and develop all activities within the confines of the reasonable interpretation of the Commission’s policies.
2. Hire adequate qualified personnel, and implement effective programs necessary to carry out the legislative mandate and Commission Ends policy. The State Director shall present to the Commission for approval any change at the executive level to the organizational chart.

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. An executive summary of all consultant contracts and any other contracts of \$200,000 or more recommended by staff within a given fiscal year will be presented to the Commission to determine which contracts will be selected for their review.

Present to the Commission for approval any contracts for procurement when the full contractual amount exceeds \$200,000, excluding contract adjustments due to filling vacancies based on individual choice. Contracts with providers to increase capacity that exceed \$200,000 must be presented to the Commission for approval. The Commission will receive a quarterly report of provider contract amendments below the required \$200,000 individually approved threshold.
  - b. Present to the Commission for approval any recommendations for the creation of new Capital Improvement accounts, as well as any re-scoping of Capital Improvement Projects after Commission approval. On an annual basis, provide the Commission a report of agency's Capital Improvement Projects with corresponding expenditures, as well as an explanation for any project lagging behind its expected completion timeframe.
  - c. Present to the Commission for approval prior to implementation any recommendations for positions, programs, and/or divisions that result in the cost of the positions exceeding \$200,000.
  - d. Present to the Commission for approval all federal grant applications as soon as is practical and prior to actual receipt of funds.
4. Follow the personnel grievance procedures of the Division of State Human Resources of the Department of Administration.
5. Communicate effectively with the Commission, DDSN staff and the public, make the Commission aware of relevant trends, anticipated adverse media coverage, material change, or assumptions on which Commission policy has been established.
6. Clearly present information necessary for monitoring, making decisions, and for policy deliberations without using acronyms whenever possible.
7. Inform the Commission when, in the opinion of the State Director, the Commission is not in compliance with its own policies.
8. Inform the Commission quarterly of the number of all DDSN state employee, contracted personnel and volunteer discrimination and harassment and sexual harassment complaints pursuant to DDSN Directive 413-08-DD: Anti-Harassment.

9. The DSN Commission retains its authority to revise and approve all existing and new Commission Policies, Department Directives, and Service Standards. However, the DSN Commission delegates authority and responsibility to the Policy Committee to establish procedures to coordinate the review, revision, and recommendation of all policies to the full DSN Commission. The State Director's role in the review, revision, and approval of agency policies will be set by the Policy Committee Procedures.
10. The Commission will remain apprised of any anticipated, significant changes to the following:
  - a. The service delivery system, or increase restrictions in reporting abuse, neglect, exploitation, critical incidents or sexual assault, prior to implementation.
  - b. The responsiveness in person-centered services as expressed in a money-follows-the-individual concept/practice and consumer choice of provider.
  - c. Establishment of advisory councils for those supported and/or families by county DSN boards and contracted service providers, and regional and local human rights advisory groups.
  - d. Quality management of administration, finances, program and service delivery functions such as standards, licensing/certification and reviews, independent quality review, consumer/family surveys, annual independent financial audits, periodic compliance audits, special audits, critical incident reporting/tracking, abuse/neglect/exploitation reporting/follow-up.
11. Present assessments to the Commission for approval of any proposed procedures and actual assessment instruments being considered for use in the allocation of resources to those eligible for DDSN services.
12. Enforce directives concerning eligibility of applicants and make final decisions on sequence of admissions.
13. Oversee the Internal 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 Internal Audit Director.
14. Deal with the Commission as a whole except when individuals are specifically authorized to speak for the Commission.
15. Present to the Commission for review and approval any recommendations for changes.
16. Implement an interim policy when faced with a time-sensitive decision. The State Director is encouraged to attempt to consult with all members of the Commission whenever possible prior to implementation of the interim policy. The State Director will present the interim policy to the full Commission at the next Commission meeting.

17. Present to the Commission for approval recommendations for a new DDSN-operated Home and Community Based Services (HCBS) Waiver and/or recommendations for changes to existing DDSN-operated HCBS Waivers prior to making an official request to SCDHHS.
  
- 18.<sup>1</sup> In order to assist the Commission in making recommendations to SCDHHS concerning the implementation and operation of all programs it operates directly or through contracted Providers, the State 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 DDSN, including but not limited to:
  - Rates and proposed changes in rates.
  - Billing methodology for Providers contracted with DDSN, including recommending which agency providers are to bill for services.
  - Timelines of implementation for program changes, billing changes, or rate changes.
  
19. The State Director shall keep the Commission informed of all matters involving inquiries from the Centers for Medicare and Medicaid Services (CMS) regarding DDSN services and/or programs of which the State Director is aware.

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Barry D. Malphrus  
Vice Chairman

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Stephanie M. Rawlinson  
Chairman

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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".

**Michelle G. Fry, J.D., Ph.D.**  
*State Director*  
**Constance Holloway**  
*General Counsel*  
**Tracey Hunt**  
*Chief Financial Officer*  
**Janet Priest**  
*Interim Associate State Director*  
*Operations*  
**Lori Manos**  
*Associate State Director*  
*Policy*



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

**COMMISSION**  
**Stephanie M. Rawlinson**  
*Chairman*  
**Barry D. Malphrus**  
*Vice Chairman*  
**Robin B. Blackwood**  
*Secretary*  
**Gary Kocher, M.D.**  
**Eddie L. Miller**  
**David L. Thomas**  
**Michelle Woodhead**

Reference Number: 800-08-CP  
Title of Document: DSN Commission Meeting Public Input  
Date of Issue: August 20, 2020  
Date of Last Revision: April 21, 2022 **(REVISED)**  
Effective Date: April 21, 2022

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**I. PURPOSE:**

The purpose of this Commission Policy is to define the parameters for the South Carolina Disabilities and Special Needs Commission (Commission) to receive input from the public during meetings of the body.

**II. GENERAL:**

The Commission is comprised of representatives from each of the seven (7) congressional districts in the state. As the representative for the congressional district, each Commissioner welcomes input from the citizens of their districts. Citizens may readily contact the Commissioner who represents their district by utilizing the contact information available on the SC Department of Disabilities and Special Needs website (<https://ddsn.sc.gov/about-us/commission>). This contact information includes the counties within the congressional district represented by the Commissioner along with his/her name, address, phone and email address. Due to this perpetual access, these are the preferred methods for contacting Commissioners to impart information.

The Commission has no obligation, legal or otherwise, to allow citizens to address the body during Commission meetings. However, as a courtesy and at the discretion of the Commission Chairperson, the meeting agenda may include Public Input. When the meeting agenda includes Public Input, the Commission will allow citizens an opportunity to make the body aware of issues not resolved by staff of the Department or to express a viewpoint concerning Commission



business. When Public Input is included as part of the meeting agenda, the total maximum time allowed for the agenda item will not exceed 21 minutes. The Chairperson, at his/her discretion, may disallow Public Input from any citizen at any time including during their presentation. At the discretion of the Commissioners, responses may or may not be provided for the issues or viewpoints expressed. However, during the meeting, the Commission may direct the State Director to respond to the citizen or investigate the issue presented following the meeting.

Meeting agendas for Subcommittees of the Commission will not include Public Input. Citizens may provide input on Subcommittee business in writing. This input must be submitted to the State Director's office no less than five (5) business days prior to the scheduled Subcommittee meeting.

This Policy does not apply to any Public Hearings the Commission may deem necessary.

### **III. Procedure for Citizens to Request to Address the Commission During the Public Input Section of the Commission Meeting Agenda**

1. If a citizen wishes to address the Commission at its regular Commission meeting, the individual must complete the form provided at either the reception desk or the sign-in desk in front of the Commission meeting room. The form must be submitted at least five (5) minutes prior to the scheduled opening of the meeting at which it is requested to speak. Citizens who are disabled and cannot attend in person may address the Commission via phone/TEAMS by signing up in advance by 5:00 pm the day before the next Commission meeting (Wednesday) at: <https://www.surveymonkey.com/r/MGPST9K>. It is within the discretion of the Chair to select who will speak to the Commission in public during Public Input. Therefore, the Chair could reject any individual at any time including in the middle of their speech. Directions are provided on the aforementioned form for virtual meeting public input participation.
2. Citizens will be recognized at the discretion of the Chairperson on a first come, first served basis in the order in which they requested the opportunity.
3. No more than four (4) citizens will be selected to address the Commission during any one meeting.
4. At the appropriate time, the citizen will be recognized at the discretion of the Chairperson and be allocated three (3) minutes to present their issue or viewpoint.
5. If more than four (4) citizens wish to present their issue or viewpoint, the Commission may vote to allow an additional three (3) citizens an allotment of three (3) minutes to speak. The total maximum allotted Public Input Agenda Item time shall not exceed 21 minutes.

#### **IV. Expectations and Requirements for Citizens Addressing the Commission**

The Commission requests that those addressing the body be prepared for their presentation and be respectful to the body, the staff of the agency and the public. The use of abusive language during the address or the use of the address to wage a personal attack on members of the body, staff of the agency or others will not be allowed. Citizens addressing the Commission are expected to adhere to the time allocated (3 minutes) and relinquish the floor when their time has elapsed.

**Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

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Barry D. Malphrus  
Vice Chairman

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Stephanie M. Rawlinson  
Chairman

*To access the following attachment, please see the agency website page “Commission Policies and Documents” at: <https://ddsn.sc.gov/about-us/commission/commission-policies-and-documents>*

Attachment: Request to Address the DSN Commission

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
REQUEST TO ADDRESS THE DSN COMMISSION**

Citizens who are disabled and cannot appear in person may address the Commission via phone/TEAMS by signing up in advance by 5:00 pm the day before the next Commission meeting (Wednesday) at: <https://www.surveymonkey.com/r/MGPST9K>. They may also attach any written comments they would like forwarded to the Commission.

**Note: Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

Date:

Name:

Address:

Telephone Number:

I am representing:

- Myself
- A group/organization (please name)

I wish to comment on (select one):

- Commission Meeting Agenda Item:
- A specific incident or concern NOT on the Commission Meeting Agenda. The specific concern to be addressed is:

**Michelle G. Fry, J.D., Ph.D.**  
*State Director*  
**Constance Holloway**  
*General Counsel*  
**Tracey Hunt**  
*Chief Financial Officer*  
**Janet Priest**  
*Interim Associate State Director*  
*Operations*  
**Lori Manos**  
*Associate State Director*  
*Policy*



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**Eddie L. Miller**  
**David L. Thomas**  
**Michelle Woodhead**

Reference Number: 200-05-DD

Title of Document: Use of Consultants

Date of Issue: June 1, 1987

Date of Last Revision: April 21, 2022 **(REVISED)**

Effective Date: April 21, 2022

Applicability: DDSN Central Office and DDSN Regional Centers

Consultants may be employed to provide professional advice or services in areas not covered by permanent employees or to cover temporary vacancies in authorized personnel. Funds for payment must be available to the division in the division’s budget.

Unless specifically exempted, consulting services must be procured through procedures outlined in the South Carolina Consolidated Procurement Code. Specific exemptions applicable to DDSN are:

1. Medical personnel limited to medical doctors, optometrists, dentists, registered nurses, licensed practical nurses, and psychiatrists;
2. Physical therapists and physical therapy assistants;
3. Speech pathologists;
4. Occupational therapists;
5. Doctors of osteopathy; and
6. Contractual consultant services necessary to provide professional instruction for instructional training seminars offered by DDSN to state employees on a registration fee basis.

All exemptions including, but not limited to the above list, must be presented to the Finance and Audit Committee. The Finance and Audit Committee will determine if there is a need for full Commission approval.

Fees paid to consultants may be arranged either on a fee for service basis or on a fixed fee (retainer) basis. The former is usually preferable in that it is directly related to work performed. A retainer basis is suitable when the arrangement is to be long standing and the job requirement is constant and well defined. All retainer arrangements must be approved in advance by the State Director. All use of consultants must be covered in a written contract which outlines the services to be performed and the fees to be paid. Contracts should not be signed by Regional staff prior to Central Office review and approval.

Consultant services of architects, engineers, auditors, accountants, information technology professionals, and attorneys are subject to special regulations and require approval of Central Office in all cases.

State regulations concerning the use and procurement of consulting services are contained in Chapter 7 of the DDSN Procurement Manual and State Procurement regulations.

For the exemption to apply to these categories, the individual or firm involved must be licensed to perform the specific professional services, must provide that specific service to DDSN, and DDSN cannot be in an employer/employee relationship. Any contract with an individual who is or has been an employee of DDSN or any other state agency requires the approval of Central Office Human Resources Division **before** the contract can be finalized.

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Barry D. Malphrus  
Vice Chairman

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Stephanie M. Rawlinson  
Chairman

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Reference Number: 700-08-DD

Title of Document: Single Case Agreement for Residential Habilitation

Date of Issue: April 21, 2022

Date of Last Revision: April 21, 2022 (NEW)

Effective Date: May 1, 2022

Applicability: Residential Habilitation Providers

**PURPOSE**

This Directive outlines procedures for requesting a Single Case Agreement (SCA) for residential habilitation services. Residential habilitation is a Home and Community Based waiver service that provides care, supervision and skills training in a non-institutional setting. The type, scope, and frequency of care, supervision and skills training to be furnished are described in the waiver participant’s (person’s) service plan and are based on his/her assessed needs and preferences. Services furnished as residential habilitation must support the person to live as independently as possible in the most integrated setting that is appropriate to his/her needs.

Single Case Agreements (SCAs) are contracts issued by the South Carolina Department of Health and Human Services (SCDHHS) to Medicaid enrolled providers of residential habilitation for additional funding for the provision of residential habilitation to one (1) person. SCAs provide financial supports beyond those established in the Intellectual Disability/Related Disabilities (ID/RD) Waiver and the Head and Spinal Cord Injury (HASCI) Waivers when the person’s necessary care, supervision, and skills training will result in costs beyond the rate available through the appropriate tier of residential habilitation. SCAs are only available when the cost associated with the person’s necessary care, supervision and skills training demonstrably exceed the amount available through an appropriate/available tier of residential habilitation.

While SCDHHS has sole discretion regarding the issuance of SCAs, a coordinated process for requesting a single case agreement (SCA) will occur between SCDHHS, DDSN, the person, and, as appropriate, the person's case manager or residential habilitation provider. Only SCDHHS has the authority to issue a SCA.

## PROCEDURES

### A. Initial Requests

Initial requests for single case agreements may be initiated by DDSN when the support needs for someone who is determined eligible for residential habilitation but is not yet authorized to receive it demonstrably exceeds the funding associated with the tier of residential habilitation for which they qualify.

Initial requests for SCAs may also be submitted by the person's residential habilitation provider when it is determined that the cost of the person's support needs demonstrably exceeds the funding associated with the currently authorized tier of residential habilitation.

The Request for Single Case Agreement – Residential Habilitation form (Attachment A) must be used to request a SCA and must be accompanied by documents which support the need for the additional funding. This form can be found on the DDSN Application Portal > Business Tools > Forms > Directives – 700 Series.

When an initial request for a SCA is made by the residential habilitation provider, the request and supporting documentation must be submitted to DDSN for an initial programmatic and fiscal review. Documentation must be submitted to DDSN via encrypted email to [SCARequest@ddsn.sc.gov](mailto:SCARequest@ddsn.sc.gov). Based on this review, DDSN will determine if the request clearly demonstrates that the cost to provide necessary care, supervision and skills training demonstrably exceeds the funding available through an appropriate tier of residential habilitation. When DDSN determines that additional funding is sufficiently justified and warranted, a recommendation for approval will be made to SCDHHS. Final decisions regarding all single case agreements will be made by SCDHHS; only SCDHHS may issue SCAs.

### B. Approval Period and Expiration of SCA

The maximum approval period for a SCA is one (1) year. A SCA may be issued for less than one (1) year when deemed appropriate based on the circumstances which warranted the issuance of the SCA. SCAs will automatically expire unless approval for continuation is granted prior to the expiration date of the current approval. Upon expiration of the SCA without continued approval, the additional funding awarded through the SCA will end, but the authorized tier of residential habilitation will continue.

### C. Requests for Continuation

The Request for Single Case Agreement – Residential Habilitation form (Attachment A) must be submitted prior to the expiration of the current SCA in order for the SCA to continue. The completed Request for Single Case Agreement – Residential Habilitation form (Attachment A)

must be accompanied by documentation which supports the justification of the continued need for the additional funding. The Request for Single Case Agreement form can be found on the DDSN Application Portal > Business Tools > Forms > Directives 700 Series.

#### D. Documenting Need for SCAs

In order for a SCA to be issued, the cost to support the person through residential habilitation must demonstrably exceed the rate established for the tier of residential habilitation for which the person is or can be authorized. When the additional costs will be incurred because additional staff support is necessary, the costs must be calculated in consideration of the entire residential setting in which the person receives or may receive services. Requests must include detailed information about the costs that exceed or are projected to exceed the established rate.

Examples:

- The tier of residential habilitation available to the person is High Management. However, the person can only be successfully supported in a single-occupancy setting with two (2) staff present 16 hours per day and one (1) staff person present eight (8) hours per day. Employment and Day Services are contraindicated for this person.
- The tier authorized for residential habilitation is Tier 3. The person requires medications twice daily that are given or held based on assessment (nursing judgement); therefore, nursing services are required when those medications are administered. Two (2) hours daily, seven (7) days weekly of nursing services are required for this person to be successful. The additional funding needed for these services is \$80.00 per day/\$29,200 per year.
- The tier authorized for residential habilitation is Tier 3. The person will be discharged from a DDSN Regional Center (Intermediate Care Facilities for Individuals with Intellectual Disabilities {ICF/IID}), but requires significant direct (hands-on) support from another to complete activities of daily living including personal hygiene (bathing, grooming), dressing, eating, and maintaining continence. Significant support is needed from staff for the completion of instrumental activities of daily living, and frequent staff intervention is required maintain meaningful engagement in recreational or leisure activities.

For initial requests, in addition to a completed Request for Single Case Agreement – Residential Habilitation form (Attachment A), documentation to support any assertions made must be submitted. This documentation should be specific to the assertions made and may include, but not be limited to:

- Documentation of problem behavior; police incident reports; court records
- Documentation showing that the person's or others' health and/or safety are at imminent risk of serious harm without enhanced services



- Service/support plans from other service providers and progress reports
- Physical health reports; psychiatric reports; hospital discharge reports
- Assessment data showing the degree and frequency of support required
- Proposed schedule for additional staff support and associated costs required to meet participant needs above the tier of residential habilitation available to the person. Documentation should also include the current/typical staffing pattern of the home as well as the staffing pattern to which the provider will adhere upon approval of the SCA.
- When the support needs of a person who is receiving residential habilitation increases, documentation of the interventions that have been tried or considered. Examples include, but may not be limited to, effective behavior support plans, participant compatibility adjustments, participant activity/scheduling enhancement/adjustment, technology (e.g. door alarms, GPS tracking devices), 1:2 enhanced staffing is attempted prior to 1:1 staffing.

For requests for continuation, in addition to a completed Request for Single Case Agreement – Residential Habilitation form (Attachment A), a completed SCA Certification of Service Delivery form (Attachment B) must be submitted. Additionally, documentation, including evidence of the provision of the additional supports for which the initial SCA was issued and the person’s response to those supports must be submitted. Examples include, but are not limited to:

- Evidence that the level of staffing approved per the SCA was actually delivered
- Evidence that interventions to address problem behavior were developed and implemented
- Evidence that a nurse licensed by the State administered medications requiring nursing judgement or performed the skilled nursing tasks
- Written description of efforts to and/or results of fading enhanced services.

#### E. Documentation Requirements for Approved Residential Habilitation Enhanced Services

Documentation must be maintained by the residential habilitation provider and made available at the time of contract compliance review. DDSN’s Quality Assurance/Quality Improvement (QA/QI) contractor will review documentation that demonstrates the implementation of the supports/interventions for which the SCA was issued. Examples of the documentation which may be required include, but may not be limited to:

- The person’s plan specifically reflects the level of supervision required by the person.

- Staff schedules which reflect the fulfillment of the required supervision levels of the person.
- Documentation that the staff scheduled actually were present and delivered the level of supervision required.
- Documentation that a licensed nurse delivered the medication and/or performed the skilled nursing tasks.

F. Documentation of Approval or Denial and Billing

When a SCA will be issued, SCDHHS will prepare a Memorandum of Understanding (MOU) between the residential habilitation provider and SCDHHS. The MOU must be signed by the residential habilitation provider and returned to SCDHHS. The MOU will not be executed until the MOU is signed and returned to SCDHHS.

The case manager for the person for whom a SCA is issued must plan for and authorize the appropriate tier of residential habilitation to the residential habilitation provider.

The residential habilitation provider will bill Medicaid for the authorized residential habilitation services delivered. This billing may be via the SCDHHS WebTool or via Therap. NOTE: Approved additional funding must be invoiced separately.

To bill for and receive payment for the additional funding, the residential habilitation provider must follow the instructions for claims submission outlined in the MOU. NOTE: residential habilitation is billed separately from any approved additional funding.

When a request for a SCA is denied, the person, his/her case manager, and/or his/her residential habilitation provider will be notified in writing of the denial and provided with information for requesting reconsideration of the decision.

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Barry D. Malphrus  
Vice Chairman

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Stephanie M. Rawlinson  
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: Request for Single Case Agreement Residential Habilitation  
Attachment B: Single Care Agreement Certification of Service Delivery

Request for Single Case Agreement  
Residential Habilitation

Type of Request: Initial Continuation

Name of Person: \_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

Residential Habilitation Model (*current or proposed*): \_\_\_\_\_

Residential Habilitation Provider (*if known*): \_\_\_\_\_

Current tier of Residential Habilitation (*approved or authorized*): \_\_\_\_\_

Established rate for the tier of Residential Habilitation (*without SCA*): \_\_\_\_\_

If this is an initial request, indicate the amount of funding per daily unit being requested:

\_\_\_\_\_

If this request is for a continuation, indicate the current amount of funding per daily unit covered by the SCA:

\_\_\_\_\_

Indicate the nature of the additional support's services for which the SCA is needed:

Additional staff support (must provide specific current and/or proposed staffing schedules which highlight the additional staffing for which SCA is requested or has been approved)

1 to 1 staff support (must specifically define 1:1 {within arm's length, within same room, etc.} and must provide staffing schedule highlighting the 1:1 staffing coverage)

Professional services (e.g., nursing, dietician, IBI, etc.)

Single occupancy environment

Other: Describe: \_\_\_\_\_

**SINGLE CASE AGREEMENT  
CERTIFICATION OF SERVICE DELIVERY**

I HEREBY CERTIFY THAT THE SERVICES OR INTERVENTIONS FOR WHICH A SINGLE CASE AGREEMENT WAS ISSUED ON BEHALF OF THE PERSON NAMED BELOW WERE PROVIDED AND ARE PROPERLY DOCUMENTED.

Name of Participant: \_\_\_\_\_

I FURTHER CERTIFY THAT THE ADDITIONAL FUNDING OF \$ \_\_\_\_\_ PER UNIT OF RESIDENTIAL HABILITATION - \_\_\_\_\_ (*TIER OF RES HAB*) **USED** \_\_\_\_\_ WAS FOR THE PURPOSES INTENDED AND IS ACCOUNTED FOR PROPERLY.

\_\_\_\_\_  
Executive Director/CEO (*Printed Name*)

\_\_\_\_\_  
Executive Director/CEO Signature

\_\_\_\_\_  
Residential Habilitation Provider (*Agency Name*)

Date: \_\_\_\_\_

## FY22 Spending Plan VS Actual Expenditures as of 3/31/2022

Category	Spending Plan	Cash Expenditures YTD	SCDHHS Monthly "Wash" Expenditures with Revenue YTD *	Total Monthly Expenditures YTD	Remaining Spending Plan	Spending Plan Deviation with Actual
DDSN spending plan budget	\$ 851,170,837	\$ 518,886,081	\$ 105,488,667	\$ 624,374,748	\$ 226,796,089	<b>REASONABLE</b>
Percent of total spending plan remaining	100.00%	60.96%	12.39%	73.35%	26.65%	
% of FY Remaining					25.00%	
Difference % - over (under) budgeted expenditures					-1.65%	

\* In Mar 2022, providers billed & paid by SCDHHS for approximately \$139.6 million in services (waiver services + state plan services). DDSN paid the \$34.1 million state match to SCDHHS recorded as a cash expenditure and the \$105,488,667 difference was the "wash" Medicaid reimbursement revenue & expense added to maintain "apples to apples" comparison to FY22 spending plan.

Methodology & Report Owner: DDSN Budget Division