verly A. H. Buscemi, Ph.D.
le Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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

January 29, 2013

COMMISSION
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The Honorable G. Murrell Smith Jr., Chairman The Honorable Tracy R. Edge The Honorable William G. Herbkersman The Honorable Harry L. Ott Jr.

Ways and Means Healthcare Subcommittee South Carolina House of Representatives

Dear Mr. Chairman and Subcommittee Members:

The S. C. Department of Disabilities and Special Needs' budget request is hereby submitted for your consideration.

The department is requesting \$13,025,000 in recurring funds for FY 2013 – 2014. This request is presented in four priorities, each of which relates directly to the core mission. All four priorities relate directly to the safety of individuals and provision of quality services, support the independence of individuals with disabilities, and strengthen families. Funding of this request will enable DDSN to comply with new federal requirements and initiatives, prevent crisis situations, address the needs of elderly caregivers and individuals on waiting lists, and support people at home and in community settings. There are no capital or proviso requests. There are no requests for new FTEs.

Thank you for your support of the agency's efforts to serve individuals with severe lifelong disabilities and their families. Your actions allowed the department last year to continue essential services and serve more than 1,000 people who were waiting for new services.

Thank you for your leadership and service to our state. Please let me know if you have any questions or require additional information about DDSN's services or budget. We are glad to be of service.

Sincerely, Beverly J. H. Busevii PMO

Beverly A. H. Buscemi, Ph.D.

State Director

Table of Contents

Key Agency Contacts1
Organizational Chart2
Mission, Vision and Values3
"Where We Are Now"4
Agency Budget Request for FY20146
Reports Required By Proviso13
Federal and Other Funds Overview23
Base Budget Expenditures and Appropriations25
Major Program Areas26
Key Results27
Duplicative Activities50
Cost-Savings Initiatives51
Counter Measures for Fraud and Abuse54
Audit Information54
Last State Audit Report55
Base Proviso Information and Requests68
Fees and Fines Required By Proviso 89.8582

SC Department of Disabilities and Special Needs

KEY AGENCY CONTACTS

Beverly A. H. Buscemi, Ph.D. State Director (803) 898-9769 bbuscemi@ddsn.sc.gov

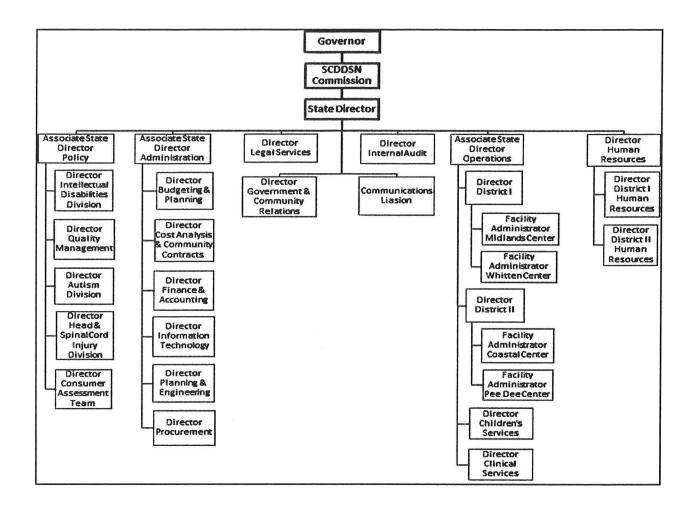
Tom Waring
Associate State Director, Administration
(803) 898-9769
twaring@ddsn.sc.gov

Kathi Lacy, Ph.D. Associate State Director, Policy (803) 898-9769 klacy@ddsn.sc.gov

Lois Park Mole
Director, Government and Community Relations
(803) 898-9769
Ipmole@ddsn.sc.gov

Lisa Weeks Budget Director (803) 898-9769 lweeks@ddsn.sc.gov

SC Department of Disabilities and Special Needs Organizational Structure



S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Mission, Vision and Values

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

VISION - WHERE WE ARE GOING!

To provide the very best services to assist persons with disabilities and their families in South Carolina.

MISSION - WHAT WE DO!

Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

VALUES - OUR GUIDING BELIEFS!

Health, safety and well-being of each person
Dignity and respect for each person
Individual and family participation, choice, control and responsibility
Relationships with family, friends and community connections
Personal growth and accomplishments

PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS!

Person-Centered

Responsive, efficient and accountable
Practical, positive and appropriate
Strengths-based, results-oriented
Opportunities to be productive and maximize potential
Best and promising practices

Adopted 11/20/03

SC Department of Disabilities and Special Needs

"Where We Are Now"

- DDSN currently serves more than 32,000 eligible persons with intellectual disabilities and related disabilities, autism, head injury and spinal cord injury. Approximately 85 percent of these individuals live at home with their families or in their own home. Of the individuals served who have an intellectual disability/related disability or autism, 72 percent live with family compared to 56 percent nationally. The results are this is best for the person with a disability, it is preferred by families and it is the most cost-efficient service alternative for taxpayers.
- During FY 2012, 227 individuals whose situations jeopardized their health, safety and welfare. were removed from the critical waiting list. The result was their harmful situations were resolved, most frequently by appropriate out-of-home placement using the least restrictive setting.
- A substantial number of people have moved into services off waiting lists and other people now receive new supports and services. The agency redirected service dollars to provide necessary supports to remove more than 220 individuals from the critical waiting list and to provide 40 new people traumatic brain injury/spinal cord injury (TBI/SCI) post-acute rehabilitation services following injury. More than 1,000 people began receiving needed services from one of DDSN's four waiver programs and more than 460 people received new competitive employment or center-based day supports. Over 300 people participated in a new community-based respite service. Almost 3,800 new children ages 0 to 5 received essential early intervention and family training services.
- South Carolina ranked 13th in the United States and higher than any other southeastern state in the United Cerebral Palsy (UCP) 2012 report, *The Case for Inclusion*. UCP is an international advocacy and service organization that ranks all 50 states and the District of Columbia on their service outcomes for citizens with intellectual/developmental disabilities. This ranking process utilized numerous indicators covering a broad scope of areas which directly contribute to improved quality of life for people with disabilities.
- DDSN conducted a special series of eight (8) community Stakeholder Sessions and developed an on-line survey to solicit stakeholders' input and perspectives. More than 800 self-advocates, parents, family members, provider staff and advocates participated in the Stakeholder Sessions which were held in conveniently located sites across the state. Each session broke out into four concurrent target groups based on the age of the person with a disability or where they live. In addition, more than 150 people completed the on-line surveys. The result was the agency received essential information on the value and importance of services which was analyzed by the University of South Carolina's (USC) Institute for Public Services and Policy Research. USC reported the major finding was "virtually every service that DDSN provides is considered important by consumers."
- DDSN doubled a new Caregiver Relief Program based on input from families and providers.
 This program offered respite care outside of the home to individuals who were on waiting lists for services. Twelve providers participated, twice the previous year's number, both private and public, representing large and small providers in both rural and urban areas of the state. Local flexibility was allowed for program design and operation. The results were

more than 300 individuals consistently received this service over the year, benefiting from socialization and inclusion, and their caregivers benefited from a break in providing constant care and supervision. Another result of this cost-effective program is more people can receive support and care for less money per person in a congregate setting than in the more expensive option of one-on-one in-home respite.

- Forty-eight (48) residents of DDSN's regional centers moved successfully to community settings based on their expressed preference. The results were honoring consumer/family choice, compliance with the U.S. Supreme Court's Olmstead decision and provision of less expensive residential services. Another result is that an additional \$1.7 million of service funds from regional centers to local community services and reduced forty-three (43) permanent workforce positions (FTEs). Since DDSN began its "Money Follows the Individual (MFI)" initiative, more than \$67 million has been redirected to less expensive service alternatives over time and resulted in the reduction of more than 2,070 FTEs.
- Only individuals with the most significant and complex needs reside at the regional centers.
 More than 84 percent of the individuals residing at the centers have severe or profound
 disabilities whereas nationally 76 percent of individuals served in similar facilities in other
 states have severe or profound disabilities. Reserving utilization of the most expensive
 service is cost-efficient. Additional results are that individuals received services in the least
 restrictive environment possible and inappropriate nursing home placements were avoided.
- DDSN reduced the net census at regional centers by 2.6 percent and the number of people served in community Intermediate Care Facilities for Individuals with Intellectual Disabilities by 5 percent. The results are cost-efficiencies and practices consistent with federal priorities.
- The agency maintained regional center per diems below the national average. DDSN's institutional rate is 38 percent less than the national average rate. The result of having a more efficient system than other agencies across the country is significant as regional center care is the most expensive service option.
- Also maintained is South Carolina's incidence of neural tube defects in line with the national
 average through collaboration with the Greenwood Genetic Center. This primary prevention
 effort resulted in positive outcomes for infants at birth, prevented the onset of an intellectual
 disability for 60 children annually and avoids millions of dollars in future medical and
 service costs over the lifetime of each child.
- The agency improved the use of technology to improve efficiency. The agency enhanced its automated Incident Management System for providers to report critical incidents, deaths, and occurrences of abuse, neglect or exploitation. A new residential services reporting system was developed to improve census data reporting and billing information. The results are efficient paperless processes, reduction of manual entries, instant access of specific data, and increased reliability of data collection.
- DDSN maintained administrative costs of the agency below 2 percent of the overall budget. The result was directing maximum financial resources to services and serving the greatest number of people possible.

South Carolina Department __ Disabilities and Special Needs Budget Request Considerations for FY 2013 - 2014

	Program Need	Description of Need	State	Executive
			Funds	Budget
ij	Meet Federal	This request is necessary to comply with Federal requirements	\$2,200,000	\$2,200,000
	Requirements/Initiatives	and new initiatives while maintaining current service levels for		
		consumers receiving services this year. Federal compliance		
		changes require new state funds to manage reduced		
		reimbursement rates for administrative costs in waiver services		2
		and consumer room and board costs. New dual eligible initiative		
		(both Medicaid and Medicare) requires new state funds to serve		
	7	consumers age 65 years old or older who do not live in		
		institutional settings. The Affordable Care Act (ACA) is		
		facilitating movement away from paper records for all service		
		providers resulting in new state funds needed to transition to		
		electronic health records related to consumer care.		
		Dodinond roimburgomont rator for Administration CEOO 000		¢500 000
		neduced remindulation remains and Administration 3300,000		2300,000
		Keduced reimbursement rates for Koom and Board \$700,000		\$700,000
		New DHHS Dual Eligibility Initiative \$600,000		\$600,000
		Transition to Electronic Health Records \$400,000		\$400,000

South Carolina Department J. Disabilities and Special Needs Budget Request Considerations for FY 2013 - 2014

	Program Need	Description of Need	State	Executive
			Funds	Budget
5.	Assure Safety and Quality	This request is to assure safety and quality of care and address	\$3,850,000	\$569,762
	of Care and Address	the growing residential service needs of individuals living with		
	Needs of Individuals	elderly caregivers. Service funding rates must be sufficient to		
	Living with Aging	cover the actual cost of care as a maintenance of effort to the		
	Caregivers	providers of services. If the increased costs of gasoline, oil,		
		electricity, food, medical professionals and other goods and		
		services are not covered, eventually local providers will have to		
		reduce the scope and quality of care below acceptable		
		standards, eliminate the services for which there is insufficient		a.
		funding, or stop providing services. This request will also		
		provide necessary residential supports and services for 75		
		individuals living with caregivers aged 70 years old or older. As		
		of June 30, 2012, there were over 1,100 individuals with severe		
		disabilities being cared for by parents age 72 and over. Over 400		
		of these caregivers are 80 years old or older themselves and		
		their sons and daughters with a disability are in their 50's or		
		60's. As the parent's age increases, the likelihood of their		
		becoming disabled or dying increases significantly. When these		
		fragile family arrangements fall apart, DDSN must respond to		
		the health and safety risks of the individual with the disability		
		who cannot care for him/herself.		
		Service funds sufficient to cover Actual Cost of Care \$2.5 M		\$569,762
_		75 Beds for Individuals Living with Aging Caregivers \$1.350 M		1

South Carolina Department ... Disabilities and Special Needs Budget Request Considerations for FY 2013 - 2014

3. Boc Tra and Qui	Boost the Continued		Funds	- (
	ost the Continued			Budget
Tra and Qu		This request is to maintain the provision of quality care as	\$3,600,000	\$1,100,000
Qui	Transition of Individuals	required. It represents the state's need to boost the continued		
ð	and Maintain Provision of	transition of individuals with very complex needs from		
	Quality Care to	institutional (ICF/ID) settings to less restrictive community		
3	Consumers	settings while maintaining quality care. DDSN has managed this		
		movement to community settings within its own resources for		
77-71-0-10-10-1		the past 18 years. With increasing cost of care for those		
		individuals leaving the regional centers, the department no		
		longer has the funding capacity to maintain the quality of care at		
		the regional centers as well as to insure the quality of care for		
		those individuals moving into the community. New state funds		
		are required to continue to meet the federal mandate of		
		allowing those individuals desiring to live in the community to		- 2
		move out of the regional centers. This request will allow 50		28
		individuals with the most complex medical and behaviorally		
		challenging needs to move without jeopardizing their health and		
		safety. This request will also allow the agency to expand the		
		utilization of the Supports Intensity Scale (SIS) to better assess		
		individuals' needs. This SIS is a validated and reliable tool which		
		can enable the agency to ensure individual consumers are		
		getting the right amount of supports and services and ensures		
		equity across consumers by matching support levels to		
		individual needs. This request also provides for the increased		
		cost of providing care and addressing nursing and supervision		

South Carolina Department v. Disabilities and Special Needs Budget Request Considerations for FY 2013 - 2014

Program Need	Description of Need	State	Executive
		Funds	Budget
	needs of consumers. Quality cannot be reduced and staffing		
	ratios must be maintained and meet compliance standards.		
	Workforce issues must be addressed to recruit and retain quality		
	staff who provide essential 24/7 nursing care and direct		
	supervision and care of consumers.		
	Olmstead US Supreme Court decision/Service funds required to		
	transition 50 individuals from region centers to community		
	settings \$1.5 M		ı
	Expand use of Supports Intensity Scale (SIS) \$600,000		\$600,000
	Workforce Recruitment and Retention – Nurses and Direct Care		
	\$1.5 M		\$500,000

South Carolina Department __ Disabilities and Special Needs Budget Request Considerations for FY 2013 - 2014

4. Increase and Improve Access to In-Home Individual and Family Supports Access to respite services critical to helping parents and family caregivers with the supports necessary to maintain their homes. It represents the need to increase and in access to respite services critical to helping parents an family caregivers cope with the stress of providing dai supervision to their loved one. Supply and demand reincrease in the hourly rate paid to respite providers to and retain more caregivers and providers on a statewi. This request will also provide approximately 700 indiv severe disabilities on waiting lists with in-home supposervices necessary to keep them at home with family prevent unnecessary and expensive out-of-home place. As of June 30, 2012, there are about 3,300 consumers waiting list for Intellectual Disability, Related Disability. Community Services and 390 awaiting Head and Spina Injury Community Services. There were also 1,300 indawaiting a day support service. This request also resp South Carolina's need to fully fund over time the rema of post-acute rehabilitation after the injury and acute ho Currently in the state, there is a serious gap in access in the caregivers and Injury Currently in the state, there is a serious gap in access in the caregivers and Injury Currently in the state, there is a serious gap in access in the caregivers and injury caregivers and injury currents in the state.		Program Need	Description of Need	State	Executive
Increase and Improve Access to In-Home Individual and Family Supports				Funds	Budget
I and Family	4.	Increase and Improve	This request is to prevent unnecessary and expensive out-of-	\$3,600,000	\$1,100,000
l and Family		Access to In-Home	home placements by providing individuals and their family		
		Individual and Family	caregivers with the supports necessary to maintain them in		
family caregivers cope with the stress of providing dai supervision to their loved one. Supply and demand re increase in the hourly rate paid to respite providers to and retain more caregivers and providers on a statewi. This request will also provide approximately 700 indiv severe disabilities on waiting lists with in-home suppo services necessary to keep them at home with family prevent unnecessary and expensive out-of-home place. As of June 30, 2012, there are about 3,300 consumers waiting list for Intellectual Disability/Related Disabilitic Community Services and 390 awaiting Head and Spina Injury Community Services. There were also 1,300 ind awaiting a day support service. This request also resp. South Carolina's need to fully fund over time the rema of post-acute rehabilitation that enables people with that brain or spinal cord injuries to obtain an appropriate lespecialized rehabilitation after the injury and acute ho Currently in the state, there is a serious gap in access the contracts of the contracts		Supports	their homes. It represents the need to increase and improve		
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specialized rehabilitation after the injury and acute ho Currently in the state, there is a serious gap in access the			brain or spinal cord injuries to obtain an appropriate level of		
Currently in the state, there is a serious gap in access i	***************************************		specialized rehabilitation after the injury and acute hospital stay.		
			Currently in the state, there is a serious gap in access to post-		
acute rehabilitation that is specialized for traumatic br			acute rehabilitation that is specialized for traumatic brain or		

South Carolina Department ... Disabilities and Special Needs Budget Request Considerations for FY 2013 - 2014

	Program Need	Description of Need	State	Executive
			Funds	Budget
		spinal cord injuries. The estimated total cost of care would be		
		\$68 million; however, \$56.5 million of this expense could be		
		covered by private insurance, Medicare and other government		
		reimbursements. This fiscal year, DDSN will have \$2,084,000 in		
		recurring funding for this program. The State funding needed		
		for the balance to cover the uninsured/underinsured and		
		Medicaid State matching funds would be \$9,420,000. Due to		
		the amount of funding needed, DDSN is only requesting		
		\$500,000 in additional funding at this time. This amount would		
		serve 10 additional individuals.		
		Increase hourly rate from \$8.30 to \$10.30 per hour for Respite		
		Caregivers \$1 M		\$500,000
		Move 700 individuals off Waiting Lists and provide In-home		
		Supports \$1.875 Million		\$600,000
		Increase Post-acute Rehabilitation service capacity by 10		
en e Portuga de la m		individuals \$500,000 (40 now)		ı

SCDDSN Summary Of Individuals Living With Aging Caregivers By Residing County - As Of December 31, 2012

Region Coastal	County	Ages 55+	Ages 65+	Ages 72+	Ages 75+	Ages 80+
Coustin	ALLENDALE	32	10	7	6	5
	BAMBERG	35	19	11	8	3
	BARNWELL	52	23	17	11	6
	BEAUFORT	124	59	33	21	7
	BERKELEY	189	87	48	29	16
	CHARLESTON	279	148	77	55	33
	COLLETON	66	39	21	12	8
	DORCHESTER	121	48	29	18	8
	HAMPTON	37	16	11	10	6
	JASPER ORANGEBURG	33 247	17 134	11 82	5 63	3 43
	ORANGEBORG	1,215	600	347	238	138
Midlands		1,215	000	347	230	130
	AIKEN	137	60	31	19	9
	CALHOUN	39	25	13	8	3
	CHESTER	22	11	7	5	4
	FAIRFIELD	38	18	13	8	5
	KERSHAW	46	18	9	7	4
	LANCASTER	54	28	19	14	9
	LEXINGTON	133	63	44	35	17
	NEWBERRY	. 53	18	10	7	3
	RICHLAND	322	192	111	77	47
	YORK	113	54	28	23	12
		957	487	285	203	113
Pee Dee				_		_
	CHESTERFIELD	43	20	5	4	3
	CLARENDON	40	26	13	9	6
	DARLINGTON DILLON	67 46	21 13	9	8	6
	FLORENCE	107	57	3 35	3 28	2 12
	GEORGETOWN	80	43	26	18	11
	HORRY	167	90	47	35	20
	LEE	18	6	4	2	1
	MARION	42	9	7	6	Ô
	MARLBORO	60	29	11	4	2
	SUMTER	100	37	23	16	11
	WILLIAMSBURG	65	30	21	12	6
N' 1		835	381	204	145	80
Piedmont	ABBEVILLE	22	16	9	7	5
	ANDERSON	137	76	37	23	16
	CHEROKEE	51	25	15	15	8
	EDGEFIELD	20	12	7	6	5
	GREENVILLE	260	124	74	52	35
	GREENWOOD	83	37	21	12	8
	LAURENS	101	55	25	17	8
	MCCORMICK	13	9	7	5	3
	OCONEE	78	38	21	14	7
	PICKENS	104	52	29	21	10
	SALUDA	24	19	8	5	4
	SPARTANBURG	259	122	64	44	24
	UNION	44	24	12	10	5
		1,196	609	329	231	138
		4,203	2,077	1,165	817	469

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



3440 Harden Street Ext (29203) PO Box 4706, Columbia, South Carolina 29240 803/898-9600 Toll Free: 888/DSN-INFO Website: www.ddsn.sc.gov Fred Lynn
Chairman
Deborah C. McPherson
Vice Chairman
Christine Sharp
Secretary
Nancy E. Banov, M.Ed.
Harvey E. Shiver
Katherine W. Davis

COMMISSION

September 27, 2012

Mr. Les Boles, Director
Office of State Budget
South Carolina Budget and Control Board
Post Office Box 12444
Columbia, South Carolina 29211

Re: Proviso 89.98 of the 2012–2013 Appropriation Act

Mr. Boles:

The South Carolina Department of Disabilities and Special Needs (DDSN) would like to request an exemption from the detailed reporting requirements of Proviso 89.98: Bank Account Transparency and Accountability. Consistent with our prior appeals, we are requesting exemption from said Proviso for the following reasons.

DDSN operates a total of 13 Composite Reservoir Accounts that are not accounted for on the Comptroller General's STARS accounting system or on the SCEIS accounting system. Of those accounts, 12 comprise the Client Banking System for our four regional facilities. The funds and transactions within these accounts are comprised solely of the personal banking and financial activities of our consumers. There are no public funds in any of these accounts. Disclosure of detail transactions of these accounts would only serve to make public the private financial activities of our most vulnerable citizen consumer base.

The remaining composite account held by DDSN is a Return Check/NSF Check clearing account whereby any deposited instrument that is not honored by the institution, is drawn upon and drafted by the depository institution. DDSN replenishes that clearing fund with monies from the specific CG sub-fund wherein it was originally deposited.

DISTRICT

Midlands Center - Phone: 803/935-7500 Whitten Center - Phone: 864/833-2733 9995 Miles Jamison Road Summerville, SC 29485 Phone: 843/832-5576 DISTRICT II

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

P.O. Box 239

Mr. Les Boles, Director, Office of State Budget September 27, 2012 Page 2

Pursuant to the State Budget and Control Board's approval of the department's FY2011-2012 exemption request on March 6, 2012, DDSN is pleased to provide information less detailed in scope on these accounts. As requested, please find attached a 13 page summary report.

If you should have any questions, please don't hesitate to call me or Martin Taylor at 803-898-9698.

Sincerely,

Tom Waring

Associate State Director, Administration

TPW/lbc

cc: Mr. Martin Taylor, Director of Finance, DDSN

Attachment

Beverly A. H. Buscemi, Ph.D. State Director David A. Goodell Associate State Director Operations Kathi K. Lacy, Ph.D. Associate State Director Police Thomas P. Waring Associate State Director Administration



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

November 30, 2012

The Honorable Nikki R. Haley Governor, State of South Carolina Post Office Box 12267 Columbia, South Carolina 29211

The Honorable Hugh K. Leatherman, Sr. **State Senator** Chairman, Senate Finance Committee 111 Gressette Building Columbia, South Carolina 29201

The Honorable W. Brian White State Representative Chairman, House Ways and Means Committee 525 Blatt Building Columbia, South Carolina 29201

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 89-X90-General Provisions, 89.84. (GP: IMD Operations) of the 2012-2013. General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,882,394 in FY 2012 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

Beverly A. H. Buscemi, Ph.D.

State Director

BAHB/sd

Cc:

Angie Willis Tim Rogers DISTRICT I

P.O. Box 239 Clinton, SC 29325-5328 Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500 Whitten Center - Phone: 864/833-2733

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

J. A. Busceni PMO

DISTRICT II

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

COMMISSION

Deborah C. McPherson

Katherine Llamas Finley

Fred Lynn

Vice Chairman

Christine Sharp

Katherine W. Davis

Harvey E. Shiver

Eva R. Ravenel

Chairman

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program January 2013

Number of Children

- 1,417 children have received PDD services since the program's inception
- 741 children are currently participating in the PDD Program (582 enrolled in the waiver and 159 in state-funded slots)
- 931 children are on the waiting list
- 157 new slots (in addition to attrition) were authorized since July 1, 2012
- Approximately 82% of all participants are male and 18% are female
- Approximately 88% of all participants have a diagnosis of autism and 12% have other PDD diagnoses
- Approximately 73% of participants are ages 3-6; 25% are ages 7-10

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$32,567 per year
- Increased the number of qualified providers to 19 companies and over 45 consultants; began with three companies and five consultants
- Improved coordination with First Steps to transition BabyNet children. This prevents disruption of services. 30 children have transitioned since October 2012.
- 80% of children are Medicaid eligible

Funding

\$7.5M	Original appropriated amount
\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012. Note: DDSN had requested a rate increase for
	direct line therapists in FY2011. It was anticipated this would be approved and
	expended in FY2012.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services:

- 1) Early Intensive Behavioral Intervention (EIBI) and
- 2) Case Management.

EIBI services seek to develop skills of children in the areas of cognition, behavior, communication and social interaction. Case management services assist children and their families in gaining access to needed waiver and other State Medicaid plan services, as well as medical, social, educational and other services.

Program Improvements

- 1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
- 2. Allow children younger than three years of age to apply for PDD services. If eligible, the child may be placed on the waiting list. Children are not enrolled in the Program until after they turn three but this prevents time delay.
- 3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
- 4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
- 5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these <u>and</u> trains direct-line therapists, decreasing time delay before actual services begin.
- 6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
- 7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.

- 8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
- 9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
- 10. Finalized contract language in partnership with DHHS for EIBI providers that focuses on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
- 11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to develop the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
- 12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research was completed and that report is attached.
- 13. Recruited qualified Board-certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.

New Initiatives

- 1. Submitted a formal request for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. DDSN is still waiting on approval.
- 2. Contracting with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 76 hired since November 2011.
- 3. Coordinating policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures. 30 have transitioned since October 2012.

- 4. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.
- 5. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is thirty-five (35) students enrolled in the training with a commitment to provide services for a minimum of two years in exchange for tuition costs.
- 6. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

Due to the richness of available data, DDSN is uniquely positioned to advance knowledge regarding the predictors of positive outcomes associated with this program. These results will provide important additional insights for the delivery of treatment services at DDSN and for the broader understanding of treatment policy for children with autism.

This new study will include about 500 more children and families and will specifically aim to:

- 1. Evaluate the impact of PDD services on child outcomes (cognitive functioning, adaptive functioning and verbal ability)
- 2. Assess the child-specific factors associated with differences in outcomes (attributes of children who are most likely to experience positive outcomes)
- 3. Explore the relationship between the changes in adaptive behaviors through time and the actual treatment hours received (how differences in treatment hours contribute to the positive outcomes)

Outcomes

DDSN operates an evidence-based program for children with Pervasive Developmental Disorders (PDD). The interventions are based on Early Intensive Behavior Intervention (EIBI) and focus on enhancing cognition, communication, adaptive behavior and social skills, all of which are significant issues for children with autism spectrum disorders. DDSN's model is a home-based treatment program that requires parental involvement to ensure the interventions are carried out throughout the child's day.

To date, DDSN has provided EIBI programs to more than 1,400 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority of children use words, sign language or picture exchange systems to communicate with peers, teachers and parents. Quotes from a survey of parents of children in the program include, "He is a different child. I would never have imagined that he would respond to a question or initiate conversation with his family or schoolmates." "Please do not take this program away from my child. She is talking! She has made so much progress, and I can't thank you enough for giving my daughter a chance to be like other children." To be able to ask for what one wants or needs or to let a parent or teacher know that they are in pain is a huge milestone for these children. By enhancing Expressive Communication, behavior challenges can be markedly decreased, allowing socially significant behaviors to improve.

<u>Receptive communication</u> is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three years showed an average gain of 15% in the area of Receptive Communication.

<u>Daily living skills</u> are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three years of service was seven years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Head and Spinal Cord Injury (HASCI) Division

Funding for Specialized TBI/SCI Post-Acute Rehabilitation

WHAT:

SCDDSN has limited state funding to pay for medical rehabilitation for uninsured or underinsured people with traumatic brain injury (TBI) and/or spinal cord injury (SCI) in CARF-accredited inpatient/outpatient TBI/SCI Rehabilitation Programs. These funds may be used subsequent to, but cannot supplant or subsidize, any other funding.

WHO:

Applicants must be residents of South Carolina and must be uninsured or unable to access sufficient post-acute rehabilitation through private health insurance, Medicare, Medicaid, Worker's Compensation, Veterans Administration, or any other payers. If receiving or eligible for Medicaid, applicants must be 21 years of age or older.

Applicants must have traumatic brain injury and/or spinal cord injury caused by external physical trauma and resulting in hospitalization or treatment in an emergency department or by a physician and <u>not</u> congenital or due to a chronic, degenerative, or progressive medical condition. (TBI does <u>not</u> include anoxic or hypoxic brain damage, aneurysm, stroke, or dementia. Traumatic SCI does <u>not</u> include spinal column fracture, disc injury, spinal stenosis, or demyelinating disease.)

Applicants must meet medical necessity and clinical level of care criteria. Applicants must no longer require acute care, be able to actively participate in and benefit from intensive rehabilitation, and be reasonably expected to achieve neurological recovery and/or improved functioning. Patients in coma, persistive vegetative state, or minimally responsive state are not eligible. Applicants must have viable and productive post-rehabilitation options.

WHEN:

The intent is for specialized TBI/SCI post-acute rehabilitation to begin when acute care is no longer needed and upon discharge from a hospital or after diagnosis by a physician.

WHERE:

SCDDSN currently contracts with two facilities to provide rehabilitation with this funding:

- Roger C. Peace Rehabilitation Hospital (Greenville, South Carolina)
 Telephone: 1-800-868-8871
- Carolinas Rehabilitation (Charlotte, North Carolina)
 Telephone: 1-704-355-5869

HOW:

Trauma centers, acute care hospitals, and physicians may refer patients to the facilities above. Potential applicants or their representatives may also contact these facilities for information.

If interested in contracting as a provider for this funding, other facilities with CARF-accredited inpatient/outpatient TBI/SCI Rehabilitation Programs may contact the SCDDSN Head and Spinal Cord Injury Division at 803/898-9789.

South Carolina Department of Disabilities and Special Needs

Post-Acute Rehabilitation Funding for Individuals with Traumatic Brain Injury (TBI) and/or Spinal Cord Injury (SCI)

FY-2013: Six Months 7/1/2012 - 12/31/2012

Total Funding Authorized:	\$750	,715
Carolinas Rehab Roger C. Peace Rehab	\$144 \$606	
Total Individuals Funded:	14	(6 TBI; 8 SCI)
Carolinas Rehab Roger C. Peace Rehab	3 11	(1 TBI; 2 SCI) (5 TBI; 6 SCI)
Applicants Not Approved Due to Not Meeting Eligibility Criteria:	1	(1 SCI)

2/1/2008 - 12/31/2012

Total Funding Authorized:	\$8,19	9,191
Carolinas Rehab	\$2,85	0,199
Roger C. Peace Rehab	\$4,94	4,939
Walton Rehab	\$ 40	4,053
Total Individuals Funded:	156	(85 TBI; 71 SCI)
Carolinas Rehab	51	(21 TBI; 30 SCI)
Roger C. Peace Rehab	95	(53 TBI; 42 SCI)
Walton Rehab	12	(12 TBI)
Applicants Not Approved Due to Not Meeting Eligibility Criteria:	22	(16 TBI; 6 SCI)

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timate	FY 2013-14 Agency Estimate	\$ 3,661	\$ 4,500,000 \$ \$ \$ 4,500,000	000'09 \$	 	15,000	\$ 75,000 \$ \$	\$ 175,000	 	· ·	\$ 150,000 \$ 15,000 \$ 4,200,000 \$ 5,000 \$ 3,000 \$ 3,000 \$ 40,000 \$ 300,000 \$ 500,000 \$ 5,342,000
Agency Estimate	2013-14 :rease/[3,661	6-4-5	45.00 C	() () () () () () () () () ()	5 0					
		3,66	4,500,000	20,000		15,000	75,000	- 175,000 - - - 000,271		•	150,000 250 15,000 4,200,000 5,000 3,000 1,500 1,000 500,000 126,000 126,000
		φ	4,136,661 \$ 1,636 \$ (75) \$ 4,138,222 \$	73,020 \$ 3,735 \$ 76,755 \$	5,003 \$ (11,005,003) \$ (11,000,000) \$	3,274 \$	1,150 \$ 59,261 \$ 59,261 \$. \$. \$ \$	3,841 \$ 1,142 \$ 61,453 \$ 68,920 \$ 1,148 \$ 136,504 \$	2,101,610 \$ (7,100) \$ 2,094,510 \$	7,100 \$	1,361,249 \$ 1,361,249 \$ 211,421 \$ 211,421 \$ 211,421 \$ 226,249 \$ 1,975 \$ 1,975 \$ 36,378 \$ 36,378 \$ 199,014 \$ 5 11,005,003 \$ (42,397) \$ 5 13,570,851 \$ 5
		49	\$ Cotal	\$ Total \$	\$ Total \$	49	VREST \$ STRIC \$ Total \$	STRIC S	\$ Total \$	49	To Fig. 10 10 10 10 10 10 10 10 10 10 10 10 10
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SCEIS/S	Revenue Source	430004	414029 452001 453001	453004	610001	448008	431002 431003 446003 466003	428002 431003 448001 448002 448021	489040	610001	422001 422602 430004 436005 447001 447001 447005 448005 448001 453001 453007 453007 453007 453007 610001 620001
		INDIRECT COST REC	General Revenue	MAINT REP REN-NONCAP	ARRA-MEDICAID ASSIST	CANTEEN FUND	SPECIAL CONTRIBUTION	WORK ACTIVITIES	CAP PROJ-EXC DS RES	CAP PR-EC DS RS-RM(G	Operating Revenue
	Fund Number	28230000	28370000	31490000	31S20000	34080000	34640000	34690000	34978000	34978005	37570000

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Find Number Category Figure Fig	FY 2013-14 Estimated FY 2013-14 Increase/Decrease Agency Estimate	\$ 383,724,964 \$ (20,000,000) \$ 383,724,964 \$ (20,000,000)	- \$ 150,000 - \$ 3,500,000 939 \$ 3,500,000 136) \$ - \$ 5,000 138) \$ 3,650,000	198 \$ \$	2,588 \$	48,857 \$ - \$	52,983 \$ \$ \$ \$ \$	046 \$ 613,653 \$ 613,653	45,415 \$ 340,000 \$ 340,000 1,435 \$ 340,000 1,435 \$ 30,541 \$ 30,541 \$ 340,000 \$ 340,000 \$ 340,000 \$ 340,000 \$ 340,000	15,474 \$ - \$. 8 . 8 .
Category Revenue Source	6-Digit Ledger	\$ 296,617 \$ 149 \$ (8,035 \$ \$ \$ Total \$ 288,736	(135) \$ 1,745.0 \$ (1,881.7 \$ (1,3	PREM & PROCEEDS	Total & & & &	49	S S S S S S S S S S S S S S S S S S S	OCATIONS EDUC IMPV ACT \$ 555,046	S S S Total	49	Line	Total \$
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Accountability Report Appropriations/Expenditures Chart

Base Budget Expenditures and Appropriations

	FY 10-11 Actual Expenditures	Expenditures	FY 11-12 Actual Expenditures	Expenditures	FY 12-13 App	FY 12-13 Appropriations Act
Major Budget Categories	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$59,947,785	\$44,412,785	\$60,360,609	\$44,718,896	\$60,365,449	\$43,413,633
Other Operating	\$383,795,998	\$62,200,659	\$357,358,395	\$95,744,993	\$437,805,924	\$97,456,696
Special Items	\$13,425,844	\$6,857,170	\$14,810,499	\$8,261,470	\$29.055.876	\$13.634.300
Permanent Improvements	\$2,496,750		\$2,798,185			
Case Services	\$12,288,984	\$844,841	\$12,545,241	\$900,800	\$15.428.310	\$914.800
Distributions to Subdivisions						
Fringe Benefits	\$24,181,076	\$17,953,487	\$23,815,431	\$17,821,833	\$25,792,706	\$18,983,219
Non-recurring						
Total	\$496,136,408*	\$132,268,942	\$471,688,360	\$167,447,992	\$568,448,265	\$174,402,648

Other Expenditures

	FY 10-11 Actual	FY 10-11 Actual FY 11-12 Actual
Sources of Funds	Expenditures	Expenditures
Supplemental R:11c		
Capital Reserve		
Funds	\$2,496,750	\$2,798,185
Bonds		

Major Program Areas

Program	Major Program Area	FY 10-11	FY 11-12	-12	Key Cross
Number	Purpose	Budget Expenditures	Budget Expenditures	enditures	References for
and Title	(Brief)				Financial Results*
	Residential care provided to consumers	State: 26,000,138	State: 40,	40,102,119	
II.E - Intellectual	in the least restricted environment based	Federal: 0	Federal:	0	7.1-3, 7.1-6,
Disabilities	on needs of the consumer. This	Other: 198,886,765	Other: 166,	166,051,832	7.1-9, 7.1-17
Community	residential care consists of 24-hour care	Total: 224,886,903	Total: 206,	206,153,951	
Residential	with range of care based on medical and				
	behavioral needs of consumers.	% of Total Budget: 46%	% of Total Budget:	dget: 44%	
	Regional recidential centers provide 24.	State: 50,989,707	State: 51,	51,557,149	
	hour care and treatment to individuals	Federal: 105,607	Federal:	76,465	7.1-3, 7.1-4, 7.1-5,
II.H Regional	with intellectual disabilities/related	Other: 36,826,723	Other: 35	35,855,801	7.1-6, 7.1-17, 7.2-11,
Centers	disabilities or autism with more	Total: 87,922,037	Total: 87,	87,489,415	7.3-13, 7.5-7
	complex, severe disabilities.	% of Total Budget: 18%	% of Total Budget:	idget: 19%	
II.B3 - Intellectual	Service consists of center based	State: 127,779	State: 12	12,528,997	
Disabilities Family	workshop providing training and skill	Federal: 0	Federal:	0	7.1-3, 7.1-10,
Support Adult	development in a workshop environment	Other: 44,382,857	Other: 28	28,092,307	7.1-11
Development and	and on the job training in a normal work	Total: 44,510,636	Total: 40	40,621,304	
Supported	place. Participants are paid wages based				
Employment	on their ability to produce.	% of Total Budget: 9%	% of Total Budget:	idget: 9%	
;	Family support services prevent the	State: 24,137,414	State: 22	22,054,285	
II.B2 - Intellectual		Federal: 5,696	Federal:	838	7.1-1, 7.1-2,
Disabilities Family	development of crisis situations and the	Other: 17,175,054	Other: 8	8,578,805	7.1-6, 7.1-10
Support In-Home	resulting expensive out-of-home	Total: 41,318,164	Total: 30	30,633,928	
Family Support	placement for individuals with severe				
	lifelong disabilities.	% of Total Budget: 8%	% of Total Budget:	idget: 6%	
-		, ,,,			

Below: List any programs not included above and show the remainder of expenditures by source of funds. Program I; Program II. Subprograms A; B1; B4, C; D; F and G.

Remainder of Expenditures:	State:	31,013,904		State:	41,205,442	
	Federal:	363,385	escalidos de	Federal:	175,171	
	Other:	63,624,629		Other:	62,610,964	
	Total:	95,001,918		Total:	103,991,577	
	% of Total Budget	Budget:	%61	L Jo %	% of Total Budget:	22%
	Total: % of Total	95,001,918	%61	Total: % of T	103,991,577 otal Budget:	` '

*Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Category 7: Results

Figure 7.1-1

Figure 7.2-1

Figure 7.3-1

Figure 7.5-1

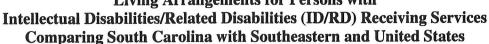
Section I: Major Achievements

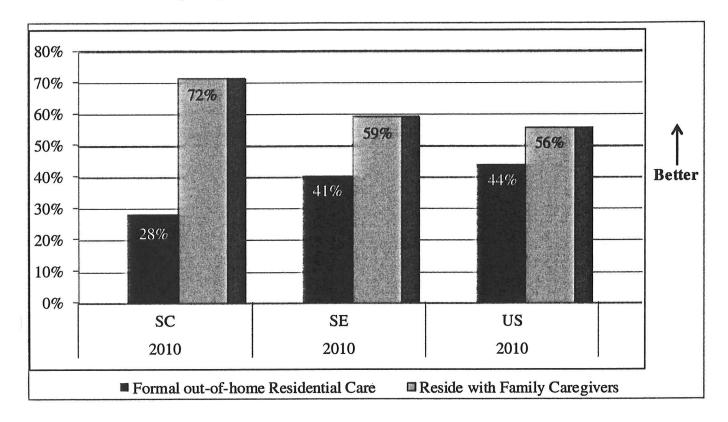
Section III:

Category 3 – Customer Focus

Category 6 - Process Management

South Carolina Department of Disabilities and Special Needs
Living Arrangements for Persons with
Intellectual Disabilities/Related Disabilities (ID/RD) Receiving Services





	Out-of-home residential care	Reside with family caregivers
Georgia	59%	41%
North Carolina	40%	60%

Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers. Of the thousands of persons with intellectual disabilities and related disabilities (ID/RD) and autism receiving services from DDSN, 72% live with family caregivers compared to 56% nationally. DDSN is doing a better job of keeping families together utilizing day services, respite, personal care, and other needed supports.

Note: Approximately 85% of *all* individuals served by DDSN, not just those with ID/RD, live at home with their families or in their own home. National data is unavailable to compare to the broader population served in South Carolina.

Data Source:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010 published by The University of Minnesota

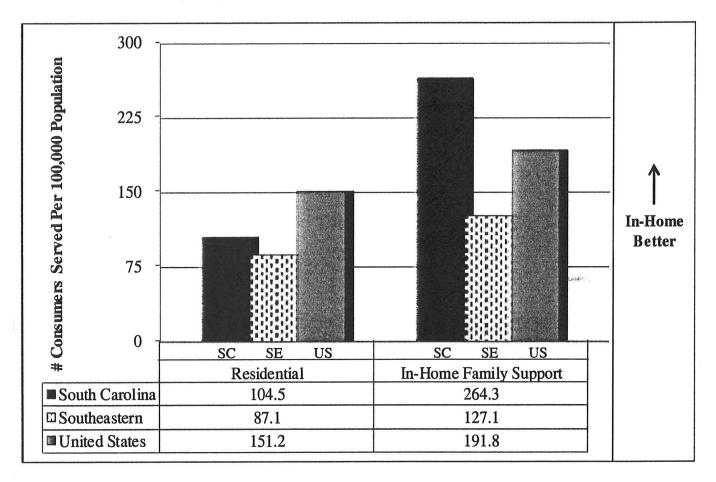
Figure 7.1-2 Figure 7.2-2 Figure 7.3-2 Figure 7.5-2 Section I:

Major Achievements

Section III:

Category 4 – Measurement, Analysis
& Knowledge Management

South Carolina Department of Disabilities and Special Needs Type of Service and Proportionate Number of Persons with Intellectual Disabilities/Related Disabilities (ID/RD) Served (Consumers) Comparing South Carolina with Southeastern and United States



Georgia	55.1	79.3
North Carolina	140.3	93.9

DDSN places a strong emphasis on the more cost-effective services provided to consumers living with family members rather than costly out-of-home residential services. This graph reflects the number of persons per 100,000 general population receiving in-home family support services and out-of-home residential services. Compared to the National average, DDSN serves 38% more persons with less expensive in-home family supports. Utilization of this service delivery strategy has enabled DDSN to serve proportionately more persons with disabilities than are served in other states.

(South Carolina's number of people served with in-home family support includes children receiving BabyNet services.)

Data Source:

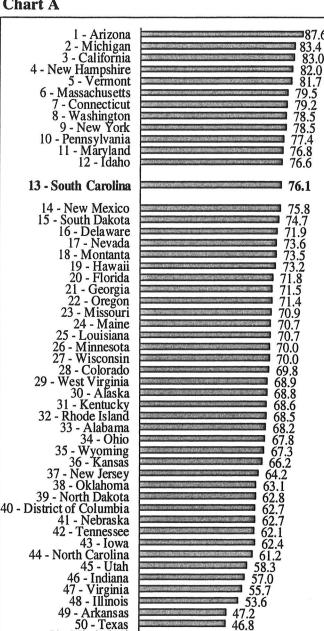
Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010 published by The University of Minnesota

Figure 7.1-3 Figure 7.2-3 Figure 7.3-3 Figure 7.5-3

Section I: **Major Achievements** Section III: Category 4 – Measurement, Analysis & Knowledge Management

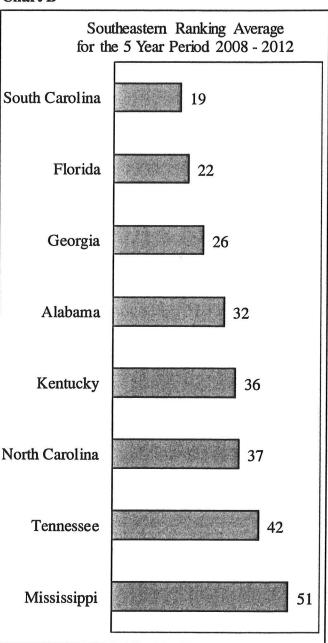
South Carolina Department of Disabilities and Special Needs Ranking of States' Ability to Create Community – Inclusive Lives for Americans with Intellectual Disabilities/Related Disabilities (ID/RD)

Chart A



28.2

Chart B



United Cerebral Palsy is one of the nation's leading organizations serving and advocating for 52.9 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community-inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked 13 nationally in 2012 and ranks highly in comparison to Southeastern states and across the nation.

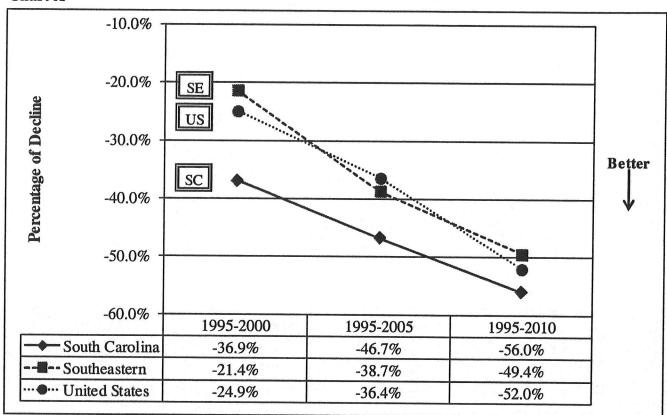
Data Sources:

51 - Mississippi

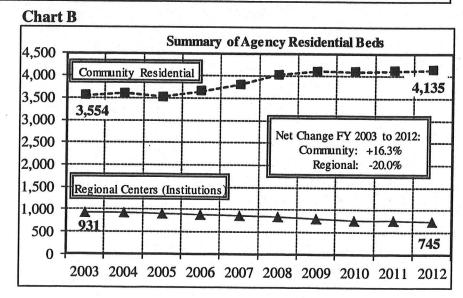
The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2008, 2009, 2010, 2011 and 2012 published by United Cerebral Palsy

South Carolina Department of Disabilities and Special Needs Average Daily Population of Persons with Intellectual Disabilities/Related Disabilities (ID/RD) In Regional Centers (Institutions)

Chart A



Consistent with consumer preference and choice, DDSN continues to redirect residential services from regional centers to local community services. Shifting these resources is also cost-effective more and efficient. South Carolina continues to reduce institutional capacity at a greater rate than the Southeast and United States averages.



Data Sources:

Chart A – Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010 published by The University of Minnesota

Chart B - Agency data provided by DDSN

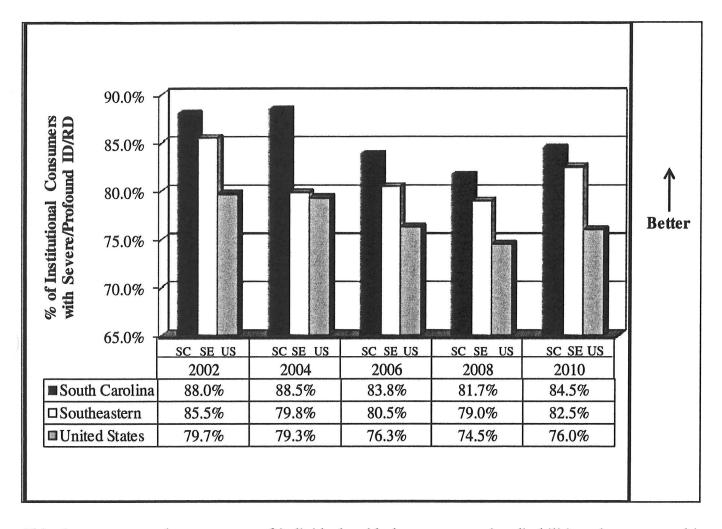
Section I:

Major Achievements

Section III

Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Level of Intellectual Disability of Consumers Residing in Regional Centers (Institutions) Comparing South Carolina with Southeastern and United States



This chart compares the percentage of individuals with the most extensive disabilities who are served in DDSN's regional centers to the National and Southeastern averages. The needs of the individuals served in South Carolina's regional centers (institutions) are consistently higher than the National and Southeastern averages. DDSN uses its institutions more effectively, reserving beds only for those with the most severe levels of functioning.

Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, 2006, 2008 and 2010 published by The University of Minnesota

Figure 7.1-6 Figure 7.2-5 Figure 7.3-5 Figure 7.5-5 Figure 7.6-3 Section I:

Major Achievements

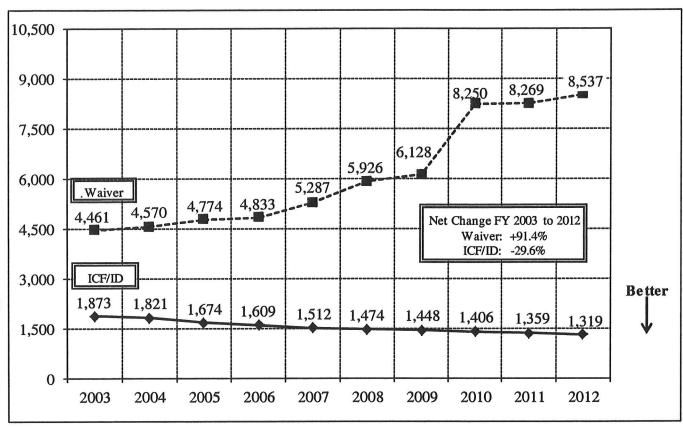
Section III:

Category 3 – Customer Focus

Category 4 – Measurement, Analysis

& Knowledge Management

South Carolina Department of Disabilities and Special Needs Delivery of Services per Consumer Choice Home and Community Based Settings (Waiver) Versus Institutional (ICF/ID)



DDSN provides services to consumers based on their choice of either institutional (ICF/ID) or home and community based waiver services. Consumer demand for institutional care (the ICF/ID), the most expensive and most restrictive option, has decreased by 30% since 2003, while the demand for waiver services has increased by 91%. In response to this demand, DDSN designed and implemented home and community based options. These options also facilitate people moving from ICFs/ID, prevent people from having to move into ICFs/ID and are cost-efficient. DDSN designed and began operating three home and community based waivers as follows:

- 1991: Intellectual Disabilities/Related Disabilities (ID/RD)
- 2007: Pervasive Developmental Disorder (PDD)
- 2009: Community Supports (CS)

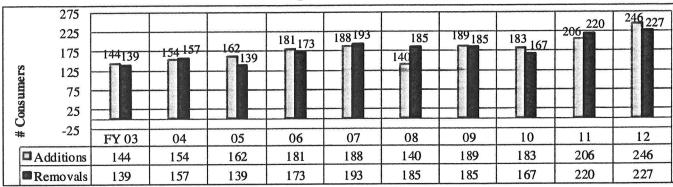
The combined per capita cost of the three waivers is approximately one-third less than the combined per capita ICF/ID costs.

Data Source:

Agency data provided by DDSN

Section I: Major Achievements Section III:
Category 1 – Senior Leadership,
Governance & Social Responsibility
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Critical Waiting List – Additions/Removals



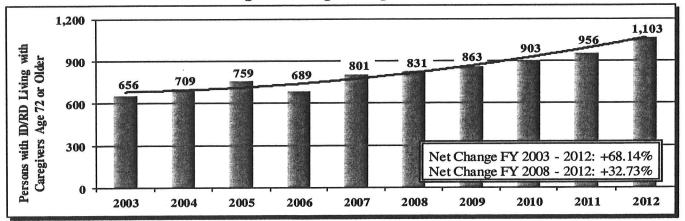
DDSN prioritizes services to those persons with lifelong disabilities who have the greatest need. Individuals whose health and safety are at risk, who cannot care for him/herself and who meet critical criteria are served first. In most critical circumstances the parent or caregiver has died or becomes so impaired they can no longer provide care, or the individual with disabilities has been neglected or abused, or the individual's behavior has become so aggressive or violent they are a danger to themselves or their caregiver/family members. When these fragile family arrangements fall apart, DDSN must respond to provide appropriate care. This past year more than 200 individuals were in critical situations and service placements were developed to meet their needs and resolve the crisis.

Figure 7.1-8 Figure 7.2-6

Section III:

Category 1 – Senior Leadership, Governance & Social Responsibility Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Persons with Intellectual Disability/Developmental Disabilities (ID/RD) Living with Caregivers Age 72 or Older



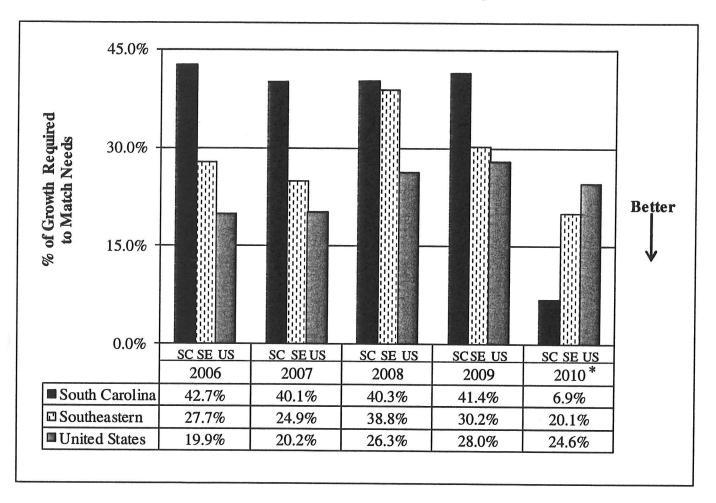
The number of consumers living with caregivers 72 years of age or older has increased 33% over the last five years and 68% since 2003. At any time, care for consumers by older caregivers becomes jeopardized as the caregiver's health deteriorates; the caregiver dies or is no longer able to continue this responsibility, even with increased in-home and day supports.

Data Source:

Agency Data provided by DDSN

Section III:
Category 1 – Senior Leadership,
Governance & Social Responsibility
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Residential Services Percentage Growth Required to Eliminate Residential Waiting List



Georgia	32.0%	14.0%	129.0%	27.3%	21.3%
North Carolina	41.0%	11.0%	13.0%	Didn't Report	Didn't Report

*In 2010, the University of Minnesota modified its description of percentage growth required to eliminate states' residential waiting lists by adding "within the next 12 months". In South Carolina, residential services are reserved for only those persons with critical needs. DDSN manages its residential waiting list significantly better than the Southeastern or National averages.

Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2006, 2007, 2008, 2009 and 2010 published by the University of Minnesota

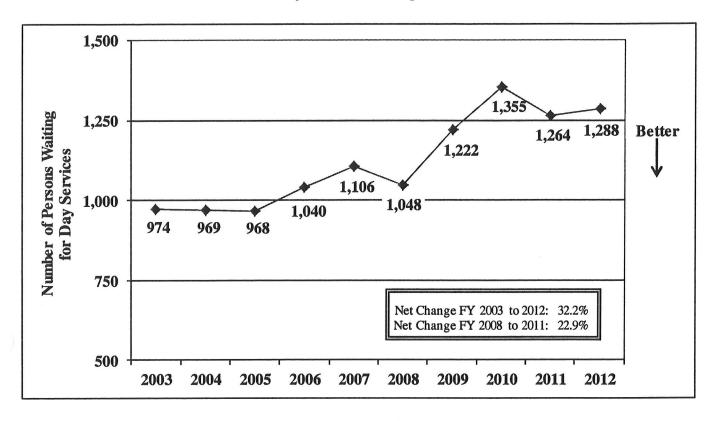
Section I:

Major Achievements

Section III:

Category 1 – Senior Leadership, Governance & Social Responsibility Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Day Service Waiting List



The waiting list for day services has increased 23% over the last five years and 32% since 2003 even though over 10,431 people have been removed since 2003. The individuals who are waiting for day services live at home with family. These habilitative and job-related services are important for the consumers, allow family members to remain employed and prevent the need for more expensive out-of-home placement.

Figure 7.1-11 Figure 7.2-7 Figure 7.3-8 Figure 7.5-7

Section I:

Major Achievements

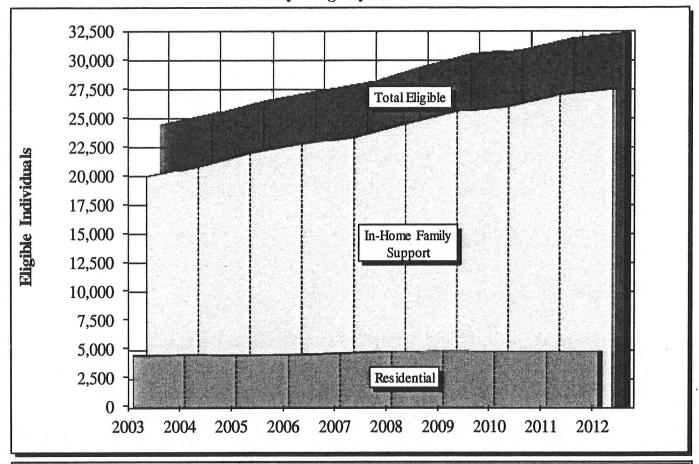
Section III:

Category 1 – Senior Leadership,

Governance & Social Responsibility

Category 6 - Process Management

South Carolina Department of Disabilities and Special Needs Summary of Agency Services



Net Change FY 2003 to 2012
Total Eligible: +32.3%
Family Support: +37.6% (7,500 additional people)
Residential: + 8.9% (395 additional people)

DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 37.6% growth in the use of cost-efficient family support services compared to only 8.9% growth in residential services, which are more expensive.

Of the approximately 32,400 individuals eligible or receiving DDSN services, 85% live at home with their families or in their own home. Of the thousands of persons with intellectual disabilities/related disabilities and autism receiving services from DDSN, 72% live with family caregivers, compared to 56% nationally. DDSN is doing a better job of helping individuals live in a family setting.

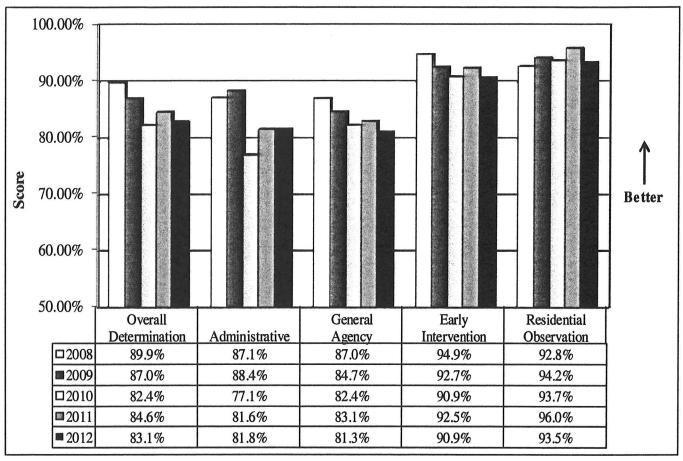
Data Sources:

Agency data provided by DDSN

National data provided by: Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010 published by The University of Minnesota

Section III:
Category 4 – Measurement, Analysis,
& Knowledge Management
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Annual Provider Performance Rating on Compliance and Service Effectiveness



DDSN contracts with a nationally recognized CMS-Certified Quality Improvement Organization to conduct a sophisticated annual quality assurance review of DDSN service providers using random sampling to ensure reliability and validity of results. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning and fiscal management are reviewed. It should be noted that DDSN's change of outcome measures has increased the expected performance of its service providers over this five year period.

The four (4) major domains of review are **Administrative**, including fiscal, governing body, critical reporting system and other management indicators; **General Agency**, including a broad range of direct service indicators such as services provided are meeting clients' needs; **Early Intervention**, including measures that evaluate the effectiveness of services to children from birth to age six; and **Residential Observation**, which evaluates the support provided to consumers in their homes during unannounced visits. Reports reflect that service providers meet or exceed compliance requirements in all domains.

Data Source:

Delmarva Foundation Inc., Fiscal Year 2012 "Report of Findings, Annual Aggregate Data"

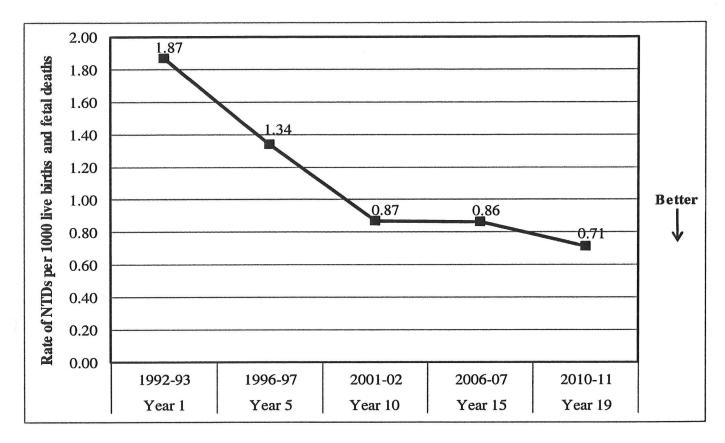
Section I:

Major Achievements

Section III:

Category 4 – Measurement, Analysis,
& Knowledge Management

South Carolina Department of Disabilities and Special Needs Primary Prevention Neural Tube Defects (NTDs) in South Carolina



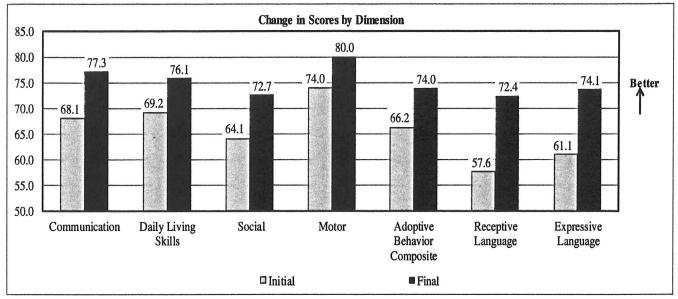
Primary prevention efforts produce the greatest return on investment of time and dollars. An example of one effort is reducing the rate of infants born with neural tube defects (NTDs) through DDSN's partnership with the Greenwood Genetic Center. The rate of NTDs per 1,000 live births in South Carolina has steadily declined over the last 19 years. The result is the prevention of 60 infants born each year with an NTD, avoiding over \$180 million in medical and disability service costs over the lifetime of these children. Twenty years ago, South Carolina's rate of NTDs was three times the National average; it is now in line with the National average.

Section I:

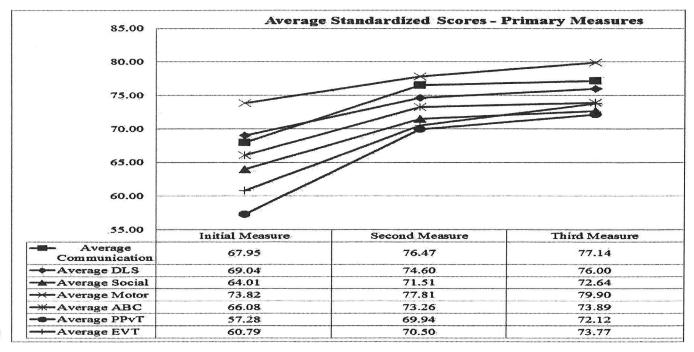
Major Achievements

Section III:
Category 4 – Measurement,
Analysis,
& Knowledge Management

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorders Program



The Pervasive Developmental Disorders program provides evidence-based individualized treatment interventions for children with autism. The program is positively changing the lives of the children and their families. DDSN requested an independent analysis from University of South Carolina (USC) to determine the outcomes of children who participate in the program. The results of the USC evaluation show children demonstrate statistically significant improvement in all seven primary measures affecting children with autism: communication, expressive and receptive language, social, adaptive behavior, daily living skills and motor skills.



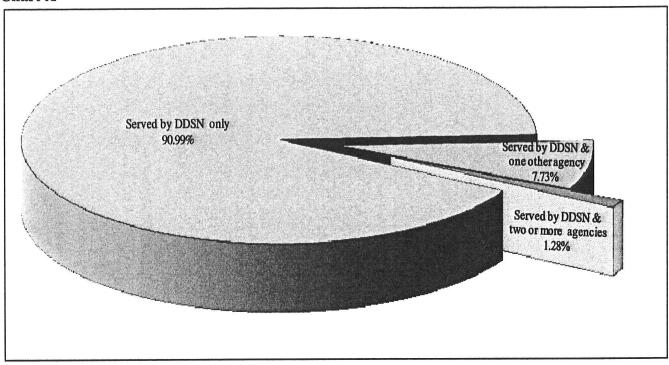
Data Source:

University of South Carolina College of Social Work 2011

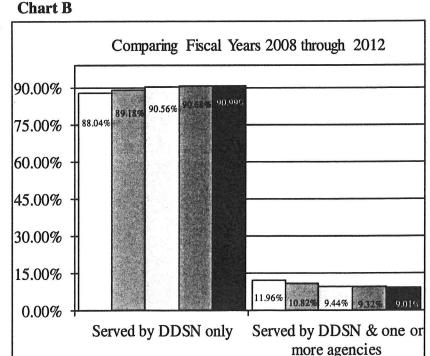
Section III: Category 1 – Senior Leadership, Governance & Social Responsibility

South Carolina Department of Disabilities and Special Needs Avoiding Duplication DDSN Consumers Served By Other State Agencies For Fiscal Year 2012

Chart A



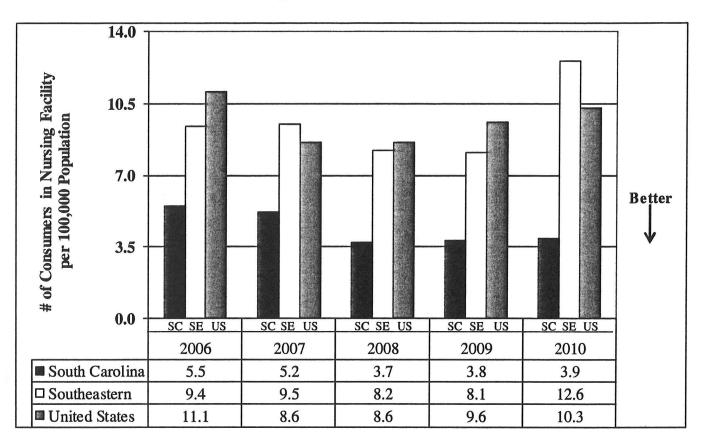
Ninety-one percent (91%) individuals served by DDSN do not receive services from other state agencies. When they do, services complement but do not duplicate other agencies' efforts. **DDSN** services focus the on developmental aspects of care and family supports such as and respite care supports opposed protective/social to services or psychiatric services as DDSN tracks other examples. involvement agencies' and regularly communicates with them collaboration ensure and efficient use of services.



Data Source:Agency data provided by DDSN

Section III: Category 3 – Customer Focus

South Carolina Department of Disabilities and Special Needs Rate of Consumers with Developmental Disabilities Placed in a Nursing Facility per 100,000 Population South Carolina Compared with Southeastern and United States



Georgia	17.3	16.5	16.1	9.8	7.7
North Carolina	6.0	4.7	4.3	10.1	44.6

DDSN's rate of consumers with developmental disabilities placed in nursing homes has been much lower than the United States and Southeastern average rates for many years. In South Carolina, just 3.9 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities compared to 10.3 per 100,000 nationally.

The Federal Nursing Home Reform Act, passed in 1987, was intended to improve the conditions in nursing homes and protect people with developmental disabilities. The law requires any individual suspected of having a developmental disability to be screened prior to being admitted to a nursing home. This screening ensures that individuals with developmental disabilities requiring specialized residential services are most appropriately placed. Litigation has been initiated against several states for failing to avoid inappropriate placement. As with the general population, people with lifelong disabilities are living longer and prefer receiving services in their own homes and communities.

Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2006, 2007, 2008, 2009 and 2010 published by The University of Minnesota

Figure 7.1-15 Figure 7.3-11 Figure 7.4-1

Section I:

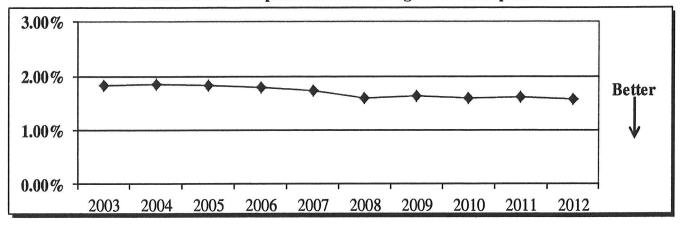
Major Achievements

Section III:

Category 1 – Senior Leadership,
Governance & Social Responsibility

Category 5 – Workforce Focus

South Carolina Department of Disabilities and Special Needs Administration Expenses as a Percentage of Total Expenses

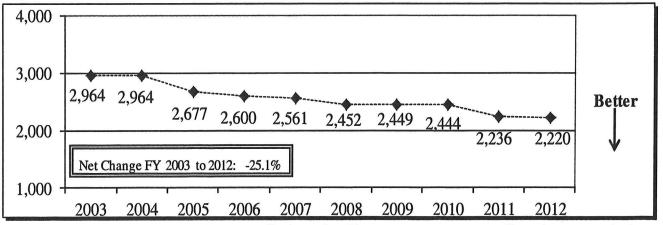


DDSN has continually shifted resources from administration to service priorities. Over the last ten years, DDSN's administrative FTEs were reduced by 32% through attrition, retargeting resources, and reductions in force. Central Office administrative expenses have remained at less than 2% of total expenses even though there has been an increase in the need for services and in the number of people served, an increased scope of services and increased federal and state compliance requirements.

Figure 7.1-16 Figure 7.3-12 Figure 7.4-2

Section III
Category 1 – Senior Leadership,
Governance & Social Responsibility

South Carolina Department of Disabilities and Special Needs FTEs (Full-time Equivalents)



From 2003 to 2012, 744 FTEs were eliminated. The purpose was to realign the agency's human resources to support core services and meet its operational needs.

Data Sources:

Figure 7.1-14 - Agency data provided by DDSN

Figure 7.1-15 - Agency data provided from Appropriations Act for Fiscal Year 2013

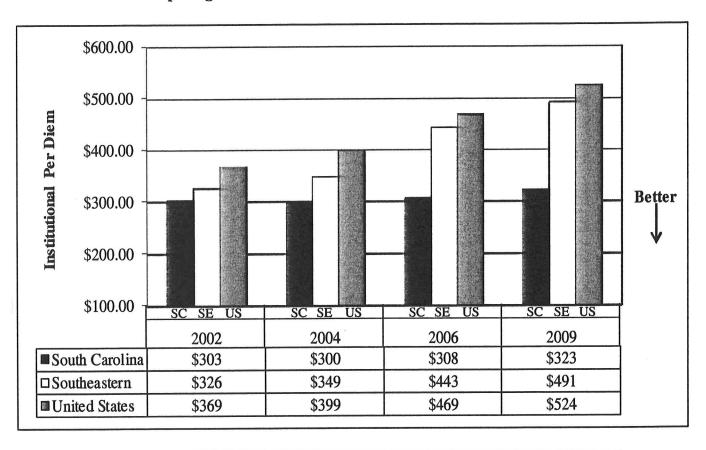
Section I: Major Achievements

Section III

Category 1 – Senior Leadership, Governance & Social Responsibility Category 4 – Measurement, Analysis,

& Knowledge Management

South Carolina Department of Disabilities and Special Needs Institutional Per Diem Comparing South Carolina with Southeastern and United States



Georgia	\$217	\$225	\$384	\$207
North Carolina	\$344	\$385	\$472	\$476

South Carolina's institutional per diem is 38% less than the average per diem in the United States and 34% less than the Southeastern average. This is very important because institutional care is the most expensive service. DDSN operates a much leaner and more efficient system than other agencies across the country.

Data Source:

The State of the States in Developmental Disabilities: 2004, 2006, 2008 and 2011 published by The University of Colorado

Figure 7.1-17 Figure 7.2-12 Figure 7.3-14 Figure 7.5-12

Figure 7.6-5

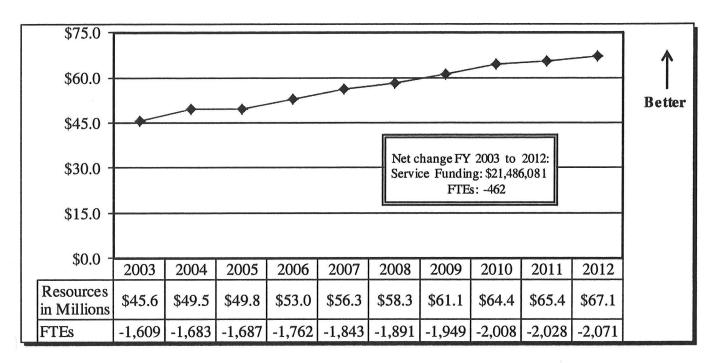
Section I:

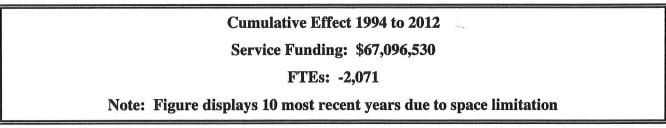
Major Achievements

Section III:

Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs Regional Center Resources Redirected to Community Residential Services Cumulative Totals from Fiscal Year 2003 to 2012





As people move from the regional centers to community settings, their service funding is redirected from regional centers to local community services. Since implementing the "money follows the individual" (MFI) formula in fiscal year 1994, more than \$67 million has been redirected to local community services.

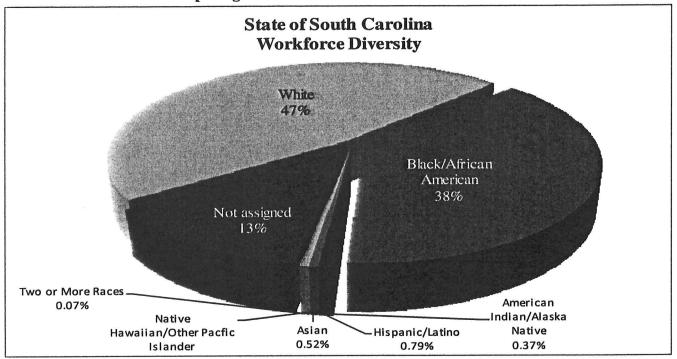
While South Carolina has an eighteen year history of utilizing its MFI formula, the National MFI initiative by the federal government only began in 2006 when states were given grants to help with this effort. National comparable data is not available at this time.

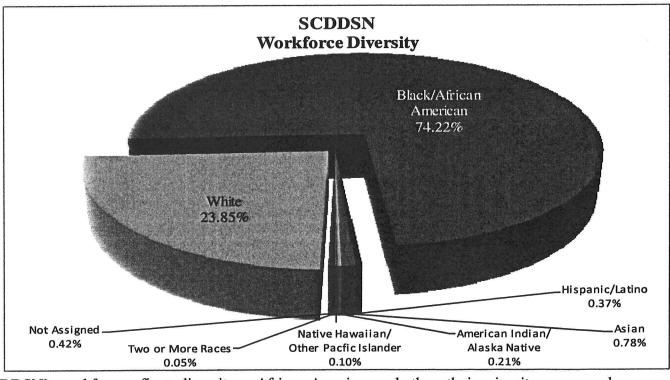
South Carolina's MFI effort is achieved without federal aid. Another significant result is the reduction of DDSN permanent workforce positions (FTEs).

Data Source:

Agency data provided by DDSN

South Carolina Department of Disabilities and Special Needs Workforce Diversity Comparing the State of South Carolina with DDSN



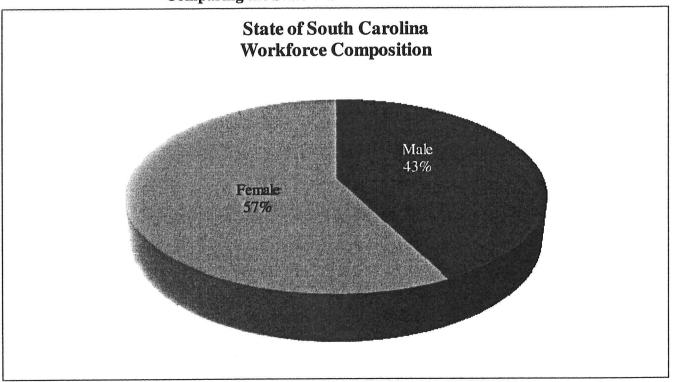


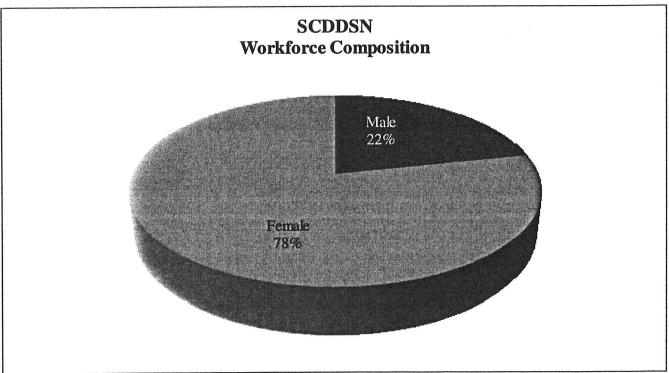
DDSN's workforce reflects diversity as African-American and other ethnic minority groups make up almost 76% of the total workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool.

Data Sources:

State of South Carolina data provided by South Carolina Enterprise Information System Fiscal Year 2011 SCDDSN data provided by South Carolina Enterprise Information System Fiscal Year 2012

South Carolina Department of Disabilities and Special Needs Workforce Composition Comparing the State of South Carolina with DDSN



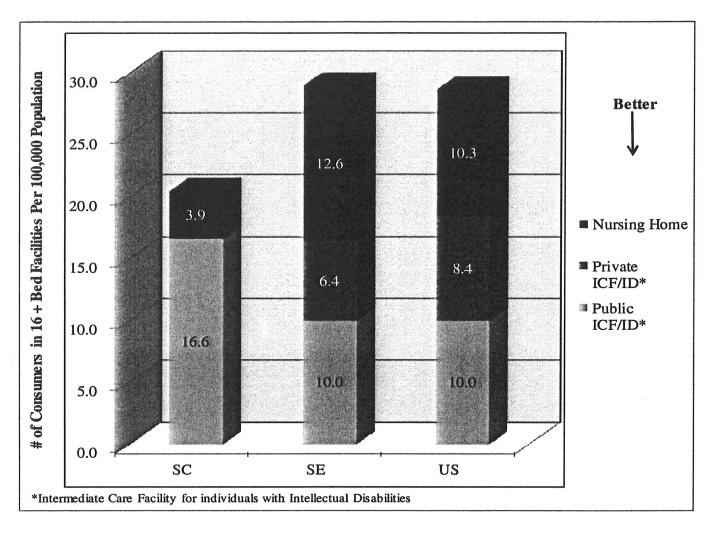


DDSN's workforce reflects diversity as women comprise 78% of the total workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool.

Data Sources:

State of South Carolina data provided by South Carolina Enterprise Information System Fiscal Year 2011 SCDDSN data provided by South Carolina Enterprise Information System Fiscal Year 2012

South Carolina Department of Disabilities and Special Needs State Developmental Disabilities System Resource Utilization Comparing South Carolina with Southeastern and United States



DDSN serves 15% fewer persons than the National and Southeastern averages of persons per 100,000 population living in large (16+ beds) institutions. Federal and South Carolina state laws require that people with intellectual disabilities and related disabilities (ID/RD) live in the least restrictive environment. DDSN is doing a better job supporting people in home and community based settings than its Southeastern counterparts and across the nation.

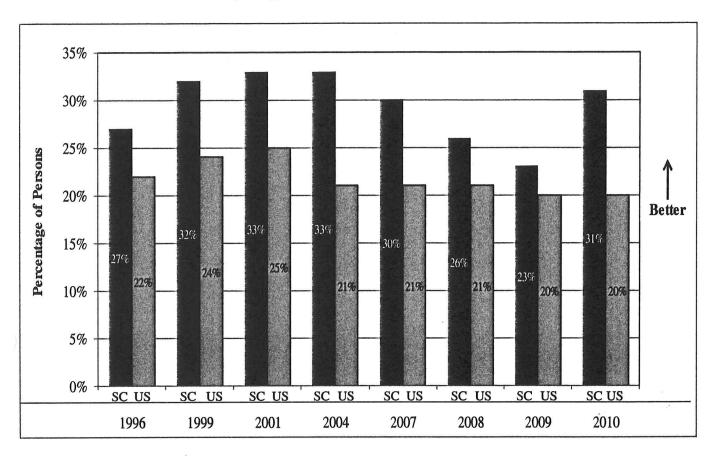
Receiving services in a smaller, family like setting is preferred by consumers and families and is a more cost-efficient service alternative for taxpayers.

Data Source:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010 published by The University of Minnesota

Section III: Category 3 – Customer Focus

South Carolina Department of Disabilities and Special Needs Percentage of Persons with Intellectual Disabilities/Related Disabilities (ID/RD) Served in Integrated Employment Comparing South Carolina with United States



In South Carolina 33.3% of people with an intellectual disability and related disability (ID/RD) live below the poverty line which is comparable to the National average of 33.4%. To address this, DDSN uses strategies and practices which focus on integrated, community based employment as the desired outcome for individuals with ID/RD.

The percentage of people served by ID/RD agencies in integrated, community based employment across the country is 20% compared to 31% in South Carolina.

South Carolina does a better job supporting people with intellectual disabilities in integrated, competitive employment compared to National averages.

Data Source:

<u>The National Report on Employment Services and Outcomes 2011</u> published by Institute for Community Inclusion, University of Massachusetts, Winter 2012

Section I: Major Achievements

Section III:

Category 1 – Senior Leadership, Governance & Social Responsibility Category 3 – Customer Focus

South Carolina Department of Disabilities and Special Needs 2012 Stakeholder Sessions Customer Satisfaction Analysis

As part of its continuing efforts to improve the services provided to its consumers, DDSN conducted a special series of eight Stakeholder Sessions in spring 2012 and offered an on-line survey. More than 800 self-advocates, parents, family members, provider staff and advocates participated in the Stakeholder Sessions and more than 150 people completed the on-line survey. Each Stakeholder Session broke out into four concurrent target groups based on the age of the person with a disability or where they live. DSDN contracted with the University of South Carolina Institute for Public Services and Policy Research to analyze the responses.

Customer Satisfaction Analysis MOST IMPORTANT SERVICES PROVIDED BY DDSN REPORTED BY PARTICIPANTS						
Families of children birth to age 5 living at home	Families of school age children 6 to 20 years living at home	Adults over 20 years living with their families	Families with children all ages living in a DDSN residential home			
Assistance with home and community based supports	Applied Behavior Analysis	Jobs	Continuity of Staff			
Coordination of Services	Personal Care	Supplies and Equipment	Friendly/Dedicated Staff			
Early Intervention	Behavior Supports	Life skills - activities of daily living	Having choices - participating fully in life - have a purpose			
Respite Care	Day Services	Day Services	Quality of life			
Therapies	Respite Care	Respite Care	Safety, Independence and Health			

The University of South Carolina Institute for Public Services and Policy Research reported the following major findings from their analysis:

- 1. Virtually every service that DDSN provides is considered important by consumers. Stakeholders need the services and supports that DDSN provides and they consider them to be important.
- 2. There are virtually no supports that are considered to be "least important".
- 3. Stakeholders generally believe that the DDSN system works well.
- 4. Participants expressed value and importance of communication.

Data Source

SCDDSN Stakeholders Analysis published by University of South Carolina Institute for Public Services and Policy Research August 2012

SC Department of Disabilities and Special Needs

Duplicate Activities with Other State Agencies

There are no DDSN activities/programs that are duplicative of those performed by other state agencies. Also please refer to results chart on page 40.

PRIVATIZATION AND EFFICIENCY EFFORTS

The South Carolina Department of Disabilities and Special Needs (DDSN) continues to look for ways to create efficiencies and improve outcomes. Both of these have resulted from privatization and partnerships with other state entities.

- Privatized Quality Assurance
- Privatized Pharmacy
- Privatized Laundry
- Contract with the Budget and Control Board for IT central operations
- Privatized licensure of facilities
- Contract with Office of State Fire Marshal for annual inspections of facilities
- Change Food Service
- Closed Print Shop
- Implemented Voluntary Separation Program
- Changed Medication Administration
- Closed Warehouse
- Implemented Employee Drug Testing
- Reorganized four (4) Regional Offices with 130 FTEs total to two (2)
 - District Offices presently with 12 FTEs

reverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy
Thomas P. Waring
Associate State Director



3440 Harden Street Ext (29203) PO Box 4706, Columbia, South Carolina 29240 803/898-9600 Toll Free: 888/DSN-INFO Website: www.ddsn.sc.gov COMMISSION
Fred Lynn
Chairman
Deborah C. McPherson
Vice Chairman
Christine Sharp
Secretary
Nancy L. Banov, M.Ed.
Harvey E. Shiver
Katherine W. Davis

MEMORANDUM

To:

Administration

Facility Administrators

District Directors

Central Office Division Directors

From:

Beverly A. H. Buscemi, Ph.D.

State Director

Subject:

Budget Management Plan for Fiscal Year 2012-2013

Date:

August 8, 2012

The financial outlook for FY 2013 is positive. The initial estimates indicate that the statewide revenue outlook remains at projected levels. The department will continue to be prudent in maximizing the resources of the agency and will continue to operate under the budget management plan implemented in November 2008 and outlined below.

Any vacancy that is not a human services assistant, nurse, custodial or food service
position will continue to require prior approval of the State Director or her designee to
authorize recruitment. Justifications for regional center positions should be submitted
to the appropriate facility administrator and copied to Ms. Deirdre Blake-Sayers. This
also includes use of temporary employees, whether paid through payroll or
contractual.

Deveryed. H. Busceniom

Each facility administrator is expected to continue to reduce administrative costs at the
regional centers. All purchases should be carefully reviewed by appropriate managerial
staff to ensure the necessity of the purchase. For consumers moving out of regional
centers, the money follows the individual policy remains in effect.

DISTRICT I

Midlands Center - Phone: 803/935-7500 Whitten Center - Phone: 864/833-2733 9995 Miles Jamison Road Summerville, SC 29485 Phone: 843/832-5576 DISTRICT II

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

- 3. All out-of-state travel will require approval of the State Director or her designee prior to arrangements being made. Out-of-state travel will be approved only for the most necessary functions of the agency. Out-of-state travel occurring without prior approval will not be reimbursed.
- 4. Employees should utilize state vehicles for traveling. In order to be reimbursed for mileage expenses, an employee must document that a state vehicle was not available or must receive prior approval from the appropriate facility administrator, district director, Mr. Allen Mance or Mr. Tom Waring that the use of the employee's personal vehicle is more beneficial to the agency.
- 5. Overnight travel will continue to require prior approval from the appropriate facility administrator, district director, the State Director or her designee in order to be reimbursed. State law allows state employees traveling on the business of the State to be reimbursed for actual expenses incurred for lodging not to exceed current maximum lodging rates, excluding taxes, established by the U.S. General Services Administration. Rates for specific South Carolina regional areas can be found at the U.S. General Services administration website, http://www.gsa.gov. Rates for South Carolina regional areas can be found under Per Diem Rates by selecting the South Carolina state link. Lodging rates for all other areas not shown on the GSA website will default to the standard rate of \$77. Any exceptions must have written approval from the State Director or her designee.
- 6. Reimbursement for employee meal expenses will only be allowed when there is overnight travel. Exceptions will be made only in very rare circumstances. Mr. Waring must approve any exceptions.

The past several years have been challenging times for the agency. The agency has maintained its focus of prioritizing the service needs of its consumers. Each of us has contributed to the positive outcomes achieved during these times. Thank you for your efforts. I have confidence that we will continue to meet the new challenges ahead.

cc: Mr. David Goodell Dr. Kathi Lacy

Mr. Tom Waring

SC Department of Disabilities and Special Needs

Counter Measures for Fraud and Abuse

The agency has an internal audits department which operates independently of other units and reports directly to the Commissioners.

An email address for clients, families or other customers of the department to contact the agency, or to report problems, complaints or wrongdoing, is prominently displayed on the agency website.

The agency provides families and interested parties with information on how to contact SLED and the state Ombudsman report issues related to consumer care.

Audit Summary

Legislative Audit Council

South Carolina BabyNet Program, August 2011. There were no findings related to DDSN expenditures, practices or services.

State Agencies' Use of Procurement Cards, January 2011. This audit determined if the procurement cards were being properly used. In the last follow-up, DDSN responded that all recommendations had been or were resolved.

Statewide Single Audit

The last Statewide Single Audit was performed for FY 12 (July 1, 2009 – June 30, 2010) in the last follow-up, the program areas responded that all of the recommendations had been implemented.

Burkett, Burkett, and Burkett

Agreed Upon Procedures on as-filed Medicaid Cost Reports for State Fiscal Years 2006, 2007, and 2008. Issued August 2009.

Kerr and Company

Limited Scope Review: Band Payment System, Qualified Provider Rates, Outlier Funding, and Grant Application and Evaluation Process. Issued February 2010.

South Carolina Department of Disabilities and Special Needs

Columbia, South Carolina

Independent Accountants' Report on

Applying Agreed-Upon Procedures

for the year ended June 30, 2010

State of South Carolina



1401 MAIN STREET, SUITE 1200 COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA DEPUTY STATE AUDITOR (803) 253-4160 FAX (803) 343-0723

June 9, 2011

The Honorable Nikki R. Haley, Governor and
Members of the Disabilities and Special Needs Commission
South Carolina Department of Disabilities and Special Needs
Columbia, South Carolina

This report resulting from the application of certain agreed-upon procedures to certain internal controls and accounting records of the South Carolina Department of Disabilities and Special Needs for the fiscal year ended June 30, 2010, was issued by Scott and Company, L.L.P., Certified Public Accountants, under contract with the South Carolina Office of the State Auditor.

If you have any questions regarding this report, please let us know.

Respectfully submitted,

Richard H. Gilbert, Jr., CPA

Deputy State Auditor

RHGjr/trb

Contents

Independent Accountants' Report on Applying Agreed-Upon Procedures	1-5
Accountants' Comments	
Section A – Other Weaknesses	6
Accounting and Reporting of Federal Activity	7
Section B – Status of Prior Year Findings	8
Management's Response	9



Independent Accountants' Report on Applying Agreed-Upon Procedures

Mr. Richard H. Gilbert, Jr., Deputy State Auditor State of South Carolina Columbia, South Carolina

We have performed the procedures described below, which were agreed to by the governing body and management of the South Carolina Department of Disabilities and Special Needs (the "Department") and the South Carolina Office of the State Auditor (the "State Auditor"), solely to assist you in evaluating the performance of the Department for the fiscal year ended June 30, 2010, in the areas addressed. The Department's management is responsible for its financial records, internal controls and compliance with State laws and regulations. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of the specified parties in this report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures and the associated findings are as follows:

1. Cash Receipts and Revenues

- We inspected 25 recorded receipts to determine if these receipts were properly described and classified in the accounting records in accordance with the Department's policies and procedures and State regulations.
- We inspected 10 recorded receipts to determine if these receipts were recorded in the proper fiscal year.
- We compared amounts recorded in the general ledger and subsidiary ledgers to those in the State's accounting system (STARS) as reflected on the Comptroller General's reports to determine if recorded revenues were in agreement. Effective November 2, 2009, the Department implemented the South Carolina Enterprise Information System (SCEIS). Upon implementation of SCEIS, STARS reports were no longer used by the Department.

Scott and Company LLP CERTIFIED PUBLIC ACCOUNTANTS 1441 Main Street, Suite 800 Post Office Box 8388 Columbia, South Carolina 29202

TEL (803) 256-6021 FAX (803) 256-8346

702 Pettigru Street Greenville, South Carolina 29601

TEL (864) 236-4400 FAX (864) 236-4402

• We compared current year recorded revenues at the subfund and object code level from sources other than State General Fund appropriations to those of the prior year. We investigated changes in the earmarked, restricted and federal funds to ensure that revenue was classified properly in the Department's accounting records. The scope was based on agreed-upon materiality levels (\$1,500,000 - earmarked fund, \$9,000 - restricted fund, and \$8,200 - federal fund) and +/- 10 percent.

The individual transactions were chosen randomly. We found no exceptions as a result of the procedures.

2. Non-Payroll Disbursements and Expenditures

- We inspected 25 recorded non-payroll disbursements to determine if these disbursements were properly described and classified in the accounting records in accordance with the Department's policies and procedures and State regulations, were bona fide disbursements of the Department, were paid in conformity with State laws and regulations, and if the acquired goods and/or services were procured in accordance with applicable laws and regulations.
- We inspected 10 recorded non-payroll disbursements to determine if these disbursements were recorded in the proper fiscal year.
- We compared amounts recorded in the general ledger and subsidiary ledgers to those in various STARS reports to determine if recorded expenditures were in agreement. Effective November 2, 2009, the Department implemented SCEIS. Upon implementation of SCEIS, STARS reports were no longer used by the Department.
- We compared current year expenditures at the subfund and major object code level to those of the prior year. We investigated changes in the general, earmarked, restricted and federal funds to ensure that expenditures were classified properly in the Department's accounting records. The scope was based on agreed-upon materiality levels (\$690,000 general fund, \$1,500,000 earmarked fund, \$9,000 restricted fund, and \$8,200 federal fund) and +/-10 percent.

The individual transactions were chosen randomly. We found no exceptions as a result of the procedures.

3. Payroll Disbursements and Expenditures

• We inspected 25 recorded payroll disbursements to determine if the selected payroll transactions were properly described, classified, and distributed in the accounting records; persons on the payroll were bona fide employees; payroll transactions, including employee payroll deductions, were properly authorized and were in accordance with existing legal requirements and processed in accordance with the Department's policies and procedures and State regulations.

- We inspected 2 selected payroll vouchers to determine if the vouchers were properly approved and if the gross payroll agreed to amounts recorded in the general ledger and in STARS. Effective November 2, 2009, the Department implemented SCEIS. Upon implementation of SCEIS, STARS reports were no longer used by the Department.
- We inspected payroll transactions for 5 new employees and 5 individuals who terminated employment to determine if the employees were added and/or removed from the payroll in accordance with the Department's policies and procedures, that the employee's first and/or last pay check was properly calculated, and that the employee's leave payout was properly calculated in accordance with applicable State law.
- We compared amounts recorded in the general ledger and subsidiary ledgers to those in various STARS reports to determine if recorded payroll and fringe benefit expenditures were in agreement. Effective November 2, 2009, the Department implemented SCEIS. Upon implementation of SCEIS, STARS reports were no longer used by the Department.
- We compared current year payroll expenditures at the subfund and major object code level to those of the prior year. We investigated changes in the general, earmarked, restricted and federal funds to ensure that expenditures were classified properly in the Department's accounting records. The scope was based on agreed-upon materiality levels (\$690,000 general fund, \$1,500,000 earmarked fund, \$9,000 restricted fund, and \$8,200 federal fund) and +/- 10 percent.
- We compared the percentage change in recorded personal service expenditures to the percentage change in employer contributions; and computed the percentage distribution of recorded fringe benefit expenditures by fund source and compared the computed distribution to the actual distribution of recorded payroll expenditures by fund source. We investigated changes of +/- 5% percent to ensure that payroll expenditures were classified properly in the Department's accounting records.

The individual transactions were chosen randomly. We found no exceptions as a result of the procedures.

4. Journal Entries, Operating Transfers and Appropriation Transfers

• We inspected 15 recorded journal entries, 5 operating transfers, and 5 appropriation transfers to determine if these transactions were properly described and classified in the accounting records, that they agreed with the supporting documentation, the purpose of the transactions was documented and explained, the transactions were properly approved, and were mathematically correct, and the transactions were processed in accordance with the Department's policies and procedures and State regulations.

The individual transactions selected were chosen randomly. We found no exceptions as a result of the procedures.

5. Appropriation Act

• We inspected Department documents, observed processes, and/or made inquiries of Department personnel to determine the Department's compliance with Appropriation Act general and Department specific provisos.

We found no exceptions as a result of the procedures.

6. Closing Packages

• We obtained copies of closing packages as of and for the year ended June 30, 2010, prepared by the Department and submitted to the State Comptroller General. We inspected the closing packages to determine if they were prepared in accordance with the Comptroller General's <u>GAAP Closing Procedures Manual</u> requirements and if the amounts reported in the closing packages agreed with the supporting workpapers and accounting records.

We found no exceptions as a result of the procedures.

7. Schedule of Federal Financial Assistance

• We obtained a copy of the Schedule of Federal Financial Assistance for the year ended June 30, 2010, prepared by the Department and submitted to the State Auditor. We inspected it to determine if it was prepared in accordance with the State Auditor's letter of instructions and if the amounts agreed with the supporting work papers and accounting records.

Our findings as a result of these procedures are presented in Accounting and Reporting of Federal Activity in the Accountant's Comments section of this report.

8. SCEIS Implementation

• We compared cash, revenue and expenditure account closing balances from the Department's legacy system to opening balances input into SCEIS to ensure that the Department carried forward the proper account balances to SCEIS.

We found no exceptions as a result of the procedures.

9. Status of Prior Findings

• We inquired about the status of the findings reported in the Accountants' Comments section of the State Auditor's Report on the Department resulting from the State Auditor's engagement for the fiscal year ended June 30, 2008, to determine if the Department had taken corrective action. We applied no procedures to the Department's accounting records and internal controls for the year ended June 30, 2009.

We found no exceptions as a result of the procedures.

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

This report is intended solely for the information and use of the Governor, the governing body and management of the South Carolina Department of Disabilities and Special Needs, and the South Carolina Office of the State Auditor and is not intended to be and should not be used by anyone other than these specified parties.

Scott and Company LLP

Columbia, South Carolina June 9, 2011

ACCOUNTANTS' COMMENTS

SECTION A – OTHER WEAKNESSES

The conditions described in this section have been identified while performing the agreed-upon procedures but it is not considered a violation of State Laws, Rules or Regulations.

Accounting and Reporting of Federal Activity

We tested the Department's fiscal year 2010 schedule of federal financial assistance (SFFA) and noted the following errors:

• The Department omitted the suffix "ARRA" at the end of an ARRA-funded grant title, as required by the instructions provided by the State Auditor's Office which describe the proper completion of the SFFA in detail.

We recommend that the Department ensure that the SFFA is prepared and independently reviewed by staff that is knowledgeable of the requirements of the State Auditor's Letter of Instructions.

SECTION B – STATUS OF PRIOR FINDINGS

During the current engagement, we reviewed the status of corrective action taken on each of the findings reported in the Accountants' Comments section of the State Auditor's Report on the Department for the fiscal year ended June 30, 2008, and dated May 19, 2009. We applied no procedures to the Department's accounting records and internal controls for the year ended June 30, 2009. We determined that the Department has taken adequate corrective action on each of the findings, except we have repeated Accounting and Reporting of Federal Activity.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MANAGEMENT'S RESPONSE FOR THE FISCAL YEAR ENDED JUNE 30, 2010

SECTON A - OTHER WEAKNESSES

Accounting and Reporting of Federal Activity

The following error was noted:

• The Department omitted the suffix "ARRA" at the end of an ARRA-funded grant title, as required by the instructions provided by the State Auditor's Office which describe the proper completion of the SFFA in detail.

Recommendation: "We recommend that the Department ensure that the SFFA is prepared and independently reviewed by staff knowledgeable of the requirements of the State Auditor's Letter of Instruction."

Action taken: The Department will ensure proper review of the SFFA to provide for detection of any clerical errors and will explicitly follow the instructions promulgated by the State Auditor in regard to such. The Department emphasizes that although the aforementioned typographical error related to the title of the grant in question exists; the grant program was clearly identified as ARRA funded and all monies and transactions of the grant in question were properly accounted for and reported on the SFFA.

SC Department of Disabilities and Special Needs

DDSN has no proviso requests for FY 2013 - 2014.

A. Proviso Number

Using the renumbered 2013 - 2014 proviso base:

36.1

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram H

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Work Activity Programs

F. Summary

Summary of Existing or New Proviso:

This proviso allows the department to carry forward unspent revenues from work contracts for consumers into subsequent fiscal years. This provides for longevity and continued improvement for the work program.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso allows unspent funds to be maintained in order to purchase one-time equipment items for consumers to better perform work activities and to be more efficient.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected.

This proviso should be kept to provide the department the authority to carry forward funds to subsequent years in order to provide for the needs of the work programs.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

A. Proviso Number

Using the renumbered 2013 - 2014 proviso base:

36.2

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprograms B.3 and E

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Sale of Excess Real Property

F. Summary

Summary of Existing or New Proviso:

This proviso provides the authority for the department to sell excess property and keep net proceeds to enhance services in the local community.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

The proviso provides ongoing support for needed facilities in the community throughout the state. The proviso assists the department with its first key strategic goal concerning improving the quality and range of supports and services.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso pertains to revenues in the detail budget as revenue retained and expended in budgeted operations as other funds. Therefore this proviso is directly related to the base budget submitted by DDSN and should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline

Using the renumbered 2013 - 2014 proviso base:

36.3

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram A

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Prenatal Diagnosis

F. Summary

Summary of Existing or New Proviso:

This proviso allows the department to use excess debt service funds to fund efforts related to expanded prenatal diagnosis of intellectual disabilities and related disabilities.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso assists the department with key strategic goals concerning increasing accountability to all citizens by minimizing the occurrence and reducing the severity of disabilities through primary and secondary prevention initiatives. Proviso affects the department's prevention efforts and its goal of finding ways to prevent intellectual disabilities and related disabilities. Debt service funds are collected from client fees and no general funds are required for this proviso.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected.

This proviso pertains to revenues in the detail budget as revenue retained and expended in budgeted operations as other funds. Therefore, this proviso is directly related to the base budget submitted by DDSN and should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 20132 - 2013 proviso base:

36.4

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Programs and Services

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Medicaid Funded Contract Settlement

F. Summary

Summary of Existing or New Proviso:

This proviso allows the department to carry forward and retain settlements under Medicaid-funded contracts.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso provides necessary funds to support the base budget of the department. It assists the agency's leadership concerning fiscal, legal and regulatory accountability. Medicaid settlements are determined after the close of the fiscal year with the filing of year-end cost reports. Without this proviso, DDSN would be required to use current year funds to pay for prior-year obligations. This use of current funds would adversely affect current services provided to individuals served by the department.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected.

This proviso pertains to revenues in the detail budget as revenue retained and expended in budgeted operations as other funds. Therefore, this proviso is directly related to the base budget submitted by DDSN. It should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.5

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

All programs

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Departmental Generated Revenue

F. Summary

Summary of Existing or New Proviso:

This proviso allows the department to expend all other funds that have been generated and authorized as part of the Appropriations Act.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso was requested to clarify for the State Auditor's Office the department's authority to spend all other funds earned by DDSN as submitted in the budget process. These funds have been earned and used for years to help provide revenue to cover expenses related to serving individuals by the department. This proviso affects every program and every person the department serves, and it allows DDSN to maximize resources, thus reducing the need for additional state funding.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso pertains to revenues in the detail budget as revenue retained and expended in budgeted operations as other funds. Therefore, this proviso is directly related to the base budget submitted by DDSN. It should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.6

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprograms B.3 and E

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Transfer of Capital/Property

F. Summary

Summary of Existing or New Proviso:

This proviso allows DDSN to transfer ownership of property and buildings used for community-based services to local DSN providers who currently operate, control and provide routine maintenance of these facilities.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

DDSN no longer builds the providers' facilities for community-based services but instead provides capital grants to local providers. This process is more cost efficient and less time consuming. Local boards now own most of the property in the local communities yet the original buildings are still owned by DDSN. This means there are two systems of ownership and property management in the local community, which is cumbersome. It is more efficient to have only the one in place as these boards by law exist to carry out DDSN's local services and state ownership has no bearing. Local ownership promotes and yields quicker responses and more efficient management of building issues. Any capital transferred will carry a reversion clause requiring the use of buildings to remain for their current purpose.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected.

This is a permissive proviso that allows the transfers if needed and appropriate only with Budget and Control Board approval. This proviso should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

SCDDSN

A. Proviso Number

Using the renumbered 2013 - 2014 proviso base:

36.7

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram E

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Unlicensed Medication Providers

F. Summary

Summary of Existing or New Proviso:

Allows licensed nurses to train selected unlicensed persons to provide medications to individuals served in DDSN-funded programs.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso allows the agency to better manage existing resources and respond to an increased demand from consumers and families for greater flexibility in care. This proviso allows the state to avoid the need for new state dollars to cover projected operating costs.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso is an exemption concerning the administration of certain medications by unlicensed but trained personnel in community-based programs. It only pertains to DDSN. The proviso was approved to avoid the unnecessary additional cost and budgetary allocation that would be required to hire additional nurses who are not readily available otherwise. This proviso should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.8

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram C

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Pervasive Developmental Disorder (PDD)

F. Summary

Summary of Existing or New Proviso:

This proviso designates the department to treat children who have been diagnosed by 8 years of age with a PDD through a special project.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso directs the department with regard to the target population to be served, the duration of treatment and maximum reimbursement for each individual participant.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso pertains specifically to a special PDD project and ties to a specific line item in the agency's budget which must be reviewed annually and therefore should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.9

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram D

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Modular Ramps

F. Summary

Summary of Existing or New Proviso:

This proviso authorizes the department to lease modular ramps.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso allows the department to lease equipment as a cost-saving measure.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso directs an annual operation of the department and therefore should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.10

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram B, Subelement 1

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Child Daycare Centers

F. Summary

Summary of Existing or New Proviso:

This proviso prescribes reimbursement for services provided to department-eligible children at daycare centers previously under contract prior to December 31, 2008.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso directs the expenditure to not be less than 80 percent of the amount reimbursed in the previous fiscal year.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected.

This proviso directs an annual expenditure and therefore should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.11

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram B, Subelement 3, and Subprograms E and H

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Debt Service Account

F. Summary

Summary of Existing or New Proviso:

The proviso directs the department to utilize the uncommitted dollars in its debt service account for operations and services.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso directs expenditures of uncommitted dollars in the department's debt service account.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso directs annual expenditures for operations and services and therefore should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.12

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II, Subprogram D

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Traumatic Brain Injury

F. Summary

Summary of Existing or New Proviso:

This proviso instructs the agency to use funds appropriated for this purpose only and prohibits a disproportionate reduction to this service.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso pertains to department expenditure of funds and is directly related to the base budget submitted by the agency.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso directs annual expenditures for operations and restrictions for reductions and therefore should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

Using the renumbered 2013 - 2014 proviso base:

36.13

B. Appropriation

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II Subprogram C

C. Agency Interest

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

D. Action

(Indicate Keep, Amend, Delete, or Add):

Keep

E. Title

Descriptive Proviso Title:

Greenwood Genetic Center Autism Research

F. Summary

Summary of Existing or New Proviso:

This proviso authorized the department to transfer up to \$500,000 of unencumbered funds from the PDD Program to the Greenwood Genetic Center for autism research.

G. Explanation of Amendment to/or Deletion of Existing Proviso

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary

This proviso directs expenditures of uncommitted dollars in the PDD Program.

I. Justification

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso directs an annual expenditure and therefore should not be codified.

J. Fiscal Impact (Include impact on each source of funds - state, federal, and other)

No fiscal impact.

South Carolina Department of Disabilities and Special Needs FY2013 Appropriations Act Section 89 - X90 – General Provisions

89.85. (GP: Fines and Fees Report) In order to promote accountability and transparency, each state agency must provide and release to the public via the agency's website, a report of all aggregate amounts of fines and fees that were charged and collected by that state agency in the prior fiscal year. The report shall include, but not be limited to: (1) the code section, regulation, or proviso that authorized the fines and fees to be charges, collected, or received; (2) the amount received by source; (3) the purpose for which the funds were expended by the agency; (4) the amount of funds transferred to the general fund, if applicable, and the authority by which the transfer took place; and (5) the amount of funds transferred to another entity, if applicable, and the authority by which the transfer took place, as well as the name of the entity to which the funds were transferred. The report must be posted online by September first. Additionally, the report must be delivered to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by September first. Funds appropriated to and/or authorized for use by each state agency shall be used to accomplish this directive.

DDSN's Report:

- (1) South Carolina Code of Laws Title 44 Chapter 20 Section 350 and Medicaid regulations.
- (2) FY12 amount of care and maintenance fees collected from consumers residing in residential facilities owned and operated by the department and its local service providers: \$29.78 million
- (3) Funds were expended for residential services, related consumer care, and capital projects.
- (4) N/A
- (5) N/A