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January 26, 2016

The Honorable G. Murrell Smith Jr., Chairman  
The Honorable Jimmy C. Bales, Ed.D.  
The Honorable J. Derham Cole, Jr.  
The Honorable William "Bill" Clyburn

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 \$29,400,000 in recurring funds for FY 2016 – 2017. Each priority relates directly to the agency's core mission and to the safety of individuals and provision of quality services. Funding this request will enable DDSN to comply with 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.

DDSN's request focuses on the components of CMS' recent Final Rule. Funding these items will better position the agency to meet these new obligations. 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 allow the department to provide essential services to many individuals in great need and to significantly expand services to 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 request or services. We are glad to help.

Sincerely,

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

**DISTRICT I**

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Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500  
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Summerville, SC 29485  
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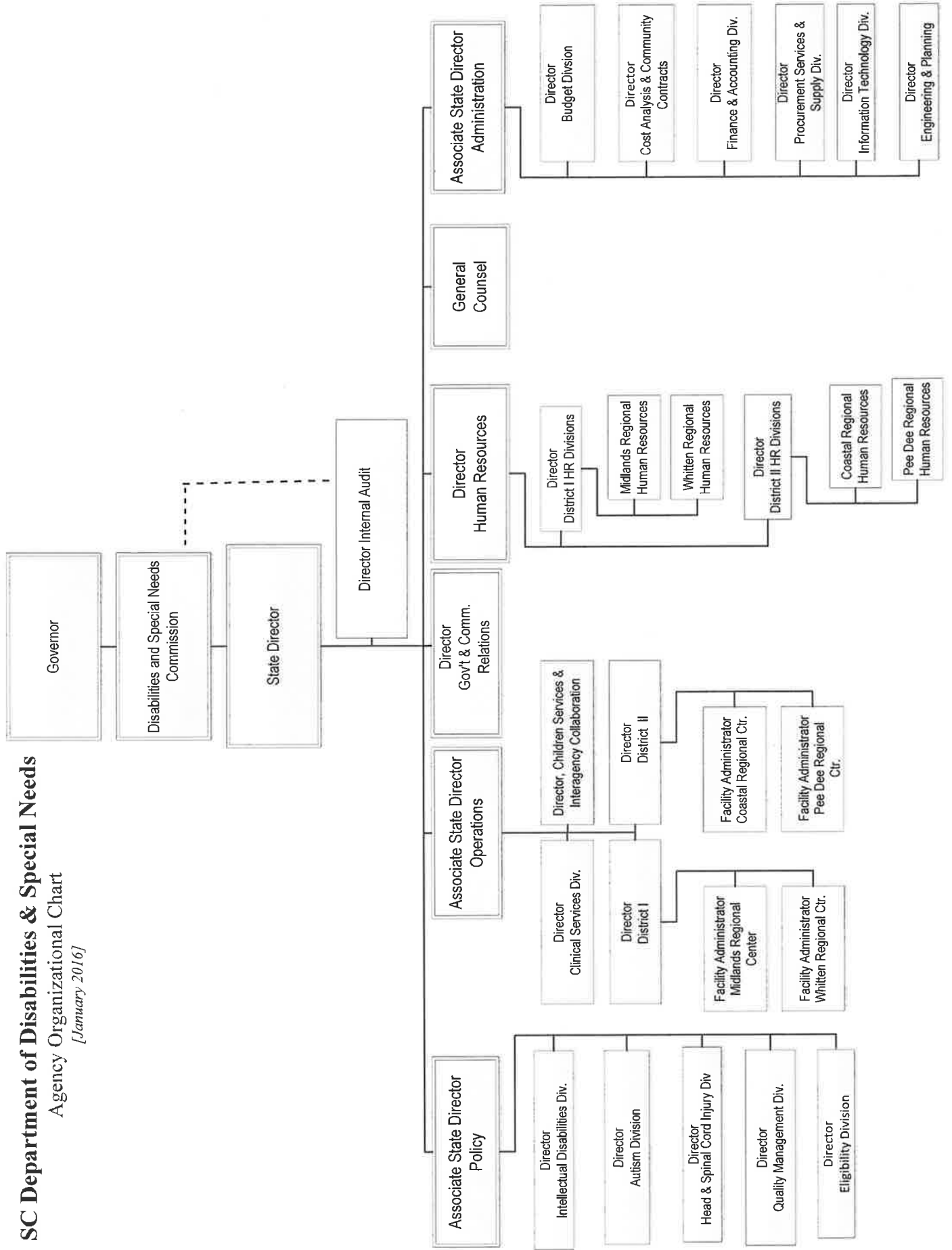
**DISTRICT II**

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

# SC Department of Disabilities & Special Needs

Agency Organizational Chart

[January 2016]



**SC Department of Disabilities and Special Needs**  
**Major Program Areas**

**1. Prevention**

Primary prevention of the occurrence of developmental disabilities, traumatic brain and spinal cord injuries. Provide early identification and timely intervention aimed at reducing the duration of the disability and/or minimizing its consequences. Study the prevalence and incidence of various disabling conditions in South Carolina and study public policies affecting implementation of effective prevention initiatives. Develop and promote continuing educational materials for professionals and make the public aware of risk factors and appropriate interventions to reduce the incidence of disabilities.

Primary prevention and timely intervention services avoid the onset of a disability, reduce the duration of the disability, or minimize the consequences of the disability. These services foster independence, enhance quality of living and avoid the State's need to provide millions of dollars of services throughout the person's lifetime.

**2. In-home Individual and Family Support**

Individual and family support services A) allow an individual to live independently or with family members; B) prevent costly out-of-home placement; C) promote family unity and responsibility; D) provide flexible supports to enable families to cope with caring member with a disability.

This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 86% of the informal caregiving rather than replacing families. On average individual and family support services such as personal care aids, employment, or respite services cost less than one-half the least expensive out-of-home placement options. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.

**3. Community Residential**

Locally operated, cost efficient, family-like out-of-home placements in the community which provide 24-hour care only for those individuals with disabilities whose needs cannot be met with in-home family supports.

Federal requirements, state statute, and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Utilization of small, family-like community settings based on individual/family choice is consistent with these requirements.

**4. Regional Center Services**

Regional Centers provide 24-hour care and supervision in state operated, specialized facilities only for those individuals unable to live in community residences due to the severity of their disabilities, complicated medical needs or most challenging behaviors.

The preferred setting for serving individuals with disabilities and special needs is at home, with their families, with necessary supports being provided. When these arrangements are not possible, smaller home-like residential services in the community are utilized. Regional Center services are reserved to ensure the State's ability to meet the essential needs of individuals with the most severely disabling conditions, complex medical needs and/or extremely challenging behaviors.

**5. Administration**

Leadership and overall direction for the agency including policy, fiscal, legal, and other support services.

AGENCY NAME:

South Carolina Department of Disabilities and Special Needs

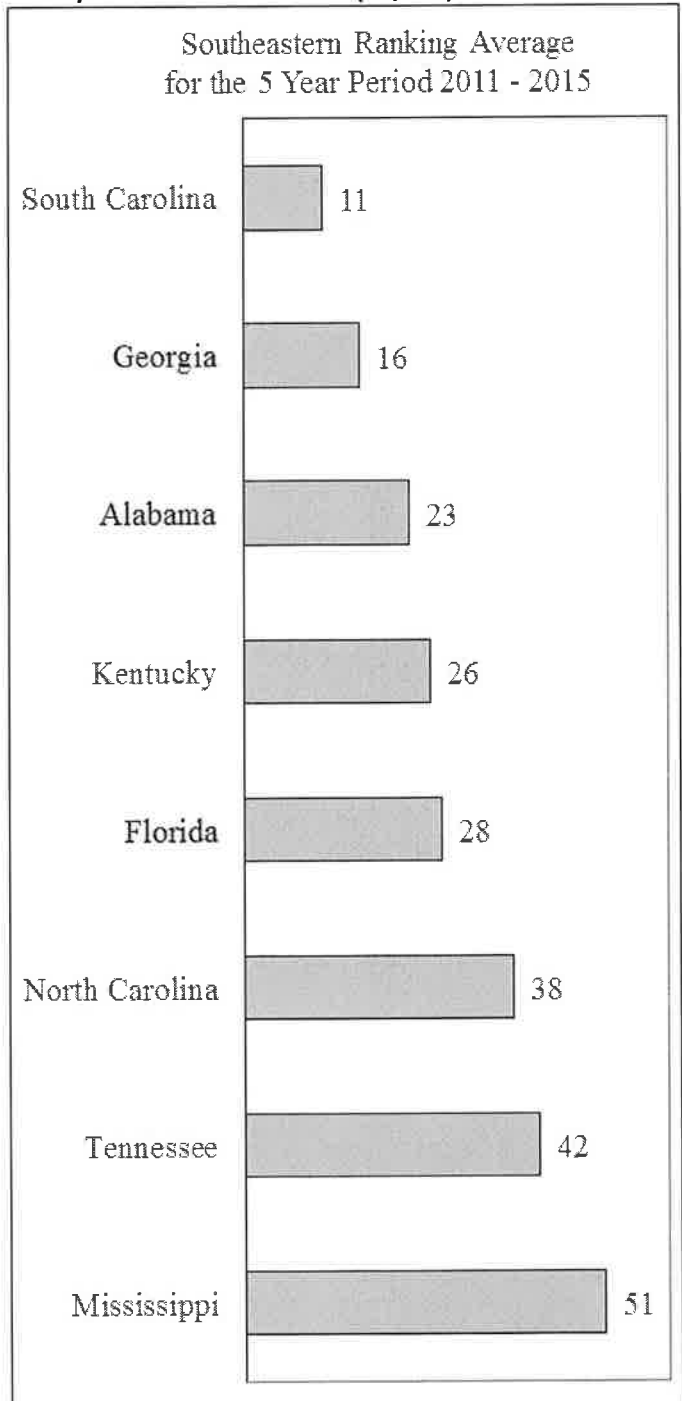
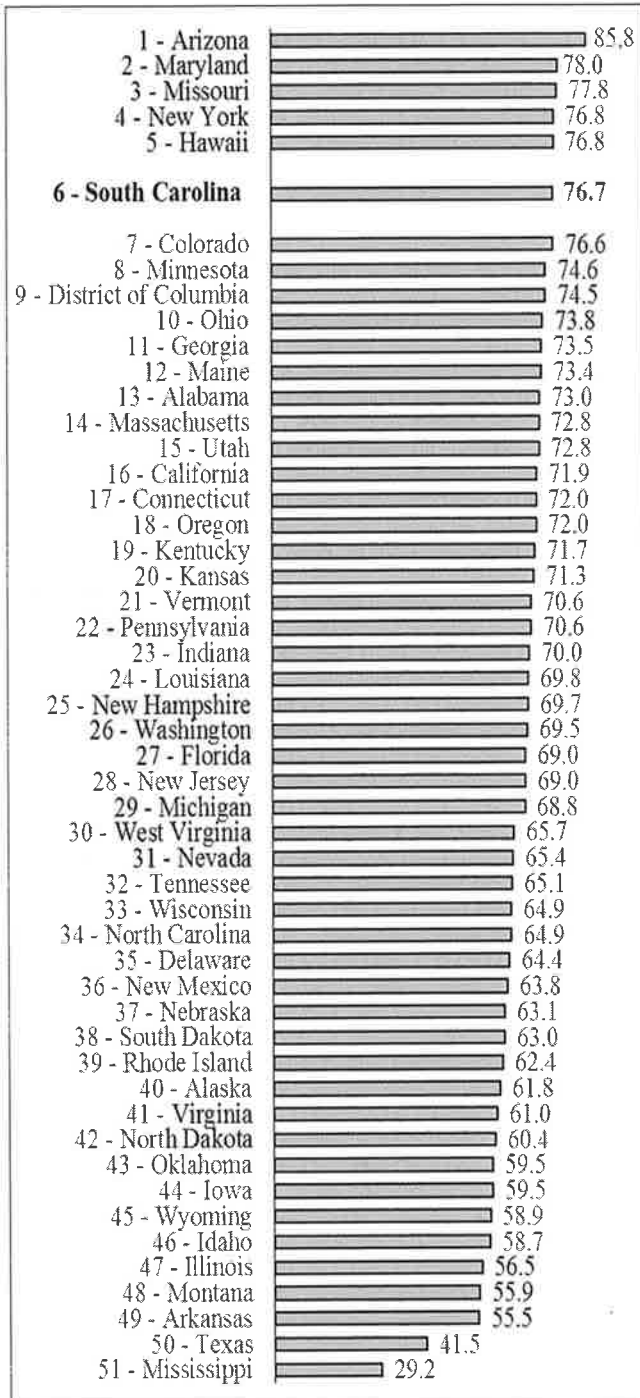
AGENCY CODE:

J16

SECTION:

036

South Carolina Department of Disabilities and Special Needs  
UCP's 2015 Ranking of States' Ability to Create Community – Inclusive Lives for  
Americans with Intellectual Disabilities/Related Disabilities (ID/RD)

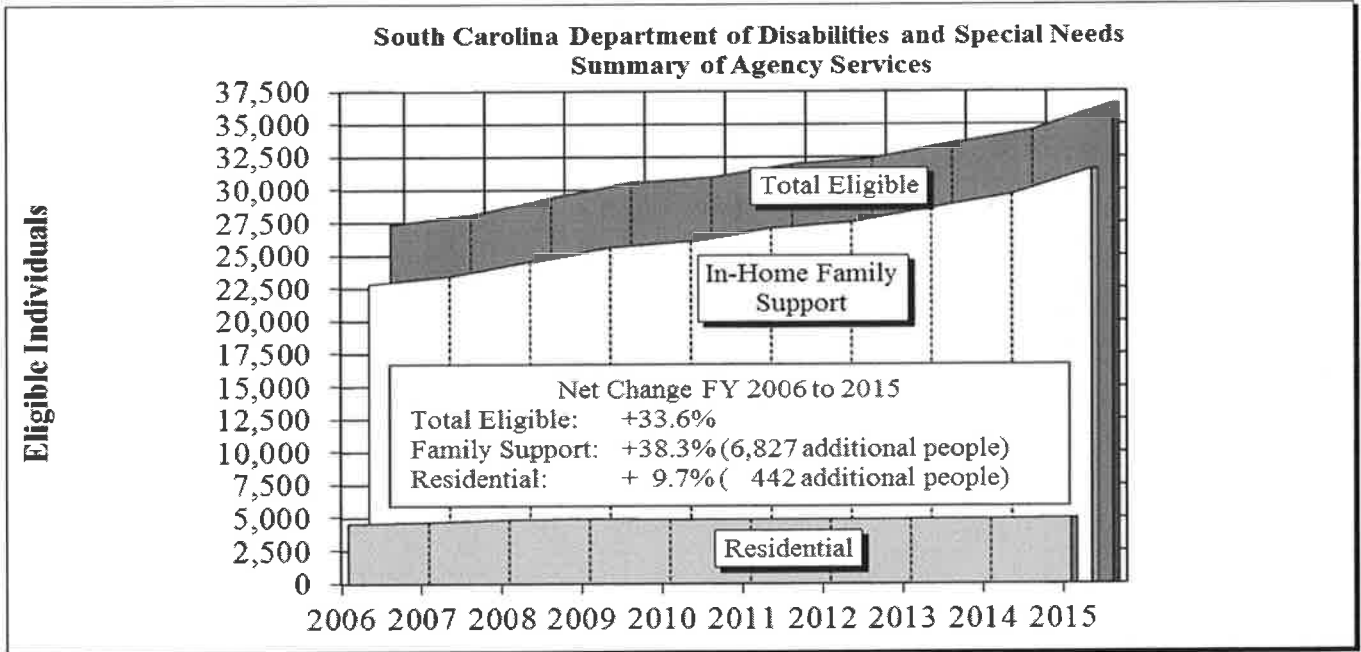


United Cerebral Palsy is one of the nation's leading organizations serving and advocating for 58.6 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community-inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked 6 nationally in 2015 and ranks highly in comparison to Southeastern states and across the nation.

Data Source:

The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2011, 2012, 2013, 2014 and 2015 published by United Cerebral Palsy

<b>AGENCY NAME:</b>	<b>South Carolina Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J16</b>	<b>SECTION:</b>	<b>036</b>



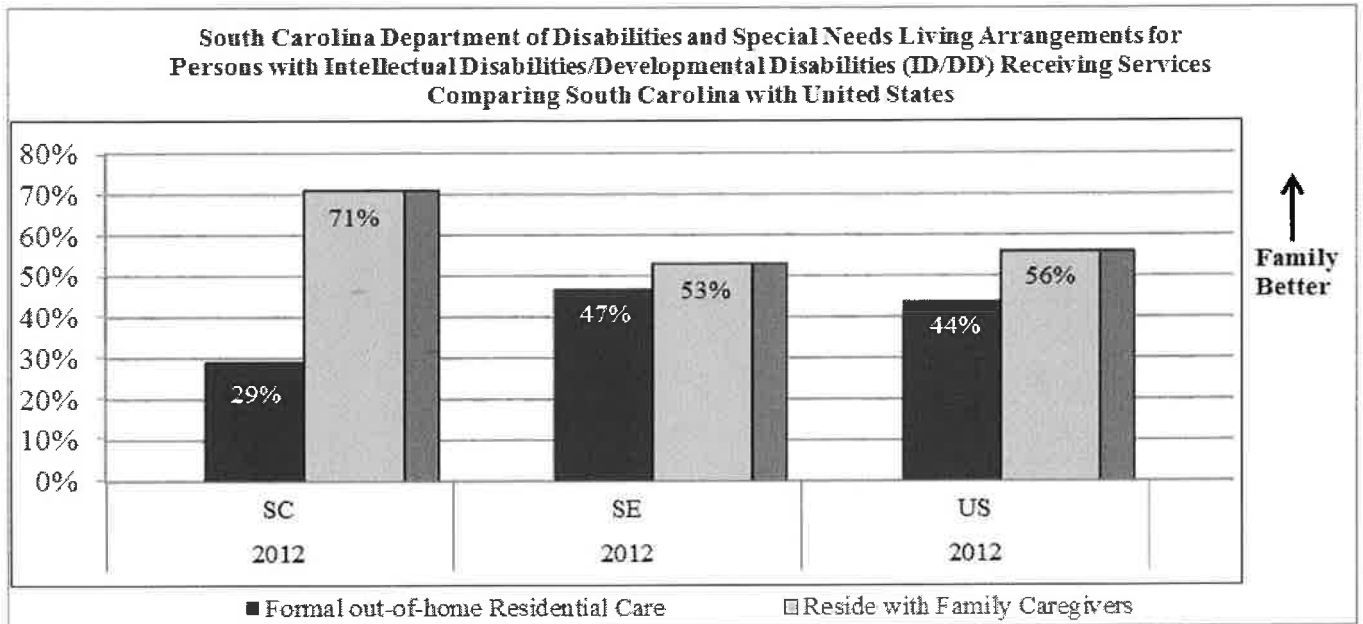
DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 38% growth in the use of cost-efficient family support services compared to only 10% growth in residential services, which are more expensive.

**Data Source:**

Chart A - Agency data provided by DDSN

National data provided by: In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2012 published by The University of Minnesota

<b>AGENCY NAME:</b>	<b>South Carolina Department of Disabilities and Special Needs</b>		
<b>AGENCY CODE:</b>	<b>J16</b>	<b>SECTION:</b>	<b>036</b>



Of the approximately 36,550 individuals eligible or receiving DDSN services, 86% 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, 71% live with family caregivers, compared to 56% nationally. DDSN is doing a better job of helping individuals live in a family setting utilizing day services, respite, personal care, and other needed supports. 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.

**Data Source:**

Chart B - In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2012 published by The University of Minnesota

## Summary of the FY 2014-2015 Accountability Report

- **South Carolina ranked 6th nationally in the United Cerebral Palsy 2015 Case for Inclusion report.** United Cerebral Palsy annually evaluates all state disability and related Medicaid systems across the country to rank the degree of community inclusion offered to citizens with disabilities. In the 2015 UCP Inclusion report South Carolina ranked 6th nationally. South Carolina has ranked the highest among the southeastern states seven out of ten years and in two of the remaining three years, ranked second in the Southeast.
- **Ensuring the needs of eligible individuals in crisis situations are met is the highest priority of the agency.** DDSN has a system in place to respond quickly to consumers whose situations jeopardize their health, safety and welfare. Examples include the unexpected death or major health concern of a primary caregiver, harm/abuse to a consumer or family, or extreme deterioration of the consumer's home.
- **Substantially moving waiting lists was a high priority again this year.** Waiting list movement was unprecedented this year. DDSN is in the midst of the largest expansion of disability services in our State's history through the leadership and generosity of the Governor and General Assembly. This enormous effort is being coordinated in partnerships with DDSN's statewide network of service providers, advocates and DHHS. The process of locating and contacting individuals/families, assisting them through eligibility, Medicaid Level of Care, development of a service plan, choice of provider, service authorization and ultimately, actual service delivery, is labor intensive, has multiple components and requires a great amount of time. All staff efforts have been focused on moving citizens into services as quickly as possible.
- **Serving individuals in the least restrictive environment and offering services to support individuals in their own home/their family's home continued to be a focal point for service delivery.** This philosophy is operationalized through serving consumers in their family homes rather than state funded residential settings. This approach affords a better quality of life for the consumer, is preferred by families, and is also a more cost effective model of service delivery for taxpayers. Of the approximately 36,550 people eligible for DDSN services, including all disability groups, 86 percent live at home with family or in their own home.
- **Preparing for significant system changes was a major focus this year.** In January 2014 the Centers for Medicare/Medicaid Services (CMS) issued the new Final Rule for Home and Community Based Settings which requires states to transform their service delivery systems to be more community inclusive and rely less on segregated service settings. CMS is requiring states to come into full compliance with the New Final rule by 2019.
- **Increasing and improving opportunities for stakeholders to offer input in decision-making continued as a high priority.** There are numerous systems in place to ensure that stakeholders participate in discussion and decision making processes. Regular communication occurs with consumers, family members, advocates and provider representatives.



## Summary of the FY 2014-2015 Accountability Report

- **Employing people with disabilities got a boost this year with the development of a new employment pilot.** DDSN serves a higher percentage of consumers in integrated employment services than the national average for state IDD agencies. Consumers transitioning from school to adult life, in particular, are more likely to desire and anticipate having a career yet these transition-age consumers are less likely to have access to needed supports. Another gap identified is that some service providers do not offer individual employment services – only a group service model. DDSN developed a new initiative to expand access to individual Employment Services and incentivize providers to offer that service by establishing an outcomes-based payment structure. This allows for potentially higher reimbursement rates and created a new “Career Support” service aimed at providing less intensive and less expensive, long-term supports needed to maintain employment and achieve career objectives.
- **Increasing consumer and family choice and control of services continues to be an important goal.** DDSN changed the process through which residential services are offered to eligible individuals. Previously residential expansion was managed by working with providers to develop additional homes or residential settings and then the provider would identify individuals approved for that service to fill the beds created by the provider. This was a provider driven process. DDSN changed the process to be a more person centered process. For FY 2015, once an individual was approved for residential services, the individual could choose any qualified provider in the DDSN statewide system to serve their residential needs. This major shift meant a provider could develop a residential service package for a specific individual.

DDSN also started three new residential service pilots. The first focuses on those consumers who desire to live and function with more independence in homes or apartments of their choice, with roommates of their choice. Another residential service pilot in Supported Living is a new level of service in between a Community Training Home II and a Supported Living Program. This pilot is for individuals who need a little more support than the traditional SLP program but can live more independently than the traditional CTH II. DDSN worked other community providers to develop a third residential service pilot to serve individuals who are considered medically fragile. Currently, few options exist in the community for these individuals so often the only service available is a regional center placement.

- **Implementing the agency’s plan to prevent and limit unnecessary institutional placement is consistent with the US Olmstead ruling.** The critical case review process is a primary method utilized to prevent unnecessary institutionalization. All requests for critical status were reviewed and individual solutions were developed as appropriate ranging from increased in-home supports to community residential placement. No one was admitted as a resident to one of the regional centers as a result of state funding limitations. Ongoing efforts assure that only those individuals with the most significant and complex needs reside at the Regional Centers. Approximately 84.5 percent of the individuals residing at DDSN’s Regional Centers have severe or profound disabilities whereas only 76 percent of individuals served in similar facilities in other states have severe or profound disabilities.

## Summary of the FY 2014-2015 Accountability Report

- **Ongoing collaborative prevention activities reduce the incidence and severity of disabilities.** Primary prevention efforts produce the greatest return on investment of time and dollars. DDSN continues its efforts to reduce the rate of infants born with neural tube defects (NTDs) in partnership with the Greenwood Genetic Center. The prevention of 69 infants born each year with an NTD results in a \$24 – \$34.5 million savings in lifetime medical care costs. The Metabolic Treatment Program consistently has 75-100 children age birth to 7 years on curative treatment to prevent severe lifelong developmental disabilities. This treatment saves about \$40 million per year in medical costs which would be necessary if the newborns were not identified and successfully treated.
- **Strengthening the agency's information/data security posture was a priority.** DDSN was one of 15 state agencies chosen to participate in the statewide agency security Risk and Vulnerability assessment and audit. An IT Security Officer was hired and numerous strategies to increase cyber security are being implemented.
- **Responding to all external audits and ensuring necessary changes were made for federal and state compliance and improvement was achieved while maintaining fiscal responsibility.** DDSN developed and worked on its implementation plan to address the 49 recommendations in the 2014 LAC report. The report confirms DDSN's quality assurance efforts to be well-designed, comprehensive, and effective. The health, safety and welfare of individuals receiving services is the agency's top priority. Allegations of abuse substantiated by SLED or other investigative agencies across all facility types and locations is extremely low, ranging from 0.01 to 0.06 percent of people served across each of the 5 years of the audit period.

DDSN engaged a national firm, Public Consulting Group, to review DDSN's business practices and financial reporting systems. The final report of Public Consulting Group was presented to the Commission at the August 2014 Commission meeting. DDSN is using parts or all of some of these recommendations to further improve the system.

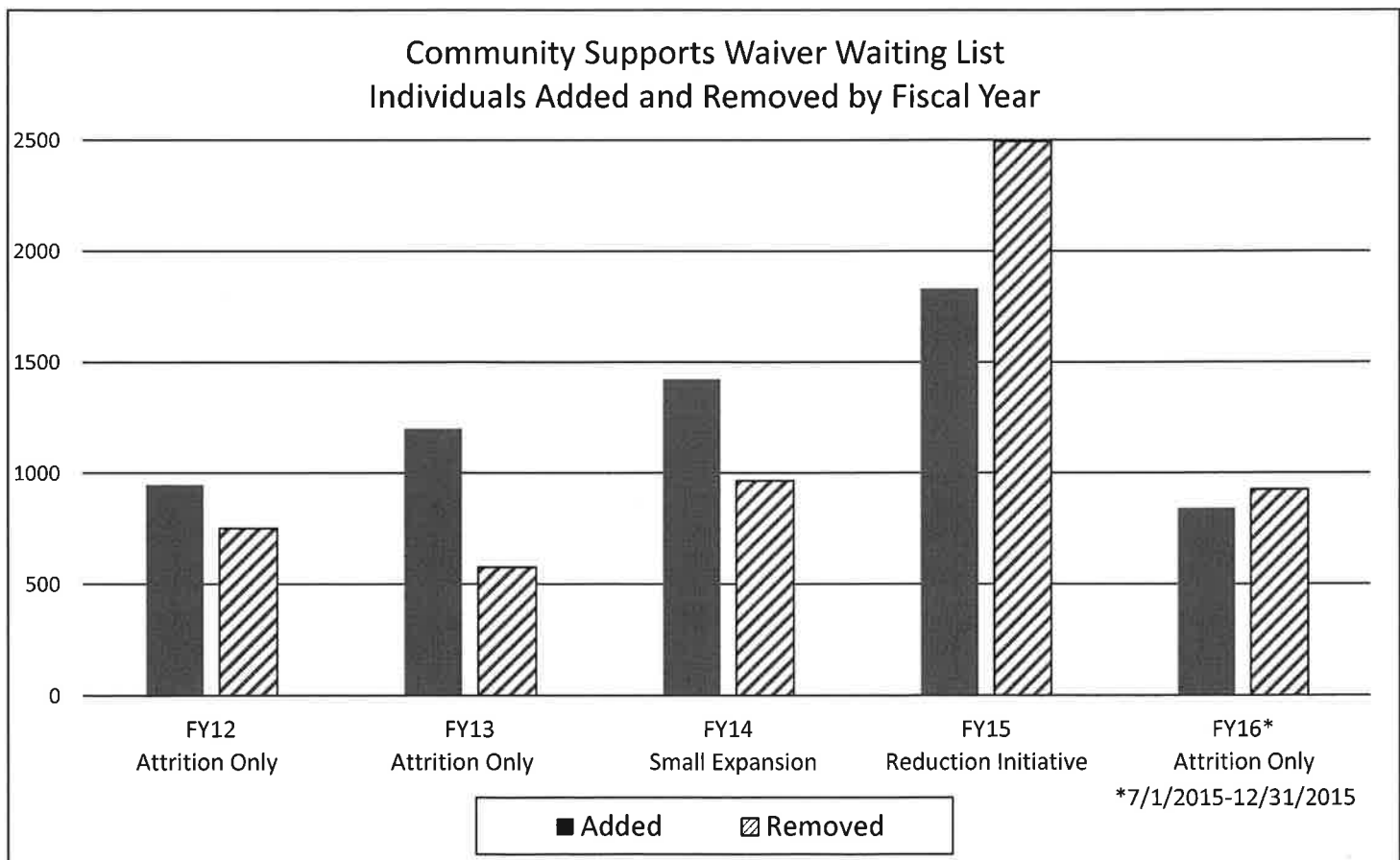
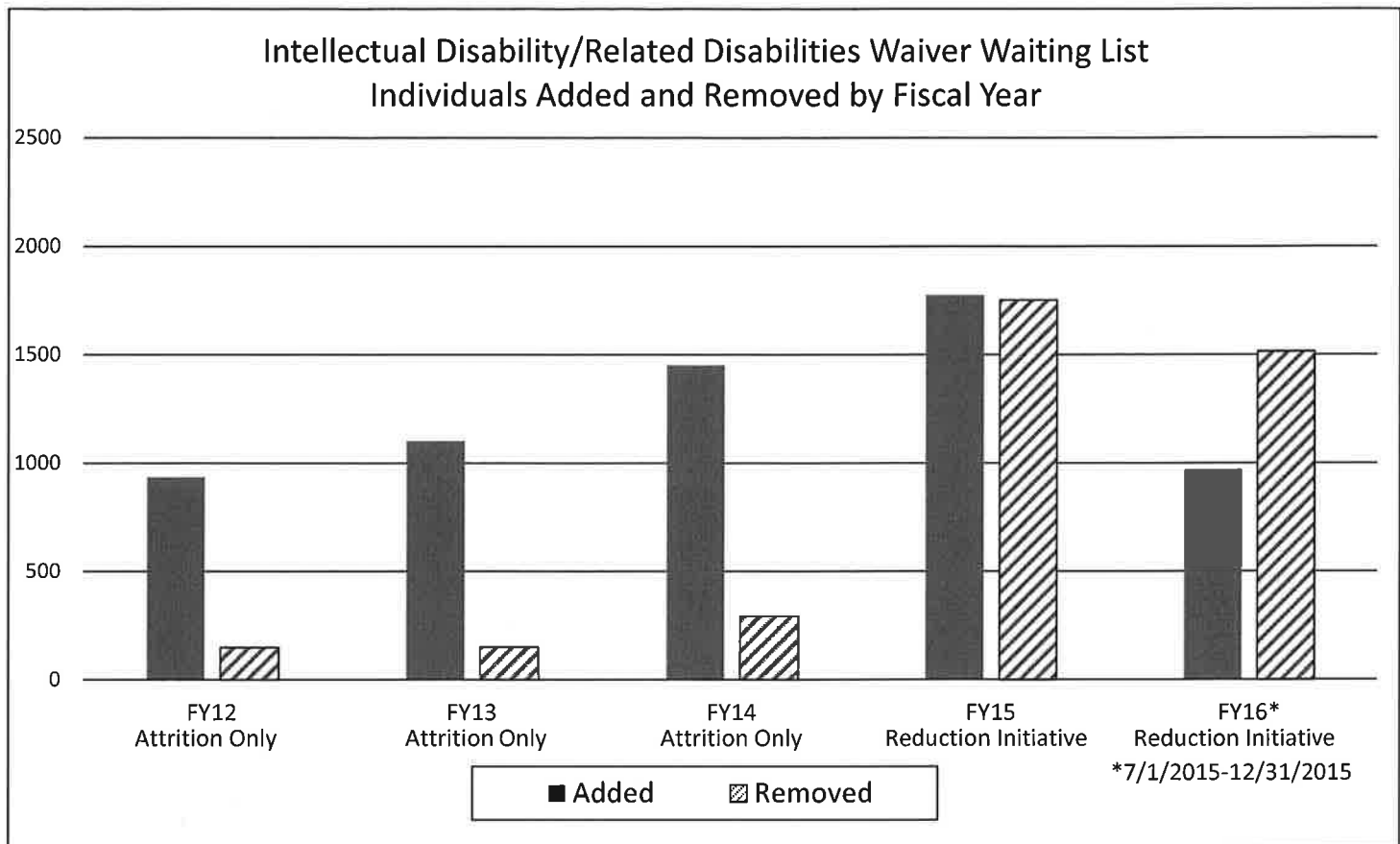
In the process of vetting a concern expressed to the agency, it became apparent during the evaluation period that many DDSN providers who contracted directly with Housing and Urban Development (HUD) were not properly handling Housing Assistance Payment (HAP) for consumers. This determination was based on a joint review conducted by DDSN and the Office of the State Inspector General (SIG). DDSN learned a lot during the review process and as a result revised and improved several business processes. The agency will also increase its oversight through its Internal Audit Division.

- **DDSN maintained its Regional Center per diems below national averages.** The agency maintained the health and safety and met the needs of regional center residents with one of the lowest per diem rates in the country. The Regional Centers' per diems are below \$405 per day when the national average is \$701 per day based on most recent data (2013).
- **DDSN's current administrative cost remained below two percent of the overall budget.** Resources are shifted from administration to service priorities whenever possible. Central Office administrative expenses have remained at less than two percent 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.

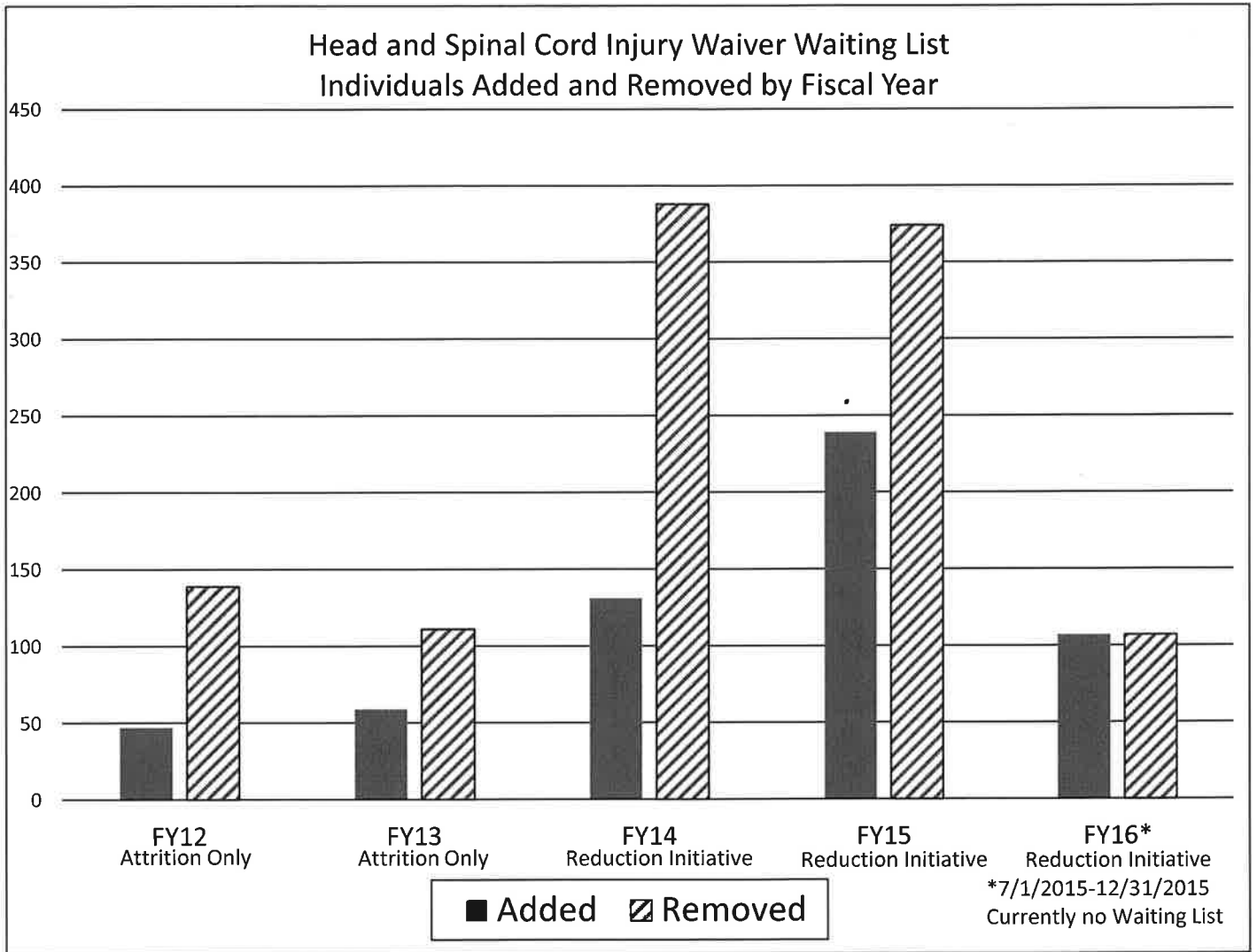
**SC Department of Disabilities and Special Needs  
Appropriation/Authorization and Expenditures**

Funding Source	FY 2012-2013		FY 2013-2014		FY 2014-2015		FY 2015-2016
	Appropriation / Authorization	Expenditures	Appropriation / Authorization	Expenditures	Appropriation / Authorization	Expenditures	Appropriation / Authorization
State Appropriation - Recurring	\$ 184,817,241	\$ 182,584,290	\$ 190,190,563	\$ 189,368,561	\$ 215,852,752	\$ 214,822,281	\$ 221,456,583
State Appropriation - Non-Recurring	\$ 250,000	\$ 250,000	\$ -	\$ -	\$ 1,750,000	\$ 1,750,000	\$ 1,100,001
Federal Authorization	\$ 340,000	\$ 209,783	\$ 340,000	\$ 234,395	\$ 340,000	\$ 277,189	\$ 340,000
Other Authorization	\$ 393,705,617	\$ 297,572,248	\$ 393,705,617	\$ 343,908,421	\$ 430,209,269	\$ 371,328,706	\$ 452,524,335
<b>Total</b>	\$ 579,112,858	\$ 480,616,321	\$ 584,236,180	\$ 533,511,377	\$ 648,152,021	\$ 588,178,176	\$ 675,420,919

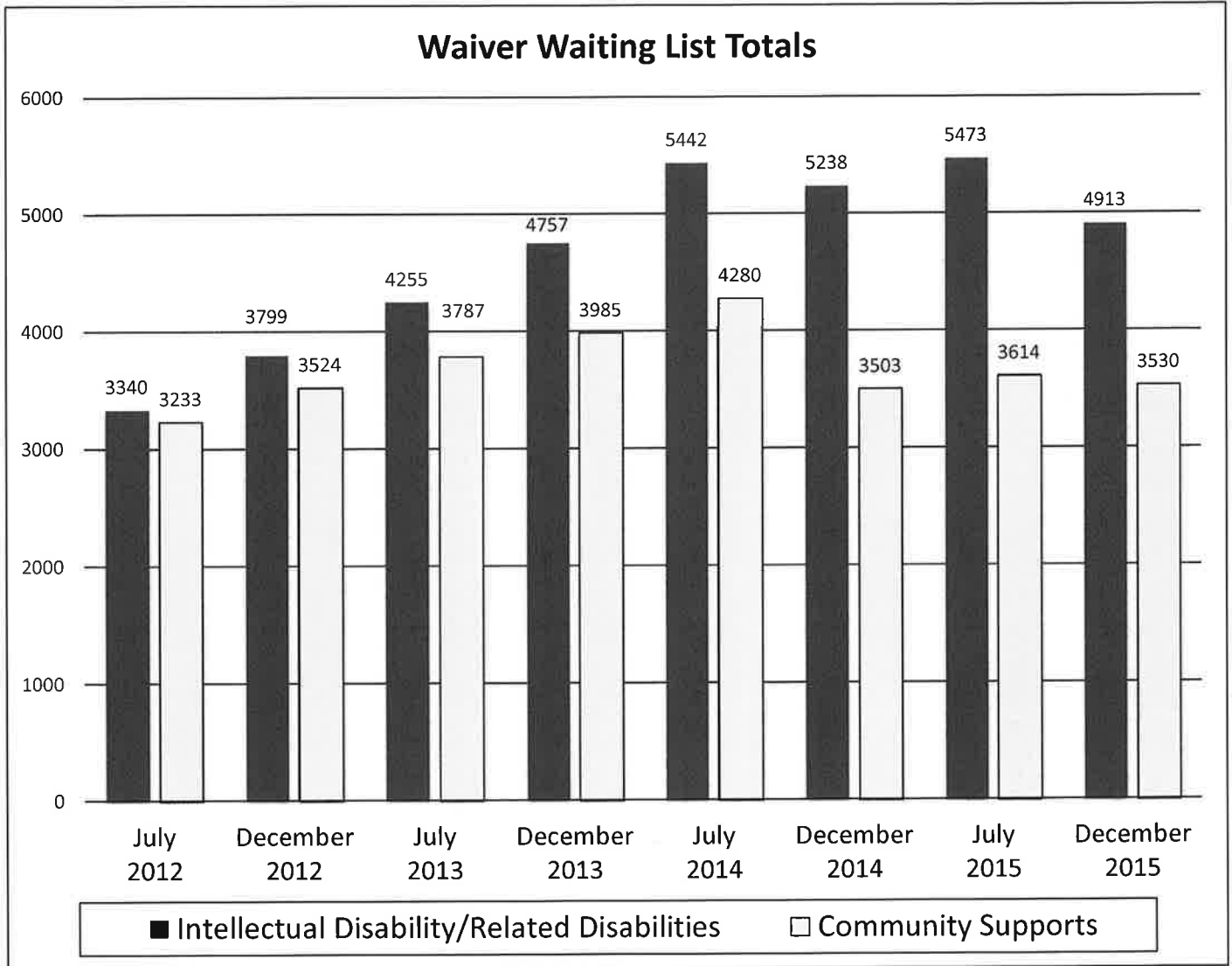
# SC Department of Disabilities and Special Needs



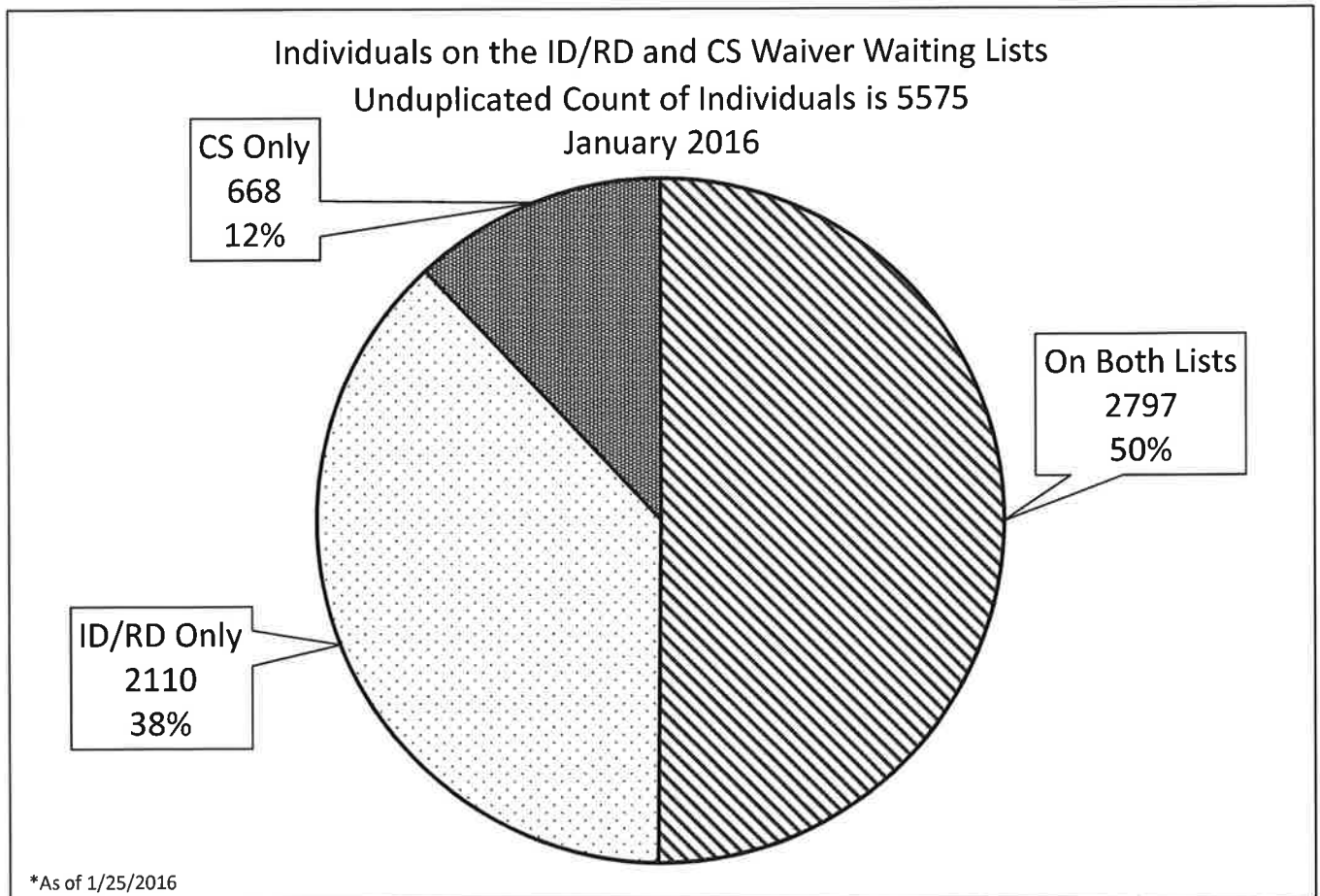
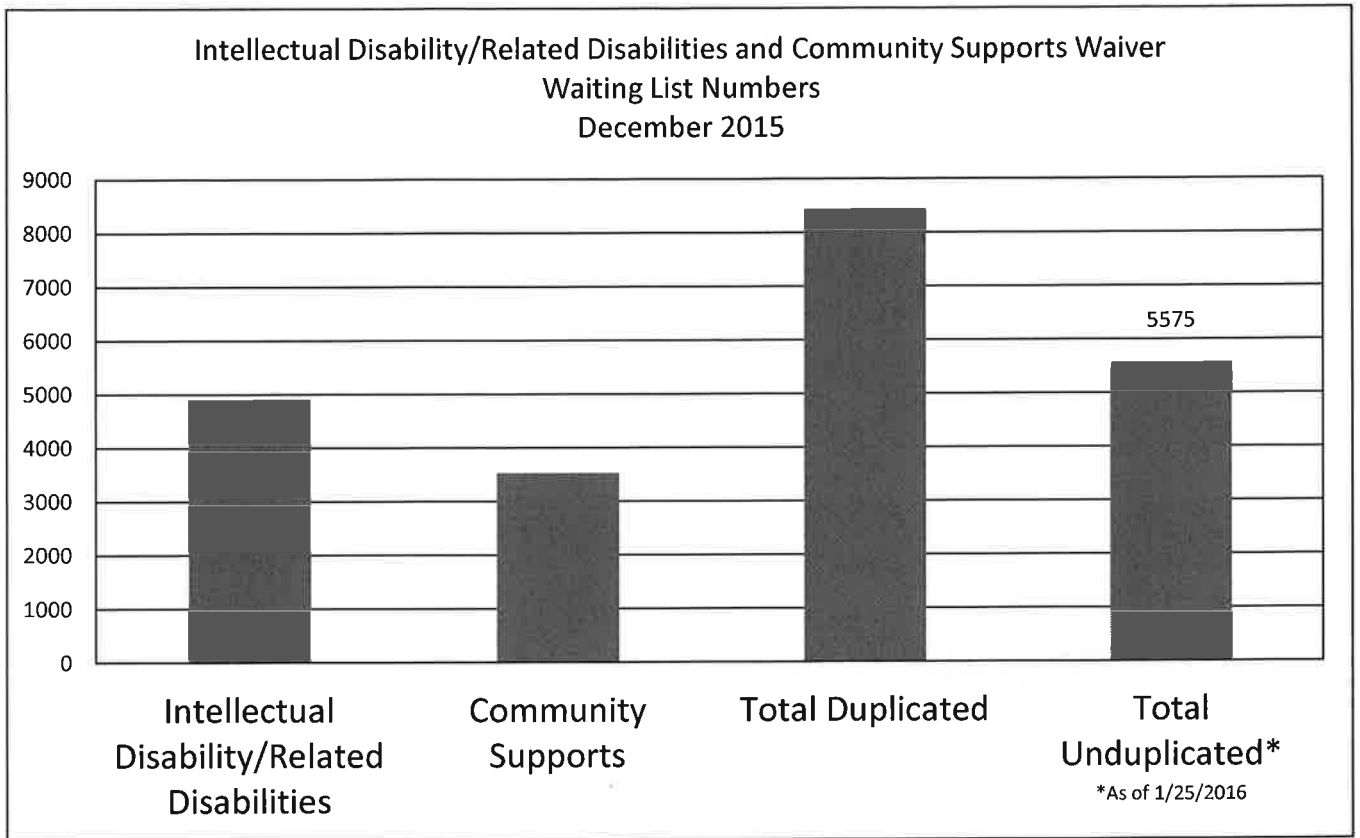
# SC Department of Disabilities and Special Needs



# SC Department of Disabilities and Special Needs

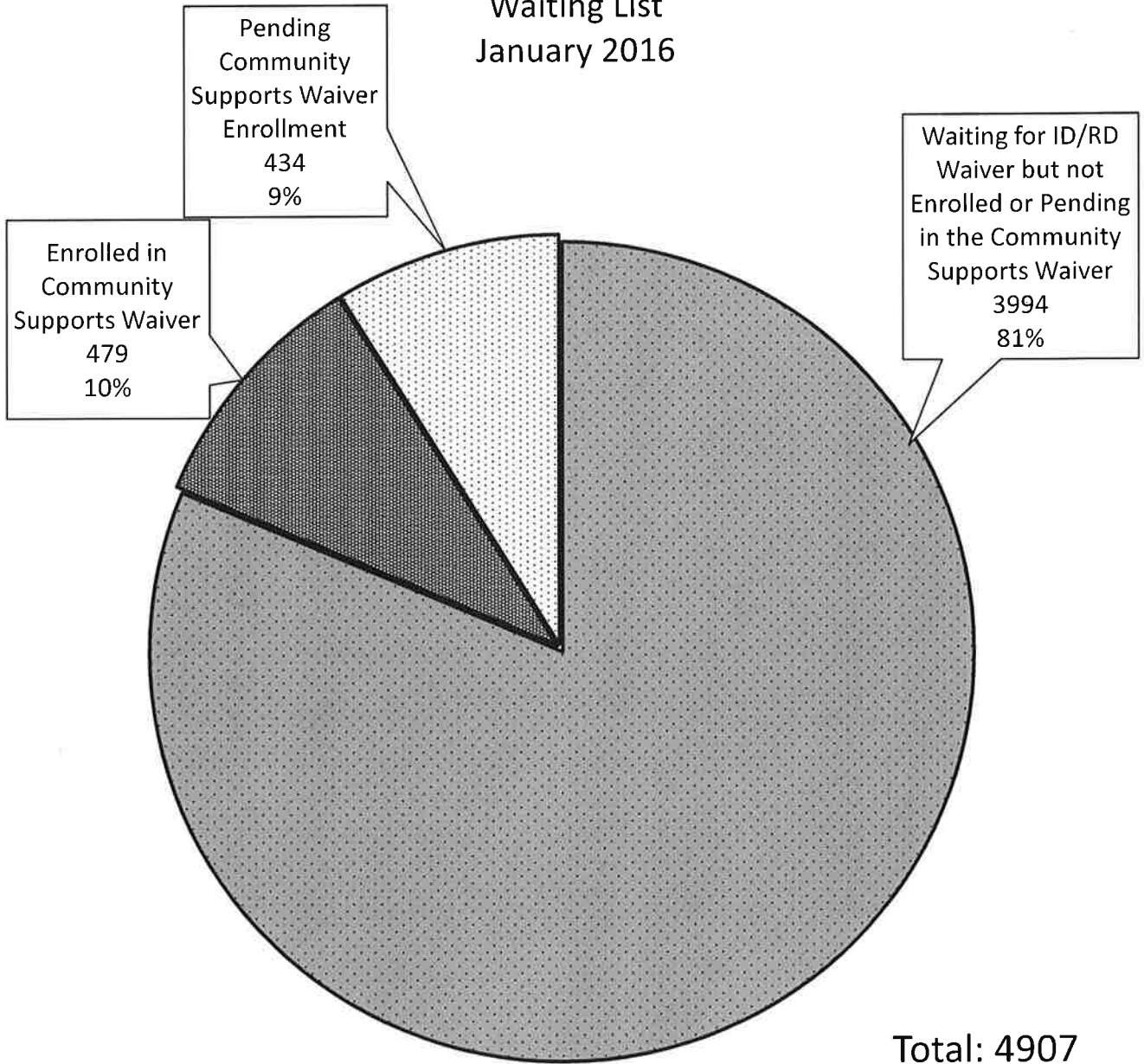


# SC Department of Disabilities and Special Needs



# SC Department of Disabilities and Special Needs

## Individuals on the Intellectual Disability/Related Disabilities Waiting List January 2016

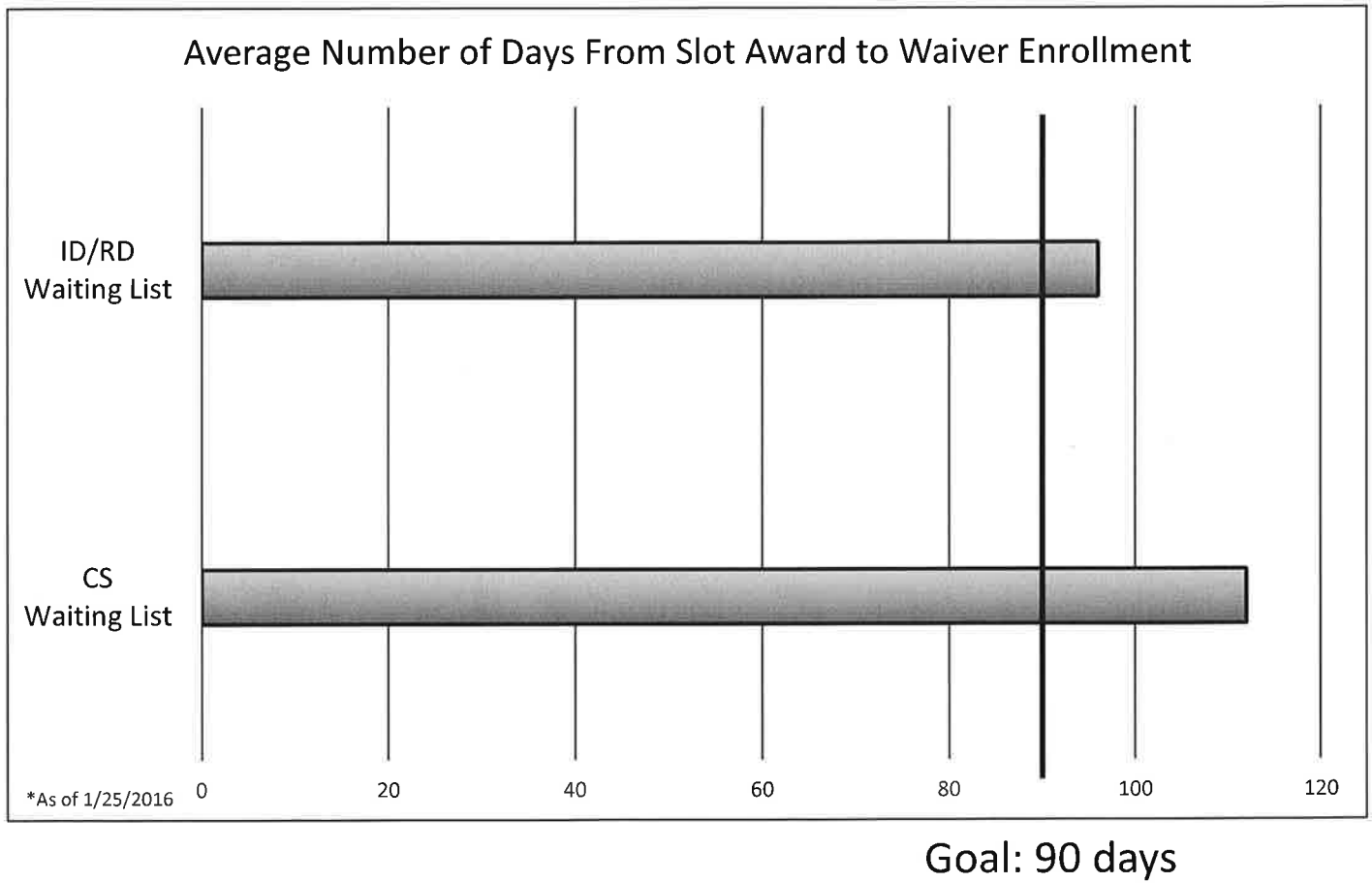


Total: 4907

\*As of 1/25/2016

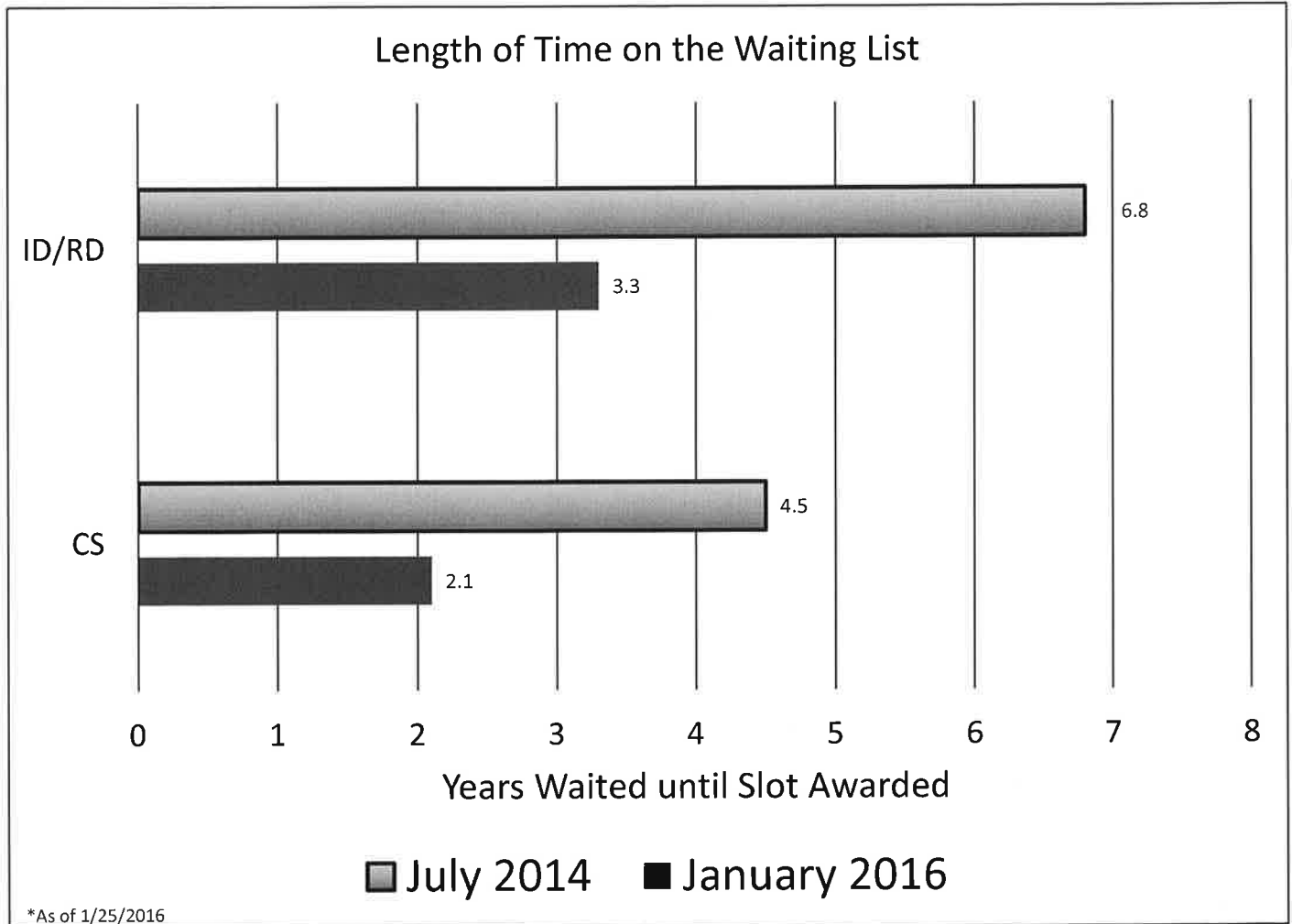


# SC Department of Disabilities and Special Needs



ID/RD – Intellectual Disability/Related Disabilities Waiver  
CS – Community Supports Waiver

# SC Department of Disabilities and Special Needs



ID/RD – Intellectual Disability/Related Disabilities Waiver  
CS – Community Supports Waiver

**SC Department of Disabilities and Special Needs  
Waiting List Reduction Efforts  
As of January 1, 2016**

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,448 (FY15) <u>1,640 (FY16)</u> 3,088	713 (FY15) <u>504 (FY16)</u> 1,217	503 (FY15) <u>390 (FY16)</u> 893	121 (FY15) <u>857 (FY16)</u> 978
Community Supports (As of July 1, 2014)	2,430 (FY15) <u>894 (FY16)</u> 3,324	701 (FY15) <u>290 (FY16)</u> 991	1418 (FY15) <u>240 (FY16)</u> 1,658	161 (FY15) <u>514 (FY16)</u> 675
Head and Spinal Cord Injury (As of Oct 1, 2013)	638	290	168	180
		2,498	2,719	
<b>Total</b>	<b>7050</b>	<b>5,217</b>		<b>1,833</b>

Waiting List *	Number of Individuals Added Between July 1, 2014 and January 1, 2016	Number of Individuals Waiting as of January 1, 2016
Intellectual Disability/Related Disabilities	2,744 (968 since 7/1/15)	4,913
Community Supports	2,673 (842 since 7/1/15)	3,530
Head and Spinal Cord Injury	422 (91 since 7/1/15)	0
<b>Total</b>	<b>5,839</b>	<b>8,443**</b>

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

\*\* Approximately 34 percent of 8,443 are duplicated names; therefore approximately 5,580 people are on waiting lists.

**South Carolina Department of Disabilities and Special Needs  
 FY 2016 – 2017 Budget Request In Priority Order  
 Approved by Commission on September 17, 2015**

Program Need	Budget Request for FY 2016-2017	New Services By Individual Based on FY 2017 Request
<p><b>1 Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists.</b> Provide individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. This request will provide approximately 1,800 individuals with severe disabilities on waiting lists with in-home supports and services necessary to keep them at home with family and prevent unnecessary and expensive out-of-home placements. Supports strengthen the family and allow family caregivers to remain employed. Provide necessary residential supports and services for 125 individuals who have been identified as meeting critical criteria and require residential placement to resolve their critical situation. In fiscal year 2015, there were 457 individuals with severe disabilities who met the critical criteria. Provide services to approximately 300 children who will not qualify for the new Medicaid State Plan Service package for Autism Spectrum Disorder, yet still need the state supported Pervasive Developmental Disorders program (PDD). This request will allow DDSN to maintain current service capacity and provide specialized therapies to an additional 300 children of the 1600 currently on the waiting list. This request will also allow DDSN to fund the new rate structure being implemented in the new Medicaid State Plan service package in order to maintain provider availability.</p>	<p><b>\$14,950,000</b></p> <hr/> <p><b>In-Home Supports \$8 M</b></p> <p><b>Critical Residential \$3.75 M</b></p> <p><b>PDD State Program \$3.2 M</b></p>	<p><b>2225</b></p> <hr/> <p><b>1800</b></p> <p><b>125</b></p> <p><b>300 new children</b> <b>New statewide rate</b></p>

**South Carolina Department of Disabilities and Special Needs  
 FY 2016 – 2017 Budget Request In Priority Order  
 Approved by Commission on September 17, 2015**

Program Need	Budget Request for FY 2016-2017	New Services By Individual Based on FY 2017 Request
<p><b>2 Ensure Compliance with Centers for Medicare &amp; Medicaid Services (CMS) new Home and Community Based Services (HCBS) Final Rule.</b> The new CMS rule requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement. The CMS HCBS Final Rule focuses on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. This request would provide funding to develop new models for individualized day supports and employment opportunities to be compliant with the new CMS HCBS Final Rule.</p>	<p align="center"><b>\$3,300,000</b></p> <hr/> <p align="center"><b>Conflict Free CM \$1.1 M</b></p> <p align="center"><b>Individualized Day and Employment Supports \$2.2 M</b></p>	<p align="center"><b>Statewide</b></p> <hr/> <p align="center"><b>Statewide</b></p> <p align="center"><b>260</b></p>

**South Carolina Department of Disabilities and Special Needs  
 FY 2016 – 2017 Budget Request In Priority Order  
 Approved by Commission on September 17, 2015**

Program Need	Budget Request for FY 2016-2017 Request	New Services By Individual Based on FY 2017 Request
<p><b>3</b> <b>Safety and Quality of Care.</b> Provide for the increased cost of providing care and addressing nursing and supervision needs of consumers. Address workforce issues to recruit and retain quality staff that provide essential 24/7 nursing care and direct supervision and care of consumers. Quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists where longtime quality employees make the same wage as new hires. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects the quality of consumer care, results in higher contract cost and increases the cost of training new staff to perform these vital services. Over the past year large companies such as Walmart and McDonalds have raised the hiring pay rate, and the rate paid to direct care staff makes it difficult to hire and retain quality staff. The Department of Labor (DOL) has proposed a new regulation that is scheduled to become effective during FY 2017 which dramatically changes the overtime exception. This revised regulation will require DDSN regional centers and community providers to change the definition of which staff can be considered exempt and which staff must be paid overtime. This is projected to be a significant staffing cost increase and service funding rates must be increased to cover the actual cost of care. Over the past years the costs of gasoline, food, electricity, medical professionals and other goods and services have increased significantly. If not funded, local community providers and regional centers will not be able to continue to provide the same level of service or maintain quality as there are no automatic increases to cover increased operational expenses.</p>	<p align="center"><b>\$6,300,000</b></p> <hr/> <p align="center"><b>Compression &amp; Retention \$3 M</b></p> <p align="center"><b>Dept. Of Labor \$1.3 M</b></p> <p align="center"><b>Provider MOE \$2 M</b></p>	<p align="center"><b>Statewide</b></p> <hr/> <p align="center"><b>Statewide</b></p> <p align="center"><b>Statewide</b></p> <p align="center"><b>Statewide</b></p> <p align="center"><b>Statewide</b></p>

South Carolina Department of Disabilities and Special Needs  
 FY 2016 – 2017 Budget Request In Priority Order  
 Approved by Commission on September 17, 2015

	Program Need	Budget Request for FY 2016-2017	New Services By Individual Based on FY 2017 Request
4	<p><b>Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care.</b> Movement from institutions to community settings based on individual/family choice is consistent with the U. S. Supreme Court Olmstead decision, state statute and best practice. DDSN managed this movement within its own resources for 19 years, but now new state funds are necessary. This funding allows individuals with the most complex medical and behavioral challenging needs to move to the community without jeopardizing their health and safety and also maintains the provision of quality care at the regional centers as required. Funds requested will allow 30 individuals to move to community settings.</p>	<p><b>\$1,200,000</b></p>	<p><b>30</b></p>

**South Carolina Department of Disabilities and Special Needs  
 FY 2016 – 2017 Budget Request In Priority Order  
 Approved by Commission on September 17, 2015**

Program Need	Budget Request for FY 2016-2017	New Services By Individual Based on FY 2017 Request
<p><b>5 Crisis Intervention and Stabilization for Individuals.</b> This request would begin building regionalized crisis intervention capacity for one of five regions within the state. The crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in their current living environment. The regionalized crisis system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building capacity to address the intense, short term needs of individuals in crisis would prevent emergency hospitalizations and expensive long term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings. Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring inpatient specialized neurological behavioral services.</p>	<p><b>\$1,650,000</b></p> <hr/> <p><b>Regional Team</b>  <b>\$750 K</b></p> <p><b>4 Beds</b>  <b>\$400 K</b></p> <p><b>TBI Inpatient</b>  <b>\$500 K</b></p>	<p><b>Individuals within one of Five Regions</b></p> <p><b>Individuals within one of Five Regions</b>  <b>3 - 4</b></p>
<p><b>6 Assure Statewide Access to Genetic Services.</b> Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center (GGC). New funds will be used to expand the metabolic treatment and genetic counseling services. This request will fund development of a blood test for Autism Spectrum Disorder based on previous research funded by special proviso. This funding to GGC is DDSN’s main prevention effort, which can prevent or minimize a child’s lifelong disability.</p>	<p><b>\$500,000</b></p>	<p><b>Statewide</b></p>



**South Carolina Department of Disabilities and Special Needs  
 FY 2016 – 2017 Budget Request In Priority Order  
 Approved by Commission on September 17, 2015**

Program Need	Budget Request for FY 2016-2017	New Services By Individual Based on FY 2017 Request
<p><b>7 Increase Access to Post-Acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries.</b> For best outcomes, specialized rehabilitation should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. This request will fund specialized rehabilitation for 8 to 10 individuals who are uninsured or underinsured.</p>	<p><b>\$500,000</b></p>	<p><b>8 – 10</b></p>
<p><b>8 Expansion of Non-Emergency Respite Beds.</b> Increased service capacity to relieve family caregivers who support individuals at home is essential. Providing around the clock care and supervision for a loved one who is disabled can be very taxing for families. This funding would expand opportunities for families to plan for much needed respite which is essential to support families in keeping loved ones at home. Keeping families together is better for the person, preferred by families, more community inclusive and is the most cost-efficient option for taxpayers as out of home placements are much more expensive. This funding would create 8 beds statewide that would be available for planned respite needs of family caregivers.</p>	<p><b>\$1,000,000</b></p>	<p><b>8 Beds Statewide</b></p>
<p><b>TOTAL</b></p>	<p><b>\$29,400,000</b></p>	

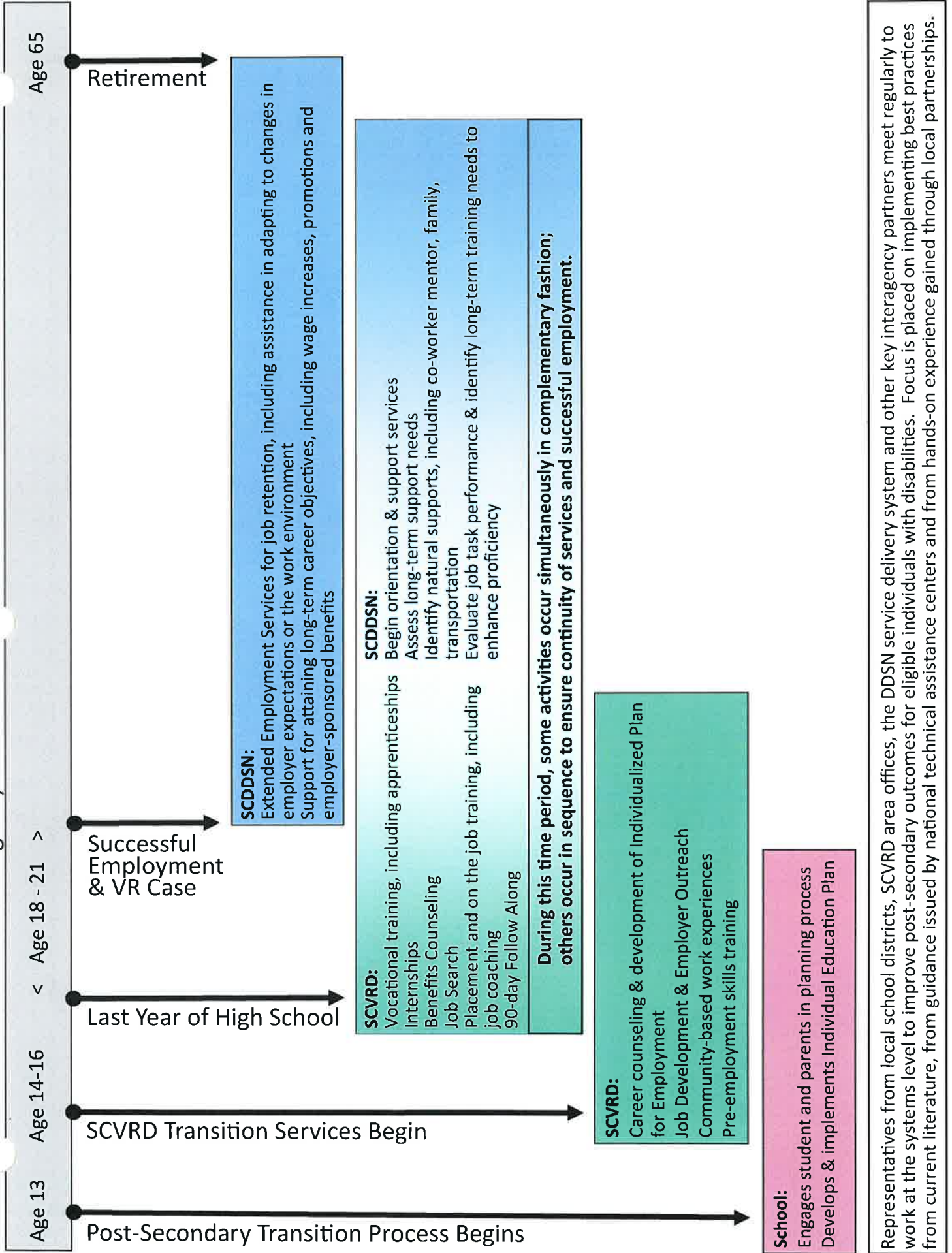
South Carolina Department of Disabilities and Special Needs  
FY 2016 – 2017 Budget Request In Priority Order  
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- DDSN requests an Other Funds Authorization increase of \$47,627,650 to correspond to new state funds requested for FY 2016-2017.
- DDSN is not requesting special Carry Forward authority beyond its existing levels.
- DDSN has no proviso requests.
- DDSN is not requesting any new FTEs.
- DDSN is not requesting any capital funding.

SCDDSN  
 Summary of Individuals Living With Aging Caregivers  
 By Residing County - As of December 31, 2015

<u>Region</u>	<u>County</u>	<u>Ages 55+</u>	<u>Ages 65+</u>	<u>Ages 72+</u>	<u>Ages 75+</u>	<u>Ages 80+</u>
<b>Coastal</b>	Allendale	34	12	6	6	4
	Bamberg	36	22	12	10	5
	Barnwell	57	28	18	15	10
	Beaufort	128	71	42	31	14
	Berkeley	206	101	42	34	13
	Charleston	328	170	82	63	32
	Colleton	69	41	22	17	7
	Dorchester	138	62	33	26	11
	Hampton	38	20	10	9	6
	Jasper	37	21	10	9	4
	Orangeburg	264	139	85	71	50
			<b>1,335</b>	<b>687</b>	<b>362</b>	<b>291</b>
<b>Midlands</b>	Aiken	156	83	46	33	14
	Calhoun	44	28	17	12	7
	Chester	29	18	12	9	6
	Fairfield	46	21	15	10	3
	Kershaw	57	26	12	8	4
	Lancaster	55	30	22	17	9
	Lexington	160	75	47	38	22
	Newberry	57	24	12	8	2
	Richland	348	218	127	101	57
	York	126	61	27	19	11
		<b>1,078</b>	<b>584</b>	<b>337</b>	<b>255</b>	<b>135</b>
<b>Pee Dee</b>	Chesterfield	52	24	8	6	3
	Clarendon	34	24	15	11	7
	Darlington	79	26	14	8	6
	Dillon	47	21	4	2	1
	Florence	114	64	35	28	19
	Georgetown	85	46	26	21	10
	Horry	173	94	59	42	24
	Lee	17	6	3	2	0
	Marion	53	16	7	7	4
	Marlboro	61	36	15	9	4
	Sumter	109	52	24	18	9
	Williamsburg	71	36	20	17	8
		<b>895</b>	<b>445</b>	<b>230</b>	<b>171</b>	<b>95</b>
<b>Piedmont</b>	Abbeville	24	15	12	9	7
	Anderson	157	86	49	34	17
	Cherokee	58	29	18	14	10
	Edgefield	19	13	5	5	4
	Greenville	400	154	86	69	38
	Greenwood	90	46	23	18	10
	Laurens	106	64	30	22	15
	McCormick	16	10	9	8	4
	Oconee	84	48	21	16	6
	Pickens	114	60	36	27	16
	Saluda	26	16	9	6	3
	Spartanburg	278	140	70	54	31
	Union	55	30	16	12	9
			<b>1,427</b>	<b>711</b>	<b>384</b>	<b>294</b>
		<b>4,735</b>	<b>2,427</b>	<b>1,313</b>	<b>1,011</b>	<b>556</b>

# Interagency Post-Secondary Transition Process in SC



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## **Request for Augmentation of State Funding for Genetic Prevention and Treatment Services through the Greenwood Genetic Center and the South Carolina Department of Disabilities and Special Needs**

Since its founding in 1974, the Greenwood Genetic Center (GGC) has had a close relationship with the SC Department of Disabilities and Special Needs (DDSN). Together, DDSN and the GGC have developed a comprehensive, state-wide system of genetic services with the ultimate goal of preventing and treating disabilities in South Carolina. To better serve the clients of DDSN and the citizens of S.C., the GGC has established a statewide presence with offices in Greenwood, Greenville, Columbia, Charleston and Florence. The collaboration between DDSN and the GGC has benefited patients and their families state-wide and resulted in significant economic savings for the State. Two examples will suffice to exemplify the economic impact of the collaboration between DDSN and GGC. In 1992, DDSN and GGC established the SC Birth Defects Surveillance and Prevention Program to prevent severe birth defects of the brain and spine. This very successful program has maintained a 60% reduction of these defects with annual savings in medical costs for S.C. of over \$20 million. In 2002, DDSN and GGC established the SC Metabolic Disease Treatment Program to ensure that all babies identified by newborn screening with a genetic metabolic disease receive prompt treatment. This very effective program has over 170 children on active treatment protocols and is estimated to save S.C. over \$40 million in medical costs annually.

In order to further enhance genetic services for the prevention and treatment of disabilities in South Carolina, we request an increase in state funding through DDSN of \$1.1 million dollars for the following uses:

1. Metabolic Treatment Program - \$300,000.

This funding will allow the development of a third metabolic treatment team in Columbia, S.C. This team will consist of a Clinical Biochemical Geneticist, a dietician, a neuropsychologist, a genetic counselor and a clinic coordinator to better serve patients and families in the Midlands. This addition of a third metabolic team is essential to better serve the increasing number of patients in S.C. being identified with continued expansion of the Newborn Metabolic Screening Program.

(We anticipate that the \$300,000 will be eligible for Medicaid match in order to cover all costs of the expanded Metabolic Treatment Program.)

2. Development of an Autism Treatment Program - \$500,000.

The Greenwood Genetic Center has benefited over the past 3 years from an Autism Proviso (\$500,000 per year for 2 years and \$265,000 for year 3) to further the development of a blood test for autism and to conduct autism research. This research has had very encouraging progress with the current short term goal of developing and offering a blood based test for autism for patients in S.C. in 2016. Even more exciting is the potential development of treatment for autism based on the preliminary findings from work conducted through support of the Autism Proviso. We are requesting additional state funds to support the development of an Autism Treatment Team to create specific treatment regimens and monitoring programs for the treatment of autism based on this research over the past 3 years.

(We anticipate these additional funds will initially be used for an Administrative Match to develop the Autism Treatment Program.)

3. Translation of New Technology to Prevention and Treatment Services - \$300,000.

DDSN and the GGC are responsible for providing genetic services throughout S.C. to prevent and treat disabilities. New knowledge and new technologies are constantly developing at an increasingly rapid pace. Additional state funds are requested to ensure that the citizens of S.C. have access to the most current and effective methods to maximize the prevention and treatment of disabilities.

(We anticipate the \$300,000 in state funds to be eligible for Medicaid match to maximize their impact.)