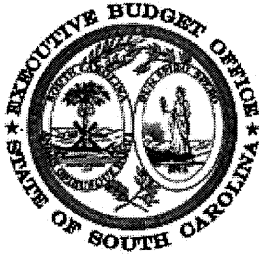


<b>AGENCY NAME:</b>	South Carolina Department of Disabilities and Special Needs		
<b>AGENCY CODE:</b>	J16	<b>SECTION:</b>	036



## Fiscal Year 2014-15 Accountability Report

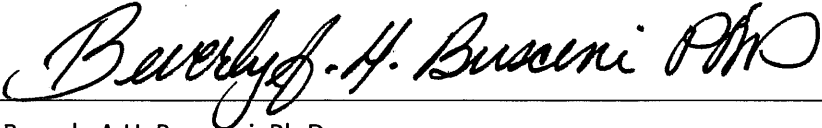
### SUBMISSION FORM

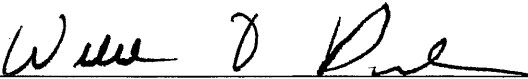
<b>AGENCY MISSION</b>	<p>The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including intellectual disabilities 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.</p>
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Please identify your agency's preferred contacts for this year's accountability report.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Tom Waring	(803) 898-9769	twaring@ddsn.sc.gov
<b>SECONDARY CONTACT:</b>	Lois Park Mole	(803) 898-9723	lpmole@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2013-14 Accountability Report, which is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR</b> (SIGN/DATE):	
(TYPE/PRINT NAME):	Beverly A.H. Buscemi, Ph.D.

<b>BOARD/CMSN CHAIR</b> (SIGN/DATE):	
(TYPE/PRINT NAME):	William O. Danielson

## AGENCY'S DISCUSSION AND ANALYSIS

**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. Every effort is made to first increase or enhance services in the home to resolve the crisis. Most frequently the situation is so dangerous individuals require out-of-home placement. Throughout the year individuals who meet the established critical criteria are added to the Critical Needs List and then removed upon resolution of their situation. During FY 2015, 457 new individuals were added to the list and 373 individuals were removed. In FY 2014, 284 individuals were added to the list and 281 were removed, so FY 2015's need increased significantly.

**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 its statewide network of service providers, advocates and DHHS. As of July 1, 2015, 4,749 individuals' names were moved off waiting lists serving adults and children with Intellectual and Related Disabilities and Autism Spectrum Disorder and the Head and Spinal Cord Injury waiting list. Over 3,300 of these individuals were enrolled in a specialized Medicaid Waiver, state funded services or opted for other services. A small percentage was determined ineligible. 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. DDSN staff assignments and duties were realigned and top managers worked to reprioritize staff duties and workloads in their areas to meet goals. This included developing and monitoring streamlined processes to maximize staff efficiency and ease for consumers and families.

New funds appropriated for FY 2015 were used for the purpose of adding people into services off of DDSN's waiting lists and ensuring provider capacity was sufficient to expand services statewide. This funding allowed for an expansion of approximately 1700 individuals receiving in-home supports. Residential capacity was expanded by 200 beds. This means the service capacity was expanded by 1900 people who are now receiving or in the process of receiving new or additional services. DDSN was able to eliminate the HASCI waiting list for fiscal year 2015 due to a partnership with DHHS and their commitment to cover the cost of the required state match funds.

Fifty two (52) new individuals received TBI/SCI Post-Acute Rehabilitation services following injury to maximize their skills and independence. Opportunities for respite through the Caregiver Relief programs continued. Almost 3,550 new children ages birth through 5 received essential Early Intervention and Family Training services. Over 600 children were added to the Pervasive Developmental Disorder (PDD) Program. The Early Intensive Behavioral Intervention (EIBI) services these children receive significantly improve communication, language, adaptive behavior, social skills, daily living skills and motors skills. These positive outcomes help avoid the need for other, more costly services.

The combined effort to get all of these much-needed services to individuals and their families was a major accomplishment throughout the year. This was essential to meet the critical needs of individuals, to support hundreds of family caregivers and to enable people with disabilities to work and live as independently as possible. These services prevent crisis situations that require more expensive out-of-home residential services.

**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.** DDSN emphasizes supporting, not supplanting, families as the primary strategy for serving South Carolinians with disabilities. 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. Based on the latest published national data from the University of Minnesota dated 2012, South Carolina provides individual and family supports to 71 percent of DDSN consumers with developmental disabilities in their homes compared to the national average of only 56 percent and southeastern average of 53 percent.

**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. The rule applies across all populations served in CMS's Home and Community Based Service systems, including the elderly, physically disabled, mental illness, intellectual and related disabilities, and people on the autism spectrum. DDSN staff time and

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resources were redirected to actively work on this effort. One major focus was and continues to be increased communication with stakeholders as the lack of concrete guidance by CMS regarding the specific expectations of the new Final Rule has led to much uncertainty and fear on behalf of the families and providers alike. The avenues in place to communicate with consumers, families, advocates, and local providers have been integral to DDSN’s ability to educate stakeholders on the expectations and plan together the changes necessary for South Carolina to come into compliance. However, a balance had to be struck to also reassure families that services for their loved one will remain and that people’s needs will continue to be met by the service delivery system. The State Director’s Consumer, Family, and Advocate Advisory Committee participated in multiple discussions and developed a higher level of understanding of system dynamics and operational details involved with the implementation. Meetings with the provider organizations also helped to assure the provider network on the viability of the service network and new expectations in moving forward. Assessment and problem-solving with providers was integral to planning for compliance. The providers assisted DDSN in better understanding their processes and their needs at the local level and DDSN assisted the providers, and whenever possible their Board members, to better understand the changing expectations.

**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. This ranking process utilizes numerous indicators covering a broad scope of areas which directly contribute to improved quality of life for persons 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. While there is always need for improvement, this consistent high-ranking by an independent entity speaks very well of South Carolina’s system of services for people with severe lifelong disabilities.

**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. Regularly scheduled meetings occur with consumers, family members, advocates and provider representatives. Inclusion and participation on work groups, committees and task forces provide multiple opportunities for open dialogue and discussion to ensure input is obtained from stakeholders about potential changes prior to the agency making decisions and determining implementation details. DDSN’s State Director and Executive Staff are personally available to consumers, family members, advocates, providers, board members and other interested parties. DDSN staff members at all levels attend special events and regular meetings held by advocacy and provider groups, tour services across the state and meet with individuals, family members and others regarding their concerns.

The State Director has a Consumer, Family and Advocate Advisory Council which meets frequently to receive updates on agency efforts and challenges, receive answers to their questions, contribute to decision-making and express their concerns. This group is a representative sample of the service population and service need areas across the state. The members are heavily involved in discussions about both potential and pending system changes that impact consumers and families. Council meetings provide a comfortable forum for direct communication with the State Director and staff. The State Director also meets regularly with both provider organizations. Provider representatives serve on task forces and other efforts to ensure the perspective of providers is understood and given consideration prior to agency decision-making. All stakeholders, advocates and providers, do not always share the same priorities or focus. The agency works towards a balance and forging new paths that respect varying perspectives but also, ultimately, best benefit consumers.

**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. This is good but not enough as agency data show there are still more consumers interested in working in the community than are being provided the supports needed to achieve that goal. 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. Additionally, some consumers continue to receive the employment service long after they are employed in order to make occasional appropriate interventions available to prevent job loss. This important “follow along” service prevents resource redirection to the next consumer desiring employment, thus creating an unfortunate delay.

In response to the gaps identified, 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. During the first year of this pilot (April 2014 -March 2015), 28 people began receiving Individual Employment Services with 14 successfully gaining

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employment. Additionally, Career Support has been provided to 17 people in order for them to successfully maintain their employment. Expansion of this pilot is important and will help the agency with the overall effort to bring services into full compliance with the CMS Final Rule. This requires by the end of 2019, all Employment/Day Services promote full integration in and access to the broader community, including opportunities to seek employment in the community.

DDSN also actively participates and supports USC's Transition to Employment Advancement Model (SC-TEAM) that has now transitioned into the Expansion of the Transition Alliance of South Carolina (E-TASC) project funded by the Developmental Disabilities Council and the Department of Education. This grant promotes independence and improve outcomes for youth transitioning from high school. The first interagency Transition Conference was held in November of 2014. A second interagency Transition Conference is planned for September 2015. DDSN continues to employ three (3) Post-secondary Transition Coordinators to assist DDSN providers in collaborating with school districts, VR and other transition stakeholders in the ways that the E-TASC project has identified as best practices. The number of local teams has now increased from 42 to 49 and through coordination and assistance from DDSN, the teams are working together using best practices in transition to improve interagency efforts in their communities.

DDSN continues to strengthen existing partnerships with Vocational Rehabilitation, the State Department of Education, USC, the Developmental Disabilities Council, Centers for Independent Living, the Department of Employment and Workforce (DEW), the disability community and others to facilitate and advance opportunities for people with Intellectual Disabilities/Related Disabilities to gain employment in the competitive job market. DDSN is also seeking to partner with additional stakeholders and in new ways. For example, communication has been initiated with the Transition Alliance of South Carolina and the South Carolina Employment Works Task Force about making South Carolina an Employment First state.

**Increasing consumer and family choice and control of services continues to be an important goal.** In the summer of 2014 DDSN worked to change 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. Depending on the consumer's personal situation, he or she was able to wait for a placement to be developed or she/he could choose from a list of currently available options. Individuals in the DDSN system have long since been able to move from provider to provider based on their choice, and the money to serve them moves with them. But sometimes if a person wanted to move to another county, they would have to wait for a vacancy to become available. Now a provider can work with the family to develop the placement. This shift provides much more choice and decision making on the part of the individual and family and is an important step to individualize services and be more person centered.

DDSN 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. This model, Customized Living Options Uniquely Designed, uses competency-based curricula for both the consumer and the staff who support them. Fidelity checks are performed to determine if the model is being implemented as intended and yields the desired results. Outcomes measured include improvement in Quality of Life as expressed by persons involved in the pilot, increased choice of where people want to live, with whom they wish to live, and reduction in costs compared to previous living expenses. Another residential service pilot in Supported Living is a 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.

In order to offer more choice to individuals and families served in the home, DDSN developed the State Funded Community Supports Package. This package now provides the options of personal care, respite, environmental and vehicle modifications, medical supplies and durable medical equipment in addition to traditional day supports and case management. This service package is also more beneficial to the Head and Spinal Cord Injury population as they most often do not wish to participate in traditional day programs.

Since DDSN completed its first Qualified Provider Solicitation in 2003 it has continued to actively recruit potential providers. The QPL covers the majority of services that DDSN funds and is designed to increase choice for individuals and families. Existing or new entities may apply for qualified provider status on an ongoing basis. Approved private providers added to the 39 DSN Boards increases the total qualified providers consumers may choose to serve them.

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**Redirecting Regional Center service funds for individuals on the waiting list and those choosing to move to community services continued in FY 2015.** Approximately \$1.3 million was redirected to local community services from regional centers during FY 2015. Since implementing the “Money Follows the Individual” (MFI) formula in Fiscal Year 1992, and moving funds beginning in 1994, approximately \$72,000,000 has been redirected to local community services along with the individuals who moved from regional centers. Another result is the reduction of almost 2,200 FTEs over this period of time.

**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.

Over the past fiscal year, 48 residents who expressed a desire to move to the community have moved successfully to community placements. Similarly, vigorous efforts were taken to minimize the number of consumers residing in private boarding homes. There was a 2.1 percent reduction in the number of DDSN eligible consumers residing in private boarding homes compared to last year. The number of DDSN eligible consumers residing in generic nursing homes is 40 percent below the national average.

The Regional Centers’ net census declined by 3.5 percent during the year. 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. Only individuals requiring specialized or short-term care were admitted to the Regional Centers during the FY 2015 period, not including respite stays. This quickly removes them from harm’s way or from being left at a hospital or other inappropriate setting. Admissions to the Regional Centers are extremely limited and often on a short-term basis as a result of a crisis until accommodations in the community can be arranged or the crisis at home is resolved.

A concerted effort was also made to provide a more family like setting for children with the most complex needs requiring out of home placements. New service options were created and cultivated to avoid admission to Regional Centers. As a result, only six children under the age of 18 were residing in Regional Centers at the end of FY 2015, a twenty five percent reduction from the end of FY 2013.

**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 rate of NTDs per 1,000 live births in South Carolina has steadily declined over the last 20 years. Before the rate of NTDs was three times the national average; it is now in line with the national average. The prevention of 69 infants born each year with an NTD results in a \$24 – \$34.5 million savings in lifetime medical care costs.

Also in partnership with Greenwood Genetic Center and DHEC, DDSN provides complex care and treatments to infants born with one of 34 metabolic conditions. This system of treatment is necessary for these children to avoid the disabling consequences associated with these metabolic disorders. The Metabolic Treatment Program consistently has 75-100 children age birth to 7 years on curative treatment to prevent severe lifelong developmental disabilities. Treatment and monitoring are most important in these early months and years when the brain is still developing. This treatment saves about \$40 million per year in medical costs which would be necessary if the newborns were not identified and successfully treated.

**Responding to all external audits and ensuring necessary changes were made for federal and state compliance and improvement was achieved while maintaining fiscal responsibility.** During FY 2015, the agency developed and worked on its implementation plan to address the 49 recommendations 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. The LAC found policies and practices of DDSN to be compliant with state statutes and the state procurement code. They also found that DDSN’s procurement records did not contain any questionable goods or services. The LAC report also found that DDSN is complying with state law relating to involuntary judicial admissions.

The DDSN Commission Chairperson created a LAC Ad Hoc Committee for the DDSN Commission to work with agency staff on the implementation of the LAC recommendations. This Committee reviewed the implementation status of each of the 63 recommendation from the 2008 LAC recommendations as published in the 2014 LAC follow up report and the proposed

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actions for each of the 49 recommendations included in the 2014 LAC Audit. The DDSN Commission approved the plan at the August 2014 meeting. DDSN initiated many directives or business process changes in order to respond to the recommendations. The bulk of the implementation plan was completed in FY 2015, however, some aspects will be ongoing into the subsequent fiscal year.

CMS through the Office of the Inspector General, reviewed DDSN administrative cost in providing Medicaid services. The first review was for FYs 2007 – 2009. The review determined administrative costs should have been included in the determination of room and board rates, therefore increasing the cost to the consumer and not billable to Medicaid. Previously DDSN did not charge consumers for the administrative costs of their residential services in the room and board rate. The recoupment amount was \$4.6 million. DDSN changed processes and systems to come into compliance. The cost reports for FY 2011 were modified to include administrative expenses as required and all future calculations will be compliant. The OIG returned to review fiscal years 2010-2013. Upon review, they determined that the agency was in compliance starting with fiscal year 2011 cost reports. Since FY 2010 costs were submitted prior to the audit and could not be modified, that fiscal year was found to be out of compliance. The recoupment amount for fiscal year 2010 was \$1.6 million, of which DDSN is responsible to pay \$1.4 million.

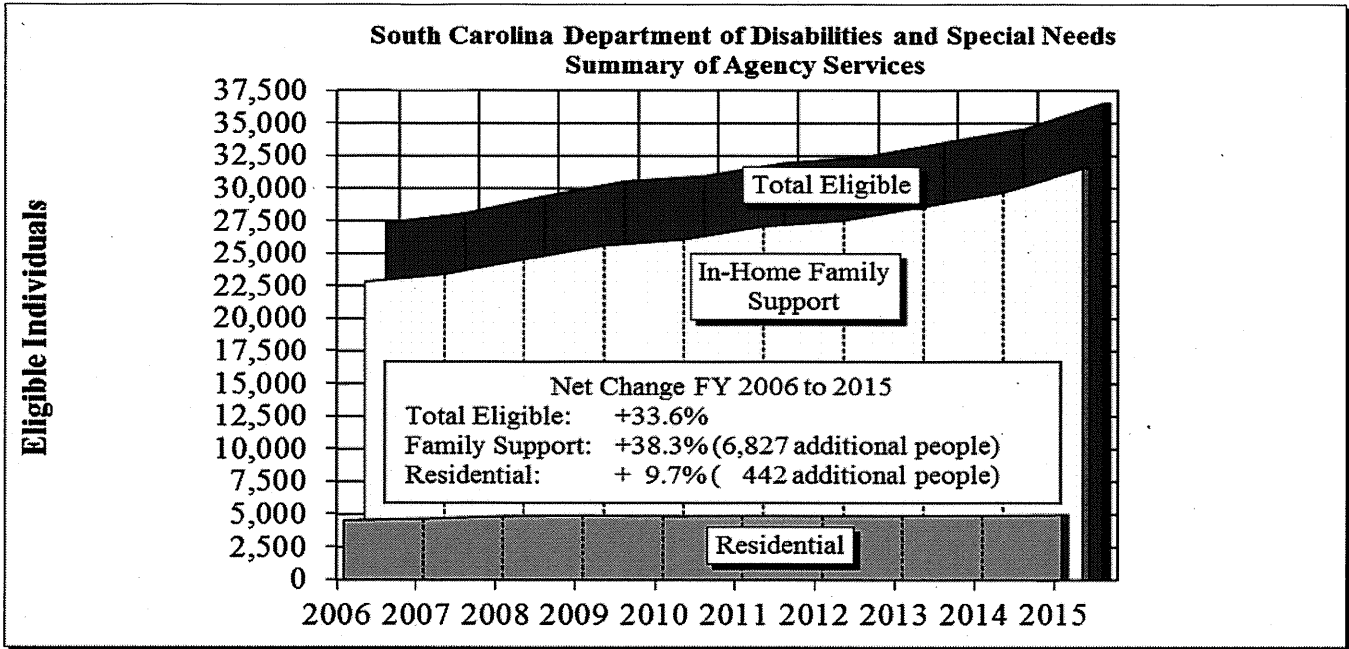
DDSN engaged a national firm, Public Consulting Group, to review DDSN’s business practices and financial reporting systems. The final report of Public Consulting Group was presented to the Commission at the August 2014 Commission meeting. Recommendations included items such as: continue the use of a national needs assessment tool (SIS) and consider a future alignment of the funding system with the tool; moving toward automating the Medicaid cost reporting process; the separation of service coordination from service delivery; increase in frequency of licensing visits; and continue to educate stakeholders and prepare for changes in federal quality standards. 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 Internal Audit Division by increasing the level of detail and components included in the audit concerning Room and Board calculations and the charges to consumers based on those calculations. The agency has determined it needs to do a better job of both instructing providers on how to correctly compute the Room and Board calculations, offer additional training and assistance to providers, and offer increased assurances to families that the calculations were done correctly. These changes will continue to be implemented over the next fiscal year.

**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). South Carolina’s institutional per diem is far less than the United States or even the southeastern average. DDSN’s institutional rate is 58 percent of the national average rate.

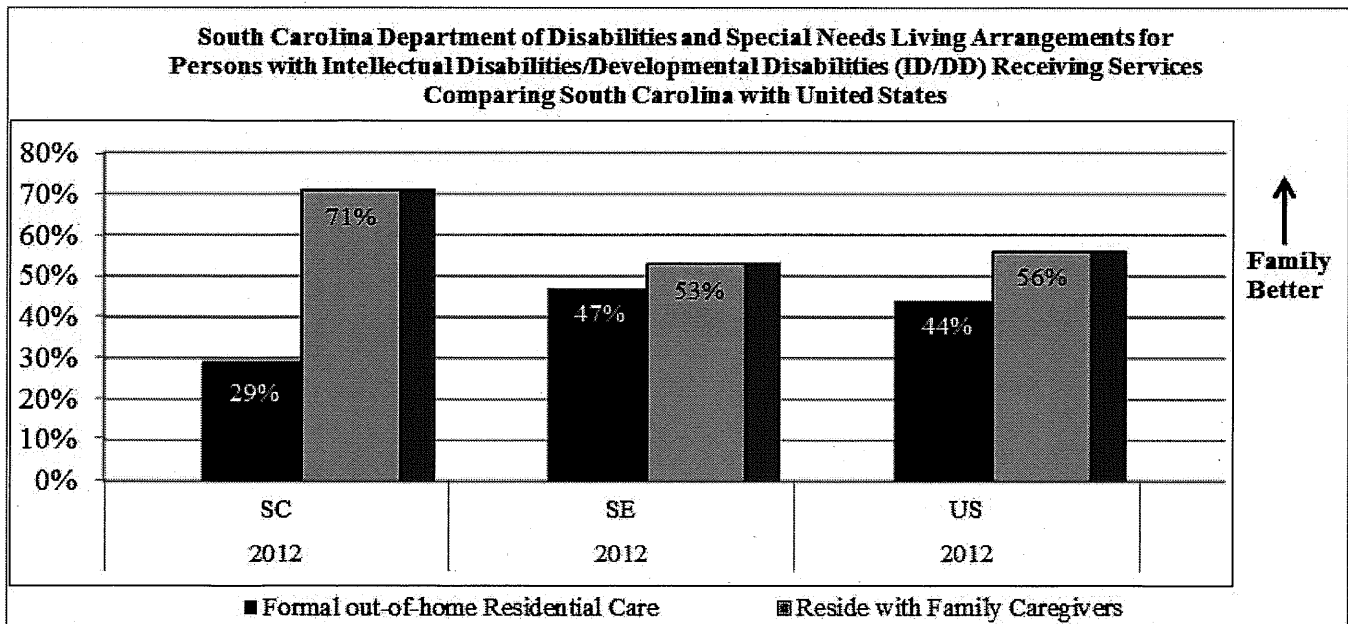
**DDSN’s current administrative cost remained below two percent of the overall budget.** Resources are shifted from administration to service priorities whenever possible. Central Office administrative expenses have remained at less than two percent of total expenses even though there has been an increase in the need for services and in the number of people served, an increased scope of services and increased federal and state compliance requirements.

**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. DDSN took those findings and created a list of items to remediate. The agency changed configuration settings and IT policies and procedures consistent with the State’s Division of Information Security. During FY 2015 the agency implemented a new Access Control Policy to improve password strength, changed Firewall settings to increase blocked countries, implemented three new technologies – Secunia Patch Management including Microsoft and Third Party Software, Two Factor Virtual Private Network Authentication and Mobile Device Management and began Agency-wide security training for all employees.



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 9% growth in residential services, which are more expensive.

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.



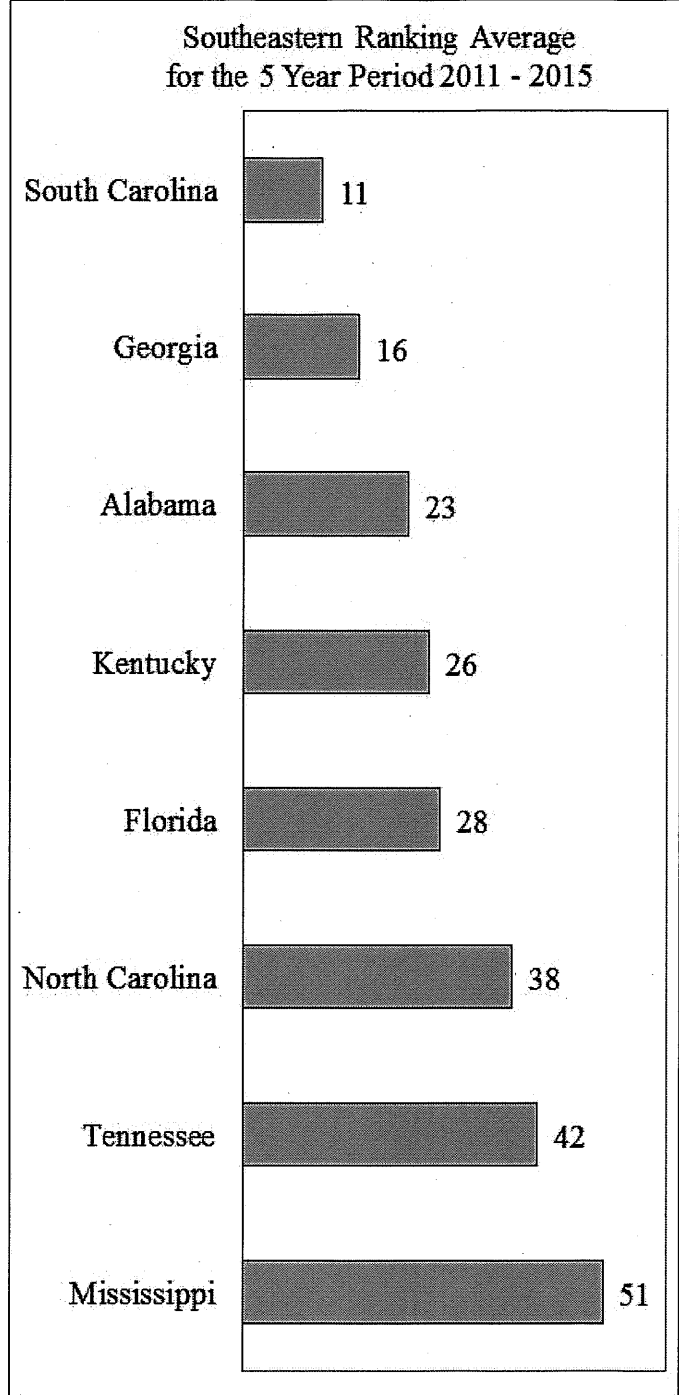
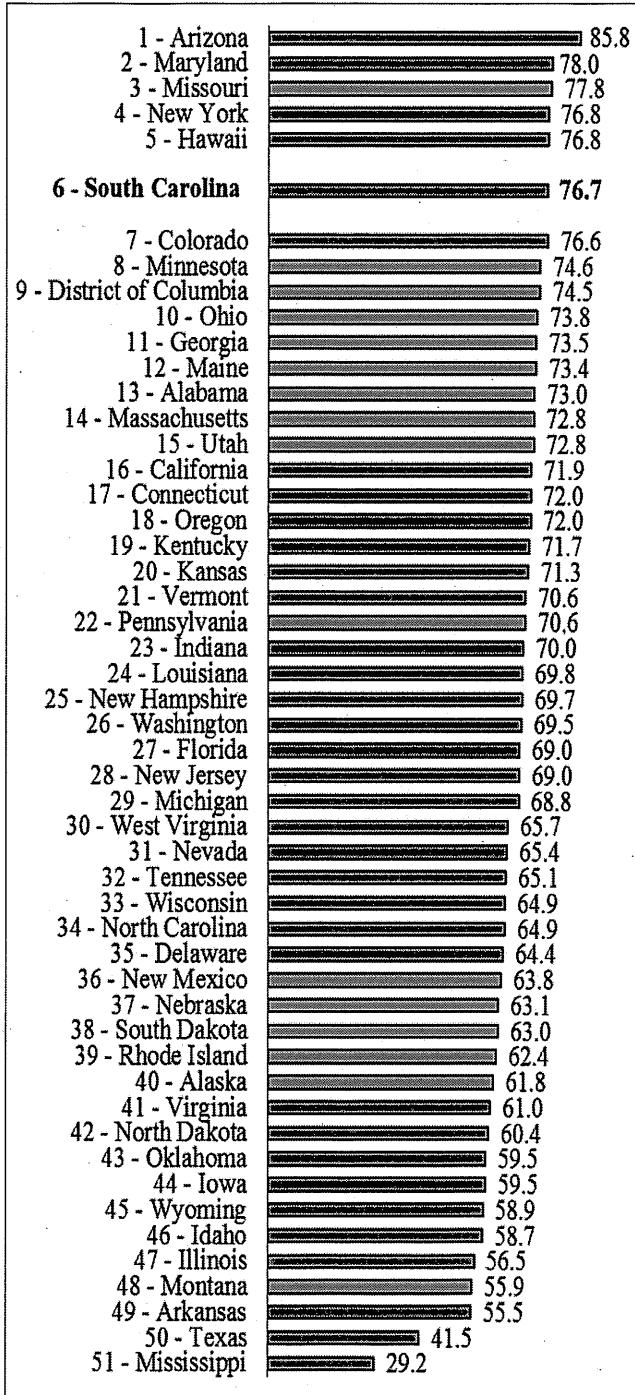
**Data Source:**

Chart 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

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

**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