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| <b>AGENCY NAME:</b> | <b>Department of Disabilities and Special Needs</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J160</b>   | <b>SECTION:</b> | <b>36</b> |

## Fiscal Year 2018–2019 Accountability Report

### SUBMISSION FORM

|                       |   |
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| <b>AGENCY MISSION</b> | 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, spinal cord injury, and similar disabilities. Primary responsibilities include planning, development, and provision of a full range of services for children and adults; ensure 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. |
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| <b>AGENCY VISION</b> | To provide the very best services to all persons with disabilities and their families in South Carolina. |
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Does the agency have any major or minor recommendations (internal or external) that would allow the agency to operate more effectively and efficiently?

|   |                          |                                     |
|---|--------------------------|-------------------------------------|
| <b>RESTRUCTURING<br/>RECOMMENDATIONS:</b> | <b>Yes</b>               | <b>No</b>                           |
|   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Is the agency in compliance with S.C. Code Ann. § 2-1-230, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? See also S.C. Code Ann. § 60-2-30.

|                                      |                                     |                          |
|--------------------------------------|-------------------------------------|--------------------------|
| <b>REPORT SUBMISSION COMPLIANCE:</b> | <b>Yes</b>                          | <b>No</b>                |
|                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 30-1-10 through 30-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).

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| <b>RECORDS MANAGEMENT COMPLIANCE:</b> | <b>Yes</b>                          | <b>No</b>                |
|                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |


Is the agency in compliance with S.C. Code Ann. § 1-23-120(J), which requires an agency to conduct a formal review of its regulations every five years?

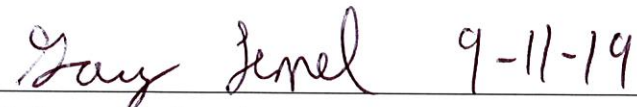
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| <b>REGULATION REVIEW:</b> | <b>Yes</b>                          | <b>No</b>                |
|                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please identify your agency's preferred contacts for this year's accountability report.

|                           | <u><b>Name</b></u> | <u><b>Phone</b></u> | <u><b>Email</b></u>  |
|---------------------------|--------------------|---------------------|----------------------|
| <b>PRIMARY CONTACT:</b>   | Patrick Maley      | 803/898-9796        | pmaley@ddsn.sc.gov   |
| <b>SECONDARY CONTACT:</b> | Sandra Delaney     | 803/898-9769        | sdelaney@ddsn.sc.gov |

I have reviewed and approved the enclosed FY 2018–2019 Accountability Report, which is complete and accurate to the extent of my knowledge.

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|---|--|
| <b>AGENCY DIRECTOR<br/>(SIGN AND DATE):</b> |  |
| <b>(TYPE/PRINT NAME):</b>                   | State Director Mary Poole  |

|  |  |
|--|--|
| <b>BOARD/CMSN CHAIR<br/>(SIGN AND DATE):</b> |  |
| <b>(TYPE/PRINT NAME):</b>                    | Chairman Gary Lemel  |

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## **AGENCY’S DISCUSSION AND ANALYSIS**

### **I. Background**

DDSN is operating in a substantial change environment. During FY18, DDSN underwent formal legislative oversight performance reviews by both the Senate and the House. Many areas of improvement were identified. However, the overall theme was for DDSN to move away from its parochial tendency to manage providers as if extensions of DDSN. DDSN should move towards treating all providers as contractors from whom services are purchased, with emphasis on treating providers equally to promote competition for clients and better managed providers. Additionally, DDSN should shed the source of much of the current frustration and divisiveness in its service delivery system – its complex, cumbersome, and non-transparent “Band” payment system. DDSN should move towards a fee-for-service type payment model.

To assist the reader without an understanding of DDSN’s somewhat complex operations, DDSN currently has 37,063 intellectually disabled citizens qualified for services. DDSN’s FY19 \$709 million expenditures provided services to 20,586 consumers through a variety of resource mechanisms: Medicaid At-Home Waivers (7992); Medicaid Residential Waivers (3927); Community Intermediate Care Facilities (483); Regional Center Intermediate Care Facilities (658); state funded equivalent waiver services (327), Early Intervention (3089), and state funded family support (4110). DDSN’s \$709 million in annual expenditures was spent on contracting services (83.5%), operating state Intermediate Care Facilities (14%), operating state Autism residential homes (0.2%), and DDSN’s overhead (2.3%). Inasmuch as Medicaid waivers are not a Medicaid entitlement service and therefore constrained by available state/federal funding, DDSN maintains a waiting list for each specific waiver. The end of FY19 waivers’ wait times were: Intellectual Disability/Related Disabilities (3.7 years); Consumer Supports (2.4 years); and Head and Spinal Cord Injury (no waiting list).

### **II. FY19 Improvement Initiatives**

DDSN is accomplishing its mission to serve intellectually disabled citizens qualified for services. However, DDSN’s self-assessment during these legislative performance reviews highlighted its main organizational problem—weak fundamental management practices. DDSN had a reactive management culture with a tendency to avoid problems and defensively manage problems to avoid criticism from external stakeholders. There was also a lack of accurate, reliable, and recurring data presented in a suitable manner for management to have insight into operations to identify issues and proactively manage. These management issues have allowed problems creating inefficiencies and risks to build up in its delivery system. Given the direction from legislative oversight committees and the leadership from a new State Director, DDSN is now proactively tackling problems previously kicked down the road for years.

As a result, FY19’s focus has been on bringing management discipline to operations and building management information tools to accurately identify performance issues (opportunities), and then establish tactical plans to address areas requiring improvement. This emphasis on evidence-based efficiency, effectiveness, and accountability for results has created transitioning challenges found in high change environments from some stakeholders—some comfortable with the status quo, some fail to appreciate DDSN’s deficits needing improvement, and some uncomfortable with the operational tempo needed for substantive change.

Below are the key areas of improvement pursued in FY19:

- A. Change payment system: The capitated “Band” payment system is negatively impacting DDSN’s finances for multiple reasons, to include maintaining adequate SCDHHS rates; current SCDHHS/DDSN split rates are out of alignment; does not maximize Medicaid match opportunities; complexity undermines operational control of finances and budgeting; and general lack of trust by most all stakeholders, to include DDSN personnel.

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DDSN produced in an internal report in November 2017 identifying the risks and systemic dissatisfaction posed by the band payment system. In August 2018, the DDSN Commission recommended to move from the band system due to its deficiencies. DDSN coordinated with SCDHHS to sponsor an objective payment system review by Mercer Healthcare Consultants (Mercer), as well as adjust service rates to current market conditions.

The Mercer Report was finalized in August 2019, which set forth systemic criticisms of DDSN's band payment system to include: waiver service definitions lacked detail service delivery requirements; subjective nature of establishing consumer budgets; administrative burden on DSN Boards as fiscal agents; lack of transparency; monitoring and oversight challenges due lack of easily accessible data; bands do not coincide with individual consumer needs; and lack of direct billing requires the need for complex cost settlements. The Mercer Report set out three future options: fee-for-service and two variations of managed care models.

During FY19 while waiting for the Mercer Report, DDSN engaged in a variety of tasks in preparation for a payment system change to include:

- Extricating involvement in real estate transactions with providers by stopping capital improvement grants, as well as readied options to collaborate with providers after the Mercer Report to take ownership of 65 DDSN properties currently managed by providers.
  - Began unwinding the capitated bands by converting to fee-for-service (FFS) waiver case management (WCM), DSN Board Early Intervention (EI), and state funded at-home consumers, effective July 2019. The capitated bands paid prospectively regardless of providers' corresponding billing/service efficiency. The July 2019 change to a FFS WCM market rate model incentivized billing/service efficiency resulting in 167% increase in WCM and 100% in DSN Board EI, yet the taxpayer cost was equal or less than in the capitated model. This increase in provider WCM and EI billing efficiency will save DDSN approximately \$4.7 million in FY20 due to DDSN historically funding these deficit billings; future provider billing increases will correlate with a corresponding increase in services.
  - Conducted a review of all financial payment processes to examine Medicaid ineligible risks; validated accuracy & reliability of financial reporting; and built a monthly integrated service utilization report baseline to enhance oversight, execution, and budget trending. DDSN has data; however, it was not organized in a user friendly, actionable manner to support agency-wide use and access by managers.
  - Eliminated \$1.35 million in marginal value non-service contracts (consultants and special community grants) and reformed \$635,000 in contracts to improve cost/effectiveness. Reduced nine Central Office FTE positions (5%).
  - Established a new work unit to co-locate all waiver services and standardize all corresponding business functions to transition to a higher financial risk FFS model. These common business functions previously fragmented among multiple divisions are: a) process to qualify providers; b) operating policies & procedures with adequate criteria to support FFS; c) estimate financial liability from operating policies; d) coordinate with Finance Division to balance consumer budgets with available state match; e) utilization monitoring (units & dollars); f) legally sound cost control contingencies; g) analytical quality control/technical assistance; and h) accurately forecast annual financial requests for DDSN's legislative budget proposal to the General Assembly.
- B. Addressed turnover of Regional Center Direct Support Professionals (DSP): Despite improvement from the General Assembly's second year of generously increasing DSP salaries by \$1/hour, Regional Centers still have challenging turnover, particularly at two difficult to staff centers with turnover still well above 40%. Management moved beyond static posting of vacancies on the state's job web-service, and hired Indeed.Com to proactively contact suitable

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candidates who have not previously applied for vacant DSP positions. Additionally, HR aggressively put on local job fairs, and matched this energy in processing the increased volume of candidates. Turnover may not have dropped not dramatically, but the hiring pool has skyrocketed resulting in a net gain of 86 DSP FTEs over the last six months of FY19. With the third consecutive year of \$1/hour DSP increase approved for FY20, DDSN anticipates the turnover rate to finally turn the corner and significantly reduce.

DDSN formalized DSP Targeted Staffing Levels (TSL) at Regional Centers and developed a real-time management reporting tool. The net increase in DSPs has moved overall DSP staffing from 85% of TSL to 88%. Most notably, the Whitten Regional Center staffing has risen from an unsustainable 69% of TSL to 80% in July 2019.

DDSN has established a program with SC Department of Education to strategically place DSP certification curriculum in high schools to increase DSP pool and provide career opportunities for high school students upon graduation. A pilot is set to launch in August 2019 at the York County Comprehensive High School (technical school) with Maxibility (York County DSN Board). Twenty-four students are currently enrolled.

- C. Addressed inadequate management information systems undermining proper agency management: DDSN key processes generally lacked relevant, recurring performance data to provide systematic insight into operations. This is a crucial starting point to develop actionable information to identify issues and proactively manage the agency.

During FY19, DDSN solidified the following monthly/quarterly reporting to standup the agency's "1.0" Enterprise Performance Management System (EPM): 1) DDSN Eligibility-IDRD/HASCI/EI; 2) DDSN Eligibility-Autism; 3) Environmental Modifications; 4) Waiver Administrative Division; 5) Waiver Enrollment; 6) HR On-Board Personnel; 7) Regional Center DSP Hiring; 8) Regional Center Budget Execution; 9) Regional Center DSP & Nurse Staffing; 10) Critical Needs List; 11) Residential Placement & Vacancies; 12) Service Utilization; 13) Abuse, Neglect, and Exploitation; 14) Community Provider Performance Matrix; 15) DDSN Eligibility & Consumers Served; 16) INFOSEC Risk Matrix; 17) Facility Capital & Maintenance; and 18) ICF Performance Matrix.

Relevant and organized performance information stimulates a proactive management posture to answer the questions as to where are we and what opportunities/roadblocks do we need to address to get us to where we want to be? DDSN is developing a continuous improvement management mindset, which must be fed relevant, reliable, and recurring performance information to support managers. Quality information is the jet fuel to stimulate substantive change; system change is a marathon and not a sprint.

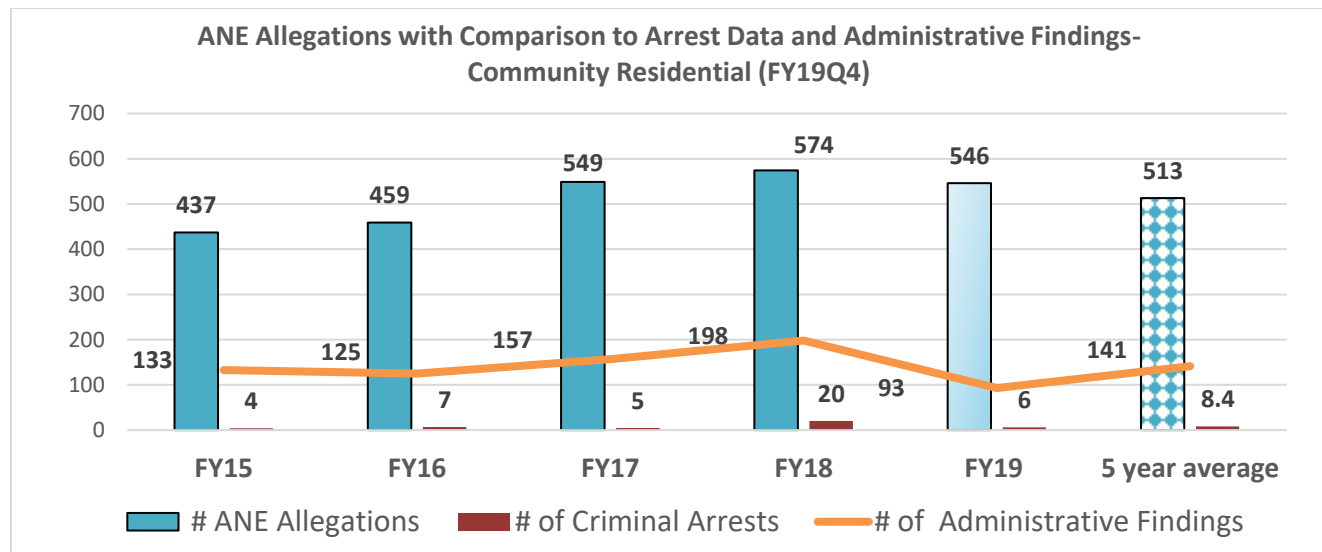
- D. Addressed the inching up of Abuse, Neglect, & Exploitation (ANE) indicators over the past four years: Despite the extensive media coverage on this topic in 2016-2017, the uptick of ANE indicators is not a function of inadequate ANE policies or management deficiencies to keep "predator" employees out of the system. Rather, it is a function of "real world" factors: 1) DSP workforce stress from high turnover, under-staffing, and high overtime; 2) consumer population's increasing behavioral needs; and 3) eroding focus on consistent, quality consumer habilitation.

FY19 initiatives to address include: 1) The General Assembly has graciously supported increasing DSP wages by \$1/hour for the current and prior two years for a total \$3/hour increase. Staffing has improved with high hopes this third \$1/hour raise in FY20 will make a pivotal difference. 2) FY19 emphasized raising higher ANE awareness with feedback reporting to providers, particularly after FY18 experienced a spike in ANE indicators in the residential community. 3) DDSN has completed its first full year of using the "Residential Observation" audit technique where its Quality Improvement Organization (Alliant) makes unannounced visits to 25% of all residential settings (250/year). These Residential Observation results have been positive pertaining to consumers' health and safety indicators. 4) DDSN's participates in an annual national survey (National Core Indicators) with 34 other states released in March

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2019. DDSN scored well across the board, particularly on the two consumer safety questions, to include the best score in one question (*"Have someone to go to for help if they ever feel scared"*—99% yes).

FY19 ANE residential community indicators all decreased from prior four FYs' increases as illustrated by:



The DSP wage increases and enhanced provider awareness helps, but improving providers' habilitation capabilities most correlates with mitigating ANE risk. DDSN developed a pilot technical assistance and review program. The difference in this new program's pre-review and post-review habilitation quality was substantial. The challenge will be to sustain this improvement overtime, which DDSN will support with additional quarterly reviews until this positive change is solidified. This pilot will be expanded during FY20 to the lower twenty percentile of residential providers. Additionally, DDSN is nearing completion on a new Residential Plan developed collaboratively with providers, which will facilitate a consistent provider planning process stressing proactive consumer habilitation. DDSN has also emphasized "person centered thinking" in all its training, particularly for case managers.

- E. Addressed backlogged DDSN cost reports for period FY13-18: In FY12, SCDHHS set out a new approach for DDSN to calculate its home office overhead costs, pass through SCDHHS rates direct to providers, and a "one-way" cost settlement approach. A normal lag in cost reports while waiting to transition to this new approach has turned into an unhealthy, inordinate delay. The delay in these DDSN reports has undermined refreshing SCDHHS rates. DDSN now has experienced excess Medicaid expenses, which signals opportunities for rate increases. The delay in annual payback settlements to SCDHHS are now aggregating into a sizable contingent liability estimated in the range of \$10 - \$15 million based on the FY16 & 17 cost reports. There has been no planning for the one-way settlement process's impact to minimize the risk of unnecessary cost settlements due to being inconsistent with DDSN's existing capitated payment model.

DDSN completed its FY16 cost report in March 2019. With SCDHHS's partnership, DDSN is digging out of the backlog by outsourcing the cost reports for FYs 13, 14, 15, and 17 to be completed in calendar year 2019. With the fresh cost report data from FYs 16 & 17, DDSN is postured to request an immediate rate increase. Further, its excess Medicaid expense can also support a FY21 legislative budget request increase underpinned by the recent Mercer Rate Report. The move to FFS will significantly reduce the one-way cost settlement risk. Additionally, DDSN recognizes the need for one-way settlements, but will make a business case for applying the one-way settlement process to prior FYs by using aggregate Medicaid costs rather than individual Medicaid service cost settlements to lower cost settlements.

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- F. Analyzed and develop a plan to address Regional Centers’ financial shortages: In FY18, Regional Centers incurred \$1.5 million in deficit spending. Central Office did not have a true understanding of Regional Centers’ budget needs; rather, annual budgeting rolled over the prior FY’s baseline with general direction to make it work. As a result, Regional Centers were understaffed with excessive delayed maintenance, as well as lacked a management information system to even accurately articulate with precision their deficit issues.

In FY19, an in-depth analysis determined the Regional Centers’ revenue generated from consumer Medicaid billings was being diverted to other DDSN operations, most notably community services. Further, a significant portion of the \$4.7 million consumer fees traditionally used for Regional Center capital projects and maintenance was also being diverted to other operations. The solution for Regional Center financial issues is not new legislative budget requests; just restore its adequate revenue streams already in existence. This requires addressing the revenue leakages in the community band payment system from both inefficiencies and justifying SCDHHS residential rate increases.

In FY19, DDSN developed an integrated Regional Center budget reporting tool and clarified roles and responsibilities between Central Office and Regional Centers on budget execution. The Regional Centers proactive management reversed FY18’s \$1.5 million deficit and completed FY19 with a \$1.5 million surplus. Formal DSP and nursing target staffing levels (TSL) have been established for the first time, which are currently 88% and 85% of the TSLs for DSP and nursing, respectively. Nursing has marginally improved throughout FY19 supported by a LPN hiring pilot and DSPs have increased 3% due to a net increase in DSP hiring. Delayed maintenance is roughly estimated at \$8.6 million. The highest priority needs include such items as electrical grids at Midlands and Coastal, roofs and HVACs for old buildings, and basic interior upkeep such as flooring, furniture, and equipment. DDSN is currently building a model to better organize its delayed maintenance to match it with available and projected future cash flows to address in an orderly manner.

- G. Addressed over-reliance on state funded settings for difficult to place consumers: During FY19, DDSN reduced state funded consumers served by Wellpath, formerly Correct Care, from 27 to 17 at a net savings of over \$1 million and certainly higher quality conditions in community residential settings. DDSN is in the process to convert 18 state funded juveniles in congregate care settings to either reunite with their families or be served by a Medicaid community residential settings with similar cost savings and better conditions.
- H. Addressed lack of a systematic personnel management program: The vast majority of DDSN personnel did not have performance plans, nor provided annual performance appraisals. DDSN trained its managers on the state’s Employee Performance Management System (EPMS), organized all employees to have a “short cycle” EPMS completed in FY19, and now all employees are on the same universal performance review cycle (July 1 to June 30).
- I. Addressed provider communication concerns: DDSN suffered from a tendency of informal, fragmented communications to providers for important guidance and issues, which varied in quality and delivery format (i.e., emails, meetings, and phone calls). Providers were not uniformly receiving this information and often times resulted in different guidance depending on who in the Central Office or District Office responded to a provider’s question. To address these concerns, DDSN implemented the following:
- DDSN launched a new process (DDSN Executive Memos) to disseminate important information to community providers using a standardized format, authority level to send, targeted distribution email lists, designated a single point of contact, and a permanent webpage repository.
  - DDSN established four monthly recurring meetings (in-person & skype) based on key topics, as well as a quarterly meeting hosted by the State Director with all provider Executive Directors.



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- Most importantly, DDSN eliminated its existing two District Office organizational model used to interface with the provider community and changed to a central approach supported by four regional representatives embedded in the provider community. The District model produced uneven services. The information/decision processes were less than effective in coordinating providers, District Offices, and Central Office, as well as insulated Central Office from gleaned valuable provider insights. A central approach ensures quicker decisions made in a uniformed, objective manner, as well as better policy/processes which are continually informed by clear provider input and perspectives.

- J. Addressed major flaw in the State's Adult Consent Healthcare Act (ACHA): An inadvertent error in state law, effective June 2016, created uncertainty among DDSN and its community provider network making medical treatment decisions for consumers under their care without family available or willing to serve in such a capacity. DDSN and provider executives were making serious medical decisions for consumers without the full protection of clear state law giving this authority. This issue generated much turmoil, stress, and negative media reporting. During FY19, DDSN initiated action and was supported by the House and Senate to amend existing ACHA state law to address this sensitive topic.
- K. Addressed bottleneck of consumers seeking residential services: DDSN has 37,063 consumers eligible for services; 11,919 Medicaid waiver slot; and 5302 residential bed (4635 community; 672 ICF-Regional Centers). Unfortunately, only 250 community residential slots turnover each year and DDSN has no new units under construction. Given the needs of our consumers and families, residential services are much sought after, yet only those with the most critical needs are approved.

During FY19, DDSN initiated three strategies to better manage this challenging area. First, improved the objectivity of administrating the Critical Needs List (CNL) by centralizing the list; proactively engaged providers with empty beds to serve higher needs consumers; and built informational reporting to provide insight into this complex operation. The waiting list has been reduced from 97 to 76, but the wait times are still steady at a 130 day average. Second, and most important, DDSN started an initiative to address consumers in crisis in-place through an on-site assessment & improved supports, as well as temporarily relocate these crisis consumers into stabilization beds. This later approach is designed to stabilize the consumer while reconstituting supports in their existing residential location for their eventual and successful return. The General Assembly has graciously funded \$580,000 for this initiative and DDSN has repurposed seven staff to support this higher priority effort. Lastly, DDSN is planning on an annual budget request of 10 new residential settings each year (40 beds), which can be implemented in a fiscally responsible manner in the same budget year. The long-term plan is to build a model of consumers' aging and entering the system to permit a rolling five-year residential plan.

- L. Addressed a major system change transitioning to SCDHHS's waiver case management (WCM) market rate: In 2014, SCDHHS established a WCM market rate of \$100/\$62 (\$100/hour face-to-face and \$62/hour office) to be fully effective in 2015. At the time, DDSN paid providers an automatic monthly capitated payment per consumer with low billing efficiency requirements. This change required providers to increase productivity and corresponding billing efficiency to maintain the same revenue levels. Ultimately, the change was delayed in 2015.

In April 2018, this WCM market rate initiative was revived by SCDHHS. At the time, providers had a very low billing efficiency of only 31% of billing required to maintain the current capitated model revenue levels (\$139/consumer per month). Over the next 15 months, the provider network engaged in billing training and business practice development to raise its WCM revenue under the new WCM FFS market rate model. When the WCM market rates went into effect in July 2019, providers raised their billing activity/efficiency to 82% of its prior model revenue. This



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was a 167% increase in service units to consumers and corresponding billing. Prior to this change, DDSN was annually using \$3.2 million in state funds to supplement providers' low billing efficiency, which has been eliminated in FY20.

- M. Addressed ineffective Individual Employment Program: Based on a review of this program, providers were not delivering consistent, quality results, yet unit billings continued to rise. This was corroborated in the most recent National Core Index Survey (released March 2019), where South Carolina substantially trailed the national average in meeting consumer employment needs. DDSN's program lacked specificity in expectations and a standard infrastructure to have insight into the program issues for proper oversight and program integrity. During FY19, DDSN built a basic program infrastructure requiring providers to upload case and individual billing notes into DDSN's enterprise information system (Therap). Additionally, program staff visited each provider, sponsored regional training, and established specific written standards on how to perform the service. As a result, early information shows more service focused to obtain results and a reduction of FY19 billings by 23% equating to \$700,000 in cost savings from waste avoidance. More importantly, DDSN is proactively building program integrity directly into its oversight operations to ensure consumers and the state are getting outcomes/results with funds expended.
- N. Addressed inefficient Respite Program: Respite is a sought after service by consumers/families, yet access has been hampered by a lack of providers. The default solution has been families using a self-directed model; find their own respite employees; and then coordinate employee training/background/payroll functions with third party administrators. Some boards continue to coordinate respite, but the models vary and most appear to be operating at a deficit just to serve their community. It works, but it is not efficient and can be frustrating due to high turnover of respite caregivers. Additionally, provider band fiscal agents feel the bands are not adequately funded, and DDSN has its own financial deficits with the program by paying for self-directed employees' business taxes and third party administrators (i.e., training, background, and payroll) from its overhead.

In FY19, DDSN reviewed the Respite Program and developed a plan to move forward. It starts with requesting a respite rate increase sufficient to attract providers back into the delivery service to improve access, both in terms of capacity and ease logistics to qualify caregivers through training and background. Self-directed consumers can choose a third party administrator, which will be paid from the Medicaid reimbursable rate rather than DDSN overhead.

- O. Developed Partnership with Sister State Agencies: DDSN has proactively reached out to the Department of Education to develop DSP training programs in high schools; Department of Social Services to provide stabilization beds and transition residential services when aging out of DSS services; Department of Mental Health on training and coordinating serving dual consumers; and Department of Health and Human Services on developing a new payment system.

### III. Going Forward in FY20

DDSN has moved away from strategic planning ending up with altruistic objectives ending up on a shelf. DDSN is now establishing pragmatic strategic objectives to stimulate management building tactical plans to make tangible organizational improvement, as well as placing tactical plans in executive performance plans to fix accountability. Vividly describing reality and developing solutions is valued over defensive management smoothing over symptoms of problems.

DDSN's FY20 pragmatic strategic objectives are: 1) change the payment system; 2) immediate steps to address FY20 revenue risks; 3) improve Quality Management function for community providers; 4) improve Quality Management function at Regional Centers; 5) improve funding for Regional Centers; 6) reform the waiver enrollment process; 7) manage bottleneck requests/needs for residential services; and 8) leverage & standardize information for organizational control and a continuous improvement platform.

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These eight strategic objectives generated well over 50 specific action items for executive managers. A list of the more important items are below to provide a gist of the direction DDSN is moving towards in FY20:

- Develop incremental strategy to implement the Mercer Report findings to move to a FFS model without destabilizing the delivery system, to include initial actions of requesting a residential rate increase; eliminating Board fiscal agents by transferring at-home services to DDSN for providers to direct bill via FFS; and finalize an administrative contract with SCDHHS to permit passing service rates direct to providers.
- Build a business case for rate increases in current FY20 based on FY16 and FY17 cost reports showing increasing excess Medicaid costs to address current revenue risks.
- Internal Audit will conduct its first enterprise-wide risk assessment, to include Finance, Operations, Policy, Regional Centers, and contracting with community providers.
- Evaluate the current quality indicators used by DDSN's Quality Improvement Organization (Alliant) to be more risk-based; leverage risk mitigation from DDSN oversight programs to eliminate need for some Alliant indicators; and change the audit methodology to be less intrusive on providers. DDSN needs to develop subject matter expert inspection capabilities to follow-up real-time on serious issues identified by Alliant reviews, which will permit technical assistance and timely impactful escalation of issues with providers' executive management.
- Standardize the Quality Management Program at each Regional Center and bring a laser focus on improving consumers' behavior plans and DSP skills improvement.
- Develop a RFP for an ID/DD policy expert to assist DDSN in establishing improved waiver service definition/policies; legally defensible financial controls embedded in service policies needed to operate a FFS model; and a potential multi-year plan to add an acuity/budget component to the payment system.
- Formal project plan to complete the multi-year HCBS "final rule" implementation.
- Examine waiver structures due to current signs of ill-health, to include low conversion rates, competes with SCDHHS waivers, elongated enrollment times, and lack of budget controls over appropriations dedicated for waiver increases.
- Expand current FY19 pilot to improve residential habilitation through technical assistance & audit model to the lower twenty percentile of residential providers.
- Build out detail plan for the agency's enterprise information technology system, Therap, to reach a stable state.
- Implement Electronic Visit Verification (EVV) into at-home services.
- Re-validate agency-wide INFOSEC risk assessment during INFOSEC Unit leadership change.
- Re-build Respite program.
- Address 125 permanent state funded residential consumers to determine pathway towards becoming eligible for Medicaid waiver slots with potential millions in savings.
- Establish Ops Center to coordinate critical needs list (CNL); stabilize consumers in crisis; and coordinate provider field issues.
- Address long-standing bottleneck with the Vocational Rehabilitation Agency to better support DDSN consumers transitioning from high school to employment.

In closing, DDSN is re-tooling its operations using basic management discipline to operate in an evidence-based transparent manner; improve its efficiency and effectiveness in delivering services to our consumers; and be good stewards of taxpayer funds.

|                     |   |                 |           |
|---------------------|---|-----------------|-----------|
| <b>AGENCY NAME:</b> | <b>Department of Disabilities and Special Needs</b> |                 |           |
| <b>AGENCY CODE:</b> | <b>J160</b>   | <b>SECTION:</b> | <b>36</b> |

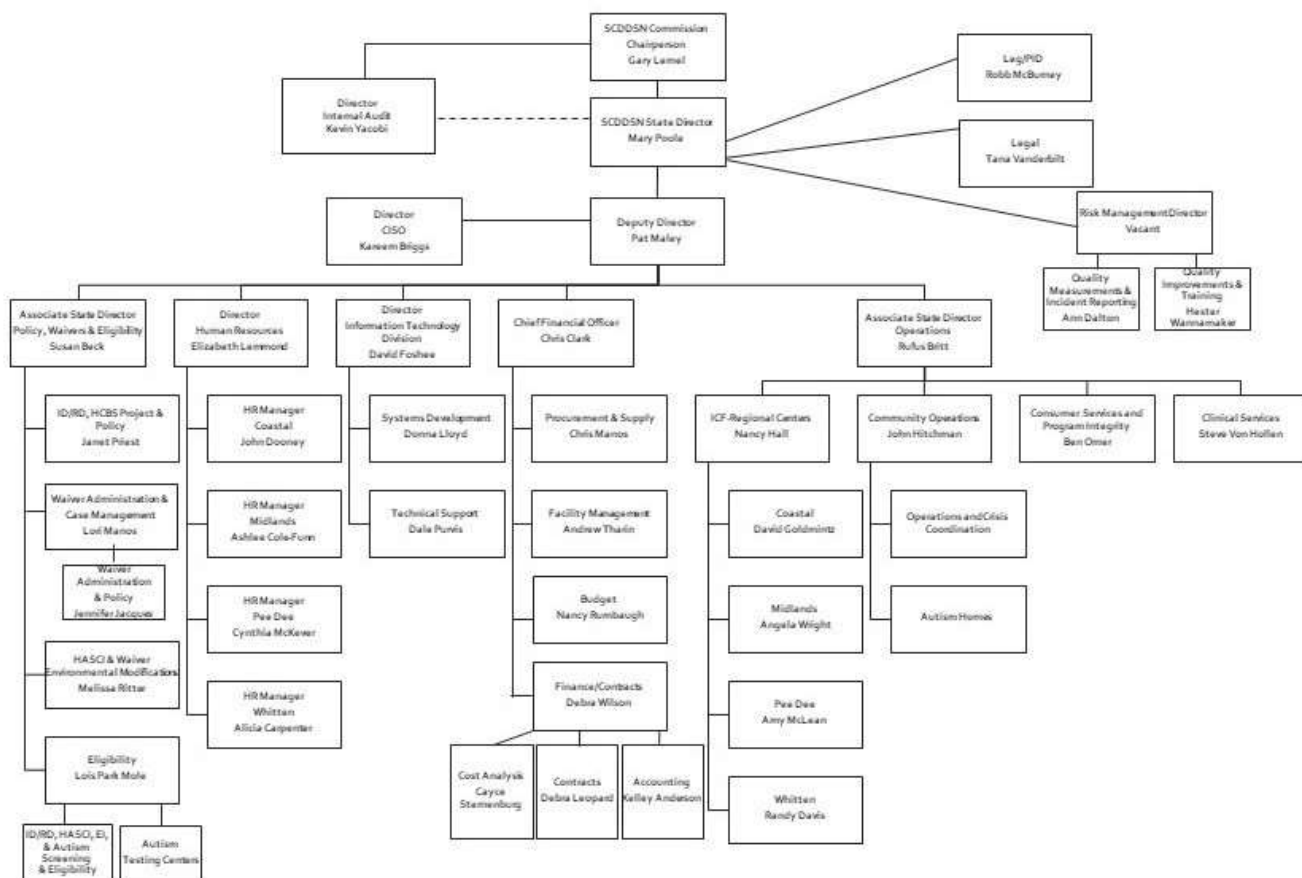
#### IV. Report Requirement to Identify the Most Negative Risks & Mitigation Strategies

**Transitioning from Capitated Band Payment System:** The agency will transition from the capitated band system over the next several years (see page A-3). DDSN anticipates moving to a FFS model for many reasons, to include maximizing state funds benefitting from a Medicaid reimbursable match to yield additional agency revenue for services. During this transition, the agency will require higher cash reserves to manage the FFS model utilization risk. Given SCDHHS interest in this payment system change, DDSN anticipates working with SCDHHS to mitigate cash flow risks during this transition with proper planning.

**Direct Support Professionals (DSP) Hire/Retention:** A significant risk is further erosion of the DDSN delivery system's ability to hire and retain DSPs (see page A-4). The General Assembly has been very generous in fully funding DDSN's three year plan to increase DSP wages by \$1/year (FY18-\$11/hour; FY19-\$12/hour; FY20-\$13/hour). Even with this assistance, hiring/retaining DSPs is a major system risk given the demographics of baby boomers' increasing healthcare needs drawing on this DSP population for similar healthcare jobs. As a result, DDSN needs to increase its focus on at-home supports to better serve our consumers at-home in the least restrictive, least costly, and less drain on available DSPs. Ballooning federal deficits also create risk of reduced federal participation in Medicaid reimbursements to states, which further creates need to match service array to serve consumers at-home.

#### V. DDSN Organizational Chart

##### SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS AGENCY ORGANIZATIONAL CHART AUGUST 21, 2019



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| Statewide Enterprise Strategic Objective   | Type                      | Item # |          |   | Description   | 2018-19  |                    |                  | Time Applicable                       | Data Source and Availability  | Calculation Method   | Meaningful Use of Measure |
|--|---------------------------|--------|----------|---|---|--|--------------------|------------------|---------------------------------------|---|--|---------------------------|
|  |                           | Goal   | Strategy | Measure   |   | Base   | Target             | Actual           |                                       |   |  |                           |
|  | Healthy and Safe Families | G      | 1        |   |   | Prevent Disabilities and Ameliorate Impact of Disabilities |                    |                  |                                       |   |  |                           |
|  | S                         | 1.1    |          |   | Reduce Birth Defects  |  |                    |                  |                                       |   |  |                           |
|  | M                         |        | 1.1.1    | Annual Rate of NTD Births Per 10K Live Births   | 5.1   | 6.7  | 5.6                | July 1 - June 30 | Report from Greenwood Genetics Center | Divide number of children born with NTD (spina bifida, anecephaly, encephalocele) by number of live births and multiply by 10,000   | Promotes prevention efforts  |                           |
|  | M                         |        | 1.1.2    | Annual # of Children with Metabolic Disorders Receiving Curative Treatment  | 216   | 220  | 292                | July 1 - June 30 | Report from Greenwood Genetics Center | Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center  | Promotes preventtion efforts   |                           |
|  | S                         | 1.2    |          |   | Reduce the severity of disabilities   |  |                    |                  |                                       |   |  |                           |
|  | M                         |        | 1.2.1    | Percentage of children over 36 months receiving Early Intervention services prior to third birthday   | 86.2%   | 87.5%  | 88.50%             | July 1           | Internal database                     | Divide number of kids receiving EI services who are 36 months or older that began receiving EI services prior to 36 months by total number of kids over 36 months receiving EI services | Enhances consumer independence   |                           |
|  | M                         |        | 1.2.2    | Number of individuals receiving Post Acute Rehabilitation Services  | 68  | 70   | 83                 | July 1 - June 30 | Internal database                     | Count of the number of individuals with traumatic brain injury or spinal cord injury receiving DDSN funded post acute rehabilitation services   | Enhances consumer independence   |                           |
| Education, Training, and Human Development | G                         | 2      |          |   | Provide Services in Community Integrated and Least Restrictive Settings and |  |                    |                  |                                       |   |  |                           |
|  | S                         | 2.1    |          |   | Maximize use of supports and services to enable individuals to live         |  |                    |                  |                                       |   |  |                           |
|  | M                         |        | 2.1.1    | Implement Re-Engineered Waiver Enrollment Process to Reduce Waiting List Times  | N/A   | Complete   | Partially Complete | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Increase processes speed to lessen waiting time for services   |                           |
|  | M                         |        | 2.1.2    | Re-Engineer Waiver Administrative Division to Ensure Clients Can Accurately Communicate Needs and DDSN's Criteria Are Fair and Evidence Based | N/A   | Complete   | Complete           | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Reduce risk clients needs not being fully addressed & build trust in needs based resource allocation tools |                           |
|  | M                         |        | 2.1.3    | # Children Served in Regional Centers   | 5   | 5  | 4                  | July 1           | Internal database                     | Count of individuals 18 years or younger in Regional Centers  | Promotes less restrictive and less expensive services  |                           |
|  | S                         | 2.2    |          |   | Utilize least restrict residential settings/supports                        |  |                    |                  |                                       |   |  |                           |
|  | M                         |        | 2.2.1    | Ratio of Persons Served In HCB waivers versus ICF/IID   | 9.6   | 9.6  | 10.44              | July 1           | Internal database                     | Divide number of individuals served in one of the DDSN managed HCB waivers by number of individuals served in ICF/IID   | Promotes less restrictive and less expensive services  |                           |
|  | M                         |        | 2.2.2    | # of Persons Served Less Restrictive Residential Settings   | 926   | 926  | 921                | July 1           | Internal database                     | Number of consumers receiving SLPI, SLPPII, CIRs, CTH1 Services   | Promotes less restrictive and less expensive services  |                           |

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| Strategic Planning and Performance Measurement Template |      |        |          |         |  |            |            |  |                  |                              |   |  |
|---|------|--------|----------|---------|--|------------|------------|--|------------------|------------------------------|---|--|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description  | 2018-19    |            |  | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure  |
|   |      | Goal   | Strategy | Measure |  | Base       | Target     | Actual                                     |                  |                              |   |  |
|   | M    |        |          | 2.2.3   | Establish Program to Build Community Specialized Residential Capacity to Meet the Needs of Criminal Justice System Clients and Lower Reliance on State   | N/A        | Complete   | Incomplete                                 | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Promotes less restrictive and less expensive services  |
|   | S    |        |          | 2.3     | Create oppportunities for independent living, community inclusion and  |            |            |  |                  |                              |   |  |
|   | M    |        |          | 2.3.1   | Obtain "Final Rule" Compliance for Community Residential and Day Program Settings by 6/30/2019 and Heighten Scrutiny Settings Fully Assessed with Plan of Correction to Mitigate, if Appropriate               | N/A        | Complete   | N/A; SCDHHS adjusted deadline to 6/30/2020 | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provides clients assurance of independent living, community inclusion, and increased consumer/family choice and services |
|   | M    |        |          | 2.3.2   | Re-engineer the Individual Employment Program through Policy, Training, Standardized Reporting, and Active Monitoring  | N/A        | Complete   | Complete                                   | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provides clients opportunities for enhanced independent living, community inclusion, and life quality                    |
| Healthy and Safe Families                               | G    |        |          | 3       | Protect Health and Safety of Individuals Served  |            |            |  |                  |                              |   |  |
|   | S    |        |          | 3.1     | Ensure the needs of eligible individuals in crisis situations are met  |            |            |  |                  |                              |   |  |
|   | M    |        |          | 3.1.1   | Average Length of Wait for Individuals Removed from Critical Needs List  | 124 days   | 150 days   | 94 days                                    | July 1 - June 30 | Strengthens consumer safety  | Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year  | Strengthens consumer safety  |
|   | M    |        |          | 3.1.2   | Increase Direct Support Professional Wages through Legislative Appropriations and Develop Concept of Direct Support Professional Professional Career Path with Wage Tiers                                      | \$12.00/hr | \$13.00/hr | 13.00/hour                                 | July 1 - June 30 | Enhances quality of service  | Minimum wage for DSP working in community programs and regional centers   | Enhances quality of service  |
|   | M    |        |          | 3.1.3   | Establish Program to Efficiently Build Community Residential Capacity and Seek Annually Recurring Legislative Appropriations to Meet Clients' Increasing Needs, Particularly Clients with High Needs in Crisis | N/A        | Complete   | Not Funded                                 | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provides predictable stream of resources to meet consumers needs for community living                                    |
|   | S    |        |          | 3.2     | Establish service directives and standards which promote consumer  |            |            |  |                  |                              |   |  |
|   | M    |        |          | 3.2.1   | Average Annual Contract Compliance Score for All Providers   | 91.1%      | 91.5%      | 90.00%                                     | July 1 - June 30 | Internal database            | Divide total number of DDSN developed key indicators assessed by QIO to be compliant for community contract providers by total number of DDSN develop key indicators assessed                                 | Enhances quality of service  |
|   | M    |        |          | 3.2.2   | Average Annual Licensing Survey Compliance Score for All Providers   | 91.7%      | 91.8%      | 91.90%                                     | July 1 - June 30 | Internal database            | Divide total number of DDSN developed residential and day licensure standards assessed by QIO to be compliant for community contract providers by total number of DDSN developed licensure standards assessed | Enhances quality of service  |

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|---|------|--------|----------|---------|--|---------|----------|------------|------------------|------------------------------|---|---|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description  | 2018-19 |          |            | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure                                       |
|   |      | Goal   | Strategy | Measure |  | Base    | Target   | Actual     |                  |                              |   |   |
|   | M    |        | 3.2.3    |         | Annual # of Community ICF/IID with Two or More Condition Level Citations   | 0       | 0        | 0          | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year   | Enhances quality of service                                     |
|   | M    |        | 3.2.4    |         | Annual # of Regional Center ICF/IID with Two or More Condition Level Citations   | 0       | 0        | 0          | July 1 - June 30 | Internal database            | Count of number of Regional Center ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year   | Enhances quality of service                                     |
|   | M    |        | 3.2.5    |         | Annual # of Community ICF/IID Immediate Jeopardy Findings  | 0       | 0        | 0          | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service                                     |
|   | M    |        | 3.2.6    |         | Annual # of Regional Center Immediate Jeopardy Findings  | 0       | 0        | 0          | July 1 - June 30 | Internal database            | Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service                                     |
|   | M    |        | 3.2.7    |         | Conduct a Risk-Based Review of Licensing, Contracts, and Other Provider Contract Controls to Lesson or Eliminate Existing Controls and Corresponding Administrative Burden | N/A     | Complete | Incomplete | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Enhance risk mitigation capabilities while lowering cost/burden |
|   | S    |        | 3.3      |         | Systemically monitor and review critical incident reporting, remediate   |         |          |            |                  |                              |   |   |
|   | M    |        | 3.3.1    |         | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Community Residential Settings   | 0.3     | 0.25     | 0.12       | July 1 - June 30 | Internal database            | Divide number of arrest for abuse, neglect and/or exploitation of individuals served in DDSN funded community residential setting by total number of individuals served in DDSN funded community residential settings multiplied by 100 | Strengthens consumer safety                                     |

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|---|------|--------|----------|---------|--|---------|--------|--------|------------------|------------------------------|--|-----------------------------|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description  | 2018-19 |        |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure   |
|   |      | Goal   | Strategy | Measure |  | Base    | Target | Actual |                  |                              |  |                             |
|   | M    |        | 3.3.2    |         | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Regional Centers   | 0.28    | 0.25   | 0.14   | July 1 - June 30 | Internal database            | Divide number of arrests for abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100  | Strengthens consumer safety |
|   | M    |        | 3.3.3    |         | Annual Rate of Abust/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in the Community Residential Settings | 3.5     | 3.5    | 1.9    | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100                  | Strengthens consumer safety |
|   | M    |        | 3.3.4    |         | Annual Rate of Abust/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in Regional Centers                   | 4.3     | 4.3    | 3.1    | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100                  | Strengthens consumer safety |
|   | M    |        | 3.3.5    |         | Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings   | 11.3    | 11.3   | 9.6    | July 1 - June 30 | Internal database            | Divide number of DDSN defined Critical Incidents involving individuals served in DDSN funded community residential or day settings by total number of individuals served in DDSN funded community residential and day settings multiplied by 100 | Strengthens consumer safety |



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|---|------|--------|---|---------|---|---------|----------|----------------------------|------------------|------------------------------|---|--|
| Statewide Enterprise Strategic Objective                | Type | Item # |   |         | Description   | 2018-19 |          |                            | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure  |
|   |      | Goal   | Strategy  | Measure |   | Base    | Target   | Actual                     |                  |                              |   |  |
|   | M    |        | 3.3.6   |         | Annual Rate of Critical Incidents Per 100 Served in Regional Centers  | 15.6    | 15.6     | 18.6                       | July 1 - June 30 | Internal database            | Divide number of DDSN defined Critical Incidents involving individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100 | Strengthens consumer safety  |
|   | M    |        | 3.3.7   |         | Establish a Formal Process to Collect "Lessons Learned" from  | N/A     | Complete | Complete                   | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Strengthens consumer safety  |
| Government and Citizens                                 | G    | 4      | Efficiently & Effectively Operate the Service Delivery System |         |   |         |          |                            |                  |                              |   |  |
|   | S    | 4.1    | Proactively Initiate System and Process Improvements          |         |   |         |          |                            |                  |                              |   |  |
|   | M    |        | 4.1.1   |         | Obtain Commission Approval for a Modified/New Payment System  | N/A     | Complete | Complete                   | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve efficiency & effectiveness of the payment system                 |
|   | M    |        | 4.1.2   |         | Finalize Updated Service Rates for Community Service Providers  | N/A     | Complete | N/A; Mercer Report Pending | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve provider service quality and a long-term healthy delivery system |
|   | M    |        | 4.1.3   |         | Conduct an Internal Review of Regional Center Service Costs and Develop a Budget Package, if appropriate, for FY 2020             | N/A     | Complete | Complete                   | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve provider service quality and a long-term healthy delivery system |
|   | M    |        | 4.1.4   |         | DDSN Central Office Divisions Re-Validate Performance Measures and Mapping of Major Workflow Pocesses Suitable for Internal Audit | N/A     | Complete | Complete                   | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve employee roles/responsibilities, performance, and accountability |
|   | M    |        | 4.1.5   |         | Shift All Employees to a Universal Performance Review Cycle to Improve Quality and Accountability                                 | N/A     | Complete | Complete                   | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve employee roles/responsibilities, performance, and accountability |
|   | M    |        | 4.1.6   |         | Establish a Formal Project Management Process   | N/A     | Complete | Complete                   | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve employee roles/responsibilities, performance, and accountability |
|   | M    |        | 4.1.7   |         | Establish Business Controls to Monitor State Fund Use to Maximize Medicaid  | N/A     | Complete | Partial                    | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve resource utilization   |
|   | M    |        | 4.1.8   |         | Establish an Annual Customer Service Survey   | N/A     | Complete | Complete (NCI)             | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve performance and accountability                                   |
|   | S    | 4.2    | Agencywide Outcome Measures                                   |         |   |         |          |                            |                  |                              |   |  |
|   | M    |        | 4.2.1   |         | Administrative Expenses as a % of Total Expenses  | 1.3%    | 1.2%     | 1.10%                      | July 1 - June 30 | Internal database            | Divide DDSN Central Office annual administrative & program costs by total DDSN annual expenditures  | Maximizes efficient resource utilization to serve more consumers         |

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|---|------|--------|----------|---------|--|---------|--------|--------|------------------|------------------------------|--|---|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description  | 2018-19 |        |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure                                     |
|   |      | Goal   | Strategy | Measure |  | Base    | Target | Actual |                  |                              |  |   |
|   | M    |        |          | 4.2.2   | # Individuals on DDSN Managed HCB Waiver Waiting Lists Adjusted by Waiver Conversion Rates               | 4980    | 4980   | 4834   | July 1           | Internal database            | Count of the individuals on the South Carolina Intellectual Disabilities/Related Disabilities, Community Support, Head and Spinal Cord Injury and Pervasive Developmental Disorder Medicaid waiver waiting lists and multiply by waiver current conversion rates | Strengthens consumer safety                                   |
|   | M    |        |          | 4.2.3   | Average Time of Wait (in years) for Individuals Enrolled in ID/RD Waiver                                 | 3.4     | 3.4    | 3.7    | July 1 - June 30 | Internal database            | Divide total waiting time (in days) of all individuals enrolled in ID/RD waiver during respective fiscal year by the number of individuals enrolled in ID/RD waiver then divide by 365   | Enhances consumer independence and strengthen consumer safety |
|   | M    |        |          | 4.2.4   | Average Time of Wait (in years) for Individuals Enrolled in CS Waiver                                    | 1.5     | 1.5    | 2.4    | July 1 - June 30 | Internal database            | Divide total waiting time (in days) of all individuals enrolled in CS waiver during respective fiscal year by the number of individuals enrolled in CS waiver then divide by 365   | Enhances consumer independence and strengthen consumer safety |
|   | M    |        |          | 4.2.5   | Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver                                 | 0       | 0      | 0      | July 1 - June 30 | Internal database            | Divide total waiting time (in days) of all individuals enrolled in HASCI waiver during respective fiscal year by the number of individuals enrolled in HASCI waiver then divide by 365   | Enhances consumer independence and strengthen consumer safety |
|   | M    |        |          | 4.2.6   | The ID/RD and HASCI Total Intake Process Time for DDSN "Front End" Initiation and "Back End" Eligibility | 32      | 30     | 27     | July 1 - June 30 | Internal database            | Total client processing time divided by number of clients' processed for both front and back end processes   | Increase process speed to lessen time waiting for services    |
|   | M    |        |          | 4.2.7   | The Autism Total Intake Process Time for DDSN "Front End" Initiation and "Back End" Eligibility Testing  | 93      | 88     | 73     | July 1 - June 30 | Internal database            | Total client processing time (report & testing) divided by number of clients' processed for both front and back end processes  | Increase process speed to lessen time waiting for services    |

|              |  |          |    |
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| Strategic Planning and Performance Measurement Template |      |        |          |         |   |         |          |        |                  |                                       |   |  |
|---|------|--------|----------|---------|---|---------|----------|--------|------------------|---------------------------------------|---|--|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description   | 2019-20 |          |        | Time Applicable  | Data Source and Availability          | Calculation Method  | Meaningful Use of Measure  |
|   |      | Goal   | Strategy | Measure |   | Base    | Target   | Actual |                  |                                       |   |  |
| Healthy and Safe Families                               | G    | 1      |          |         | Prevent Disabilities and Ameliorate Impact of Disabilities  |         |          |        |                  |                                       |   |  |
|   | S    | 1.1    |          |         | Reduce Birth Defects  |         |          |        |                  |                                       |   |  |
|   | M    |        | 1.1.1    |         | Annual Rate of NTD Births Per 10K Live Births   | 5.6     | 5.1      |        | July 1 - June 30 | Report from Greenwood Genetics Center | Divide number of children born with NTD (spina bifida, anecephaly, encephalocele) by number of live births and multiply by 10,000   | Promotes prevention efforts  |
|   | M    |        | 1.1.2    |         | Annual # of Children with Metabolic Disorders Receiving Curative Treatment  | 220     | 235      |        | July 1 - June 30 | Report from Greenwood Genetics Center | Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center  | Promotes preventtion efforts   |
|   | S    | 1.2    |          |         | Reduce the severity of disabilities   |         |          |        |                  |                                       |   |  |
|   | M    |        | 1.2.1    |         | Percentage of children over 36 months receiving Early Intervention services prior to third birthday   | 87.5%   | 88.0%    |        | July 1           | Internal database                     | Divide number of kids receiving EI services who are 36 months or older that began receiving EI services prior to 36 months by total number of kids over 36 months receiving EI services | Enhances consumer independence   |
|   | M    |        | 1.2.2    |         | Number of individuals receiving Post Acute Rehabilitation Services  | 70      | 75       |        | July 1 - June 30 | Internal database                     | Count of the number of individuals with traumatic brain injury or spinal cord injury receiving DDSN funded post acute rehabilitation services   | Enhances consumer independence   |
| Education, Training, and Human Development              | G    | 2      |          |         | Provide Services in Community Integrated and Least Restrictive Settings and   |         |          |        |                  |                                       |   |  |
|   | S    | 2.1    |          |         | Maximize use of supports and services to enable individuals to live at home with family or in their own home  |         |          |        |                  |                                       |   |  |
|   | M    |        | 2.1.1    |         | Implement Re-Engineered Waiver Enrollment Process to Reduce Waiting List Times.   | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Increase processes speed to lesson waiting time for services   |
|   | M    |        | 2.1.2    |         | Re-engineer Respite Program to promote greater access more efficiently.   | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Reduce risk clients needs not being fully addressed & build trust in needs based resource allocation tools |
|   | M    |        | 2.1.3    |         | Engage SCDHHS on adjustments to the Mercer Report's at-home supports & day program rates to promote overall better access and delivery system financial health. | N/A     | Complete |        | July 1           | Internal database                     | Count of individuals 18 years or younger in Regional Centers  | Promotes less restrictive and less expensive services  |
|   |      |        |          |         | Develop a formal consumer/family engagement process on at-home service array adjustments to be pursued during payment system change.                            | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Improves waiver service array to meet consumer needs and customer satisfaction                             |
|   | M    |        | 2.1.4    |         | Complete 40 enviroirnmental modification projects in FY19   | 25      | 40       |        | July 1 - June 30 | Internal database                     | Count of completed projects   | Improves consumers quality of life benefited by envir. mods.   |
|   | S    | 2.2    |          |         | Utilize least restrictive residential settings/supports   |         |          |        |                  |                                       |   |  |

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|---|------|--------|----------|---------|---|----------|----------|--------|------------------|------------------------------|---|--|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description   | 2019-20  |          |        | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure  |
|   |      | Goal   | Strategy | Measure |   | Base     | Target   | Actual |                  |                              |   |  |
|   | M    |        |          | 2.2.1   | Ratio of Persons Served In HCB waivers versus ICF/IID.  | 9.6      | 9.6      |        | July 1           | Internal database            | Divide number of individuals served in one of the DDSN managed HCB waivers by number of individuals served in ICF/IID   | Promotes less restrictive and less expensive services  |
|   | M    |        |          | 2.2.2   | # of Persons Served Less Restrictive Residential Settings (SLPI, SLPII, CIRS, CTH1).  | 921      | 926      |        | July 1           | Internal database            | Number of consumers receiving SLPI, SLPII, CIRS, CTH1 Services  | Promotes less restrictive and less expensive services  |
|   | M    |        |          | 2.2.3   | Develop formal plan to transition juveniles from two different state funded congregate care providers (18 consumers) to either back to their homes or higher quality residential settings suitable for Medicaid reimbursements. | N/A      | 12       |        | July1 - June 30  | Internal database            | Number of consumers placed at home or CTH IIs Medicaid Reimbursable   | Promotes less restrictive and less expensive services  |
|   | S    |        |          | 2.3     | Create oppportunities for independent living, community inclusion and   |          |          |        |                  |                              |   |  |
|   | M    |        |          | 2.3.1   | By 3/31/2020, obtain determination 90% of the community residential settings presumed to be institutional can be completely mitigated by 6/30/2019.   | N/A      | 90%      |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provides clients assurance of independent living, community inclusion, and increased consumer/family choice and services |
|   | M    |        |          | 2.3.2   | Enhance Individual Employment Program Management to increase positive outcomes (jobs), increase efficiency of placement (time/money), and establish benchmarks.   | N/A      | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provides clients oppportunities for enhanced independent living, community inclusion, and life quality                   |
| Healthy and Safe Families                               | G    |        |          | 3       | Protect Health and Safety of Individuals Served   |          |          |        |                  |                              |   |  |
|   | S    |        |          | 3.1     | Ensure the needs of eligible individuals in crisis situations are met   |          |          |        |                  |                              |   |  |
|   | M    |        |          | 3.1.1   | Average Length of Wait for Individuals Removed from Critical Needs List   | 124 days | 110 days |        | July 1 - June 30 | Strengthens consumer safety  | Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year  | Strengthens consumer safety  |
|   | M    |        |          | 3.1.2   | Implement a formal assessment tool to assist in determining eligibility for the Critical Needs List.  | N/A      | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Prioritizes use of limited residential service capacity to consumers most in need  |
|   | S    |        |          | 3.2     | Establish service directives and standards which promote consumer health and safety and monitor compliance  |          |          |        |                  |                              |   |  |
|   | M    |        |          | 3.2.1   | Average Annual Contract Compliance Score for All Providers  | 90.0%    | 91.0%    |        | July 1 - June 30 | Internal database            | Divide total number of DDSN developed key indicators assessed by QIO to be compliant for community contract providers by total number of DDSN develop key indicators assessed | Enhances quality of service  |

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|---|------|--------|----------|---------|--|---------|----------|--------|------------------|------------------------------|---|---|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description  | 2019-20 |          |        | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure   |
|   |      | Goal   | Strategy | Measure |  | Base    | Target   | Actual |                  |                              |   |   |
|   | M    |        |          | 3.2.2   | Average Annual Licensing Survey Compliance Score for All Providers   | 91.9%   | 92.0%    |        | July 1 - June 30 | Internal database            | Divide total number of DDSN developed residential and day licensure standards assessed by QIO to be compliant for community contract providers by total number of DDSN developed licensure standards assessed | Enhances quality of service   |
|   | M    |        |          | 3.2.3   | Annual # of Community ICF/IID with Two or More Condition Level Citations   | 0       | 0        |        | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year   | Enhances quality of service   |
|   | M    |        |          | 3.2.4   | Annual # of Regional Center ICF/IID with Two or More Condition Level Citations   | 0       | 0        |        | July 1 - June 30 | Internal database            | Count of number of Regional Center ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year   | Enhances quality of service   |
|   | M    |        |          | 3.2.5   | Annual # of Community ICF/IID Immediate Jeopardy Findings  | 0       | 0        |        | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service   |
|   | M    |        |          | 3.2.6   | Annual # of Regional Center Immediate Jeopardy Findings  | 0       | 0        |        | July 1 - June 30 | Internal database            | Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service   |
|   | M    |        |          | 3.2.7   | Conduct a Risk-Based Review of Licensing, Contracts, and Other Provider Contract Controls to Lesson or Eliminate Existing Controls and Corresponding Administrative Burden | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Enhance risk mitigation capabilities while lowering cost/burden                           |
|   |      |        |          | 3.2.8   | Implement targeted audits of "at-risk" providers' habilitation components and outcomes.  | N/A     | 5        |        | July 1 - June 30 | Internal database            | Number of providers reviewed  | Improve consumer behaviors, quality of life, and meet Medicaid reimbursement expectations |

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|---|------|--|----------|---------|--|---------|--------|--------|------------------|------------------------------|---|-----------------------------|
| Statewide Enterprise Strategic Objective                | Type | Item #   |          |         | Description  | 2019-20 |        |        | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure   |
|   |      | Goal   | Strategy | Measure |  | Base    | Target | Actual |                  |                              |   |                             |
|   | S    | 3.3 Systemically monitor and review critical incident reporting, remediate substandard performance and facilitate system improvement |          |         |  |         |        |        |                  |                              |   |                             |
|   | M    |  | 3.3.1    |         | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Community Residential Settings   | 0.25    | 0.22   |        | July 1 - June 30 | Internal database            | Divide number of arrest for abuse, neglect and/or exploitation of individuals served in DDSN funded community residential setting by total number of individuals served in DDSN funded community residential settings multiplied by 100 | Strengthens consumer safety |
|   | M    |  | 3.3.2    |         | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Regional Centers   | 0.25    | 0.22   |        | July 1 - June 30 | Internal database            | Divide number of arrests for abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100   | Strengthens consumer safety |
|   | M    |  | 3.3.3    |         | Annual Rate of Abust/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in the Community Residential Settings | 2.5     | 2.3    |        | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100         | Strengthens consumer safety |
|   | M    |  | 3.3.4    |         | Annual Rate of Abust/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in Regional Centers                   | 3.1     | 2.9    |        | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100         | Strengthens consumer safety |

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|---|------|--------|---|---------|---|---------|----------|--------|------------------|------------------------------|--|--|
| Statewide Enterprise Strategic Objective                | Type | Item # |   |         | Description   | 2019-20 |          |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure  |
|   |      | Goal   | Strategy  | Measure |   | Base    | Target   | Actual |                  |                              |  |  |
|   | M    |        |   | 3.3.5   | Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings  | 9.6     | 9.4      |        | July 1 - June 30 | Internal database            | Divide number of DDSN defined Critical Incidents involving individuals served in DDSN funded community residential or day settings by total number of individuals served in DDSN funded community residential and day settings multiplied by 100 | Strengthens consumer safety  |
|   | M    |        |   | 3.3.6   | Annual Rate of Critical Incidents Per 100 Served in Regional Centers  | 18.6    | 15.6     |        | July 1 - June 30 | Internal database            | Divide number of DDSN defined Critical Incidents involving individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100  | Strengthens consumer safety  |
|   | M    |        |   | 3.3.7   | Develop formal monthly risk management report to support monthly Risk   | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Strengthens consumer safety  |
| Government and Citizens                                 | G    | 4      | Efficiently & Effectively Operate the Service Delivery System |         |   |         |          |        |                  |                              |  |  |
|   | S    | 4.1    | Proactively Initiate System and Process Improvements          |         |   |         |          |        |                  |                              |  |  |
|   | M    |        |   | 4.1.1   | Build monthly service utilization report, as well as train specialized service units to interpret and build subordinate reports to better operationally manage. | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve efficiency & effectiveness of the payment system                 |
|   | M    |        |   | 4.1.2   | Complete delayed cost reports and leverage information to support provider rate increases.  | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve provider service quality and a long-term healthy delivery system |
|   | M    |        |   | 4.1.3   | Develop implementation plan for fee-for-service model.  | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve provider service quality and a long-term healthy delivery system |
|   | M    |        |   | 4.1.4   | Develop program to communicate future conversion of SLP Is to fee-for-service and assist providers' billing efficiency.   | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve employee roles/responsibilities, performance, and accountability |
|   | M    |        |   | 4.1.5   | Conduct agencywide risk assessment.   | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve employee roles/responsibilities, performance, and accountability |
|   | M    |        |   | 4.1.6   | Implement program to identify and convert state funded consumers to Medicaid waivers if at all possible.  | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Maximizes resources available to serve consumers on the waiting list     |
|   | M    |        |   | 4.1.7   | Develop administrative contract with SCDHHS to be implemented at appropriate time covering all reasonable DDSN related waiver costs.                            | N/A     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Maximizes resources available to serve consumers on the waiting list     |
|   | S    | 4.2    | Agencywide Outcome Measures                                   |         |   |         |          |        |                  |                              |  |  |



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|---|------|--------|----------|---------|--|---------|--------|--------|------------------|------------------------------|--|--|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description  | 2019-20 |        |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure  |
|   |      | Goal   | Strategy | Measure |  | Base    | Target | Actual |                  |                              |  |  |
|   | M    |        |          | 4.2.1   | Administrative Expenses as a % of Total Expenses   | 1.3%    | 1.2%   |        | July 1 - June 30 | Internal database            | Divide DDSN Central Office annual administrative & program costs by total DDSN annual expenditures   | Maximizes efficient resource utilization to serve more consumers |
|   | M    |        |          | 4.2.2   | # Individuals on DDSN Managed HCB Waiver Waiting Lists Adjusted by Waiver Conversion Rates               | 4980    | 4966   |        | July 1           | Internal database            | Count of the individuals on the South Carolina Intellectual Disabilities/Related Disabilities, Community Support, Head and Spinal Cord Injury and Pervasive Developmental Disorder Medicaid waiver waiting lists and multiply by waiver current conversion rates | Strengthens consumer safety                                      |
|   | M    |        |          | 4.2.3   | Average Time of Wait (in years) for Individuals Enrolled in ID/RD Waiver                                 | 3.7     | 3.7    |        | July 1 - June 30 | Internal database            | Divide total waiting time (in days) of all individuals enrolled in ID/RD waiver during respective fiscal year by the number of individuals enrolled in ID/RD waiver then divide by 365   | Enhances consumer independence and strengthen consumer safety    |
|   | M    |        |          | 4.2.4   | Average Time of Wait (in years) for Individuals Enrolled in CS Waiver                                    | 2.4     | 2.4    |        | July 1 - June 30 | Internal database            | Divide total waiting time (in days) of all individuals enrolled in CS waiver during respective fiscal year by the number of individuals enrolled in CS waiver then divide by 365   | Enhances consumer independence and strengthen consumer safety    |
|   | M    |        |          | 4.2.5   | Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver                                 | 0       | 0.5    |        | July 1 - June 30 | Internal database            | Divide total waiting time (in days) of all individuals enrolled in HASCI waiver during respective fiscal year by the number of individuals enrolled in HASCI waiver then divide by 365   | Enhances consumer independence and strengthen consumer safety    |
|   | M    |        |          | 4.2.6   | The ID/RD and HASCI Total Intake Process Time for DDSN "Front End" Initiation and "Back End" Eligibility | 30      | 26     |        | July 1 - June 30 | Internal database            | Total client processing time divided by number of clients' processed for both front and back end processes   | Increase process speed to lessen time waiting for services       |

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|---|------|--------|----------|---------|---|---------|--------|--------|------------------|------------------------------|--|--|
| Statewide Enterprise Strategic Objective                | Type | Item # |          |         | Description   | 2019-20 |        |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure                                  |
|   |      | Goal   | Strategy | Measure |   | Base    | Target | Actual |                  |                              |  |  |
|   | M    |        |          | 4.2.7   | The Autism Total Intake Process Time for DDSN "Front End" Initiation and "Back End" Eligibility Testing | 73      | 70     |        | July 1 - June 30 | Internal database            | Total client processing time (records & tests) divided by number of clients' processed for both front and back end processes | Increase process speed to lessen time waiting for services |

| Agency Name:  |  | DEPARTMENT OF DISABILITIES & SPECIAL NEEDS |                |            |                | Fiscal Year 2018-2019<br>Accountability Report |                |                  |                |  |      |  |
|---|--|--|----------------|------------|----------------|--|----------------|------------------|----------------|--|------|--|
| Agency Code:  |  | J160                                       |                | Section:   |                | 036  |                | Program Template |                |  |      |  |
| Program/Title   | Purpose  | FY 2018-19 Expenditures (Actual)           |                |            |                | FY 2019-20 Expenditures (Projected)            |                |                  |                | Associated Measure(s)  |      |  |
|   |  | General                                    | Other          | Federal    | TOTAL          | General  | Other          | Federal          | TOTAL          |  |      |  |
| I. Administration   | Leadership and direction for the agency including administration, financial, and legal services.   | \$ 4,184,464                               | \$ 1,973,112   |            | \$ 6,157,576   | \$ 4,934,808                                   | \$ 3,442,645   |                  | \$ 8,377,453   | 4.1.1;4.1.2;4.1.3;4.1.4;4.1.5;<br>4.1.6;4.1.7;4.2.1;4.2.2;4.2.3;<br>4.2.4;4.2.5;4.2.6;4.2.7; 2.1.2;<br>2.1.3 |      |  |
| II. Program & Services<br>A. Prevention Program                                 | Programs and activities to prevent or reduce the occurrence of primary and secondary disabilities that include genetic services, specialized treatments, wellness programs, and professional and public education and awareness. | \$ 4,934,300                               | \$ 7,707,231   |            | \$ 12,641,531  | \$ 7,334,300                                   | \$ 10,508,369  |                  | \$ 17,842,669  | 1.1.1;1.1.2;1.2.1;1.2.2  |      |  |
| II. Program & Services<br>B. Intellectual Disabilities<br>Family Support        | Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.    | \$ 78,878,177                              | \$ 113,849,930 |            | \$ 192,728,107 | \$ 77,742,933                                  | \$ 144,297,962 | \$ 233,000       | \$ 222,273,895 | 2.1.1;2.1.2;2.1.3;2.1.4;2.2.1;<br>2.2.2;2.2.3;2.3.1;2.3.2; 3.1.2   |      |  |
| II. Program & Services<br>C. Autism Family Support<br>Program                   | Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.    | \$ 5,720,855                               | \$ 8,063,932   |            | \$ 13,784,787  | \$ 5,409,701                                   | \$ 20,958,972  | \$ 5,000         | \$ 26,373,673  | 2.1.1;2.1.2;2.1.3;2.1.4;2.2.1;<br>2.2.2;2.2.3;2.3.1;2.3.2; 3.1.2   |      |  |
| II. Program & Services<br>D. Head & Spinal Injury Family<br>Support             | Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.    | \$ 12,475,158                              | \$ 7,209,286   |            | \$ 19,684,444  | \$ 11,133,854                                  | \$ 18,165,834  |                  | \$ 29,299,688  | 2.1.1;2.1.2;2.1.3;2.1.4;2.2.1;<br>2.2.2;2.2.3;2.3.1;2.3.2; 3.1.2   |      |  |
| II. Program & Services<br>E. Intellectual Disability<br>Community Residential   | Residential care for individuals with intellectual disabilities in the least restrictive environment consists of 24 hour care with range of care based on medical and behavioral needs of consumers.                             | \$ 89,772,368                              | \$ 240,009,856 | \$ 580,403 | \$ 330,362,627 | \$ 91,946,255                                  | \$ 248,646,650 |                  | \$ 340,592,905 | 2.2.1;2.2.2;2.2.3;2.3.1;2.3.2;<br>3.1.1;3.1.2;3.2.1;3.2.2;3.2.7;<br>3.2.8;3.3.1;3.3.3;3.3.5;3.3.7;<br>4.1.4  |      |  |
| II. Program & Services<br>F. Autism Community Residential<br>Program            | Residential care for individuals with intellectual disabilities in the least restrictive environment consists of 24 hour care with range of care based on medical and behavioral needs of consumers.                             | \$ 5,075,768                               | \$ 26,308,114  |            | \$ 31,383,882  | \$ 5,819,114                                   | \$ 23,960,087  |                  | \$ 29,779,201  | 2.2.1;2.2.2;2.2.3;2.3.1;2.3.2;<br>3.1.1;3.1.2;3.2.1;3.2.2;3.2.7;<br>3.2.8;3.3.1;3.3.3;3.3.5;3.3.7;<br>4.1.4  |      |  |
| II. Program & Services<br>G. Head & Spinal Cord Injury<br>Community Residential | Residential care for individuals with intellectual disabilities in the least restrictive environment consists of 24 hour care with range of care based on medical and behavioral needs of consumers.                             | \$ 1,147,511                               | \$ 3,664,412   |            | \$ 4,811,923   | \$ 1,158,763                                   | \$ 3,881,769   |                  | \$ 5,040,532   | 2.2.1;2.2.2;2.2.3;2.3.1;2.3.2;<br>3.1.1;3.1.2;3.2.1;3.2.2;3.2.7;<br>3.2.8;3.3.1;3.3.3;3.3.5;3.3.7;<br>4.1.4  |      |  |
| II. Program & Services<br>H. Regional Centers Residential<br>Program            | Regional residential centers provide 24 hour care and treatment to individuals with intellectual disabilities or autism with the most fragile, complex and/or severe disabilities.   | \$ 43,318,723                              | \$ 27,487,040  | \$ 81,652  | \$ 70,887,415  | \$ 43,654,555                                  | \$ 47,161,957  | \$ 102,000       | \$ 90,918,512  | 2.2.1;3.2.3;3.2.4;3.2.5;3.2.6;<br>3.3.2;3.3.4;3.3.6;3.3.7  |      |  |
| III. Employee Benefits  | State employer contributions   | \$ 21,465,299                              | \$ 5,702,599   |            | \$ 27,167,898  | \$ 24,864,871                                  | \$ 11,497,772  |                  | \$ 36,362,643  | All objectives with DDSN personnel   |      |  |
|   |  |  |                |            | \$ -           |  |                |                  | \$ -           |  |      |  |
|   |  |  |                |            |                | \$ -   |                |                  |                |  | \$ - |  |
| Agency Total  |  | \$ 266,972,623                             | \$ 441,975,512 | \$ 662,055 | \$ 709,610,190 | \$ 273,999,154                                 | \$ 532,522,017 | \$ 340,000       | \$ 806,861,171 |  |      |  |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2018-2019

Agency Code: J160 Section: 036

Accountability Report

Legal Standards Template

| Item # | Law Number  | Jurisdiction | Type of Law | Statutory Requirement and/or Authority Granted   | Does this law specify who your agency must or may serve? (Y/N) | Does the law specify a product or service your agency must or may provide? | <i>If yes, what type of service or product?</i>      | <i>If other service or product, please specify what service or product.</i>  |
|--------|-------------|--------------|-------------|--|--|--|--|--|
| 1      | § 44-20-10  | State        | State       | This chapter may be cited as the "South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act"   | No   | No   |  |  |
| 2      | § 44-20-20  | State        | State       | Purpose of chapter   | No   | No   |  |  |
| 3      | § 44-20-30  | State        | State       | Definitions  | No   | No   |  |  |
| 4      | § 44-20-210 | State        | State       | Creation of South Carolina Commission on Disabilities and Special Needs; membership; terms of office; removal; vacancies                       | No   | No   |  |  |
| 5      | § 44-20-220 | State        | State       | Duties of Commission; per diem; appointment of Director of Disabilities and Special Needs; advisory committees                                 | No   | No   |  |  |
| 6      | § 44-20-230 | State        | State       | Powers and duties of director  | No   | No   |  |  |
| 7      | § 44-20-240 | State        | State       | Creation of Department of Disabilities and Special Needs; divisions  | Yes  | No   |  |  |
| 8      | § 44-20-250 | State        | State       | Powers and duties of Department  | No   | No   |  |  |
| 9      | § 44-20-255 | State        | State       | Ownership of property confirmed in Department of Disabilities and Special Needs; retention of subsequent sales proceeds                        | No   | No   |  |  |
| 10     | § 44-20-260 | State        | State       | Research programs  | Yes  | No   |  |  |
| 11     | § 44-20-270 | State        | State       | Administration of federal funds  | Yes  | No   |  |  |
| 12     | § 44-20-280 | State        | State       | Contracts for expansion of service   | No   | No   |  |  |
| 13     | § 44-20-290 | State        | State       | Security guards; powers; bonds   | No   | No   |  |  |
| 14     | § 44-20-300 | State        | State       | Motor vehicle liability insurance for employees of Department  | No   | No   |  |  |
| 15     | § 44-20-310 | State        | State       | Sale of timber from forest lands; disposition of funds   | No   | No   |  |  |
| 16     | § 44-20-320 | State        | State       | Acceptance of gifts, etc. by Department; policies and regulations  | No   | No   |  |  |
| 17     | § 44-20-330 | State        | State       | Granting of easements, permits, or rights-of-way by Department   | No   | No   |  |  |
| 18     | § 44-20-340 | State        | State       | Records and reports pertaining to client; confidentiality of information; waiver   | Yes  | No   |  |  |
| 19     | § 44-20-350 | State        | State       | Reimbursement to State for its fiscal outlay on behalf of Department; charge for services; hearing and review procedures; collection of claims | Yes  | Yes  | Other service or product our agency must/may provide | A hearing procedure for review of charges for services.  |
| 20     | § 44-20-355 | State        | State       | Fee for Intermediate Care Facilities for persons with intellectual disability; proceeds to general fund  | No   | No   |  |  |
| 21     | § 44-20-360 | State        | State       | Midlands Center, Coastal Center, Pee Dee Center, and Whitten Center designated as independent school districts                                 | No   | No   |  |  |
| 22     | § 44-20-365 | State        | State       | Closing regional centers to be authorized by law   | Yes  | Yes  | Other service or product our agency must/may provide | Regional Center services.  |
| 23     | § 44-20-370 | State        | State       | Notification of applicant qualifying for services; county programs; training programs  | Yes  | Yes  | Other service or product our agency must/may provide | Notice to applicants, review of service plans; standards of operations for county boards; review of county programs and consultation to county boards. |
| 24     | § 44-20-375 | State        | State       | County boards of disabilities and special needs; establishment; recognition  | No   | No   |  |  |
| 25     | § 44-20-380 | State        | State       | Funds for county boards of disabilities and special needs  | Yes  | No   |  |  |
| 26     | § 44-20-385 | State        | State       | Additional powers and duties of county boards of disabilities and special needs  | No   | No   |  |  |
| 27     | § 44-20-390 | State        | State       | Initial intake and assessment service for person believed to be in need of services; service plans; residency requirements                     | Yes  | No   |  |  |
| 28     | § 44-20-400 | State        | State       | Admission of person to services of Department for evaluation and diagnosis; form for application   | Yes  | No   |  |  |
| 29     | § 44-20-410 | State        | State       | Requirement for admission to services  | Yes  | Yes  | Other service or product our agency must/may provide | Admission to services determined by relative need and availability of services.  |
| 30     | § 44-20-420 | State        | State       | Designation of service or program in which client is placed  | Yes  | No   |  |  |
| 31     | § 44-20-430 | State        | State       | Final authority over applicant eligibility, etc  | Yes  | Yes  | Other service or product our agency must/may provide | Eligibility to services determined by final decision of agency director.   |

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|----|--------------|-------|---------|---|-----|-----|--|--|
| 32 | § 44-20-440  | State | State   | Admission of client upon request of parent, spouse, lawful custodian or legal guardian, or upon request of applicant  | Yes | Yes | Other service or product our agency must/may provide | Prescribe firm for admission to services.                              |
| 33 | § 44-20-450  | State | State   | Proceedings for involuntary admission; petition; hearing; service of notice; guardian ad litem; right to counsel; report; termination of proceedings; order of admission; appeal; confinement in jail prohibited            | Yes | No  |  |  |
| 34 | § 44-20-460  | State | State   | Discharge of client; detention of voluntarily admitted client; venue for judicial admission; protective custody for client  | Yes | No  |  |  |
| 35 | § 44-20-470  | State | State   | Return of nonresident person with intellectual disability or related disability to agency of state of his residency; reciprocal agreements with other states; detention of person returned by out-of-state agency; expenses | Yes | No  | Other service or product our agency must/may provide | Placement in least restrictive environment.                            |
| 36 | § 44-20-480  | State | State   | Placement of client out of home; payment for services   | Yes | Yes |  |  |
| 37 | § 44-20-490  | State | State   | Placement of client in employment situation; sheltered employment and training programs; compensation of clients  | Yes | No  |  |  |
| 38 | § 44-20-500  | State | State   | Order of confinement for client   | Yes | No  | Other service or product our agency must/may provide | Licensing of day programs.   |
| 39 | § 44-20-510  | State | State   | Attendance of client in community based public school classes   | No  | No  |  |  |
| 40 | § 44-20-710  | State | State   | Licensing of facilities and programs  | No  | Yes |  |  |
| 41 | § 44-20-720  | State | State   | Minimum standards of operation and license programs   | No  | Yes | Other service or product our agency must/may provide | Standards for operation and license of programs.                       |
| 42 | § 44-20-730  | State | State   | Criteria for issuance of license  | Yes | No  |  |  |
| 43 | § 44-20-740  | State | State   | Restrictions as to services; number of clients; form of application for license; term of license; license as not transferrable  | No  | Yes |  |  |
| 44 | § 44-20-750  | State | State   | Inspection of facilities; filing copy of bylaws, regulations, and rates of charges; inspection of records   | No  | No  | Other service or product our agency must/may provide | Report of licensing inspections available upon written request.        |
| 45 | § 44-20-760  | State | State   | Disclosure of inspections; protection of names of clients   | No  | Yes |  |  |
| 46 | § 44-20-770  | State | State   | Denial, suspension or revocation of license; grounds  | No  | Yes |  |  |
| 47 | § 44-20-780  | State | State   | Notifying operator of program of deficiencies; time for correction; notice of impending denial, suspension or revocation of license; exception for immediate threat   | No  | No  | Other service or product our agency must/may provide | License can be denied, suspended or revoked.                           |
| 48 | § 44-20-790  | State | State   | Promulgation of regulations governing hearings  | No  | No  |  |  |
| 49 | § 44-20-800  | State | State   | Appeal of decision concerning deficiencies, licenses, etc   | Yes | No  |  |  |
| 50 | § 44-20-900  | State | State   | Injunctions; sufficiency of complaint; fines and penalties  | No  | Yes | Other service or product our agency must/may provide | Injunctions against unlicensed day programs.                           |
| 51 | § 44-20-1000 | State | State   | Licensing by department to be done in conjunction with licensing by agency having responsibility outside the department's jurisdiction; cooperative agreements  | Yes | No  |  |  |
| 52 | § 44-20-1110 | State | State   | Department's authority as to State's disabilities and special needs services and programs   | No  | No  |  |  |
| 53 | § 44-20-1120 | State | State   | Raising of money for construction of improvements   | No  | No  | Other service or product our agency must/may provide | Revenues to be used principal and interest of outstanding obligations. |
| 54 | § 44-20-1130 | State | State   | Limitation on amount of state capital improvement bonds   | No  | No  |  |  |
| 55 | § 44-20-1140 | State | State   | Improvements for residential regional center or community facility; application   | No  | No  |  |  |
| 56 | § 44-20-1150 | State | State   | Powers and duties concerning application for improvements   | No  | No  | Other service or product our agency must/may provide | Revenues to be used principal and interest of outstanding obligations. |
| 57 | § 44-20-1160 | State | State   | Use of monies derived from revenues   | No  | Yes |  |  |
| 58 | § 44-20-1170 | State | State   | Special funds; disposition of revenues; withdrawal of funds   |     |     |  |  |
| 59 | § 44-38-10   | State | Statute | Head and Spinal Cord Injury Information System created; purpose   | No  | No  | Other service or product our agency must/may provide | Delivery of services to those with head and spinal cord injuries.      |
| 60 | § 44-38-20   | State | Statute | Definitions   | No  | No  |  |  |
| 61 | § 44-38-30   | State | Statute | Head and Spinal Cord Injury Information System Council; establishment and purpose; composition; election of chairman; appointment of advisors; compensation and expenses  | No  | No  |  |  |
| 62 | § 44-38-40   | State | Statute | Duties of council   | No  | No  | Other service or product our agency must/may provide | Delivery of services to those with head and spinal cord injuries.      |
| 63 | § 44-38-50   | State | Statute | Reporting of required information; follow up to persons entered in registry; gathering information from other states; approval of and participation in research activities  | No  | No  |  |  |
| 64 | § 44-38-60   | State | Statute | Confidentiality of reports and records; nondisclosure under Freedom of Information Act  | No  | No  |  |  |
| 65 | § 44-38-70   | State | Statute | Council to submit annual report   | No  | No  | Other service or product our agency must/may provide | Delivery of services to those with head and spinal cord injuries.      |
| 66 | § 44-38-80   | State | Statute | Qualified immunity from liability for release of information in accordance with article   | No  | No  |  |  |
| 67 | § 44-38-90   | State | Statute | Penalty for intentional noncompliance with article  | No  | No  |  |  |
| 68 | § 44-38-310  | State | Statute | Service Delivery System established   | Yes | Yes | Other service or product our agency must/may provide | Delivery of services to those with head and spinal cord injuries.      |
| 69 | § 44-38-320  | State | Statute | Definitions   | Yes | No  |  |  |

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|-----|-------------|-------|---------|---|-----|-----|--|---|
| 70  | § 44-38-330 | State | Statute | Primary functions of system   | Yes | Yes | Other service or product our agency must/may provide | Intake, planning, referral, case management, education and prevention services for those with head or spinal cord injuries.   |
| 71  | § 44-38-340 | State | Statute | Duties of department  | Yes | Yes | Other service or product our agency must/may provide | development of state plan, receipt of surveillance datta, identification of service gaps, development of licensing, pgram and contract guidelines, coordinate and advocate for funding, promote awareness and research, determine eligibility for services, develop policies and procedures, provide training, coordinate delivery of services and advocate for persons with head and spinal cord injuries. |
| 72  | § 44-38-370 | State | Statute | Eligibility criteria for case management services   | Yes | No  | Board, commission, or committee                      |   |
| 73  | § 44-38-380 | State | Statute | Advisory Council to System  | No  | Yes |  |   |
| 74  | § 44-38-390 | State | Statute | Article does not establish entitlement program or benefit   | No  | No  |  |   |
| 75  | § 44-38-510 | State | Statute | Spinal Cord Injury Research Board   | No  | No  |  |   |
| 76  | § 44-38-610 | State | Statute | South Carolina Brain Injury Leadership Council  | Yes | No  |  |   |
| 77  | § 44-38-620 | State | Statute | Duties of the Council   | No  | No  | Board, commission, or committee                      |   |
| 78  | § 44-38-630 | State | Statute | Membership of Council; officers of council; compensation  | Yes | Yes |  |   |
| 79  | § 44-38-640 | State | Statute | Authority to apply for grants   | No  | No  |  |   |
| 80  | § 44-21-10  | State | Statute | Legislative intent; intent of program; guiding principles   | Yes | No  |  |   |
| 81  | § 44-21-20  | State | Statute | Definitions   | Yes | No  |  |   |
| 82  | § 44 21 30  | State | Statute | Authority to contract or make grants  | No  | No  | Other service or product our agency must/may provide | Provision of Family Support Services.   |
| 83  | § 44 21 40  | State | Statute | Focus of Family Support Program   | Yes | No  |  |   |
| 84  | § 44 21 50  | State | Statute | Contracted agency to assist families in assessing needs and preparing plan  | No  | No  |  |   |
| 85  | § 44 21 60  | State | Statute | Services included in Family Support Program   | Yes | Yes |  |   |
| 86  | § 44 21 70  | State | Statute | Implementation contingent upon annual appropriations  | No  | No  |  |   |
| 87  | § 44 21 80  | State | Statute | Regional tertiary level developmental evaluation centers  | Yes | No  | Other service or product our agency must/may provide | Conduct Competency To Stand Trial evaluations.  |
| 88  | § 44-23-10  | State | Statute | Definitions   | No  | No  |  |   |
| 89  | § 44-23-20  | State | Statute | Inapplicability to Whitten Center   | No  | No  |  |   |
| 90  | § 44-23-40  | State | Statute | Appeal to court from rules and regulations  | No  | No  |  |   |
| 91  | § 44-23-210 | State | Statute | Transfer of confined persons to or between mental health or intellectual disability facility                                      | No  | No  |  |   |
| 92  | § 44-23-220 | State | Statute | Admission of persons in jail  | No  | No  | Other service or product our agency must/may provide | Provide written report on Competency To Stand Trial.  |
| 93  | § 44-23-410 | State | Statute | Determining fitness to stand trial; time for conducting examination; extension; independent examination; competency distinguished | No  | Yes |  |   |
| 94  | § 44-23-420 | State | Statute | Designated examiners' report  | No  | Yes |  |   |
| 95  | § 44-23-430 | State | Statute | Hearing on fitness to stand trial; effect of outcome  | No  | No  |  |   |
| 96  | § 44-23-460 | State | Statute | Procedure when superintendent believes person charged with crime no longer requires hospitalization                               | Yes | No  |  |   |
| 97  | § 44-26-10  | State | Statute | Definitions   | Yes | No  | Other service or product our agency must/may provide | Use Adult Health Care Consent Act to determine ability to consent to healthcare.  |
| 98  | § 44-26-40  | State | Statute | Determination of competency to consent to or refuse major medical treatment   | Yes | Yes |  |   |
| 99  | § 44-26-50  | State | Statute | Health care decisions of client found incompetent to consent to or refuse major medical treatment                                 | Yes | No  |  |   |
| 100 | § 44-26-60  | State | Statute | Health care decisions of minor clients  | Yes | No  |  |   |
| 101 | § 44-26-70  | State | Statute | Human rights committees   | Yes | Yes |  |   |
| 102 | § 44-26-80  | State | Statute | Appeal of decisions concerning services or treatment provided   | Yes | Yes | Other service or product our agency must/may provide | Policies, procedures for appeals of HRC decisions   |
| 103 | § 44-26-90  | State | Statute | Rights of client not to be denied   | Yes | Yes | Other service or product our agency must/may provide | Recognize rights of clients   |
| 104 | § 44-26-100 | State | Statute | General rights of clients; limitations on rights  | Yes | No  |  |   |
| 105 | § 44-26-110 | State | Statute | Right to daily physical exercise  | Yes | No  |  |   |

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|-----|-------------|-------|---------|---|-----|-----|--|--|
| 106 | § 44-26-120 | State | Statute | Access to medical and habilitative records; grounds for denial of access; appeal of denial of access; disclosure form   | Yes | No  |  |  |
| 107 | § 44-26-130 | State | Statute | Confidentiality of communications with, and records of clients; disclosure  | Yes | No  |  |  |
| 108 | § 44-26-140 | State | Statute | Clients to receive least restrictive appropriate care and habilitation available; exceptions  | Yes | Yes | Other service or product our agency must/may provide | Receipt of services in least restrictive care and habilitation available   |
| 109 | § 44-26-150 | State | Statute | Clients to be informed of rights upon admission; written individualized plan of habilitation; review of plan; revision of, or changes in, plan  | Yes | Yes | Other service or product our agency must/may provide | Informing client of rights at time of admission; individualized plan of habilitation; annaula reviews of plan of habilitation. |
| 110 | § 44-26-16  | State | Statute | Mechanical, physical or chemical restraint of clients   | Yes | Yes | Other service or product our agency must/may provide | Procedures for written authorization of mechanical, physical, or chemical restraints.  |
| 111 | § 44-26-170 | State | Statute | Use of certain types of behavior modification   | Yes | Yes | Other service or product our agency must/may provide | Written approval for certain types of behavioral modifications.  |
| 112 | § 44-26-180 | State | Statute | Informed consent required for participation in research; promulgation of regulations  | Yes | Yes | Other service or product our agency must/may provide | Obtaining informed consent for research.   |
| 113 | § 44-26-200 | State | Statute | State Employment Services Division and State Agency of Vocational Rehabilitation to find employment for citizens with intellectual disability   | No  | No  |  |  |
| 114 | § 44-26-210 | State | Statute | Penalties for denying client rights accorded under this chapter   | No  | No  |  |  |
| 115 | § 44-26-220 | State | Statute | Person making health care decision not subject to civil or criminal liability, nor liable for cost of care; health care provider not subject to civil or criminal liability or disciplinary penalty for relying on decision | No  | No  |  |  |
| 116 | § 44-28-10  | State | Statute | Establishment of Fund; purpose  | No  | No  |  |  |
| 117 | § 44-28-40  | State | Statute | Departments and Agency required to provide care or treatment using monies in Fund account; vouchers   | No  | No  |  |  |
| 118 | § 44-28-60  | State | Statute | Money not usable for supplemental care and treatment to be returned to depositing trust; interest   | No  | Yes | Other service or product our agency must/may provide | Consult on use of trust funds.   |
| 119 | § 44-28-80  | State | Statute | Departments and Agency to promulgate regulations for implementation and administration of Fund  | No  | No  |  |  |
| 120 | § 44-28-360 | State | Statute | Departments and Agency required to provide care or treatment to eligible beneficiaries using monies from Fund   | No  | Yes | Other service or product our agency must/may provide | Provide services to those beneficiaries of the Disability Trust Fund that meet agency eligibility.                             |
| 121 | § 44-28-370 | State | Statute | Departments and Agency to promulgate regulations for implementation and administration of Fund  |     |     |  |  |
| 122 | § 44-44-40  | State | Statute | Birth Defects Advisory Council established; membership; subject areas for recommendations; compensation   | No  | No  |  |  |
| 123 | § 44-66-10  | State | Statute | Short title   | No  | No  |  |  |
| 124 | § 44-66-20  | State | Statute | Definitions   | No  | No  |  |  |
| 125 | § 44-66-30  | State | Statute | Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions  | No  | No  |  |  |
| 126 | § 44-66-40  | State | Statute | Provision of health care without consent where there is serious threat to health of patient, or to relieve suffering; person having highest priority to make health care decision   | No  | No  |  |  |
| 127 | § 44-66-50  | State | Statute | Provision of health care without consent to relieve suffering, restore bodily function, or to preserve life, health or bodily integrity of patient  | No  | No  |  |  |
| 128 | § 44-66-60  | State | Statute | No authority to provide health care to patient who is unable to consent where health care is against religious beliefs of patient, or patients prior instructions   | No  | No  |  |  |
| 129 | § 44-66-70  | State | Statute | Person who makes health care decision for another not subject to civil or criminal liability, nor liable for costs of care; health care provider not subject to civil or criminal liability                                 | No  | No  |  |  |
| 130 | § 44-66-75  | State | Statute | Designating a family member with whom provider may discuss medical condition; exemptions  | No  | Yes | Other service or product our agency must/may provide | Provide form for designation of person or persons to receive healthcare information.   |
| 131 | § 44-66-80  | State | Statute | Other laws mandating or allowing testing or treatment without consent unaffected  | No  | No  |  |  |
| 132 | § 44-25-10  | State | Statute | Compact enacted into law  | No  | No  |  |  |
| 133 | § 44-25-30  | State | Statute | Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators  | No  | Yes | Other service or product our agency must/may provide | Administer the Interstate Compact on Mental Health.  |
| 134 | § 44-7-260  | State | Statute | Requirements for licensure  | No  | No  |  |  |
| 135 | § 44-7-264  | State | Statute | Nursing home or community residential care facility licensure; fingerprint-based criminal records check; prohibition of issuance of license or requirement of revocation for certain crimes                                 | No  | No  |  |  |
| 136 | § 44-7-2910 | State | Statute | Criminal record check for direct caregivers; definitions  | No  | Yes | Other service or product our agency must/may provide | Fingerprint or background checks for direct care workers.  |
| 137 | § 44-7-2920 | State | Statute | Criminal record check procedures  | No  | No  |  |  |
| 138 | § 6-29-770  | State | Statute | Governmental entities subject to zoning ordinances; exceptions  | No  | No  |  |  |
| 139 | § 40-35-20  | State | Statute | Definitions   | No  | No  |  |  |



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| 140 | § 40-35-30  | State | Statute    | Supervision of facilities and centers by licensed administrators  | No  | No  |  |   |
| 141 | § 43-35-5   | State | Statute    | Short title   | No  | No  |  |   |
| 142 | § 43-35-10  | State | Statute    | Definitions   | No  | No  |  |   |
| 143 | § 43-35-13  | State | Statute    | Nonmedical remedial treatment by spiritual means is not abuse or neglect of vulnerable adult  | No  | No  |  |   |
| 144 | § 43-35-15  | State | Statute    | Vulnerable Adults Investigations Unit; Long Term Care Ombudsman Program; Adult Protective Services Program; responsibilities; referral of reports   | No  | No  |  |   |
| 145 | § 43-35-20  | State | Statute    | Additional powers of investigative entities   | No  | No  |  |   |
| 146 | § 43-35-25  | State | Statute    | Persons required to report abuse, neglect, or exploitation of adult; reporting methods  | No  | Yes | Other service or product our agency must/may provide | Mandated reporting of abuse, neglect and exploitation.                  |
| 147 | § 43-35-30  | State | Statute    | Photographing of visible trauma on abused adult   | No  | Yes | Other service or product our agency must/may provide | Photgraphing areas of trauma.   |
| 148 | § 43-35-35  | State | Statute    | Reporting deaths where abuse or neglect suspected   | No  | Yes | Other service or product our agency must/may provide | mandated reporting of deaths due to abuse, neglect or exploitation.     |
| 149 | § 43-35-60  | State | Statute    | Sharing of report information by investigative entities; public confidentiality   | No  | No  |  |   |
| 150 | § 43-35-65  | State | Statute    | Notices to be displayed at facilities   | No  | Yes | Other service or product our agency must/may provide | Display notices conerning reporting of abuse, neglect and exploitation. |
| 151 | § 43-35-75  | State | Statute    | Immunity of person making report or participating in investigation in good faith  | No  | No  |  |   |
| 152 | § 43-35-310 | State | Statute    | Council created; membership; filling vacancies (APCC)   | No  | No  |  |   |
| 153 | § 43-35-520 | State | Statute    | Investigations of deaths in facilities operated by the Department of Mental Health or the Department of Disabilities and Special Needs; death by natural causes in a veterans' nursing home | No  | No  |  |   |
| 154 | § 43-35-540 | State | Statute    | Access to medical information   | No  | Yes | Other service or product our agency must/may provide | Provide upon request of SLED, records of death.                         |
| 155 | § 43-35-560 | State | Statute    | Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support   | No  | No  |  |   |
| 156 | § 63-7-310  | State | Statute    | Persons required to report  | No  | Yes | Other service or product our agency must/may provide | Mandated reports of child abuse and neglect.                            |
| 157 | § 63-7-315  | State | Statute    | Civil action created for wrongful termination based on employee having reported child abuse or neglect  | No  | No  |  |   |
| 158 | § 63-7-360  | State | Statute    | Mandatory reporting to coroner  | No  | Yes | Other service or product our agency must/may provide | Mandated reporting of child death due to abuse or neglect.              |
| 159 | § 63-7-380  | State | Statute    | Photos and x-rays without parental consent; release of medical records  | No  | No  |  |   |
| 160 | § 63-7-390  | State | Statute    | Reporter immunity from liability  | No  | No  |  |   |
| 161 | § 63-7-410  | State | Statute    | Failure to report; penalties  | No  | No  |  |   |
| 162 | § 88-105    | State | Regulation | Scope   | Yes | No  |  |   |
| 163 | § 88-110    | State | Regulation | Licenses Issued   | No  | No  |  |   |
| 164 | § 88-115    | State | Regulation | Effective Date and Term of License  | No  | No  |  |   |
| 165 | § 88-120    | State | Regulation | Applications for License  | No  | Yes | Other service or product out agency must/may provide | Denial, suspension or revocation of a license of a program.             |
| 166 | § 88-125    | State | Regulation | Denial, Suspension, or Revocation of License  | No  | No  |  |   |
| 167 | § 88-130    | State | Regulation | Waivers   | No  | No  |  |   |
| 168 | § 88-135    | State | Regulation | Validity of License   | No  | No  |  |   |
| 169 | § 88-140    | State | Regulation | Separate Licenses   | Yes | No  |  |   |
| 170 | § 88-210    | State | Regulation | Definitions   |     |     |  |   |
| 171 | § 88-310    | State | Regulation | Definitions   | No  | No  |  |   |
| 172 | § 88-320    | State | Regulation | Supervision   | No  | No  |  |   |
| 173 | § 88-325    | State | Regulation | Personnel   | No  | No  |  |   |
| 174 | § 88-330    | State | Regulation | Size of Staff   | No  | No  |  |   |
| 175 | § 88-335    | State | Regulation | Personnel Records   | No  | No  |  |   |
| 176 | § 88-340    | State | Regulation | General Health  | No  | No  |  |   |
| 177 | § 88-345    | State | Regulation | General Safety  | No  | No  |  |   |
| 178 | § 88-350    | State | Regulation | Emergency Procedures  | No  | No  |  |   |
| 179 | § 88-355    | State | Regulation | General Sanitation Requirements   | No  | No  |  |   |
| 180 | § 88-360    | State | Regulation | Housing in Residential Camps  | No  | No  |  |   |
| 181 | § 88-365    | State | Regulation | Nutrition and Food Service  | No  | No  |  |   |
| 182 | § 88-370    | State | Regulation | Transportation  | No  | No  |  |   |
| 183 | § 88-375    | State | Regulation | Program   | No  | No  |  |   |
| 184 | § 88-380    | State | Regulation | Waterfront Activity   | No  | No  |  |   |
| 185 | § 88-385    | State | Regulation | General Care of Campers   | No  | No  |  |   |

|     |  |         |            |  |  |     |     |  |   |
|-----|--|---------|------------|--|--|-----|-----|--|---|
| 186 | § 88-390   | State   | Regulation | Confidentiality                                    |  | No  | No  |  |   |
| 187 | § 88-395   | State   | Regulation | Reserve Clause                                     |  |     |     |  |   |
| 188 | § 88-405   | State   | Regulation | Definitions  |  | No  | No  |  |   |
| 189 | § 88-410   | State   | Regulation | Personnel  |  | No  | No  |  |   |
| 190 | § 88-415   | State   | Regulation | Facility   |  | No  | No  |  |   |
| 191 | § 88-420   | State   | Regulation | Transportation                                     |  | No  | No  |  |   |
| 192 | § 88-425   | State   | Regulation | Medical Care                                       |  | No  | No  |  |   |
| 193 | § 88-430   | State   | Regulation | Evaluations  |  | No  | No  |  |   |
| 194 | § 88-435   | State   | Regulation | Program  |  | No  | No  |  |   |
| 195 | § 88-440   | State   | Regulation | Records  |  |     |     |  |   |
| 196 | § 88-910   | State   | Regulation | Unclassified Facilities and Programs               |  | No  | No  |  |   |
| 197 | § 88-915   | State   | Regulation | Application for License of an Unclassified Program |  | No  | No  |  |   |
| 198 | § 88-920   | State   | Regulation | Determination by the Department                    |  | No  | No  |  |   |
| 199 | Fair Housing Act 42 U.S. C. §3601  | Federal | Statute    |  |  | No  | No  |  |   |
| 200 | American with Disabilities Act 42 U.S.C. 126 §12101 et seq               | Federal | Statute    |  |  | No  | No  |  |   |
| 201 | Rehabilitation Act 29 U.S.C. § 701                                       | Federal | Statute    |  |  | No  | No  |  |   |
| 202 | Medicaid 42 U.S.C. 1936n §1915 et seq                                    | Federal | Statute    |  |  | Yes | No  |  |   |
| 203 | Health Insurance Portability and Accounting Act (HIPPA) 42 U.S.C. 1320-d | Federal | Statute    |  |  | No  | No  |  |   |
| 204 | IDEA 20 U.S. C. 33 §1400 et seq  | Federal | Statute    |  |  | No  | No  |  |   |
| 205 | Appropriations Act 2019-2020 36.1  | State   | Proviso    | 36.1 Work Activity Programs                        |  | No  | No  |  |   |
| 206 | Appropriations Act 2019-2020 36.2  | State   | Proviso    | 36.2 Sale of Excess Real Property                  |  | No  | No  |  |   |
| 207 | Appropriations Act 2019-2020 36.3  | State   | Proviso    | 36.3 Prenatal Diagnosis                            |  | No  | No  |  |   |
| 208 | Appropriations Act 2019-2020 36.4  | State   | Proviso    | 36.4 Medicaid-Funded Contract Settlements          |  | No  | No  |  |   |
| 209 | Appropriations Act 2019-2020 36.5  | State   | Proviso    | 36.5 Departmental Generated Revenue                |  | No  | No  |  |   |
| 210 | Appropriations Act 2019-2020 36.6  | State   | Proviso    | 36.6 Transfer of Capital/Property                  |  | No  | No  |  |   |
| 211 | Appropriations Act 2019-2020 36.7  | State   | Proviso    | 36.7 Unlicensed Medication Providers               |  | No  | Yes | Other service or product our agency must/may provide | Selected prescribed medications maybe performed by unlicensed personnel under supervision after training and competency evaluation. |
| 212 | Appropriations Act 2019-2020 36.8  | State   | Proviso    | 36.8 Child Daycare Centers                         |  | Yes | Yes | Other service or product our agency must/may provide | Treatment for autistic disorders in children under 8 years old.   |
| 213 | Appropriations Act 2019-2020 36.9  | State   | Proviso    | 36.9 Debt Service Account                          |  | No  | No  |  |   |
| 214 | Appropriations Act 2019-2020 36.10                                       | State   | Proviso    | 36.10 Traumatic Brain Injury                       |  | No  | No  |  |   |
| 215 | Appropriations Act 2019-2020 36.11                                       | State   | Proviso    | 36.11 Medicaid Direct Billing                      |  | Yes | Yes | Other service or product our agency must/may provide | Provide post acute rehabilitation for Traumatic Brain/Spinal Cord Injury.   |
| 216 | Appropriations Act 2019-2020 36.12                                       | State   | Proviso    | 36.12 Carry Forward Authorization                  |  | No  | Yes | Other service or product our agency must/may provide | Facilitate Medicaid direct filling for all providers who choose such.   |

|     |                                     |       |         |   |    |     |  |   |
|-----|-------------------------------------|-------|---------|---|----|-----|--|---|
| 217 | Appropriations Act 2019-2020 36.13  | State | Proviso | 36.13 Service Providers Expenditure Requirement | No | Yes | Other service or product our agency must/may provide | Use of carry forward funds to reduce the waiting list for services. |
| 218 | Appropriations Act 2019-2020 36.14  | State | Proviso | 36.15 Beaufort DSN Facility                     | No | No  |  |   |
| 220 | Appropriations Act 2019-2020 117.24 | State | Proviso | 117.24 TEFRA                                    | No | No  |  |   |
| 221 | Appropriations Act 2019-2020 117.54 | State | Proviso | 117.54 ISCEDC Funding Transfer                  | No | No  |  |   |
| 222 | Appropriations Act 2019-2020 117.73 | State | Proviso | 117.73 IMD Operations                           | No | No  |  |   |
| 223 | Appropriations Act 2019-2020 117.91 | State | Proviso | 117.91 Means Test                               | No | No  |  |   |
| 224 | Appropriations Act 2019-2020 117.98 | State | Proviso | 117.98 First Steps - BabyNet (quarterly report) | No | Yes |  |   |

Report to the Senate and House  
Committees

| Agency Name:  |                                 | Department of Disabilities & Special Needs   |                             | Fiscal Year 2018-2019<br>Accountability Report                           |  |
|---|---------------------------------|--|-----------------------------|--|--|
| Agency Code and Section:  |                                 | J16  | 36                          |  |  |
| Customer Template   |                                 |  |                             |  |  |
| Service/Product Provided to Customers   | Customer Segments               | <u>Specify only for the following Segments:</u> (1) <u>Industry:</u> Name; (2) <u>Professional Organization:</u> Name; (3) <u>Public:</u> Demographics.                                      | Divisions or Major Programs | Description  |  |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Executive Branch/State Agencies |  | Administration              | Executive, Fiscal, Legal and Audit                                       |  |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Legislative Branch              |  | Administration              | Executive, Fiscal, Legal and Audit                                       |  |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Judicial Branch                 |  | Administration              | Executive, Fiscal, Legal and Audit                                       |  |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Local Govts.                    |  | Administration              | Executive, Fiscal, Legal and Audit                                       |  |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | General Public                  | Public: All ages, all genders, all incomes   | Administration              | Executive, Fiscal, Legal and Audit                                       |  |
| Primary preventive services, Early Intervention services, in-home family support services, community day/employment services, community residential services, regional center day/employment services, regional center residential services | General Public                  | Public: Individuals of all ages, gender, income with an intellectual disability, related disability, autism spectrum disorder, traumatic brain injury, spinal cord injury and their families | Programs and Services       | Prevention, Family Support, Community Services, Regional Center Services |  |
| Primary preventive services, Early Intervention services, in-home family support services, community day/employment services, community residential services, regional center day/employment services, regional center residential services | Industry                        | Industry: Qualified providers of services specific to the needs of individuals eligible to receive services funded by DDSN.  | Programs and Services       | Prevention, Family Support, Community Services, Regional Center Services |  |

| Agency Name:                                   |                               | Department of Disabilities and Special Needs  |                    | Fiscal Year 2018-2019<br>Accountability Report |
|--|-------------------------------|---|--------------------|--|
| Agency Code and Section:                       |                               | J16   | 036                |  |
|  |                               |   |                    | Partner Template                               |
| Name of Partner Entity                         | Type of Partner Entity        | Description of Partnership  | Associated Goal(s) |  |
| Public and private provider organizations      | Non-Governmental Organization | Provision of consumer focused, high quality services in local communities   | 1;2;3;4            |  |
| Department of Health and Human Services (DHHS) | State Government              | Development, operational management and federal oversight of services funded in conjunction Medicaid dollars  | 2;3;4              |  |
| State Law Enforcement Division (SLED)          | State Government              | Management of allegations of abuse, neglect or exploitation of individuals served by DDSN   | 3                  |  |
| Department of Mental Health (DMH)              | State Government              | Coordination of services for individuals served by both agencies  | 2                  |  |
| Department of Social Services (DSS)            | State Government              | Coordination of services for individuals served by both agencies; Management of allegations of abuse, neglect or exploitation of individuals served by DDSN                     | 2;3                |  |
| Vocational Rehabilitation (VR)                 | State Government              | Coordination of services for individuals served by both agencies  | 2                  |  |
| Disability Advocacy Organizations              | Non-Governmental Organization | Collaboration to develop and promote services valued by individuals with disabilities and their families. Parent and family member education efforts. Peer support initiatives. | 1;2;3;4            |  |
| State Long Term Care Ombudsman                 | State Government              | Management of allegations of abuse, neglect or exploitation of individuals served by DDSN   | 3                  |  |
| Attorney General                               | State Government              | Management of allegations of abuse, neglect or exploitation of individuals served by DDSN   | 3                  |  |
| Department of Administration                   | State Government              | Coordinate with Office of Executive Budget, Division of State Human Resources, Division of Procurement, Division of Technology, SCEIS, OEPP                                     | 4                  |  |
| State Fiscal Accountability Authority (SFAA)   | State Government              | Coordinate with Office of State Auditor, Human Resources, Procurement Services, Insurance Reserve Fund  | 4                  |  |
| Local Law Enforcment                           | Local Government              | Management of allegations of abuse, neglect or exploitation of individuals serviced by DDSN   | 3                  |  |
| Labor, Licensing and Regulation                | State Government              | Coordinate with divisions of specialized licensure  | 2;3                |  |
| Department of Health and Environmental Control | State Government              | Coordination of services and licensure of facilities  | 2;3                |  |
| Department of Alcohol and Drug Abuse           | State Government              | Coordination of services for individuals served by both agencies  | 2                  |  |
| Department of Juvenile Justice                 | State Government              | Coordination of services for individuals served by both agencies  | 2                  |  |
| Department of Corrections                      | State Government              | Coordination of services for individuals served by both agencies  | 2                  |  |
| First Steps                                    | Non-Governmental Organization | Coordination of services for individuals served by both agencies  | 2                  |  |
| Department of Education                        | State Government              | Coordination of services for individuals served by both agencies; development of a DSP Training Program in High Schools   | 2                  |  |
| Continuum of Care                              | State Government              | Coordination of services for individuals served by both agencies  | 2                  |  |

Agency Name:

DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Agency Code:

J160

Section:

036

Fiscal Year 2018-2019  
Accountability Report

| Report and External Review Template |                                    |   |   |                |                     |  |   |   |
|-------------------------------------|------------------------------------|---|---|----------------|---------------------|--|---|---|
| Item                                | Is this a Report, Review, or both? | Report or Review Name   | Name of Entity Requesting the Report or Conducting Review | Type of Entity | Reporting Frequency | Current Fiscal Year: Submission Date or Review Timeline (MM/DD/YYYY) | Summary of Information Requested in the Report or Reviewed  | Method to Access the Report or Information from the Review  |
| 1                                   | External Review and Report         | House Oversight Performance Review of DDSN  | House Legislative Oversight Committee                     | State          | Other               | November 4, 2018   | Organizational Performance Review   | <a href="https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DisabilitiesandSpecialNeeds/Full%20Committee%20Study_DDSN-0001.PDF">https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DisabilitiesandSpecialNeeds/Full%20Committee%20Study_DDSN-0001.PDF</a>           |
| 2                                   | Internal Review and Report         | DDSN Follow Up Report to the November 2018 House Oversight Performance Review of DDSN | House Legislative Oversight Committee                     | State          | Other               | May 15, 2019   | DDSN Follow Up Actions to Address Recommendations from the House Legislative Oversight Committee Report on DDSN | <a href="https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DisabilitiesandSpecialNeeds/DDSN%20Follow%20Up%20Response%205_16_19.PDF">https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/DisabilitiesandSpecialNeeds/DDSN%20Follow%20Up%20Response%205_16_19.PDF</a> |
| 3                                   | External Review and Report         | Sub-Minimum Wage Review   | Department of Labor                                       | Federal        | Other               | September 1, 2018  | The Midlands Regional Center was out of compliance with the new federal Workforce Innovation & Opportunity Act  | Contact DDSN Associate State Director Rufus Britt, 803/898-9769   |