

Legislative Oversight Committee
South Carolina House of Representatives
Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811



Extension Request Guidelines

Restructuring & Seven-Year Plan Report

March 11, 2015

EXTENSION REQUEST GUIDELINES

Background

Section 1-30-10(G) requires agencies to submit an Annual Restructuring Report and Seven-Year Plan. Legislative Oversight Standard Practices 4.1 and 6.1 state the Legislative Oversight Committee (“Committee”) shall provide agencies with a uniform format for submitting their Annual Restructuring Report and Seven-Year Plan to the House.

The Committee provided agencies the uniform format for these reports. The correspondence with the Report Guidelines, and the actual Report Guidelines, stated the deadline for agencies to submit their completed reports.

The Committee has received a request from the agency for an extension in which to provide the agency’s completed report. Pursuant to the Committee’s Standard Practice 1.2 and Committee Rule 7.1, the following procedures apply to these types of Requests for Extension:

4.1.1 The Chairman may, for reasons he determines as good cause, provide an agency an extension to submit its Annual Restructuring Report.

4.1.2 Before the Chairman will consider a request from an agency for an extension, the agency must fully complete a Committee Extension Request form, as approved by the Committee Chairman, and provide it to the Chairman for consideration.

4.1.3 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

6.1.1 The Chairman may, for reasons he determines as good cause, provide an agency an extension to submit its Seven-Year Plan.

6.1.2 Before the Chairman will consider a request from an agency for an extension, the agency must fully complete a Committee Extension Request form, as approved by the Committee Chairman, and provide it to the Chairman for consideration.

6.1.3 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

Submission Process

Please complete the Extension Request Form included on the following pages. All forms should be submitted electronically to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Word) and saved as a PDF for online reporting. The signed copy of the complete Extension Request Form should be mailed to: House Legislative Oversight Committee, Post Office Box 11867, Columbia, South Carolina 29211. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov) or Charles Appleby (charlesappleby@schouse.gov).

Note the Extension Request Forms will be published online.

EXTENSION REQUEST FORM

RESTRUCTURING & SEVEN-YEAR PLAN REPORT

Department of Disabilities and Special Needs

I. Extension Requested

1. List the Sections for which the Agency is Requesting an Extension:	<i>Entire Report</i>
2. State the date the agency originally received the report guidelines:	<i>Insert Date</i> March 2, 2015
3. State the date the agency submitted this request for an extension:	<i>Insert Date</i> March 31, 2015
4. State the original deadline for the report:	<i>Insert Date</i> March 31, 2015
5. State the number of additional days the agency is requesting:	<i>Insert Number of Days</i> 30 Business Days
6. State the new deadline if the additional days are granted:	<i>Insert Date</i> May 13, 2015

II. History of Extensions

1. List the years in which the agency previously requested an extension, putting the years the extension was granted in bold:	<i>Insert each year in which the agency requested an extension. Put the years the extension was granted in bold.</i> <i>None</i>
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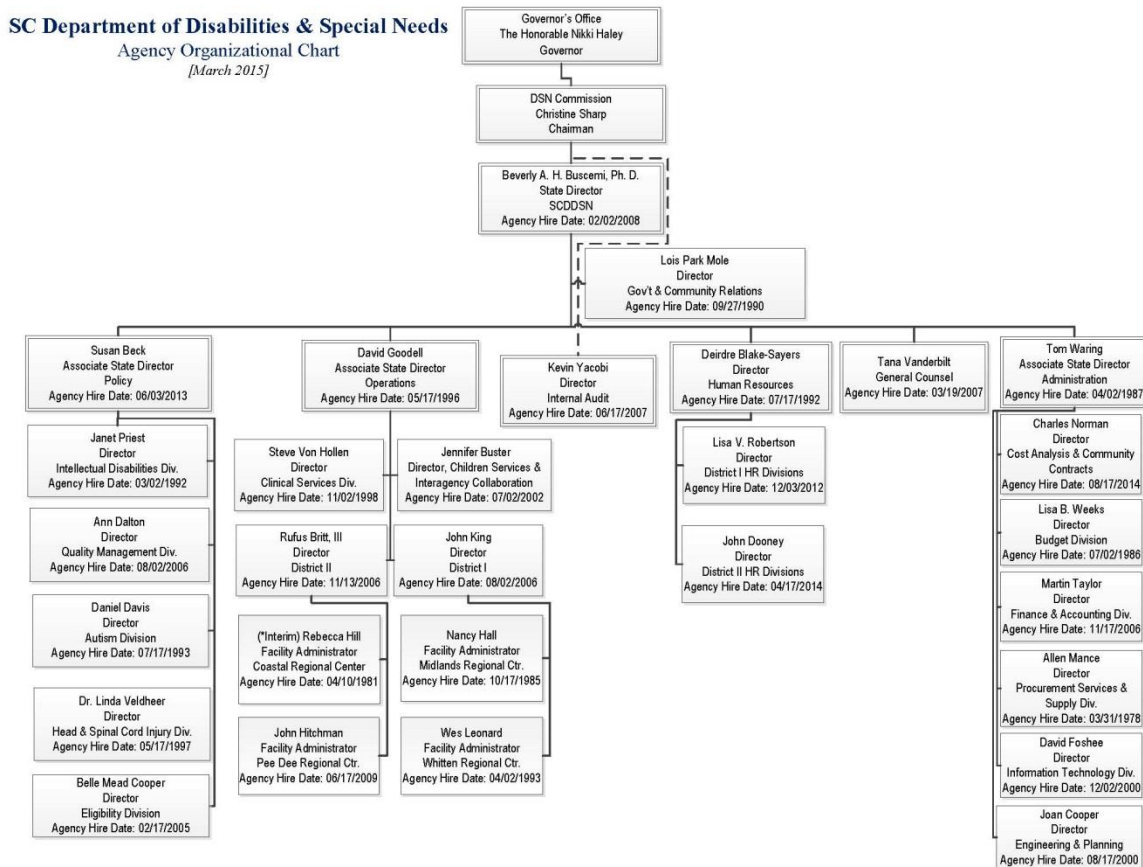
EXTENSION REQUEST FORM

RESTRUCTURING & SEVEN-YEAR PLAN REPORT

III. Organizational Knowledge

Please attach an agency organization structure. Below, and if needed attach additional pages, list all individuals considered upper management at the agency with the section(s) of the agency they oversee and their date of hire.

Position	Section of Agency	Date of Hire	Name
Agency Director			
<i>Add as many as needed</i>			



IV. Good Cause

Please state below good cause as to why the Committee should grant the extension requested by the agency. Please limit the response to two (2) pages.

SCDDSN respectfully requests the Legislative Oversight Committee of the House of Representatives approve an extension for submission of the agency's Restructuring and Seven Year Plan Report. Thank you for your consideration. This extension is requested for several reasons.

First, DDSN is in the midst of the largest expansion of disability services in our State's history. Through the leadership and generosity of the Governor and General Assembly, DDSN is significantly reducing its waiting lists for services. This enormous effort is being coordinated in partnership with its statewide network of service providers, advocates and DHHS. As of March 1, 2015, 3,489 individuals have been removed from waiting lists. Over 2,100 of these individuals were enrolled in a specialized Medicaid Waiver or opted for other services. A small percentage was determined ineligible. The process of locating and contacting individuals/families, assisting them through eligibility, Medicaid Level of Care, development of a service plan, choice of provider, service authorization and ultimately, actual service delivery, is labor intensive, has multiple components and requires a great amount of time. All staff efforts are focused on moving citizens into services as quickly as possible. This includes developing and monitoring streamlined processes to maximize staff efficiency and ease for consumers and families. We still have many families to assist to meet targets for the current fiscal year.

In addition to the enormous Waiting List Reduction Effort, DDSN is also implementing a new, comprehensive web-based technology system to collect and host all consumer data, health information, quality of care indicators and a statewide incident or abuse reporting system. Shifting to the new system necessitates extensive communication and training to thousands of employees involving direct care staff, supervisors, managers and administrators as deployment of new software and changes in business practices occur. The contract for this mammoth undertaking was awarded late September 2014 and the agency has an aggressive timeline for implementation. This new system is being implemented in three phases and will eventually sunset the agency's legacy system. The benefit is the new system will enhance DDSN's ability to monitor and report information according to state and federal requirements, ensure compliance with new electronic health record requirements and facilitate real-time communication between caregivers, support professionals, specialists and families.

While these two major initiatives are consuming the agency's time and energy, significant overarching changes and new requirements by Medicaid at the federal and state level are necessitating changes within DDSN's system. The federal Center for Medicare and Medicaid Service (CMS) has issued a new Final Rule regarding Home and Community Based Settings. The intellectual disabled and autism populations are at the heart of the new rule and most likely will be the focus of follow-up action from CMS and DOJ. CMS changes the definition of community

inclusion for all Medicaid waiver services. The new rule requirements establish an outcome oriented definition that focuses on the nature and quality of individuals' experiences. The new final rule establishes mandatory requirements for the qualities of home community based settings. It also sets state compliance and transition requirements. The new rule switches the burden of proof to each state to demonstrate that whatever models the state has in place are inclusive versus listing examples that are not. Currently DDSN is working with local providers to pilot new service models and strategies to meet CMS expectations. These include both residential and employment supports. Development and implementation of new service models is exciting, but also demands additional workload to insure the health and safety and well-being of individuals receiving services.

Extra effort is also required at this time for changes being made by Medicaid at the state level. As a result, DDSN is now making significant changes to the organization of the statewide delivery system. This includes a thorough review and revision of all business processes, programmatic roles and functions, financial structures, and contracts. Major changes are being made now to ensure compliance.

This is an extraordinary time for our agency. Monumental expansion of services and trying new service models is exciting. Making improvements to systems is always best practice. Major changes initiated by DDSN, by state Medicaid and by CMS simultaneously are worthwhile and necessary, but very challenging with limited manpower and resources.

DDSN is glad to provide the Legislative Oversight Committee with any and all information it seeks. We are glad to share the efforts, successes and challenges. Thank you for your consideration of an extension to achieve this purpose to the best of our ability.

EXTENSION REQUEST FORM


RESTRUCTURING & SEVEN-YEAR PLAN REPORT

V. Verification

I have reviewed and approved the information provided in this Extension Request Form. The information contained in this form is complete and accurate to the extent of my knowledge.

Current Agency Director
(Sign/Date):

(Type/Print Name):


Beverly A. H. Buscemi, Ph.D.

VI. Committee Response

Leave this Section blank. The Chairman will complete this Section after fully considering the agency's request.

Sections for which an Extension is Granted:	Entire Report
Number of Additional Days Granted:	30 Business Days
New Deadline for Agency Response:	May 13, 2015

Legislative Oversight Committee

South Carolina House of Representatives

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Telephone: (803) 212-6810 • Fax: (803) 212-6811



Restructuring & Seven-Year Plan Report Guidelines

February 27, 2015

COMMITTEE INFORMATION

Committee Information

House Legislative Oversight Committee

Post Office Box 11867
Columbia, South Carolina 29211

Telephone 803-212-6810

Fax 803-212-6811

Also, the agency may visit the South Carolina General Assembly Home Page (<http://www.scstatehouse.gov>) and click on "*Citizens' Interest*" then click on "*House Legislative Oversight Committee Postings and Reports*". This will list the information posted online for the Committee; click on the information the agency would like to review.

<http://www.scstatehouse.gov/citizens.php> (Click on the link for "*House Legislative Oversight Committee Postings and Reports*.")

OVERVIEW: RESTRUCTURING & SEVEN-YEAR PLAN

Background

Pursuant to Section 1-30-10(G)(1), state department and agency governing authorities must submit the following to the Governor and General Assembly:

- “reports giving detailed and comprehensive recommendations for the purposes of merging or eliminating duplicative or unnecessary divisions, programs, or personnel within each department to provide a more efficient administration of government services.” (Annual Restructuring Report, Restructuring Report or ARR)

Pursuant to Section 1-30-10(G)(2), state department and agency governing authorities must submit the following to the Governor and General Assembly:

- “a seven-year plan that provides initiatives and/or planned actions that implement cost savings and increased efficiencies of services and responsibilities within the projected seven-year period.” (Seven-Year Plan)

These questions and instructions are provided for the purposes of fulfilling the agency’s requirement to the House Legislative Oversight Committee under these statutes. **Please note the agency’s response will be published on the General Assembly’s website.**

In completing these documents, having a copy of the Fiscal Year 2012-13 Accountability Report and Fiscal Year 2013-14 Accountability Report the agency submitted to the Executive Budget Office will be helpful.

Submission Process

Please complete the information and answer the questions included on the following pages. Please note at the end there is a request to complete an Excel document with the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e., searched the agency documents, asked for information because they are in charge of the department, etc.). Therefore, for efficiency purposes, the agency may want to keep track of this information while answering the questions instead of waiting until the end.

All forms should be submitted electronically by **March 31, 2015**, to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Word and Excel) and saved as a PDF for online reporting. The signed copy of the Submission Form with a hard copy of the forms and attachments should be mailed to: House Legislative Oversight Committee, Post Office Box 11867, Columbia, South Carolina 29211. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov) or Charles Appleby (charlesappleby@schouse.gov).

OVERVIEW: RESTRUCTURING & SEVEN-YEAR PLAN

Efforts to Avoid Duplication

Please note at the end of each page in this report, the Committee includes the following:

Does the agency already provide the information requested on this page, or similar information, in a report required by a legislative entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency look in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

In the Excel document attached, there is a template to complete any questions which ask for the same information under the tab labeled, “Similar Information Requested.” The Committee asks this at the end of every page because if the questions on that page seek information similar to information sought in another report to a legislative entity, we want to know so we may communicate with the legislative entity who requires the other report and determine the most efficient way to avoid duplication in the future.

In addition, notice that one section of this report requests the agency list all other reports it has to submit. The Committee is seeking this information to analyze and determine whether there are any recommendations the Committee may make, in collaboration with the other entities which require reports, in an effort to minimize the burden of all the reporting requirements on the agency while still ensuring all appropriate information is provided.

Looking Ahead

The Restructuring Report, Seven-Year Plan and Oversight Study process are new for 2015. Each year the Committee will review information sought from agencies, the methods through which it is sought and any feedback received from agencies. Through this review, it is the Committee’s goal to continually improve its processes and obtain greater effectiveness and efficiency for agencies and the Committee through revisions and updates both in the information it receives and way in which it is collected. The Committee looks forward to working with agencies to provide the most effective and efficient state government for the people of South Carolina.

RESTRUCTURING & SEVEN-YEAR PLAN

SC Department of Disabilities and Special Needs

Date of Submission: May 13, 2015

Please provide the following for this year's Restructuring and Seven-Year Plan Report.


	Name	Date of Hire	Email
Agency Director	Beverly A. H. Buscemi, Ph.D.	11/02/2009	bbuscemi@ddsn.sc.gov
Previous Agency Director	Stan Butkus, Ph.D.	09/17/1996	N/A

	Name	Phone	Email
Primary Contact:	Lois Park Mole	898-9723	lpmole@ddsn.sc.gov
Secondary Contact:	Tom Waring	898-9769	twaring@ddsn.sc.gov

Is the agency vested with revenue bonding authority? (re: Section 2-2-60(E))	NO
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I have reviewed and approved the enclosed 2015 Restructuring and Seven-Year Plan Report, which are complete and accurate to the extent of my knowledge.

Current Agency Director
(Sign/Date):

	May 14, 2015
(Type/Print Name): Beverly A. H. Buscemi, Ph.D.	

If applicable, Board/Commission Chair
(Sign/Date):


	May 14, 2015
(Type/Print Name): William O. Danielson	

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Insert the appropriate page numbers once the agency has completed the report.

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EXECUTIVE SUMMARY

I. Executive Summary

A. Historical Perspective

1. Please see the completed [Historical Perspective Chart](#) on page 35.

B. Purpose, Mission and Vision

1. Please see the completed [Purpose/Mission/Vision Chart](#) on page 36.

C. Key Performance Measure Results

- Protect health and safety of individuals served. During FY2014, DDSN responded to 281 individuals whose situations jeopardized their health, safety and welfare, therefore meeting established critical criteria.
- Serve individuals in the least restrictive environment. During the year, 86 percent of the approximate 34,550 people eligible for DDSN services live at home with family or in their own home. Of the thousands of individuals with intellectual disabilities/related disabilities and autism receiving services from DDSN, 72% live with family caregivers, compared to 58% nationally.
- South Carolina ranked 6th nationally in the United Cerebral Palsy 2014 Case for Inclusion report.
- DDSN's emphasis on more cost effective in-home services rather than costly out-of-home residential services maximizes resources to serve more people. The agency serves 31% more individuals compared to the national average.
- DDSN continues to increase community residential settings based on consumer choice. Rate of reduction of institutional capacity exceeds that of southeast and national averages.
- DDSN has responded to the increased consumer demand for home and community based service options.

- Regional center services are reserved for individuals with the most significant and complex needs. Approximately 84.5 percent of individuals residing at the centers have severe or profound disabilities compared to 76 percent of individuals served in similar facilities in other states.
- South Carolina’s rate of individuals with developmental disabilities placed in traditional, generic nursing homes instead of specialized settings is 4.0 per 100,000 of the general population compared to 10.8 per 100,000 nationally.
- The percentage of individuals with intellectual disabilities/related disabilities served in integrated, community based employment by DDSN-type agencies across the county is 19 percent compared to 30 percent in South Carolina.
- Special efforts to retain nursing staff are working as the statewide average turnover rate for FY2014 at DDSN’s Regional Centers was 1.6 percent.
- DDSN maintains a diversified workforce with regard to both gender and race.
- DDSN maintains its Regional Center per diem below the national average. This is the agency’s most expensive service option.
- DDSN’s administrative cost remains below two percent of the overall budget.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, “Similar Info Requested.”

ORGANIZATIONAL PROFILE

II. Organizational Profile

1. Please see the completed [Key Deliverables Chart](#) on page 37.
2. Please see the completed [Key Customers Chart](#) on page 38.
3. Please see the completed [Key Stakeholders Chart](#) on page 39.
4. Please see the completed [Key Partner Agency Chart](#) on page 40.
5. The agency's performance improvement system(s);

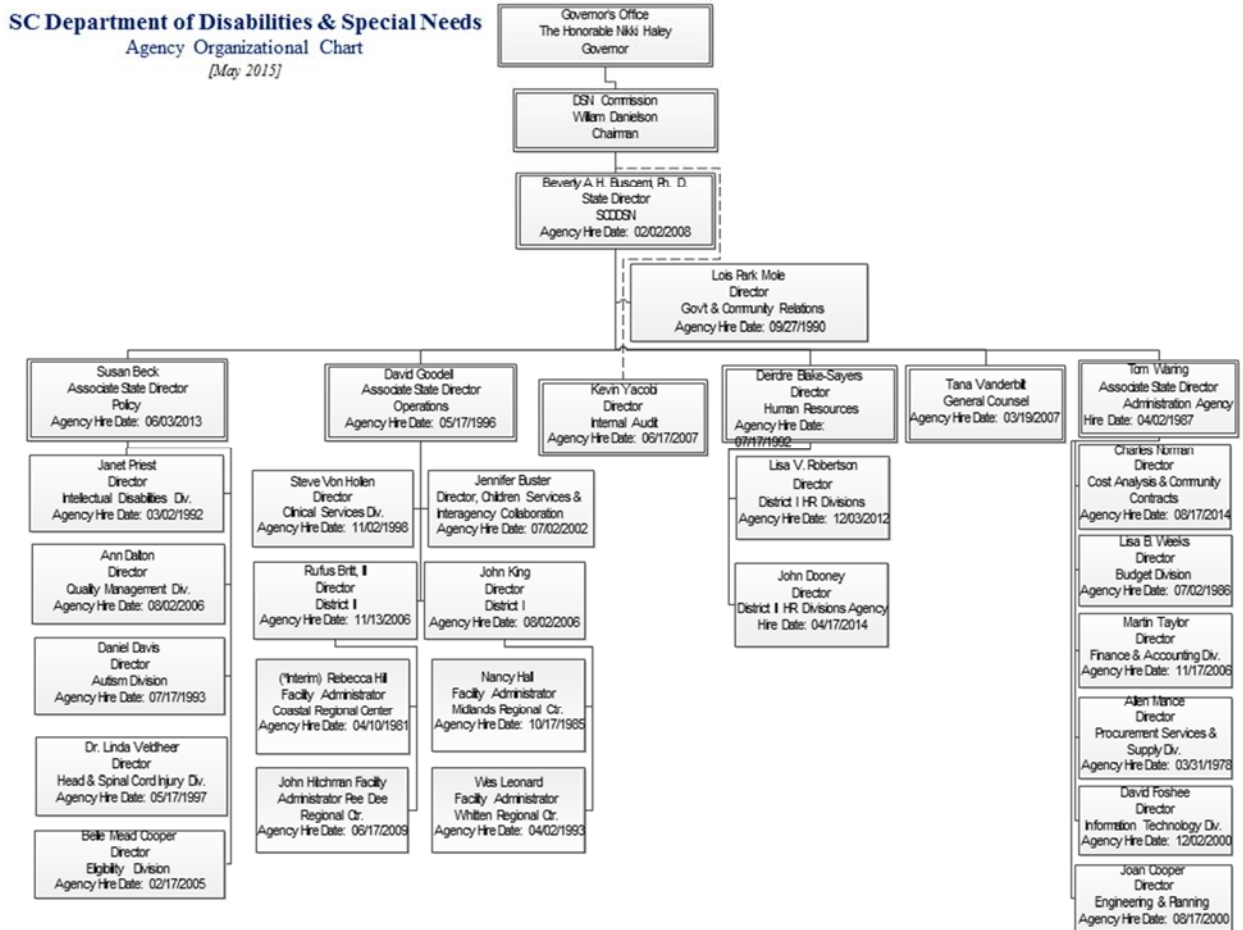
DDSN undertakes specific measures to assure consumer health, safety and welfare and to enhance the quality of services and supports offered through its statewide system of service providers utilizing a variety of methods.

Risk Management – Risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities using several different sources and measures. This is called purposeful redundancy which is used to assess from multiple angles the status of the health and welfare of the people DDSN supports.

Quality Assurance – Quality Improvement Activities – Once appropriate risk management activities are in place, a strong quality assurance and quality improvement program (QA/QI) must then rest on a foundation of health, safety and financial integrity. QA/QI activities include licensing, contractual compliance, personal outcome measures, consumer/family satisfaction measures, quality management, and other quality enhancement activities.

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6. The agency's organizational structure in flow chart format;



7. A. Please see the completed **Overseeing Body-General Chart** on page 41 A.

B. Please see the completed **Overseeing Body-Individual Member chart** on page 41 B.

8. Please see the completed **Major Program Areas Chart** on page 42.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

9. Please identify any emerging issues the agency anticipates may have an impact on its operations in the upcoming five years.

- **Expansion of services to reduce waiting lists.**

- Currently expanding Head and Spinal Cord Injury (HASCI) services to approximately 300 additional people currently on the waiting list. This represents almost a 50 % increase in the total number of people served through this program. Will include primarily in home supports, but may include limited residential expansion.
- Currently expanding Intellectual Disability/Related Disability (ID/RD) and Community Supports (CS) Waivers to approximately 1400 additional people, a significant increase in the total number of people served through these programs. Will include primarily in-home supports, and limited residential expansion as well.
- In addition to waiver enrollment DDSN is adding additional capacity for 100 % state supported community services for individuals who do not meet Medicaid eligibility requirements.
- Some areas of the state still have capacity that can accommodate expansion to serve additional people. In other areas of the state where providers are at or near capacity, expansion needs to occur in such a way that it is consistent with the new Home and Community Based Settings Final Rule from CMS.
- Need to look at targeted expansion that is consistent with community inclusion.
- Expansion is expected to continue in FY 2015-2016.

- **Implementation of CMS New Final Rule.**

- New Home and Community-Based Setting (HCBS) Final Rule applies across multiple populations:
 - Intellectually Disabled/Related Disability
 - Autism
 - Mentally Ill
 - Elderly
- The ID/RD and Autism populations are at the heart of the new rule and will likely be the focus of follow up action from CMS and DOJ.
- Changes the definition of community inclusion for all Medicaid waiver services. Previously the rule focused on residential settings, where the person lived. Are they integrated into the community? The new rule looks at not only where a person lives, but where, how, and with whom they spend their day.
- The new rule requirements establish an outcome oriented definition that focuses on the nature and quality of individuals' experiences. The requirements maximize opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting.
- The new final rule establishes:
 - Mandatory requirements for the qualities of home and community-based settings
 - Settings that are not home and community-based

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- Settings presumed not to be home and community-based
- State compliance and transition requirements
- The home and community-based setting:
 - Is integrated in and supports access to the greater community
 - Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
 - Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services
 - Is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting
 - Person-centered service plans document the options based on the individual's needs, preferences, and for residential settings, the individual's resources
 - Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
 - Optimizes individual initiative, autonomy, and independence in making life choices
 - Facilitates individual choice regarding services and supports, and who provides them
- Additional requirements:
 - Specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement
 - Same responsibilities/protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity
 - If tenant laws do not apply, state ensures lease, residency agreement or other written agreement is in place providing protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law
 - Each individual has privacy in their sleeping or living unit
 - Units have lockable entrance doors with the individual and appropriate staff having keys to doors as needed
 - Individuals sharing units have a choice of roommates
 - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement
 - Individuals have freedom and support to control their schedules and activities and have access to food any time
 - Individuals may have visitors at any time
 - Setting is physically accessible to the individual
- The new rule switches the burden of proof to each state to demonstrate that whatever models the state has in place are inclusive versus listing examples that are not. This provides a lot of flexibility to states to develop various models that take

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into account specific local community dynamics. But that flexibility makes it difficult to know for certain in advance exactly what will be approved and what will not.

- Settings presumed NOT TO BE home and community based:
 - Institution for mental diseases (IMD)
 - Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
 - Nursing facility
 - Hospital
 - Settings in a publicly or privately-owned facility providing inpatient treatment
 - Settings on grounds of, or adjacent to, a public institution
 - Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS
- Some current settings may not meet the new Final Rule:
 - Clusters of homes in close proximity
 - Homes located on the same campus or directly beside a day program or other large facility
 - Supported apartment settings where the apartments are clustered together and not interspersed within a larger complex of apartments.
- What is the timeframe for implementing the new final rule?
 - The plan for the entire state was submitted to CMS before the end of December 2014.
 - CMS will allow states five years to come into compliance for all populations, 2019.
- **System change as DDSN may no longer be the Provider of Record for all Medicaid services in the future.**
 - For almost 30 years, SC DDSN has been the provider of record for all Medicaid services for the populations served by the agency. This system of an Organized Health Care Delivery System has been accepted in the past by CMS with the support of SC DHHS (Medicaid agency).
 - DDSN's role may change. DDSN will continue to be the subject matter expert for DDSN's populations. DDSN will continue to operate the four waivers on behalf of DHHS. DDSN will continue to develop policy. DDSN will continue to monitor services. DDSN will continue to assure health and safety. DDSN will continue quality assurance role.
 - The possibility that DDSN will no longer be the provider of record requires the agency to re-examine all business processes. Each function must be examined to determine which of three areas it falls into:
 - Service
 - Administrative
 - Not Billable to Medicaid
 - Service
 - Billable to Medicaid at the service rate

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- 30 % state dollars and 70% federal dollars
 - DDSN has previously been able to bill all Medicaid services at the service rate because it was the provider of record.
 - DDSN will likely be able to only bill for some service functions in the future, such as ICF/IID.
 - Administrative
 - DDSN will enter into new administrative contracts with DHHS.
 - Administrative contracts are for the purpose of assisting with the administration of the Medicaid program.
 - Only those functions that assist with the administration of the Medicaid program can be included in an administrative contract.
 - Billable to Medicaid at an administrative rate
 - 50 % state dollars and 50 % federal dollars
 - This is a reduction in federal dollars
 - It will cost 20 % more state dollars to perform the same functions previously billed at the service rate.
 - Not Billable to Medicaid
 - Functions the agency could previously bill to Medicaid as the Provider of Record that will no longer be billable to Medicaid at all
 - This means the agency will have to spend 100 % state dollars
 - Represents a loss of all federal funding, 70 % of revenue
 - DHHS acknowledges the loss of federal dollars and has committed to provide additional state funds related to increased system transformation costs. DDSN recognizes that business processes may need to be modified in response to funding changes.
- **Developing capacity to accommodate service provider choice to direct bill Medicaid.**
 - Some DSN Boards are interested in direct billing to Medicaid as soon as possible. Even though all providers are not interested in direct billing, the fact that some are requires a great deal of system changes and business process changes to accommodate them. DDSN may have a “hybrid” system either as part of the transition process or as a permanent option.
 - DHHS wants to “de-bundle” DDSN’s current Band Payment system. This means breaking out each of the services within each band to have a rate per individual service instead of an overall bundled band rate. Once the band rates are broken out into individual service rates this may lead to the provider option of direct billing to Medicaid for all DDSN services.
 - **Implementing of conflict free case management.**
 - CMS is pushing states towards Conflict Free Case Management (CFCM). All waiver services are expected to become conflict free. Several states have already changed their systems to implement CFCM. DDSN began implementing CFCM through its RFP for new Qualified Providers years ago.

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- What is Conflict Free Case Management? CMS defines as:
 - Clinical or non-financial eligibility determination is separated from direct service provision.
 - Case managers and evaluators of consumers need for services are not related to the individual, their paid caregivers, or anyone financially responsible for the individual.
 - There is robust monitoring and oversight.
 - Clear, well-known and accessible pathways for consumers to submit grievances and/or appeals for assistance regarding concerns about choice, quality, eligibility determination, service provisions and outcomes.
 - Grievances, complaints, appeals and resulting decision are adequately tracked, monitored and used.
 - State quality management staff oversee clinical or non-financial program eligibility determination and service provision business practices to ensure that consumer choice and control are not compromised.
 - State quality management staff track and document consumer experiences with measures that capture the quality of care coordination and case management services.
 - In circumstances when one entity is responsible for providing case management and service delivery, appropriate safeguards and firewalls exist to mitigate risk of potential conflict.
 - Meaningful stakeholder engagement strategies are implemented which include consumers, family members, advocates, providers, state leadership, and case management staff.

- **Continued implementation of Medicaid Targeted Case Management and the new Waiver Case Management service.**
 - DHHS recent changes to MTCM are consistent with moving towards Conflict Free Case Management. DHHS wanted to ensure that MTCM was limited to the four essential functions and was not used for other direct services.
 - DHHS wanted to ensure a choice for individuals receiving MTCM. DDSN was the only system that offered choice of case management providers through the RFP process encouraging enrollment of private providers. For all other state agencies in SC there was no choice of providers for MTCM; it was only provided by state employees.
 - Recent changes to MTCM will expand provider network statewide across all other populations (mental health, alcohol and drug, juvenile justice etc...)
 - DHHS becomes the choice point for MTCM. Providers will no longer be required to go through DDSN's RFP process to provide MTCM to our targeted population groups. Providers will be able to directly enroll with Medicaid to provide this service without any contact with the DDSN system.
 - The majority of DDSN's system has been built around case management and other functions performed by the service coordinator. The service coordinator is at the

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center of many of the agency's business processes. The separation of case management from the RFP and contract processes utilized by DDSN has significant business process implications.

- DDSN will no longer be able to rely on provider service coordinators to perform many essential aspects of our system. Examples include: Intake for DDSN Eligibility Determination and referral process for DDSN services.
 - This also means that DDSN will need to develop mechanisms for other Case Managers who are not part of DDSN's statewide system to access DDSN's array of services.
 - This also means that the agency will likely have less ability to track and maintain information and quality measures on DDSN eligible individuals not in a waiver.
- **Expand employment opportunities**
 - Consumers want real jobs and services must be responsive.
 - New opportunities must be developed to comply with the Final Rule.
 - Traditional workshop settings may not be considered compliant.
 - Development of school to work transition for individuals aging out of the public school system is very important to implementing the Final Rule.
 - Need to establish job recruitment, job coach and job retention for adults with disabilities.

ORGANIZATIONAL PROFILE

III. Laws (Statutes, Regulations, Provisos)

This section asks for state and federal statutes, regulations and provisos ("Laws") which apply to the agency.

1. Please see the completed [Legal Standards Chart](#) on page 43.

IV. Reports and Reviews

This section asks for information about reports the agency is required to submit to a legislative entity and the agency's internal review process.

1. Please see the completed [Agency Reporting Requirements Chart](#) on page 44.
2. Please see the completed [Internal Audit Chart](#) on page 45.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the [Similar Information Requested Chart](#). If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

RESTRUCTURING REPORT

V. Key Performance Measurement Processes (cont.)

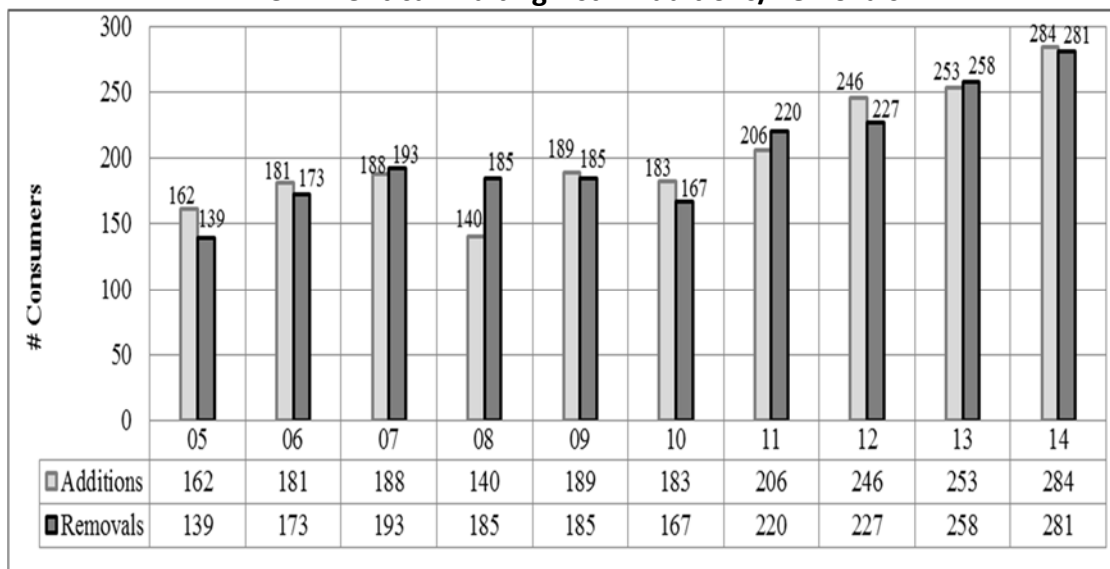
A. Results of Agency’s Key Performance Measurements

Mission Effectiveness

1. What are the agency’s actual performance levels for two to four of the agency’s key performance measurements for mission effectiveness (i.e., a process characteristic indicating the degree to which the process output (work product) conforms to statutory requirements (i.e., is the agency doing the right things?))?

1.A. **Ensuring the needs of eligible individuals in crisis situations were met was the highest priority of the agency.** An effective system is in place to respond quickly to consumers whose situations jeopardize their health, safety and welfare. Examples include the unexpected death or major health concern of a primary caregiver, harm/abuse to a consumer or family, or extreme deterioration of the consumer’s home. Every effort is made to first increase or enhance services in the home to resolve the crisis. Most frequently the situation is so dangerous individuals require out-of-home placement. Throughout the year individuals who meet the established critical criteria are added to the Critical Needs List and then removed upon resolution of their situation. During FY 2014, 284 new individuals were added to the list and 281 individuals were removed.

5.1-1 Critical Waiting List – Additions/Removals



Data Source: Agency Data provided by DDSN

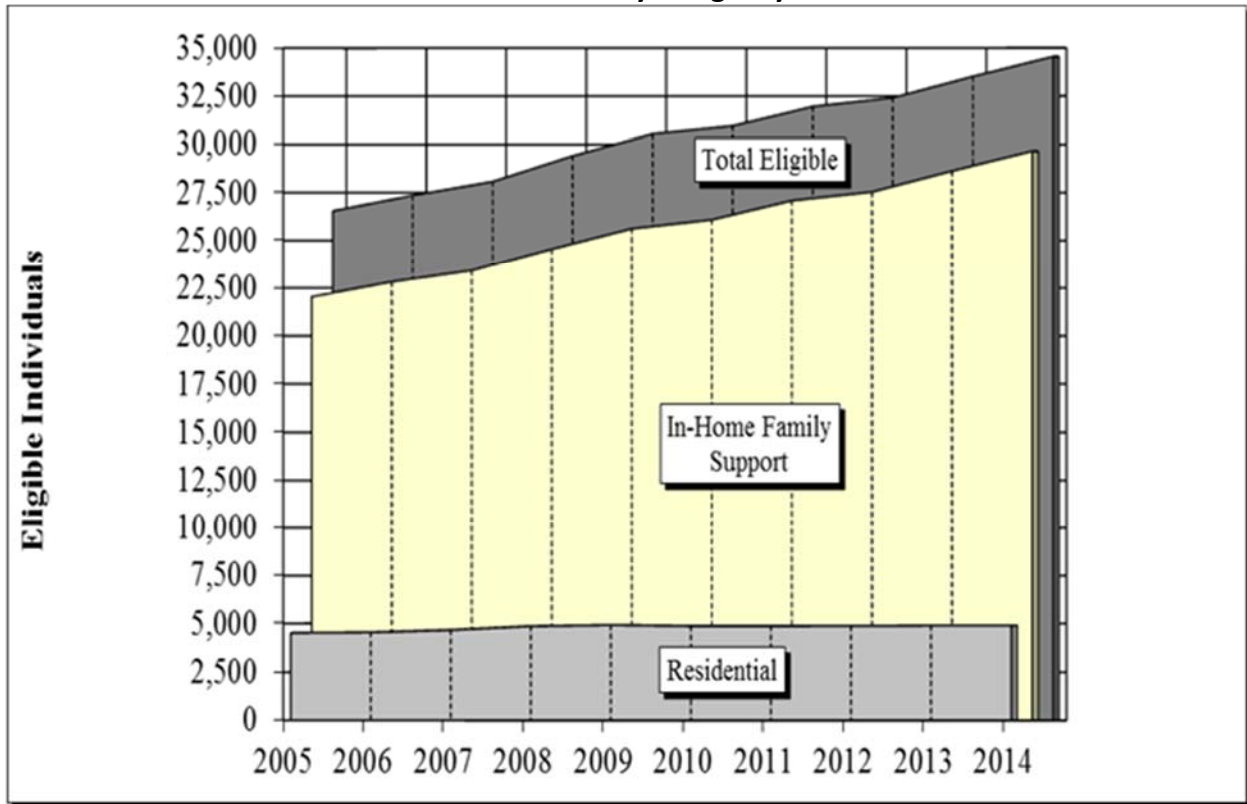
Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

The Associate State Director of Operations and each District Director monitors this weekly. The agency is experiencing an increase in individuals meeting critical circumstances, partial due to increased numbers of aging caregivers and the number of individuals with more complex conditions.

- 1.B. **Serving individuals in the least restrictive environment and offering services to support individuals in their own home/their family's home continued to be a focal point for service delivery.** DDSN emphasizes supporting, not supplanting, families as the primary strategy for serving South Carolinians with disabilities. This philosophy is operationalized through serving consumers in their family homes rather than state funded residential settings. This approach affords a better quality of life for the consumer, is preferred by families, and is also a more cost effective model of service delivery for taxpayers. Of the approximately 34,550 people eligible for DDSN services, including all disability groups, 86 percent live at home with family or in their own home. Based on the latest published national data from the University of Minnesota dated 2011, South Carolina provides individual and family supports to 72 percent of DDSN consumers with developmental disabilities in their homes compared to the national average of only 58 percent and southeastern average of 61 percent.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

5.1-2 Summary of Agency Services



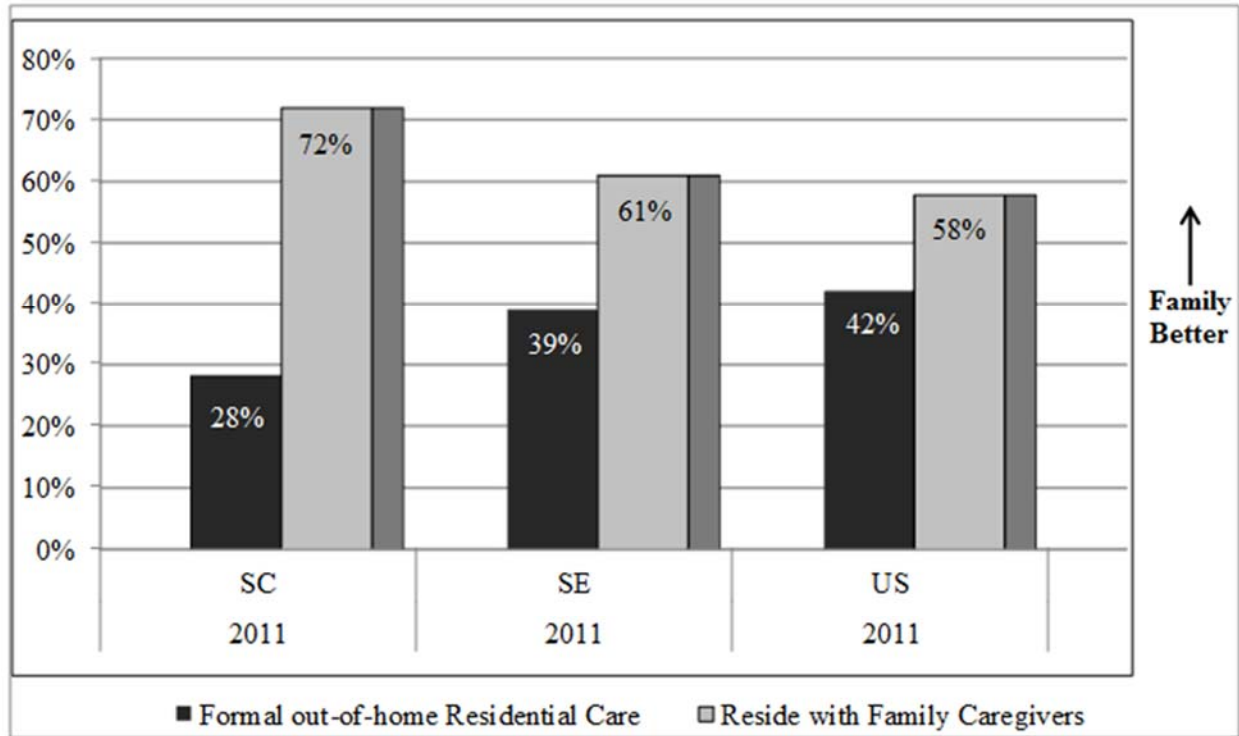
Net Change FY 2005 to 2014	
Total Eligible:	+30.1%
Family Support:	+34.5% (7,608 additional people)
Residential:	+ 8.8% (395 additional people)

Data Source:

Agency Data provided by DDSN

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

5.1-3 Living Arrangements for Persons with Intellectual Disabilities/Related Disabilities (ID/RD) Receiving Services Comparing South Carolina with Southeastern and United States



	Out-of-home residential care	Reside with family caregivers
Georgia	48%	52%
North Carolina	Data Not Furnished	Data Not Furnished

Data Source:

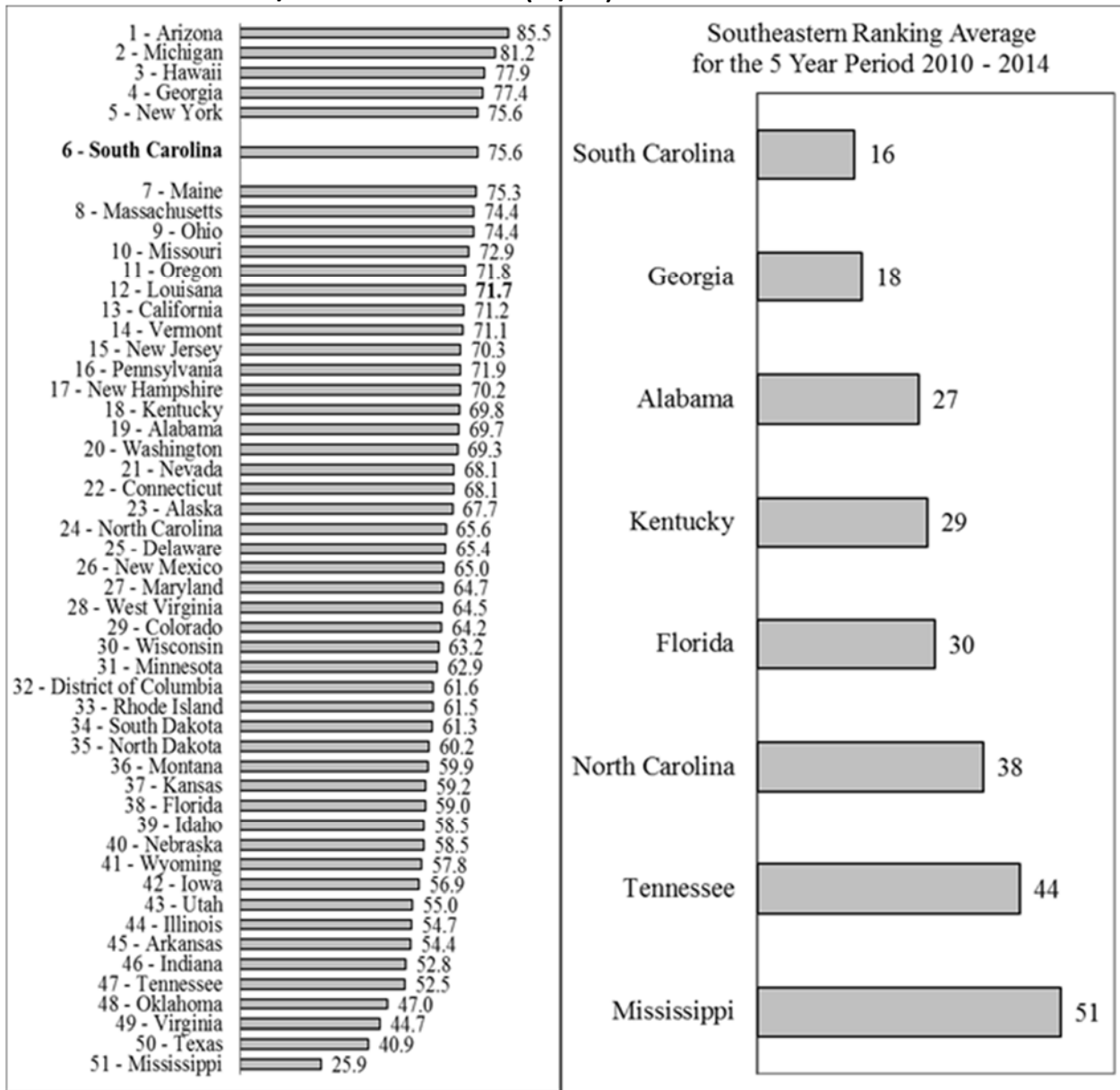
Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota

All processes and efforts are focused on providing appropriate in-home supports. This is monitored regularly by the State Director and Associate State Directors for Policy, Operations and Administration.

- 1.C. **South Carolina ranked 6th nationally in the United Cerebral Palsy 2014 Case for Inclusion report.** UCP annually evaluates all state disability and related Medicaid systems across the country to rank the degree of community inclusion offered to citizens with disabilities. This ranking process utilizes numerous indicators covering a broad scope of areas which directly contribute to improved quality of life for persons with disabilities. South Carolina has ranked the highest among the southeastern states six out of the past nine years and in two of the remaining three years, ranked second. There is always need for improvement but this consistent high-ranking by an independent entity speaks very well of the state’s system of services for people with severe lifelong disabilities.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

5.1-4 UCPs' 2014 Ranking of States' Ability to Create Community – Inclusive Lives for Americans with Intellectual Disabilities/Related Disabilities (ID/RD)



Data Sources:

The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2009, 2010, 2011, 2012 and 2013 published by United Cerebral Palsy

This report is monitored annually by entire senior management.

Mission Efficiency

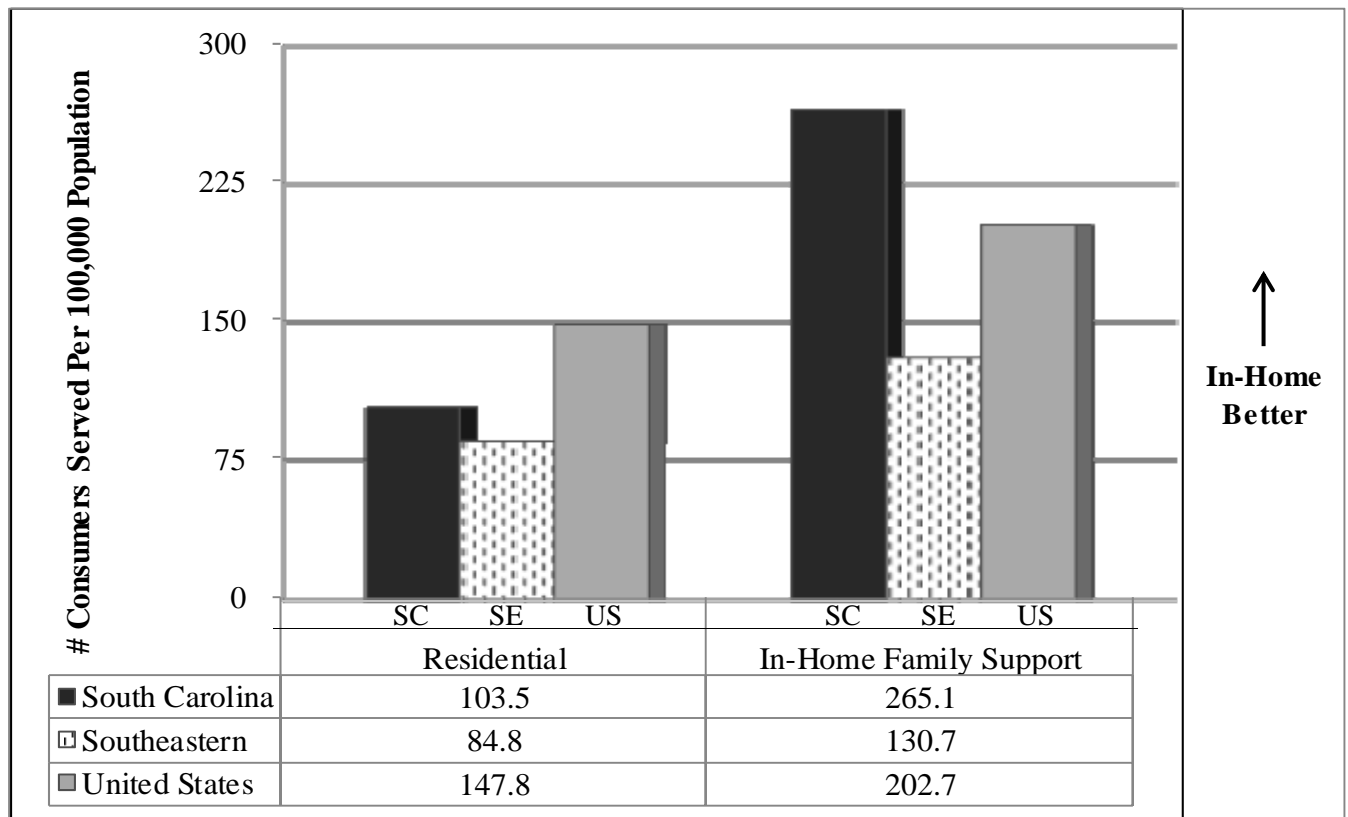
2. What are the agency's actual performance levels for two to four of the agency's key performance measurements for mission efficiency (i.e., a process characteristic indicating the degree to which the process produces the required output at minimum resource cost

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

(i.e., is the agency doing things right?)) including measures of cost containment, as appropriate?

- 2.A. **DDSN places a strong emphasis on the more cost-effective services provided to consumers living with family members rather than costly out-of-home residential services.** This graph reflects the number of persons per 100,000 general population receiving in-home family support services and out-of-home residential services. Compared to the National average, DDSN serves 31% more persons with less expensive in-home family supports. Utilization of this service delivery strategy has enabled DDSN to serve proportionately more persons with disabilities than are served in other states. (South Carolina’s number of people served with in-home family support includes children receiving BabyNet services.)

5.2-1 Type of Service and Proportionate Number of Persons with Intellectual Disabilities/Related Disabilities (ID/RD) Served (Consumers) Comparing South Carolina with Southeastern and United States



Georgia	63.1	69.4
North Carolina	Data Not Furnished	Data Not Furnished

Data Source:

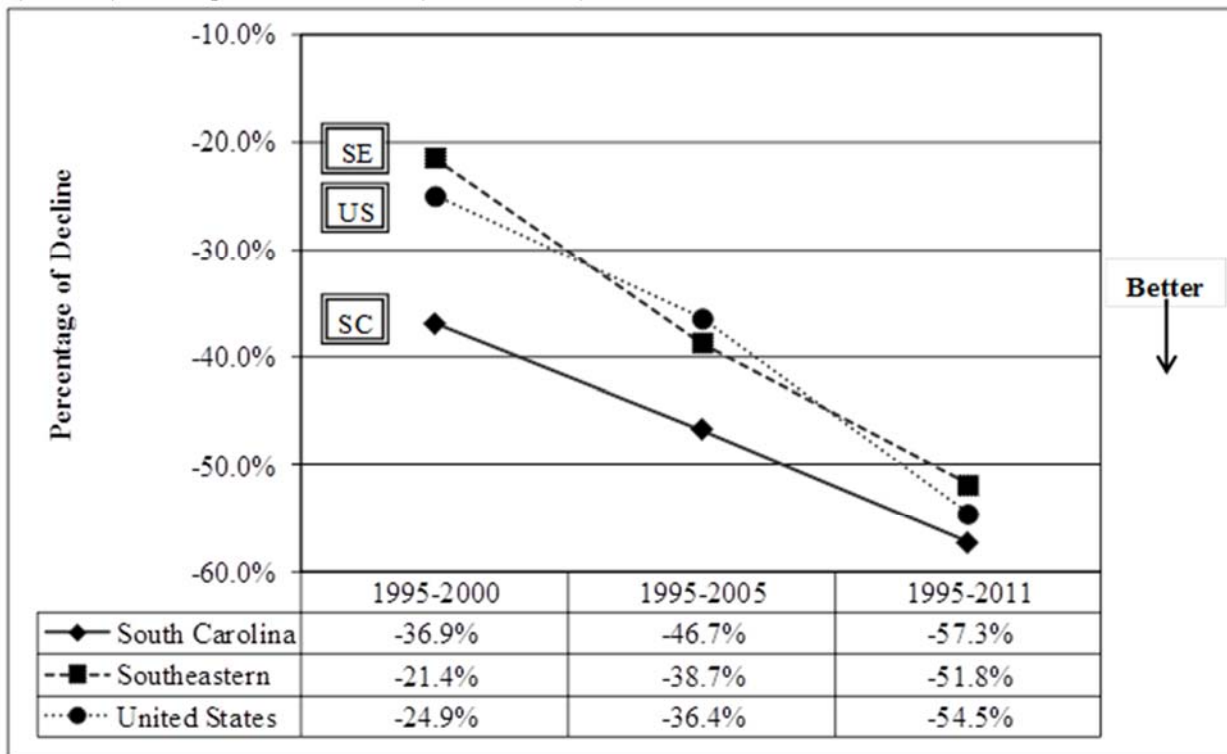
Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

All processes and efforts are focused on providing appropriate in-home supports. This is monitored regularly by the State Director and Associate State Directors for Policy, Operations and Administration.

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

5.2-2 Average Daily Population of Persons with Intellectual Disabilities/Related Disabilities (ID/RD) In Regional Centers (Institutions)

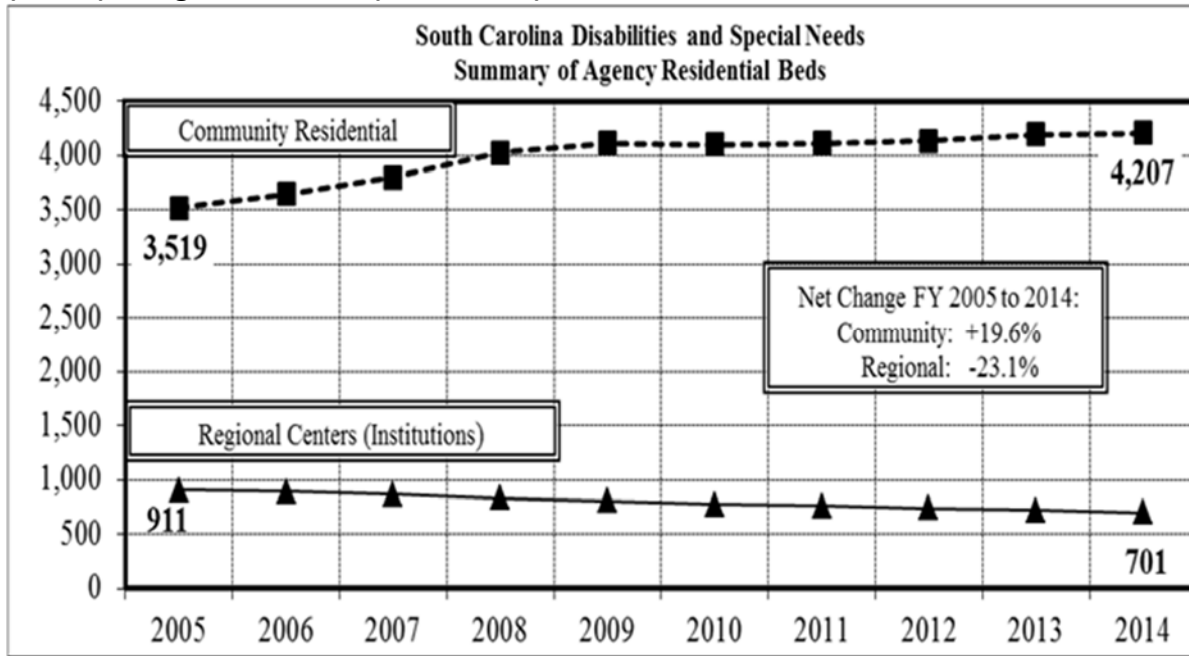


Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011 published by The University of Minnesota

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5.2-3 Average Daily Population of Person with Intellectual Disabilities/Related Disabilities (ID/RD) In Regional Centers (Institutions)



Data Source: Agency data provided by DDSN

The Associate State Director for Operations and District Directors monitor this monthly.

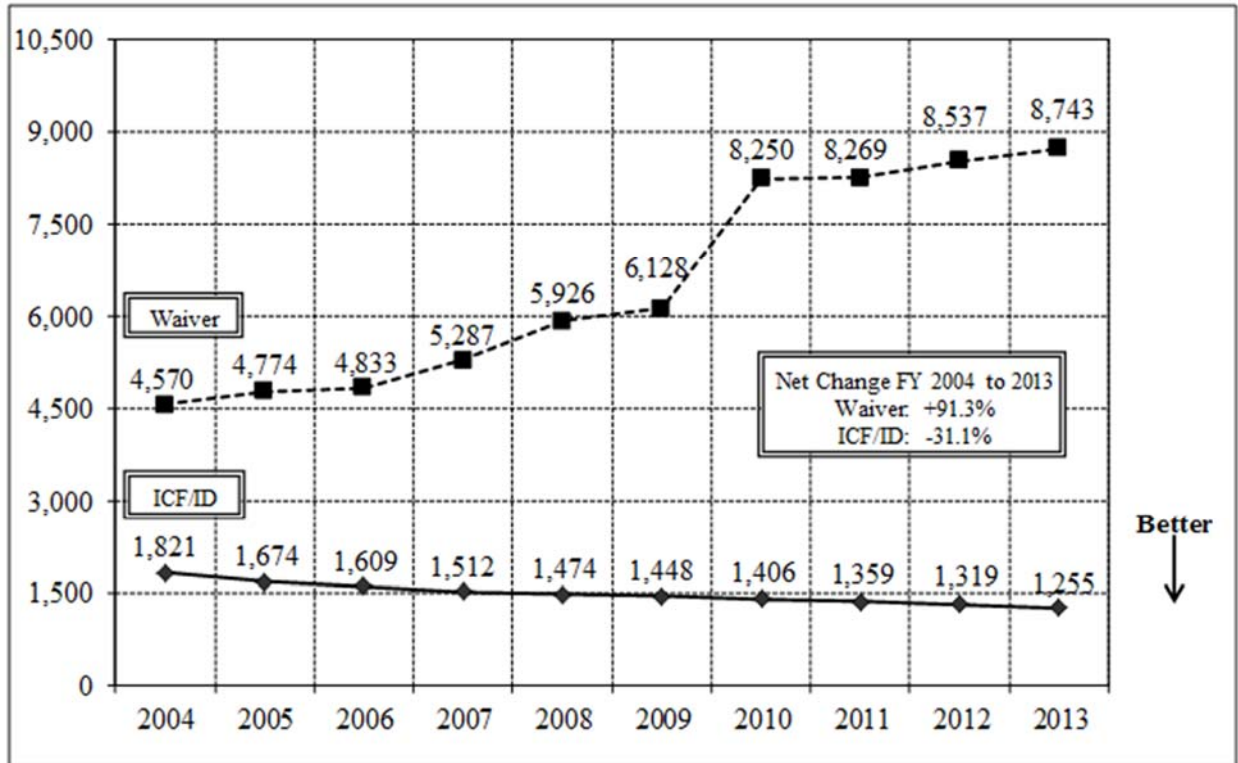
2.C. **DDSN provides services to consumers based on their choice of either institutional (ICF/ID) or home and community based waiver services.** Consumer demand for institutional care (the ICF/ID), the most expensive and most restrictive option, has decreased by 31% since 2004, while the demand for waiver services has increased by 91%. In response to this demand, DDSN designed and implemented home and community based options. These options also facilitate people moving from ICFs/ID, prevent people from having to move into ICFs/ID and are cost-efficient. DDSN designed and began operating three home and community based waivers as follows:

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

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

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5.2-4 Delivery of Services per Consumer Choice Home and Community Based Settings (Waiver) Versus Institutional (ICF/ID)



Data Source: Agency data provided by DDSN

All Associate State Directors monitor this monthly.

Quality (Customer Satisfaction)

3. What are the agency’s actual performance levels for two to four of the agency’s key performance measurements for quality (i.e., degree to which a deliverable (product or service) meets customer requirements and expectations (a customer is defined as an actual or potential user of the agency’s products or services)) for the agency as a whole and for each program listed in the agency’s Major Program Areas Chart?

3.A. **Implementing the agency’s plan to prevent and limit unnecessary institutional placement is consistent with the US Olmstead ruling.** The critical case review process is a primary method utilized to prevent unnecessary institutionalization. All requests for critical status were reviewed and individual solutions were developed as appropriate ranging from increased in-home supports to community residential placement. No one was admitted as a resident to one of the regional centers as a result of state funding limitations.

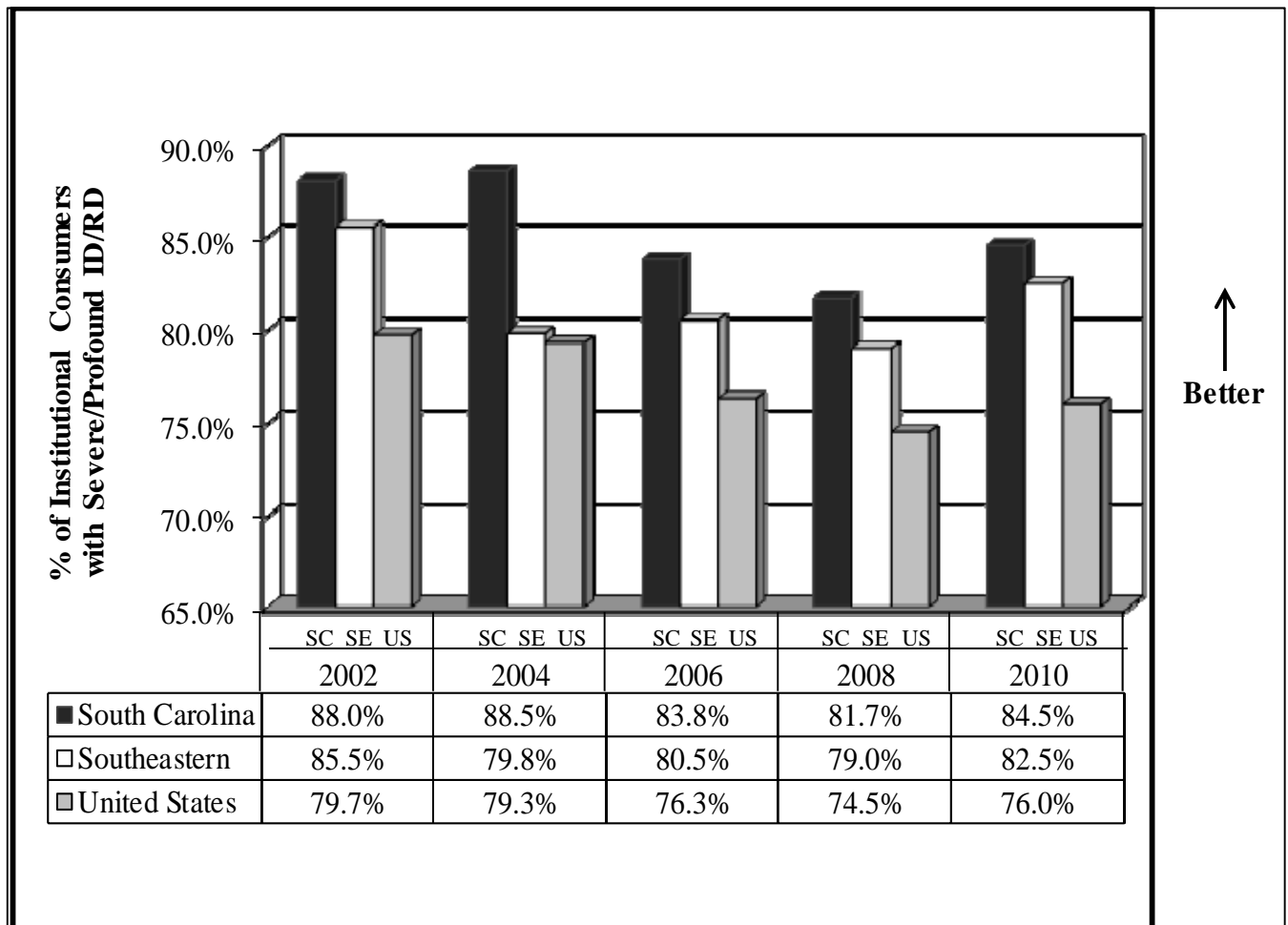
Over the past fiscal year, 34 residents who expressed a desire to move to the community have moved successfully to community placements. Similarly, vigorous efforts were taken to minimize the number of consumers residing in private boarding homes. There was an 8.6

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percent reduction in the number of DDSN eligible consumers residing in private boarding homes compared to last year. The number of DDSN eligible consumers residing in generic boarding homes is 32 percent below the national average.

The Regional Centers’ net census declined by 2.8 percent during the year. **Ongoing efforts assure that only those individuals with the most significant and complex needs reside at the Regional Centers.** Approximately 84.5 percent of the individuals residing at DDSN’s Regional Centers have severe or profound disabilities whereas only 76 percent of individuals served in similar facilities in other states have severe or profound disabilities. Only individuals requiring specialized or short-term care were admitted to the Regional Centers during the FY 2014 period, not including respite stays. This quickly removes them from harm’s way or from being left at a hospital or other inappropriate setting. Admissions to the Regional Centers are extremely limited and often on a short-term basis as a result of a crisis until accommodations in the community can be arranged or the crisis at home is resolved.

**5.3-1 Level of Intellectual Disability of Consumers Residing in Regional Centers (Institutions)
Comparing South Carolina with Southeastern and United States**



Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

Data Sources:

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

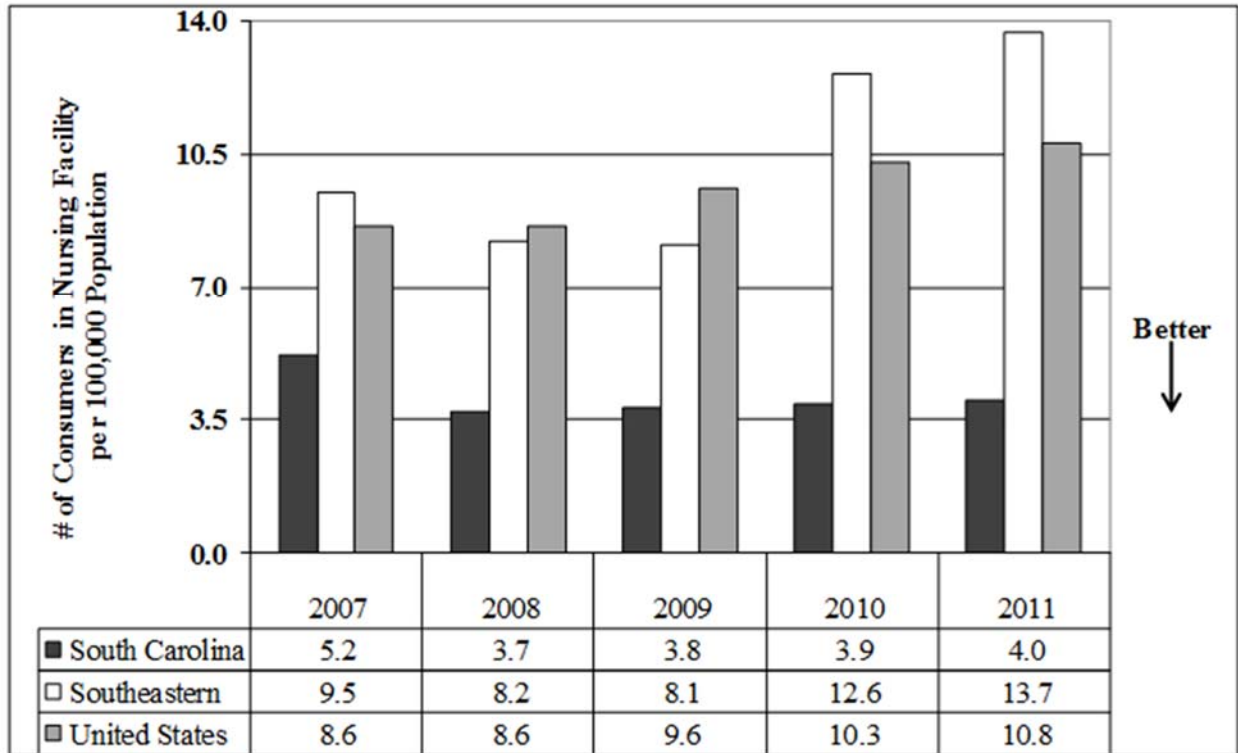
The measure is monitored periodically by the State Director, the Associate Director of Operations and the District Directors.

- 3.B. **DDSN's rate of consumers with developmental disabilities placed in nursing homes has been much lower than the United States and Southeastern average rates for many years.** In South Carolina, just 4.0 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities compared to 10.8 per 100,000 nationally.

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

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

5.3-2 Rate of Consumers with Developmental Disabilities Placed in a Nursing Facility per 100,000 Population South Carolina compared with Southeastern and United States



Georgia	16.5	16.1	9.8	7.7	15.2
North Carolina	4.7	4.3	10.1	44.6	43.9

Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2007, 2008, 2009, 2010 and 2011 published by The University of Minnesota

The measure is monitored periodically by the State Director, the Associate Director of Operations and the District Directors.

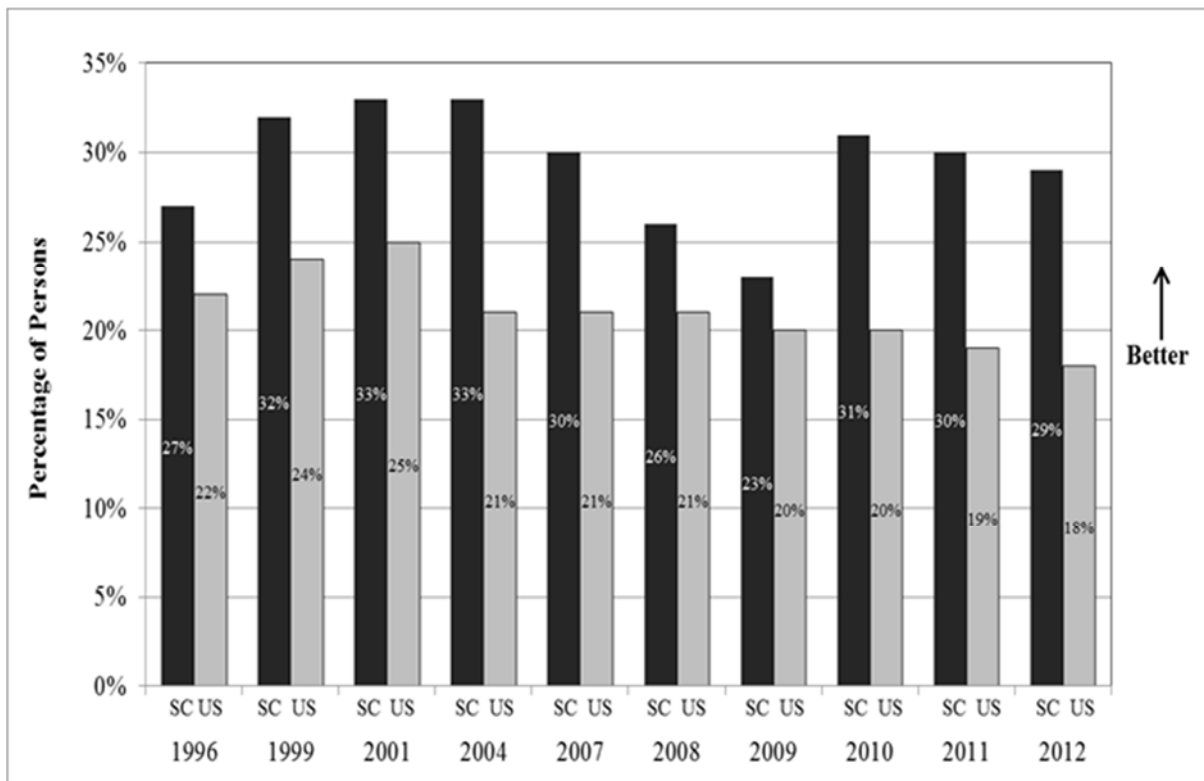
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3.C. In South Carolina 34.5% of people with an intellectual disability and related disability (ID/RD) live below the poverty line which is comparable to the National average of 34%. To address this, DDSN uses strategies and practices which focus on integrated, community based employment as the desired outcome for individuals with ID/RD.

The percentage of people served by ID/RD agencies in integrated, community based employment across the country is 19% compared to 30% in South Carolina.

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

5.3-3 Percentage of Persons with Intellectual Disabilities/Related Disabilities (ID/RD) Served in Integrated Employment Comparing South Carolina with United States



Data Source:

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

This measure is monitored by the Associate State Director of Policy and Operations at least annually.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

Workforce Engagement

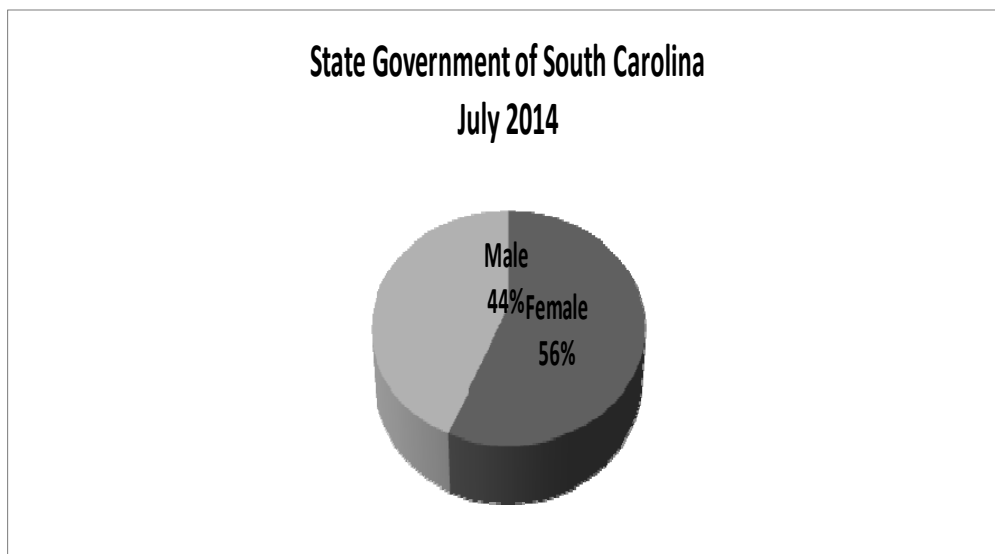
4. What are the agency's actual performance levels for two to four of the agency's key performance measurements for workforce engagement, satisfaction, retention and development of the agency's workforce, including leaders, for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?

- 4.A. **Retention of nurses and direct care staff is a challenge.** A limited compensation structure in highly competitive areas was identified as a contributing factor. The agency has been delegated authority by the State Office of Human Resources to offer salaries to nurses at or above the midpoint of established pay-bands in response to the intense competition to hire qualified staff. While this flexibility is good, the agency must still manage within its overall limited resources. Last year, the agency's efforts yielded a statewide average turnover of 1.6 percent.

This measure is monitored by the State Director, the Associate State Director of Operations, the Associate State Director of Administration and the Director of Human Resources quarterly or as needed.

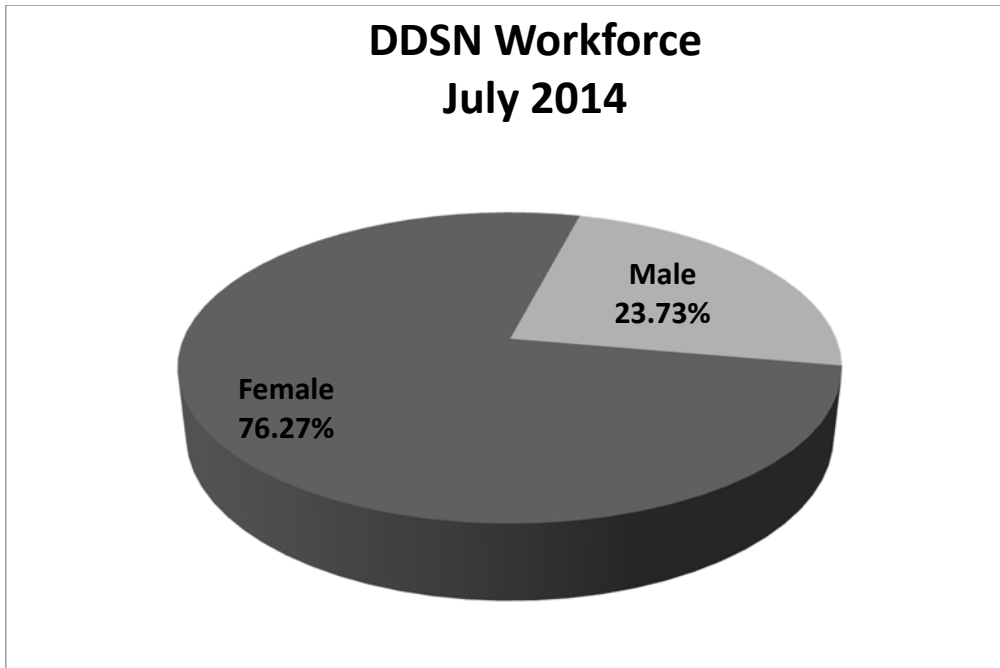
- 4.B. **Recruitment efforts are directed toward ensuring the maintenance of a capable, satisfied and diverse workforce and to implement a successful affirmative action plan.** DDSN's workforce reflects diversity as African-American and other ethnic minority groups make up almost 75 percent and women comprise 79 percent of the total workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool. These include posting vacancies on the State Government online job site, utilization of a wide range of online and classified advertisements, professional journals, community publications, and road signage.

4.2-1

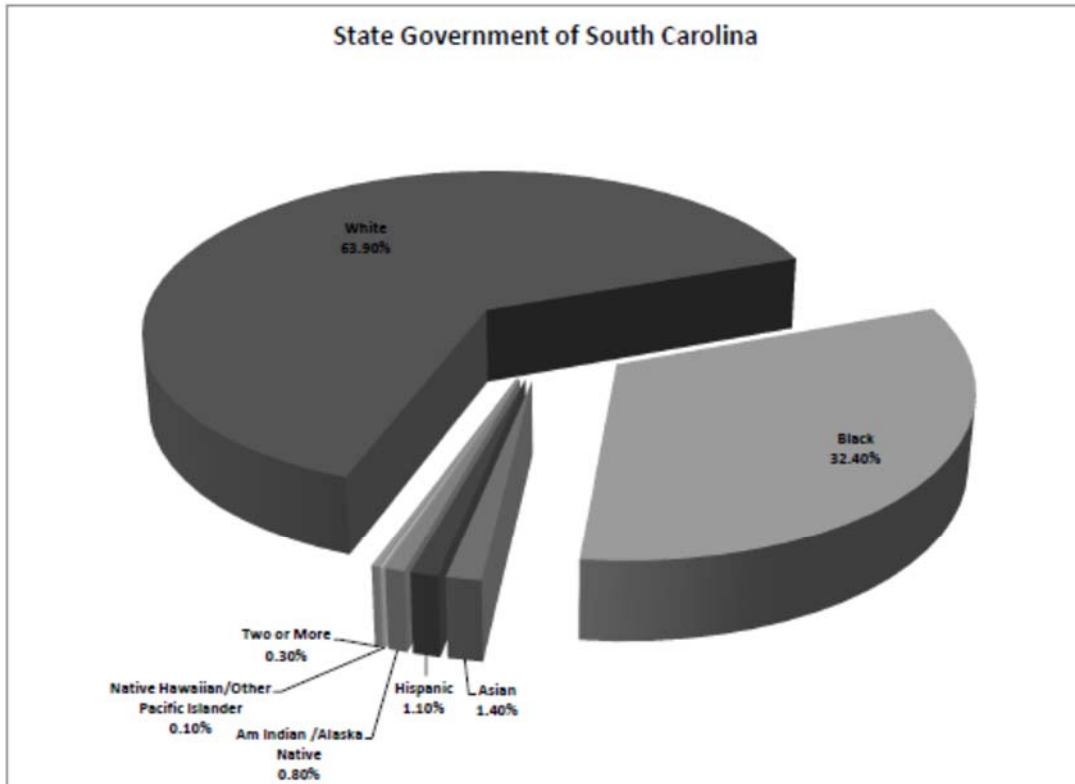


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4.2-2

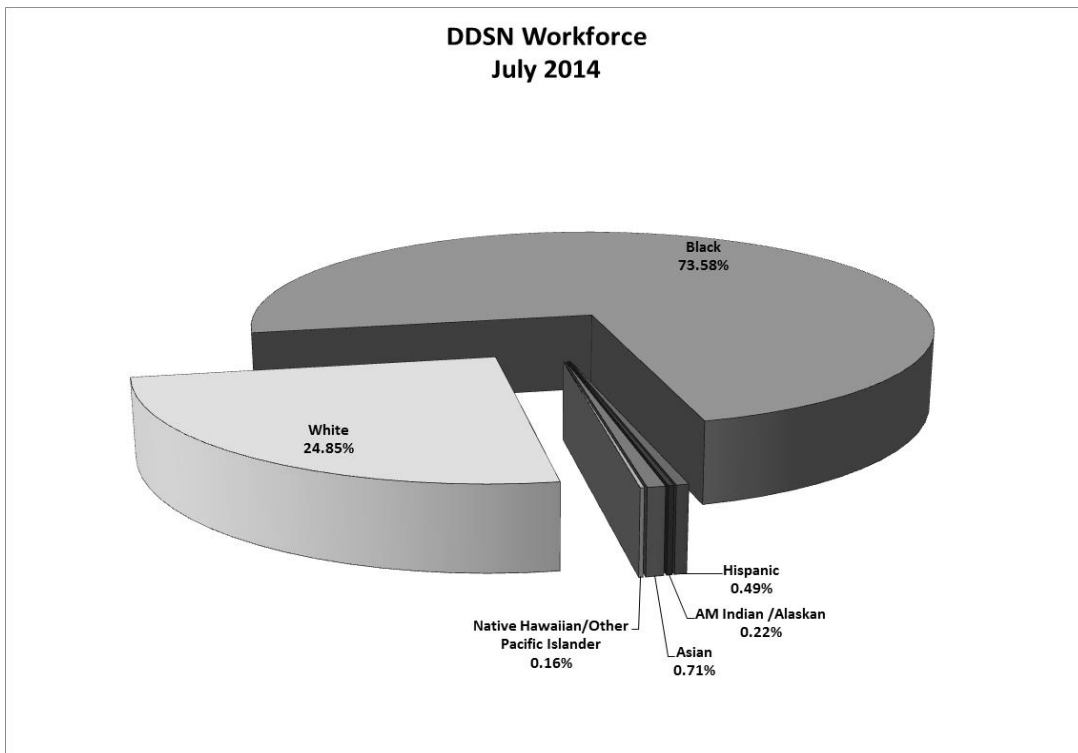


4.2-3



Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

4.2-4



Data Sources:

State of South Carolina data provided by South Carolina Enterprise Information System Fiscal Year 2014
SCDDSN data provided by South Carolina Enterprise Information System Fiscal Year 2014

This measure is monitored by the State Director and the Director of Human Resource at least annually.

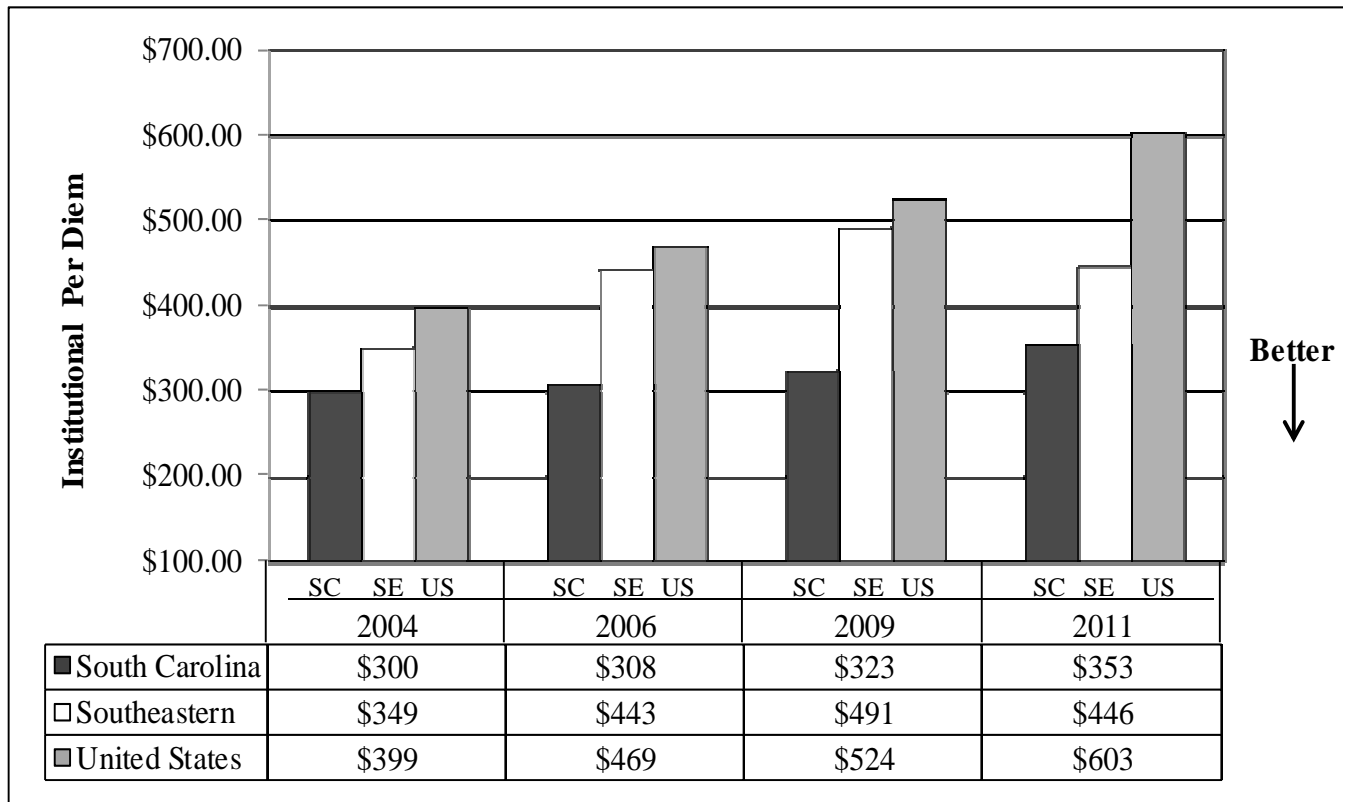
Operational/Work System Performance

5. What are the agency's actual performance levels for two to four of the agency's key performance measurements for operational efficiency and work system performance (includes measures related to the following: innovation and improvement results; improvements to cycle or wait times; supplier and partner performance; and results related to emergency drills or exercises) for the agency as a whole and for each program listed in the agency's Major Program Areas Chart?

5.A. **DDSN maintained its Regional Center per diems below national averages.** The agency maintained the health and safety and met the needs of regional center residents with one of the lowest per diem rates in the country. The Regional Centers' per diems are below \$353 per day when the national average is \$603 per day based on most recent data (2011). South Carolina's institutional per diem is far less than the United States or even the southeastern average. DDSN's institutional rate is 59 percent of the national average rate. This is very important because institutional care is the most expensive service.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

5.5.1 Institutional Per Diem Comparing South Carolina with Southeastern and United States



Georgia	\$225	\$384	\$207	\$258
North Carolina	\$385	\$472	\$476	\$468

Data Source:

The State of the States in Developmental Disabilities: 2006, 2008, 2011 and 2013 published by The University of Colorado

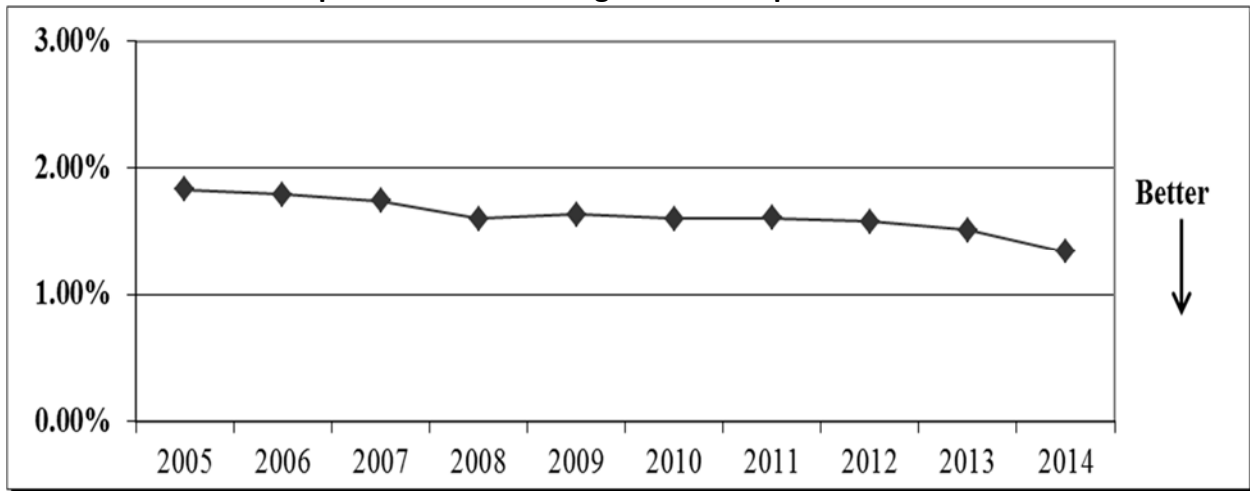
This measure is monitored by the Associate State Director for Administration, the Budget Director and the Associate Director of Operations at least twice per year.

5.B. DDSN’s current administrative cost remained below two percent of the overall budget.

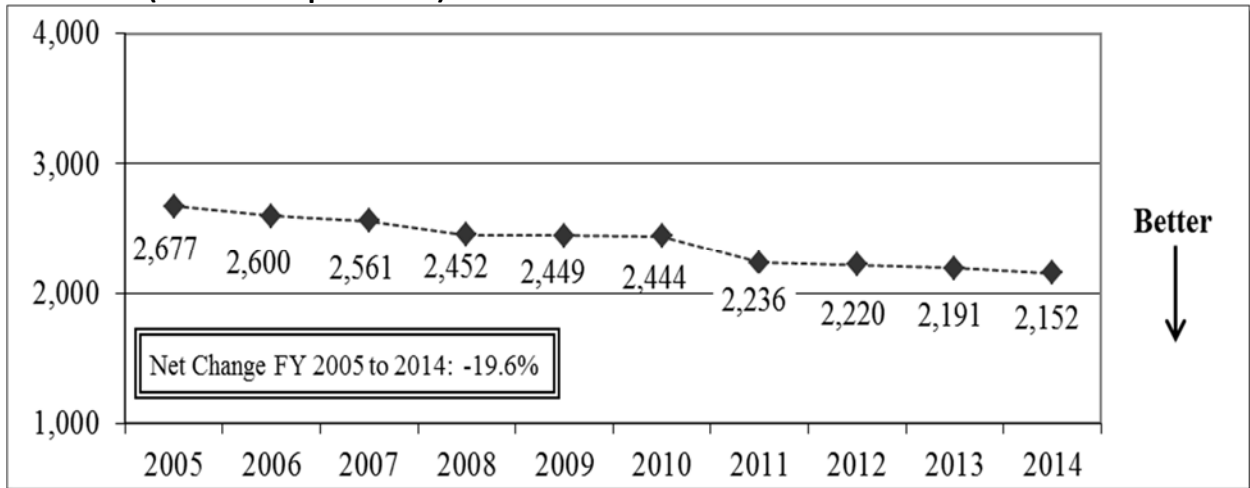
Resources are shifted from administration to service priorities whenever possible. Central Office administrative expenses have remained at less than two percent of total expenses even though there has been an increase in the need for services and in the number of people served, an increased scope of services and increased federal and state compliance requirements. FTEs are realigned to support core services and meet operation needs.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

5.5-2 Administration Expenses as a Percentage of Total Expenses



5.5-3 FTEs (Full-time Equivalents)



Data Sources:

Figure 7.1-15 - Agency data provided by DDSN

Figure 7.1-16 - Agency data provided from Appropriations Act for Fiscal Year 2015

This measure is monitored by the State Director, the Associate State Director for Administration, and the Budget Director at least annually.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

RESTRUCTURING REPORT

V. Key Performance Measurement Processes (cont.)

B. Most Critical Performance Measures

1. Of the key performance measurement processes listed in Subsection A., which are the three most critical to achieving the overall mission of the agency?
 1. Protect the health and safety of individuals served by identifying and resolving crisis situations.
 2. Support individuals in their own home, independently or with family, whenever possible.
 3. Serve individuals requiring residential services in the least restrictive environment.

C. Databases/Document Management

1. List all electronic databases/document management/business intelligence systems or programs utilized by the agency, including, but not limited to all relational database management systems.

Databases

1. IBM DB2 Housed at State Data Center runs CDSS DDSN's consumer management system
2. Microsoft SQL server used for various small things but mostly holds archived Personnel system data (PSS)
3. Microsoft access used throughout the agency
4. Therap system. It is new Software as a service system. This system is being phased in and will eventually replace the CDSS.

Document management

1. ON-Base Housed at State Data Center. Used to image our consumer paper file. Just starting to implement this.

Business intelligence

1. Actuate. Housed at State Data Center used for reporting on data housed in the CDSS and Microsoft SQL server.

D. Recommended Restructuring

Consider the process taken to review the agency's divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report ("Process").

- a. There are no recommendations to merge or eliminate current divisions or programs at this time. All efforts are made to redirect savings from efficiencies into direct services and improved quality of care. Personnel are deployed to meet the core functions and operational needs as required.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

VI. Seven-Year Plan

A. General

1. Yes or No, does the agency have a plan that provides initiatives and/or planned actions the agency will take during the next seven fiscal years that implement cost savings and increased efficiencies of services and responsibilities in order to continually improve its ability to respond to the needs of the state's citizens?

If yes, go to Current/Recommended Actions Section.

If no, skip Current/Recommended Actions Section and go to Additional Questions.

The agency has an overall management plan that is reviewed at least annually. This includes a requirement that any FTE vacancy that is not a direct care staff position requires prior approval of the State Director to authorize recruitment. All administrators are expected to reduce administrative costs. All purchases are carefully reviewed. Travel is limited. Overnight travel and out-of-state travel require prior approval. Many positions impacted by the unprecedented state fund reductions have not been filled. Current employees continue to wear multiple hats to ensure essential functions and duties are carried out. All resources available to the agency are maximized to provide services to those individuals with the greatest needs and serve as many individuals as possible.

Now go to Additional Questions.

VI. Seven-Year Plan (cont.)

C. Additional Questions

1. What top three strategic objectives of the agency will have the biggest impact on the agency's effectiveness in accomplishing its mission?
2. What are the fundamentals required to accomplish the objectives?

Key strategic objectives and fundamentals required to accomplish the objectives.

1. Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families utilizing cost-effective strategies.

- a. Redesign and expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists.
- b. Promote and encourage choice of service providers and allow consumers to select services they need from qualified providers they prefer within individually assessed resource limits.
- c. Provide information on service resources, requirements and options to individuals and families.
- d. Increase the proportion of community integrated options for persons in regional centers and in the community pursuant to the Olmstead U.S. Supreme Court decision.
- e. Maximize state and federal resources by using more efficient service models.
- f. Coordinate and partner with other agencies in areas of mutual interest to maximize resources and to avoid duplication.

2. Implement service and system changes to be compliant with new Federal Final Rule and State Medicaid requirements.

- a. Design and develop more community integrated services and supports.
- b. Expand employment services in more competitive integrated settings.
- c. Increase consumer choice and control.
- d. Implement Conflict Free Case Management while continuing implementation of Medicaid Targeted Case Management and the new Waiver Case Management Service.
- e. Partner with DHHS to implement DDSN no longer being Provider of Record for Medicaid Services.
- f. Partner with DHHS to develop capacity to accommodate service provider choice to direct bill Medicaid.

3. Maintain accountability to all citizens of South Carolina by strengthening quality of services.

- a. Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.
 - b. Continue to track and analyze performance data and trends in support of quality improvement initiatives.
 - c. Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.
 - d. Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.
3. What links on the agency website, if any, would the agency like listed in the report so the public can find more information about the agency?
4. Is there any additional information the agency would like to provide the Committee or public?
5. Consider the process taken to review the agency's divisions, programs and personnel to obtain the information contained in response to all the previous questions in the Restructuring Report and Seven-Year Plan ("Process"). State the total amount of time taken to do the following:
- a. Complete the Process – Approximately 48 hours
 - b. Complete this Report – Approximately 100 hours
6. Please see the completed [Personnel Involved Chart](#) on page 46.

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the [Similar Information Requested Chart](#). If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

CHARTS APPENDIX

VII. Excel Charts

Please send an electronic copy of the entire Excel Workbook and print hard copies of each of the Charts to attach here. Please print the charts in a format so that all the columns fit on one page. Please insert the page number each chart begins on below.

Historical Perspective Chart _____	Page 35
Purpose, Mission Chart _____	Page 36
Key Products Chart _____	Page 37
Key Customers Chart _____	Page 38
Key Stakeholders Chart _____	Page 39
Key Partner Agency Chart _____	Page 40
Overseeing Body Chart (General and Individual Member) _____	Page 41
Major Program Areas Chart _____	Page 42
Legal Standards Chart _____	Page 43
Agency Reporting Requirements Chart _____	Page 44
Internal Audits Chart _____	Page 45
Personnel Involved Chart _____	Page 46

Does the agency already provide the information requested on this page, or similar information, in a report required by another entity? If yes, add the appropriate information to the **Similar Information Requested Chart**. If the agency looks in the Excel document attached, there is a template for the agency to complete for any questions which ask for the same information under the tab labeled, "Similar Info Requested."

INSTRUCTIONS: List all reports, if any, the agency is required to submit to a legislative entity. Beside each include the following under the appropriate column: a) Name of the report; b) Legislative entity that requires the report; c) Law(s) that require the agency to provide the report; d) Stated legislative intent (from legislative entity, statute, regulation or other source) in providing the report; e) Frequency with which the report is required (i.e. annually, monthly, etc.); f) Approximate year the agency first started providing the report; g) Approximate cost to complete the report and any positive results from completing and submitting the report; and h) Method by which the agency receives, completes and submits the report (i.e. receive via emailed word document; log into or open program, enter data and click submit; etc.). Included below are examples of reports the agency may have to submit. The example does not include information in the columns under # of staff needed to complete the report; approx. total amount of time to complete the report and approx. total cost to complete the report, however the agency must complete these columns when submitting this chart in final form. Please delete the example figures before submitting this chart in final form, unless it applies to the agency, in which case ensure the information about those reports is complete. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Report Name	Legislative Entity Requesting Report	Law Requiring Report	Stated Intent of Report	Year First Required to Complete Report	Reporting Freq.	# of Days in which to Complete Report	Month Report Template is Received by Agency	Month Agency is Required to Submit the Report	Cost to Complete Report			Positive Results of Reporting	Method in which Report Template is Sent to Agency (i.e. via email;	Format in which Report Template is Sent to Agency	Method in which Agency Submits Completed Report (i.e. email; mail; click submit on web based form; etc.)	Format in which Agency Submits Completed Report (word, excel, etc.)
											# of Staff Members Needed to Complete Report	Approx. Total Amount of time to Complete Report	Approx. total Cost to Agency to Complete (considering staff time, etc.)					
SCDDSN	1	Restructuring Report	House Legislative Oversight Committee	1-30-10(G)(1)	Increased Efficiency	2015	Annually	30	February	March	17	100 hours	\$5,800.00	Accountability Transparency	Email and Hardcopy	Word and Excel	Email and Hardcopy	Word and Excel
SCDDSN	2	Accountability Report	Executive Budget Office	Appropriation Act Proviso	Accountability and Transparency	1992	Annually		July/August	September	20	25 hours	\$1,375.00	Accountability Transparency	Email	Email	Email and Hardcopy	Word
SCDDSN	3	Restructuring Report	Office of Senate Oversight	1-30-10(G)	Implement Cost Savings and Increased Efficiencies	2015	Annually				5	10 hours	\$400.00	Accountability Transparency	Email	Email	Email and Hardcopy	Word
SCDDSN	4	Debt Collection	General Assembly and SIG	Appropriation Act Proviso	Report Outstanding Debt		Annually			February	2	10 hours	\$1,000	Transparency			Email and Hardcopy	Word
SCDDSN	5	Fines and Fees	General Assembly	Appropriation Act Proviso	Promote Accountability and Transparency		Annually			September	2	8 hours	\$800.00	Transparency			Email	Word
SCDDSN	6	IMD Operations	General Assembly	Appropriation Act Proviso	Report Expenditures		Annually			November	3	4 hours	\$200.00	Transparency			Hardcopy	
SCDDSN	8	Pervasive Developmental Disorder	General Assembly	Appropriation Act Proviso	Report on PDD Program	2007	twice per year		N/A	N/A	5	8 hours	\$450.00	Accountability Transparency			Hardcopy	
SCDDSN	9	Bank Account Transparency and Accountability	General Assembly	Appropriation Act Proviso	Transparency of composite reservoir accounts	2012	Annually		August/September	October	2	10 hours	\$1,000.00	Transparency	Email	Email	Email	Word
SCDDSN	10	First Steps - BabyNet	General Assembly	Appropriation Act Proviso	Federal compliance/Report of expenditures		Quarterly			N/A	5	13 hours	\$225.00	Accountability Transparency			Email	Word
SCDDSN	11	Information Technology and Information Security Plans	General Assembly	Appropriation Act Proviso	State-level Coordination	2014			August/September	October	8	36 hours	\$1,400.00	State-level Coordination	Email	Email	Email	Word

INSTRUCTIONS: List the name of all personnel at the agency who were consulted or performed work to obtain the information utilized when answering the questions in these reports, their title and their specific role in answering the question (i.e. searched the agency documents, asked for information because they are in charge of the department, etc.) Please delete the example information and instructions row before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name	Phone	Email	Department/Division	Title	Question	Role in Answering Question
SCDDSN	Alston, Dexter	803-898-9706	dalston@ddsn.sc.gov	Information Technology	Information Security Officer	IT	Provided information
SCDDSN	Beck, Susan	803-898-9650	sbeck@ddsn.sc.gov	Policy	Associate State Director	Services and Charts	Provided information
SCDDSN	Blake-Sayers, Deirdre	803-898-9605	dblake@ddsn.sc.gov	Human Resources	Director	Charts	Provided information and prepared charts
SCDDSN	Buscemi, Beverly	803-898-9769	bbuscemi@ddsn.sc.gov	Executive	State Director	Overall	Provided information
SCDDSN	Caballero, Gloria	803-898-9719	gcaballero@ddsn.sc.gov	Information Technology	Director-Systems Development	IT	Provided information
SCDDSN	Delaney, Sandra	803-898-9769	sdelaney@ddsn.sc.gov	Executive	Administrative Coordinator	Overall	Prepared report
SCDDSN	Foshee, David	803-898-9781	dfoshee@ddsn.sc.gov	Information Technology	Director	IT	Provided information
SCDDSN	Gahagen, Deborah	803-898-9743	dgahagen@ddsn.sc.gov	Executive	Administrative Coordinator	Charts	Prepared report
SCDDSN	Goodell, David	803-898-9646	dgoodell@ddsn.sc.gov	Operations	Associate State Director	Services and Charts	Provided information
SCDDSN	Honey, Colleen	803-898-9756	choney@ddsn.sc.gov	Executive	Administrative Coordinator	Charts	Prepared report
SCDDSN	Park Mole, Lois	803-898-9743	lpmole@ddsn.sc.gov	Government/Community Relations	Director	Overall	Provided information
SCDDSN	Rumbaugh, Nancy	803-898-9740	nrumbaugh@ddsn.sc.gov	Budget	Budget Manager	Services and Charts	Provided information and prepared charts
SCDDSN	Taylor, Martin	803-898-9698	mtaylor@ddsn.sc.gov	Finance	Director	Charts	Provided Information
SCDDSN	Vanderbilt, Tana	803-898-9683	tvanderbilt@ddsn.sc.gov	Legal	General Counsel	Legal	Provided information
SCDDSN	Waring, Tom	803-898-9792	twaring@ddsn.sc.gov	Administration	Associate State Director	Services and Charts	Provided information
SCDDSN	Weeks, Lisa	803-898-9795	lweeks@ddsn.sc.gov	Budget	Director	Services and Charts	Provided information and prepared charts
SCDDSN	Yacobi, Kevin	803-898-9690	kyacobi@ddsn.sc.gov	Audit	Director	Audit	Provided information and prepared charts

Agency Name:
Agency Code:
Agency Section:

Similar Information Requested Chart

INSTRUCTIONS: Please provide details about other reports which investigate the information requested in the Restructuring Report. This information is sought in an effort to avoid duplication in the future. In the columns below, please list the question number in this report, name of the other report in which the same or similar information is requested, section of the other report in which the information is requested, name of the entity that requests the other report and frequency the other report is required. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Restructuring Report Question #	Name of Other Report	Section of Other Report	Entity Requesting Report	Freq. Other Report is Required

INSTRUCTIONS: Please provide information about any restructuring or major changes in the agency's purpose or mission **during the last ten years**. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Year	Description of Restructuring that Occurred	Description of Major Change in Agency's Purpose or Mission
DDSN	1993	Dept. of Mental Retardation became Dept. of Disabilities and Special Needs	The agency's mission was expanded to include responsibilities for three new disability populations - Autism, Traumatic Brain Injury and Spinal Cord Injury in addition to responsibility for intellectual disabilities and related disabilities.

INSTRUCTIONS: Provide information about the date the agency, in its current form, was initially created and the present purpose, mission and vision of the agency, with the date each were established in paranethesis. The Legal Standards Cross Reference column should link the purpose, mission and vision to the statutes, regulations and provisos listed in the Legal Standards Chart, which they satisfy.

Agency Submitting Report	Date Agency created	Purpose	Mission	Vision	Legal Standards Cross References
DDSN	July 1, 1993	The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including intellectual disabilities and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.	Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention.	To provide the very best services to assist persons with disabilities and their families in South Carolina	Purpose: 44-20-10 et Seq. Mission: 44-2010 et Seq. Vision: 44-20-10 et Seq.

Key Partner Agencies Chart

INSTRUCTIONS: List the names of the other state agencies which have the biggest impact on the agency's mission success (list a minimum of three); partnership arrangements established and performance measures routinely reviewed with the other entity. The Major Program Areas Cross References Column should link the Partner Agency to the major program area, in the Major Program Areas Chart, on which it has the biggest impact. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable and a minimum of three.

Agency Submitting Report	Agency w/ Impact on Mission Success	Partnership Arrangement Established	Performance Measures Routinely Reviewed Together	Major Program Areas Cross Reference
DDSN	DHHS	Contracts	Quality assurance cost reports, waiting lists	II.E II.H II.B3 II.B2
DDSN	DHEC	State law	Licensure	II.E II.H
DDSN	DSS	MOA and state law	Reports/allegations of abuse, neglect and exploitation	II.B3 II.B2
DDSN	SLED	MOA and state law	Reports/allegations of abuse, neglect and exploitation	II.E II.H
DDSN	DMH	MOA	Shared customers and system/process reviews	II.E II.B2
DDSN	VR	MOA	Shared customers and system/process reviews	II.B3
DDSN	DJJ	MOA	Shared customers and system/process reviews	II.E II.B2
DDSN	Office of First Steps	DDSN is primary provider of BabyNet services	Service delivery	N/A

Agency Submitting Report	Item #	Deliverable (i.e. product or service)	Three Most Significant (#1, #2, #3)	Primary Method of Delivery	What can be done to reduce the general public and/or other agencies initial need for this deliverable? (i.e. preventive measures before the citizen or agency needs to come to the agency)	What can be done to reduce the general public and/or other agencies need to return for this deliverable? (i.e. preventive measures to ensure they do not need to come back to the agency for this service or product after already receiving it once)	If deliverable is identified as one of the three most significant, what would allow the agency to focus on it more?	Major Program Areas Cross Reference
Dept. of Disabilities and Special Needs	1	Prevention Primary prevention of the occurrence of developmental disabilities, traumatic brain and spinal cord injuries. Provide early identification and timely intervention aimed at reducing the duration of the disability and/or minimizing its consequences. Study the prevalence and incidence of various disabling conditions in South Carolina and study public policies affecting implementation of effective prevention initiatives. Develop and promote continuing educational materials for professionals and make the public aware of risk factors and appropriate interventions to reduce the incidence of disabilities.	3	Partnership with Greenwood Genetic Center. Public education and awareness activities.	This is an ongoing need. Primary prevention and timely intervention services avoid the onset of a disability, reduce the duration of the disability, or minimize the consequences of the disability. These services foster independence, enhance quality of living and avoid the State's need to provide millions of dollars of services throughout the person's lifetime.	If the disability can be prevented, services would not be required.	Additional resources are required to expand this effort.	II.A Prevention
Dept. of Disabilities and Special Needs	2	In-home Individual and Family Support Individual and family support services A) allow an individual to live independently or with family members; B) prevent costly out-of-home placement; C) promote family unity and responsibility; D) provide flexible supports to enable families to cope with caring member with a disability.	2	DDSN provides services to the majority of eligible individuals in their home communities through contracts with local service provider agencies, both public and private. Most of these agencies are called Disabilities and Special Needs (DSN) boards and serve every county locally in South Carolina. DSN boards are created by state statute and county ordinance. They are not local state agencies with state employees, but are public entities, governmental in nature, and combine the best aspects of public and private organizations. DSN boards provide a consistent level of access to services statewide, yet with local initiative and volunteerism. While local flavor and community preferences are present, services are provided at a consistent level of quality statewide by DDSN's network of disabilities boards and qualified private providers.	This is an ongoing need. This program represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 85% of the informal caregiving rather than replacing families. On average individual and family support services such as personal care aids, employment, or respite services cost less than one-half the least expensive out-of-home placement options. Often these services are the difference between helping the family with supports versus replacing the family with a more expensive out-of-home placement. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.	This is an ongoing need.	Additional resources are being appropriated to expand these services to individuals waiting.	II.B3 Family Support Adult Development/Employment II.B2 In-home Family Support
Dept. of Disabilities and Special Needs	3	Community Residential Locally operated, cost efficient, family-like out-of-home placements in the community which provide 24-hour care only for those individuals with disabilities whose needs cannot be met with in-home family supports.	1b.	DDSN provides services to the majority of eligible individuals in their home communities through contracts with local service provider agencies, both public and private. Most of these agencies are called Disabilities and Special Needs (DSN) boards and serve every county locally in South Carolina. DSN boards are created by state statute and county ordinance. They are not local state agencies with state employees, but are public entities, governmental in nature, and combine the best aspects of public and private organizations. DSN boards provide a consistent level of access to services statewide, yet with local initiative and volunteerism. While local flavor and community preferences are present, services are provided at a consistent level of quality statewide by DDSN's network of disabilities boards and qualified private providers.	Increase access and expand array of individualized in-home services and supports. Increase availability of respite services. Develop community-based crisis stabilization capacity statewide.	Increase access and expand array of individualized in-home services and supports. Increase availability of respite services. Develop community-based crisis stabilization capacity statewide.	Additional resources are being appropriated to increase access to in-home supports and respite.	II.E Community Residential
Dept. of Disabilities and Special Needs	4	Regional Center Services Regional Centers provide 24-hour care and supervision in state operated, specialized facilities only for those individuals unable to live in community residences due to the severity of their disabilities, complicated medical needs or most challenging behaviors.	1a.	State operated facilities.	Increase access and expand array of individualized in-home services and supports. Increase capacity of individualized community-based options.	Increase access and expand array of individualized in-home services and supports. Increase capacity of individualized community-based options.	Additional resources are being appropriated to allow consumers currently living in regional centers to more community residential settings.	II.H Regional Centers

INSTRUCTIONS: Provide information about the key customer segments identified by the agency and each segment's key requirements/expectations. A customer is defined as an actual or potential user of the agency's deliverables. Please be as specific as possible in describing the separate customer segments (i.e. do not simply put "public.") The Deliverables Cross References column should link customer groups to the deliverable listed in the Key Deliverables Chart, which they utilize. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Customer Segments	Requirements/Expectations	Deliverables Cross References
DDSN	1	Individuals with disabilities who receive services.	Individualized services to meet essential needs of health, safety and well-being.	In-home family supports Community Residential Regional Center
DDSN	2	Parents/family members of individuals receiving services.	High quality services from qualified providers. Inclusion in decision-making.	In-home family supports Community Residential Regional Center

INSTRUCTIONS: Provide information about the agency's key stakeholder groups and their key requirements and expectations. A stakeholder is defined as a person, group or organization that has interest or concern in an agency. Stakeholders can affect or be affected by the agency's actions, objectives and policies. Please be as specific as possible in describing the separate stakeholder groups (i.e. please do not simply put "the public.") The Deliverables Cross References column should link stakeholder groups to the deliverable, listed in the Key Deliverables Chart, for which they group has the most interest or concern. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Stakeholder Group	Requirements/Expectations	Deliverables Cross References
DDSN	1	Consumers	Individualized, flexible, high quality services. Inclusion in decision-making	All
DDSN	1	Families of customers served	Individualized, flexible, high quality services. Inclusion in decision-making	All
DDSN	2	Community service provider organizations, both public and private.	Working partnership with the state agency, technical assistance and adequate service rates. Inclusion in decision-making.	All
DDSN	3	Advocates and advocacy organizations	Best practice service methods, high quality services and accountability. Inclusion in decision-making.	All
DDSN	4	Public policy leaders (Governor and General Assembly)	High quality services, maximizing resources, efficiency and accountability.	All
DDSN	5	Taxpayers/citizens	High quality services, maximizing resources and accountability.	All

INSTRUCTIONS: Provide information about the body that oversees the agency and to whom the agency head reports including what the overseeing body is (i.e. board, commission, etc.); total number of individuals on the body; whether the individuals are elected or appointed; who elects or appoints the individuals; the length of term for each individual; whether there are any limitations on the total number of terms an individual can serve; whether there are any limitations on the number of consecutive terms an individual can serve; and any other requirements or nuisances about the body which the agency believes is relevant to understanding how the agency performs and its results.

Agency Submitting Report	Type of Body (i.e. Board, Commission, etc.)	# of Times per Year Body Meets	Total # of Individuals on the Body	Are Individuals Elected or Appointed?	Who Elects or Appoints?	Length of Term	Limitations on Total Number of Terms	Limitations on Consecutive Number of Terms	Challenges imposed or that Agency staff and the Body have faced based on the structure of the overseeing body	Other Pertinent Information
DDSN	Commission	Monthly. Additionally as needed.	7	Appointed	Appointed by the Governor and confirmed by the Senate.	4 Years	None	None	Appointments are made in a timely manner. A quorum for meetings is easily met.	Training in governance, ethics and FOIA is provided regularly.

Overseeing Body - Individual Members Chart

INSTRUCTIONS: Provide information about the individual members on the body that oversees the agency including their name, contact information, length of time on the body, profession and whether they are a Senator or House Member. The Major Program Areas Cross References Column should link the individual to the major program area, in the Major Program Areas Chart, in which the individual has a particular influence, if any, by way of serving on a subcommittee within the body, task force, etc. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Name of Individual on Body	Contact Information	Profession	Date First Started Serving on the Body	Last Date Served on the Body	Length of Time on the Body (in years)	Senator or House Member? (put Senate or House)	Major Program Areas Cross Reference
DDSN	William Danielson	1504 Laryn Ln. Lexington, SC 29072	Business Owner	June 19, 2014	Current	Almost 1 Year	N/A	All
DDSN	Fred Lynn	409 Hawthorne Drive Hartsville, SC 29550	Retired Military and Education Professional	June 23, 2011	Current	3 1/2 Years	N/A	All
DDSN	Eva Ravenel	105 Wappoo Creek Drive Charleston, SC 29407	Real Estate	September 20, 2012	Current	2 1/2 Years	N/A	All
DDSN	Christine Sharp	2404 E North Ave. Anderson, SC 29625	Education Professional	June 23, 2011	Current	3 1/2 Years	N/A	All
DDSN	Katherine Davis	520 Oakbrook Drive Columbia, SC 29223	Palmetto Health Foundation	January 19, 2012	Current	3 Years	N/A	All
DDSN	Katherine Finley	251 Shoreline Parkway Tega Cay, SC 29708	Healthcare Management	September 20, 2012	Current	2 1/2 Years	N/A	All

Agency Submitting Report	Program/Title	Purpose	FY 2012-13 Expenditures				FY 2013-14 Expenditures				Key Performance Measures Cross Reference	Legal Standards Cross References
			General	Other	Federal	TOTAL	General	Other	Federal	TOTAL		
Department of Disabilities and Special Needs	II.E - Intellectual Disability 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.	\$ 50,250,829	\$ 166,898,575	\$ -	\$ 217,149,404	\$ 55,093,031	\$ 213,303,724	\$ -	\$ 268,396,755	1, 2, 3, 5	Items 1, 4, 6 and 7
						% of Total Budget: 45%				% of Total Budget: 50%		
Department of Disabilities and Special Needs	II.H - Regional Centers Residential Program	Regional residential centers provide 24 hour care and treatment to individuals with intellectual disabilities or autism	\$ 52,298,561	\$ 33,626,589	\$ 43,035	\$ 85,968,185	\$ 53,542,994	\$ 32,315,998	\$ 24,953	\$ 85,883,945	1, 2, 3, 4, 5	Items 1, 4, 6 and 7
						% of Total Budget: 18%				% of Total Budget: 16%		
Department of Disabilities and Special Needs	II.B3 - Intellectual Disabilities Family Support Adult Development and Supported Employment	Service consists of center based workshop providing training and skill development in a workshop environment and on-the-job training in a normal work place. Participants are paid wages based on their ability to produce.	\$ 13,458,686	\$ 30,200,838	\$ -	\$ 43,659,524	\$ 14,203,516	\$ 31,831,550	\$ -	\$ 46,035,066	1, 2, 3, 5	Items 1, 2, 4, 6 and 7
						% of Total Budget: 9%				% of Total Budget: 9%		
Department of Disabilities and Special Needs	II.B2 - Intellectual Disabilities Family Support In-Home Family Support	Family support services prevent the breakup of families; prevent the development of crisis situations and the resulting expensive out-of home placement for individuals with severe lifelong disabilities.	\$ 23,377,077	\$ 7,088,451	\$ -	\$ 30,465,528	\$ 21,583,883	\$ 7,076,601	\$ -	\$ 28,660,484	1, 2, 3, 5	Items 1, 2, 4, 6 and 7
						% of Total Budget: 6%				% of Total Budget: 5%		

Remainder of Programs: List any programs not included above and show the remainder of expenditures by source of funds.
 I. Administration
 II.A - Prevention Program
 II.B1 - Children's Services
 II.B4 - Services Coordination
 II.C - Autism Program
 II.D - Head and Spinal Injury Family Support Program
 II.F - Autism Community Residential Program
 II.D - Head and Spinal Injury Community Residential Program

Remainder of Expenditures:	\$ 43,449,137	\$ 59,757,039	\$ 166,748	\$ 103,372,924	\$ 44,945,137	\$ 59,380,548	\$ 209,442	\$ 104,535,127
				% of Total Budget: 22%				% of Total Budget: 20%

INSTRUCTIONS: List all state and federal statutes, regulations and provisos that apply to the agency (“Laws”) and a summary of the statutory requirement and/or authority granted in the particular Law listed. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice and Department of Transportation. The agency will see that a statute should be listed again on a separate line for each year there was an amendment to it. Please delete the example information before submitting this chart in final form. **NOTE:** Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Agency Submitting Report	Item #	Statute/Regulation/Provisos	State or Federal	Summary of Statutory Requirement and/or Authority Granted
Dept. of Disabilities and Special Needs	1	44-20-10 et seq. (Supp. 2014)	State	South Carolina Intellectual Disabilities, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act
Dept. of Disabilities and Special Needs	2	44-21-10 et seq. (Supp. 2014)	State	Department of Disabilities and Special Needs Family Support Services
Dept. of Disabilities and Special Needs	3	44-23-10 et seq. (Supp. 2014)	State	Provisions Applicable to Both Mentally Ill Persons and Persons with Intellectual Disability
Dept. of Disabilities and Special Needs	4	44-26-10 et seq. (Supp. 2014)	State	Rights of Clients with Intellectual Disabilities
Dept. of Disabilities and Special Needs	5	44-20-10 et seq. (Supp. 2014)	State	Self-sufficiency Trust Fund; Disability Trust Fund; Aid for Developmentally Disabled, Mentally Ill and Physically Handicapped Persons
Dept. of Disabilities and Special Needs	6	88-105 et seq. (Supp. 2014) Regulation	State	Department of Disabilities and Special Needs
Dept. of Disabilities and Special Needs	7	DHHS/CMS (Medicaid) Regulation	Federal	Establishes Criteria, Rules, Procedures and Expectations Regarding Use of Medicaid Funds and Quality Assurances for Specialized Services

INSTRUCTIONS: Identify the agency's internal audit system and policies during the past five fiscal years including the date the agency first started performing audits; individuals responsible for hiring the internal auditors; individuals to whom internal auditors report; the head internal auditor; general subject matters audited; the individual or body that makes decision of when internal audits are conducted; information considered when determining whether to conduct an internal audit; total number of audits performed in the last five fiscal years; # of months it took for shortest audit; # of months for longest audit; average number of months to complete an internal audit; and date of the most recent Peer Review of Self-Assessment by SC State Internal Auditors Association or other entity (if other entity, name of that entity).

Note: All audits are not the result of suspicious activity or alleged improper actions. Often times regular audits are required by statute regulation or an agency's standard operating procedure simply as a method of ensuring operations are staying on track.

Agency Submitting Report	Does agency have internal auditors? Y/N	Date Internal Audits Began	Individuals responsible for hiring internal auditors	Individuals to whom internal auditors report	Name and contact information for head Internal Auditor	General subject matters audited	Who makes decision of when an internal audit is conducted	Information considered when determining whether to conduct an internal audit	Do internal auditors conduct an agency wide risk assessment routinely? Y/N	Do internal auditors routinely evaluate the agency's performance measurement and improvement systems? Y/N	Total Number of Audits performed in last five fiscal years	# of months for shortest audit	# of months for longest audit	Avg. # of months needed to conduct audit	Date of most recent Peer Review of Self-Assessment by SCSIAA or other entity (if other entity, name of that entity)
Dept. of Disabilities and Special Needs	Yes	1980's	Commission/State Director	Kevin Yacobi	803.898.9690 Kyacobi@ddsn.sc.gov	Program and Financial	Annual plan approved by the Commission or State Director or IA may special request	Bi-Annual Risk Assessment Annual Audit Plan Spec. Circumstances	Yes	No	106	< 1 Month	11 Months	2.5 Months	SCSIAA - DGC, 2010 Scheduled for next Peer Review DGC.2015