

PROGRAM EVALUATION REPORT

The contents of this report and the attached Excel documents are considered sworn testimony from the Agency Director.

South Carolina Department of Disabilities and Special Needs

Date of Submission: *May 1, 2017*

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Agency Online Resources

Website address: www.ddsn.sc.gov

Online Quick Links:

Please provide any links to the agency website the agency would like listed in the report for the benefit of the public.

1. Applying for Services:
<http://www.ddsn.sc.gov/apply/Pages/default.aspx#afsanchor>
2. Service Provider Directory:
<http://www.ddsn.sc.gov/apply/Pages/default.aspx#afsanchor>

3. How to Become a Service Provider:
<http://www.ddsn.sc.gov/providers/becomeqpl/Pages/default.aspx>
4. Provider Reporting Dashboard:
<https://app.ddsn.sc.gov/public/ratings/landing.do>
5. Current DDSN Directives:
<http://www.ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>
6. How to Report Abuse:
<http://www.ddsn.sc.gov/about/Pages/HowToReportAbuse.aspx>
7. Medicaid Waiver Services:
<http://www.ddsn.sc.gov/providers/medicaidwaiverservices/Pages/default.aspx>
8. Contacts:
<http://www.ddsn.sc.gov/about/contacts/Pages/DDSNClassified.aspx>
9. Events Calendar:
https://calendar.google.com/calendar/embed?src=jbreidling@ddsn.sc.gov&ctz=America/New_York

Social Media Addresses: none

Agency Office Locations

Please list the physical address, mailing address, and phone number for each office location. You can continue onto the next page if additional space is needed.

DDSN State Office

Central Office	3440 Harden Street Ext. Columbia, SC 29203	(803) 898-9600
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District Offices

District Office I – Midlands/Piedmont	28373 Hwy 76 East Post Office Box 239 Clinton, SC 29325	(864) 938-3497
District Office II – Coastal/Pee Dee	9995 Jamison Road Summerville, SC 29485	(843) 832-5567

Regional Centers

Coastal	9995 Jamison Road Summerville, SC 29485	(843) 821-5802
Midlands	8301 Farrow Road Columbia, SC 29203	(803) 935-7502
Pee Dee	714 National Cemetery Road Florence, SC 29508	(843) 664-2635

Saleeby Center	714 Lewellen Avenue Hartsville, SC 29550 29550	(843) 332-4104
Whitten	28373 Hwy 76 E Post Office Box 239 Clinton, SC 29325	(864) 938-3422

Autism Offices

Charleston - Coastal	9995 Miles Jamison Road Summerville, SC 29485	(843) 832-5561
Columbia - Midlands	8301 Farrow Road Columbia, SC 29203	(803) 935-5090
Florence - Pee Dee	714 National Cemetery Road Florence, SC 29506	(843) 664-2720
Spartanburg - Piedmont	269 S. Church St., Suite 309 Spartanburg, SC 29306	(864) 594-4907

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A. QUESTIONS

Please type the agency's responses to each question directly below the question. For the questions which ask the agency to complete an Excel chart, complete the chart and attach it to the end of this document when the agency submits the .pdf version.

Agency Snapshot

1. What are 3-4 items the agency considers as successes?

Waiting List Reduction Initiative: Increasing the number of people served and reducing the length of time waiting for services

The SC Department of Disabilities and Special Needs (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 partnerships with its statewide network of local service providers, advocates, and the South Carolina Department of Health and Human Services (DHHS). DDSN is the operating entity for Medicaid waivers on behalf of DHHS. As of April 1, 2017, almost 13,000 individuals' names have moved off three special waiver waiting lists. Two waiting lists are for waivers serving adults and children with Intellectual and Related Disabilities and Autism Spectrum Disorder and the third is the Head and Spinal Cord Injury waiting list. Over 10,800 of these individuals were enrolled in specialized Medicaid Waiver State funded services (35.3%), opted for other services, declined or failed to complete the process (36.3%) or moved/were deceased/could not be found (8.6%). A small percentage were determined ineligible (3.3%). The process of locating and contacting individuals/families, and assisting them through establishing eligibility, approve Medicaid Level of Care, development of a service plan, choice of provider, service authorization and ultimately approval of actual service delivery, is labor intensive, has multiple components and requires a great amount of time. Enrollment in waiver programs is still pending for slightly over 2,100 individuals (16.5%). All staff efforts have been focused on moving citizens into services as quickly as possible. DDSN staff assignments and duties were altered and managers worked to reprioritize staff duties and workloads in their areas to meet goals. This included developing and monitoring in coordination with SCDHHS staff, and DDSN's network of providers, streamlined processes to maximize staff efficiency and ease for consumers and families. We still have many individuals and families to assist to meet targets for the year.

This effort continues as new funds appropriated for FY 2016 and FY 2017 are being used for the purpose of providing access to services to people formerly included on DDSN's waiting lists and ensuring provider capacity is sufficient to expand services statewide. This unprecedented new funding is used for both in-home supports and residential expansion. This funding allowed for an expansion of approximately 1850 individuals receiving in-home supports. Residential capacity was expanded by 190 beds. This means service capacity was expanded by over 2,000 people who are now in the process of receiving new or additional services. DDSN has been able to continue serving the Head and Spinal Cord Injury (HASCI)

population at a pace that is resulting in no waiver waiting list for the year. The number of participants in the HASCI waiver is 853, the highest it has ever been with another 190 individuals completing the enrollment process.

From the beginning of the waiting list reduction effort, the length of time individuals remain on the waiting list has been dramatically reduced. On July 1, 2014, the wait for the Intellectual Disability and Related Disabilities (ID/RD) Waiver was 6.8 years and on July 1, 2016, the wait was 3.5 years. On April 1, 2017 the wait time is up slightly to 4 years. The upward trend is due to DHHS waiting for a federal approval from the Centers for Medicare and Medicaid. South Carolina cannot exceed the stated number of people to be served in this waiver without incurring the Medicaid match costs for the services. Therefore DDSN cannot increase the number of people served in this waiver and must limit new enrollment. Once the waiver renewal is approved, the agency can once again allow increased movement from the ID/RD waiting list. On July 1, 2014, the wait for the Community Supports Waiver was 4.5 years and on July 1, 2016, the wait time had been reduced to 1.5 years. On April 1, 2017, the wait is now down to 7 months. There is currently no wait for HASCI Waiver services. While continued improvement needs to be made, a significant reduction in the length of time individuals and families are waiting for services has been achieved.

Serving More Individuals in Their Homes, or in the Least Restrictive Setting:

DDSN's emphasis on supporting individuals in their own family homes is the most cost efficient model. This is better for the individual and the family. It also fosters greater community inclusion and allows the Agency to stretch limited dollars to serve more people. Approximately 87 percent of all individuals served by DDSN live at home. Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers. Of the thousands of persons with intellectual disability and related disabilities and Autism Spectrum Disorder receiving services from DDSN, 71 percent live with family caregivers compared to 56 percent nationally and 57 percent in the southeast. Residential services are limited to those individuals living in critical circumstances and for whom in-home supports cannot adequately address their needs.

When residential services are warranted, they are provided in the least restrictive and least expensive manner appropriate. DDSN provides residential services in a very cost efficient manner. The vast majority of individuals live in Community Training Homes (CTH), one of the least expensive residential options. On average, DDSN's community residential services continue to be less than one-half of the Regional Center (Intermediate Care Facilities for Individuals with Intellectual Disability) daily cost. Within the FY 2016 and FY 2017 residential expansion, concerted efforts were made to work with providers to grow less restrictive and less expensive options and pilot new less restrictive models. These service options enable individuals to exercise greater independence over their lives and result in a heightened level of consumer satisfaction. Over 34 percent of the new residential options developed during FY 2016 fell into this less restrictive category. During FY 2017 the agency continued to focus on residential development of less restrictive settings, but also expanded focus to residential settings targeted for individuals identified as needing a high level of behavioral or other intensive supports.

SCDDSN directly operates five (5) regional centers. This is the most expensive residential service option. The per diems at these centers are below the national average reflecting a leaner, more efficient system. Efficiency has been demonstrated in the Regional Centers by maintaining health and safety and meeting

the needs of the consumers with one of the lowest per diem rates in the country. The Regional Centers' per diem is \$405 per day while the national average is \$701 per day based on most recent data (2013). South Carolina's institutional per diem is far less than the United States average and the southeastern average. DDSN's institutional rate is 58 percent of the national average rate. (Data source – University of Minnesota RISP FY13/14 Report)

Disability Prevention, Early Intervention and Specialized Rehabilitation

1. Primary Prevention:

Primary prevention efforts produce the greatest return on investment of time and dollars. DDSN's effort to reduce the rate of infants born with neural tube defects (NTDs) is conducted in partnership with the Greenwood Genetic Center. The rate of NTDs per 1,000 live births in South Carolina has steadily declined over the last two decades. The result is the prevention of 70 infants born each year with an NTD, resulting in a \$24 – \$34.5 million savings in lifetime medical care costs. Twenty years ago, South Carolina's rate of NTDs was three times the national average; it is now closer in line with the national average.

In partnership with Greenwood Genetic Center and DHEC, DDSN provides complex care and treatments to infants born with one of 55 metabolic conditions. This system of treatment is necessary for these children to avoid the disabling consequences associated with these metabolic disorders. The Metabolic Treatment Program consistently includes 75-100 children across the ages of birth to seven years and includes curative treatment to prevent severe lifelong developmental disabilities. Treatment and monitoring are most important in these early years when the brain is still developing. This treatment saves about \$40 million per year in Early Intervention (EI) medical costs, which would be necessary if the newborns were not identified and successfully treated.

2. Early Intervention:

Early Intervention is essential to increase skills and promote development of infants and children. DDSN has two primary Early Intervention programs. The first is a family-focused, in-home service for children from birth to age 6 years of age. An Early Interventionist helps families understand their child's development and give specific training to assist the family in addressing these areas of delay. Family Training and Service Coordination are provided in accordance with an Individualized Family Service Plan (IFSP) for children to birth to 3 or a Family Service Plan (FSP) for children 3 to 6 years of age. Approximately 6,600 children and families receive this type of Early Intervention from DDSN's network of local providers.

The second intervention program is specialized. DDSN operates an evidence-based program for children with a Pervasive Developmental Disorder (PDD) now known as Autism Spectrum Disorder. Interventions are based on Early Intensive Behavior Intervention (EIBI) and focus on enhancing cognition, communication, adaptive behavior and social skills, all of which are significant issues for children with Autism Spectrum Disorder. DDSN's model is a home-based treatment program that requires parental involvement to ensure interventions are carried out throughout the child's day. To date, DDSN has provided EIBI programs to almost 2,700 children ages three (3) through ten (ten) years old. The outcomes of these individualized programs are remarkable.

3. DDSN provides a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury:

For best outcomes, this specialized post-acute rehabilitation to individuals who have experienced a traumatic brain or spinal cord injury should begin as soon as possible following medical stabilization or discharge from acute care. Without appropriate rehabilitative treatment and therapies in the first weeks or months after injury, people are not able to achieve optimal neurological recovery and maximum functional improvement. Research shows lack of timely treatment results in more substantial levels of permanent disability and limits the individual's ability to work. As a consequence, there are greater needs for long-term care, and other health, mental health and social services. Lack of rehabilitation options causes extended acute care hospital stays following injury for many people. Higher rates of subsequent hospitalizations also occur for people who do not receive rehabilitation. DDSN is able to fund post-acute rehabilitation to approximately 50 individuals annually.

This effort works to address the serious gap in access to post-acute rehabilitation that is specialized for traumatic brain injury or spinal cord injury. While some people receive some rehabilitation or therapy benefits through private health insurance, Medicare, and other sources such as Worker's Compensation, adequacy of coverage varies. Some private insurance carriers fund only acute care or a limited amount of generic rehabilitation rather than specialized rehabilitation. The South Carolina Medicaid program presently does not adequately fund inpatient/outpatient rehabilitation specialized for traumatic brain injury or spinal cord injury. This was identified as a need in a report DHHS submitted to the federal government several years ago. The state also has a large number of uninsured persons who cannot access rehabilitation. Many individuals become disabled as a result of their injury, and later qualify for Medicaid. As a result, subsequent costs to the Medicaid program are higher than if these people had received specialized post-acute rehabilitation. Since DDSN's program began in 2008, more than 350 individuals in this insurance coverage gap were able to access care and benefit from timely specialized rehabilitative services experiencing.

Emergency Preparedness and Responding to Natural Disasters

1. October 2015 Flood:

The SC Flood experienced in October 2015 constitutes an additional area of successful performance for DDSN. DDSN staff successfully and efficiently coordinated with the SC Department of Health and Environmental Control, the State Fire Marshal, the Federal Emergency Management Agency, FEMA, and DDSN community providers to execute the Agency's Emergency Management Plan. Flood impact was experienced in eleven counties - Lexington, Richland, Sumter, Lee, Clarendon, Florence, Horry, Williamsburg, Dorchester, Jasper, and Charleston - resulting in relocation of 34 individuals across 5 homes. The health and safety of all of these individuals was maintained with as little disruption as possible.

In addition to the successful implementation of the Emergency Management Plan, DDSN completed four actions in order to further enhance and strengthen the strategies in place. First, the DDSN Emergency Management Plan was enhanced to include recommendations and actions to avoid both during and after an event in order to mitigate outcomes. This information has been communicated in DDSN network local provider counterpart meetings and was added to the DDSN emergency preparedness directives and plan. Second, DDSN Central Office staff worked with DDSN Regional Center staff to increase and improve on-site water and meal ready to eat (MRE) supply. Staff have also pre-determined triggering events that would cause a facility to increase its supply of water on hand in preparation for a possible need. In further

support of food preparation, DDSN increased/improved food service preparation/water purification equipment and back up measures. Third, DDSN continued its effort to ensure providers have access to additional generators to better utilize day program facilities as temporary service shelters. DDSN received grant approval from FEMA for the purpose of installing additional generators at provider locations. Fourth, DDSN developed a protocol for building licensure exceptions within the agency's authority during emergencies. This allows for temporary licensure for alternate facilities during an emergency in order to provide seamless service delivery for the individuals DDSN supports. Each addition further strengthened the emergency planning and response of DDSN to form a continuous improvement process to best support the continuous provision of services during an emergency event.

2. Hurricane Matthew:

Despite the difficulty of care and the weather events associated with the Hurricane Matthew in October 2016, the health and safety of all DDSN's supported individuals was maintained through intentional, skilled emergency management. Zero negative outcomes were experienced due to successful responses of DDSN community providers through the days leading up to and after Hurricane Matthew. DDSN staff worked with the SC Emergency Management Division, DHEC and the Governor's Office to address various storm-related issues across eighteen directly impacted counties. Estimated damages across the DDSN system totaled \$578,500. A total of 898 people were evacuated and displaced through the beginning of the weather event and its aftermath. This number is composed of 538 supported individuals and 360 staff involved with providing their supports and services across the DDSN community provider network.

The multi-day Hurricane Mathew event required devotion, commitment and personal sacrifice among the staff providing support to individuals served through DDSN. Demonstrating their dedication to the people they serve, staff members often left their own families to voluntarily arrive to work prior their shift start time in anticipation of the storm and stayed through their shift to work multiple shifts. In many instances, staff stayed on site for multiple days in order to provide continuity of care and comfort. In appreciation of the unselfish, devoted performance of employees of the Regional Centers and the DDSN Autism Division who worked continuous shifts across the days of emergency response during Hurricane Matthew as identified by the Centers, the DDSN Commission approved a \$150 bonus for 254 qualifying employees.

2. What are 3-4 items the agency considers as its current challenges or issues? These can include things the agency already has a plan to improve.

Addressing Work Force Issues

The DDSN service delivery system continues to experience a significant level of difficulty recruiting and retaining employees in direct support professional positions. Community providers and regional centers continue to experience higher vacancy rates for these key support positions. Quality cannot be reduced despite recruitment and retention challenges and staffing ratios must meet compliance standards and be maintained over time. Wage compression exists in which longtime quality employees earn the same wage as new hires. In the last few years, large private companies, like Walmart and McDonalds, have raised their hiring pay rate to remain competitive. Since the educational and experience requirements are similar, this increase draws direct support professionals to these higher paying jobs. Loss of longtime quality employees due to wage levels not keeping up with industry benchmarks increases turnover, affects

the quality of consumer care, results in higher contract cost, increases the cost of background checks and training new staff to perform these vital services.

As part of the DSN Commission's strategic planning efforts last year, the recruitment and retention of staff was identified as one of the key goals for the Agency's strategic plan. DDSN staff met with providers and advocates to develop an action plan to best address this growing concern. New funding is required to both address the hiring rate and development of a career ladder for direct support professionals as a recruitment and retention improvement strategy. Direct care wages are no longer competitive. An increased hiring wage of \$12.00 to \$13.00 per hour is needed to be highly competitive. Potential candidates will not apply if the starting pay is not reasonable. Interested applicants expect a professional career ladder and the potential for wage increases.

DDSN requested help from the Legislature to support moving toward that goal using a multi-year approach. The first step is to increase the hiring wage to \$11.00 per hour, an 8.8 percent increase from \$10.11 an hour. In its FY 2017-2018 budget request, DDSN requested \$9 million in recurring funds required to meet this first step. An additional request of \$1,000,000 in new state funds was also requested based on an approximately 3-4 percent compression increase for all direct care staff and nurses that have been employed for at least five years or more.

The provision of new funds will ensure that the number of consumers served in the community and in the regional centers, and the quality of those services, are maintained. Additional funding will ensure compliance with current and new federal regulations. The most important consequence of the State not funding this challenge is the risk that community providers and regional centers will have to reduce the number of people served and reduce the quality of the services below acceptable Medicaid standards. If new funds are not identified to meet this need, DDSN will have to redirect service funding to cover necessary wage increase costs instead of serving new individuals waiting for services. Eventually these costs must be covered by additional funds or services have to be reduced or eliminated to use existing state funds. Reducing quality to reduce expenditures is not an option due to the nature of the services.

The intended impact of meeting this wage level challenge is to increase the ability to recruit and retain quality staff. The services most impacted by addressing these workforce issues are the residential and day support programs due to the intensity of service that must be provided. These services, by definition, provide direct care, supervision and nursing. The individuals attending the day programs and residing in residential settings need these essential supports. The families receiving day supports need the services, so they can go to work and keep their son or daughter with a disability at home. For those individuals supported in residential care, it has already been determined that living at home is no longer an option. These services must be maintained and staffing ratio requirements must be met. Addressing workforce issues is necessary to avoid crisis. At the time of this report, both the House and Senate versions of the FY 2018 state budget include a new appropriation of \$9 million to raise the minimum hourly wage. While the budget process for FY 2018 is not complete, DDSN is very optimistic and very appreciative. This would be an important first step toward addressing this challenge.

In addition to addressing wages and compression, conditions related to employee job satisfaction are also being considered. Some of these include opportunities for job-related trainings and certifications and pay increases associated with the completion of desired trainings or certifications. Others include increased

availability for supervisory training to improve the quality of supervision available to direct support professionals. DDSN and service providers are working together to improve job appeal and job satisfaction.

Increasing Residential Service Capacity to Serve Individuals on the Critical Needs Waiting List:

Residential services funded by DDSN are reserved for individuals who have critical needs that jeopardize their health and safety. This includes Individuals in life-threatening situations requiring immediate services. Some individuals whose chronic and severe challenging behavior are in situations that present an imminent risk of jeopardizing their health and safety require immediate action. These people are considered by DDSN to have a critical need. Once an individual is determined to meet the critical needs criteria, his/her name remains on the Critical Needs Waiting List until an appropriate service resolution and provider are identified.

DDSN's goal is to remove individuals from the Critical Needs Waiting List in less than sixty (60) days. This goal was met for many years but was not met last year and is not being met this year. The primary reason is that most of the individuals exhibit extreme behaviors, are often very difficult to serve and fewer providers are willing to assume the risk of serving them.

DDSN faces numerous challenges posed by serving individuals with chronic severe challenging behavioral needs. These individuals usually require residential services as a result of meeting the critical needs criteria or are court-ordered to the Agency. This population can be very difficult to serve as they often pose a safety threat to themselves and/or others. Very few of the existing community service providers will agree to develop new services to support these individuals. This is reportedly due to inherent risk. Sophistication of staff skills are necessary for care and to appropriately manage the complexity of behaviors.

Currently new residential funding received in the FY 2017 budget is restricted to serving individuals with significant behavioral needs or offering services in less restrictive settings. DDSN increased the payment rate to support individuals with behavioral needs in response to provider feedback. Despite this intervention, there remains a lack of interest by most community providers in serving individuals with significant behavioral needs. DDSN has also communicated with several national providers that specialize in supporting individuals with significant behavioral needs in order to assess potential interest in expanding services in South Carolina. Since similar demands exist in other states and many of them have higher payment rates than South Carolina, these providers are unwilling to come to our state to develop services.

DDSN convened a provider work group to identify steps that the Agency could take to address provider concerns about serving individuals with extensive behavioral needs with a goal to increase the number of providers willing to serve this group. One of the major needs identified by the providers was a more robust Crisis Response system. DDSN would like to begin building regionalized crisis intervention capacity. Building capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Increased access to psychiatric support for individuals receiving community services and support is also an essential component. The primary objective is to prevent a crisis situation, intervene to support an escalating

individual and stabilize individuals in crisis so they can remain in the care of family at home. These timely interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement.

Crisis intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Intensive supports would be provided in the individual's current living environment. The regionalized crisis system would also include some beds to provide time-limited intensive supports by highly trained staff in temporary residential settings. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community.

DDSN sought Crisis Response funding for the fiscal year and included a similar request in the FY 2018 budget plan submitted. Recurring funds are required to meet this need. Without recurring resources the agency will be unable to respond to individuals in need of crisis stabilization. If new funds are not identified to meet this need, response to individuals escalating to crisis status will be delayed. This results in unnecessary and unwanted stays at hospital emergency departments. This in turn creates additional demand for more expensive residential service settings

An equally important impact is to comply with court orders and appropriately serve individuals who require high management residential services. In response to the growing need, DDSN must develop more high management/forensic residential beds. New funds will be necessary to increase the provider rate to cover the actual cost of providing a high intensity supports required for individuals with aggressive and chronic, severe challenging behaviors. The number of providers willing to serve this intense population is extremely limited. If provider rates are not adequate to cover the actual cost of high management services, the state cannot increase the service capacity necessary to meet the needs. Each year DDSN receives more court ordered residential placements for individuals with challenging behaviors and the agency must comply with judges' orders. Recurring funds are required to comply with the court orders which often necessitate residential placement by DDSN.

In response to the difficulties recruiting additional providers of high management services, DDSN determined an intermediate plan. The number of individuals on the DDSN Critical Needs List and the average length of time an individual has to wait on the Critical Needs List to access residential services has increased. In order to ensure residential service options are available to this population, DDSN will open six community homes directly operated by the agency. DDSN is working with local providers in the identification of homes in the community with the intent to transfer direct operation of the homes to the local provider at some point in the future.

Offering Relief for Aging Caregivers

As of December 31, 2016, there are over 1,400 individuals with severe lifelong disabilities being cared for by parents age 72 and over in South Carolina. Over 600 of these caregivers are 80 years old or older themselves and their sons or daughters with a disability are in their 50's and 60's. As parental age increases, the likelihood of becoming disabled or dying increases significantly. Additionally, individuals with severe disabilities are being cared for by siblings, grandparents, or people other than their parents. When these fragile family arrangements disintegrate, DDSN must respond immediately to the health and safety risk of the individual with the disability who cannot care for him/herself through independent living.

The state needs to respond to aging caregivers now who have provided care in the home for their sons and daughters for fifty plus years. While offering this relief would be an expansion of DDSN's current community residential programs, it only addresses the priority to be proactive for these families instead of waiting and then reacting to them once in crisis. Aging parents and caregivers need peace of mind regarding the care of their loved ones as they age and once they are gone. Providing services now prevents waiting until the family is in crisis resulting in situations that place their health and safety in jeopardy. It also allows a transition period for the person with a disability while his/her parent(s) is still living and can be actively involved in their care and in their lives. Being relieved of 24/7 care for aging caregivers prior to a family crisis is a compassionate approach that is best for everyone.

3. What are 3-4 emerging issues the agency anticipates having an impact on its operations in the upcoming five years?

Compliance with the new CMS Final Rule for Home and Community Based Settings:

In January 2014, the Centers for Medicare/Medicaid Services (CMS) issued the new Final Rule for Home and Community Based Settings which more clearly defines the definition of community inclusion. This rule, which went into effect in March 2014, requires states to transform their service delivery systems to be more community inclusive and rely less on segregated service settings. The rule applies across all populations served in CMS Home and Community Based Service systems, including the elderly, those with physical disabilities, mental illness, intellectual and related disabilities, and people with Autism Spectrum Disorder.

Each state must submit a statewide transition plan on how the service delivery system will be transformed to be more community inclusive. SC Department of Health and Human Services (DHHS) is the lead agency for the transition plans because they are the Medicaid agency for the State of South Carolina. However, the populations served by DDSN are at the core of the intent of the Final Rule and therefore DDSN is extremely involved in the development of these plans and the implementation of the changes. During the past three years, DDSN has participated in numerous work groups involving other state agencies, families, and providers focused upon the development of the transition plans. South Carolina submitted its transition plan to CMS for the Intellectual Disability/Related Disability Waiver to CMS for approval in September 2014. The State submitted the statewide transition plan for compliance in February 2015. CMS is currently requiring the states to come into full compliance with the New Final Rule within five (5) years, 2019.

Over the past two years, CMS has issued further guidance and formal Q & A response documents relating to the specifics of the new Final Rule. While there is still much that is unknown on the specifics of compliance expectations and requirements, this guidance has been helpful in the planning stages for the states. Even though the states are over three years into the five-year timeframe for compliance, it is still very much a work in progress. DDSN staff time and resources are redirected to actively work on this effort. One major focus was and continues to be increased communication with DHHS, as the lead agency and other system stakeholders concerning significant changes to the service delivery system. The lack of concrete guidance by CMS regarding the specific expectations of the new Final Rule has led to much uncertainty and speculation on behalf of the families and providers alike. DDSN communicates at every opportunity with stakeholders – consumers, families, advocates and providers the new expectations as we understand them. This is helping to develop a higher level of understanding of system dynamics and operational details involved with the implementation of the Final Rule. A large part of the challenge is the unknown interpretations and expectations of the federal government. There is far more gray area than black and white area at this time.

A second focus is assessment and problem solving with providers. One particular area for compliance is South Carolina's day program service. The current service system and families are heavily dependent on this service model. DDSN and its network of service providers are actively changing to address perceived expectation changes despite inexact guidance from CMS. The shift to more person-centered, individual choice-driven services continues. A new "Employment First" directive was issued expressing the DDSN philosophy that employment is the best or first priority for people. The Individual Employment Services Pilot was completed. This resulted in a new program for individualized community integrated employment services.

Compliance With Conflict Free Service Delivery (Conflict Free Case Management)

CMS is requiring all states to come into compliance with the concept of conflict free service delivery. CMS has indicated that Medicaid providers of home and community-based services (HCBS), which include waiver services, or those who have an interest in, or are employed by a provider of HCBS must not provide case management or develop the person centered service plan. A potential conflict of interest exists in assuring and honoring free choice, overseeing quality and outcomes, and the fiduciary relationship when the same entity helps individuals access services and provides those services. DDSN's existing local DSN Board structure in which the Board provides both direct services and case management to the same individual, is not compliant with this expectation. SCDHHS is the lead agency responsible for the statewide plan to transition providers of waiver services to a conflict free system. While the details of this plan are still under development, this will involve a significant change in service delivery structure for the local DSN Boards. DDSN ensured private providers within the statewide network became compliant with this expectation when the agency initially issued its RFP to recruit new qualified service providers.

Consideration of Moving Disability Services Into Managed Care

South Carolina Department of Health and Human Services (SCDHHS) continues to move more Medicaid services into managed care. Currently, South Carolina's disability services are currently structured under the fee for service model. Some states across the nation have transitioned services for people with disabilities under the managed care structure, and this likely will be considered by SCDHHS. Many

Medicaid beneficiaries with disabilities are costly and difficult to serve, primarily because of the wide-ranging needs of the population. This increases the importance of coordinating and synchronizing services and supports across multiple service delivery systems. The fact that Medicaid recipients with disabilities often require both health care services and long-term supports adds to the complexity of the service delivery equation, since the latter services, historically, have been provided through networks that operate outside the health care delivery system. The potential of increased effectiveness of integrating health and disability supports, as well as other potential cost savings, seem to be the driving forces in increasing Medicaid services under the managed care model.

Transitioning disability services to managed care in South Carolina will come with challenges in terms of quality of service and yielding expected cost savings. Managed Care Organizations (MCO) are predominantly experienced in managing medical care. Most MCO experience in managed long term care services and supports is with individuals who are elderly. MCOs often have little to no experience with individuals with intellectual, developmental, or related disabilities. There may be potential cost savings to the state system, but these must be managed through policy to ensure the continued quality of life measures focusing on individualization through person centered planning, employment, community integration, and self-direction.

Medicaid Restructuring Under the American Health Care Act

There is much discussion at the national level about significant structural changes to Medicaid. While it is not currently known exactly what the future changes will be to the structure of Medicaid, it is likely these changes will significantly affect South Carolina's service delivery system. DDSN heavily utilizes federal Medicaid matching funds in order to serve the most individuals within the limits of state appropriated funds. People with disabilities account for 15% of total national Medicaid enrollment but 42 % of program spending due to their greater health care needs. This is especially true for long term care in the community and nursing homes that are generally unavailable through private health insurance and too costly to afford out-of-pocket. Medicaid covers a broad range of medical and long term care services to meet the diverse needs of adults with disabilities allowing them to live independently and safely in the community.

Adults with disabilities may be especially affected by a per capita cap. Most disabilities related coverage pathways and many services important to people with disabilities, such as communit-based long term care, are provided at the option of the state, making them subject to cuts if states are faced with federal funding reductions. A per capita cap could lock in historical state differences in scope of coverage and spending for people with disabilities. Many home and community-based services important to people with disabilities are provided through optional waivers, which put them at risk for cuts as states look for ways to limit spending in the face of substantial federal funding reductions. Future decisions on the fundamental structure of Medicaid could cause significant changes in the service delivery model in the state of South Carolina for the individuals and providers DDSN supports.

[Agency Legal Directives, Plan & Resources \(Study Step 1\)](#)

- 4. Please provide the history of the agency by year, from its origin to the present, in a bulleted list. Include the names of each director with the year the director started, and major events (e.g. programs added, cut, departments/divisions changed, etc.).**

History of
SC Department of Disabilities and Special Needs
(Formerly known as SC Department of Mental Retardation)

The South Carolina Department of Mental Retardation (DMR) was the first independent state agency created to serve people with intellectual disability and related disabilities in the United States.

During its history, DMR/DDSN has advocated dignity, respect, privacy and protection from harm for people with intellectual disability or related disabilities and later people with autism, brain injury or spinal cord injury as well. The agency also encourages opportunities for people with disabilities to make choices about places of residence and employment as well as participation in community activities.

1916 – 1917 South Carolina conducted a survey of people who were considered "feeble-minded" The survey results recommended establishing a residential institution for people with mental retardation.

The General Assembly authorized construction of the SC State Training School for the Feeble-minded in Clinton. The institution would be operated as a corporate body under direction of the Board of Regents at the State Hospital. It would have a separate management and location from the State Hospital and serve people with only mental retardation.

1952 The State Board of Regents became the South Carolina Mental Health Commission. The State Training School fell under the commission's jurisdiction.

The General Assembly authorized construction of Pineland State Training School and Hospital near Columbia. Pineland would be an institution for black people with mental retardation operated by the Mental Health Commission.

The legislature also authorized programs for children who were considered to be "educable mentally retarded." The programs would be operated by the state Department of Education.

1954 – 1963 The State Training School in Clinton was renamed Whitten Village in honor of its founder, Dr. Benjamin Whitten. The General Assembly removed Whitten Village from the jurisdiction of the Mental Health Commission. The institution was governed by its own board of trustees.

1963 The General Assembly authorized construction of a third institution, the South Carolina Retarded Children's Habilitation Center. The center would be in Ladson, just outside Charleston.

President Kennedy's administration earmarked federal funds for each state to develop a plan for serving people with mental retardation. Governor Donald Russell appointed an advisory council to plan long-

term mental retardation services. The council later became the Governor's Interagency Council on Mental Retardation Planning. Its work continued into the administration of Governor Robert E. McNair.

1967 The SC Department of Mental Retardation was created in May. DMR was the first independent state agency created to serve people with mental retardation in the United States. Governor Robert McNair appointed the members of DMR's first commission.

Approximately 3,700 people with mental retardation were receiving care in the state's institutions, and nearly 1,300 people were on a waiting list to receive care.

1969 The state was divided into four regions for efficient service delivery in the Coastal, Midlands, Piedmont and Pee Dee areas of the state.

1970 On April 16, Gov. John C. West signed the Mentally Retarded Persons Act into law. The law defined DMR's function and provided structure for delivering a full range of programs for people with intellectual disabilities.

The names of the state's institutions were changed to reflect the new regional administration. Pineland State Training School was transferred from the SC Department of Mental Health to the new SC Department of Mental Retardation and became Midlands Center, and the SC Retarded Children's Habilitation Center became Coastal Center.

1972 – 1973 Coastal Center established the first office of legal advocacy for people with mental retardation. The office was established to share responsibility for safeguarding individuals' rights with parents and members of the community. When Protection and Advocacy for the Handicapped was established, the office was no longer needed (please see 1975).

DMR purchased Live Oak Village, a nursing home in Summerville. Live Oak Village became a satellite skilled-nursing facility of Coastal Center.

1974 – 1975 Governor John C. West signed Act 1127 into law. The new law set forth guidelines for the establishment and membership of county mental retardation boards. Laurens and Greenville counties established the first mental retardation boards. South Carolina developed mental retardation boards to serve all 46 counties. Services provided in the community through the local mental retardation boards offered families an important option to regional center services.

DMR purchased the Hartsville Nursing Home. The facility was renovated and renamed the Thad E. Saleeby Developmental Center.

1993 The Restructuring Act of 1993 created the new Department of Disabilities and Special Needs (DDSN). It was formed to represent people with lifelong disabilities at the highest level of state government. Three divisions were created within the agency: Mental Retardation Division, Head and Spinal Cord Injury Division and the Autism Division. Mental retardation (MR) boards became disabilities

and special needs (DSN) boards. The Program for Individuals with Autism (PIA) was transferred from the Department of Mental Health to DDSN. DDSN's mission was expanded to serve individuals with brain injury, spinal cord injury or similar disabilities.

1998 Person-Centered Services were implemented to increase self-determination and choice of services and service providers.

2002 Committed to offering individuals and families additional choices of qualified providers, DDSN worked with the State Budget and Control Board's Material and Management office (MMO) to issue a nationwide recruitment of new providers of disability services. Some disabilities and special needs boards chose to expand services into other counties and numerous private providers began offering services. An RFP to recruit more service providers continues today.

2006 The General Assembly created the Pervasive Developmental Disorder (PDD) Program via special proviso to provide Early Intensive Behavioral Intervention to young children on the Autism Spectrum.

2011 Governor Nikki Haley signed Act 47 which removed the "R" (Retardation) word in South Carolina.

Time line of State Directors

July 1969 Charles D. Barnett, Ph.D.

July 1988 Philip S. Massey, Ph.D.

September 1996 Stan Butkus, Ph.D.

March 2009 Eugene A. Laurent, Ph.D. (Interim)

November 2009 Beverly A. H. Buscemi, Ph.D.

- 5. Please provide information about the body that governs the agency and to whom the agency head reports. Explain what the agency's enabling statute outlines about the agency's governing body (e.g. board, commission, etc.), including, but not limited to: total number of individuals in 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 it and the agency operate. If the governing body operates differently than outlined in statute, please describe the differences.**

Pursuant to SC Code §44-20-210, SCDDSN is governed by a seven member commission. Each Commissioner represents a congressional district. Commissioners are appointed by the Governor with the advice and consent of the Senate. The appointments are for four year terms, however a Commissioner may serve until a successor is appointed. Commissioners can be removed by the Governor and the Governor may appoint a new Commissioner to the unexpired term. The Commission appoints the Agency Director.

The Commission meets approximately twelve times each year. Information about upcoming Commission meetings is posted on the agency website and all agency locations. The meetings are broadcast via video conference technology to three regional centers and several community provider locations. All minutes of the meetings and accompanying documentation are posted on the agency website. The Commission has two standing Committees (1) Finance and Audit and (2) Policy. These Committees meet a minimum of twice a year, but usually more frequently. For more information about the Commission meetings, please contact the agency.

- 6. Please provide information about the agency's internal audit process including: whether the agency has internal auditors, a copy of the internal audit policy or charter, the date the agency first started performing audits, the names of individuals to whom internal auditors report, the general subject matters audited, name of person who makes the decision of when an internal audit is conducted, whether internal auditors conduct an agency-wide risk assessment routinely, whether internal auditors routinely evaluate the agency's performance measurement and improvement systems, the total number of audits performed in last five fiscal years; and the 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).**

Currently, the agency has an Internal Audit Division (IAD) which employs eight FTEs and one temporary employee (see division organizational chart 6-1). A copy of the Internal Audit Directive (see 6-2) as well

as the Internal Audit Charter (see 6-3) are attached. Based on documentation (see 6-4) on file within the Division, the first audit report was issued in August 1978. The IAD Director reports administratively to the agency's State Director and functionally to the DDSN Commission (see agency organizational chart 6-5). The DSN Commission has a standing Finance/Audit Committee (for current members see 6-6).

The IAD audit universe includes the DDSN Provider network, DDSN regional centers, as well as DDSN operations. The vast majority of DDSN funding flows to the provider network and as such the majority of audit resources are devoted to this area. The IAD conducts a systemic risk assessment and based on these results, the IAD Director in consultation with Internal Audit staff determine when an entity is audited. A total of 115 audits were published in the last five fiscal years, FY12 – FY16 (see 6-7 for listing by fiscal year). The IAD recently conducted a self-assessment, the documentation of which is housed in the IAD and is available for review. A copy of the Independent Validator Statement (see 6-8) is included in this packet.

7. Please complete the **Laws Chart, which is a tab in the attached Excel document.**

DDSN has completed the attached document.

8. Please complete the **Deliverables Chart, which is a tab in the attached Excel document.**

DDSN has completed the attached document.

9. Please complete the **Organizational Units Chart, which is a tab in the attached Excel document.**

DDSN has completed the attached document.

10. Please complete the **2015-16 Strategic Spending Chart, which is a tab in the attached Excel document, to provide the Committee information on how the agency spent its funding in 2015-16**

DDSN has completed the attached document.

11. Please provide the following information regarding the amount of funds remaining at the end of each year that the agency had available to use the next year (i.e. in 2011-12, insert the amount of money left over at the end of the year that the agency was able to carry forward and use in 2012-13), for each of the last five years.

SC Department of Disabilities & Special Needs				
Carryforward Amounts				
3/1/2017				
	<u>10010000</u> State Funds	<u>37640000</u> Medicaid	<u>Other</u> <u>Operating/</u> <u>Restricted/</u> Federal	Total
FY 2011-2012	2,490,231	3,870	2,414,093	4,908,194
FY 2012-2013	1,928,548	1,531,456	460,215	3,920,218
FY 2013-2014	822,002	6,048,773	984,738	7,855,513
FY 2014-2015	1,030,471	1,912,919	1,436,821	4,380,210
FY 2015-2016	939,561	3,527,877	2,893,759	(1) 7,361,198

(1) \$5,000,000 of the total cash balance has been reserved for anticipated future Medicaid settlements.

12. How much does the agency believe is necessary to have in carryforward each year? Why?

The department’s financial goal is to carryforward only those funds required needed to meet year-end obligations plus a small financial safety margin for unexpected expenses to avoid incurring a year-end negative state fund or cash balance. For example, the most recent FY 2015-2016 carryforward was \$2.3 million net of a reserve for anticipated Medicaid cost settlements, which was less than ½ % of total FY expenses. This is designed to maximize state funds to generate matching Medicaid funds, which in turn, maximizes providing consumer services.

13. Please complete the 2016-17 Strategic Budgeting Chart, which is a tab in the attached Excel document, to provide the Committee information on how the agency plans to utilize the funds it is receiving in 2016-17, including any additional funds it plans on applying for during the year such as federal grants.

DDSN has completed the attached document.

14. Please provide the following regarding the agency’s information in the General Appropriations Act.

a) Does the agency have the ability to request a restructuring or realignment of its General Appropriations Act programs? (Y/N)

Yes, the Agency has the ability to request a restructuring or realignment of its appropriation.

b) In what year did the agency last request a restructuring or realignment of its General Appropriations Act programs? (see example of what is meant by General Appropriations Act programs to the right)

In September 2016 as part of the budget plan for FY 2018, the department requested some realignment of the Agency's appropriation budget to better align the budget authority by the projected level of spending.

c) What was requested and why?

The realignment was requested to better align the Agency's base funds. A request was made to move \$2.4 million in state funds appropriated for service and fringe programs to other service areas within the Agency's budget. The realignment properly allocates the base funds already appropriated for the Agency to the needed service area.

d) Was the request granted? (Y/N) If no, who denied the request and why was it denied?

This requested realignment is in both the House and Senate versions of the 2018 budget plan thus far through the budget process.

e) Would an individual be able to clearly see how much the agency is spending toward each of the goals in its Strategic Plan by looking at the hierarchy of agency General Appropriation Act programs? (Y/N)

Yes, an individual would be able to clearly see how much the agency is spending towards the strategic plan goals.

f) Could the agency make a request to the Executive Budget Office, Senate Finance Committee, and House Ways and Means Committee to realign or restructure its General Appropriations Act programs so that the agency's goals from its strategic plan were the highest level of its General Appropriations Act programs in the hierarchy? (Y/N)

Yes

Performance (Study Step 2)

15. Please complete the **Performance Measures Chart, which is a tab in the attached Excel document.**

DDSN has completed the attached document.

16. After completing the Performance Measure Chart, please provide the following: Graphs/Charts which shows trends over the last five time periods for at least three performance measures (separate graph/chart for each performance measure) the agency believes are vital to knowing whether the agency is successful.

Please see the attached Performance Measure Charts for the following measures:

- Living Arrangements for Persons with Intellectual Disability/Related Disabilities (ID/RD) Receiving Services Comparing South Carolina with Southeast and United States
- Large Residential Settings and Resource Utilization Comparing South Carolina with the Southeastern Region and United States
- Delivery of Services per Consumer Need and Choice - Home and Community Based Settings (Waiver) Versus Institutional (ICF/IID)
- Number of Persons with Intellectual Disability/Related Disabilities (ID/RD) Served (Consumers) Comparing South Carolina with the Southeastern Region and United States
- Length of Time Individuals on Critical Needs List Wait for Services
- Community Supports Waiver Waiting List Individuals Added and Removed by Fiscal Year
- Intellectual Disability/Related Disabilities Waiver Waiting List Individuals Added and Removed by Fiscal Year
- Head and Spinal Cord Injury Waiver Waiting List Individuals Added and Removed by Fiscal Year
- Length of Time on the Waiting Lists
- Additional Analysis of the Number of Individuals Waiting for DDSN Services

17. Please complete the **Strategic Plan Summary Chart, which is a tab in the attached Excel document.**

DDSN has completed the attached document.

Agency Ideas/Recommendations (Study Step 3)

18. Please list any ideas the agency has for internal changes at the agency that may improve efficiency and outcomes. These can be ideas that are still just ideas, things the agency is analyzing the feasibility of implementing, or things the agency already has plans for implementing. For each, include the following details:

- a. **Stage of analysis;**
- b. **Objectives and Associated Performance measures impacted and predicted impact;**
- c. **Costs of the objectives that will be impacted and the anticipated impact;**
- d. **On which objective(s) the agency plans to utilize additional available funds if the change saves costs, or obtain funds if the change requires additional funds, and how the objective(s) receiving or releasing the funds will be impacted; and**
- e. **Anticipated implementation date.**

Internal Change: Evaluation of Abuse, Neglect, and Exploitation (ANE) reporting and follow up system.

- The Legislative Audit Council (LAC) reviewed DDSN in 2014 and made several recommendations related to the ANE system. Last year DDSN asked the South Carolina Inspector General (SIG) to conduct a review of one of the private providers, SC Mentor. In this review the SIG made several recommendations about the South Carolina statewide ANE system. Most of the recommendations related to ANE centered around improving timely investigation and ensuring appropriate follow through of ANE allegations by the individual service provider and DDSN.
- DDSN hosted meetings with state agencies involved in the statewide ANE reporting and investigation process to discuss the potential implementation of the recommendations. DDSN does not have authority to unilaterally change this statewide process; it requires the cooperation of multiple agencies. This multi-agency group has referred several recommendations to the Adult Protection Coordinating Council as the entity best suited for further discussion and possible decision making on some of the recommendations. A specific recommendation of South Carolina having a single point of entry for all reports of potential ANE, regardless of the location or age of the vulnerable individual is being specifically discussed in multiple agency work groups.
 - DDSN staff are currently participating in meeting with the Institute of Medicine and Public Health to establish an Adult Abuse Registry. The need for an Adult Abuse Registry has been noted in several prior reviews of DDSN and other agencies supporting vulnerable adults. DDSN also continues representation on the Adult Protection Coordinating Council where a sub-group is working on the need for a single contact point for all allegations of abuse, neglect or exploitation towards vulnerable adults. The current system is complex and requires different entities to receive reports, depending on the age of the person affected or where the person lives.
 - DDSN staff are currently reviewing Standard of Care related data from the State Long-Term Care Ombudsman's office to improve transparency in the data shared with the public. Based on Federal guidelines, the SLTCOP uses 101 classifications for Standard for Care violations. DDSN is organizing similar complaint types into 7 distinct categories for internal reporting purposes. This information can then be used to target specific agency training aimed at improving consumer satisfaction and the overall quality of care.
- DDSN has modified some of the agency process to implement other aspects of the recommendations of the SIG or LAC and others are still under consideration.
 - a) **Stage of analysis;** Recommendations are complete; some internal changes have been implemented; some are still under consideration; and others require discussion, approval and implementation by multiple entities, including state agencies or local law enforcement.
 - b) **Objectives and Associated Performance measures impacted and predicted impact;**
 - Annual Rate of Substantiated Allegations of Abuse/Neglect/Exploitation Per 100 Served in Community Residential Settings: The recommendations center around ways to improve the existing statewide ANE system, which included better program review and enhanced

resources improve timeliness of investigative closures and follow through from the provider and DDSN. These have the potential to improve the overall reporting and investigation of ANE allegations. If recommendations result in improved response and follow through and remediation of the circumstances surrounding allegations of ANE, potentially, the likelihood of repeated situations resulting in allegations of ANE will be lessened.

- Annual Rate of Substantiated Allegations of Abuse/Neglect/Exploitation Per 100 Served in Regional Centers: Many of the recommendations centered around those allegations that result in referrals to Local Law Enforcement (LLE). Most allegations of ANE at the regional centers are investigated by the South Carolina Law Enforcement Division (SLED) unless the allegation involves a minor, in which case the investigation will be referred to the South Carolina Department of Social Services (DSS). The response time for these investigations are generally quicker than LLE. However, other changes in the overall statewide system could affect the Regional Centers as well.

c) Costs of the objectives that will be impacted and the anticipated impact;

- Objective 3.1.8: The annual rate of substantiated ANE per 100 served will be less than 0.07% in community residential settings and 0.25% in Regional Centers. Changes internal to DDSN or to the statewide system of reporting and investigation of ANE have potential to impact the reporting and tracking of the allegations as well as the quality of care resulting in the number of allegations.

d) On which objective(s) the agency plans to utilize additional available funds if the change saves costs, or obtain funds if the change requires additional funds, and how the objective(s) receiving or releasing the funds will be impacted;

- The cost of implementation is not yet known.

e) Anticipated implementation date: Still under consideration and review; unknown.

Internal Change: Changes to the Tracking and Reporting of Critical Incidents

- DDSN tracked medically-oriented "critical incidents" and determined that they account for about 60% of all Critical Incident Reports submitted through the agency's web-based reporting system. Based on the fact that DDSN serves a population that is aging in place and some are receiving end of life care in their residential settings, DDSN will transition the medically-oriented events to Therap General Event Reporting (GER). The events that will be transitioned to Therap include hospitalizations, emergency room visits, illnesses such as flu or pneumonia, and major medical events (cardiac events, stroke, uncontrolled seizures, and admission to ICU or CCU). These events are medical in nature and are not the result of any action or inaction by staff supporting the DDSN service recipient.
- Falls, choking incidents, and any accidents involving serious injury will continue to be reported as "Critical Incidents." This will allow for better reporting of true "critical incidents" and better assist DDSN in supporting provider agencies with training and technical assistance with prevention efforts.

- a) **Stage of analysis:** DDSN has already changed how these critical incidents are reported to the DSN Commission and other stakeholders. The change the data collection utilizing Therap will occur in summer 2017.
- b) **Objectives and Associated Performance measures impacted and predicted impact:**
- Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings: Shifting reporting and tracking of more routine medical incidents will allow the agency and providers to more appropriately focus on true critical incidents. This will likely afford more opportunity to engage in prevention efforts and remediation after an incident and therefore reduce the overall number of incidents.
 - Annual Rate of Critical Incidents Per 100 Served in Regional Centers: Shifting reporting and tracking of more routine medical incidents will allow the agency and providers to more appropriately focus on true critical incidents. This will likely afford more time and opportunity to engage in prevention efforts and remediation after an incident and therefore reduce the overall number of incidents.
 - Annual Rate of Fall Related Critical Incidents Per 100 Served in Community Residential Settings: This measure will continue to be measured through the Critical Incident Management System, but shifting the reporting and tracking of less critical, routine medical incidents will allow the agency and providers to more appropriately focus more severe incidents.
 - Annual Rate of Fall Related Critical Incidents Per 100 Served in Regional Centers: This measure will continue to be measured through the Critical Incident Management System, but shifting the reporting and tracking of less critical, routine medical incidents will allow the agency and providers to more appropriately focus more severe incidents.
- c) **Costs of the objectives that will be impacted and the anticipated impact:**
- Objective 3.1.6: Annual rate of falls leading to injury per 100 consumers served in community residential and Regional Centers will be less than 1.12. This data will continue to be measured through the Critical Incident Management System, but shifting the reporting and tracking of less critical, routine medical incidents will allow the agency and providers to more appropriately focus more severe incidents.
 - Objective 3.1.7: Annual rate of critical incident report per 100 consumers should not exceed 19 in residential settings and 39 in Regional Centers. Shifting reporting and tracking of more routine medical incidents will allow the agency and providers to more appropriately focus on true critical incidents. This will likely afford more opportunity to engage in prevention efforts and remediation after an incident and therefore reduce the overall number of incidents.
 - Objective 3.1.8: Modify the critical incident reporting program to focus collection on relevant incidents and eliminate benign incidents; establish criteria for proactive inquiry; and establish criteria for proactive inquiry; and establish performance benchmarks within 90 days after initiating modified process. Performance measure for this new initiative.
- d) **On which objective(s) the agency plans to utilize additional available funds if the change saves costs, or obtain funds if the change requires additional funds, and how the objective(s) receiving or releasing the funds will be impacted:** There is no anticipated cost to the agency. This is a shift in how data is tracked and reported utilizing functions in the new electronic record system DDSN is implementing statewide.

e) **Anticipated implementation date:** Late summer 2017

Internal Change: Direct Service Operations – DDSN to develop and directly operate six small community based group homes for eighteen individuals with significant behavioral challenges.

- Historically DDSN has utilized the community network of local Disabilities and Special Needs Boards and Qualified residential providers to develop and operate community services. This service network currently provides a wide array of community residential services to approximately 4,725 individuals.
- This action is being taken due to the growing number of individuals on the DDSN Critical Needs List and the increase in the average time that an individual placed on the Critical Needs List has to wait to access residential services. The individuals placed on the Critical Needs List typically require out-of-home residential services to address their needs. The growth in the Critical Needs List and increased wait time to access residential services is attributable to a growth in the number of individuals with significant behavioral needs and a limited interest by the existing community service network to serve individuals with significant behavioral needs.
- DDSN approached residential service providers specializing in supporting individuals with significant behavioral needs operating in other states but was unsuccessful in getting additional providers to come to South Carolina. While DDSN could opt to serve some of these individuals with significant behavioral needs in the DDSN operated regional centers, this would be contrary to the federal and state requirement to serve people with disabilities in the least restrictive community setting possible. To ensure availability of appropriate residential settings for individuals with significant behavioral needs DDSN will open and directly operate a small quantity of homes in the community.

a) **Stage of analysis:** Change is in the beginning stages and is projected to be completed late summer 2018.

b) **Objectives and Associated Performance measures impacted and predicted impact:** This initiative will create more community based residential options for individuals with significant behavioral needs.

- Ratio of Persons Served in HCB Waivers Versus ICF/IID will be at least 9.6 to 1 – By serving individuals with significant behavioral challenges in community waiver funded homes instead of regional centers, the ratio of persons served in HCB Waivers versus ICFs/IID will be strengthened.
- Number of Persons Served Per 100,000 General Population in 16 + Bed Facilities will be lower than the National Average – By serving individuals with significant behavioral challenges in community waiver funded homes instead of regional centers, the number of persons served in 16 + bed facilities will be prevented from increasing.
- Average Length of Wait for Individuals Place on Critical Needs List will be less than 60 Days - As additional community residential services for persons with significant behavioral challenges are developed, this will allow those individuals with significant behavioral challenges to be served from the Critical Needs List more quickly.
- Develop 6 DDSN directly operated community homes – this initiative is this performance objective.

c) **Costs of the objectives that will be impacted and the anticipated impact:**

- Strategy 2.2: Community Residential Services (residential habilitation services while still in the community)– Directly operating community residential services for persons with significant behavioral needs will avoid the higher costs associated the more restrictive ICF/IID facilities. DDSN will operate these homes at the same rate paid to community providers for this population, therefore the incurred cost is the same to the agency. This avoids placement of individuals into more restrictive and therefore more costly settings; generating savings which may be utilized by the agency and community provider network to serve more individuals.
- d) On which objective(s) the agency plans to utilize additional available funds if the change saves costs, or obtain funds if the change requires additional funds, and how the objective(s) receiving or releasing the funds will be impacted:** DDSN will operate these homes at the same rate paid to community providers for this population, therefore the incurred cost is the same to the agency for Community residential services expansion for this population. This does avoid placement of individuals into more restrictive and therefore more costly settings. In doing so, this generates cost reductions which may be redirected by the agency and community provider network to serve more individuals.
- e) Anticipated implementation date:** August 2018

Internal Change: Plan Review and Service Authorization - Move the approval of the Case Management Annual Support Plan and Medicaid Waiver Service Requests away from Case Management providers and to the DDSN Central Office.

- Currently, each waiver participant’s case manager is responsible for assessing, planning and authorizing waiver services for the participant. For most waiver services, the authority to approve the plan of care, including the amount of service a participant may receive, lies with the case manager. The State (DDSN and DHHS) conducts reviews of plans but do not approve plans prior to implementation.
 - Bestowing this authority on the case manager, is not consistent with 42 CFR§441.301(b)(1)(i) and creates potential inconsistency and a conflict of interest in that case managers and/or Medicaid Targeted Case Management (MTCM) providers may, to address the same need, determine that differing amounts of waiver services are required to address the need. While some variances are to be expected, having this authority could be used by an MTCM provider to attract or maintain clientele. The current waiver documents also include the service of Waiver Case Management which, when implemented by DHHS, would put the Case Managers in a position to be authorizing the delivery of the service which they are being paid to provide.
 - DDSN is in the process of developing policies and procedures for a system in which the Annual Plan and any changes throughout the year must be approved by DDSN Staff. This system change will benefit Case Management providers through increased system efficiencies and less opportunity for errors that result in recoupment of Medicaid funds. It will also benefit the individuals served through creating an approval environment that is consistent in its approval methodology and free of any potential operational conflict including the authorization of Waiver Case Management.
- a) Stage of analysis:** Change is in the final stages and will be implemented late summer 2017.
- b) Objectives and Associated Performance measures impacted and predicted impact:** This change will create a more consistent approval process for individuals served across the state while also

minimizing the errors in the Support Plan that cause recoupment of funds. This also removes some of the inherent conflict of interest present in the case of a Case Manager approving their own level of service and authorizing themselves to provide that service as required by CMS.

- Percent of Total Served Supported in Home and Compare to National Benchmark - As services are approved more consistently, the Measure of Average Annual Per Person HCB Waiver Cost may change as a more consistent approval process is utilized. The agency ensures that people are served at the most appropriate level and service dollars are used to support individuals appropriately in their homes avoiding more expensive residential placement whenever possible.
- Number of Persons Served Per 100,000 General Population and Compare to National Benchmark - As services are approved more consistently, the Measure of Average Annual Per Person HCB Waiver Cost may change as a more consistent approval process is utilized and therefore more individuals may be served with the same amount of funds.
- Average Annual Per Person HCB Waiver Costs and Compare to National Benchmark - As services are approved more consistently, the Measure of Average Annual Per Person HCB Waiver Cost may change as a more consistent approval process is utilized and therefore more individuals may be served with the same amount of funds.
- Number of Individuals on DDSN Managed HCB Waiver Waiting Lists - As services are approved more consistently, the Measure of Average Annual Per Person HCB Waiver Cost may change as a more consistent approval process is utilized and therefore more individuals may be served with the same amount of funds.
- Begin Centralization of Annual Service Authorizations by DDSN – this initiative is this performance objective.

c) Costs of the objectives that will be impacted and the anticipated impact:

- Strategy 2.1: In-Home Family Support Services (least restrictive community setting)– Approving waiver services at the central level will insure that services are utilized as intended, help prevent abuse and allow for more equitable distribution of funds/services.
- Strategy 4.1: Monitor organizational effectiveness through benchmarks – This will help ensure the in-home supports are appropriate and therefore help increase maximum utilization.

d) On which objective(s) the agency plans to utilize additional available funds if the change saves costs, or obtain funds if the change requires additional funds, and how the objective(s) receiving or releasing the funds will be impacted: Savings generated from this initiative will be utilized by the DDSN community provider network to maintain financial solvency and assure consumers are receiving the appropriate services commiserate with identified needs.

e) Anticipated implementation date: August 2017

Internal Change: DDSN Outcome-based Provider Evaluation

- DDSN is committed to understanding and responding to strategies that help improve organizational performance. Activities in this area are based on the work of the Council on Quality and Leadership (CQL). The strategies are based upon the organization, assessment and synthesis of reliable and valid data from multiple sources and have at their core common values and principles. The logic of the organizing principles is to help us understand, implement and produce results for our primary customers and their families
 - The application of the Basic Assurances® involves two broad evaluation strategies – evaluation of both the system and the organizational practice. The modified system will comprise three components: (1) Periodic Review-Each residential and day service provider will be reviewed on a three year rotation, beginning with residential providers scoring below 85% on the Contract Compliance Review; (2) Development of Quality Enhancement Plan- After the Basic Assurances® Review, the Contractor will review the provider’s Quality Enhancement Plan, designed to move the provider towards person-centered services; and (3) Intermittent Review-after each provider has their initial review, the Contractor will monitor the provider’s Quality Enhancement Plan that develops for the Basic Assurance findings.
- a) **Stage of analysis:** DDSN has completed the changes necessary to issue the 5 year RFP for the contract with a Quality Improvement Organization (QIO) and will be submitting to the State Procurement Office of the State Fiscal Accountability Authority in early May 2017. The State Procurement Office should post the RFP for bidding in the summer of 2017.
- b) **Objectives and Associated Performance measures impacted and predicted impact:**
- Average overall contract compliance review score - While the actual percentage of the scores may not change, the review process will be increasingly focused on meaningful outcome measures of provider performance and less so on administrative compliance.
 - Annual number of community service providers with less than 70 % contract compliance review key indicator in one review area (total six possible review areas) – the increased focus on outcome and process measurements are expected to increase the overall level of compliance across multiple areas measured.
- c) **Costs of the objectives that will be impacted and the anticipated impact:** DDSN anticipates the overall cost of the contract with the QIO to increase due to the increased requirement of using Basic Assurances® as part of the quality review process.
- Strategy 2.2: Community residential Services (residential habilitation service while still in the community) – this initiative is expected to increase focus on process and consumer outcomes and therefore increase the overall provision of services statewide.
 - Strategy 3.1: Quality assurance monitoring of providers’ compliance with contract operational performance; consumer health, safety and welfare, and facility licensing standards - this initiative is expected to increase focus on process and consumer outcomes and therefore increase the overall provision of services statewide.
 - Strategy 4.1: Monitor organizational effectiveness through benchmarks - this initiative is expected to increase focus on process and consumer outcomes and therefore increase the overall provision of services statewide.

- d) **On which objective(s) the agency plans to utilize additional available funds if the change saves costs, or obtain funds if the change requires additional funds, and how the objective(s) receiving or releasing the funds will be impacted:** DDSN anticipates the overall cost of the contract with the QIO to increase due to the increased requirement of using Basic Assurances® as part of the quality review process. This increase in cost will be absorbed in the basic operating costs of the agency.
- e) **Anticipated implementation date:** Fall of 2017

19. As the agency likely already has planned, please review the laws chart with executive management, as well as other employees, to determine ways agency operations may be less burdensome, or outcomes improved, from changes to any of the laws. Also, check if any of the laws are archaic or no longer match with current agency practices. Afterward, list any laws the agency would recommend the Committee further evaluate and possibly recommend revision or elimination of in the Committee's Oversight Report. For each one, include the information below. An example of the information to include and how to format the information is below and on the next page.

- f. **Law;**
- g. **Summary of current statutory requirement and/or authority granted;**
- h. **Recommendation and Rationale for recommendation;**
- i. **Law wording;**
- j. **Other agencies that would be impacted by revising or eliminating the law.**

The agency's governing body, the DSN Commission, desires to approve staff recommendations for legislative changes prior to submission by agency staff. DDSN will submit an addendum to this report including the requested information in this section after the DSN Commission has discussed and approved agency recommendations. The agency will use the legislative items identified in the laws chart for consideration that are inconsistent with current practice, irrelevant or unused, inconsistent with other aspects of state or federal laws and regulations, or use outdated terminology or language in forming the recommendations for revisions to current legislation.

Please submit the following additional documents in electronic format, saving them as instructed in the guidelines.

20. Please submit electronic copies of the following:

- k. **Audits performed on the agency by external entities, other than Legislative Audit Council, State Inspector General, or State Auditor's Office, during the last 5 years;**

DDSN External Audits and Reviews

2017

DDSN Internal Audit Activity's Self-Assessment - Independent Validator Statement (March 16, 2017) - Attached

In accordance with the Institute of Internal Auditor's (IIA's) Standards, DDSN engaged an independent Certified Internal Auditor in July 2016 to conduct an independent validation of the agency's internal audit activity's self- assessment. The Independent Validator Statement, issued March 2017, fully concurred with the internal audit activity conclusions and implementation of recommendations.

2016

Review of SCDDSN 2015 Financial Position - Greene, Finney & Horton Audit Report Year Ended June 30, 2015 (June 8, 2016) - Attached

Greene, Finney & Horton performed a full financial statement audit for the year ending June 30, 2015. In the review, the financial statements were found to present fairly the financial position of the Department in accordance with accounting principles generally accepted in the United States. One deficiency in internal control was identified. The Department has implemented corrective actions to address the finding.

Audit of DDSN Classification Delegation Authority for FY 2014-2015 (SCDA) (May 6, 2016) - Attached

SC Department of Administration engaged an audit of DDSN Human Resources delegated transaction from July 1, 2014 to June 30, 2015. Findings revealed no recommendations and stated all reclassification actions were sound and in compliance with the classification delegation agreement, an excellent audit result.

Review of Allegations Involving SC Mentor-a Private Provider for DDSN (OIG) (September 2016)

The State Office of the Inspector General reviewed allegations of abuse, neglect, and exploitation (ANE) at SC Mentor (Mentor), a private provider of residential services for DDSN consumers. The review determined Mentor had proportionately higher ANE allegations and sustained criminal incidents than peer facilities. However, the analysis did not indicate systemic abuse towards consumers inasmuch as the majority of the ANE reporting contained allegations more akin to staff/facility performance issues and the vast majority of all allegations were unsustainable by independent investigations. The report had seven findings and nine recommendations, which are being addressed by DDSN.

2015

SC Claimed Some Unallowable Room-and-Board Costs Under the ID/RD Waiver for State FY 2010 - OIG (April 2015) - Attached

Office of the Inspector General - Review of Room and Board Costs Under the Intellectual and Related Disabilities Waiver for State Fiscal Year 2010. Report issued in 2015. Found unallowable costs were included in the room and board calculations. A percentage of the administrative costs should have been included in the room and board calculations, and was not. Thus, Medicaid was overcharged for these costs and the consumers were undercharged. DDSN paid back \$1.4 M for FY 10. This is the same issue that was found in the previous OIG audit for FYs 07-09 and the calculations were corrected with the issuance of that report starting with cost reports for FY 11. This review was to catch the single year in between the scope of the first review and the year the corrected calculations went into effect.

SC Claimed Some Unallowable Room-and-Board Costs under ID/RD Waiver – OIG (September 2012)

State Office of the Inspector General - Review of Room and Board for individuals receiving Housing Assistance Payments (HAP). Found 9 providers inappropriately overcharged by misapplication of the HAP payment for consumers' room and board payments. These 9 providers overcharged consumers by \$1.26 M for FYs 2013 and 2014. Two additional providers also had paybacks to consumers for miscalculations of room and board not related to HAP payments totaling \$200 K. Another provider is currently being reviewed for Room and Board related to HAP who was not included in the original review. Potential payback amounts for 2015 are still under review.

DDSN Employees & Residents with Disabilities Employed at Minimum Wages – US Department of Labor Wage and Hour Division (9/16-2015) - Attached

In September, 2015, the US Department of Labor Wage and Hour Division audited employees and residents with disabilities employed at subminimum wages by the DDSN Pee Dee Regional Center. The investigation period was February 2, 2013 through February 1, 2015. The investigation report shows that no FLSA violations were found.

SCDHHS' Program Integrity Audit of DDSN Service Delivery System (Began October 2014)

SCDHHS has completed on-going reviews of DDSN's Service Provider network with a focus on Waiver-Specific service authorization and case management. Four providers have completed the review cycle, while another 5 provider reports are pending. The first review took place in October 2014. The reviews have focused on the case management functions and residential habilitation and day services related to the ID/RD Waiver, Community Supports Waiver, and the Head & Spinal Cord Injury Waivers. In three of the four completed audits, financial recoupments were ultimately completed. *(These reports are not included as attachments as they have a vast amount of protected health information of consumers supported by DDSN and the statewide provider network.)*

2014

State of SC Info Security Vulnerability & Security Risk Assessment - Deloitte&Touche LLP (March 31, 2014)

Budget and Control Board hired Deloitte to conduct a statewide agency security assessment and audit. Deloitte performed a Risk and Vulnerability assessment of DDSN Information Technology systems and network including 15 security domains. DDSN has taken the findings from those assessments and created a list of items to remediate. Many improvements have been made, and other continue to be implemented. The recommendations continue to be reviewed with the DDSN

Information Technology Steering Committee periodically. *(Due to the security risk to the agency, this report is not subject to FOIA and is not included as an attachment.)*

State of South Carolina DDSN Review of Current Business - Public Consultant Group (July 2014) - Attached

Public Consultant Group 2014 - Review of DDSN's Funding and Reimbursement of Services and DDSN's program oversight. 9 recommendations were identified in the report. DDSN has instituted 4 of the recommendations. DDSN will need to work with other entities to accomplish other recommendations or work with its governing body to fully develop processes identified.

Legislative Audit Council 2014 Review of DDSN Service Delivery System

Legislative Audit Council Reviews of Department's services delivery systems and use of state appropriations in 2014. 49 recommendations were identified. DDSN has implemented 22 of the recommendations, 6 are partially implemented or in the process of being fully implemented, 10 need legislative authority to implement, 6 are the responsibility of another entity to implement or cannot be implemented due to rules or regulations preventing implementation, and 5 have not been implemented.

SCDHHS' Review of DDSN Cost Report Methodologies – (No Finalized Report)

SCDHHS retained Myers and Stauffer in 2014 to conduct a comprehensive review of Medicaid funding and cost methodologies for all DDSN Medicaid services. This report was never released by DHHS because the report was never finalized.

Statewide PEBA Review - Elliott Davis Decosimo (December 2014) - Attached

In November, 2014, DDSN participated as part of a statewide audit of PEBA Retirement Services SC Deferred Compensation Program. DDSN was not the primary focus of the audit, but no concerns were shared with the agency.

2013

State Auditor's 2013 Agreed on Procedures Audit

State Auditor Office agreed on procedures audit for FY 2013. Nine (9) areas were reviewed and no exceptions were identified.

SCDDSN Procurement Audit Report 4/1/08-12/31/11- SC Budget and Control Board (April 19, 2013) - Attached

Material Management Office conducted a procurement audit of DDSN. Issued in May 2013. Some findings were identified; none was of a material nature. DDSN's certification limits were granted at or above previous levels. DDSN procurement levels are set at \$250,000.

Audit of DDSN Delegated Transactions 7/1/2011 to 6/30/2013 - SC Budget and Control Board (November 8, 2013) - Attached

The State Office of Human Resources (now Division of State Human Resources) has delegated DDSN's HR the authority to hire employees above the minimum salary, provide temporary salary adjustments of up to 15 percent for no longer than one year, and appropriately classify its positions. In October, 2013, OHR audited DDSN's delegation authority and found no significant exceptions. The next such audit by DSHR will be scheduled this quarter.

2012

State Auditor's 2012 Agreed on Procedures Audit

State Auditor Office conducted an agreed on procedures audit for FY2012. Nine (9) areas were reviewed and no exceptions were identified.

2011

Legislative Audit Council Statewide Procurement Card Review

Legislative Audit Council Review of procurement cards performed in 2011, which was part of review of all state agencies that use procurement cards. Minor findings related to use of procurement cards by DDSN were noted. DDSN implemented procedures to correct the findings identified.

Administrative Percentage Determination SCDDSN Position Paper - DHHS (March 30, 2010) - Attached

SCDHHS retained Clifton and Gunderson to conduct a review of administrative overhead costs for DDSN in regards to the four Medicaid waivers that DDSN administers on behalf of Medicaid beneficiaries. The review concluded an administrative rate to be included in the waivers of 0.40%. This 0.40 percent represents a change in FFP from 70 % match to 50 % match. The attachment says DRAFT, but this is the version that was submitted to CMS from SCDHHS.

I. Audits performed by internal auditors at the agency during the last 10 years;

06/10/16	Midlands Center Funds-Property-Cash Follow Up
09/16/15	Pee Dee and Saleeby-Funds-Property-Procurement Follow Up
04/10/15	Whitten Center Procurement
06/24/14	Coastal Center Funds-Property-Procurement
04/03/14	DDSN HASCI Self Directed Attendant Care Program
08/28/12	DDSN IT Equip Inventory Follow-Up
08/06/12	Midlands Autism-Funds-Property
07/16/12	Pee Dee Center-Funds-Property-Cash
04/18/12	Midlands Center Funds-Property-Cash
08/12/10	DDSN IT Equip Inventory System
12/29/08	Whitten Center Funds-Property
12/19/07	DDSN Finance SURB

m. Other reports, reviews or publications of the agency, during the last 10 years, including Fact Sheets, Reports required by provisos, Reports required by the Federal Government, etc.; and

South Carolina Department of Disabilities and Special Needs
Other Reports and Reviews

Pervasive Developmental Disorder (PDD) Program Reports as required by Proviso

- February 2017
- October 2016
- March 2016
- October 2015
- March 2015
- September 2014

- March 2014
- January 2014
- January 2013
- January 2012
- September 2012
- February 2011
- June 2010
- May 2009
- June 2008
- January 2008
- August 2007

Debt Service Account Report as required by Proviso

- August 2016
- July 2015
- July 2014

Carryforward Authorization Report as required by Proviso

- September 2016
- September 2015

IMD Operations Report as required by Proviso

- October 2016
- October 2015
- October 2014
- November 2013
- November 2012
- December 2011
- November 2010

Means Test Report as required by Proviso

- December 2016
- January 2014

First Steps/BabyNet Interagency Financial Statement as required by Proviso

- December 2016
- December 2015
- January 2015
- January 2014

Agency Fact Sheets and Handouts

Community Supports Waiver Information Sheets

- September 15, 2015
- September 11, 2015

Environmental Modifications Fact Sheet

- February 16, 2017
- July 13, 2016

Head and Spinal Cord Injury Waiver Information Sheet

- March 2016
- September 15, 2015
- August 2014
- December 10, 2009

Intellectual Disability/Related Disability (ID/RD) Waiver Information Sheet

- September 23, 2015
- September 15, 2015
- September 2010

Pervasive Developmental Disorder (PDD) Waiver Information Sheet

- September 25, 2015

Private Vehicle Modifications Fact Sheet for the ID/RD Waiver

- July 13, 2016

- n. Organizational chart for the current year and as many years back as the agency has available.**

Please see attached Organizational Charts for the SC Department of Disabilities and Special Needs beginning FY 2017 going back FY 2002.

Note: The Oversight Committee will collect the following documents, so do not provide copies of these: (a) Audits performed by the State Inspector General; (b) Audits performed by the Legislative Audit Council; (c) Audits or AUPs performed by the State Auditor's Office during the last 5 years; and (d) Agency Accountability Reports.

- 21. Please submit a Word document that includes a glossary of terms, including, but not limited to, every acronym used by the agency.**

Please see the attached documents titled "Glossary Provided by DDSN May 2017" and "Acronyms Provided by DDSN May 2017".

C. FEEDBACK (OPTIONAL)

After completing the Program Evaluation, please provide feedback to the Committee by answering the following questions:

- 22. What other questions may help the Committee and public understand how the agency operates, budgets, and performs?**
- 23. What are the best ways for the Committee to be able to compare the specific results the agency obtained with the money it spent?**
- 24. What changes to the report questions, format, etc. would the agency recommend?**
- 25. What benefits does the agency see in the public having access to the information in the report?**

- 26. What are two-three things the agency could do differently next time (or it could advise other agencies to do) to complete the report in less time and at a lower cost to the agency?**
- 27. Please provide any other comments or suggestions the agency would like to provide.**

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	1-May-17

Laws Chart

Note: Delete any rows not needed; Add any additional rows needed

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
Title 44 20 South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act						
1	§ 44-20-10	State	Statute	This chapter may be cited as the "South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act"		
	§ 44-20-20	State	Statute	Purpose of chapter	No	No
	§ 44-20-30	State	Statute	Definitions	No	No
	§ 44-20-210	State	Statute	Creation of South Carolina Commission on Disabilities and Special Needs; membership; terms of office; removal; vacancies	No	No
	§ 44-20-220	State	Statute	Duties of Commission; per diem; appointment of Director of Disabilities and Special Needs; advisory committees	No	No
	§ 44-20-230	State	Statute	Powers and duties of director	No	No
	§ 44-20-240	State	Statute	Creation of Department of Disabilities and Special Needs; divisions	No	No
	§ 44-20-250	State	Statute	Powers and duties of Department	Yes	No
	§ 44-20-255	State	Statute	Ownership of property confirmed in Department of Disabilities and Special Needs; retention of subsequent sales proceeds	No	No
	§ 44-20-260	State	Statute	Research programs	No	No
	§ 44-20-270	State	Statute	Administration of federal funds	Yes	No
	§ 44-20-280	State	Statute	Contracts for expansion of service	Yes	No
	§ 44-20-290	State	Statute	Security guards; powers; bonds	No	No
	§ 44-20-300	State	Statute	Motor vehicle liability insurance for employees of Department	No	No
	§ 44-20-310	State	Statute	Sale of timber from forest lands; disposition of funds	No	No
	§ 44-20-320	State	Statute	Acceptance of gifts, etc. by Department; policies and regulations	No	No
	§ 44-20-330	State	Statute	Granting of easements, permits, or rights-of-way by Department	No	No
	§ 44-20-340	State	Statute	Records and reports pertaining to client; confidentiality of information; waiver	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-20-350	State	Statute	Reimbursement to State for its fiscal outlay on behalf of Department; charge for services; hearing and review procedures; collection of claims	Yes	No
	§ 44-20-355	State	Statute	Fee for Intermediate Care Facilities for persons with intellectual disability; proceeds to general fund	Yes	Yes
	§ 44-20-360	State	Statute	Midlands Center, Coastal Center, Pee Dee Center, and Whitten Center designated as independent school districts	No	No
	§ 44-20-365	State	Statute	Closing regional centers to be authorized by law	No	No
	§ 44-20-370	State	Statute	Notification of applicant qualifying for services; county programs; training programs	Yes	Yes
	§ 44-20-375	State	Statute	County boards of disabilities and special needs; establishment; recognition	Yes	Yes
	§ 44-20-378	State	Statute	Composition of board; tenure	No	No
	§ 44-20-380	State	Statute	Funds for county boards of disabilities and special needs	Yes	Yes
	§ 44-20-385	State	Statute	Additional powers and duties of county boards of disabilities and special needs	Yes	No
	§ 44-20-390	State	Statute	Initial intake and assessment service for person believed to be in need of services; service plans; residency requirements	Yes	Yes
	§ 44-20-400	State	Statute	Admission of person to services of Department for evaluation and diagnosis; form for application	Yes	No
	§ 44-20-410	State	Statute	Requirement for admission to services	Yes	No
	§ 44-20-420	State	Statute	Designation of service or program in which client is placed	Yes	Yes
	§ 44-20-430	State	Statute	Final authority over applicant eligibility, etc	Yes	No
	§ 44-20-440	State	Statute	Admission of client upon request of parent, spouse, lawful custodian or legal guardian, or upon request of applicant	Yes	Yes
	§ 44-20-450	State	Statute	Proceedings for involuntary admission; petition; hearing; service of notice; guardian ad litem; right to counsel; report; termination of proceedings; order of admission; appeal; confinement in jail prohibited	Yes	Yes
	§ 44-20-460	State	Statute	Discharge of client; detention of voluntarily admitted client; venue for judicial admission; protective custody for client	Yes	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-20-470	State	Statute	Return of nonresident person with intellectual disability or related disability to agency of state of his residency; reciprocal agreements with other states; detention of person returned by out-of-state agency; expenses	Yes	No
	§ 44-20-480	State	Statute	Placement of client out of home; payment for services	Yes	No
	§ 44-20-490	State	Statute	Placement of client in employment situation; sheltered employment and training programs; compensation of clients	Yes	Yes
	§ 44-20-500	State	Statute	Order of confinement for client	Yes	No
	§ 44-20-510	State	Statute	Attendance of client in community based public school classes	Yes	No
	§ 44-20-710	State	Statute	Licensing of facilities and programs	No	No
	§ 44-20-720	State	Statute	Minimum standards of operation and license programs	No	Yes
	§ 44-20-730	State	Statute	Criteria for issuance of license	No	Yes
	§ 44-20-740	State	Statute	Restrictions as to services; number of clients; form of application for license; term of license; license as not transferrable	Yes	No
	§ 44-20-750	State	Statute	Inspection of facilities; filing copy of bylaws, regulations, and rates of charges; inspection of records	No	Yes
	§ 44-20-760	State	Statute	Disclosure of inspections; protection of names of clients	No	No
	§ 44-20-770	State	Statute	Denial, suspension or revocation of license; grounds	No	Yes
	§ 44-20-780	State	Statute	Notifying operator of program of deficiencies; time for correction; notice of impending denial, suspension or revocation of license; exception for immediate threat	No	Yes
	§ 44-20-790	State	Statute	Promulgation of regulations governing hearings	No	No
	§ 44-20-800	State	Statute	Appeal of decision concerning deficiencies, licenses, etc	No	No
	§ 44-20-900	State	Statute	Injunctions; sufficiency of complaint; fines and penalties	Yes	No
	§ 44-20-1000	State	Statute	Licensing by department to be done in conjunction with licensing by agency having responsibility outside the department's jurisdiction; cooperative agreements	No	Yes
	§ 44-20-1110	State	Statute	Department's authority as to State's disabilities and special needs services and programs	Yes	No
	§ 44-20-1120	State	Statute	Raising of money for construction of improvements	No	No
	§ 44-20-1130	State	Statute	Limitation on amount of state capital improvement bonds	No	No
	§ 44-20-1140	State	Statute	Improvements for residential regional center or community facility; application	No	No
	§ 44-20-1150	State	Statute	Powers and duties concerning application for improvements	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-20-1160	State	Statute	Use of monies derived from revenues	No	No
	§ 44-20-1170	State	Statute	Special funds; disposition of revenues; withdrawal of funds	No	Yes
Title 44 Chapter 38 Head and Spinal Cord Injuries						
2	§ 44-38-10	State	Statute	Head and Spinal Cord Injury Information System created; purpose	No	No
	§ 44-38-20	State	Statute	Definitions	No	No
	§ 44-38-30	State	Statute	Head and Spinal Cord Injury Information System Council; establishment and purpose; composition; election of chairman; appointment of advisors; compensation and expenses	No	No
	§ 44-38-40	State	Statute	Duties of council	No	No
	§ 44-38-50	State	Statute	Reporting of required information; follow up to persons entered in registry; gathering information from other states; approval of and participation in research activities	No	No
	§ 44-38-60	State	Statute	Confidentiality of reports and records; nondisclosure under Freedom of Information Act	No	No
	§ 44-38-70	State	Statute	Council to submit annual report	No	No
	§ 44-38-80	State	Statute	Qualified immunity from liability for release of information in accordance with article	No	No
	§ 44-38-90	State	Statute	Penalty for intentional noncompliance with article	No	No
	§ 44-38-310	State	Statute	Service Delivery System established	Yes	Yes
	§ 44-38-320	State	Statute	Definitions	Yes	No
	§ 44-38-330	State	Statute	Primary functions of system	Yes	Yes
	§ 44-38-340	State	Statute	Duties of department	Yes	Yes
	§ 44-38-370	State	Statute	Eligibility criteria for case management services	Yes	No
	§ 44-38-380	State	Statute	Advisory Council to System	No	Yes
	§ 44-38-390	State	Statute	Article does not establish entitlement program or benefit	No	No
	§ 44-38-510	State	Statute	Spinal Cord Injury Research Board	No	No
	§ 44-38-610	State	Statute	South Carolina Brain Injury Leadership Council	Yes	No
	§ 44-38-620	State	Statute	Duties of the Council	No	No
	§ 44-38-630	State	Statute	Membership of Council; officers of council; compensation	Yes	Yes
	§ 44-38-640	State	Statute	Authority to apply for grants	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
Title 44 Chapter 21 Department of Disabilities and Special Needs Family Support Services						
3	§ 44-21-10	State	Statute	Legislative intent; intent of program; guiding principles	Yes	No
	§ 44-21-20	State	Statute	Definitions	Yes	No
	§ 44 21 30	State	Statute	Authority to contract or make grants	No	No
	§ 44 21 40	State	Statute	Focus of Family Support Program	Yes	No
	§ 44 21 50	State	Statute	Contracted agency to assist families in assessing needs and preparing plan	No	No
	§ 44 21 60	State	Statute	Services included in Family Support Program	Yes	Yes
	§ 44 21 70	State	Statute	Implementation contingent upon annual appropriations	No	No
	§ 44 21 80	State	Statute	Regional tertiary level developmental evaluation centers	Yes	No
Title 44 Chapter 23 Provisions Applicable to Both Mentally Ill Persons and Persons with Intellectual Disability						
4	§ 44-23-10	State	Statute	Definitions	No	No
	§ 44-23-20	State	Statute	Inapplicability to Whitten Center	No	No
	§ 44-23-40	State	Statute	Appeal to court from rules and regulations	No	No
	§ 44-23-210	State	Statute	Transfer of confined persons to or between mental health or intellectual disability facility	No	No
	§ 44-23-220	State	Statute	Admission of persons in jail	No	No
	§ 44-23-410	State	Statute	Determining fitness to stand trial; time for conducting examination; extension; independent examination; competency distinguished	No	Yes
	§ 44-23-420	State	Statute	Designated examiners' report	No	Yes
	§ 44-23-430	State	Statute	Hearing on fitness to stand trial; effect of outcome	No	No
	§ 44-23-460	State	Statute	Procedure when superintendent believes person charged with crime no longer requires hospitalization	Yes	No
Title 44 Chapter 26 Rights of Clients with Intellectual Disability						
5	§ 44-26-10	State	Statute	Definitions	Yes	No
	§ 44-26-40	State	Statute	Determination of competency to consent to or refuse major medical treatment	Yes	Yes
	§ 44-26-50	State	Statute	Health care decisions of client found incompetent to consent to or refuse major medical treatment	Yes	No
	§ 44-26-60	State	Statute	Health care decisions of minor clients	Yes	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-26-70	State	Statute	Human rights committees	Yes	Yes
	§ 44-26-80	State	Statute	Appeal of decisions concerning services or treatment provided	Yes	Yes
	§ 44-26-90	State	Statute	Rights of client not to be denied	Yes	Yes
	§ 44-26-100	State	Statute	General rights of clients; limitations on rights	Yes	No
	§ 44-26-110	State	Statute	Right to daily physical exercise	Yes	No
	§ 44-26-120	State	Statute	Access to medical and habilitative records; grounds for denial of access; appeal of denial of access; disclosure form	Yes	No
	§ 44-26-130	State	Statute	Confidentiality of communications with, and records of clients; disclosure	Yes	No
	§ 44-26-140	State	Statute	Clients to receive least restrictive appropriate care and habilitation available; exceptions	Yes	Yes
	§ 44-26-150	State	Statute	Clients to be informed of rights upon admission; written individualized plan of habilitation; review of plan; revision of, or changes in, plan	Yes	Yes
	§ 44-26-16	State	Statute	Mechanical, physical or chemical restraint of clients	Yes	Yes
	§ 44-26-170	State	Statute	Use of certain types of behavior modification	Yes	Yes
	§ 44-26-180	State	Statute	Informed consent required for participation in research; promulgation of regulations	Yes	Yes
	§ 44-26-200	State	Statute	State Employment Services Division and State Agency of Vocational Rehabilitation to find employment for citizens with intellectual disability	No	No
	§ 44-26-210	State	Statute	Penalties for denying client rights accorded under this chapter	No	No
	§ 44-26-220	State	Statute	Person making health care decision not subject to civil or criminal liability, nor liable for cost of care; health care provider not subject to civil or criminal liability or disciplinary penalty for relying on decision	No	No
Title 44 Health Chapter 28 Self-Sufficiency Trust Fund; Disability Trust Fund; Aid For Developmentally Disabled, Mentally Ill, and Physically						
6	§ 44-28-10	State	Statute	Establishment of Fund; purpose	No	No
	§ 44-28-20	State	Statute	Definition of "self-sufficiency trust."	No	No
	§ 44-28-40	State	Statute	Departments and Agency required to provide care or treatment using monies in Fund account; vouchers	No	Yes
	§ 44-28-60	State	Statute	Money not usable for supplemental care and treatment to be returned to depositing trust; interest	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-28-80	State	Statute	Departments and Agency to promulgate regulations for implementation and administration of Fund	No	Yes
	§ 44-28-310	State	Statute	Establishment of Fund; purpose	No	No
	§ 44-28-360	State	Statute	Departments and Agency required to provide care or treatment to eligible beneficiaries using monies from Fund	No	Yes
	§ 44-28-370	State	Statute	Departments and Agency to promulgate regulations for implementation and administration of Fund	No	Yes
Health Chapter 44 "South Carolina Birth Defects Act"						
7	§ 44-44-40	State	Statute	Birth Defects Advisory Council established; membership; subject areas for recommendations; compensation	No	No
Title 44 Chapter 66 Adult Health Care Consent Act						
8	§ 44-66-10	State	Statute	Short title	No	No
	§ 44-66-20	State	Statute	Definitions	No	No
	§ 44-66-30	State	Statute	Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions	No	No
	§ 44-66-40	State	Statute	Provision of health care without consent where there is serious threat to health of patient, or to relieve suffering; person having highest priority to make health care decision	No	No
	§ 44-66-50	State	Statute	Provision of health care without consent to relieve suffering, restore bodily function, or to preserve life, health or bodily integrity of patient	No	No
	§ 44-66-60	State	Statute	No authority to provide health care to patient who is unable to consent where health care is against religious beliefs of patient, or patients prior instructions	No	No
	§ 44-66-70	State	Statute	Person who makes health care decision for another not subject to civil or criminal liability, nor liable for costs of care; health care provider not subject to civil or criminal liability	No	No
	§ 44-66-75	State	Statute	Designating a family member with whom provider may discuss medical condition; exemptions	No	Yes
	§ 44-66-80	State	Statute	Other laws mandating or allowing testing or treatment without consent unaffected	No	No

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Title 44. Health Chapter 25 Interstate Compact on Mental Health						
9	§ 44-25-10	State	Statute	Compact enacted into law	No	No
	§ 44-25-30	State	Statute	Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators	No	Yes
Title 44 Chapter 7 Hospitals, Tuberculosis Camps and Health Service Districts						
10	§ 44-7-260	State	Statute	Requirements for licensure	No	No
	§ 44-7-264	State	Statute	Nursing home or community residential care facility licensure; fingerprint-based criminal records check; prohibition of issuance of license or requirement of revocation for certain crimes	No	No
	§ 44-7-2910	State	Statute	Criminal record check for direct caregivers; definitions	No	Yes
	§ 44-7-2920	State	Statute	Criminal record check procedures	No	No
Title 6 Local Government Chapter 29 South Carolina Local Government Comprehensive Planning Enabling Act of 1994						
11	§ 6-29-770	State	Statute	Governmental entities subject to zoning ordinances; exceptions	No	Yes
Title 40 Professions And Occupations Chapter 35 Long Term Health Care Administrators						
	§ 40-35-20	State	Statute	Definitions	No	No
	§ 40-35-30	State	Statute	Supervision of facilities and centers by licensed administrators	Yes	Yes
Title 43 Social Services Chapter 35 Adult Protection (This chapter may be cited as the Omnibus Adult Protection Act)						
13	§ 43-35-5	State	Statute	Short title	No	No
	§ 43-35-10	State	Statute	Definitions	No	No
	§ 43-35-13	State	Statute	Nonmedical remedial treatment by spiritual means is not abuse or neglect of vulnerable adult	No	No
	§ 43-35-15	State	Statute	Vulnerable Adults Investigations Unit; Long Term Care Ombudsman Program; Adult Protective Services Program; responsibilities; referral of reports	No	No
	§ 43-35-20	State	Statute	Additional powers of investigative entities	No	No
	§ 43-35-25	State	Statute	Persons required to report abuse, neglect, or exploitation of adult; reporting methods	No	Yes
	§ 43-35-30	State	Statute	Photographing of visible trauma on abused adult	No	Yes
	§ 43-35-35	State	Statute	Reporting deaths where abuse or neglect suspected	No	Yes

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 43-35-60	State	Statute	Sharing of report information by investigative entities; public confidentiality	No	No
	§ 43-35-65	State	Statute	Notices to be displayed at facilities	No	Yes
	§ 43-35-75	State	Statute	Immunity of person making report or participating in investigation in good faith	No	No
	§ 43-35-310	State	Statute	Council created; membership; filling vacancies (APCC)	No	No
	§ 43-35-520	State	Statute	Investigations of deaths in facilities operated by the Department of Mental Health or the Department of Disabilities and Special Needs; death by natural causes in a veterans' nursing home	No	No
	§ 43-35-540	State	Statute	Access to medical information	No	Yes
	§ 43-35-560	State	Statute	Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support	No	No
	Title 63 Chapter 7 Child Protection and Permanency					
14	§ 63-7-310	State	Statute	Persons required to report	No	Yes
	§ 63-7-315	State	Statute	Civil action created for wrongful termination based on employee having reported child abuse or neglect	No	No
	§ 63-7-360	State	Statute	Mandatory reporting to coroner	No	Yes
	§ 63-7-380	State	Statute	Photos and x-rays without parental consent; release of medical records	No	No
	§ 63-7-390	State	Statute	Reporter immunity from liability	No	No
	§ 63-7-410	State	Statute	Failure to report; penalties	No	No
	Regulations CHAPTER 88 DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS					
	<i>License Requirements for Facilities and Programs</i>					
15	§ 88-105	State	Regulation	Scope	No	Yes
	§ 88-110	State	Regulation	Licenses Issued	Yes	No
	§ 88-115	State	Regulation	Effective Date and Term of License	No	No
	§ 88-120	State	Regulation	Applications for License	No	No
	§ 88-125	State	Regulation	Denial, Suspension, or Revocation of License	No	Yes
	§ 88-130	State	Regulation	Waivers	No	No
	§ 88-135	State	Regulation	Validity of License	No	No
	§ 88-140	State	Regulation	Separate Licenses	No	No
	§ 88-210	State	Regulation	Definitions	Yes	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
Recreational Camps For Persons With Intellectual Disability (No longer done)						
	§ 88-310	State	Regulation	Definitions	No	No
	§ 88-320	State	Regulation	Supervision	No	No
	§ 88-325	State	Regulation	Personnel	No	No
	§ 88-330	State	Regulation	Size of Staff	No	No
	§ 88-335	State	Regulation	Personnel Records	No	No
	§ 88-340	State	Regulation	General Health	No	No
	§ 88-345	State	Regulation	General Safety	No	No
	§ 88-350	State	Regulation	Emergency Procedures	No	No
	§ 88-355	State	Regulation	General Sanitation Requirements	No	No
	§ 88-360	State	Regulation	Housing in Residential Camps	No	No
	§ 88-365	State	Regulation	Nutrition and Food Service	No	No
	§ 88-370	State	Regulation	Transportation	No	No
	§ 88-375	State	Regulation	Program	No	No
	§ 88-380	State	Regulation	Waterfront Activity	No	No
	§ 88-385	State	Regulation	General Care of Campers	No	No
	§ 88-390	State	Regulation	Confidentiality	No	No
	§ 88-395	State	Regulation	Reserve Clause	No	No
Day Programs For Persons With Intellectual Disability						
	§ 88-405	State	Regulation	Definitions	No	No
	§ 88-410	State	Regulation	Personnel	No	No
	§ 88-415	State	Regulation	Facility	No	No
	§ 88-420	State	Regulation	Transportation	No	No
	§ 88-425	State	Regulation	Medical Care	No	No
	§ 88-430	State	Regulation	Evaluations	No	No
	§ 88-435	State	Regulation	Program	No	No
	§ 88-440	State	Regulation	Records	No	No
Unclassified Facilities And Programs						
	§ 88-910	State	Regulation	Unclassified Facilities and Programs	No	No
	§ 88-915	State	Regulation	Application for License of an Unclassified Program	No	No
	§ 88-920	State	Regulation	Determination by the Department	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
Federal Statutes						
16	Fair Housing Act 42 U.S. C. §3601	Federal	Statute		No	No
17	American with Disabilities Act 42 U.S.C. 126 §12101 et seq	Federal	Statute		No	No
18	Rehabilitation Act 29 U.S.C. § 701	Federal	Statute		No	No
19	Medicaid 42 U.S.C 1936n §1915 et seq	Federal	Statute		Yes	No
20	Health Insurance Portability and Accounting Act (HIPPA) 42 U.S.C. 1320-d	Federal	Statute		No	No
21	IDEA 20 U.S. C. 33 §1400 et seq	Federal	Statute		No	No
Appropriations						
22	Appropriations Act 2016-2017	State	Proviso	36.1 Work Activity Programs	No	No
23	Appropriations Act 2016-2017	State	Proviso	36.2 Sale of Excess Real Property	No	No
24	Appropriations Act 2016-2017	State	Proviso	36.3 Prenatal Diagnosis	No	No
25	Appropriations Act 2016-2017	State	Proviso	36.4 Medicaid-Funded Contract Settlements	No	No
26	Appropriations Act 2016-2017	State	Proviso	36.5 Departmental Generated Revenue	No	No
27	Appropriations Act 2016-2017	State	Proviso	36.6 Transfer of Capital/Property	No	No
28	Appropriations Act 2016-2017	State	Proviso	36.7 Unlicensed Medication Providers	No	Yes
29	Appropriations Act 2016-2017	State	Proviso	36.8 Pervasive Developmental Disorder	Yes	Yes
30	Appropriations Act 2016-2017	State	Proviso	36.9 Child Daycare Centers	No	Yes
31	Appropriations Act 2016-2017	State	Proviso	36.10 Debt Service Account	No	Yes
32	Appropriations Act 2016-2017	State	Proviso	36.11 Traumatic Brain Injury	Yes	Yes
33	Appropriations Act 2016-2017	State	Proviso	36.12 Greenwood Genetic Center Autism Research	No	No
34	Appropriations Act 2016-2017	State	Proviso	36.13 Medicaid Direct Billing	No	Yes
35	Appropriations Act 2016-2017	State	Proviso	36.14 Carry Forward Authorization	No	Yes
36	Appropriations Act 2016-2017	State	Proviso	36.15 Service Providers Expenditure Requirement	No	No
37	Appropriations Act 2016-2017	State	Proviso	117.24 TEFRA	Yes	Yes
38	Appropriations Act 2016-2017	State	Proviso	117.54 ISCEDC Funding Transfer	Yes	Yes
39	Appropriations Act 2016-2017	State	Proviso	117.73 IMD Operations	Yes	Yes

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40	Appropriations Act 2016-2017	State	Proviso	117.91 Means Test	No	Yes
41	Appropriations Act 2016-2017	State	Proviso	117.98 First Steps - BabyNet	No	Yes
42	Appropriations Act 2016-2017	State	Proviso	117.118 Employee Compensation	No	Yes
43	Appropriations Act 2016-2017	State	Proviso	118.16 Nonrecurring Revenue	No	Yes

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	1-May-17

Deliverables Chart

When adding laws under, Applicable Laws, please cite them as follows:

State Constitution: Article # . Title of Article . Section # . Title of Section (Example - Article IV. Executive Department. Section 12. Disability of Governor)

State Statute: ## - ## - ## . Name of Provision . (Example - 1-1-110. What officers constitute executive department.)

Federal Statute: Title # . U.S.C. Section # (Any common name for the statute)

State Regulation: Chapter # - Section # (Any common name for the regulation)

Federal Regulation: Title # C.F.R. Section # (Any common name for the regulation)

State Proviso: Proviso ## .# (Proviso Description) , 2015-16 (or whichever year is applicable) Appropriations Act Part 1B (Example - 117.9 (GP: Transfers of Appropriations), 2014-15 Appropriations Act, Part 1B.)

Note: Delete any rows not needed; Add any additional rows needed

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										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
1	When out-of-home placement is required, quality care and treatment is provided in the least restrictive environment practical.	§ 44-20-20	Require		Yes	Increased cost; lower quality of life; risk of non-compliance; litigation.	Consider updating zoning laws to comply with Federal Fair Housing Act- recommendation pending approval by DSN Commission.	DHHS	Yes	Yes	Yes	Yes
2	Shall establish a hearing and review procedure so that a client or his parent or guardian may appeal charges made for services.	§ 44-20-350	Require		No	Lack of due process.			No	No	Yes	Yes
3	Shall assess and collect a fee. Shall pay all proceeds from the fee into the general fund of the State.	§ 44-20-355	Require		No	Loss of Revenue to General Funds.			Yes	Yes	Yes	Yes
4a	Shall notify applicants when they have qualified;	§ 44-20-370	Require		No	Lack of communication and understanding of service availability.		DHHS	No	Yes	Yes	Yes
4b	Establish standards of operation and service for county disabilities and special needs programs;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non compliance with Federal and State requirements.		DHHS	No	No	Yes	Yes

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4c	Review service plans;	§ 44-20-370 continued	Require		No	Incorrect amount or level of service provision.		DHHS	No	No	Yes	Yes
4d	Review county programs;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.	Consider updating this statute to include language reflective of DDSN's entire provider network-including private service providers - recommendation pending approval by the DSN Commission.	DHHS	No	No	Yes	Yes
4e	Offer consultation and direction to county boards;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.	Consider updating statute to include language reflective of DDSN's entire provider network-including private service providers- recommendation pending approval by the DSN Commission.	DHHS	No	No	Yes	Yes
4f	Promote a high quality of services to persons;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.		DHHS	No	No	Yes	Yes
4g	Shall seek to develop and utilize the most current and promising methods for training;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.		DHHS	No	No	Yes	Yes
4h	Disseminate methods to County Boards and Programs.	§ 44-20-370 continued	Require		No		Consider changing language in statute to reflect DDSN's entire provider network, including private providers - recommendation pending approval by the DSN Commission.		Yes	No	Yes	Yes

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5	Shall recognize only county boards of disabilities and special needs that plan, administer, or provide services within a county or combination of counties which are created or established pursuant to this section.	§ 44-20-375	Require		No	Less accountability.			No	No	Yes	Yes
6	Shall review the applications from the county board.	§ 44-20-380	Require		No	Potential decrease in access to services statewide.			No	No	Yes	Yes
7a	Shall provide an initial intake and assessment service;	§ 44-20-390	Require		No	Would not be able to establish target population; violate statutory duties of the agency within the limited appropriations of the state.			Yes	Yes	Yes	Yes
7b	Must provide clients with the delivery or coordination of services.	§ 44-20-390 continued	Require		Yes	No services for individuals and families.			Yes	Yes	Yes	Yes
7c	Service plan must be designated for each person assessed.	§ 44-20-390 continued	Require		Yes	Generic, non-individualized and potentially inappropriate services resulting in over or under utilization of services and funding.	DHHS		Yes	Yes	Yes	Yes
7d	Determine the least restrictive environment and may contract to provide the service.	§ 44-20-390 continued	Require		Yes	Increased cost; lower quality of life; risk of non-compliance with Federal requirements; litigation.	DHHS		Yes	Yes	Yes	Yes
8	Appropriate services and programs must be determined by the evaluation and assessment of the needs, interests, and goals of the client.	§ 44-20-420	Require		Yes	Generic, non-individualized and potentially inappropriate services resulting in over or under utilization of services and funding.	DHHS		Yes	Yes	Yes	Yes

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										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
9	Shall prescribe the form of the application for services.	§ 44-20-440	Require		Yes	Lack of uniformity and risk of inconsistency in the determination of service needs.			No	No	Yes	Yes
10a	A report of the person in charge of the examination of the person alleged to have intellectual disability or a related disability at the diagnostic center referred to in "Requirement for Admission" must be submitted to the court at the hearing in probate or family court.	§ 44-20-450	Require		No	Violation of state law, court orders and the defendant's due process rights. Hinder the court's ability to render an informed finding.		Judicial System DMH DJJ	No	No	Yes	Yes
10b	The department shall inform the court as soon after the date of the order as practical that suitable accommodations and services are available to meet the needs of the person with intellectual disability or a related disability.	§ 44-20-450 continued	Require		No	Violation of state law, court orders and the defendant's due process rights. Hinder the court's ability to render an informed finding.		Judicial System DMH DJJ	No	Yes	Yes	Yes
11	Shall establish minimum standards of operation and license programs provided for in "Facilities and Programs must be Licensed."	§ 44-20-720	Require		No	Reduced quality of services provided.			No	Yes	Yes	Yes

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										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
12	In determining whether a license may be issued, the department shall consider if the program for which the license is applied conforms with the local and state service plans and if the proposed location conforms to use.	§ 44-20-730	Require		No	Reduced quality of services.			No	Yes	Yes	Yes
13	Shall make day program inspections as it may prescribe by regulation.	§ 44-20-750	Require		No	Reduced quality of services.			No	Yes	Yes	Yes
14	The department shall deny, suspend, or revoke a license on any of the following grounds: failure to establish or maintain proper standards of care and service as prescribed by the department; conduct or practices detrimental to the health or safety of residents or employees of the day program; violation of the provisions of this article or regulations promulgated under it.	§ 44-20-770	Require		No	Reduced quality of services.			No	No	Yes	Yes
15	The department shall give written notification to the governing board or if none, the operator of a program of deficiencies.	§ 44-20-780	Require		No	Reduced transparency.			No	No	Yes	Yes

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										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
16	Licensing by the department must be done in conjunction with and not in place of licensing by an agency having responsibilities outside the department's jurisdiction.	§ 44-20-1000	Require		No	Wasted resources and increased redundancy.			No	No	Yes	Yes
17	Shall remit to the State Treasurer all its revenues, including accumulated revenues not applicable to prior obligations, for credit to a special fund.	§ 44-20-1170	Require		No	Agency would not pay incurred debit if it had any.			No	No	No	No
18	The department must develop, coordinate, and enhance the delivery of services to persons with head and spinal cord injuries; must coordinate case management services provided pursuant to this article with the Department of Vocational Rehabilitation.	§ 44-38-310	Require		No	Unnecessary duplication of services; waste of resources.		Vocational Rehabilitation	Yes	Yes	Yes	Yes
19	Responsible for these functions of the system are planning, intake and referral, case management, and education and prevention.	§ 44-38-330	Require		No	Lack of coordination and government waste.			Yes	Yes	Yes	Yes

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20a	Develop a state plan for a comprehensive system of services for persons with head and spinal cord injuries, including short-term and long-term goals and objectives for implementing the plan;	§ 44-38-340	Require		No	Lack of coordination of services and government waste.			No	No	Yes	Yes
20b	Receive surveillance data from the South Carolina Head and Spinal Cord Injury Information System to use in developing and revising the state plan to meet the changing needs of this population;	§ 44-38-340 continued	Require		No	Lack of evidence for decision making and anticipated funding allocation.			No	No	No	No
20c	Identify gaps in services for head and spinal cord injured persons and spearhead development of those services needed for the comprehensive system of service delivery;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste; lack of provision of services.		Vocational Rehabilitation	No	Yes	Yes	Yes
20d	Develop licensing, program, and contract guidelines to be used by case managers in working with service delivery agencies;	§ 44-38-340 continued	Require		No	Potential reduction in quality of services.			No	Yes	Yes	Yes
20e	In conjunction with other state agencies, prepare, coordinate, and advocate for state appropriations needed to fund and to develop services needed to implement the state plan;	§ 44-38-340 continued	Require		No	Lack of funding for service provision.		Vocational Rehabilitation DHHS	No	No	No	No

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20f	Seek funding from other sources, private and federal, including, but not limited to, medicaid waivers and expansion of the medicaid program, to provide services outlined in the state plan;	§ 44-38-340 continued	Require		No	Lack of funding for service provision; significantly less people receiving services.		DHHS	No	Yes	Yes	Yes
20g	Evaluate the state plan including, but not limited to, how well head and spinal cord injured persons are identified, referred, and served by the system and its impact on their quality of life, including reintegration and productivity in the community;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste.			No	Yes	Yes	Yes
20h	Promote public awareness through programs relating to head and spinal cord injury prevention, treatment, and rehabilitation;	§ 44-38-340 continued	Require		No	Lack of public awareness; potential increase for injury and therefore increased service cost needs.		Vocational Rehabilitation	No	Yes	No	No
20i	Promote research on the causes, effects, prevention, treatment, and rehabilitation of head and spinal cord injuries;	§ 44-38-340 continued	Require		No	Decrease in effectiveness of treatment; lack of public awareness; potential increase for injury and therefore increased service cost needs.			No	Yes	No	No

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20j	Serve as the central and initial point for receiving referrals for case management services from the South Carolina Head and Spinal Cord Injury Information System and all other sources;	§ 44-38-340 continued	Require		No	Lack of service coordination; lack of Medicaid participation; increased cost of services; less people served; more institutional placements.			No	Yes	Yes	Yes
20k	Determine a person's eligibility for case management services based on criteria provided in Section 44-38-370, conduct an assessment of services needed, and provide appropriate case management based on an individualized treatment plan designed to meet the specific needs of the person;	§ 44-38-340 continued	Require		No	Would not be able to establish target population; violate statutory duties of the agency within the limited appropriations of the state.			No	Yes	Yes	Yes
20l	Develop policies and procedures to be used by the case managers to ensure, among other things, that a person with a head or spinal cord injury receives equal access to available services and that case management services maximize the person's self-determination and self-advocacy;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste; inappropriate service levels.			No	No	Yes	Yes

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20m	Develop training programs for case managers and other professionals to prepare and assist them in working with persons with head and spinal cord injuries;	§ 44-38-340 continued	Require		No	Reduction in quality of services.			No	No	Yes	Yes
20n	Coordinate the delivery of services and ensure that services are appropriate and delivered in a timely manner;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste.			No	Yes	Yes	Yes
20o	Advocate for persons with head and spinal cord injuries to assist them in receiving equal access to services and services which promote independence and productivity.	§ 44-38-340 continued	Require		No	Lack of quality care in appropriate settings; most efficient use of tax dollars.			No	No	No	No

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21	The director or designee shall serve ex officio on the Advisory Council to the South Carolina Head and Spinal Cord Service Delivery System.	§ 44-38-380	Require		No	Lack of representation and advocacy on behalf of this population.		The chairman, Developmental Disabilities Council, Office of the Governor, the chairman of the Joint Committee to Study the Problems of Persons with Disabilities, the State Director of the State Department of Mental Health, the Commissioner of the Department of Vocational Rehabilitation, the Director of the State Department of Disabilities and Special Needs, the Director of the South Carolina Department of Health and Environmental Control, the Director of the South Carolina Department of Health and Human Services, Dean of the University of South Carolina School of Medicine, the Dean of the Medical University of South Carolina, the Executive Director of the South Carolina Hospital Association, one representative from each of the head injury advocacy organizations, and one individual with a spinal cord	No	No	No	No

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22	Agency shall have appointee to serve ex officio on South Carolina Brain Injury Leadership Council.	§ 44-38-630	Require		No	Lack of representation and advocacy on behalf of this population.		The chairman, Developmental Disabilities Council, Office of the Governor, the chairman of the Joint Committee to Study the Problems of Persons with Disabilities, the State Director of the State Department of Mental Health, the Commissioner of the Department of Vocational Rehabilitation, the Director of the State Department of Disabilities and Special Needs, the Director of the South Carolina Department of Health and Environmental Control, the Director of the South Carolina Department of Health and Human Services, Dean of the University of South Carolina School of Medicine, the Dean of the Medical University of South Carolina, the Executive Director of the South Carolina Hospital Association, one representative from each of the head injury advocacy organizations, and one individual with a spinal cord	No	No	No	No

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23	Services in the Family Support Program include, but are not limited to, family support services coordination, information, referral, advocacy, educational materials, emergency and outreach services, and other individual and family-centered assistance services such as: (1) respite care; (2) personal assistance services; (3) child care; (4) homemaker services; (5) minor home and work site modifications and vehicular modifications; (6) specialized equipment and maintenance and repair; (7) specialized nutrition and clothing and supplies; (8) transportation services; (9) health-related costs not otherwise covered; (10) licensed nursing and nurses' aid services; (11) family counseling, training, and support groups; (12) financial assistance; (13) emergency services; (14) recreation and leisure needs.	§ 44-21-60	Require		Yes	Reduction in services to families; greater likelihood of increased service needs; greater likelihood of out-of-home placement needs resulting in increased costs.			No	Yes	Yes	Yes
24	Evaluate defendants for competency to stand trial; do report ,File report with court .	§ 44-23-410	Require		No	Lack of due process; violation of court orders.		Judicial System DMH	No	No	Yes	Yes
25	Health care decision are made by using Adult Healthcare consent act .	§ 44-26-40	Require		No	Increased guardianship of people supported; lack of medical care when needed.			No	No	No	No

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26	Human rights committees must be established for each regional center and for each county/multicounty program. Human rights committees must be appointed by the director or his designee. The department shall establish policy and procedures for the operations of the committees.	§ 44-26-70	Require		No	Potential violation of individual rights; potential for adverse treatment.			No	No	Yes	No
27	The department shall establish policies and procedures for the review of grievances and the appeal of decisions.	§ 44-26-80	Require		No	Potential violation of due process rights; potential for inappropriate reduction or denial of service.			No	No	Yes	Yes
28	Protect the rights of clients	§ 44-26-90	Require		No	Potential violation of human rights.		All/multiple	No	No	Yes	Yes
29	Clients receiving services for intellectual disability shall receive care and habilitation suited to their needs and in the least restrictive appropriate care and habilitation available. The department shall make every effort, based on available resources, to develop services necessary to meet the needs of its clients.	§ 44-26-140	Require		No	Generic, non-individualized and potentially inappropriate services, resulting in over or under utilization of services and funding.			Yes	Yes	Yes	Yes

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30	Within thirty days of admission a client or his representative must be provided with a written individualized plan of habilitation formulated by an interdisciplinary team and the client's attending physician. An intellectual disability professional shall review each client's individual records quarterly in relation to goals and objectives established in the habilitation plan. Review must be documented and entered into the client's record.	§ 44-26-150	Require		No	Generic, non-individualized and potentially inappropriate services, resulting in over or under utilization of services and funding.			Yes	Yes	Yes	Yes
31	No client residing in an intellectual disability facility may be subjected to chemical or mechanical restraint or a form of physical coercion or restraint unless the action is authorized in writing by an intellectual disability professional or attending physician as being required by the habilitation or medical needs of the client and it is the least restrictive alternative possible to meet the needs of the client.	§ 44-26-160	Require		No	Violation of human rights; violation of federal regulations; litigation; physical and psychological harm.		DHHS DHEC	No	No	Yes	Yes (for DDSN directly operated facilities)

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32	Behavior modification programs involving the use of aversive stimuli are discouraged and may be used only in extraordinary cases where all other efforts have proven ineffective.	§ 44-26-170	Require		No	Violation of human rights; violation of federal regulations; litigation; physical and psychological harm.		DHHS DHEC	No	No	Yes	Yes (for DDSN directly operated facilities)
33	The department shall promulgate regulations to obtain informed consent and to protect the dignity of the individual for participation in research.	§ 44-26-180	Require		No	None. This is achieved through DDSN directives.	This is achieved through DDSN directives, not regulations. DSN Commission to discuss possible recommendation for repeal.		No	No	No	No
34	The South Carolina Department of Disabilities and Special Needs must provide care or treatment for a beneficiary from monies available from the beneficiary's account maintained in the Self-Sufficiency Trust Fund.	§ 44-28-40	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office; DMH; Vocational Rehabilitation.	No	No	No	No
35	The South Carolina Department of Disabilities and Special Needs, the State Department of Mental Health, and the State Agency of Vocational Rehabilitation shall promulgate regulations necessary for the implementation and administration of the Self-Sufficiency Trust Fund.	§ 44-28-80	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office; DMH; Vocational Rehabilitation.	No	No	No	No

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36	The South Carolina Department of Disabilities and Special Needs must provide care or treatment for the beneficiary from monies available from the Disability Trust Fund.	§ 44-28-360	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office; DMH; Vocational Rehabilitation.	No	No	No	No
37	The South Carolina Department of Disabilities and Special Needs, the State Department of Mental Health, and the State Department of Vocational Rehabilitation shall promulgate regulations necessary for the implementation and administration of the Disability Trust Fund.	§ 44-28-370	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office DMH Vocational Rehabilitation.	No	No	No	No
38	The State Directors of the Departments of Mental Health and Disabilities and Special Needs shall be the compact administrators for the mentally ill and persons with intellectual disability, or those with a related disability, respectively, and, acting jointly with like officers of other party states.	§ 44-25-30	Require		No	Minimal. Is very rarely used now that services are not institutionally based and are more community based.		DMH DHHS	No	No	Yes	Yes

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39	A direct care entity such as a residential program operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs; employing or contracting with a direct caregiver shall conduct a criminal record check as provided in this section prior to employing or contracting with the direct caregiver.	§ 44-7-2910	Require		No	Inappropriate individuals serving as caregivers to vulnerable adults; therefore, increased risk of negative outcomes.	Consider changing language to reflect background checks prior to contact with vulnerable individuals (not pre-employment) to continue to protect individuals and allow providers to hire employees more timely and start new employee orientation, thus reducing the delay in hiring; assisting with employee recruitment - recommendation pending approval by the DSN Commission.	DSS DMH DHEC LLR SLED	Yes	Yes	Yes	Yes
40	Prior to locating the home for the handicapped persons, the appropriate state agency or department or the private entity operating the home under contract must first give prior notice to the local governing body administering the pertinent zoning laws, advising of the exact site of any proposed home.	§ 6-29-770 (section E)	Require		No	None. Negative impact if remains due to non-compliance with federal statutes and CMS expectations.	Consider modifying subsection E to remove requirement that notice must be given if a home is for persons with disability as it violates the Federal Fair Housing Law - recommendation pending approval by the DSN Commission. Positive impact on community inclusion and compliance with Federal statutes if removed.		No	No	No	No

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41	A physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or intellectual disability specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer having reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited shall report the incident in accordance with this section. the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for incidents occurring in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.	§ 43-35-25	Require		No	Risk of harm to vulnerable individuals; lack of investigation and/or possible prosecution of perpetrators.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes
42	A person required to report under this chapter as a member of the staff of a medical facility, public or private institution, school, facility, or agency immediately shall notify the person in charge or the designated agent of the person in charge who shall take or cause to be taken color photographs of visible trauma.	§ 43-35-30	Require		No	Risk of harm to vulnerable individuals; lack of investigation and/or possible prosecution of perpetrators.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

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43	All deaths involving a vulnerable adult in a facility operated or contracted for operation by the Department of Mental Health, the Department of Disabilities and Special Needs, or their contractors must be referred to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for investigation.	§ 43-35-35	Require		No	Lack of investigation and/or possible prosecution of perpetrators; risk of harm to others.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes
44	A facility as defined in Section 43-35-10 shall prominently display notices stating the duties of its personnel under this chapter and contact information.	§ 43-35-65	Require		No	Lack of knowledge on behalf of employees and visitors of reporting requirements; therefore, increased risk of harm.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

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45	Upon request of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and as necessary to carry out the unit's duties, the unit immediately must be provided: access to information and records regarding a vulnerable adult whose death is being investigated by the unit or reviewed by the committee; and information and records of social services and health agencies that provided services to the vulnerable adult or family.	§ 43-35-540	Require		No	Inability for investigative entity to complete a proper investigation as required by law.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

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										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
46	A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, school attendance officer, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, foster parent, police or law enforcement officer, juvenile justice worker, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, judge, or a volunteer non-attorney guardian ad litem serving on behalf of the South Carolina Guardian Ad Litem Program or on behalf of Richland County CASA must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20.	§ 63-7-310	Require		No	Risk of harm to vulnerable individuals; lack of investigation and/or possible prosecution of perpetrators.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes
47	A person required under Section 63-7-310 to report cases of suspected child abuse or neglect, including workers of the department, who has reason to believe a child has died as the result of child abuse or neglect, shall report this information to the appropriate medical examiner or coroner.	§ 63-7-360	Require		No	Lack of investigation and/or possible prosecution of perpetrators; risk of harm to others.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

Item #	Deliverable	Applicable Laws	Does the law(s)... A) Specifically REQUIRE the agency provide it (must or shall)? B) Specifically ALLOW the agency to provide it (may)? C) Not specifically address it?	Optional - Service/Product (If deliverable is too broad to complete the remaining columns, list each product/service associated with the deliverable, and complete the remaining columns)	Does the agency evaluate customer satisfaction? (Y/N)	Greatest potential negative impact on the public if not provided	1-3 recommendations to the General Assembly, other than \$ and providing the deliverable, for how the General Assembly can help avoid the greatest potential negative impact	Other state agencies whose mission the deliverable may fit within	Is the agency permitted by statute, regulation, or proviso to charge for it? (Y/N)	Does the agency know the...		
										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
48	Shall provide the opportunity for the patient to designate a family member or other individual they choose as a person with whom the provider may discuss the patients medical condition and treatment plan.	§ 44-66-75	Require		No	Inability to discuss care and treatment with family or appropriate individuals; lack of compliance with federal statutes.		DHEC DHHS DSS any health care provider	No	No	Yes	No
49	No program shall be operated in part or in full for the care, maintenance, education, training or treatment of more than two persons with intellectual disability unless a license is first obtained from the South Carolina Department of Mental Retardation.	Reg. 88-105	Require		No	Potentially negative; potential reduction in quality of services	Consider changing language to reflect current name of agency; designation of two or more persons is overly restrictive and is out of compliance with other federal regulations requiring community inclusion and best practices for services for people with Intellectual Disability - recommendation pending approval from the DSN Commission.	Administrative Law Court and the court system.	No	Yes	No	Yes
50	The Department may, suspend or revoke a license. The Department shall notify the licensee by registered mail, stating the reasons for the suspension or revocation of the license, and shall advise the licensee of his rights to hearings and appeals.	Reg. 88-125	Require		No	Lack of due process.		Administrative Law Court and the court system.	No	No	No	No

Item #	Deliverable	Applicable Laws	Does the law(s)... A) Specifically REQUIRE the agency provide it (must or shall)? B) Specifically ALLOW the agency to provide it (may)? C) Not specifically address it?	Optional - Service/Product (If deliverable is too broad to complete the remaining columns, list each product/service associated with the deliverable, and complete the remaining columns)	Does the agency evaluate customer satisfaction? (Y/N)	Greatest potential negative impact on the public if not provided	1-3 recommendations to the General Assembly, other than \$ and providing the deliverable, for how the General Assembly can help avoid the greatest potential negative impact	Other state agencies whose mission the deliverable may fit within	Is the agency permitted by statute, regulation, or proviso to charge for it? (Y/N)	Does the agency know the...		
										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
Appropriations												
51	Establish curriculum and standards for training.	Proviso 36.7 Unlicensed Medication Providers	Require		No	Lack of uniformity in training.			No	No	No	No
52	Report semi-annually to the General Assembly and Governor and develop plan to transition children in PDD program to the Medicaid State Plan.	Proviso 36.8 Pervasive Developmental Disorder	Require			Lack of Early Intervention.		DHHS	Yes	Yes	No	Yes
53	Provide reimbursement for services to department eligible children.	Proviso 36.9 Child Daycare Centers	Require		No	Reduction in revenue to Anderson County DSN Board.		DSS	No	No	No	Yes
54	Utilize uncommitted dollars in debt service account for operations and services not funded by the appropriations bill. Report on remaining balance amounts and purposes for which account was used in prior fiscal year.	Proviso 36.10 Debt Service Account	Require		No	Lack of reporting.			No	No	No	No
55	Use appropriated funds for only TBI/Spinal Cord Injury Post Acute Rehabilitation.	Proviso 36.11 Traumatic Brain Injury	Require		No	Lack of services post rehab.			No	Yes	No	Yes
56	Facilitate Medicaid direct billing.	Proviso 36.13 Medicaid Direct Billing	Require		No	Lack of provider choice.		DHHS	No	No	No	Yes
57	Report balance carried forward of any General funds.	Proviso 36.14 Carry Forward Authorization	Require		No	Reduction in service funds.			No	No	No	No
58	Review and identify existing state appropriations within budget that can be used as state match to serve children.	Proviso 117.24 TEFRA	Require		No	Reduction in service funds.		DHHS DSS DHEC DMH COC	No	No	No	No
59	Transfer funds to Department of Social Services for the Interagency System for Caring for Emotionally Disturbed Children.	Proviso 117.54 ISCEDC Funding Transfer	Require		No	Reduction in service funds.		DMH DJJ DSS	No	No	No	No

Item #	Deliverable	Applicable Laws	Does the law(s)... A) Specifically REQUIRE the agency provide it (must or shall)? B) Specifically ALLOW the agency to provide it (may)? C) Not specifically address it?	Optional - Service/Product (If deliverable is too broad to complete the remaining columns, list each product/service associated with the deliverable, and complete the remaining columns)	Does the agency evaluate customer satisfaction? (Y/N)	Greatest potential negative impact on the public if not provided	1-3 recommendations to the General Assembly, other than \$ and providing the deliverable, for how the General Assembly can help avoid the greatest potential negative impact	Other state agencies whose mission the deliverable may fit within	Is the agency permitted by statute, regulation, or proviso to charge for it? (Y/N)	Does the agency know the...		
										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
60	Report on funds received as child placing agency and applied for out of home placement by providers licensed by DSS or DHEC.	Proviso 117.73 IMD Operations	Require		No	Lack of reporting.		DSS DOE DJJ DMH DHEC COC	No	No	No	No
61	Report all criteria and fiscal data established as standards on criteria if means testing where allowed in federal guidelines.	Proviso 117.91 Means Test	Require		No	Lack of reporting.		All agencies providing healthcare services.	No	No	No	Yes
62	Report outlining all programs provided for BabyNet and all state and federal funds expended on BabyNet.	Proviso 117.98 First Steps - BabyNet	Require		No	Lack of reporting.		First Steps DHHS	No	Yes	No	Yes
63	Pay increase of 3.25%.	Proviso 117.118 Employee Compensation	Require		No	Local healthcare providers do not receive funding for pay increases.		Department of Administration	No	Yes	Yes	Yes
64	Pay Lander Equestrian Center \$300,000.	Proviso 118.16 Nonrecurring Revenue	Require		No	Reduction in revenue to Lander Equestrian Center.		Lander University	No	No	No	Yes

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Did the agency have an exit interview and/or survey, evaluation, etc. when employees left the agency in 2013-14; 2014-15; or 2015-16? (Y/N)	Yes
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Organizational Units Chart

Note: Delete any rows not needed; Add any additional rows needed

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
AGENCY HEAD - EXECUTIVE SUITE	Division of the State Director of DDSN, and the key leadership positions of organizational units created to deliver the established mission of the agency.	2013-14: 0% 2014-15: 0% 2015-16: 0%	2013-14: N 2014-15: N 2015-16: Y	2013-14: Y 2014-15: Y 2015-16: Y	2013-14: N 2014-15: N 2015-16: N	
GENERAL COUNSEL	The Office of General Counsel is legal counsel for the agency. Duties include representing the agency in state courts, monitoring cases handled by outside counsel, and offering legal advice on varied agency issues.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: Y 2014-15: Y 2015-16: Y	Some
GOVERNMENT AND COMMUNITY RELATIONS	Is the agency's liaison and representative before the Governor's Office, General Assembly, legislative staff, media, stakeholders and the general public. Responsible for managing constituent concerns, FOIA requests and general inquiries. Advises the State Director and Executive Staff with regard to policies, regulations, legislation, media communication, and community education.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
ADMINISTRATION OFFICE	The division of the chief financial officer, the division directors of the units created to ensure fiscal accountability of the agency.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
BUDGET OFFICE	Responsible for the oversight, planning, development, organization and maintenance of the agency's complete budgetary system, totaling approximately \$740M. The division evaluates policies, plans and programs for cost effectiveness and overall fiscal impact. Budget division conducts research and analyses to support decision making and monitors agency expenditures and revenues. The division is responsible for external budgetary policy interpretation and participation in development of internal procedures. The division coordinates with staff outside the agency concerning budgetary and planning requirements.	2013-14: 0% 2014-15: 0% 2015-16: 14.3%			2013-14: N 2014-15: N 2015-16: N	
FINANCE AND ACCOUNTING	Ensures that all revenues and expenditures for the agency are properly processed and accounted for according to generally accepted accounting principles and SC state laws and regulations. The division is also responsible for processing all Medicaid claims for eligible services provided to consumers in our network.	2013-14: 0% 2014-15: 14.3% 2015-16: 50%			2013-14: N 2014-15: N 2015-16: N	
COST ANALYSIS	Responsible for developing and maintaining rates paid to Providers; developing and reconciling contracts with Providers; filing Cost Reports for the Department; and ensuring that Providers are paid timely. The Division also performs a variety of analyses to track expenditures, trends, and contract compliance.	2013-14: 40% 2014-15: 16.7% 2015-16: 33.3%			2013-14: N 2014-15: N 2015-16: N	
ENGINEERING & PLANNING	Ensures that buildings owned by the Department are constructed, renovated, and life cycle maintained in good condition for the health and safety of clients, staff, and others, and in accordance with SC state laws and regulations. The division is also responsible for procurement of professional design services, procurement and contract administration for construction contracts, and procurement of inspection services related to building systems. The division assists other DDSN divisions and provider organizations with various capital and construction projects related to DDSN's mission.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: Y 2014-15: Y 2015-16: Y	Some

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
INFORMATION TECHNOLOGY	Directs and manages the agency's information technology program. This including planning, policy development, technology procurement, program management, systems development, design and operation of the agencies information technology systems. The Information technology division is also responsible for the agencies office automation , information technology architecture, information technology infrastructure, and records management systems. All of these systems have significant impact upon the agency's ability to successfully carry out its mission.	2013-14: 0% 2014-15: 13.3% 2015-16: 8.9%			2013-14: N 2014-15: N 2015-16: N	
PROCUREMENT	Responsibility to oversee the following functions agency wide: Procurement Services, Fixed Assets, Vehicle Management, Nutrition Services, Mail Services, Laundry Services, Housekeeping Services, Ground Maintenance, Regional Inventories, Drug & Alcohol Testing for CDL Drivers, Surplus Property, Contract Administration, Copier Management, SCEMIS (State Fleet) Coordinator, Building Card Access System, Recycle Program, Building Maintenance & Services, State Contracts, P-Card Administration, and Gas Card Security.	2013-14: 91.7% 2014-15: 0% 2015-16: 50%			2013-14: Y 2014-15: Y 2015-16: Y	
POLICY OFFICE	The Office of Policy develops and maintains policies to provide guidance to and requirements of the Agency. The following Divisions are contained within the supervision of the Office of Policy: Autism Division, Eligibility Division, Head and Spinal Cord Injury Division, Intellectual Disability/Related Disabilities Division, Quality Management Division and Waiver Administration Division.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
INTELLECTUAL DISABILITIES & RELATED	Develop policies, procedures and standards that govern the delivery of services provided through the agency; operate two (2) Medicaid Home and Community Based Waivers; facilitate the coordination of Agency services with services provided by other state agencies; assist in the qualification of providers of Agency services; provide training, assistance and support to the Agency's qualified providers.	2013-14: 0% 2014-15: 0% 2015-16: 15.4%			2013-14: N 2014-15: N 2015-16: N	

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
AUTISM DIVISION	Responsible for providing training and consultation to parents and professionals on matters pertinent to Autism Spectrum Disorder (ASD), and for conducting evaluations to determine the presence of ASD.	2013-14: 22.05% 2014-15: 5.06% 2015-16: 16.34%			2013-14: N 2014-15: N 2015-16: N	
HEAD & SPINAL CORD INJURY DIVISION	Oversee the delivery of services provided through DDSN, operate the Head and Spinal Cord Injury Waiver, provide training and technical support to DDSN qualified providers, and to support and implement prevention and awareness initiatives.	2013-14: 50% 2014-15: 0% 2015-16: 66.7%			2013-14: N 2014-15: N 2015-16: N	
QUALITY MANAGEMENT DIVISION	Works to improve the health, safety and welfare of DDSN's service recipients and monitors compliance with State and Federal Regulations and Medicaid requirements.	2013-14: 0% 2014-15: 0% 2015-16: 16.7%			2013-14: N 2014-15: N 2015-16: N	
ELIGIBILITY DIVISION	Determines DDSN Eligibility based on set criteria and completes administrative duties such as determining Level of Care for Medicaid Waivers and TEFRA eligibility.	2013-14: 20% 2014-15: 8.3% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
OPERATIONS OFFICE	Provides oversight and leadership to the District I and District II Offices, four ICF/IID Residential Regional Centers, the Office of Clinical Services and the Office of Children's Services. Most areas are directly involved in serving individuals directly or training and monitoring DSN Boards and private providers serving eligible individuals.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
CHILDREN'S SERVICES	Responsible for monitoring and training the DSN Board and private Early Intervention providers delivering early intervention services to children birth to six years old. Staff also serve on numerous interagency committees.	2013-14: 0% 2014-15: 25% 2015-16: 25%			2013-14: N 2014-15: N 2015-16: N	
CLINICAL SERVICES	Responsible for conducting psychological evaluations of individuals charged with a crime who are thought to be unable to competently stand trial. Staff in this unit are responsible for arranging in-home and residential services for judicially admitted individuals; arranging in-home and residential services for children with dual developmental and psychiatric disabilities; and are also involved in numerous interagency initiatives.	2013-14: 45% 2014-15: 0% 2015-16: 58.3%			2013-14: Y 2014-15: Y 2015-16: Y	None

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
DISTRICT OFFICES: I & II	Provide training to the DSN Boards and private providers delivering community services to individuals residing in the western (District I) and eastern (District II) halves of the state. These staff also review and respond to individuals who are in crisis. The District I Director supervises Midlands Regional Center's and Whitten Regional Center's facility administrators. The District I Office is located on the grounds of Whitten Center. The District II Director supervises Coastal Regional Center's and Pee Dee/Saleeby Regional Center's facility administrators. The District II Office is located on the grounds of Coastal Center.	2013-14: 0% 2014-15: 6.7% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
MIDLANDS REGIONAL CENTER	Residential ICF/IID facility located in Columbia. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 25.11% 2014-15: 26.91% 2015-16: 32.72%			2013-14: Y 2014-15: Y 2015-16: Y	NONE
PIEDMONT (WHITTEN) REGIONAL CENTER	Residential ICF/IID facility located in Clinton. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 43.86% 2014-15: 39.16% 2015-16: 36.14%			2013-14: Y 2014-15: Y 2015-16: Y	None
COASTAL REGIONAL CENTER	Residential ICF/IID facility located in Summerville. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 20.79% 2014-15: 27.59% 2015-16: 29.45%			2013-14: Y 2014-15: Y 2015-16: Y	None

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
PEE DEE/SALEEBY REGIONAL CENTER	Residential ICF/IID facilities located in Florence and Hartsville. Staff at this unit are responsible for providing a broad array of medical, therapy, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 16.65% 2014-15: 26.11% 2015-16: 27.15%			2013-14: Y 2014-15: Y 2015-16: Y	None
INTERNAL AUDIT	Audit of the agency's and its contractors' processes and business practices; reporting to the DSN Commission.	2013-14: 14.29% 2014-15: 14.29% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
HUMAN RESOURCES	Designs, implements, and monitors the administration and coordination of the agency's human resources programs. Anticipates and plans for long-term HR needs and trends.	2013-14: 20.03% 2014-15: 9.76% 2015-16: 4.55%			2013-14: N 2014-15: N 2015-16: N	

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Note: The details are requested to avoid agencies "arbitrarily" assigning numbers.

Does the agency have any money that is not tracked through SCEIS? (Y/N) (If yes, please outline further by responding to Line 15 under Part B1)	Yes
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2015-16 Strategic Spending Chart

PART A1 - Cash Balances and Revenue Generated
 --> The amounts below relate to the agency's cash.
 --> The Committee understands the (a) agency is only permitted to spend amounts appropriated or authorized, which is addressed in Part A2; and (b) agency may have more cash than it is permitted to spend.

Funding Source	Total	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Funds	General Fund Appropriations Non-Recurring
Funding Source (if funding sources are combined, do not combine recurring with one-time)	n/a	n/a						
2014-15 Total revenue generated	\$367,726,628	n/a	\$0	\$364,058,775	\$3,131,563	\$257,915	\$278,375	\$0
2015-16 Total revenue generated	\$387,983,650	n/a	\$0	\$385,234,319	\$2,543,340	\$31,891	\$174,100	\$0
Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payable	Other Earmarked Funds (3000)	49730000 Educ Improvement	Federal Funds (5000) (FEMA & IDEA Grant)	10010000 General Fund

Cash Balances	Total	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Funds	General Fund Appropriations Non-Recurring
Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payments	30000000 Other Earmarked Funds	49730000 Educ Improvement	50000000 Federal Funds (FEMA & IDEA Grant)	10010000 General Fund
Cash balance as of June 30, 2015 (end of FY 2014-15)	\$3,349,739	n/a	\$0	\$1,830,962	\$1,383,722	\$268,788	-\$133,733	\$0
Cash balance as of June 30, 2016 (end of FY 2015-16)	\$6,421,636	n/a	\$0	\$3,527,877	\$2,877,569	\$0	\$16,190	\$0

PART A2 - Funds Appropriated and Authorized for 2015-16 (i.e. Allowed to spend)
 --> The Committee understands the agency may be appropriated or authorized to spend additional money during the year.

Funding Source	n/a	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Funds	General Fund Appropriations Non-Recurring
Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	Recurring	Non-Recurring

Appropriation and Authorization Details	Totals - Start of year	Totals - End of year	End of Year	End of Year	End of Year	End of Year	End of Year	End of Year
Amounts appropriated, and amounts authorized, to the agency for 2014-15 that were not spent AND the agency can spend in 2015-16	\$1,030,471	\$1,030,471	\$1,030,471	\$0	\$0	\$0	\$0	\$0
Amounts appropriated, and amounts authorized, to the agency for 2015-16	\$678,517,212	\$678,517,212	\$224,552,876	\$449,693,900	\$2,216,782	\$613,653	\$340,000	\$1,100,001
Total Appropriated and Authorized (i.e. allowed to spend)	\$679,547,683	\$679,547,683	\$225,583,347	\$449,693,900	\$2,216,782	\$613,653	\$340,000	\$1,100,001

PART B1 - Utilization of Funds in 2015-16
 --> The Committee understands amount the agency budgeted and spent per objective are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which the Committee may ask the agency to explain, as to how it reached the numbers it provided.

Funding Source	Totals	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations Non-Recurring
Databases(s) through which expenditures are tracked (See instructions for further details)	n/a	n/a	SCEIS (State)	SCEIS (state); ADL (agency)	SCEIS (State)	SCEIS (State)	SCEIS (State)	SCEIS (State)
Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	One-time	One-time
External restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency can use the money from each funding source	n/a	n/a	Per Proviso 36.14: For the current fiscal year, the department is authorized to carry forward any balance of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year and must utilize these funds for the same purpose in the current fiscal year. All other expenditures are limited to those authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget. Per Proviso 36.1: Funds are to be used for other operating expenses and/or permanent improvements of these Work Activity Programs.	EIA (Restricted to program items allowable under State Education Improvement Act.)	Restricted to program items allowable per federal grant provisions	Per Proviso 118.14 (SR: Nonrecurring Revenue) (24 a,b,c) Autism Services, Special Family Resources, Savannah's Playground
State Funded Program # and Description	n/a	n/a	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	400* - Program Services

Current Strategies	Totals Planned to Utilize - Start of year	Totals Utilized - End of year	End of Year	End of Year	End of Year	End of Year	End of Year	End of Year
			General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations Non-Recurring
Strategy 1.1: Greenwood Genetics Center Services to Prevent & Mitigate Birth Defects	\$10,432,176	\$10,366,281	\$3,434,300	\$6,931,981	\$0	\$0	\$0	\$0
Strategy 1.2: Early Childhood Developmental Delay Services	\$30,978,087	\$23,336,768	\$6,892,188	\$16,196,108	\$0	\$0	\$148,472	\$100,000
Strategy 1.3: Post Acute Traumatic Brain or Spinal Cord Injury Rehabilitation Services	\$2,726,828	\$2,692,717	\$2,692,717	\$0	\$0	\$0	\$0	\$0
Strategy 1.4: Pervasive Developmental Disorder (Autism) Services	\$10,378,398	\$8,111,577	\$7,082,254	\$1,029,323	\$0	\$0	\$0	\$0
Strategy 2.1: In-Home Support Services (least restrictive community setting)	\$97,799,040	\$66,851,682	\$46,640,124	\$19,180,823	\$30,735	\$0	\$0	\$1,000,000
Strategy 2.2: Community Residential Services (residential services while still in a community setting)	\$322,630,197	\$314,137,241	\$65,245,061	\$248,340,330	\$409,279	\$142,571	\$0	\$0
Strategy 2.3: Regional Center Residential Services (severe or profound disabilities)	\$95,451,750	\$86,111,572	\$54,372,535	\$31,148,197	\$422,108	\$158,108	\$10,624	\$0
Strategy 2.4: Adult Development & Employment Services	\$74,262,075	\$71,934,699	\$24,709,698	\$46,253,353	\$971,648	\$0	\$0	\$0
Strategy 2.5: Service Coordination	\$23,939,774	\$18,542,692	\$7,719,319	\$10,823,373	\$0	\$0	\$0	\$0

Strategy 3.1: Quality Assurance Monitoring of Provider Contract & Licensing Compliance	\$1,827,922	\$1,827,922	\$277,092	\$1,550,830	\$0	\$0	\$0	\$0
Strategy 3.2: Monitor Provider Financial Management & Operational Requirements	\$585,352	\$585,352	\$567,690	\$17,662	\$0	\$0	\$0	\$0
Strategy 4.1: Monitor Organizational Effectiveness through Benchmarks	\$8,536,084	\$7,169,393	\$5,010,809	\$2,156,373	\$2,211	\$0	\$0	\$0
Strategy 4.2: Organizational Initiatives to Improve Effectiveness	embedded in 4.1	embedded in 4.1						
Total utilized on Agency Strategies in 2015-16	\$679,547,683	\$611,667,896	\$224,643,787	\$383,628,353	\$1,835,981	\$300,679	\$159,096	\$1,100,000

Unrelated Purpose (pass through or other purpose unrelated to agency's strategic plan)	Totals Planned to Utilize -	Totals Utilized -	End of Year	
	Start of year	End of year		
Unrelated Purpose #1 - insert description:	n/a	n/a		
Unrelated Purpose #2 - insert description:				
Insert any additional unrelated purposes				
Total utilized on purposes unrelated to Agency Strategies in 2015-16				

PART B2 - Appropriations and authorizations remaining at the end of 2015-16

Totals	Start of Year	End of Year	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations Non-Recurring
Funding Source	n/a	n/a						
Appropriated and authorized	\$679,547,683	\$679,547,683	\$225,583,347	\$449,693,900	\$2,216,782	\$613,653	\$340,000	\$1,100,001
(minus) Utilized on Agency Strategies in 2015-16	\$679,547,683	\$611,667,896	\$224,643,787	\$383,628,353	\$1,835,981	\$300,679	\$159,096	\$1,100,000
(minus) Utilized on purposes unrelated to Agency Strategies in 2015-16	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount of appropriations and authorizations remaining	\$0	\$67,879,787	\$939,560	\$66,065,547	\$380,801	\$312,974	\$180,904	\$1
Amount remaining as % of total appropriations and authorizations	0.00%	9.99%	0.42%	14.69%	17.18%	53.21%	53.21%	0.00%

Explanation for Amount Remaining:
Excess authorization in Other Funds account for the \$67.8M remaining. Funds could only be expended if State Funds were available and expended to generate Medicaid revenue. Other Funds authorization may be lower or higher than actual revenue. Agencies may spend the lesser of actual revenue or the amount of authorization in the budget. To spend Other Funds an agency must have cash (revenue) and authorization. The agency's spending plan for FY 16 was approximately \$620M. The agency expended approximately \$612M leaving a difference of \$8M or 1.29% between projected expenditures and actual expenditures.

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Note: The details are requested to avoid agencies "arbitrarily" assigning numbers.

Line #	1	Does the agency have any money that is not tracked through SCEIS? (Y/N) (If yes, please outline further by responding to Line 15 under Part B1)	Yes
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2016-17 Strategic Budgeting Chart

PART A1 - Cash Balances and Revenue Generated
 --> The amounts below relate to the agency's cash.
 --> The Committee understands the (a) agency is only permitted to spend amounts appropriated or authorized, which is addressed in Part A2; and (b) agency may have more cash than it is permitted to spend.

Funding Source		Total		General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Funds	General Fund Appropriations Non-Recurring
2	Funding Source (if funding sources are combined, do not combine recurring with one-time)	n/a	n/a						
3	2015-16 Total revenue generated	\$387,983,650	n/a	\$0	\$385,234,319	\$2,543,340	\$31,891	\$174,100	\$0
4	2016-17 Total estimated revenue	\$390,571,874	n/a	\$0	\$385,234,320	\$3,743,414	\$548,653	\$1,045,487	\$0
5	Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payable	Other Earmarked Funds (3000)	49730000 Educ Improvement	Federal Funds (5000) (FEMA & IDEA Grant)	10010000 General Fund
Cash Balances		Total	n/a						
6	Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payments	30000000 Other Earmarked Funds	49730000 Educ Improvement	Federal Funds (FEMA & IDEA Grant)	General Fund Appropriations Non-Recurring
8	Cash balance as of June 30, 2016 (end of FY 2015-16)	\$6,421,636	n/a	\$0	\$3,527,877	\$2,877,569	\$0	\$16,190	\$0

PART A2 - Funds Appropriated and Authorized for 2016-17 (i.e. Allowed to spend)
 --> The Committee understands the agency may be appropriated or authorized to spend additional money during the year.

Funding Source		Total		General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant	General Fund Appropriations Non-Recurring
9	Funding Source	n/a	n/a						
10	Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	Recurring	Non-Recurring

Appropriation and Authorization Details		Totals - Start of year	Totals - End of year	End of Year	End of Year				
11	Amounts appropriated, and amounts authorized, to the agency for 2015-16 that were not spent AND the agency can spend in 2016-17	\$939,561	n/a	\$939,561	\$0	\$0	\$0	\$0	\$0
12	Amounts appropriated, and amounts authorized, to the agency for 2016-17	\$738,485,796	n/a	\$240,153,324	\$494,201,528	\$2,236,804	\$548,653	\$1,045,487	\$300,000
13	Total Appropriated and Authorized (i.e. allowed to spend)	\$739,425,357	n/a	\$241,092,885	\$494,201,528	\$2,236,804	\$548,653	\$1,045,487	\$300,000

PART B1 - Utilization of Funds in 2016-17
 --> The Committee understands amount the agency budgeted and spent per objective are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which the Committee may ask the agency to explain, as to how it reached the numbers it provided.

Line #	Funding Source	Totals							
14	Funding Source	n/a	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations - Non-Recurring
15	Database(s) through which expenditures are tracked (See instructions for further details)	n/a	n/a	SCEIS (State)	SCEIS (state); ADL (agency)	SCEIS (State)	SCEIS (State)	SCEIS (State)	SCEIS (State)
16	Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	One-time	Non-Recurring
17	External restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency can use the money from each funding source	n/a	n/a	Per Proviso 36.14: For the current fiscal year, the department is authorized to carry forward any balance of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year and must utilize these funds for the same purpose in the current fiscal year. All other expenditures are limited to those authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget. Per Proviso 36.1: Funds are to be used for other operating expenses and/or permanent improvements of these Work Activity Programs.	EIA (Restricted to program items allowable under State Education Improvement Act.)	Restricted to program items allowable per federal grant provisions	Per Proviso 118.16 (SR: Nonrecurring Revenue) (26) Lander Equestrian Center
18	State Funded Program # and Description	n/a	n/a	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	400* - Program Services

19	Current Objectives	Totals Planned to Utilize - Start of year	Totals Utilized - End of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year
				General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations - Non-Recurring
	Strategy 1.1: Greenwood Genetics Center Services to Prevent & Mitigate Birth Defects	\$11,811,376	n/a	\$3,934,300	\$7,877,076	\$0	\$0	\$0	\$0
	Strategy 1.2: Early Childhood Developmental Delay Services	\$31,479,472	n/a	\$6,835,563	\$24,420,909	\$0	\$0	\$223,000	\$0
	Strategy 1.3: Post Acute Traumatic Brain or Spinal Cord Injury Rehabilitation Services	\$3,100,000	n/a	\$3,100,000	\$0	\$0	\$0	\$0	\$0
	Strategy 1.4: Pervasive Developmental Disorder (Autism) Services	\$10,323,590	n/a	\$7,023,590	\$3,300,000	\$0	\$0	\$0	\$0
	Strategy 2.1: In-Home Support Services (least restrictive community setting)	\$128,148,699	n/a	\$57,477,479	\$70,566,220	\$90,000	\$0	\$15,000	\$0
	Strategy 2.2: Community Residential Services (residential services while still in a community setting)	\$339,047,125	n/a	\$77,841,008	\$259,273,570	\$1,006,588	\$220,472	\$705,487	\$0
	Strategy 2.3: Regional Center Residential Services (severe or profound disabilities)	\$100,833,502	n/a	\$56,499,910	\$43,406,945	\$496,466	\$328,181	\$102,000	\$0
	Strategy 2.4: Adult Development & Employment Services	\$80,338,186	n/a	\$15,342,935	\$64,060,251	\$635,000	\$0	\$0	\$300,000
	Strategy 2.5: Service Coordination	\$22,893,752	n/a	\$6,675,217	\$16,218,535	\$0	\$0	\$0	\$0
	Strategy 3.1: Quality Assurance Monitoring of Provider Contract & Licensing Compliance	\$1,883,953	n/a	\$283,704	\$1,600,249	\$0	\$0	\$0	\$0
	Strategy 3.2: Monitor Provider Financial Management & Operational Requirements	\$658,546	n/a	\$621,302	\$37,244	\$0	\$0	\$0	\$0
	Strategy 4.1: Monitor Organizational Effectiveness through Benchmarks	\$8,907,156	n/a	\$5,457,877	\$3,440,529	\$8,750	\$0	\$0	\$0
	Strategy 4.2: Organizational Initiatives to Improve Effectiveness	embedded in 4.1	n/a	\$0	\$0	\$0	\$0	\$0	\$0
	Total planned to utilize on Agency Strategies in 2016-17	\$739,425,357	n/a	\$241,092,885	\$494,201,528	\$2,236,804	\$548,653	\$1,045,487	\$300,000
	Unrelated Purpose (pass through or other purpose unrelated to agency's strategic plan)	Totals Planned to Utilize - Start of year	Totals Utilized - End of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year				
	Unrelated Purpose #1 - insert description:	n/a	n/a						
	Unrelated Purpose #2 - insert description:	n/a	n/a						

<i>Insert any additional unrelated purposes</i>	n/a	n/a
Total planned to utilize on purposes unrelated to Agency Objectives in 2016-17	n/a	n/a

PART B2 - Appropriations and authorizations remaining at the end of 2015-16

Totals		Start of Year	End of Year		
Funding Source		n/a	n/a		
Appropriated and authorized		\$739,425,357	n/a		
Line #					
20	(minus) Planned to utilize on Agency Objectives in 2016-17	\$739,425,357	n/a		
	(minus) Planned to utilize on purposes unrelated to Agency Objectives in 2016-17	\$0	n/a		
	Amount of appropriations and authorizations remaining	\$0	n/a		
	Amount remaining as % of total appropriations and authorizations	0.00%	n/a		

Explanation for Amount Remaining:
 The agency spending plan outlines \$670.4M in expected expenditures for FY 17. This would leave approximately \$69m in excess authorization at the end of FY 17. Funds could only be expended if State Funds were available and expended to generate Medicaid revenue. Other Funds authorization may be lower or higher than actual revenue. Agencies may spend the lesser of actual revenue or the amount of authorization in the budget. To spend Other Funds an agency must have cash (revenue) and authorization.

Agency Responding	Department of Disabilities and Special Needs
Date of Submission: May 1, 2017	

Performance Measures Chart

<p>Types of Performance Measures:</p> <p>Outcome Measure - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.</p> <p>Efficiency Measure - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection</p> <p>Output Measure - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.</p> <p>Input/Activity Measure - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received</p>	Note: Delete any rows not needed; Add any additional rows needed
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Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Who performs the best in the country on this measure?	Time Applicable	Actual Results (& Target Results) Time Period #1	Actual Results (& Target Results) Time Period #2	Actual Results (& Target Results) Time Period #3	Actual Results (& Target Results) Time Period #4	Actual Results (& Target Results)			Target Results Time Period #6 (current time period)
									actual	target	national bench- mark	
Annual Rate of Neural Tube Birth Defects Per 10,000 Live Births & Compare to National Benchmark	Outcome	Agency selected		July 1 - June 30	7.1	6.6	7.2 (7.0)	8.5 (8.0)	6.9	8.0	7.0	6.9
Annual # of Children with Metabolic Disorders Receiving Curative Treatment	Output	Agency selected		July 1 - June 30	204	106	118 (125)	174 (190)	208	190		208
Average % Gain in Standardized Adaptive Behavior Domain Scores for Children in the Pervasive Developmental Disorder (PDD) Waiver after Two Years of Service	Outcome	Agency selected		July 1 - June 30	11.8%	10.4%	10.4% (11.0%)	10.4% (11.0%)	10.4%	11.0%		10.4%
% of Children Receiving Early Intervention Services Prior to Third Birthday	Outcome	Agency selected		July 1	80.6%	74.6%	75.6% (77.0%)	84.4% (87.5%)	86.2%	87.5%		86.2%
United Cerebral Palsy Community Inclusion Ranking (National Benchmark)	Outcome	Agency selected	Arizona	Annual Report	13th	12th	6th (6th)	9th (6th)	14th	6th	25th	14th
# Children Served in PRTFs	Outcome	Agency selected		July 1	18	61	75 (70)	62 (70)	64	55		64
# Children Served in Regional Centers	Outcome	Agency selected		July 1	9	8	6 (4)	6 (4)	5	5		5
Ratio of Persons Served In HCB Waivers Versus ICF/IID	Efficiency	Agency selected	Arizona	July 1	6.39	7	7.4 (8.0)	8 (8.5)	9.6	8.5		9.6
# of Persons Served in Nursing Facilities Per 100,000 General Population & Compare to National Benchmark	Outcome	Agency selected	Ohio	July 1	4.4	4	3.9 (3.8)	4.4 (4.0)	4.6	4	8.9	4.6
# of Persons Served in 16 + Bed Institutions Per 100,000 General Population & Compare to National Benchmark	Outcome	Agency selected	Hawaii	July 1	20.1	20.5	20.3 (20.1)	20.2 (20.1)	19.7	20.1	25.0	19.7
% of Individuals Receiving Day Services in an Integrated Employment Setting & Compare to National Benchmark	Outcome	Agency selected	Washington	July 1	29%	30%	29% (30%)	29% (30%)	29%	30%	19%	29%
Average Length of Wait for Individuals Removed from the Critical Needs List	Outcome	Agency selected		July 1 - June 30	61 days	62 days (45 days)	51 days (45 days)	56 days (50 days)	88 days	50 days		60 days
Average Annual Overall Contract Compliance Review (CCR) Score (%)	Outcome	Agency selected		July 1 - June 30	88.8%	93.1%	92.7% (93.3%)	93.6% (94.0%)	91.8%	94.0%		91.5%
Annual # of Community Service Providers with less than 70% Contract Compliance Review Key Indicator in One Review Area (Total Six Possible Review Areas)	Outcome	Agency selected		July 1 - June 30	10	8	10 (7)	6 (7)	20	5		19

Average Annual Overall Licensing Survey Compliance Score (%)	Outcome	Agency selected		July 1 - June 30	93.6%	93.6%	94.5% (95%)	92.4% (95%)	91.7%	95.0%		91.8%
Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Who performs the best in the country on this measure?	Time Applicable	Actual Results (& Target Results) Time Period #1	Actual Results (& Target Results) Time Period #2	Actual Results (& Target Results) Time Period #3	Actual Results (& Target Results) Time Period #4	Actual Results (& Target Results)			Target Results Time Period #6 (current time period)
									actual	target	national bench- mark	
Annual # of Community Residential or Day Facilities with less than 70% Licensure Compliance	Outcome	Agency selected		July 1 - June 30		1	0 (0)	0 (0)	1	0		0
Average # of Deficiencies in Annual Compliance Review of Community ICF/IID Facilities	Outcome	Agency selected		July 1 - June 30	14.5	13.1	10 (9)	8.4 (9)	7.5	8.0		7.5
Average # of Deficiencies in Annual Compliance Review of Regional Center ICF/IID Facilities	Outcome	Agency selected		July 1 - June 30	26.1	17.3	12 (12.0)	12.9 (12.0)	9.6	12.0		9.6
Annual # of Community ICF/IID Immediate Jeopardy Findings	Outcome	Agency selected		July 1 - June 30	1	0	0 (0)	0 (0)	0	0		0
Annual # of Regional Center Immediate Jeopardy Findings	Outcome	Agency selected		July 1 - June 30	0	0	0 (0)	0 (0)	0	0		0
Annual Rate of Substantiated Allegations of Abuse/Neglect/Exploitation Per 100 Served in Community Residential Settings	Outcome	Agency selected		July 1 - June 30	0.2	0	0.3 (quarterly trend analysis)	0.1 (quarterly trend analysis)	0.07	0		0.07 & quarterly trend analysis
Annual Rate of Substantiated Allegations of Abuse/Neglect/Exploitation Per 100 Served in Regional Centers	Outcome	Agency selected		July 1 - June 30	0	0	0 (quarterly trend analysis)	0 (quarterly trend analysis)	0.3	0		0.25 & quarterly trend analysis
Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings	Output	Agency selected		July 1 - June 30	16.81	16.91	15.61 (15)	16.53 (15)	19.14	15		19
Annual Rate of Critical Incidents Per 100 Served in Regional Centers	Output	Agency selected		July 1 - June 30	26.5	31.2	29.6 (29)	31.9 (29)	40.1	29.0		39.0
Annual Rate of Fall Related Critical Incidents Per 100 Served in Community Residential Settings	Outcome	Agency selected		July 1 - June 30	1.4	1.54	1.38 (1.25)	1.56 (1.30)	1.12	1.3		1.12
Annual Rate of Fall Related Critical Incidents Per 100 Served in Regional Centers	Outcome	Agency selected		July 1 - June 30	0.98	0.88	0.53 (.45)	0.93 (.75)	1.54	0.75		1.12
% of Total Served Supported In Home & Compare to National Benchmark	Output	Agency selected	Arizona	July 1	71%	72%	72% (73.0%)	71.0% (73.0%)	71%	73%	56%	71%
# of Persons Served Per 100,000 General Population & Compare to National Benchmark	Output	Agency selected	Ohio	July 1	369.5	368.8	368.6 (369.0)	370.4 (371.5)	365.9	371.5	358.8	365.9
% of Individuals Served in Regional Centers w/ Severe or Profound ID & Compare to National Benchmark	Efficiency	Agency selected	Kentucky	July 1	81.7%	81.7%	84.5% (86%)	84.5% (86%)	84.5%	86.0%	76.0%	84.5%
Administrative Expenses as a % of Total Expenses	Efficiency	Agency selected		July 1 - June 30	1.58%	1.51%	1.34% (1.25%)	1.3% (1.25%)	1.29%	1.25%		1.29%
Average Annual Per Person HCB Waiver Cost & Compare to National Benchmark	Efficiency	Agency selected	Mississippi	July 1 - June 30	\$39,286	\$33,603	\$29,966 (\$30,000)	\$36,260 (\$37,500)	\$29,689	\$37,500	\$44,160	\$29,689
Average Annual Per Person Community ICF/IID Cost & Compare to National Benchmark	Efficiency	Agency selected	Alabama	July 1 - June 30	\$87,179	\$70,018	\$76,661 (\$80,000)	\$89,487 (\$92,500)	\$98,957	\$92,500	\$100,552	\$98,957
Average Annual Per Person Regional Center Cost & Compare to National Benchmark	Efficiency	Agency selected	Mississippi	July 1 - June 30	\$122,275	\$122,275	\$114,245 (\$120,000)	\$126,655 (\$130,000)	\$126,655	\$130,000	\$237,250	\$126,655
% of DDSN consumers served by only DDSN	Efficiency	Agency selected		July 1	91.0%	91.5%	93.0% (93.5%)	92.5% (93.5%)	93.0%	93.5%		93.0%
# Individuals on DDSN Managed HCB Waiver Waiting Lists	Outcome	Agency selected		July 1	7778	9436	11,212 (10,500)	10,660 (10,000)	10,464	10,000		10,300
Average Time of Wait (in years) for Individuals Enrolled in ID/RD Waiver	Outcome	Agency selected		July 1 - June 30	5.5	5.9	6.7 (5.0)	6.0 (5.5)	3.5	5.5		3.4

Average Time of Wait (in years) for Individuals Enrolled in CS Waiver	Outcome	Agency selected		July 1 - June 30	2.6	3.1	4.1 (3.5)	3.4 (3.0)	1.5	3		1.4
Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Who performs the best in the country on this measure?	Time Applicable	Actual Results (& Target Results) Time Period #1	Actual Results (& Target Results) Time Period #2	Actual Results (& Target Results) Time Period #3	Actual Results (& Target Results) Time Period #4	Actual Results (& Target Results)			Target Results Time Period #6 (current time period)
									actual	target	national bench- mark	
Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver	Outcome	Agency selected		July 1 - June 30	3.8	3.1	2.2 (1.0)	0 (0)	0	0		0
NEW in FY 16/17: # of Transfers from Regional Centers to Community Residential Settings	Outcome	Agency selected		July 1 - June 30								24 by 6/30/2017
NEW in FY 16/17: Complete Re-examination of Post Acute Rehabilitation Service Contracts	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: # of New Residential Settings Developed	Outcome	Agency selected		July 1 - June 30								50 by 6/30/2017
NEW in FY 16/17: # of DDSN Directly Operated Community Homes Developed	Outcome	Agency selected		July 1 - June 30								6 by 6/30/2018
NEW in FY 16/17: Begin Centralization of Annual Service Authorization by DDSN	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Complete the Modification of the Licensing and Contract Compliance Review Requirements and Submit RFP	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Begin the Modification of the Critical Incident Reporting Program	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Complete the Re-examination of the Distribution of Audit Report Policy	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Complete Assessment if a Policy is Needed Requiring Private Health Care Providers Furnish an Annual Certified Financial Statement to DDSN	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Assess if a Policy is Needed Establishing Monetary Penalties on Providers with Repeat Audit Findings of Substantial Non-compliance	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Carryforward Will Be Less Than 1% Net of Estimated Medicaid Settlement Cost Needs	Outcome	Agency selected		July 1 - June 30								1 percent
NEW in FY 16/17: Establish Budget Priority Request to Increase Direct Care Workers' Wages and Proactively Advocate in all Appropriate Forums	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Strategic Plan Summary Chart

Mission: Assist people with disabilities and their families through choice in meeting needs; pursuing
Legal Basis: SC State Code, Section 44-20-20
Vision: To provide the very best services to all persons with disabilities and their families in South Carolina
Legal Basis: SC State Code, Sections 44-20-20, 44-20-220 & 44-20-240

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	2015-16		2016-17		Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
			# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted					
			authorized-2122 available-1987 utilized-1697	\$679,547,683	authorized-2122 available-1987 utilized-1685	\$739,425,357					
Goal 1: Prevent Disabilities and Ameliorate Impact of Disabilities											
See below											
Strategy 1.1: Greenwood Genetic Center Birth Defect Services	prevent and mitigate birth defects	1669	<1	\$ 10,366,281	<1	\$ 11,811,376	n/a	n/a	n/a		n/a
Objective 1.1.1: Annual neural tube birth defect rate in SC will remain at or below national average (7.0 per 10,000 live births)	minimize incidents of neural tube defects and associated long-term medical costs						annual rate of neural tube defect births per 10,000 live births in SC	Policy; and Administrative	Beck; more than 3 years Waring; more than 3 years	Yes	SCDHHS; Greenwood Genetics; and community organizations
Objective 1.1.2: Provide curative treatment to all children with metabolic disorders	mitigate health impact of metabolic disorders and associated long-term medical costs						# of children receiving metabolic treatment at the Greenwood Genetic Center	Policy; and Administrative	Beck; more than 3 years Waring; more than 3 years		SCDHHS; Greenwood Genetics; community organizations; and school districts
Objective 1.1.3: Provide prevention education and awareness with specific contract deliverables	mitigate risk of future birth defects and associated long-term medical costs						compare Greenwood Genetics' annual contract deliverables with its end of the year results reporting	Policy; and Administrative	Beck; new in FY 16/17 Waring; new in FY 16/17		SCDHHS; Greenwood Genetics; community organizations; and school districts
Strategy 1.2: Early Childhood Developmental Delay Services (BabyNet & Early Intervention)	mitigate developmental delays (ages 0-6)	9,098	2	\$ 23,336,768	2	\$ 31,479,472	n/a	n/a	n/a		n/a
Objective 1.2.1: At least 86% of at-risk children served should receive early intervention services prior to third birthday	the earlier a child receives intervention services, the more likely higher developmental outcomes achieved						percentage of total children receiving early intervention services prior to third birthday during the FY	Operations	Goodell; more than 3 years	Yes	First Steps; SCDHHS; DDSN qualified providers; and SCDOE
Strategy 1.3: Post Acute Traumatic Brain or Spinal Cord Injury Rehabilitation Services	ameliorate impact of traumatic brain and spinal cord injuries	54	<1	\$ 2,692,717	<1	\$ 3,100,000	n/a	n/a	n/a		n/a
Objective 1.3.1: Re-examine post acute rehabilitation service contracts with four providers to better individualize services and serve more individuals	serve more individuals						complete contract re-examination by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	private health care providers
Strategy 1.4: Pervasive Developmental Disorder (Autism) Services	mitigate developmental disorders and associated long-term medical costs	1,255 -waiver 6000-other	2	\$ 8,111,577	2	\$ 10,323,590	n/a	n/a	n/a		n/a
Objective 1.4.1: Children completing PDD Program will experience average gain of 10% in standardized adaptive behavior scores after two years of service	mitigation of developmental disorders						average gain in standardized adaptive behavior domain scores for children in PDD Program after two years of service	Policy	Beck; more than 3 years	Yes	private health care providers; and SCDHHS

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence							See below				
Strategy 2.1: In-Home Family Support Services (least restrictive community setting)	serves consumers at home, which is the least restrictive community based setting; promotes community integration, higher quality of life, consumer choice, lower costs, and individual independence	37,330	24	\$ 66,851,682	25	\$ 128,148,699	n/a	n/a	n/a		n/a
<u>Objective 2.1.1:</u> The % of total individuals with ID/DD receiving services in home will be at or above the national average (56%)	maximize use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						% of total served supported in-home divided by the total population served in-home, residential, and regional centers	Operations; Administrative; and Policy	Goodell; more than 3 years Waring; more then 3 years Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
<u>Objective 2.1.2:</u> Monitor community support waiver list (average wait time; total individuals) as a critical factor in budget requests and budget allocation decisions	increasing use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						formerly monitor on no less than a quarterly basis	Operations; and Policy	Goodell; more than 3 years Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
<u>Objective 2.1.3:</u> Maintain Head and Spinal Cord Injury (HАСI) waiting list at zero	maximize use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						# of people on the HASCI waiting list	Policy	Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
<u>Objective 2.1.4:</u> : Maintain a ratio of at least 9.6 to 1 of persons served in HCB waivers (ID/RD) compared to ICF/IID waiver	indicative of consumers being provided choice to live in the community or at home which improves quality of life and lowers costs						ratio of persons served In HCB waivers versus ICF/IID waiver	Operations	Goodell; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
Strategy 2.2: Community Residential Services (residential habilitation services while still in the community)	serves consumers requiring residential habilitation services while still in a community based setting; promotes community integration, higher quality of life, consumer choice, lower costs, and individual independence	4,639	91	\$ 314,137,241	99	\$ 339,047,125	n/a	n/a	n/a		n/a
<u>Objective 2.2.1:</u> South Carolina will rank in the top 10 in the annual United Cerebral Palsy (UCP) Community Inclusion Report	indicative of consumers being provided choice to live in the community or at home which improves quality of life and lower costs						The annual United Cerebral Palsy Inclusion Report	Operations	Goodell; more than 3 years	Yes	United Cerebral Palsy Association
<u>Objective 2.2.2:</u> Develop an additional 50 less restrictive residential settings	increasing use of less restrictive community residential services enables individuals to live in the community promoting a higher quality of life, consumer choice, and lower costs						# of residential development of less restrictive settings during FY 16/17	Operations	Goodell; new in FY 16/17	Yes	SCDHHS; DDSN qualified provides; and private health care providers
<u>Objective 2.2.3:</u> Average length of wait for individuals placed on Critical Needs List will be less than 60 days	decrease time to receive consumer services						average of all consumer's wait time on the Critical Needs List during the FY	Operations	Goodell; more than 3 years	Yes	SCDHHS; DDSN qualified provides; and private health care providers
<u>Objective 2.2.4:</u> Develop 6 DDSN directly operated community homes	expand capacity to serve individuals on the Critical Waiting List						6 DDSN directly operated community homes will be operational by end of FY 17/18	Operations	Goodell; new in FY 16/17	Yes	DDSN qualified providers; and SCDHHS
<u>Objective 2.2.5:</u> Psychiatric Residential Treatment Facilities will serve less than 65 children during the FY	promotes children living with their families and in the community for a higher quality of life						# of children served in Psychiatric Residential Treatment Facilities during the FY	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
<u>Objective 2.2.6:</u> Average annual per person HCB waiver cost will be less the national average (\$44,160)	maximize resources available to serve additional individuals						average annual per person HCB waiver cost compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
<u>Objective 2.2.7:</u> Monitor ID/RD waiver list (average wait time; total individuals) as a critical factor in budget requests and budget allocation decisions	increasing use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						formerly monitor on no less than a quarterly basis	Operations; and Policy	Goodell; more than 3 years Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families

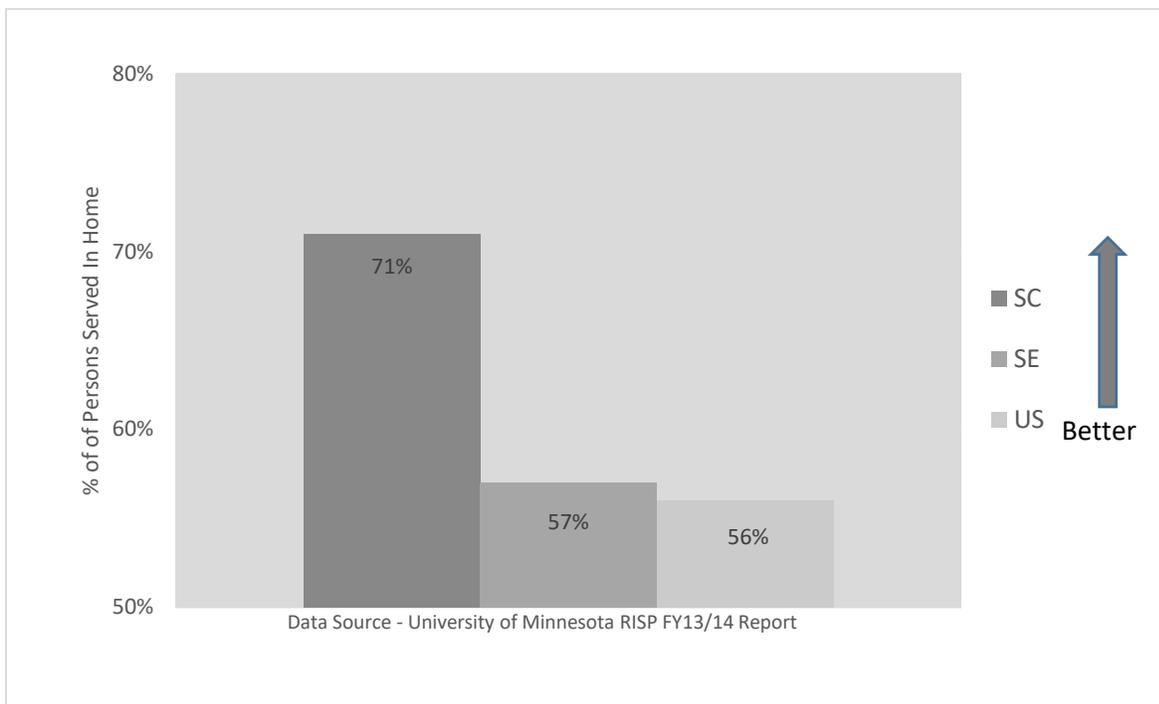
Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Strategy 2.3: Regional Center Residential Services (severe or profound disabilities)	serves fragile consumers with severe or profound disabilities where community based services are not appropriate	666	1,495	\$ 86,111,572	1,765	\$ 100,833,502	n/a	n/a	n/a		n/a
Objective 2.3.1: South Carolina will serve fewer individuals per 100K population in 16 + bed institutions than the national average (25.0 per 100K)	indicative of consumers being provided choice to live in the community or at home, rather than a Regional Center ICF/IID, which improves quality of life and lowers costs						# of individuals served in 16 + bed institutions per 100K general population compared to a national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; and DDSN qualified providers
Objective 2.3.2: The % of individuals served at the Regional Center ICF/IIDs with severe or profound disabilities will be at or above the national average (76.0%)	indicative of Regional Center ICF/IID facilities being properly used to serve only the most severe ID/RD consumers						% of individuals served in Regional Center ICF/IIDs with severe or profound ID compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS
Objective 2.3.3: South Carolina will serve fewer individuals with ID in nursing facilities than the national average (8.9 per 100K)	promotes consumer placement in facilities better suited for ID support						# of individuals served in nursing facilities Per 100K general population compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; DDSN qualified providers; and private health care providers
Objective 2.3.4: Have less than 6 children in Regional Centers	promotes children living with their families and in the community for a higher quality of life						# of children served in Regional Centers	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 2.3.5: Average annual per person ICF/IID waiver cost will be less than national average (community ICF - \$100,556; Regional Center - \$237,250)	maximize resources available to serve additional individuals						average annual per person ICF/IID waiver cost compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; and DDSN qualified providers
Objective 2.3.6: Identify opportunities to support Regional Center consumers transfer to community residential settings with a projection of 24 transfers	indicative of consumers being provided a choice to live in the community, which improves quality of life and lowers costs						# of transfers of Regional Center consumers to community residential settings in FY 16/17	Operations	Goodell; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Strategy 2.4: Adult Development & Employment Support Services	promotes independence, community involvement, and quality of life	6,399 day 2,359 employ	1	\$ 71,934,699	1	\$ 80,338,186	n/a	n/a	n/a		n/a
Objective 2.4.1: The % of individuals receiving day services in integrated employment settings will be at or above the national average (19%)	employment correlates with increased quality of life						% of Individuals receiving day services in integrated employment settings compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Strategy 2.5: Service Coordination (Case Management)	provides consumer advocate and logistical support to ensure consumer needs met	17,237	5	\$ 18,542,692	5	\$ 22,893,752	n/a	n/a	n/a		n/a
Objective 2.5.1: Centralize annual consumer service authorization at DDSN	promotes conflict free case management						DDSN's centralized system to authorized annual consumer service plans will begin by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Goal 3: Protect Health, Safety & Welfare of Individuals Served							See below				
Strategy 3.1: Quality assurance monitoring of providers' compliance with contract operational performance; consumer health, safety & welfare; and facility licensing standards	ensure quality outcomes consistent with contract requirements with emphasis on consumer health, safety & welfare	All Eligible Consumers	5	\$ 1,827,922	6	\$ 1,883,953	n/a	n/a	n/a		n/a
Objective 3.1.1: The average annual provider contract compliance review score will be 91.5% or above	assurance of substantial contract compliance						average of all providers contract compliance review scores during the FY	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.2: The average number of provider contract compliance reviews with at least one section (six sections measured) scoring below 70% (substantial non-compliance) will be 6% or lower	assurance of substantial contract compliance						average of number of provider contract compliance reviews during FY with at least one section (six sections measured) scoring below 70% (substantial non-compliance)	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.3: The average annual provider licensing compliance review score will be 91.8% or above; and there will be no individual provider with less than a 70% score	assurance providers meet licensing standards to operate facilities serving consumers						average of all providers licensing compliance review scores during the FY	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.4: Modify the licensing and contract compliance review requirements and techniques emphasizing outcomes; establishing thresholds for proactive inquiry; and establish thresholds for contract non-compliance penalties	enhance assurance of contract performance and enhanced DDSN response for non-compliance						develop requirements, issue, and submit RFP by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Objective 3.1.5: The community and Regional Center ICFs/IIDs will average less than 2% (8) and 3% (12) compliance deficiencies (388 DHEC compliance requirements), respectively, and neither will have an immediate jeopardy finding	assurance of substantial compliance with DHEC certification standards for community and Regional Center ICFs/IIDs						average of compliance deficiencies for the FY for community and Regional Center ICFs/IIDs compared to standards, as well as determine if any immediate jeopardy finding issued	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.6: Annual rate of falls leading to injury per 100 consumers served in community residential and Regional Centers will be less than 1.12	indicator of DDSN policies and provider preventative efforts to protect consumers' health, safety & welfare						total annual falls in residential settings or Regional Centers with injuries normalized to incidents per 100 consumers	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.7: Annual rate of critical incident reports per 100 consumers should not exceed 19 in residential settings and 39 in Regional Centers	indicator of critical incident reporting activity for trend analysis						# of critical incidents reported in residential settings and Regional Centers normalized per 100 consumers	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.8: Modify the critical incident reporting program to focus collection on relevant incidents and eliminate benign incidents; establish criteria for proactive inquiry; and establish performance benchmarks within 90 days after initiating modified process	enhance assurance of consumer health, safety & welfare through increased quality of incident reporting and enhanced DDSN response to trends or suspicious individual incidents						develop plan, obtain Commission approval, and begin implementing by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.9: The annual rate of substantiated ANE per 100 served will be less than 0.07% in community residential settings and 0.25% in Regional Centers	indicative of DDSN policies and provider preventative efforts to protect consumers' health, safety & welfare						total annual ANE substantiated allegations (arrests) normalized per 100 consumers for the community residential and Regional Center populations	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Strategy 3.2: Monitor providers' financial management and operational requirements	provide assurance of providers compliance with DDSN contract and policy fiscal requirements	All Eligible Consumers	8	\$ 585,352	8	\$ 658,546	n/a	n/a	n/a		n/a
Objective 3.2.1: Re-examine distribution of audit report policy to consider expanding distribution to stakeholders having a level of provider oversight	ensures key stakeholders with a level of provider oversight are fully informed of audit results						propose policy on audit report distributions to the Commission for approval by 6/30/2017	Internal Audit	Yacobi; new in FY 16/17	Yes	private health care providers; and DDSN qualified providers
Objective 3.2.2: Determine if a policy is needed requiring private health care providers furnish an annual certified financial statement to DDSN	facilitates DDSN contract monitoring by comparing contract budget with actual costs						propose, if warranted, new policy to Commission for approval by 6/30/2017	Internal Audit	Yacobi; new in FY 16/17	Yes	DDSN qualified providers; and private health care providers
Objective 3.2.3: Determine if a policy is needed establishing monetary penalties on providers for having repeat substantial non-compliance audit findings on an initial and follow-up audit.	create financial incentive/deterrents for proper fiscal compliance						propose, if warranted, new policy to Commission for approval	Internal Audit	Yacobi; new in FY 16/17	Yes	DDSN qualified providers; and private health care providers
Goal 4: Meet the Needs of the Maximum Number of Eligible Individuals Through Efficient & Effective Use of Available Resources							See below				
Strategy 4.1: Monitor organizational effectiveness through benchmarks	provides indicators of organizational effectiveness to executive management, oversight, and the public	All Eligible Consumers	64	\$ 7,169,393	74	\$ 8,907,156	n/a	n/a	n/a		n/a
Objective 4.1.1: The % of total individuals with ID/DD served who are receiving services in home will be at or above the national average (56%)	maximize use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						% of total served supported in-home divided to total population served in-home, residential, and regional centers compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.2: Maintain a ratio of at least 9.6 to 1 of persons served in HCB waivers compared to ICF/IID	Indicative of consumers being provided choice to live in the community or at home which improves quality of life and lowers costs						ratio of persons served in HCB waivers versus ICF/IID waivers	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.3: Administrative expenses will be less than 2% of total expenses	maximize resources available for consumer services						total FY administrative costs/total actual costs	Administration	Waring; more than 3 years	Yes	SCDHHS
Objective 4.1.4: Average annual per person HCB waiver cost and ICF/IID waiver cost will be less than corresponding national average (HCB - \$44,160; Community ICF - \$100,556; Regional Center - \$237,250)	maximize resources available to serve additional individuals						average annual per person HCB and ICF/IID waiver cost compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.5: Carryforward will be less than 1% net of estimated Medicaid settlement cost needs	maximize resources to consumers along with obtaining available matching federal funds						end of FY carryforward less estimated Medicaid settlement costs/FY total actual costs	Administration	Waring; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Objective 4.1.6: Greater than 90% of DDSN consumers will not receive services by multiple state agencies	indicative of avoiding redundant services with sister state agencies delivering human services						% of total consumers who are not receiving services from another state agency	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.7: # of individuals served per 100K general population compared to national average (358.8)	degree which state is efficiently responding to service needs						total individuals served/SC population compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	n/a	n/a	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.8: Decrease turnover and increase candidate pool for direct care workers through a priority budget request to increase pay of direct care workers	improve systemwide operations, employee turnover, and excessive overtime costs						include as budget priority budget request and proactively advocate in all appropriate forums	State Director	Buscemi; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Total			1,697	\$ 611,667,896	1,987	\$ 739,425,357					

SCDDSN Performance Measure

Living Arrangements for Persons with Intellectual Disability/Related Disabilities (ID/RD) Receiving Services Comparing South Carolina with the Southeastern Region and United States



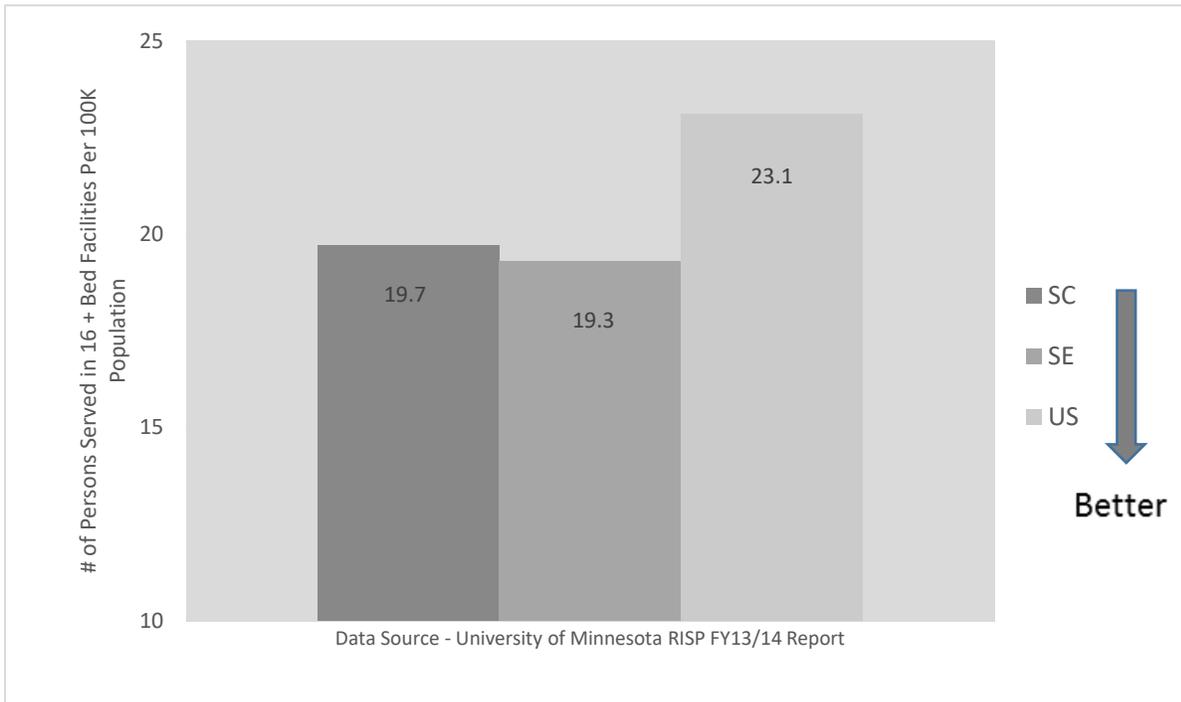
Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers. Of the thousands of persons with intellectual disability and related disabilities (ID/RD) and Autism Spectrum Disorder receiving services from DDSN, 71% live with family caregivers compared to 56% nationally. DDSN is doing a better job of keeping families together utilizing day services, respite, personal care, and other needed supports than the Southeastern region and United States.

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

SCDDSN Performance Measure

Large Residential Settings and Resource Utilization

Comparing South Carolina with the Southeastern Region and United States

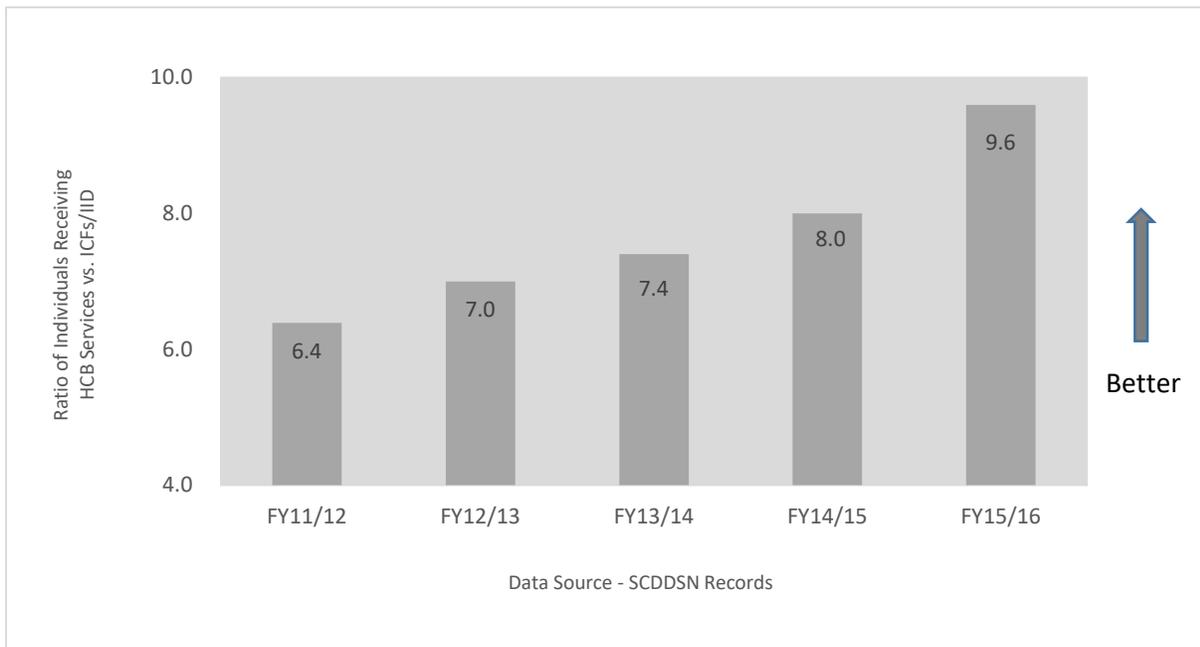


DDSN serves 15% fewer person that the national average of persons per 100,000 population living in large (16 + beds) institutions. Federal and South Carolina state laws require that people with intellectual disability and related disabilities (ID/RD) live in the least restrictive environment. Receiving services in a smaller, family-like setting is preferred by individuals and families and is a more cost-efficient service alternative for taxpayers.

SCDDSN Performance Measure

Delivery of Services per Consumer Need and Choice

Home and Community Based Settings (Waiver) Versus Institutional (ICF/IID)

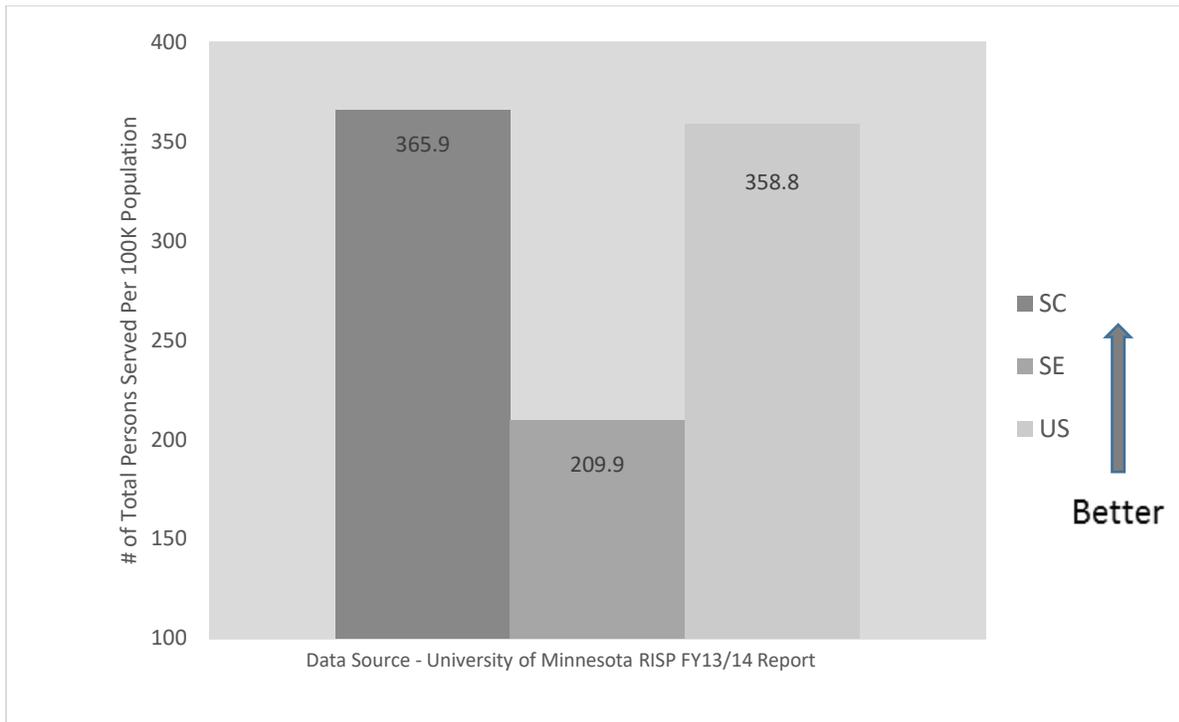


DDSN provides services to consumers based on their level of need and choice of either institutional (Intermediate Care Facility for Individuals with Intellectual Disability - ICFs/IID) or home and community based waiver services. DDSN designed and implemented home and community based options to facilitate people moving out of ICFs/IID and prevent people from having to move into ICFs/IID when determined to need out of home placement.

SCDDSN Performance Measure

Number of Persons with Intellectual Disabilities/Related Disability (ID/RD) Served (Consumers)

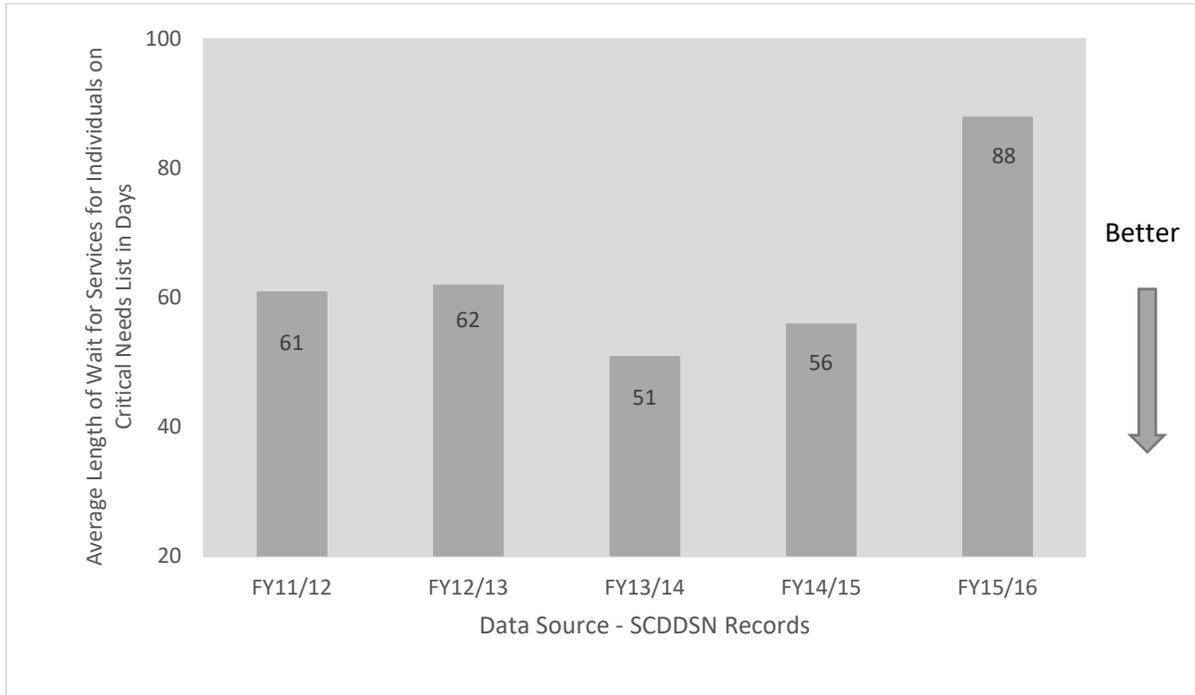
Comparing South Carolina with the Southeastern Region and United States



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 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.

SCDDSN Performance Measure

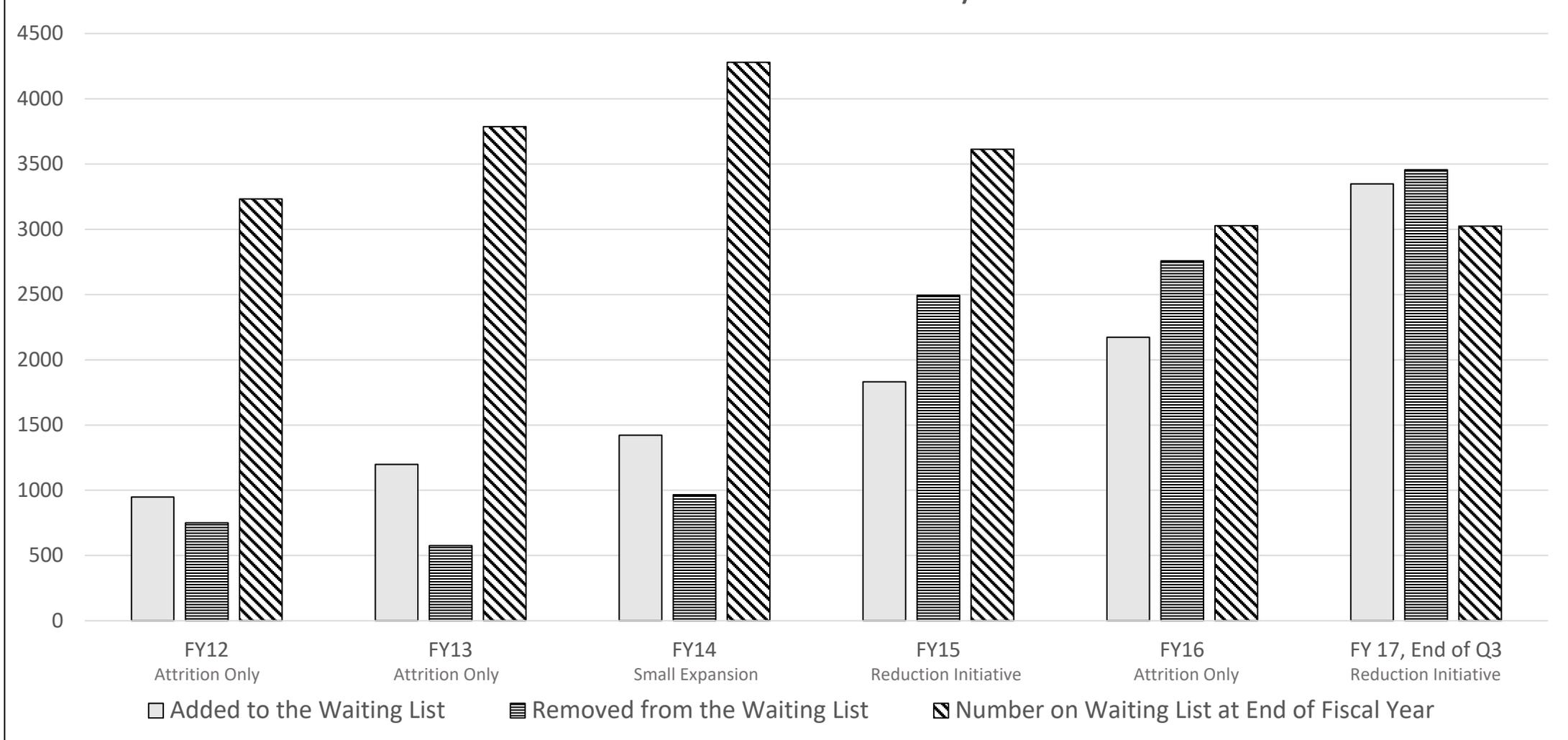
Length of Time Individuals on Critical Needs List Wait for Services



DDSN prioritizes services to those persons with lifelong disabilities who have the greatest need. Individuals whose health and safety are at risk, who cannot care for him/herself and who meet critical criteria are served first. DDSN has experienced difficulty finding appropriate placement for individuals identified as having Critical Needs as a result of significant behavioral needs or legal considerations. DDSN provider network has been less willing to serve high management individuals and therefore individuals are waiting for services longer.

SCDDSN Performance Measure

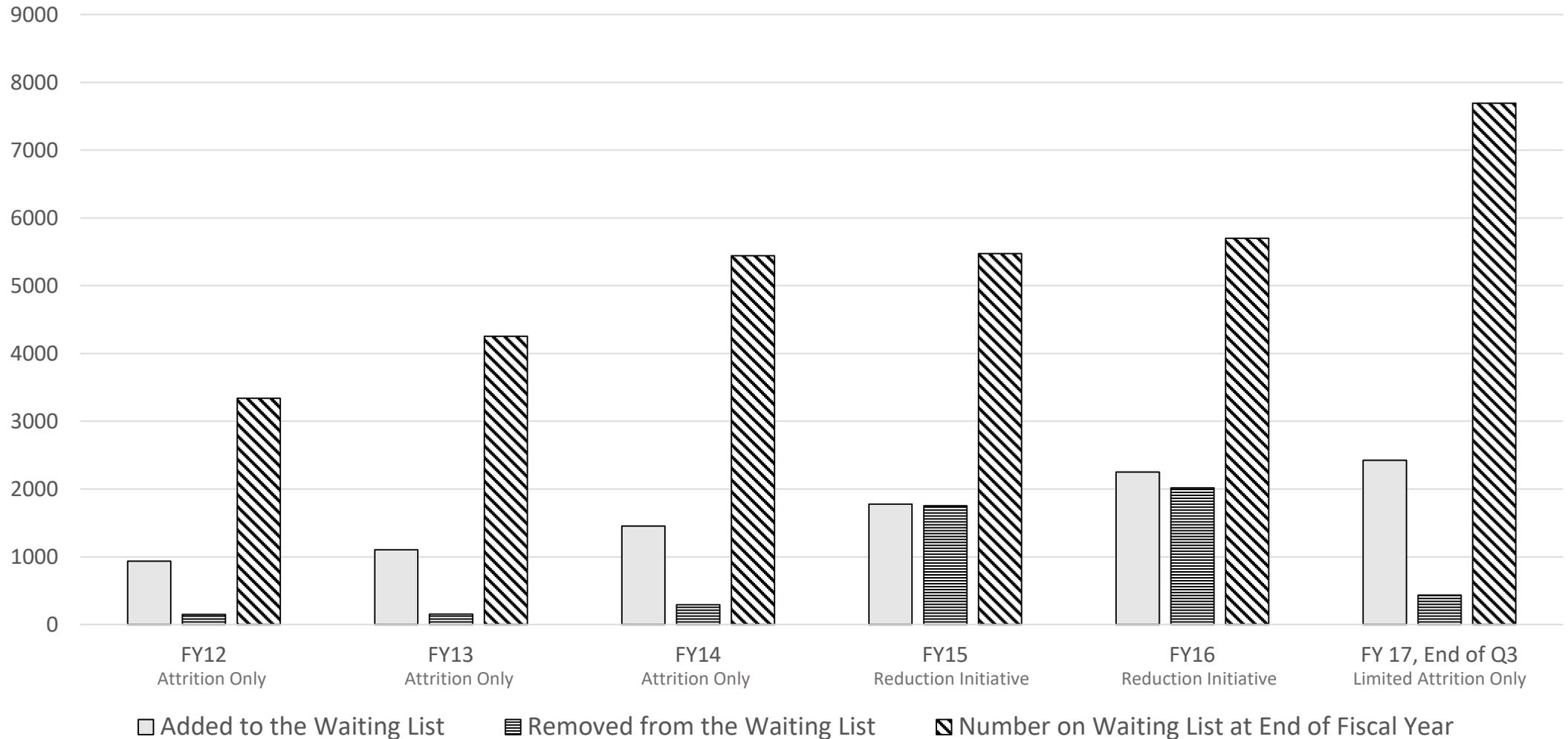
Community Supports Waiver Waiting List Individuals Added and Removed by Fiscal Year



*As of April 10, 2017

SCDDSN Performance Measure

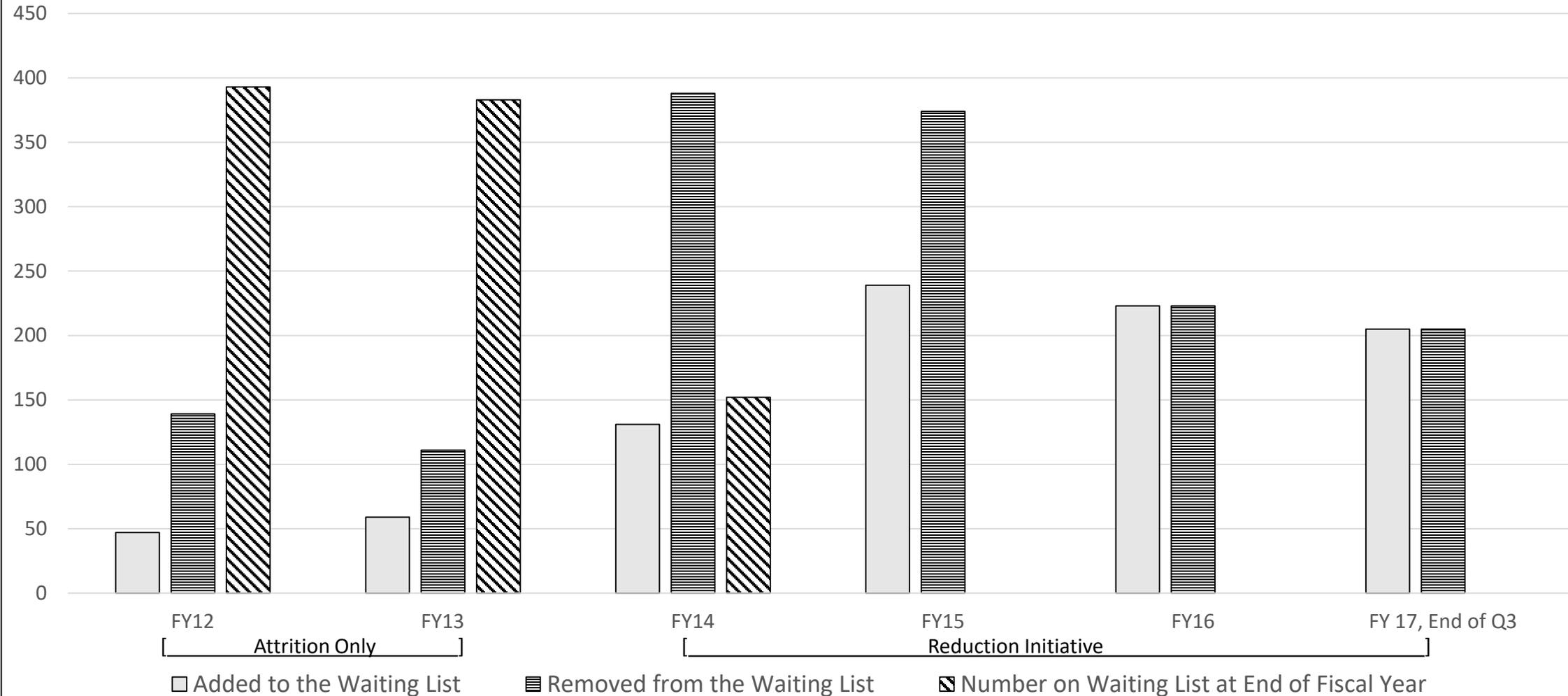
Intellectual Disability/Related Disabilities Waiver Waiting List Individuals Added and Removed by Fiscal Year



*As of April 01 2017

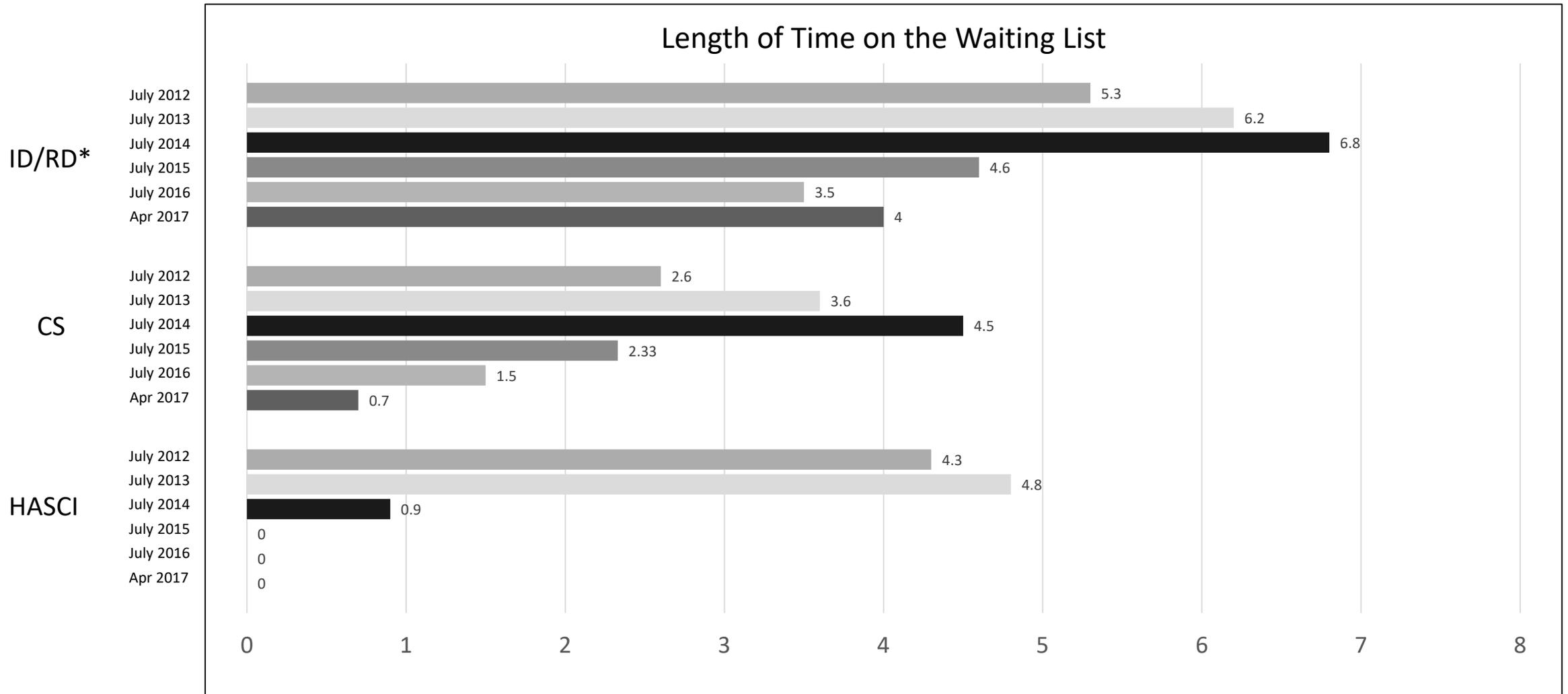
SCDDSN Performance Measure

Head and Spinal Cord Injury Waiver Waiting List
Individuals Added and Removed by Fiscal Year



102
*As of April 1, 2017

SCDDSN Performance Measure

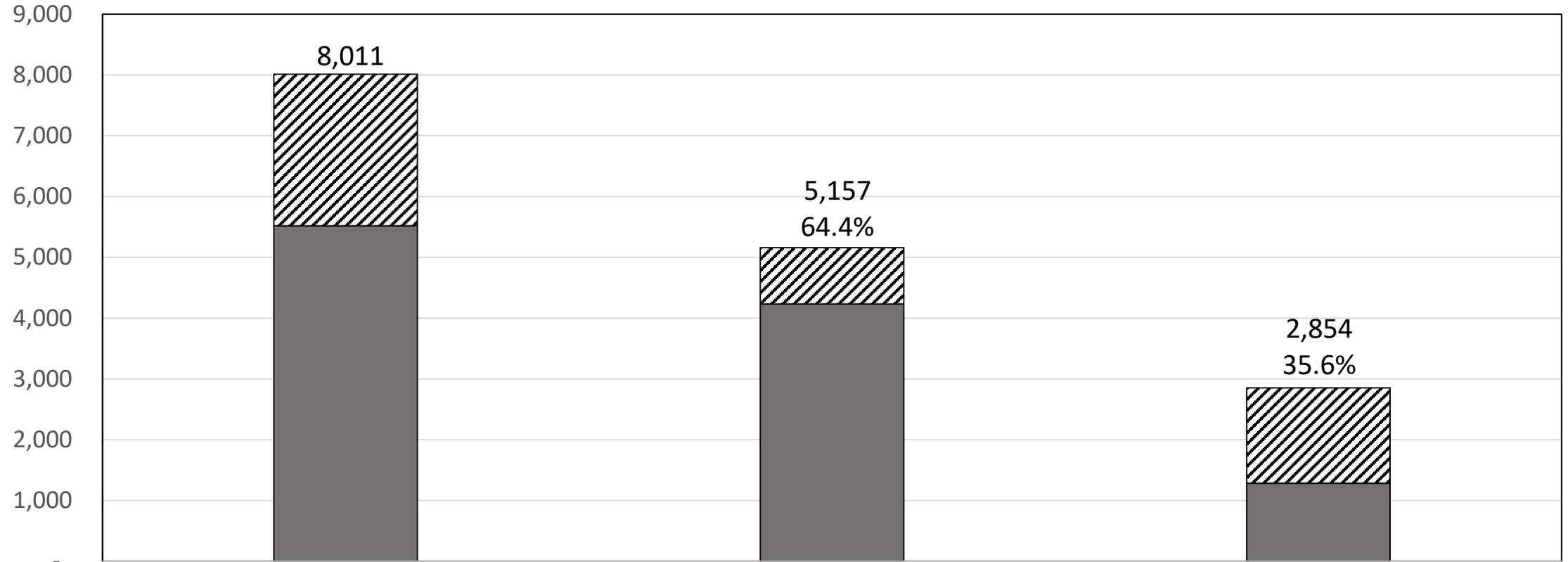


ID/RD – Intellectual Disability/Related Disabilities Waiver
 CS – Community Supports Waiver
 HASCI – Head and Spinal Cord Injury Waiver

*As of April 10, 2017

SCDDSN Performance Measure

Additional Analysis of the Number of Individuals Waiting for DDSN Services



*These services may include: DDSN Family Support Funding, DDSN Family Arranged Respite Funding, and/or Medicaid Services such as prescriptions, personal care, nursing, incontinence supplies, dental, vision, medically necessary Durable Medical Equipment services, etc.

■ Under 21 Years of Age ▨ Age 21 and older

DDSN External Audits and Reviews

2017

DDSN Internal Audit Activity's Self-Assessment - Independent Validator Statement (March 16, 2017) - Attached

In accordance with the Institute of Internal Auditor's (IIA's) Standards, DDSN engaged an independent Certified Internal Auditor in July 2016 to conduct an independent validation of the agency's internal audit activity's self- assessment. The Independent Validator Statement, issued March 2017, fully concurred with the internal audit activity conclusions and implementation of recommendations.

2016

Review of SCDDSN 2015 Financial Position - Greene, Finney & Horton Audit Report Year Ended June 30, 2015 (June 8, 2016) - Attached

Greene, Finney & Horton performed a full financial statement audit for the year ending June 30, 2015. In the review, the financial statements were found to present fairly the financial position of the Department in accordance with accounting principles generally accepted in the United States. One deficiency in internal control was identified. The Department has implemented corrective actions to address the finding.

Audit of DDSN Classification Delegation Authority for FY 2014-2015 (SCDA) (May 6, 2016) - Attached

SC Department of Administration engaged an audit of DDSN Human Resources delegated transaction from July 1, 2014 to June 30, 2015. Findings revealed no recommendations and stated all reclassification actions were sound and in compliance with the classification delegation agreement, an excellent audit result.

Review of Allegations Involving SC Mentor-a Private Provider for DDSN (OIG) (September 2016)

The State Office of the Inspector General reviewed allegations of abuse, neglect, and exploitation (ANE) at SC Mentor (Mentor), a private provider of residential services for DDSN consumers. The review determined Mentor had proportionately higher ANE allegations and sustained criminal incidents than peer facilities. However, the analysis did not indicate systemic abuse towards consumers inasmuch as the majority of the ANE reporting contained allegations more akin to staff/facility performance issues and the vast majority of all allegations were unsustainable by independent investigations. The report had seven findings and nine recommendations, which are being addressed by DDSN.

2015

SC Claimed Some Unallowable Room-and-Board Costs Under the ID/RD Waiver for State FY 2010 - OIG (April 2015) - Attached

Office of the Inspector General - Review of Room and Board Costs Under the Intellectual and Related Disabilities Waiver for State Fiscal Year 2010. Report issued in 2015. Found unallowable costs were included in the room and board calculations. A percentage of the administrative costs should have been included in the room and board calculations, and was not. Thus, Medicaid was overcharged for these costs and the consumers were undercharged. DDSN paid back \$1.4 M for FY 10. This is the same issue that was found in the previous OIG audit for FYs 07-09 and the calculations were corrected with the issuance of that report starting with cost reports for FY 11. This review was to catch the single year in between the scope of the first review and the year the corrected calculations went into effect.

SC Claimed Some Unallowable Room-and-Board Costs under ID/RD Waiver – OIG (September 2012)

State Office of the Inspector General - Review of Room and Board for individuals receiving Housing Assistance Payments (HAP). Found 9 providers inappropriately overcharged by misapplication of the HAP payment for consumers' room and board payments. These 9 providers overcharged consumers by \$1.26 M for FYs 2013 and 2014. Two additional providers also had paybacks to consumers for miscalculations of room and board not related to HAP payments totaling \$200 K. Another provider is currently being reviewed for Room and Board related to HAP who was not included in the original review. Potential payback amounts for 2015 are still under review.

DDSN Employees & Residents with Disabilities Employed at Minimum Wages – US Department of Labor Wage and Hour Division (9/16-2015) - Attached

In September, 2015, the US Department of Labor Wage and Hour Division audited employees and residents with disabilities employed at subminimum wages by the DDSN Pee Dee Regional Center. The investigation period was February 2, 2013 through February 1, 2015. The investigation report shows that no FLSA violations were found.

SCDHHS' Program Integrity Audit of DDSN Service Delivery System (Began October 2014)

SCDHHS has completed on-going reviews of DDSN's Service Provider network with a focus on Waiver-Specific service authorization and case management. Four providers have completed the review cycle, while another 5 provider reports are pending. The first review took place in October 2014. The reviews have focused on the case management functions and residential habilitation and day services related to the ID/RD Waiver, Community Supports Waiver, and the Head & Spinal Cord Injury Waivers. In three of the four completed audits, financial recoupments were ultimately completed. *(These reports are not included as attachments as they have a vast amount of protected health information of consumers supported by DDSN and the statewide provider network.)*

2014

State of SC Info Security Vulnerability & Security Risk Assessment - Deloitte&Touche LLP (March 31, 2014)

Budget and Control Board hired Deloitte to conduct a statewide agency security assessment and audit. Deloitte performed a Risk and Vulnerability assessment of DDSN Information Technology systems and network including 15 security domains. DDSN has taken the findings from those assessments and created a list of items to remediate. Many improvements have been made, and other continue to be implemented. The recommendations continue to be reviewed with the DDSN Information Technology Steering Committee periodically. *(Due to the security risk to the agency, this report is not subject to FOIA and is not included as an attachment.)*

State of South Carolina DDSN Review of Current Business - Public Consultant Group (July 2014) - Attached

Public Consultant Group 2014 - Review of DDSN's Funding and Reimbursement of Services and DDSN's program oversight. 9 recommendations were identified in the report. DDSN has instituted 4 of the recommendations. DDSN will need to work with other entities to accomplish other recommendations or work with its governing body to fully develop processes identified.

Legislative Audit Council 2014 Review of DDSN Service Delivery System

Legislative Audit Council Reviews of Department's services delivery systems and use of state appropriations in 2014. 49 recommendations were identified. DDSN has implemented 22 of the recommendations, 6 are partially implemented or in the process of being fully implemented, 10 need legislative authority to implement, 6 are the responsibility of another entity to implement or cannot be implemented due to rules or regulations preventing implementation, and 5 have not been implemented.

SCDHHS' Review of DDSN Cost Report Methodologies – (No Finalized Report)

SCDHHS retained Myers and Stauffer in 2014 to conduct a comprehensive review of Medicaid funding and cost methodologies for all DDSN Medicaid services. This report was never released by DHHS because the report was never finalized.

Statewide PEBA Review - Elliott Davis Decosimo (December 2014) - Attached

In November, 2014, DDSN participated as part of a statewide audit of PEBA Retirement Services SC Deferred Compensation Program. DDSN was not the primary focus of the audit, but no concerns were shared with the agency.

2013

State Auditor's 2013 Agreed on Procedures Audit

State Auditor Office agreed on procedures audit for FY 2013. 9 areas were reviewed and no exceptions were identified.

SCDDSN Procurement Audit Report 4/1/08-12/31/11- SC Budget and Control Board (April 19, 2013) - Attached

Material Management Office conducted a procurement audit of DDSN. Issued in May 2013. Some findings were identified; none was of a material nature. DDSN's certification limits were granted at or above previous levels. DDSN procurement levels are set at \$250,000.

Audit of DDSN Delegated Transactions 7/1/2011 to 6/30/2013 - SC Budget and Control Board (November 8, 2013) - Attached

The State Office of Human Resources (now Division of State Human Resources) has delegated DDSN's HR the authority to hire employees above the minimum salary, provide temporary salary adjustments of up to 15 percent for no longer than one year, and appropriately classify its positions. In October, 2013, OHR audited DDSN's delegation authority and found no significant exceptions. The next such audit by DSHR will be scheduled this quarter.

2012

State Auditor's 2012 Agreed on Procedures Audit

State Auditor Office conducted an agreed on procedures audit for FY2012. 9 areas were reviewed and no exceptions were identified.

2011

Legislative Audit Council Statewide Procurement Card Review

Legislative Audit Council Review of procurement cards performed in 2011, which was part of review of all state agencies that use procurement cards. Minor findings related to use of procurement cards by DDSN were noted. DDSN implemented procedures to correct the findings identified.

Administrative Percentage Determination SCDDSN Position Paper - DHHS (March 30, 2010) - Attached

SCDHHS retained Clifton and Gunderson to conduct a review of administrative overhead costs for DDSN in regards to the four Medicaid waivers that DDSN administers on behalf of Medicaid beneficiaries. The review concluded an administrative rate to be included in the waivers of 0.40 %. This 0.40 percent represents a change in FFP from 70 % match to 50 % match. The attachment says DRAFT, but this is the version that was submitted to CMS from SCDHHS.

List of Attachments
To
DDSN External Audits and Reviews

DDSN Internal Audit Activity's Self-Assessment – Independent Validator Statement (March 16, 2017)

Review of SCDDSN 2015 Financial Position – Greene, Finney & Horton Audit Report Year Ended 6/30/2015 (June 8, 2016)

Audit of DDSN Classification Delegation Authority for FY 2014-2015 - SCDA (May 6, 2016)

SC Claimed Unallowable Room-and-Board Costs Under the ID-RD Waiver for State FY 2010 – OIG (4-2015)

DDSN Empl & Res with Disabilities at Min Wages Pee Dee Reg Ctr – USDLW&HD (9/16/2015)

State of SCDDSN Review of Current Business – Public Consultant Group (July 2014)

Statewide PEBA Review – Elliott Davis Decosimo (December 2014)

SCDDSN Procurement Audit Report – SCBCB (April 19, 2013)

Audit of DDSN Delegated Transactions Jul 1, 2011 to Jun 30, 2013 – SCBCB (November 8, 2013)

Administrative Percentage Determination DDSN Position Paper – SCDHHS (March 30, 2016)

Independent Validator Statement

The validator was engaged to conduct an independent validation of the Department of Disabilities and Special Needs internal audit activity's self-assessment. The primary objective of the validation was to verify the assertions made in the attached self-assessment report concerning adequate fulfillment of the organization's basic expectations of the internal audit activity and its conformity to The Institute of Internal Auditors' (IIA's) *International Standards for the Professional Practice of Internal Auditing (Standards)*. Other matters that might have been covered in a full external assessment, such as an in-depth analysis of successful practices, governance, consulting services, and use of advanced technology, were excluded from the scope of this independent validation by agreement with the chief audit executive.

In acting as validator, I am fully independent of the organization and have the necessary knowledge and skills to undertake this engagement. The validation, conducted during the period of Fiscal Year 2016 and 2017, consisted primarily of a review and test of the procedures and results of the self-assessment. In addition, surveys were conducted with the president and CEO, the chief financial officer, the audit committee chair, other senior members of management, and the external auditors.

I concur fully with the internal audit activity's conclusions in the self-assessment report attached. Implementation of the recommendations contained in the self-assessment report will improve the effectiveness and enhance the value of the internal audit activity and support conformity to the *Standards*.

Name *Kelvin Washington, CIA*

Independent Validator

Kelvin Washington 3/16/17 Date

South Carolina Department of Disabilities and Special Needs

Financial Statements

For the Year Ended June 30, 2015

(with Independent Auditor's Report thereon)



**South Carolina
Office of the State Auditor**

**George L. Kennedy, III, CPA
State Auditor**

June 8, 2016

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

This report on the audit of the basic financial statements of the South Carolina Department of Disabilities and Special Needs for the fiscal year ended June 30, 2015, was issued by Greene, Finney & Horton, LLP, Certified Public Accountants, under contract with the South Carolina Office of the State Auditor.

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

Respectfully submitted,

A handwritten signature in blue ink that reads "George L. Kennedy, III".

George L. Kennedy, III, CPA
State Auditor

GLKIII/trb

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INDEPENDENT AUDITOR'S REPORT

Mr. George L. Kennedy, CPA
State Auditor
Office of the State Auditor
Columbia, South Carolina

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the South Carolina Department of Disabilities and Special Needs (the "Department"), as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Department's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the South Carolina Department of Disabilities and Special Needs, as of June 30, 2015, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 1, the accompanying financial statements of the South Carolina Department of Disabilities and Special Needs reporting entity are intended to present the financial position and the results of operations of only that portion of the financial reporting entity of the State of South Carolina that is attributable to the transactions of those divisions of the State that comprise the South Carolina Department of Disabilities and Special Needs reporting entity. They do not purport to, and do not, present fairly the financial position of the State of South Carolina as of June 30, 2015 and the changes in its financial position for the year then ended in conformity with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in the year ended June 30, 2015 the South Carolina Department of Disabilities and Special Needs adopted the provisions of Governmental Accounting Standards Board Statement No. 68 *Accounting and Financial Reporting for Pensions – an amendment of GASB Statement No. 27* and Governmental Accounting Standards Board Statement No. 71 *Pension Transition for Contributions Made Subsequent to the Measurement Date – an amendment of GASB Statement No. 68*. Our opinion is not modified with respect to these matters.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, the budgetary comparison schedules, and the pension schedules, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Department's basic financial statements. The supplementary information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The supplementary information is the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 8, 2016 on our consideration of the Department's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Department's internal control over financial reporting and compliance.



Greene, Finney & Horton, LLP
Mauldin, South Carolina
June 8, 2016

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Management's Discussion and Analysis ("MD&A") of the South Carolina Department of Disabilities and Special Needs (the "Department") provides an overview of the Department's financial activities for the fiscal year ended June 30, 2015.

FINANCIAL HIGHLIGHTS

The Department prepared its financial statements on the Generally Accepted Accounting Principles ("GAAP") basis and follows pronouncements from the Governmental Accounting Standards Board ("GASB").

Additionally, this is the first year of implementation of GASB Statement 34 – *Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments* ("GASB Statement 34") for the Department. GASB Statement 34 provides that in the first year of implementation, only one year of government-wide data is required to be presented, however, since there is no previous fund level information for the Department, only one year of both government-wide and fund level information is presented in this MD&A.

As of and for the fiscal year ended June 30, 2015:

- The Department's total net position decreased by \$2,358,840 and its liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources (net position) by \$70,357,217. This includes \$109,496,400 in Net Pension Liability that is required to be reported according to GASB Statement 68.
- The Department's total net position decreased by \$2,358,840 and its liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources (net position) by \$70,357,217.
- The Department received \$217,602,751 in appropriations from the State and received \$371,135,227 in Medicaid reimbursements and patient fees.
- The Department held \$2,446,087 of cash and cash equivalents in an agency capacity for its clients.

USING THESE AUDITED FINANCIAL STATEMENTS

The audited basic financial statements presented in this document include both government-wide and fund financial statements.

Government-wide Statements:

Government-wide statements include a Statement of Net Position and a Statement of Activities. These statements display information about the Department as a whole. The government-wide financial statements of the Department are presented on the accrual basis of accounting and provide short-term and long-term information about the Department. The Department has adopted the provisions of GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources and Deferred Inflows of Resources and Net Position*. The statement incorporated deferred inflows and outflows as required components of the residual measure of the government and renaming that measure as net position, rather than net assets.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Fund Statements:

The fund financial statements include the Governmental Funds Balance Sheet, Statement of Revenues, Expenditures, and Changes in Fund Balances, and a Statement of Fiduciary Net Position – Agency Funds. The governmental fund financial statements are presented on the modified accrual basis of accounting which focuses on the near term inflows and outflows of resources available for expenditure for the current fiscal year. The Statement of Fiduciary Net Position – Agency Funds is presented on the accrual basis of accounting. These amounts are excluded from the Department's government-wide financial statements because the Department is not to use these assets to benefit its operations.

Notes to the Financial Statements:

Immediately following the financial statements are notes that provide additional and pertinent information to the financial statement amounts. The notes are necessary to fully understand the financial statements.

Required Supplementary Information:

This section addresses budgetary matters and provides certain required reporting information that supplements the basic financial statements. Included in this section is a schedule that compares the Department's legally adopted General Fund and Other Budgeted Funds budgets with actual expenditures paid for the year on the budgetary basis of accounting. Additionally, the required supplementary information section includes information on the Department's pension programs: The South Carolina Retirement System and the Police Officers Retirement System

Supplementary Information:

Combining schedules for the nonmajor governmental funds are presented immediately following the required supplementary information.

GOVERNMENT-WIDE FINANCIAL ANALYSIS

Statement of Net Position and Statement of Activities – The Statement of Net Position provides a summary of the Department's financial condition at the end of the 2015 fiscal year; and reports all assets and deferred outflows of resources and liabilities and deferred inflows of resources using the accrual basis of accounting. The Statement of Activities reports the revenues and expenses during the time period indicated.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIALS NEEDS
STATEMENT OF NET POSITION

	2015
Assets:	
Current and Other Assets	\$ 71,468,460
Capital Assets, Net	20,185,003
Total Assets	91,653,463
Deferred Outflows of Resources	9,565,619
Liabilities:	
Current liabilities	48,301,696
Noncurrent Liabilities	114,042,204
Total Liabilities	162,343,900
Deferred Inflows of Resources	9,232,399

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Statement of Net Position and Statement of Activities (continued)

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIALS NEEDS
STATEMENT OF NET POSITION (CONTINUED)

Net Position:	
Net Investment in Capital Assets	\$ 20,185,003
Restricted	15,828,671
Unrestricted	<u>(106,370,891)</u>
Total Net Position	<u>\$ (70,357,217)</u>

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIALS NEEDS
STATEMENT OF ACTIVITIES

	<u>2015</u>
Program Expenses	
Administration	\$ 10,578,826
Prevention	9,866,376
Intellectual Disabilities	428,613,197
Autism	39,536,842
Head and Spinal Cord	17,497,483
Regional Centers - Residential	85,993,992
Total Expenses	<u>592,086,716</u>
Program Revenues	
Charges for Services	370,567,964
Operating Grants and Contributions	151,375
Capital Grants and Contributions	127,000
Total Program Revenues	<u>370,846,339</u>
General Revenues	
State Appropriations	217,602,751
Education Improvement Act Funds	359,937
Donations	238,183
Investment Income	217,731
Fines	82,061
Other Revenues	380,874
Total General Revenues	<u>218,881,537</u>
Change in Net Position	(2,358,840)
Net Position, July 1	<u>(67,998,377)</u>
Net Position, June 30	<u>\$ (70,357,217)</u>

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Statement of Net Position and Statement of Activities (continued)

Program revenues of the Department are largely dependent upon billable services provided to our consumers and reported by our Provider Network. State dollars are leveraged to earn Medicaid revenue based on these reported services.

The Department received \$217,602,751 in appropriations from the State legislature. These appropriations were expended for employee salaries, related fringe benefits, and other operating expenditures to include services to consumers.

GOVERNMENTAL FUNDS FINANCIAL ANALYSIS:

The focus of the Department's governmental funds is to provide information regarding actual inflows and outflows of spendable resources.

General Fund

The General Fund is the chief operating fund of the Department. The General Fund's operating revenues are provided through appropriations from the State legislature as well as Medicaid reimbursements and fees for services. Revenues are not budgeted by the Department; therefore, expenditures are typically matched with appropriations so long as expenditures do not exceed budgeted appropriations. This resulted in revenues exceeding expenditures by \$1,182,132 for the fiscal year ended June 30, 2015, which resulted in an ending fund balance of \$7,286,653 for the General Fund.

Capital Projects Fund

The Capital Projects Fund accounts for revenues earmarked for the purchase of, improvements to or repairs and maintenance to real property, including the equipment in buildings. Expenditures for these assets are recorded in this fund and subsequently capitalized at cost in the government-wide financial statements if capitalization criteria are met. The Capital Projects Fund expended and capitalized \$2,837,557 on capital outlay out of total expenditures of \$3,289,962. The balance of expenditures was spent on repairs and maintenance. Total revenues received by the Capital Projects Fund were \$2,274,997 which resulted in a decrease in fund balance of \$1,014,965 to \$13,443,787 as of June 30, 2015.

Non-major Governmental Funds

The non-major governmental funds include special revenue funds to account for financial activity for grants received from various Federal agencies and work activity programs in which clients perform work for various companies which contract with the Department. Revenues are typically matched to expenditures based on the grant agreements. Total revenues were \$638,312 and total expenditures were \$637,126 resulting in an increase in fund balance of \$1,186.

Budget Highlights:

The State's Annual Appropriations Act, its legally adopted budget, does not present budgets by GAAP fund. Instead, it presents program-level budgets for the following two funds:

General Funds – These funds are general operating funds. The resources in the funds are primarily taxes. The State expends General Funds to provide traditional State government services.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

GOVERNMENTAL FUNDS FINANCIAL ANALYSIS (continued):

Budget Highlights (continued):

Total Funds – The Total Funds column in the Appropriations Act includes all budgeted resources. Amounts in this column include General Funds as well as most, but not all, federal and department-generated resources. Total Funds include portions of certain proprietary and capital project fund activities as well as most special revenue activities, but exclude the pension trust funds and some other fiduciary fund activities.

Amounts obtained by subtracting the General Funds column in the Appropriations Act from the Total Funds column in the Appropriations Act are referred as to *Other Budgeted Funds*.

The Department's budget for J16 General Funds was originally \$202,751,437 for the fiscal year ended June 30, 2015. This compares to a final budgeted amount of \$216,572,272. The primary increase was due to increased appropriations for other operating expenses and services to include General Assembly appropriated pay increases and matching employee benefits, an increase in employer health insurance costs, the Lander Equestrian Center, Savannah's Playground Autism project, and the Charles Lea Adult Day Program Initiative. Actual expenditures, on the budgetary basis, totaled \$216,572,272 (\$1,030,479 was carried forward to FY 2016). These actual expenditures in addition to the carry forward amount were in line with the final budgeted amount.

The Department's budget for J16 Other Budgetary Funds was originally \$429,935,617 for the fiscal year ended June 30, 2015. This compares to a final budgeted amount of \$429,935,617. Actual expenditures, on the budgetary basis, totaled \$371,245,070. The final budgeted amount exceeded actual expenditures by \$58,690,547. This amount is excess authority that has to be earned through leveraging State dollars with Medicaid through services rendered.

Current Conditions that are Expected to have a Significant Effect on the Department's Financial Position:

Currently, there are no known conditions that are expected to have a significant effect on the Department's financial position.

This MD&A is designed to provide a general overview of the Department's finances for all of the State's citizens, taxpayers, customers, investors and creditors. This financial report seeks to demonstrate the Department's accountability for the funds it receives. Questions concerning any of the information provided in this report or requests for additional information should be addressed to:

South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina 29203

South Carolina Department of Disabilities and Special Needs
Statement of Net Position
June 30, 2015

	Primary Government
	Governmental Activities
CURRENT ASSETS	
Cash and Cash Equivalents	\$ 60,706,184
Investments	408,336
Receivables, net	10,136,463
Inventories	217,477
Total Current Assets	71,468,460
NONCURRENT ASSETS	
Non-Depreciable Capital Assets	1,857,813
Depreciable Capital Assets, Net	18,327,190
Total Noncurrent Assets	20,185,003
DEFERRED OUTFLOWS OF RESOURCES	
Contributions to Retirement Plan after Measurement Date	6,463,007
Difference Between Expected and Actual Retirement Plan Experience	3,102,612
Total Deferred Outflows of Resources	9,565,619
Total Assets and Deferred Outflows of Resources	101,219,082
CURRENT LIABILITIES	
Accounts Payable	34,806,574
Accrued Payroll and Employee Benefits	6,786,173
Due to General Fund of the State	3,658,370
Settlements Payable	1,964,191
Compensated Absences, Current	1,086,388
Total Current Liabilities	48,301,696
NONCURRENT LIABILITIES	
Compensated Absences	4,345,553
Settlements Payable	200,251
Net Pension Liability	109,496,400
Total Noncurrent Liabilities	114,042,204
DEFERRED INFLOW OF RESOURCES	
Difference Between Projected and Actual Investment Earnings	9,232,399
Total Deferred Inflows of Resources	9,232,399
Total Liabilities and Deferred inflows of Resources	171,576,299
NET POSITION	
Net Investment in Capital Assets	20,185,003
Restricted	15,828,671
Unrestricted	(106,370,891)
Total Net Position	\$ (70,357,217)

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Statement of Activities
June 30, 2015

	Primary Government
	Governmental Activities
PROGRAM EXPENSES	
Administration	\$ 10,578,826
Prevention	9,866,376
Intellectual Disabilities	428,613,197
Autism	39,536,842
Head and Spinal Cord	17,497,483
Regional Centers - Residential	85,993,992
Total Program Expenses	592,086,716
PROGRAM REVENUES	
Charges for Services	370,567,964
Operating Grants and Contributions	151,375
Capital Grants and Contributions	127,000
Total Program Revenues	370,846,339
Net (Expenses)	(221,240,377)
GENERAL REVENUES	
State Appropriations	217,602,751
Education Improvement Act Funds	359,937
Donations	238,183
Investment Income	217,731
Fines	82,061
Other Revenues	380,874
Total General Revenues	218,881,537
Change in Net Position	(2,358,840)
Net Position - Beginning of year	(67,998,377)
Net Position - End of Year	\$ (70,357,217)

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs

Balance Sheet

Governmental Funds

June 30, 2015

	General Fund	Capital Projects Fund	Nonmajor Governmental Funds	Total Governmental
ASSETS				
Cash and Cash Equivalents	\$ 49,465,967	\$ 11,226,159	\$ 14,058	\$ 60,706,184
Investments	408,336	-	-	408,336
Receivables, net	9,720,523	112,828	303,112	10,136,463
Due from Other Funds	-	2,200,000	-	2,200,000
Inventories	217,477	-	-	217,477
Total Assets	\$ 59,812,303	\$ 13,538,987	\$ 317,170	\$ 73,668,460
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCES				
Liabilities:				
Accounts Payable	\$ 34,436,583	\$ 95,200	\$ 274,791	\$ 34,806,574
Accrued Payroll and Employee Benefits	6,744,980	-	41,193	6,786,173
Due to General Fund of the State	3,658,370	-	-	3,658,370
Due to Other Funds	2,200,000	-	-	2,200,000
Settlements Payable	1,964,191	-	-	1,964,191
Total liabilities	49,004,124	95,200	315,984	49,415,308
Deferred Inflows of Resources:				
Unavailable Revenue	3,521,526	-	-	3,521,526
Fund balance:				
Nonspendable	217,477	-	-	217,477
Restricted	2,383,698	13,443,787	1,186	15,828,671
Assigned	3,862,510	-	-	3,862,510
Unassigned	822,968	-	-	822,968
Total fund balances	7,286,653	13,443,787	1,186	20,731,626
Total Liabilities, Deferred inflows of Resources, and Fund Balances	\$ 59,812,303	\$ 13,538,987	\$ 317,170	\$ 73,668,460

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Reconciliation of the Balance Sheet of Governmental Funds to the Statement of Net Position
June 30, 2015

Amounts reported for governmental activities in the statement of net position are different because:

Ending fund balance - governmental funds	\$	20,731,626
Capital assets, net of accumulated depreciation, used in governmental activities are not financial resources and, therefore, are not reported in the funds.		20,185,003
Accounts receivable expected to be received after one year following year end, are not considered available resources are are therefore not recorded in the governmental funds.		3,521,526
Differences between expected and actual retirement plan experience are not a current financial resource, therefore the changes are not reported in the governmental funds.		3,102,612
Contributions to the retirement plan after the measurement date are deferred outflows on the statement of net position, however this represents a use of current financial resources.		6,463,007
Long-term liabilities, including compensated absences and the long-term portion of settlements payable, and net pension liability are not due and payable in the current period and, therefore, are not reported in the funds.		(115,128,592)
Deferred inflows from the retirement plan are not a use of current financial resources.		<u>(9,232,399)</u>
Net position of governmental activities	\$	<u><u>(70,357,217)</u></u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Statement of Revenues, Expenditures, and Changes in Fund Balances
Governmental Funds
For the Year Ended June 30, 2015

	General Fund	Capital Projects Fund	Nonmajor Governmental Funds	Total Governmental
REVENUES				
Patient Service Fees	\$ 2,818,578	\$ 2,200,000	\$ -	\$ 5,018,578
State Appropriations	217,602,751	-	-	217,602,751
Medicaid Reimbursements	367,925,990	-	-	367,925,990
Investment Income	142,734	74,997	-	217,731
Federal Grant Revenue	-	-	278,375	278,375
Education Improvement Act	-	-	359,937	359,937
Other Revenues	701,118	-	-	701,118
Total revenues	<u>589,191,171</u>	<u>2,274,997</u>	<u>638,312</u>	<u>592,104,480</u>
EXPENDITURES				
Current:				
Personnel Services	84,930,442	-	359,937	85,290,379
Communication and Other Services	2,136,980	-	-	2,136,980
Medical and Health Services	483,888,819	-	133,733	484,022,552
Leases and Rent	571,301	-	-	571,301
Travel	97,428	-	-	97,428
Utilities	2,172,422	-	-	2,172,422
Fees and Fines	127,372	-	-	127,372
Insurance	436,086	-	-	436,086
Contractual Services	2,563,945	-	-	2,563,945
Repairs and Maintenance	1,787,323	452,405	-	2,239,728
Supplies	5,294,872	-	16,456	5,311,328
Capital Outlay	136,052	2,837,557	127,000	3,100,609
Other Expenditures	207,627	-	-	207,627
Total Expenditures	<u>584,350,669</u>	<u>3,289,962</u>	<u>637,126</u>	<u>588,277,757</u>
Excess (Deficiency) of Revenues Over Expenditures	<u>4,840,502</u>	<u>(1,014,965)</u>	<u>1,186</u>	<u>3,826,723</u>
OTHER FINANCING SOURCES (USES)				
Intermediate Care Fees Remitted to the State	<u>(3,658,370)</u>	<u>-</u>	<u>-</u>	<u>(3,658,370)</u>
Total Other Financing Sources (Uses)	<u>(3,658,370)</u>	<u>-</u>	<u>-</u>	<u>(3,658,370)</u>
Net Change in Fund Balance	1,182,132	(1,014,965)	1,186	168,353
Fund Balance -- Beginning	<u>6,104,521</u>	<u>14,458,752</u>	<u>-</u>	<u>20,563,273</u>
Fund Balances -- Ending	<u>\$ 7,286,653</u>	<u>\$ 13,443,787</u>	<u>\$ 1,186</u>	<u>\$ 20,731,626</u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balance to the Statement of Activities
For the Year Ended June 30, 2015

Amounts reported for governmental activities in the statement of activities are different because:

Net change in fund balances - total governmental funds	\$	168,353
<p>Governmental funds report capital outlays as expenditures. However, in the statement of activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense.</p>		
Expenditures for capital assets		3,100,609
Less current year depreciation		<u>(2,314,819)</u>
		785,790
Revenues that were recognized in the statement of activities in a prior year were available in the governmental funds in the current year and recognized as revenue.		(2,176,353)
Costs of capital assets, less accumulated depreciation, that are disposed of are reported as expenses in the statement of activities.		(14,139)
Adjustments to compensated absences reported in the statement of activities does not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds.		289,649
Amortization of the pension plan actuarial deferred inflows does not require the use of current financial resources and, therefore, is not reported as an expenditure in the governmental funds.		2,307,128
Amortization of the pension plan actuarial deferred outflows does not require the use of current financial resources and, therefore, is not reported as an expenditure in the governmental funds.		(959,392)
Pension plan contributions after the measurement date is a use of current resources for the governmental funds. However this is classified as a deferred outflow and therefore is not included in the statement of activities.		6,463,007
The difference between the actuarial deferred outflow and inflows of resources is not a use of current resources, however it is presented as an expense in the statement of activities.		(9,022,632)
Accrual of the long-term portion of settlements payable does not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds.		<u>(200,251)</u>
Change in net position of governmental activities	<u>\$</u>	<u>(2,358,840)</u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Statement of Fiduciary Net Position
Fiduciary Fund
June 30, 2015

	<u>Agency</u>
ASSETS	
Cash and Cash Equivalents	\$ 2,446,087
Total Assets	<u>\$ 2,446,087</u>
LIABILITIES	
Due to Clients	\$ 2,446,087
Total Liabilities	<u>\$ 2,446,087</u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of all funds of the South Carolina Department of Disabilities and Special Needs (the "Department") were prepared in conformity with generally accepted accounting principles ("GAAP") as applied to governmental entities. The Governmental Accounting Standards Board ("GASB") is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. A summary of significant accounting policies follows.

A. Reporting Entity

The core of the financial reporting entity is the primary government which has a separately elected governing body. As required by generally accepted accounting principles, the financial reporting entity includes both the primary government and all of its component units. Component units are legally separate organizations for which the elected officials of the primary government are financially accountable. The primary government is the State of South Carolina. The State has determined that the Department is a part of the primary government, but is not legally separate.

An organization other than a primary government may serve as a nucleus for a reporting entity when it issues separate financial statements. That organization is identified herein as a primary entity. The funds and account groups of the Department are included in the Comprehensive Annual Financial Report of the State of South Carolina.

The primary entity is financially accountable if it appoints a voting majority of the organization's governing body including situations in which the voting majority consists of the primary entity's officials serving as required by law (e.g., employees who serve in an ex officio capacity on the component unit's board are considered appointment by the primary entity) and (1) it is able to impose its will on that organization or (2) there is a potential for the organization to provide specific financial benefits to, or impose specific financial burdens on, the primary entity. The primary entity also may be financially accountable if an organization is fiscally dependent on it even if it does not appoint a voting majority of the board. An organization is fiscally independent if it holds all three of the following powers:

1. Determine its budget without another government's having the authority to approve and modify that budget.
2. Levy taxes or set rates or charges without approval by another government.
3. Issue bonded debt without approval by another government.

Otherwise, the organization is fiscally dependent on the primary entity that holds one or more of these powers.

The Department of Disabilities and Special Needs is an agency of the State of South Carolina established pursuant to Section 44-20-10 et seq. of the 1976 Code of Laws of the State of South Carolina, as Amended. The laws of the State and the policies and procedures specified by the State for State agencies are applicable to the activities of the Department.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

A. Reporting Entity (continued)

The mission of the Department of Disabilities and Special Needs is to improve services for citizens with mental retardation, autism, head and spinal cord injuries, and related disabilities. The Department advocates for people with mental retardation, autism, head and spinal cord injuries or related disabilities both as groups and as individuals to achieve access to appropriate services from all public agencies in South Carolina. When needed services cannot be achieved through such public agencies, the Department seeks resources to provide such services. The Department coordinates through local service coordination those services provided by other agencies with those provided directly by the Department and county disabilities and special needs boards.

The Commission of the Department of Disabilities and Special Needs, whose seven members are appointed by the Governor with the advice and consent of the Senate, is the governing body of the South Carolina Department of Disabilities and Special Needs. The Commission administers the programs of the Department by setting policy, which is implemented and carried out by the State Director and staff. The accompanying financial statements present the financial position and revenues, expenditures and changes in fund balances solely of the Department of Disabilities and Special Needs and do not include any other agencies, funds or account groups or units of the primary government of the State of South Carolina.

B. Basis of Presentation

Government – Wide Financial Statements

The government-wide financial statements are prepared on the accrual basis of accounting and include a “Statement of Net Position” which discloses the financial position of the Department; and a “Statement of Activities” which demonstrates the degree to which the direct expenses by function of the Department’s programs are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function or segment. Program revenues include 1) charges to customers or applicants who purchase, use or directly benefit from goods, services, or privileges provided by a given function or segment and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function or segment. Other items not properly included among program revenues are reported instead as general revenues. The government-wide financial statements (i.e., the Statement of Net Position and the Statement of Activities) report information on all of the non-fiduciary activities of the primary government.

Fund Financial Statements

The Department uses funds to report its financial position and results of operations. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain government functions or activities.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

B. Basis of Presentation (continued)

Governmental Funds

Governmental funds are those through which most governmental functions typically are financed and are used to account for all or most of a government's general activities, including the collection and disbursement of earmarked monies. Expendable assets are assigned to the various governmental funds according to the purposes for which they may or must be used; current liabilities are assigned to the fund from which they are to be paid; and, the difference between the assets and liabilities is fund balance. Governmental funds include the general, capital projects and nonmajor governmental funds.

The General Fund accounts for State appropriations which are approved by the General Assembly to fund operations of the Department, Medicaid reimbursements, other revenues designated for Departmental operations, and discretionary contributions, as well as expenditures for carrying out the related objectives. Additionally, revenues which arise from collection of Intermediate Care Facilities for the Intellectually Disabled patient day fee, rental property, sale of surplus supplies and equipment and other miscellaneous transactions which are remitted to the General Fund of the State as required by statute are accounted for in the General Fund.

The Capital Projects Fund accounts for revenues earmarked for the purchase of, improvements to or repairs and maintenance to real property, including the initial equipment in new buildings. Expenditures for these assets are recorded in this fund and subsequently capitalized at cost in the government-wide financial statements if capitalization criteria are met.

The nonmajor governmental funds include special revenue funds to account for financial activity for grants received from various Federal agencies and work activity programs in which clients perform work for various companies which contract with the Department.

Fiduciary Funds

Fiduciary funds account for resources the Department holds as trustee or agent for individuals. Fiduciary funds include both trust and agency funds. Currently, the Department has only an agency fund.

The Agency Fund is custodial in nature and does not involve measurement of results of operations. Funds received by clients for their care and benefit are recorded in the Agency Fund. Each residential center serves in a fiduciary capacity with respect to receiving and disbursing these funds on behalf of the clients. The fund does not have any revenues or expenditures and therefore, does not have a fund balance. Transactions consist solely of receiving and disbursing funds belonging to clients. The Department is at all times liable to clients for the cash balances held as custodian.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

C. Basis of Accounting

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Department considers revenues to be available if they are collected within one year of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting.

D. Budget Policy

The Department is granted an annual appropriation for operating purposes by the South Carolina General Assembly. The appropriation as enacted becomes the legal operating budget for the Department. The Appropriation Act authorizes expenditures from funds appropriated from the General Fund of the state and authorizes expenditures of total funds. The "Total Funds" column in the Appropriation Act for each individual budgetary unit authorizes expenditures from all budgeted resources. A revenue budget is not adopted for individual budgetary units. The General Assembly enacts the budget through passage of line-item appropriations by program within budgetary unit within budgetary fund category, state General Fund or other budgeted funds. Budgetary control is maintained at the line-item level of the budgetary entity. Agencies may process disbursement vouchers in the state's budgetary accounting system only if enough cash and appropriation authorization exist.

Transfers of funds may be approved by the State Budget and Control Board under its authority or by the agency as set forth in Appropriation Act Proviso 117.9 as follows: Agencies and institutions shall be authorized to transfer appropriations within programs and within the agency with notification to the Executive Budget Office and Comptroller General. No such transfer may exceed twenty percent of the program budget. Upon request, details of such transfers may be provided to members of the General Assembly on an agency by agency basis.

Transfers of appropriations from personal service accounts to other operating accounts or from other operating accounts to personal service accounts may be restricted to any established standard level set by the Budget and Control Board upon formal approval by a majority of the members of the Budget and Control Board. During the fiscal year-end closeout period in July, agencies may continue to charge vendor, interagency, and interfund payments for the fiscal year to that fiscal year's appropriations. Any unexpended State General Fund monies as of June 30 automatically lapse to the General Fund of the State on July 1 unless authorization is received from the General Assembly to carry over the funds to the ensuing fiscal year.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

E. Cash and Cash Equivalents

The amounts shown in the financial statements as "cash and cash equivalents" represent petty cash, cash on hand with the State Treasurer, and cash invested in various instruments by the State Treasurer as part of the State's internal cash management pool and cash on deposit in banks.

Most State agencies, including the Department, participate in the State's internal cash management pool. Because the cash management pool operates as a demand deposit account, amounts invested in the pool are classified as cash and cash equivalents. The State Treasurer administers the cash management pool. The pool includes some long-term investments such as obligations of the United States and certain agencies of the United States, obligations of the State of South Carolina and certain of its political subdivisions, certificates of deposit, collateralized repurchase agreements, and certain corporate bonds.

The State's internal cash management pool consists of a general deposit account and several special deposit accounts. The State records each fund's equity interest in the general deposit account; however, all earnings on that account are credited to the General Fund of the State. The Department records and reports its deposits in the general deposit account at cost, but it reports its monies in the special deposit accounts at fair value. Investments held by the pool are recorded at fair value. Interest earned by the Department's special deposit accounts is posted to the Department's account at the end of each month and is retained by the Department.

Interest/investment earnings are allocated based on the percentage of the Department's accumulated daily interest receivable to the income receivable of the pool. Realized gains and losses are allocated daily. Unrealized gains and losses are allocated at year-end based on the percentage ownership in the pool. Investment income includes interest and dividend earnings, realized gains/losses, and unrealized gains/losses arising from changes in the fair value of investments.

Some State Treasurer accounts are not included in the State's internal cash management pool because of restrictions on the use of the funds. For those accounts, cash equivalents include investments in short-term highly liquid securities having an initial maturity of three months or less.

F. Investments

The Department accounts for its investments at fair value in accordance with GASB Codification Section 150, *Investments*. Changes in unrealized gain (loss) on the carrying value of investments are reported as a component of investment income in the statement of activities.

G. Inventories

Inventories of food, medical supplies and drugs, and maintenance materials and parts are accounted for using the "purchase" method whereby inventories are recorded as expenditures on acquisition and inventories on hand at year end are reflected at the lower of cost or market value in the assets section of the statement of net position and governmental funds balance sheet.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

H. Capital Assets

Capital assets are recorded at cost on the date of acquisition. The Department follows capitalization guidelines established by the State. All land is capitalized, regardless of cost. The Department capitalizes movable personal property with a unit value in excess of \$5,000 and a useful life in excess of two years. Routine repairs and maintenance are charged to operating expenses in the year in which the expense was incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the assets as summarized below:

Asset Category	Capitalization	Useful Life
Land	All, regardless of cost	Indefinite
Non-depreciable land improvements	All, regardless of cost	Indefinite
Depreciable land improvements	Cost greater than \$100,000	30
Buildings and building improvements	Cost greater than \$100,000	30
Vehicles, equipment, and furniture	Cost greater than \$5,000	5-12

I. Compensated Absences

Generally, all permanent full-time employees and certain part-time employees scheduled to work at least one-half of the agency's work week are entitled to accrue and carry forward at calendar year-end maximums of 180 days sick leave and 45 days annual vacation leave. Upon termination of State employment, employees are entitled to be paid for accumulated unused annual vacation leave up to the maximum, but are not entitled to any payment for unused sick leave. The compensated absences liability includes accrued annual leave earned for which the employees are entitled to paid time off or payment at termination. The Department calculates the gross compensated absences liability based on recorded balances of unused leave. The entire unpaid liability for which the employer expects to compensate employees through paid time off or cash payments, inventoried at fiscal year-end current salary costs and the cost of the salary-related benefit payments, is recorded as a liability.

J. Deferred Inflows and Outflows of Resources

A deferred outflow or inflow of resources is a consumption or acquisition of net position that is applicable to a future reporting period. The Department has recorded deferred outflows of resources for retirement plan experience and contributions subsequent to net pension liability measurement date related to its retirement plans. The Department has recorded deferred inflows of resources for investment experience related to its retirement plans. See the "Implementation of Recently Issued Accounting Pronouncements" section of this note for more information on the net pension liability.

The Department has also recorded deferred inflows of resources in its governmental funds balance sheets for revenue that is not considered available under the terms of its revenue recognition policy discussed previously in this note.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

K. Net Position

GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position* was effective for the Department for the year ended June 30, 2013. However, the Department implemented the standard in the year ended June 30, 2015, the first year it was required to do so as the Department had not previously issued financial statements. The statement incorporated deferred inflows and outflows as required components of the residual measure of the government and renaming that measure as net position, rather than net assets.

The following categories of net position are now being used in the Statement of Net Position:

Net investment in capital assets

The net investment in capital assets component of net position consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.

Restricted net position

Restricted net position consists of assets with constraints placed on the use either by external groups such as creditors, grantors, contributors, or laws or regulations of other governments; or law through constitutional provisions or enabling legislation. As of June 30, 2015, approximately \$15.8 million of restricted net position was restricted by legislation. In all cases, if individual restricted net position categories are negative, the negative balance is eliminated and reclassified against unrestricted net position.

Unrestricted net position

The unrestricted component of net position is the net amount of assets, deferred outflows of resources, liabilities, and deferred inflows of resources that are not included in the determination of net investment in capital assets or the restricted component of net position.

The Department's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position is available.

L. Fund Balance

The following categories of fund balance are used in the fund level financial statements of the governmental funds:

Nonspendable fund balance

The nonspendable fund balance classification includes amounts that cannot be spent because they are either not in spendable form or legally or contractually required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash, for example, inventories and prepaid amounts.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

L. Fund Balance (continued)

Restricted fund balance

The restricted fund balance classification includes amounts that are either restricted externally by creditors, grantors, contributors, or laws or regulations of other governments or restricted by law through constitutional provisions or enabling legislation.

Committed fund balance

The committed fund balance classification includes amounts that can only be used for specific purposes pursuant to constraints imposed by formal action of the Department's highest level of decision-making authority, which is the Department's Board of Commissioners. The Board of Commissioners would have to pass a formal resolution to commit fund balance. Those committed amounts cannot be used for any other purpose unless the Department removes or changes the specified use by taking the same type of action it employed to previously commit those amounts. Committed fund balances also incorporate contractual obligations to the extent that existing resources in the fund have been specifically committed for use in satisfying those contractual requirements. The Department recognizes committed fund balances that have been approved for specific purposes by the Department's Board of Commissioners before the fiscal year end. The Department did not have any committed fund balance at June 30, 2015.

Assigned fund balance

The assigned fund balance classification includes amounts that are constrained by the Department's intent to be used for specific purposes but are not restricted or committed. The authority for making an assignment is not required to be the Department's highest level of decision-making authority and as such, the nature of the actions necessary to remove or modify an assignment does not require the Department's highest level of authority. The Department's Director can choose to assign fund balance for a specific purpose. Assigned fund balance amounts in the Department's financial statements represent amounts approved by the Department's Director to be transferred and spent after year end.

Unassigned fund balance

The unassigned fund balance classification includes amounts that have not been assigned to other funds and has not been restricted, committed, or assigned for specific purposes within the general fund.

Based on the Department's policies regarding fund balance classifications as noted above, the Department considers amounts that are restricted, committed, or assigned to be spent when the corresponding expenditure that has been designated by the Department's Board of Commissioners or donors has been made. After these fund balances have been depleted, unassigned fund balance will be considered to have been spent.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

M. Indirect Costs Recoveries

The Department's indirect cost recoveries are calculated based on fixed rates negotiated annually. The Department records indirect cost recoveries paid under federal grants as revenues in the appropriate special revenue fund. The Department records indirect cost recoveries paid under non-federal grants and through Medicaid fees as revenues in the General Fund. Indirect cost recoveries must be remitted to the State General Fund except those received under research grants which may be retained by the Department. Federal grants and contracts whose annual award is two hundred thousand dollars or less are exempted from the requirement to remit recoveries to the State General Fund.

N. Pensions

In government-wide financial statements, pensions are required to be recognized and disclosed using the accrual basis of accounting (see note 9 and the required supplementary information immediately following the notes to the financial statements for more information), regardless of the amount recognized as pension expenditures on the modified accrual basis of accounting. The Department recognizes a net pension liability for each qualified pension plan in which it participates, which represents the Department's proportionate share of the excess of the total pension liability over the fiduciary net position of the qualified pension plan, measured as of the Department's fiscal year-end. Changes in the net pension liability during the period are recorded as pension expense, or as deferred outflows or inflows of resources depending on the nature of the change, in the period incurred. Those changes in net pension liability that are recorded as deferred outflows or inflows of resources that arise from changes in actuarial assumptions or other inputs and differences between expected or actual experience are amortized over the weighted average remaining service life of all participants in the respective qualified pension plan and recorded as a component of pension expense beginning with the period in which they are incurred. Projected earnings on qualified pension plan investments are recognized as a component of pension expense. Differences between projected and actual investment earnings are reported as deferred outflows or inflows of resources and amortized as a component of pension expense on a closed basis over a five-year period beginning with the period in which the difference occurred.

O. Other Postemployment Benefits

Other Postemployment Benefits ("OPEB") cost for retiree healthcare and similar, non-pension retiree benefits, is required to be measured and disclosed using the accrual basis of accounting, regardless of the amount recognized as OPEB expense on the modified accrual basis of accounting. Annual OPEB cost is equal to the annual required contributions to the OPEB Plan, calculated in accordance with GAAP.

P. Interfund Receivables and Payables

The Department's General Fund recorded amounts payable to the Capital Projects Fund in the amount of \$2,200,000 as of June 30, 2015. These amounts relate to revenues earned by the Department but are required to be deposited for future use on capital related projects.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Q. Implementation of Recently Issued Accounting Pronouncements

The Department implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions – An Amendment of GASB Statement No. 27* (“GASB No. 68”) and GASB Statement No. 71, *Pension Transition for Contributions made Subsequent to the Measurement Date – An Amendment of GASB Statement No. 68* (“GASB No. 71”) in the year ended June 30, 2015 and has adjusted its beginning net position for its implementation accordingly.

The primary objective of GASB No. 68 is to improve accounting and financial reporting by state and local governments for pensions. It also improves information provided by state and local governmental employers about financial support for pensions that is provided by other entities. GASB No. 68 establishes standards for measuring and recognizing liabilities, deferred outflows of resources, deferred inflows of resources, and expense/expenditures. For defined benefit pensions, it identifies the methods and assumptions that should be used to project benefit payments, discount projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service.

The objective of GASB No. 71 is to address an issue regarding application of the transition provisions of GASB No. 68, *Accounting and Financial Reporting for Pensions*. The issue relates to amounts associated with contributions, if any, made by a state or local government employer or nonemployer contributing entity to a defined benefit pension plan after the measurement date of the government’s beginning net pension liability. GASB No. 71 requires that, at transition, a government recognize a beginning deferred outflow of resources for its pension contributions, if any, made subsequent to the measurement date of the beginning net pension liability. The provisions of GASB No. 71 are required to be applied simultaneously with the provisions of GASB No. 68.

R. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenditures and affect disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 2. STATE APPROPRIATIONS

The Department is granted an annual appropriation for operating purposes as authorized by the General Assembly of the State of South Carolina. State appropriations are recognized as revenue when received and available. Amounts that are not expended by fiscal year-end are required to be returned to the General Fund of the State unless the Department receives authorization from the General Assembly to carry the funds over to the next year.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 3. DEPOSITS AND INVESTMENTS

Substantially all deposits and investments of the Department are under control of the State Treasurer who, by law, has sole authority for investing State funds.

DEPOSITS:

With respect to investments in the state's internal cash management pool, all of the State Treasurer's investments are required to be insured or registered or are investments for which the securities are held by the state or its agent in the state's name.

OTHER DEPOSITS:

Funds not on deposit with the State Treasurer as of June 30, 2015 are Agency Funds with a carrying amount of \$289,927 and a bank balance of \$292,961. These funds are fully insured or collateralized with securities held by the Department's agent in the Department's name.

INVESTMENTS:

The accounts classified as "Investments" in the General Fund are comprised of donated corporate stocks held by the State Treasurer in the Department's name and mutual funds, which are held by the State Treasurer. Investments are carried at fair value.

Custodial credit risk for investments is the risk that, in the event of a failure of the counterparty, the Pool will not be able to recover the value of the investments or collateral securities that are in the possession of an outside party. At June 30, 2015, all of the Department's investments were insured and registered.

Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. This risk is managed within the portfolio using effective duration. Effective duration is a measure of the price sensitivity of a bond or a portfolio of bonds to interest rate movements given a 50 basis point change in interest rates. It takes into account that expected cash flows will fluctuate as interest rates change and provides a measure of risk that changes proportionately with market rates. None of the Departments investments are exposed to interest rate risk as there is not a maturity on the stocks and mutual funds.

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations to the Pool. The investment policy for credit quality of debt securities states that securities must bear an investment grade rating from at least two of the national rating agencies. Credit quality of cash reserves must carry a rating of A1/P1/F1 or D1 from at least one nationally recognized rating services. In the event that the rating of a security falls below investment grade, that security may continue to be held contingent upon an evaluation of the longer term investment merits of the security. Credit risk ratings are not required for obligations of the U.S. government or those obligations explicitly guaranteed by the U.S. government.

Foreign currency risk is the risk that changes in exchange rates will adversely impact the fair value of an investment. At June 30, 2015, the Department did not have any investments denominated in foreign currencies.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 3. DEPOSITS AND INVESTMENTS (continued)

INVESTMENTS (continued):

The Department's investments other than mutual funds are categorized to give an indication of the level of risk assumed by the entity at year-end. Category 1 includes investments that are insured or registered or for which the securities are held by the entity or its agent in the Department's name. Category 2 includes uninsured and unregistered investments for which the securities are held by the broker's or dealer's trust department or agent in the Department's name. Category 3 includes uninsured and unregistered investments for which the securities are held by the broker or dealer or by its trust department or agent but not in the Department's name. The Department has investments in Category 1.

<u>Investment Type</u>	<u>Fair Value</u>	<u>Credit Rating</u>
Stocks:		
Louisiana - Pacific Corporation	\$ 6,982	Ba2
Bank of America Corporation	49,562	Baa1
Plum Creek Timber Company	<u>11,116</u>	Baa2
Total Stocks	<u>67,660</u>	
Mutual Funds:		
Franklin U.S. Government Securities	109,016	A1
Massachusetts Investor Trust	<u>231,660</u>	Aa2
Total Mutual Funds	<u>340,676</u>	
Total Investments	<u><u>\$ 408,336</u></u>	

NOTE 4. RECEIVABLES

An analysis of significant receivables is as follows:

Patient Receivables	\$ 5,163,162
Other State Agencies	10,691,834
Payments from County Disabilities Boards	274,246
Other Receivables	370,383
Allowance for Doubtful Accounts	<u>(6,363,162)</u>
	<u><u>\$ 10,136,463</u></u>

The Department's significant amount of receivables from other State agencies is due primarily from the Department of Health and Human Services ("DHHS") under various memorandums of agreement and fee reimbursement agreements. The allowance for doubtful accounts is primarily related to receivables from patients and other State Agencies the Department has determined that will likely not be collected.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 4. RECEIVABLES (continued)

In accordance with the Department's revenue recognition policy as outlined in Note 1, the receivables presented on the governmental funds balance sheet are available to meet the current financial obligations which assume collection in less than one year. Of the amounts presented above, \$3,521,526 of receivables from DHHS are estimated to not be collected in one year and therefore considered unavailable revenue in the governmental funds balance sheet. Allowances for doubtful accounts are based on historical analysis. See further details on receivables from other State agencies at Note 16.

NOTE 5. INVENTORIES

Inventories at June 30, 2015 consist of the following:

Food Inventories	\$ 53,776
Medical Inventories	55,477
Maintenance Inventories	<u>108,224</u>
	<u>\$ 217,477</u>

NOTE 6. CAPITAL ASSETS

	Beginning Balance July 1, 2014	Additions	Disposals	Transfers	Ending Balance June 30 ,2015
Governmental activities:					
Capital assets not being depreciated:					
Land	\$ 1,557,040	\$ -	\$ -	\$ -	\$ 1,557,040
Construction in progress	<u>1,144,518</u>	<u>127,423</u>	<u>-</u>	<u>(971,168)</u>	<u>300,773</u>
Total capital assets not being depreciated:	<u>2,701,558</u>	<u>127,423</u>	<u>-</u>	<u>(971,168)</u>	<u>1,857,813</u>
Capital assets being depreciated:					
Land and building improvements	100,574,299	2,589,042	(260,051)	971,168	103,874,458
Vehicles	2,753,093	232,291	(154,644)	-	2,830,740
Equipment	<u>7,235,389</u>	<u>151,853</u>	<u>(139,140)</u>	<u>-</u>	<u>7,248,102</u>
Total capital assets being depreciated	<u>110,562,781</u>	<u>2,973,186</u>	<u>(553,835)</u>	<u>971,168</u>	<u>113,953,300</u>
Less accumulated depreciation for:					
Land and building improvements	(85,202,399)	(1,994,135)	249,954	-	(86,946,580)
Vehicles	(2,670,924)	(32,059)	154,644	-	(2,548,339)
Equipment	<u>(5,977,664)</u>	<u>(288,625)</u>	<u>135,098</u>	<u>-</u>	<u>(6,131,191)</u>
Total accumulated depreciation	<u>(93,850,987)</u>	<u>(2,314,819)</u>	<u>539,696</u>	<u>-</u>	<u>(95,626,110)</u>
Total capital assets being depreciated, net	<u>16,711,794</u>	<u>658,367</u>	<u>(14,139)</u>	<u>971,168</u>	<u>18,327,190</u>
Capital assets for governmental activities, net	<u>\$ 19,413,352</u>	<u>\$ 785,790</u>	<u>\$ (14,139)</u>	<u>\$ -</u>	<u>\$ 20,185,003</u>

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 6. CAPITAL ASSETS (continued)

Depreciation expense for the year ended June 30, 2015, was \$2,314,819. Depreciation expense was allocated among the program expenses as follows:

Administration	\$ 74,221
Intellectual Disabilities	2,162,342
Autism	11,516
Regional Centers	<u>66,740</u>
Total	<u>\$ 2,314,819</u>

As of June 30, 2015 the Department has commitments of approximately \$125,000 with certain property owners, engineering firms, construction contractors, and vendors.

NOTE 7. ACCOUNTS PAYABLE

An analysis of significant accounts payables is as follows:

Payables to County Disabilities Boards and Other Nonprofit Organizations	\$ 26,500,819
Medical and Health Services Payables	7,352,039
Vendor Payables for Nonmedical Products and Services	628,294
Other State Agencies	<u>325,422</u>
	<u>\$ 34,806,574</u>

NOTE 8. AMOUNTS DUE TO GENERAL FUND OF THE STATE

The amount due to the General Fund of the State from the General Fund at June 30, 2015 of \$3,658,370 represents primarily nursing home bed fees required to be remitted by Code of Laws Section 40-20-355. The nursing home bed fees were remitted in August 2015.

NOTE 9. PENSION PLANS

The South Carolina Public Employee Benefit Authority (“PEBA”), which was created July 1, 2012, administers the various retirement systems and retirement programs managed by its Retirement Division. PEBA has an 11-member Board of Directors, appointed by the Governor and General Assembly leadership, which serves as co-trustee and co-fiduciary of the systems and the trust funds. By law, the Budget and Control Board (restructured into the Department of Administration on July 1, 2015), which consists of five elected officials, also reviews certain PEBA Board decisions regarding the funding of the South Carolina Retirement Systems (“Systems”) and serves as a co-trustee of the Systems in conducting that review.

PEBA issues a Comprehensive Annual Financial Report (“CAFR”) containing financial statements and required supplementary information for the Systems' Pension Trust Funds. The CAFR is publicly available through the Retirement Benefits' link on PEBA's website at www.peba.sc.gov, or a copy may be obtained by submitting a request to PEBA, PO Box 11960, Columbia, SC 29211-1960. PEBA is considered a division of the primary government of the state of South Carolina and therefore, retirement trust fund financial information is also included in the comprehensive annual financial report of the state.

NOTE 9. PENSION PLANS (continued)

Plan Descriptions

- The South Carolina Retirement System (“SCRS”), a cost-sharing multiple-employer defined benefit pension plan, was established effective July 1, 1945, pursuant to the provisions of Section 9-1-20 of the South Carolina Code of Laws for the purpose of providing retirement allowances and other benefits for employees of the state, its public school districts, and political subdivisions.
- The State Optional Retirement Program (“State ORP”) is a defined contribution plan that is offered as an alternative to certain newly hired state, public school, and higher education employees. State ORP participants direct the investment of their funds into a plan administered by one of four investment providers.
- The South Carolina Police Officers Retirement System (“PORS”), a cost-sharing multiple-employer defined benefit pension plan, was established effective July 1, 1962, pursuant to the provisions of Section 9-11-20 of the South Carolina Code of Laws for the purpose of providing retirement allowances and other benefits for police officers and firemen of the state and its political subdivisions.

Membership

Membership requirements are prescribed in Title 9 of the South Carolina Code of Laws. A brief summary of the requirements under each system is presented below.

- SCRS - Generally, all employees of covered employers are required to participate in and contribute to the system as a condition of employment. This plan covers general employees and teachers and individuals newly elected to the South Carolina General Assembly beginning with the November 2012 general election. An employee member of the system with an effective date of membership prior to July 1, 2012, is a Class Two member. An employee member of the system with an effective date of membership on or after July 1, 2012, is a Class Three member.
- State ORP - As an alternative to membership in SCRS, newly hired state, public school, and higher education employees and individuals newly elected to the S.C. General Assembly beginning with the November 2012 general election have the option to participate in the State ORP, which is a defined contribution plan. State ORP participants direct the investment of their funds into a plan administered by one of four investment providers. PEBA assumes no liability for State ORP benefits. Rather, the benefits are the liability of the investment providers. For this reason, State ORP programs are not considered part of the retirement systems for financial statement purposes. Employee and Employer contributions to the State ORP are at the same rates as SCRS. A direct remittance is required from the employers to the member's account with investment providers for the employee contribution (8 percent) and a portion of the employer contribution (5 percent). A direct remittance is also required by SCRS for the remaining portion of the employer contribution (5.75 percent) and an incidental death benefit contribution (.15 percent), if applicable, which is retained by SCRS.

NOTE 9. PENSION PLANS (continued)

Plan Descriptions (continued)

Membership (continued)

- PORS - To be eligible for PORS membership, an employee must be required by the terms of his employment, by election or appointment, to preserve public order, protect life and property, and detect crimes in the state; to prevent and control property destruction by fire; or to serve as a peace officer employed by the Department of Corrections, the Department of Juvenile Justice, or the Department of Mental Health. Probate judges and coroners may elect membership in PORS. Magistrates are required to participate in PORS for service as a magistrate. PORS members, other than magistrates and probate judges, must also earn at least \$2,000 per year and devote at least 1,600 hours per year to this work, unless exempted by statute. An employee member of the system with an effective date of membership prior to July 1, 2012, is a Class Two member. An employee member of the system with an effective date of membership on or after July 1, 2012, is a Class Three member.

Benefits

Benefit terms are prescribed in Title 9 of the South Carolina Code of Laws. PEBA does not have the authority to establish or amend benefit terms without a legislative change in the code of laws. Key elements of the benefit calculation include the benefit multiplier, years of service, and average final compensation. A brief summary of the benefit terms for each system is presented below.

- SCRS - A Class Two member who has separated from service with at least five or more years of earned service is eligible for a monthly pension at age 65 or with 28 years credited service regardless of age. A member may elect early retirement with reduced pension benefits payable at age 55 with 25 years of service credit. A Class Three member who has separated from service with at least eight or more years of earned service is eligible for a monthly pension upon satisfying the Rule of 90 requirement that the total of the member's age and the member's creditable service equals at least 90 years. Both Class Two and Class Three members are eligible to receive a reduced deferred annuity at age 60 if they satisfy the five- or eight-year earned service requirement, respectively. An incidental death benefit is also available to beneficiaries of active and retired members of employers who participate in the death benefit program.

The annual retirement allowance of eligible retirees or their surviving annuitants is increased by the lesser of one percent or five hundred dollars every July 1. Only those annuitants in receipt of a benefit on July 1 of the preceding year are eligible to receive the increase. Members who retire under the early retirement provisions at age 55 with 25 years of service are not eligible for the benefit adjustment until the second July 1 after reaching age 60 or the second July 1 after the date they would have had 28 years of service credit had they not retired.

- PORS - A Class Two member who has separated from service with at least five or more years of earned service is eligible for a monthly pension at age 55 or with 25 years of service regardless of age. A Class Three member who has separated from service with at least eight or more years of earned service is eligible for a monthly pension at age 55 or with 27 years of service regardless of age. Both Class Two and Class Three members are eligible to receive a deferred annuity at age 55 with five or eight years of earned service, respectively. An incidental death benefit is also available to beneficiaries of active and retired members of employers who participate in the death benefit program. Accidental death benefits are also provided upon the death of an active member working for a covered employer whose death was a natural and proximate result of an injury incurred while in the performance of duty.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Plan Descriptions (continued)

Benefits (continued)

The retirement allowance of eligible retirees or their surviving annuitants is increased by the lesser of one percent or five hundred dollars every July 1. Only those annuitants in receipt of a benefit on July 1 of the preceding year are eligible to receive the increase.

Contributions

Contributions are prescribed in Title 9 of the South Carolina Code of Laws. The PEBA Board may increase the SCRS and PORS employer and employee contribution rates on the basis of the actuarial valuations, but any such increase may not result in a differential between the employee and employer contribution rate that exceeds 2.9 percent of earnable compensation for SCRS and 5 percent for PORS. An increase in the contribution rates adopted by the board may not provide for an increase of more than one-half of one percent in any one year. If the scheduled employee and employer contributions provided in statute or the rates last adopted by the board are insufficient to maintain a thirty year amortization schedule of the unfunded liabilities of the plans, the board shall increase the contribution rates in equal percentage amounts for the employer and employee as necessary to maintain the thirty-year amortization period; and, this increase is not limited to one-half of one percent per year.

Required employee contribution rates for fiscal year 2014-2015 are as follows:

SCRS

Employee Class Two	8.00% of earnable compensation
Employee Class Three	8.00% of earnable compensation

State ORP Employee

8.00% of earnable compensation

PORS

Employee Class Two	8.41% of earnable compensation
Employee Class Three	8.41% of earnable compensation

Required employer contribution rates for fiscal year 2014-2015 are as follows:

SCRS

Employer Class Two	10.75% of earnable compensation
Employer Class Three	10.75% of earnable compensation
Employer Incidental Death Benefit	0.15% of earnable compensation

State ORP Employee

Employer Contribution	10.75% of earnable compensation ¹
Employer Incidental Death Benefit	0.15% of earnable compensation

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Plan Descriptions (continued)

Contributions (continued)

PORS	
Employer Class Two	13.01% of earnable compensation
Employer Class Three	13.01% of earnable compensation
Employer Incidental Death Benefit	0.20% of earnable compensation
Employer Accidental Death Program	0.20% of earnable compensation
<p>¹ Of this employer contribution of 10.75% of earnable compensation, 5% of earnable compensation must be remitted by the employer directly to the ORP vendor to be allocated to the member's account with the remainder of the employer contribution remitted to SCRS.</p>	

Actuarial Assumptions and Methods

Actuarial valuations involve estimates of the reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and future salary increases. Amounts determined during the valuation process are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. South Carolina state statute requires that an actuarial experience study be completed at least once in each five-year period. The last experience study was performed on data through June 30, 2010, and the next experience study is scheduled to be conducted after the June 30, 2015 annual valuation is complete.

The most recent annual actuarial valuation reports adopted by the PEBA Board are as of July 1, 2013. The net pension liability of each defined benefit pension plan was therefore determined by the consulting actuary, Gabriel, Roeder, Smith and Company ("GRS"), based on the July 1, 2013 actuarial valuations, using membership data as of July 1, 2013, projected forward to the end of the fiscal year, and financial information of the pension trust funds as of June 30, 2014, using generally accepted actuarial procedures. Information included in the following schedules is based on the certification provided by GRS.

The following provides a summary of the actuarial assumptions and methods used in the July 1, 2013, valuations for SCRS and PORS.

	SCRS	PORS
Actuarial cost method	Entry age	Entry age
Actuarial assumptions:		
Investment rate of return	7.5%	7.5%
Projected salary increases	levels off at 3.5%	levels off at 4.0%
Includes inflation at	2.75%	2.75%
Benefit adjustments	lesser of 1% or \$500	lesser of 1% or \$500

The post-retiree mortality assumption is dependent upon the member's job category and gender. This assumption includes base rates which are automatically adjusted for future improvement in mortality using published Scale AA projected from the year 2000.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Actuarial Assumptions and Methods (continued)

Former Job Class	Males	Females
Educators and Judges	RP-2000 Males (with White Collar adjustment) multiplied by 110%	RP-2000 Females (with White Collar adjustment) multiplied by 95%
General Employees and Members of the General Assembly	RP-2000 Males multiplied by 100%	RP-2000 Females multiplied by 90%
Public Safety, Firefighters and members of the South Carolina National Guard	RP-2000 Males (with Blue Collar adjustment) multiplied by 115%	RP-2000 Females (with Blue Collar adjustment) multiplied by 115%

Net Pension Liability

The net pension liability (NPL) is calculated separately for each system and represents that particular system's total pension liability determined in accordance with GASB Statement No. 67 less that System's fiduciary net position. As of June 30, 2014, the Department's proportional share of the NPL amounts for SCRS and PORS are presented below:

System	Proportional Share of Net Pension Liability
SCRS	\$ 109,462,821
PORS	\$ 33,579

The total pension liability is calculated by the Systems' actuary, and each plan's fiduciary net position is reported in the Systems' financial statements. The Department's proportionate share of the net pension liability was calculated on the basis of historical employer contributions. Although GASB 68 encourages the use of the employer's projected long-term contribution effort to the retirement plan, allocating on the basis of historical employer contributions is considered acceptable. For the year ending June 30, 2014, the Department's percentage of the SCRS and PORS net pension liability were 0.635795% and 0.00175%, respectively.

Discount Rate

The discount rate used to measure the total pension liability was 7.50 percent. The projection of cash flows used to determine the discount rate assumed that contributions from participating employers in SCRS and PORS will be made based on the actuarially determined rates based on provisions in the South Carolina State Code of Laws. Based on those assumptions, each System's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Net Pension Liability (continued)

Long-term Expected Rate of Return

The long-term expected rate of return on pension plan investments for actuarial purposes is based upon the 30 year capital market outlook at the end of the third quarter 2012. The actuarial long-term expected rates of return represent best estimates of arithmetic real rates of return for each major asset class and were developed in coordination with the investment consultant for the Retirement System Investment Commission (“RSIC”) using a building block approach, reflecting observable inflation and interest rate information available in the fixed income markets as well as Consensus Economic forecasts. The actuarial long-term assumptions for other asset classes are based on historical results, current market characteristics and professional judgment.

The RSIC has exclusive authority to invest and manage the retirement trust funds' assets. As co-fiduciary of the Systems, statutory provisions and governance policies allow the RSIC to operate in a manner consistent with a long-term investment time horizon. The expected real rates of investment return, along with the expected inflation rate, form the basis for the target asset allocation adopted annually by the RSIC. For actuarial purposes, the long-term expected rate of return is calculated by weighting the expected future real rates of return by the target allocation percentage and then adding the actuarial expected inflation which is summarized in the table on the following page. For actuarial purposes, the 7.50 percent assumed annual investment rate of return used in the calculation of the total pension liability includes a 4.75 percent real rate of return and a 2.75 percent inflation component.

Asset Class	Target Asset Allocation	Expected Arithmetic Real Rate of Return	Long Term Expected Portfolio Real Rate of Return
Short Term	5.0%		
Cash	2.0	0.3%	0.01%
Short Duration	3.0	0.6	0.02
Domestic Fixed Income	13.0		
Core Fixed Income	7.0	1.1	0.08
High Yield	2.0	3.5	0.07
Bank Loans	4.0	2.8	0.11
Global Fixed Income	9.0		
Global Fixed Income	3.0	0.8	0.02
Emerging Markets Debt	6.0	4.1	0.25
Global Public Equity	31.0	7.8	2.42
Global Tactical Asset Allocation	10.0	5.1	0.51
Alternatives	32.0		
Hedge Funds (Low Beta)	8.0	4.0	0.32
Private Debt	7.0	10.2	0.71
Private Equity	9.0	10.2	0.92
Real Estate (Broad Market)	5.0	5.9	0.29
Commodities	3.0	5.1	0.15
Total Expected Real Return	100.0%		5.88
Inflation for Actuarial Purposes			2.75
Total Expected Nominal Return			8.63%

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Net Pension Liability (continued)

Sensitivity Analysis

The following table presents the collective net pension liability of the participating employers calculated using the discount rate of 7.50 percent, as well as what the employers' net pension liability would be if it were calculated using a discount rate that is 1.00 percent lower (6.50 percent) or 1.00 percent higher (8.50 percent) than the current rate.

Sensitivity of the Proportional Share of Net Pension Liability to Changes in the Discount Rate			
System	1.00% Decrease (6.50%)	Current Discount Rate (7.50%)	1.00% Increase (8.50%)
SCRS	\$ 141,651,663	\$ 109,462,821	\$ 82,608,093
PORS	46,926	33,579	22,536

Deferred Outflows (Inflows) of Resources

For the year ended June 30, 2015, the Department recognized pension expense of approximately \$7,675,000. At June 30, 2015, the Department reported deferred outflows (inflows) of resources related to pensions from the following sources:

	SCRS		PORS	
	Deferred Outflows of Resources	Deferred Inflows of Resources	Deferred Outflows of Resources	Deferred Inflows of Resources
Pension contributions subsequent to measurement date	\$6,460,093	\$ -	\$ 2,914	\$ -
Differences in actual and expected experience	3,101,716	-	896	-
Net differences between projected and actual earnings on plan investments	-	9,228,514	-	3,885
	\$9,561,809	\$ 9,228,514	\$ 3,810	\$ 3,885

The Department reported \$6,463,007 as deferred outflows of resources related to contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ended June 30, 2016. Other amounts reported as deferred outflows (inflows) of resources will be recognized in pension expense in future years. The following schedule reflects the amortization of the Department's proportional share of the net balance of remaining deferred outflows (inflows) of resources at June 30, 2015. Average remaining service lives of all employees provided with pensions through the pension plans at June 30, 2014 was 4.233 years for SCRS and 4.856 years for PORS.

Measurement Period	Fiscal Year Ending	SCRS		PORS	
Ending June 30,	June 30,				
2015	2016	\$	(1,347,736)	\$	(739)
2016	2017		(1,347,736)		(739)
2017	2018		(1,347,736)		(739)
2018	2019		(2,083,590)		(772)
Net Balance of Deferred Inflows of Resources		\$	(6,126,798)	\$	(2,989)

NOTE 10. POST RETIREMENT AND OTHER EMPLOYEE BENEFITS

Plan Description

In accordance with the South Carolina Code of Laws and the annual Appropriations Act, the State provides post-employment health and dental and long-term disability benefits to retired State and school district employees and their covered dependents. The Department contributes to the South Carolina Retiree Health Insurance Trust Fund (“SCRHITF”) and the South Carolina Long-Term Disability Insurance Trust Fund (“SCLTDITF”), cost-sharing multiple employer defined benefit postemployment healthcare and long-term disability plans administered by the Insurance Benefits Division of PEBA.

Generally, retirees are eligible for the health and dental benefits if they have established at least ten years of retirement service credit. For new hires beginning employment May 2, 2008 and after, retirees are eligible for benefits if they have established 25 years of service for 100% employer funding and 15 through 24 years of service for 50% employer funding. Benefits become effective when the former employee retires under a State retirement system. Basic Long-Term Disability (“BLTD”) benefits are provided to active state, public school district, and participating local government employees approved for disability.

Funding Policies

Section 1-11-710 of the South Carolina Code of Laws of 1976, as amended, requires these postemployment and long-term disability benefits be funded through annual appropriations by the General Assembly for active employees to the Insurance Benefits Division and participating retirees to the PEBA, except for the portion funded through the pension surcharge and provided from the other applicable sources of the Insurance Benefits Division, for its active employees who are not funded by State General Fund appropriations. Employers are mandated by State statute to contribute at a rate assessed each year by the Office of the State Budget, 5.00% of annual covered payroll for 2015 and 4.92% of annual covered payroll for 2014. The Insurance Benefits Division sets the employer contribution rate based on a pay-as-you-go basis. The Department paid approximately \$2,935,000 and \$2,799,000 to the trust fund for the fiscal years ended June 30, 2015 and 2014, respectively. BLTD benefits are funded through a person’s premium charged to State agencies, public school districts, and other participating local governments. The monthly premium per active employee paid to Insurance Benefits Division was \$3.22 for the fiscal years ended June 30, 2015 and 2014.

Effective May 1, 2008 the State established two trust funds through Act 195 for the purpose of funding and accounting for the employer costs of retiree health and dental insurance benefits and long-term disability insurance benefits. The SCRHITF is primarily funded through the payroll surcharge. Other sources of funding include additional State appropriated dollars, accumulated IB reserves, and income generated from investments. The SCLTDITF is primarily funded through investment income and employer contributions.

A copy of the separately issued financial statements for the benefit plans and the trust funds may be obtained by writing to the South Carolina Public Employee Benefit Authority – Insurance Benefits Division, P.O. Box 11960, Columbia, South Carolina 29211-1960.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 11. CHANGES IN GENERAL LONG-TERM OBLIGATIONS

Long-term liabilities consist of compensated absences and settlements payable. Compensated absence and settlements payable activity for the fiscal year ended June 30, 2015, was as follows:

	Beginning Balance June 30, 2014	Increases	Decreases	Ending Balance June 30, 2015	Current Portion
Compensated absences	\$ 5,721,590	\$ 5,431,941	\$ (5,721,590)	\$ 5,431,941	\$ 1,086,388
Settlements payable	-	2,164,442	-	2,164,442	1,964,191
Total	<u>\$ 5,721,590</u>	<u>\$ 7,596,383</u>	<u>\$ (5,721,590)</u>	<u>\$ 7,596,383</u>	<u>\$ 3,050,579</u>

See Note 14 for further details on the settlements payable.

NOTE 12. DEFERRED COMPENSATION PLANS

Several optional deferred compensation plans are available to State employees. The multiple-employer plans, created under Internal Revenue Code Sections 457, 401(k), and 403(b), are administered by third parties and are not included in the Department's financial statements. Compensation deferred under the plans is placed in trust for the contributing employee. The Department has no liability for losses under the plans. Employees may withdraw the current value of their contributions when they terminate State employment. Employees may also withdraw contributions prior to termination if they meet requirements specified by the applicable plan. The Department made no contributions for the fiscal year ended June 30, 2015.

NOTE 13. OPERATING LEASES

Lease payments for real property during the year ended June 30, 2015 were approximately \$32,000. Lease payments for equipment, including contingent rental payments, were approximately \$259,000. The Department also leases State owned vehicles and incurred approximately \$311,000 of expense related to vehicle use. There are no future obligations with a remaining term in excess of one year.

NOTE 14. CONTINGENCIES AND SETTLEMENTS PAYABLE

The Department is involved in a number of legal proceedings and claims with various parties arising in the normal course of business. These proceedings and claims cover a wide range of matters including personal injury, medical malpractice, and negligence. In some of these cases, the remedies that may be sought or damages claimed are substantial. Because, in the opinion of management and counsel, the risk of material loss in excess of insurance coverage for these events is remote, the outcome of the legal proceedings and claims is not expected to have a material adverse effect on the financial position of the Department. Therefore, an estimated liability has not been recorded. The outcome of any litigation has an element of uncertainty.

During the year ended June 30, 2015 two settlements were reached by the Department. The first related to miscalculations in establishing room and board charges to consumers residing in HUD financed properties. Providers were instructed to repay consumers for overcharges related to fiscal years 2013 and 2014 and the Department's Commission agreed to share in these reimbursements at a rate up to 50%. The Department's 50% share amounted to \$764,914. This amount will be paid over fiscal years 2016, 2017, and 2018 in the amount of \$564,663, \$147,797, and \$52,454, respectively.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 14. CONTINGENCIES AND SETTLEMENTS PAYABLE (continued)

The second settlement was the result of an audit performed during fiscal year 2015 by the Office of Inspector General of the United States Department of Health and Human Services over the Department's fiscal year 2010 Medicaid waiver cost report. The audit was performed as a follow-up to the 2007 through 2009 fiscal year audit that covered the allocation of administrative cost to unallowable room and board cost. The 2015 audit disallowed \$1,599,525 claimed in the Department's costs reports. The Department's share of the disallowed costs is \$1,399,528. The Department expects to pay this amount during fiscal year 2016.

NOTE 15. FUND BALANCE CLASSIFICATIONS

	Nonspendable	Restricted	Assigned	Total
General Fund	\$ 217,477	\$ 2,383,698	\$ 3,862,510	\$ 6,463,685
Capital Projects Fund	—	13,443,787	—	13,443,787
Nonmajor Governmental Funds	—	1,186	—	1,186
Total	<u>\$ 217,477</u>	<u>\$ 15,828,671</u>	<u>\$ 3,862,510</u>	<u>\$ 19,908,658</u>

Nonspendable

This portion of fund balance is not available for expenditure because it is either in a form that cannot be spent, such as inventories, or is legally or contractually required to be maintained intact.

Restricted

General Fund

The General Fund receives contributions for its Regional Centers. These contributions are restricted to use at the Regional Center that received the donation.

Additionally, the Department holds fund balances related to donations restricted to support the operations, maintenance, and facilities of the Whitten Center. These amounts are restricted due to the terms of the donation.

Capital Projects Fund

Proviso 36.2 of the 2014-2015 Appropriations Act authorizes the Department to retain proceeds from the sale of excess real property in the capital projects fund and to use the funds for the purchase of land and the construction of community residences.

The Department receives approval at various intervals to use excess debt service funds from client fees revenues for capital projects. The funds when collected remain in the debt service fund until they are transferred by the State Treasurer to excess debt service reserve account when capital projects are approved. Funds are transferred by the State Treasurer from the excess debt service reserve account to specific capital project accounts when needed to meet expenditures incurred. The amount of excess debt service funds transferred from the debt service fund to excess debt service reserve in the capital projects fund during the year ended June 30, 2015 was approximately \$3,344,000.

Nonmajor Governmental Funds

The Department receives funds from various Federal and State sources that are restricted as to use of those funds as provided for under the grant or funding agreement.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 15. FUND BALANCE CLASSIFICATIONS (continued)

Assigned

General Fund

The amount of assigned fund balance in the general fund is assigned by the Department primarily for the acquisition and construction of capital assets. These amounts have not been formally restricted or committed for this purpose; however, the Department's director has assigned the funds future use.

NOTE 16. TRANSACTIONS WITH STATE ENTITIES

The Department has significant transactions with the State of South Carolina and various State agencies. As required by Section 44-20-355 of the 1976 Code of Laws of South Carolina, as Amended, the Department collected a \$8.50 per day Patient Day Fee from all State Intermediate Care Facilities for the Mentally Retarded and remitted the fees to the General Fund of the State. The amount collected and remitted in the fiscal year end June 30, 2015 was \$3,658,370.

The Department also has significant transactions with the South Carolina Department of Health and Human Services ("HHS"). Under various memorandums of agreement ("MOA"), HHS reimburses the Department for services provided by the Department or to reimburse administrative costs incurred during the year. At June 30, 2015, \$9,739,252 was due from HHS under the MOAs and approximately \$3.5 million of the amount due related to current year transactions with HHS.

The Department had an additional approximate \$1,352,000 of accounts receivable due from other State agencies. These receivables were related to services provided by the Department, Department expenditures that were reimbursable from other State agencies, or insurance related claims.

Services received at no cost from State agencies include maintenance of certain accounting records and payroll and disbursement processing from the Comptroller General; check preparation, banking, and investment functions from the State Treasurer; legal services from the Attorney General; and records storage from the Department of Archives and History. Other services received at no cost from the various divisions of the South Carolina State Public Employee Benefit Authority include retirement plan administration and insurance plans administration.

The Department had financial transactions with various other State agencies during the fiscal year. Significant payments were made to divisions of the South Carolina State Public Employee Benefit Authority for retirement and insurance plans contributions. Payments were made to the South Carolina Budget and Control Board for telephone services, interagency mail and supplies. Significant payments were also made for unemployment and worker's compensation coverage for employees. The amounts of 2015 expenditures applicable to related party transactions were approximately \$67,500,000.

The Department provided no significant services to any other State agencies during the fiscal year ended June 30, 2015.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 17. RISK MANAGEMENT

The Department is exposed to various risks of loss and maintains State or commercial insurance coverage for certain of those risks. Management believes such coverage is sufficient to preclude any significant uninsured losses for the covered risks. There were no significant reductions in insurance coverage from coverage in the prior year.

Settled claims have not exceeded this coverage in any of the past three years. The Department pays insurance premiums to certain other State agencies and commercial insurers to cover risks that may occur in normal operations.

The insurers promise to pay to or on behalf of the insured for covered economic losses sustained during the policy period in accord with insurance policy and benefit program limits except for the deductibles.

State management believes it is more economical to manage certain risks internally and to set aside assets for claim settlement. Several State funds accumulate assets and the State itself assumes substantially all risks for the following:

1. Claims of State employees for unemployment compensation benefits (Department of Employment and Workforce);
2. Claims of covered employees for workers' compensation benefits for job-related illnesses or injuries (State Accident Fund);
3. Claims of covered public employees for health and dental insurance benefits (Public Employee Benefit Authority); and
4. Claims of covered public employees for long-term disability and group-life insurance benefits (Public Employee Benefit Authority).

Employees elect health coverage through either a health maintenance organization or through the State's self-insured plan. All of the other coverages listed above are through the applicable State self-insurance plan except dependent and optional life premiums which are remitted to commercial carriers.

The Department and other entities pay premiums to the State's Insurance Reserve Fund ("IRF") which issues policies, accumulates assets to cover the risks of loss, and pays claims incurred for covered losses related to the following assets, activities, and/or events:

1. Theft of, damage to, or destruction of assets;
2. Real property, its contents, and other equipment;
3. Motor vehicles;
4. Torts;
5. Natural disasters; and
6. Medical malpractice claims against covered hospitals and employees.

The IRF is a self-insurer and purchases reinsurance to obtain certain services and specialized coverage and to limit losses in the areas of property, boiler and machinery, automobile liability, and medical professional liability insurance. The IRF's rates are determined actuarially.

The Department self-insures for collision damage to Department owned vehicles because it estimates the cost of repairs will be less than the cost of insurance. No material payments for collision damage to Department owned vehicles were made in the fiscal year ended June 30, 2015.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 17. RISK MANAGEMENT (continued)

The Department obtains up to \$200,000 per occurrence coverage through a commercial insurer for employee fidelity bond insurance for all employees for losses arising from theft or misappropriation. The Department self-insures above this amount because it feels the likelihood of loss is remote. No payments for uninsured losses were made during the fiscal year ended June 30, 2015.

The Department has recorded insurance premium expenditures in the applicable programmatic expenditure.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – BUDGETARY GENERAL FUNDS
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

	Budgeted Amounts		Actual	Variance
	Original Budget	Final Budget		Positive (Negative)
Administration				
Commissioner	\$ 155,000	\$ 155,000	\$ 155,000	\$ -
Classified Positions	3,679,729	3,712,989	3,712,989	-
Other Personal Services	20,000	198,435	198,435	-
Special Item - Waiting List	13,293,825	-	-	-
Program and Services				
Prevention Program				
Special Item - Greenwood Genetic Center	2,934,300	2,934,300	2,934,300	-
Intellectual Disabilities - Family Support				
Children's Services				
Classified Positions	116,542	119,546	119,546	-
Other Operating Expenses	2,935,037	3,204,454	3,204,454	-
Special Item - BabyNet	3,725,000	3,725,000	3,725,000	-
In-Home Family Support				
Classified Positions	128,120	199,246	199,246	-
Other Operating Expenses	24,882,226	20,687,190	20,687,190	-
Adult Development and Support				
Classified Positions	40,286	44,632	44,632	-
Other Operating Expenses	15,139,344	22,445,237	22,445,237	-
Service Coordination				
Classified Positions	325,749	218,713	218,713	-
Other Operating Expenses	6,239,098	5,180,626	5,180,626	-
Case Services	2,000	-	-	-
Autism Family Support				
Autism Family Support Services				
Classified Positions	509,706	522,616	522,616	-
Other Personal Services	200	10,522	10,522	-
Other Operating Expenses	3,272,233	2,812,997	2,812,997	-
Pervasive Development Disorder				
Classified Positions	90,000	84,494	84,494	-
Other Operating Expenses	6,885,000	7,099,785	7,099,785	-
Head and Spinal Cord Injury				
Classified Positions	158,990	164,577	164,577	-
Other Operating Expenses	5,784,000	6,691,275	6,691,275	-
Other Personal Services	-	2,617	2,617	-
Case Services	12,000	-	-	-
Intellectual Disabilities Residential				
Classified Positions	1,829,977	2,176,612	2,176,612	-
Other Personal Services	50,000	140,027	140,027	-
Other Operating Expenses	46,507,981	69,100,559	69,100,559	-
Case Services	900,800	549,200	549,200	-

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – BUDGETARY GENERAL FUNDS (CONTINUED)
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

Autism Community Residential Program				
Classified Positions	1,209,713	1,148,749	1,148,749	-
Other Personal Services	166,312	277,714	277,714	-
Other Operating Expenses	3,927,592	3,479,918	3,479,918	-
Head and Spinal Cord Injury Residential				
Other Operating Expenses	958,763	940,024	940,024	-
Regional Center Residential Program				
Classified Positions	34,109,291	31,594,399	31,594,399	-
Other Personal Services	1,836,989	6,308,560	6,308,560	-
Lander University - Autism Services				
Other Operating Services	-	300,000	300,000	-
Autism Services	-	1,150,000	1,150,000	-
Special Needs Park	-	200,000	200,000	-
Charles Lea Center	-	100,000	100,000	-
Employee Benefits				
Employer Contributions	20,925,634	18,892,259	18,892,259	-
Total Expenditures	<u>\$ 202,751,437</u>	<u>\$ 216,572,272</u>	<u>\$ 216,572,272</u>	<u>\$ -</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – OTHER BUDGETED FUNDS
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

	Budgeted Amounts		Actual	Variance
	Original Budget	Final Budget		Positive (Negative)
Administration				
Classified Positions	\$ 166,137	\$ 271,961	\$ 271,961	\$ -
Other Personal Services	137,637	137,637	66,927	70,710
Other Operating Expenses	2,781,871	2,677,157	1,802,885	874,272
Program and Services				
Prevention Program				
Other Operating Expenses	257,098	257,098	198,000	59,098
Special Item - Greenwood Genetic Center	6,534,076	6,534,076	6,534,076	-
Intellectual Disabilities - Family Support				
Children's Services				
Other Operating Expenses	11,805,226	11,550,142	8,768,787	2,781,355
Special Item - BabyNet	5,587,500	5,587,500	5,587,500	-
In-Home Family Support				
Classified Positions	-	41,603	41,603	-
Other Operating Expenses	32,843,261	18,311,342	17,410,293	901,049
Case Services	10,000	10,000	-	10,000
Adult Development and Support				
Other Operating Expenses	49,215,777	65,543,484	53,600,430	11,943,054
Service Coordination				
Classified Positions	-	27,417	27,417	-
Other Operating Expenses	16,090,763	17,090,916	11,304,998	5,785,918
Case Services	50,000	50,000	8,100	41,900
Autism Family Support				
Autism Family Support Services				
Other Operating Expenses	8,921,170	8,304,070	4,438,001	3,866,069
Case Services	17,000	17,000	-	17,000
Pervasive Development Disorder				
Other Operating Expenses	3,300,000	3,300,000	1,394,191	1,905,809
Head and Spinal Cord Injury				
Classified Positions	-	79,467	72,605	6,862
Other Operating Expenses	15,799,720	16,804,016	7,675,690	9,128,326
Intellectual Disabilities Residential				
Classified Positions	184,516	180,475	162,018	18,457
Other Personal Services	160,000	160,000	72,487	87,513
Other Operating Expenses	200,076,532	193,867,176	184,224,312	9,642,864
Case Services	13,962,263	16,399,830	16,338,908	60,922
Autism Community Residential Program				
Classified Positions	174,611	174,611	144,214	30,397
Other Personal Services	133,384	133,384	11,650	121,734
Other Operating Expenses	17,892,592	18,199,198	16,124,790	2,074,408
Case Services	33,025	28,624	22,188	6,436

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – OTHER BUDGETED FUNDS (CONTINUED)
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

Head and Spinal Cord Injury Residential				
Other Operating Expenses	2,081,769	2,706,769	1,878,137	828,632
Regional Center Residential Program				
Classified Positions	13,973,747	13,723,477	11,344,118	2,379,359
Other Personal Services	2,621,784	2,621,784	1,058,358	1,563,426
Other Operating Expenses	17,873,449	17,909,801	14,429,168	3,480,633
Case Services	441,222	426,115	360,561	65,554
Employee Benefits				
Employer Contributions	6,809,487	6,809,487	5,870,697	938,790
Total Expenditures	<u>\$ 429,935,617</u>	<u>\$ 429,935,617</u>	<u>\$ 371,245,070</u>	<u>\$ 58,690,547</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULES
FOR THE YEAR ENDED JUNE 30, 2015**

1. Budgetary Funds

South Carolina's Annual Appropriation Act, the State's legally adopted budget, does not present budgets by GAAP fund. Instead, it presents program-level budgets for the following two funds:

General Funds – These funds are general operating funds. The resources in the funds are primarily taxes. The State expends General Funds to provide traditional State government services.

Total Funds – The Total Funds column in the Appropriations Act includes all budgeted resources. Amounts in this column include General Funds as well as most, but not all, federal and department-generated resources. Total funds include portions of certain proprietary and capital project fund activities as well as most special revenue activities but exclude the pension trust funds and some other fiduciary fund activities.

Amounts presented as *Other Budgeted Funds* are obtained by subtracting the General Funds column in the Appropriations Act from the Total Funds columns. Revenue is not presented in the budgetary schedule because it is budgeted at the Statewide level.

As operating conditions change, the Department may transfer appropriations between programs and classifications within programs. However, limits are placed on increasing/decreasing authorizations for personal services without Budget and Control Board approval. Also, a revision of budgeted amounts over and above the total revenues appropriated requires approval of the Budget and Control Board.

Substantially all the funds appropriated by the State and other budgeted funds are included within the General Fund for financial statement presentation under GAAP.

2. Original and Final Budgeted Amounts; Basis of Presentation

The original appropriations presented in the accompanying schedule for the General Funds include amounts in the Appropriations Act as well as any appropriation reductions specifically authorized by law to prevent duplicate appropriations. The terminology, classification, and format of the appropriations section of the accompanying schedules are substantively the same as the legally adopted budget. The State allows the Department to transfer its appropriated funds to restricted accounts to allow for the opportunity for interest to be earned on these appropriated amounts. However, expenditures have been presented in accordance with the classifications provided for in the legally adopted budget.

The State's General Assembly does not approve estimated revenue or fund balance amounts for Other Budgeted Funds which include the Department's General Fund. However, Section 115 (*Recapitulations*) of the Appropriation Act includes net source of funds amounts (i.e. estimated cash brought forward from the previous fiscal year plus estimated revenue for the current fiscal year minus estimated cash to be carried forward to the following fiscal year) for three categories of Other Budgeted Funds: Federal, Earmarked, and Restricted. A budget versus actual comparison for the Department's General Funds and Other Budgeted Funds are presented as supplementary information.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULES
FOR THE YEAR ENDED JUNE 30, 2015**

3. Legal Level of Budgetary Control

The Department maintains budgetary control at the level of summary objective category of expenditure within each program of each department or agency which is the level of detail presented in the accompanying schedules.

4. Basis of Budgeting

Current legislation states that the General Assembly intends to appropriate all monies to operate State government for the current fiscal year. Unexpended appropriations lapse on July 31 unless the department or agency is given specific authorization to carry them forward to the next fiscal year. Cash-basis accounting for payroll expenditures is used, while the accrual basis is used for other expenditures.

State law does not precisely define the State's budgetary basis of budgeting. In practice, however, it is the cash basis with the following exceptions:

- Departments and agencies shall charge certain vendor and interfund payments against the preceding fiscal year's appropriations through July 13.
- All revenues are recorded only when the State receives the related cash with the exception of certain tax amounts, such as motor fuel taxes and gas taxes, which are not received by the Department's General Fund.

5. Budget to GAAP Reporting Differences

Budgetary accounting principles differ significantly from GAAP accounting principles. Basis differences arise because the basis of budgeting differs from the GAAP basis used to prepare the statement of revenues, expenditures, and changes in fund balance. The differences between the budgetary comparison schedules for the General Funds and Other Budgeted Funds as compared to the Statement of Revenues, Expenditures, and Changes in Fund Balance are related to the modified accrual basis of accounting which include accounts receivable and accounts payable as revenues and expenditures in the current year while the budgetary basis would include those amounts in the year that payments were actually received or paid. A reconciliation of the budgetary basis expenditures to the GAAP basis expenditures is below.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULES
FOR THE YEAR ENDED JUNE 30, 2015**

5. Budget to GAAP Reporting Differences (continued)

Reconciliation of Budget Basis to GAAP Basis Expenditures
For the Year Ended June 30, 2015

	General Fund	Other Budgeted Funds	Total
Total expenditures, budgetary basis	\$ 216,572,272	\$ 371,245,070	\$ 587,817,342
Perspective difference:			
Other budgeted funds attributable to the General Fund for GAAP	371,245,070	(371,245,070)	—
Basis of accounting differences:			
Change in accrued salaries	(185,326)	—	(185,326)
Change in accounts payable	62,339	—	62,339
Administrative fees on reimbursement are considered an expenditure for GAAP but not for budget	560,000	—	560,000
Intermediate care fees remitted not considered an expenditure for GAAP	(3,658,370)	—	(3,658,370)
Other basis differences	(245,316)	—	(245,316)
Total expenditures, GAAP basis	<u>\$ 584,350,669</u>	<u>\$ —</u>	<u>\$ 584,350,669</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF THE PROPORTIONATE SHARE OF THE NET
PENSION LIABILITY – SOUTH CAROLINA RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST TWO FISCAL YEARS**

	<u>2015</u>	<u>2014</u>
Department's proportion of the net pension liability	0.635795%	0.635795%
Department's proportionate share of the net pension liability	\$ 109,462,821	\$ 114,038,943
Department's covered – employee payroll	\$ 58,036,747	\$ 57,944,213
Department's proportionate share of the net pension liability as percentage of covered-employee payroll	188.6%	196.8%
Plan fiduciary net position as a percentage of the total pension liability	59.9%	56.4%

Note: The amounts presented above were determined as of June 30th of the preceding year. The Department implemented GASB #68 and GASB #71 during the year ended June 30, 2015. Information prior to 2014 is not available.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF CONTRIBUTIONS – SOUTH CAROLINA RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST THREE FISCAL YEARS**

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Contractually required contribution	\$ 6,460,093	\$ 6,118,522	\$ 6,142,087
Contributions in relation to the contractually required contribution	<u>6,460,093</u>	<u>6,118,522</u>	<u>6,142,087</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Department covered-employee payroll	\$ 59,266,908	\$ 57,721,905	\$ 57,944,213
Contributions as a percentage of covered-employee payroll	10.90%	10.60%	10.60%

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF THE PROPORTIONATE SHARE OF THE NET
PENSION LIABILITY – POLICE OFFICERS RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST TWO FISCAL YEARS**

	<u>2015</u>	<u>2014</u>
Department’s proportion of the net pension liability	0.00175%	0.00175%
Department’s proportionate share of the net pension liability	\$ 33,579	\$ 36,360
Department’s covered – employee payroll	\$ 21,105	\$ 21,105
Department’s proportionate share of the net pension liability as percentage of covered-employee payroll	159.1%	172.3%
Plan fiduciary net position as a percentage of the total pension liability	67.5%	63.0%

Note: The amounts presented above were determined as of June 30th of the preceding year. The Department implemented GASB #68 and GASB #71 during the year ended June 30, 2015. Information prior to 2014 is not available.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF CONTRIBUTIONS – POLICE OFFICERS RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST THREE FISCAL YEARS**

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Contractually required contribution	\$ 2,914	\$ 2,710	\$ 2,596
Contributions in relation to the contractually required contribution	<u>2,914</u>	<u>2,710</u>	<u>2,596</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Department covered-employee payroll	\$ 21,100	\$ 21,105	\$ 21,105
Contributions as a percentage of covered-employee payroll	13.81%	12.84%	12.3%

South Carolina Department of Disabilities and Special Needs
Combining Balance Sheet
Nonmajor Governmental Funds
June 30, 2015

	Federal Grant Fund	Education Improvement Act Fund	Total Governmental
ASSETS			
Cash and Cash Equivalents	\$ -	\$ 268,788	\$ 268,788
Receivables, net	261,919	41,193	303,112
Total Assets	<u>\$ 261,919</u>	<u>\$ 309,981</u>	<u>\$ 571,900</u>
LIABILITIES AND FUND BALANCES			
Liabilities:			
Accounts Payable	\$ 6,003	\$ 268,788	\$ 274,791
Checks Written in Excess of Cash Balances	254,730	-	254,730
Accrued Payroll and Employee Benefits	-	41,193	41,193
Total Liabilities	<u>260,733</u>	<u>309,981</u>	<u>570,714</u>
Fund balance:			
Restricted	<u>1,186</u>	<u>-</u>	<u>1,186</u>
Total Fund Balances	<u>1,186</u>	<u>-</u>	<u>1,186</u>
Total Liabilities and Fund Balances	<u>\$ 261,919</u>	<u>\$ 309,981</u>	<u>\$ 571,900</u>

South Carolina Department of Disabilities and Special Needs
Combining Statement of Revenues, Expenditures, and Changes in Fund Balance
Nonmajor Governmental Funds
For the Year Ended June 30, 2015

	Federal Grant Fund	Education Improvement Act Fund	Total Governmental
REVENUES			
Federal Grant Revenue	\$ 278,375	\$ -	\$ 278,375
Education Improvement Act	-	359,937	359,937
Total Revenues	<u>278,375</u>	<u>359,937</u>	<u>638,312</u>
EXPENDITURES			
Current:			
Personnel Services	-	359,937	359,937
Medical and Health Services	133,733	-	133,733
Supplies	16,456	-	16,456
Capital Outlay	127,000	-	127,000
Total Expenditures	<u>277,189</u>	<u>359,937</u>	<u>637,126</u>
Exceeds (Deficiency) of Revenues Over Expenditures	<u>1,186</u>	-	<u>1,186</u>
Net Change in Fund Balance	1,186	-	1,186
Fund Balance -- Beginning	-	-	-
Fund Balances -- Ending	<u>\$ 1,186</u>	<u>-</u>	<u>\$ 1,186</u>

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

INDEPENDENT AUDITOR'S REPORT

Mr. George L. Kennedy, CPA
State Auditor
Office of the State Auditor
Columbia, South Carolina

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the South Carolina Department of Disabilities and Special Needs (the "Department"), as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Department's basic financial statements, and have issued our report thereon dated June 8, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Department's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control. Accordingly, we do not express an opinion on the effectiveness of the Department's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified a deficiency in internal control that we consider to be a material weakness.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described in the accompanying schedule of findings and questioned costs as item 2015-001 to be a material weakness.

Compliance and Other Matters

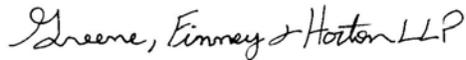
As part of obtaining reasonable assurance about whether the Department's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Department's Response to Finding

The Department's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Department's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Greene, Finney & Horton, LLP
Mauldin, South Carolina
June 8, 2016

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SCHEDULE OF FINDINGS AND RESPONSES

YEAR ENDED JUNE 30, 2015

2015-001: VALUATION OF RECEIVABLES AND REVENUE RECOGNITION

Condition & Effect: The Department recorded approximately \$5.1 million in patient receivables and \$1.2 million due from another state entity that were ultimately determined to be uncollectible. In addition, the Department did not record at the fund level approximately \$3.4 million in unavailable revenues that were not collected within the availability period. Correcting adjustments were recorded by the Department once the information was brought to their attention. Due to a portion of the adjustments impacting prior years, revenues for the year ended June 30, 2015 were ultimately reduced by approximately \$3.7 million.

Repayments of the Department’s unexpended Education Improvement Act (“EIA”) funds to the South Carolina Department of Education were not recorded in the correct year. The repayment of approximately \$356,000 in unexpended funds related to the prior fiscal year’s funding was incorrectly recorded in the current fiscal year as a reduction in EIA revenues, and the repayment of approximately \$269,000 related to current fiscal year’s funding was not recorded in the current year, but was instead recorded in the following fiscal year when the repayment was made. Correcting adjustments were recorded by the Department once the information was brought to their attention. The impact of the adjustments increased EIA revenues by approximately \$87,000 for the year ended June 30, 2015.

Criteria: The Department should record revenues only when they are both measureable and available.

Cause: In estimating the reserves for the patient receivables, the Department applied a collection rate to patient receivables based on historical collection rates; however, patient receivables outstanding as of June 30, 2015 were comprised of unpaid balances that had accumulated over a number of years and thus, the collection rate on those receivables was much lower than the overall historical collection rate. It was estimated that most of the receivables were uncollectible.

The amount due from another state entity was written off when no written documentation was available to substantiate the amount due. Negotiations surrounding this amount were held, but ultimately the other state agency declined to pay due to the lack of written documentation. Ultimately, the Department decided that this receivable was uncollectible.

The EIA revenues were initially recorded on a cash basis rather than a modified accrual basis due to historical treatment (i.e., the repayments of unexpended funds were recorded in the fiscal year in which the repayments were made).

Recommendation: The Department has a process for reviewing patient receivables that includes evaluating those receivables for collectability; however, we recommend that the Department consider modifying its calculation of the allowance for doubtful accounts in order to apply a collection rate that is appropriate for the uncollected balances instead of one based on the overall collection rate for all billings.

We recommend that the Department have written contracts or agreements with other state agencies to ensure collection of payments for services rendered. In addition, we recommend that the Department investigate any amounts due from other state agencies that are over 90 days old and determine if those balances will be collected.

We recommend that the Department record the repayment of unexpended EIA funds as a payable and reduction in EIA revenues in the year of allocation or include the repayment on the payables closing package remitted to the Office of the Comptroller General.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SCHEDULE OF FINDINGS AND RESPONSES

YEAR ENDED JUNE 30, 2015

2015-001: VALUATION OF RECEIVABLES AND REVENUE RECOGNITION (CONTINUED)

Response: The Department of Disabilities and Special Needs has reviewed and concurs with the findings and recommendations as stated in item “2015-001: Valuation of Receivables and Revenue Recognition.” Accordingly, the Department will implement the following corrective actions effective immediately:

1. The Department will modify its current methodology of calculating the allowance for doubtful accounts for patient receivables from one based on the aggregate collection rate for all accounts to a method based on an analysis of pertinent historical data for collection of each age category or class of accounts receivable. The Department will continue to pursue patient receivables that are outstanding.
 2. The Department will implement the necessary procedures and safeguards prior to the provision of services for other state entities in order to enhance collection of payment for services rendered.
 3. The Department will analyze all unexpended EIA fund balances at each fiscal year-end and make all necessary accounting entries to record unused balances as deferred revenue in the book of record.
-

May 6, 2016

RECEIVED

MAY 13 2016

SCDDSN
HUMAN RESOURCES
CENTRAL OFFICE

Ms. Deirdre Blake-Sayers, Director
Human Resources
SC Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina 29203

Dear Ms. Blake-Sayers:

The results of the audit of your delegated transactions from July 1, 2014 to June 30, 2015 are attached. Thank you for your assistance during the audit

Should you have any questions regarding your agency's audit results, please feel free to contact me at 803-896-5064.

Sincerely,

Susan S. Hance

Susan S. Hance
Senior HR Consultant

Enclosure

cc: Dr. Beverly A. H. Buscemi

*Deirdre,
I will scan you
the copies of our
internal audit forms
and notes next
week as promised.
Susan*



CLASSIFICATION DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period: July 1, 2014 thru June 30, 2015
- II. Auditors: Susan Hance and Kelly Watkins
- III. Delegated Reclassification Actions: Printouts on file with DSHR
7/1/14 - 6/30/15
Total Number of Reclassifications: 81
Total Number of Actions Audited: 26
- IV. Sampling Size: 32.10%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and processing of delegated classification actions.
 - 2. To determine if the agency maintains an approved copy of the classification delegation agreement and all other correspondence related to its classification delegation program.
 - 3. To determine whether delegated position descriptions are filed for ease of retrieval and review.
 - 4. To determine whether the job duties on the position description are appropriate to the classification of the position.
 - 5. To determine whether the position descriptions include: internal titles (if used), essential and marginal functions, percentages of time spent on each job duty, and appropriate coding and signatures.
 - 6. To determine whether the class code and position number is correct on each position description.
 - 7. To determine if authorized or effective dates on position descriptions fall on or after the approval date.
- VI. Findings:
 - 1. The agency was able to produce a copy of the classification delegation agreement.

2. The agency had 100% or 26 out of the 26 actions that were appropriately classified.
3. Out of the position descriptions audited the following was noted:
 - **Appropriate coding and signatures**
 - 88.46% or 23 out of the 26 had the appropriate coding and signatures
 - **Appropriate class code and position number**
 - 92.31% or 24 out of the 26 had the class code and position number.
 - **FLSA designation**
 - 100% or 26 out of the 26 actions audited had the FLSA designation
 - **State minimum training and experience**
 - 100% or 26 out of the 26 actions audited had minimum training and experience that at least met the State minimum classification specification
 - **Essential and marginal functions**
 - 88.46% or 23 out of the 26 actions audited had essential and marginal functions designated.
 - **Percentages of time spent on each job duty**
 - 96.15% or 25 out of the 26 actions audited had percentages of time that equaled 100%.
4. The agency had 100% or 26 out of the 26 actions audited that were approved before or on the effective date.
5. Zero percent or 0 out of the 26 classification actions audited were missing position descriptions.

VII.

Recommendation(s):

- **PD/State Specification Comparison**
 - No Recommendations.
- **Minimum Training and Experience**
 - No Recommendations.
- **Essential & Marginal Functions**
 - No Recommendations.
- **Job Functions**
 - No Recommendations.
- **Coding & Signatures**
 - No Recommendations.
- **FLSA**
 - No Recommendations.

- **Class Code & Position #**
 - No Recommendations.
- **Approval Dates & Effective Dates**
 - No Recommendations.
- **Missing Delegated Position Descriptions**
 - No Recommendations.
- **Agency maintain copy of classification delegation agreement**
 - No Recommendations.

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. The agency is in compliance with the classification delegation agreement. Excellent audit results.

HIRE ABOVE MINIMUM DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period Covered: July 1, 2014 – June 30, 2015
- II. Auditors: Susan Hance and Kelly Watkins
- III. Delegated Hire Above Minimum Actions: Printouts on file with DSHR
7/1/14 - 6/30/15
Number Hired Above Minimum: 386
Number of Actions Audited: 58
- IV. Sampling Size: 15.03 %
- V. Purpose of Audit:
 1. To determine if internal procedures are established for the review and documentation of delegated hire above minimum actions.
 2. To determine if the agency maintains an approved copy of the hire above minimum delegation agreement and all other correspondence related to its hire above minimum delegation program.
 3. To determine whether hire above minimum documentation is filed for ease of retrieval and review.
 4. To determine whether proper documentation exists for each hire above minimum action, to include:
 - A completed employment application with salary history and dates of employment
 - Position title, class code and slot to include internal title, if used
 - Pay band and salary range
 - Proposed salary above minimum
 - Agency average salary, internal title average salary
 - Statewide average salary, if applicable
 - Justification statement to include not only that the applicant exceeds the minimum requirements, but also a description of why the salary is needed to hire the individual (e.g., market, recruiting/retention difficulties, most qualified and little time needed for training, etc.)
 - Hire date
 - Authorized signature and date of approval

5. To determine whether actions are approved prior to the hire date of the applicant.
6. To determine whether actions are true new hires, or whether another action code, such as promotion, demotion, or transfer is appropriate.
7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency was able to produce its copy of the hire above minimum delegation agreement.
2. This section summarizes the documentation for each hire above minimum action. There were a total of 58 hire above minimum actions audited.
 - **Completed Application Including Employment Dates** –94.83% or 55 out of the 58 actions audited had a completed application including employment dates.
 - **Title/Class (including internal title)** – 100% or 58 out of the 58 actions audited had the title/class.
 - **Pay Band/Salary Range** -98.28% or 57 out of the 58 actions audited had the pay band and salary range.
 - **Proposed Salary Above Minimum** - 98.28% or 57 out of the 58 actions audited had the proposed salary and percentage above minimum.
 - **Average Salary Data** – 86.21% or 50 out of the 58 actions audited had average salary data.
 - **Justification Statement of HAM** – 82.76% or 48 out of the 58 actions audited had an adequate justification statement.
 - **Approval Date on or Prior to Hire Date** - 100% or 58 out of the 58 actions audited had the approval date on or prior to the hire date.
 - **Authorized Signature & Approval Date** – 89.66% or 52 out of the 58 actions audited had an authorized signature and/or approval date.
 - **New hires coded appropriately** - 100% or 58 out of the 58 actions audited were coded correctly as a new hires.

VII. Recommendations:

- ^ **Completed Application including Employment Dates** - No Recommendations.
- ^ **Title/Class (including internal title)** - No Recommendations.
- ^ **Pay Band/Salary Range** -No Recommendations.
- ^ **Proposed Salary Above Minimum** - No Recommendations.
- ^ **Average Salary Data** No Recommendations.

- ^ **Justification Statement of HAM** - Ensure that an internal approval form is included with each action. This will ensure that a justification statement is present for each hire above minimum action. The justification statement should include reasons above and beyond the fact that the applicant has training and experience which exceeds the minimum requirements. Justification statements need to be job related, factual, and non-discriminatory.
- ^ **Approval Date on or prior to Hire Date** No Recommendations.
- ^ **Authorized Signature & Approval Date** - Ensure the authorized signature and approval dates are included on your internal approval form.
- ^ **Did Employee Come from Other State Agency** - No Recommendations.
- ^ **Delegation Contract on File** - No Recommendations.

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. The agency is in compliance with the classification delegation agreement. Ensure that an internal hire above minimum form is attached with each action. For hiring actions that are using the internal hiring rate, this statement can be used as the justification for the hire above minimum.

TEMPORARY SALARY ADJUSTMENT DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period Covered: July 1, 2014 – June 30, 2015
- II. Auditor: Susan Hance and Kelly Watkins
- III. Delegated Temporary Salary Adjustment Actions: Printouts on file with DSHR
7/1/14 - 6/30/15
Number of Temporary Salary Adjustments: 4
Number of Actions Audited: 4
- IV. Sampling Size: 100%
- V. Purpose of Audit:
 1. To determine if internal procedures are established for the review and documentation of delegated temporary salary adjustment actions.
 2. To determine if the agency maintains an approved copy of the temporary salary adjustment delegation agreement and all other correspondence related to its temporary salary adjustment delegation program.
 3. To determine whether temporary salary adjustment documentation is filed for ease of retrieval and review.
 4. To determine whether proper documentation exists for each temporary salary adjustment, to include:
 - ^ Employee Name
 - ^ Current Class Title
 - ^ Current Salary
 - ^ Amount or % increase of the temporary salary adjustment
 - ^ Justification of additional responsibilities
 - ^ Effective Date
 - ^ Duration (* Not to exceed one year)
 - ^ Approval Signature and Date
 5. To determine whether actions are approved prior to the employee receiving a temporary salary adjustment.
 6. To determine whether an extension of the temporary salary adjustment beyond one year has DSHR approval prior to the expiration date of the adjustment.

VI. Findings:

1. The agency was able to produce its copy of the temporary salary adjustment delegation agreement.
2. This section summarizes the documentation for each temporary salary adjustment action. There were a total of 4 temporary salary adjustment actions audited.
 - **Employee Name** – 100% or 4 out of the 4 actions audited had completed documentation including employee’s name.
 - **Title/Class (including internal title)** – 100% or 4 out of the 4 actions audited had the title/class.
 - **Employee’s Current Salary** – 100% or 4 out of the 4 actions audited had the employee’s current salary.
 - **Proposed Salary & Percentage** – 100% or 4 out of the 4 actions audited had the proposed salary and percentage.
 - **Justification of Additional Responsibilities** – 75% or 3 out of the 4 actions audited had an adequate justification statement of additional responsibilities.
 - **Effective Date** - 100% or 4 out of the 4 actions audited had the effective date of the temporary salary adjustment.
 - **Duration** – 75% or 3 out of the 4 actions audited had the duration of not to exceed one year.
 - **Authorized Signature & Approval Date** – 100% or 4 out of the 4 actions audited had an authorized signature and/or approval date.
3. 75% or 3 out of the 4 actions audited had the duration of not to exceed one year.
4. 100% or 4 out of the 4 actions audited had an authorized signature and/or approval date.

VII. Recommendations:

- ^ **Employee Name** - No Recommendations
- ^ **Title/Class (including internal title)** - No Recommendations
- ^ **Employee’s Current Salary** - No Recommendations
- ^ **Proposed Salary & %** - No Recommendations
- ^ **Justification Statement of TSA** - No Recommendations
- ^ **Effective Date** - No Recommendations
- ^ **Duration** – The duration should not exceed one year. A request for an extension of the TSA should be submitted to the Division of State Human Resources prior to the end date, if necessary.
- ^ **Authorized Signature & Approval Date** – No Recommendations

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding temporary salary adjustment actions are sound. The agency is in compliance with the temporary salary adjustment delegation agreement. Excellent audit results.

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**SOUTH CAROLINA CLAIMED
SOME UNALLOWABLE ROOM-
AND-BOARD COSTS UNDER THE
INTELLECTUAL AND RELATED
DISABILITIES WAIVER FOR
STATE FISCAL YEAR 2010**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



**Gloria L. Jarmon
Deputy Inspector General
for Audit Services**

**April 2015
A-04-14-04019**

Office of Inspector General

<http://oig.hhs.gov>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

The South Carolina Department of Health and Human Services claimed Federal Medicaid reimbursement of \$1.6 million during State fiscal year 2010 for unallowable room-and-board costs under the Intellectual and Related Disabilities waiver program and did not reduce its Federal reimbursement by \$7.9 million for an overpayment settlement.

WHY WE DID THIS REVIEW

In a previous audit of the South Carolina Department of Health and Human Services (State agency) for State fiscal years (SFYs) 2007 through 2009, we reported that the State agency claimed Medicaid reimbursement of approximately \$6.7 million (\$4.8 million Federal share) in direct room-and-board expenses and related administrative and general costs. Such expenses are not eligible for reimbursement. We performed this audit of SFY 2010 to determine whether the issue we identified for SFYs 2007 through 2009 continued to exist.

The objective of this review was to determine whether the State agency claimed Medicaid reimbursement for unallowable room-and-board costs under the Intellectual and Related Disabilities (IRD) waiver program operated by the South Carolina Department of Disabilities and Special Needs (the Department) for SFY 2010.

BACKGROUND

Intellectual and Related Disabilities Waiver Services

Under a Title XIX section 1915(c) waiver approved by the Centers for Medicare & Medicaid Services (CMS), the State agency operates an IRD waiver program that provides long-term care and support for individuals with intellectual or related disabilities. Payments are allowable for the cost (other than room and board) of home or community-based services that are provided under a written plan of care to individuals in need of the services. The State agency provides administrative oversight and monitoring of the IRD waiver program but contracts with the Department to provide IRD waiver services. The Department provides these IRD waiver services through contractual arrangements with a network of 39 local Disabilities and Special Needs (DSN) boards.

Reimbursement Methodology

Throughout the year, the Department makes prospective “band” payments to the local DSN boards. The local DSN boards submit monthly service reports to the Department that reflect actual services provided to clients during the month.

On the basis of monthly service reports that the DSN boards submit, the Department submits claims to the State agency for payment. The payment of these claims, subject to settlement based on the Department’s annual cost reports, is the basis for the expenditure of Federal funds for IRD waiver program services. The State agency submits quarterly reports to CMS covering IRD waiver program expenditures, including any settlement payments, on the Quarterly

Medicaid Statement of Expenditures for the Medical Assistance Program, Form CMS-64 (CMS-64), which summarizes actual Medicaid expenses for each quarter.

CMS reimburses to the State agency the Federal share of the State agency's claimed costs. From July 1, 2009, through June 30, 2010, the State agency claimed costs for the IRD waiver program totaling \$216,370,314. Under the contract between the Department and the State agency, the Department was responsible for all unallowable costs.

Cost Reporting Process

Each of the 39 local DSN boards submits to the Department annual cost reports for each of its various service areas.

Annually, the Department submits a consolidated IRD waiver program cost report to the State agency, which includes the IRD waiver program costs of all of the local DSN boards combined, as well as the administrative and general costs that are allocable to the IRD waiver program. Each year, the State agency compares the costs included on the annual consolidated IRD waiver program cost report to previous payments made to the Department for IRD waiver program services for the fiscal year and settles with the Department for the difference.

WHAT WE FOUND

The State agency claimed Medicaid reimbursement of \$2,011,222 (\$1,599,525 Federal share) for unallowable room-and-board costs under the IRD waiver program that the Department operated. The unallowable costs were:

- \$717,329 (\$570,492 Federal share) of direct room-and-board costs and
- \$1,293,893 (\$1,029,033 Federal share) of administrative and general costs related to room and board.

In addition, the State agency did not reduce its reimbursement on its CMS-64 for a \$9,962,995 (\$7,923,570 Federal share) overpayment settlement for SFY 2010, which the Department identified in July 2010.

The State agency claimed unallowable room-and-board costs because neither the State agency nor the Department had adequate controls to (1) ensure that the Department followed either applicable Federal law and guidance or its own guidance or (2) detect errors or misstatements on the local DSN boards' cost reports (e.g., prescribe a uniform format for the local DSN boards to follow when preparing the cost reports).

The State agency did not reduce its reimbursement on its CMS-64 because it did not have controls in place to ensure that it refunded the Federal share of all overpayments on its CMS-64 within the required time after it was notified of overpayments.

WHAT WE RECOMMEND

We recommend that the State agency:

- refund to the Federal Government \$1,599,525, which is the Federal share of the room-and-board costs that the Department improperly claimed on its IRD waiver costs reports;
- ensure that it removes room-and-board-related administrative costs from the cost reports in accordance with Federal regulations;
- implement the use of a uniform cost reporting process;
- strengthen the Department's and the State agency's cost report review processes to detect errors and to ensure compliance with Federal regulations;
- report as a credit on the CMS-64 the overpayment of \$9,962,995 (\$7,923,570 Federal share) that the Department identified in July 2010; and
- develop and implement controls to ensure that, after being notified of an overpayment, it reports the overpayment as a credit on the CMS-64 in a timely manner.

STATE AGENCY COMMENTS

In comments on our draft report, the State agency concurred with our findings. The State agency also agreed with our recommendations and described corrective actions it has taken or plans to take to address them.

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INTRODUCTION

WHY WE DID THIS REVIEW

In a previous audit of the South Carolina Department of Health and Human Services (State agency) for State fiscal years¹ (SFYs) 2007 through 2009, we reported that the State agency claimed Medicaid reimbursement of approximately \$6.7 million (\$4.8 million Federal share) in direct room-and-board expenses and related administrative and general costs.² Such expenses are not eligible for reimbursement. We performed this audit of SFY 2010 to determine whether the issue we identified for SFYs 2007 through 2009 continued to exist.

OBJECTIVE

Our objective was to determine whether the State agency claimed Medicaid reimbursement for unallowable room-and-board costs under the Intellectual and Related Disabilities (IRD) waiver program operated by the South Carolina Department of Disabilities and Special Needs (the Department) for SFY 2010.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements. In South Carolina, the State agency administers the Medicaid program.

Intellectual and Related Disabilities Waiver Services

Under a Title XIX section 1915(c) waiver approved by CMS, the State agency operates an IRD waiver program that provides long-term care and support for individuals with intellectual or related disabilities. Section 1915(c) allows for payment of the cost of home or community-based services that are provided under a written plan of care to individuals in need of the services. Costs that are not related to the provision of this care, as well as room-and-board costs, are not allowable under such a waiver. The State agency provides administrative oversight and monitoring of the IRD waiver program but contracts with the Department to provide IRD waiver services. The Department provides these IRD waiver services through contractual arrangements

¹ The State fiscal year begins on July 1 and ends on June 30.

² See report number A-04-11-04012. Also see Appendix A for a list of other related Office of Inspector General reports.

with a network of 39 local Disabilities and Special Needs (DSN) boards. These local DSN boards are divided into four regions: Piedmont, Pee Dee, Coastal, and Midlands.

Reimbursement Methodology

Throughout the year, the Department makes prospective “band”³ payments to the local DSN boards. The band payments are advance payments for IRD waiver services based on the number of clients within each band at a particular local DSN board. The local DSN boards submit monthly service reports to the Department that reflect actual services provided to clients during the month. There is no provision for the Department to reimburse a local DSN board’s costs that exceed its band payments. However, if a local DSN board spends less than 98 percent of its band payments in a contract period, it must refund the excess payments to the Department.

On the basis of the monthly service reports from the local DSN boards, the Department submits claims to the State agency for payment. The payment of these claims, subject to settlement based on the Department’s annual cost reports,⁴ is the basis for the expenditure of Federal funds for IRD waiver program services. The State agency submits quarterly reports covering IRD waiver program expenditures, including any settlement payments, on the Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Form CMS-64 (CMS-64), which summarizes actual Medicaid expenses for each quarter. CMS uses information on the CMS-64 to reimburse States for the Federal share of Medicaid expenditures.

CMS reimburses to the State agency the Federal share of the State agency’s claimed costs, using the Federal medical assistance percentage (FMAP). South Carolina’s FMAP for the period was approximately 79.53 percent.⁵ Under the contract between the Department and the State agency, the Department was responsible for the cost of any unallowable services provided under the IRD waiver.

Cost Reporting Process

Each of the 39 local DSN boards submits to the Department annual cost reports for each of its various service areas. These cost reports include both direct costs for the various service areas and administrative and general costs that each local DSN board allocates.

Annually, the Department submits a consolidated IRD waiver program cost report to the State agency. It includes the IRD waiver program costs of all of the local DSN boards combined, as well as the Department central and regional offices’ administrative and general costs that are

³ The band payment system is a budgeting system that assigns nine different funding levels, known as bands, to service users on the basis of their needs. The amount of funding assigned to each band depends on the level of residential care and intensity of services that the clients in each band are expected to need.

⁴ The State agency compares the Department’s actual costs incurred to previous band payments that the State agency has paid to the Department. This comparison results in a settlement payment due to or from the State agency.

⁵ This percentage is a weighted average of FMAPs during our audit period. See Appendix B for details of our methodology.

allocable to the IRD waiver program. Each year, the State agency compares the costs included on the annual consolidated IRD waiver program cost report to previous payments made to the Department for IRD waiver program services for the fiscal year and settles with the Department for the difference.

HOW WE CONDUCTED THIS REVIEW

Our audit covered the period July 1, 2009, through June 30, 2010, which was SFY 2010. For this period, the State agency claimed costs for the IRD waiver program totaling \$216,370,314. We calculated the direct room-and-board costs that the local DSN boards claimed on their cost reports. Additionally, we calculated the portion of administrative and general costs attributable to room and board.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

See Appendix B for the details of our scope and methodology and Appendix C for applicable Federal and State requirements.

FINDINGS

The State agency claimed Medicaid reimbursement of \$2,011,222 (\$1,599,525 Federal share) for unallowable room-and-board costs under the IRD waiver program that the Department operated. The unallowable costs were:

- \$717,329 (\$570,492 Federal share) of direct room-and-board costs and
- \$1,293,893 (\$1,029,033 Federal share) of administrative and general costs related to room and board.

In addition, the State agency did not reduce its reimbursement on its CMS-64 for a \$9,962,995 (\$7,923,570 Federal share) overpayment settlement for SFY 2010.

The State agency claimed unallowable room-and-board costs because neither the State agency nor the Department had adequate controls to (1) ensure that the Department followed either applicable Federal law and guidance or its own guidance or (2) detect errors or misstatements on the local DSN boards' cost reports.

The State agency did not reduce its reimbursement on its CMS-64 because it did not have controls in place to ensure that it refunded the Federal share of all overpayments on its CMS-64 within the required time after it was notified of overpayments.

THE STATE AGENCY CLAIMED MEDICAID REIMBURSEMENT FOR DIRECT ROOM-AND-BOARD COSTS

Under a Title XIX section 1915(c) waiver, payments are allowable for the cost of home or community-based services that are provided under a written plan of care to individuals in need of services. However, costs that are not related to the provision of this care, as well as room-and-board costs, are not allowable (Social Security Act (the Act), § 1915 (c)(1)).

The State agency claimed Medicaid reimbursement totaling \$717,329 (\$570,492 Federal share) for unallowable direct room-and-board costs that were incurred at the local DSN board level.

Some local DSN boards included maintenance costs related to residential service programs (a direct room-and-board cost) in a pool of costs to be allocated to the various residential locations rather than directly assigning those costs to the specific residential program locations. Generally, the local DSN boards properly made adjustments to remove these costs from the cost reports. However, 13 of the 39 local DSN boards did not remove the allocated maintenance costs. As a result, the Department improperly claimed for reimbursement \$717,329 (\$570,492 Federal share) for direct room-and-board costs. (See Appendix D for a list of direct room-and-board costs claimed by the 13 local DSN boards.)

THE STATE AGENCY CLAIMED MEDICAID REIMBURSEMENT FOR ADMINISTRATIVE AND GENERAL ROOM-AND-BOARD COSTS

Under a Title XIX section 1915(c) waiver, payments are allowable for the cost of home or community-based services that are provided under a written plan of care to individuals in need of services. However, costs that are not related to the provision of this care or to room-and-board costs are not allowable (the Act, § 1915(c)(1)).

Federal regulations (42 CFR § 441.310(a)(2)) state that Federal financial participation (FFP) “for home and community-based services is not available for the cost of room and board except when (1) provided as part of respite care services in a facility approved by the State that is not a private residence; (2) a portion of rent and food is attributable to an unrelated personal caregiver who resides in the same household with a waiver recipient; or (3) meals are provided as part of a program of adult day health services as long as the meals do not constitute a full nutritional regimen.”

The *State Medicaid Manual* (CMS Pub. 45) states that room includes “related administrative services” (§ 4442.3 B.12). A Department guidance document, *Calculation of Room and Board for Non-ICF/ID Programs*, which was directed to all local DSN boards and contractors that provide residential services, referenced that section of the *State Medicaid Manual* to provide instructions for removal of room-and-board costs from allowable costs.

The State agency claimed Medicaid reimbursement totaling \$1,293,893 (\$1,029,033 Federal share) for unallowable administrative and general costs related to room and board that the local DSN boards had allocated to residential service programs. Of the \$10,721,832 in administrative and general costs that the local DSN boards allocated to the residential service programs,

\$1,293,893, or 12.07 percent, was related to room and board and therefore not allowable for reimbursement. (See Appendix E for our estimate of indirect room-and-board costs that each local DSN board claimed.)

Most local DSN boards removed the unallowable direct room-and-board costs from allowable costs but did not remove unallowable indirect costs associated with the direct room-and-board costs. To determine the unallowable indirect costs for each local DSN board residential service program, we divided the total direct room-and-board costs by the total direct costs and multiplied the result by the administrative and general costs that the local DSN board allocated to the residential service program.

THE STATE AGENCY DID NOT INCLUDE AN OVERPAYMENT SETTLEMENT AS A CREDIT ON ITS CMS-64

The State has 1 year from the date of discovery to recover or attempt to recover overpayments made by a State to a person or other entity (the Act, §1903(d)(2)(C) and 42 CFR § 433.316(a)). Regardless of whether recovery was made, the State must make an adjustment to its Federal payments at the end of the 1-year period.

Other than fraud and abuse situations, an overpayment is considered discovered on the earliest of (1) the date on which any Medicaid agency official or other State official first notifies a provider in writing of an overpayment and specifies a dollar amount that is subject to recovery or (2) the date on which a provider initially acknowledges a specific overpaid amount in writing to the Medicaid agency (42 CFR § 433.316(c)(2)).

The State agency must refund the Federal share of overpayments that are subject to recovery to CMS through a credit on its CMS-64 submitted for the quarter in which the 1-year period following discovery ends. The State must report a credit on the CMS-64 whether or not the State has recovered the overpayment from the provider (42 CFR § 433.320(a)).

The State agency did not reduce its reimbursement on its CMS-64 for a \$9,962,995 (\$7,923,570 Federal share) overpayment settlement that the Department reported for SFY 2010. The Department identified this estimated overpayment in a July 9, 2010, letter to the State agency. In South Carolina, the Department is the provider of IRD waiver services, and, therefore, July 9, 2010, meets the CFR § 433.316(c)(2) definition as “the date on which a provider initially acknowledges a specific overpaid amount in writing to the State Medicaid agency.”

The 1-year period following discovery of the overpayment ended on July 9, 2011. Thus, the State agency was obligated to report the overpayment as a credit on its CMS-64 no later than for the quarter ended September 30, 2011.

INADEQUATE CONTROLS

The State agency claimed unallowable room-and-board costs because neither the State agency nor the Department had adequate controls to (1) ensure that the Department followed applicable

Federal law and guidance or the Department's own guidance or (2) detect errors or misstatements on the local DSN board cost reports. Specifically:

- The Department did not follow the Federal guidance in the *State Medicaid Manual* that it cited in its instructions to residential providers regarding the calculation of room-and-board costs.
- The Department did not prescribe a uniform format for the local DSN boards to follow when preparing the cost reports. Because each local DSN board prepared its own cost report in its own format, it was difficult for the Department to identify when direct room-and-board costs were included in a pool of costs to be allocated by a local DSN board. While most local DSN boards removed direct room-and-board costs, neither the State agency's nor the Department's controls were sufficient to prevent room-and-board costs from being claimed for reimbursement.

In its comments on our previous audit report, the State agency indicated that, beginning July 1, 2012, it would ensure that room-and-board-related administrative and general costs were removed from the cost reports and begin using uniform cost reports. It also indicated that the Department would strengthen its cost report review process to detect errors or misstatements on the local boards' cost reports and that the State agency would also strengthen its cost report review process. However, because these proposed changes were not in effect until after our audit period, we did not test to determine whether the State agency and the Department had properly implemented them.

The State agency did not reduce its reimbursement on its CMS-64 because it did not have controls in place to ensure that it refunded the Federal share of all overpayments on its CMS-64 within the required time after it was notified of overpayments.

RECOMMENDATIONS

We recommend that the State agency:

- refund to the Federal Government \$1,599,525, which is the Federal share of the room-and-board costs that the Department improperly claimed on its IRD waiver costs reports;
- ensure that it removes room-and-board-related administrative costs from the cost reports in accordance with Federal regulations;
- implement the use of a uniform cost reporting process;
- strengthen the Department's and the State agency's cost report review processes to detect errors and to ensure compliance with Federal regulations;
- report as a credit on the CMS-64 the overpayment of \$9,962,995 (\$7,923,570 Federal share) that the Department identified in July 2010; and

- develop and implement controls to ensure, after being notified of an overpayment, it reports the overpayment as a credit on the CMS-64 in a timely manner.

STATE AGENCY COMMENTS

In comments on our draft report, the State agency concurred with our findings. The State agency also agreed with our recommendations and described corrective actions it has taken or plans to take to address them.

The State agency's comments are included in their entirety as Appendix F.

APPENDIX A: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>New York Claimed Unallowable Room-and-Board Costs Under Its Developmental Disabilities Waiver Program</i>	<u>A-02-12-01031</u>	5/6/2014
<i>Maryland Claimed Costs for Unallowable Room and Board and Other Residential Habilitation Costs Under Its Community Pathways Waiver Program</i>	<u>A-03-12-00203</u>	9/9/2013
<i>South Carolina Claimed Some Unallowable Room-and-Board Costs Under the Intellectual and Related Disabilities Waiver</i>	<u>A-04-11-04012</u>	9/12/2012

APPENDIX B: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our audit covered the period July 1, 2009, through June 30, 2010, which was South Carolina's SFY 2010. For this period, the State agency claimed costs for the IRD waiver program totaling \$216,370,314.

In planning and performing our audit, we limited our review of the State agency's and the Department's internal controls to those controls related to ensuring that room-and-board costs were not claimed for Federal reimbursement.

We conducted fieldwork at the State agency's office in Columbia, South Carolina, from October 2013 through June 2014.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable laws and regulations;
- identified direct room-and-board costs that the Department claimed on its consolidated IRD waiver program cost reports;
- determined the ratio of unallowable direct room-and-board costs to total direct costs (room-and-board ratio) for each local DSN board's residential service programs;
- determined the room-and-board portion of administrative and general costs for each local DSN board by applying the room-and-board ratio for each residential service program to the local DSN board administrative and general costs that were allocated to the residential service program;
- excluded from our calculations of unallowable costs all costs related to respite care, personal caregivers, or meals associated with adult day health services that the Department separately identifies on the waiver cost report or supporting schedules;
- reviewed the CMS-64s to verify that the State agency included the IRD waiver program claims payments on its CMS-64 and therefore claimed them for Federal reimbursement;
- reviewed the CMS-64s to determine whether the State agency included credits for any SFY 2010 overpayment settlements;

- determined the Federal share of the unallowable costs by applying the weighted average FMAP for the audit period;⁶ and
- discussed the results of our review with State agency officials.

We conducted our review in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁶ The overpayments related to costs that the Department incurred throughout the course of the entire SFY. However, we could not determine the quarter in which the costs claimed occurred. Therefore, it was appropriate to use a weighted average FMAP for the entire SFY. The FMAP was 79.36 percent for the first 3 months of the SFY and 79.58 percent for the last 9 months of the SFY.

APPENDIX C: FEDERAL AND STATE REQUIREMENTS

SOCIAL SECURITY ACT

Section 1915 (c)(1) of the Act allows for payment of the cost of a home or community-based services (other than room and board) that are provided under a written plan of care to individuals in need of services. Costs that are not related to the provision of this care, as well as room-and-board costs, are not allowable under such a waiver.

Section 1903(d)(2)(C) of the Act states that “when an overpayment is discovered, which was made by a State to a person or other entity, the State shall have a period of 1 year in which to recover or attempt to recover such overpayment.... [T]he adjustment in the Federal payment shall be made at the end of the 1-year period whether or not recovery was made.”

FEDERAL REGULATIONS

Section 433.316(a) of 42 CFR states: “The date on which an overpayment is discovered is the beginning date of the 1-year period allowed a State to recover or seek to recover an overpayment before a refund of the Federal share of an overpayment must be made to CMS.”

Section 433.316(c)(2) of 42 CFR states:

An overpayment resulting from a situation other than fraud and abuse is discovered on the earliest of –

- 1) The date on which any Medicaid agency official or other State official first notifies a provider in writing of an overpayment and specifies a dollar amount that is subject to recovery;
- 2) The date on which a provider initially acknowledges a specific overpaid amount in writing to the Medicaid agency;

Section 433.320(a) of 42 CFR states:

(1) The agency must refund the Federal share of overpayments that are subject to recovery to CMS through a credit on its Quarterly Statement of Expenditures (Form CMS-64).

(2) The Federal share of overpayments subject to recovery must be credited on the CMS-64 submitted for the quarter in which the 1-year period following discovery, established in accordance with § 433.316, ends.

(3) A credit on the Form CMS-64 must be made whether or not the overpayment has been recovered by the State from the provider.

Section 441.310(a)(2) of 42 CFR states that FFP for home and community-based services is not available for the cost of room and board except when (1) provided as part of respite care services

in a facility approved by the State that is not a private residence; (2) a portion of rent and food is attributable to an unrelated personal caregiver who resides in the same household with a waiver recipient; or (3) meals are provided as part of a program of adult day health services as long as the meals do not constitute a full nutritional regimen.

STATE MEDICAID MANUAL

The *State Medicaid Manual* in defining services states that room includes “related administrative services” (§ 4442.3 B.12). A Department guidance document, *Calculation of Room-and-Board for Non-ICF/ID Programs*, which was directed to all local DSN boards and contracted residential service providers, referred to this section of the *State Medicaid Manual* to provide instructions for removal of room-and-board costs from allowable costs.

**APPENDIX D: DIRECT ROOM-AND-BOARD COSTS
CLAIMED FOR REIMBURSEMENT
FOR STATE FISCAL YEAR 2010**

Local Board⁷	Total Claimed
Aiken	\$41,625
Allendale-Barnwell	8,844
Anderson	35,487
Charles Lea	291,584
Chesco	146,942
Chester-Lancaster	21,739
Colleton	2,059
Dorchester	7,851
Fairfield	36,262
Horry	24,814
Marion-Dillon	51,152
Marlboro	10,191
Pickens	38,779
Total	<u>\$717,329</u>
Federal Share Percentage⁸	<u>79.53%</u>
Federal Share	<u><u>\$570,492</u></u>

⁷ South Carolina has 39 local DSN boards. However, we have listed only those that claimed direct room-and-board costs during our audit period.

⁸ The Federal share percentage is a weighted average for the SFY.

**APPENDIX E: ESTIMATE OF INDIRECT ROOM-AND-BOARD COSTS CLAIMED
FOR REIMBURSEMENT FOR STATE FISCAL YEAR 2010**

Local Board	Total Claimed
Aiken	\$10,974
Allendale-Barnwell	27,812
Anderson	37,931
Babcock	131,135
Bamberg	43,785
Beaufort	19,798
Berkeley	37,258
Burton	42,830
Calhoun	21,568
Charles Lea	108,553
Charleston	44,191
Cherokee	12,286
Chesco	53,482
Chester-Lancaster	23,564
Clarendon	52,222
Colleton	13,597
Darlington	18,524
Dorchester	11,047
Fairfield	33,756
Florence	51,103
Georgetown	28,674
Greenville	36,450
Hampton	17,541
Horry	36,001
Jasper	18,716
Kershaw	10,478
Laurens	19,999
Lee	24,885
Marion-Dillon	35,067
Marlboro	11,443
Newberry	26,554
Oconee	40,401
Orangeburg	38,404
Pickens	35,285
Richland-Lexington ⁹	0
Sumter	23,006
Union	14,084
Williamsburg	9,317
York	72,172
Total	\$1,293,893
Federal Share Percentage ¹⁰	79.53%
Federal Share	\$1,029,033

⁹ Richland-Lexington had no direct room-and-board costs, so we calculated no indirect room-and-board costs.

¹⁰ The Federal share percentage is a weighted average for the SFY.

APPENDIX F: STATE AGENCY COMMENTS



Nikki Haley GOVERNOR
Christian L. Sours INTERIM DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

February 20, 2015

Lori S. Pilcher
Regional Inspector General for Audit Services
US Department of Health & Human Services
Office of Audit Services, Region IV
61 Forsyth Street, SW Suite 3T41
Atlanta, Ga 30303

Re: A-04-14-04019

Dear Ms. Pilcher,

The South Carolina Department of Health & Human Services (SCDHHS) has reviewed the audit findings identified in the draft OIG report entitled: *South Carolina Claimed Some Unallowable Room-and-Board Costs Under the Intellectual and Related Disabilities Waiver for State Fiscal Year 2010*. We offer the following response for your consideration.

OIG Recommendations:

- Refund the Federal Government \$1,599,525 representing the federal share of the room-and-board costs that the South Carolina Department of Disabilities and Special Needs (SCDDSN) improperly claimed on its IRD waiver cost report;
- Ensure that South Carolina removes room-and-board related administrative costs from its cost reports in accordance with Federal regulations;
- Implement the use of a uniform cost reporting process;
- Strengthen SCDDSN's and SCDHHS' cost report review processes to detect errors and to ensure compliance with Federal regulation;
- Report as a credit on the CMS 64 the overpayment of \$9,962,995 (\$7,923,570 Federal share) that SCDDSN identified in July 2010; and
- Develop and implement controls to ensure that, after being notified of an overpayment, it reports the overpayment as a credit on the CMS 64 in a timely manner.

South Carolina Response:

SCDHHS concurs with the finding(s) and agrees to refund \$1,599,525 to the Federal Government and report the overpayment of \$9,962,995 (\$7,923,570 Federal Share) identified in July 2010 via a corresponding entry on the CMS 64 Medicaid Expenditure Report prior to June 30, 2015.

In regard to ensuring the removal of room-and-board costs from cost reports, the enforcement of uniform cost reporting processes, and strengthening cost report review procedures; SCDHHS, in conjunction with SCDDSN, is in agreement that the local DDSN Board and SCDDSN Central Office administrative and general costs will be allocated to direct room and board costs beginning with the July 1, 2011 through June 30, 2012 reporting period via the step-down cost allocation process in accordance with federal regulations. Additionally, SCDHHS and SCDDSN will ensure that such costs will be removed from the state fiscal year June 30, 2011 cost report for consideration of any retrospective cost settlement calculations. SCDHHS will continue to strengthen its review and approval process in relation to any changes to the SCDDSN uniform cost reporting process beginning with the July 1, 2011 cost reporting period to include the prescribed uniform cost report instructions, detailed cost reporting format, and any future policy guidance as it pertains to the reporting of allowable Medicaid reimbursable costs for waiver cost report purposes. This effort should increase our ability to detect errors for compliance with Federal regulations.

SCDHHS has also increased its control measures to ensure all overpayments are correctly identified and will be reported on the appropriate CMS 64 Expenditures Report for the quarter in which the overpayment was received.

Sincerely,



Christian L. Soura
Interim Director

U.S. Department of Labor

**Wage & Hour Division District Office
Federal Building, Room 1072
1835 Assembly Street
Columbia, SC 29201-9863
Phone 803-765-5981 Fax 803-253-3003**



Delivered via Mail

September 16, 2015

South Carolina Department of Disabilities & Special Needs
Pee Dee Regional Center
714 E. National Cemetery Road
Florence, SC 29506
Attn: Mrs. Cynthia D. McKeever, Human Resources Manager

RECEIVED
SEP 20 2015
HUMAN RESOURCES

Dear Mrs. McKeever,

Thank you for the courtesy and consideration extended to our Investigators Jason Husband and George Gagne in their recent investigation of your work center. The investigation covered both staff members and workers with disabilities employed at subminimum wages by the South Carolina Department of Disabilities and Special Needs—Pee Dee Regional Center (firm) at 714 E. National Cemetery Road, Florence, SC 29506. The investigation period was February 2, 2013 to February 1, 2015.

The investigation was to determine your compliance with the Fair Labor Standards Act (FLSA) and particularly with the terms and conditions of your subminimum wage certificate(s) issued under the FLSA. These terms and conditions are described in Regulations 29 CFR Part 525, a copy of which was previously provided to you.

The investigation report shows that no FLSA violations were found. The report also indicates that on September 4, 2015, you spoke with Investigator Jason Husband. During this call, it is my understanding that you agreed to maintain full compliance with the FLSA and the terms and conditions of your certificate(s).

In consideration of your agreement to ensure future compliance, I plan to administratively close the file.

We would also like to direct your attention to Section 16(e) of the FLSA and Regulations 29 CFR Part 578. As you will note, Section 16(e) provides for the assessment of a civil money penalty for any repeated or willful violations of Section 6 or 7, in an amount not to exceed \$1,000 for each such violation. No penalty is being assessed as a result of this investigation. If at any time in the future your firm is found to have violated the monetary provisions of the FLSA, it will be subject to such penalties. Copies of the FLSA and Regulation Part 578 were previously provided to you by Investigator Jason Husband.

If you have any questions about the investigation or any aspect of the FLSA, please feel free to contact Investigator Jason Husband at 704-816-7357, or myself at 803-343-6867.

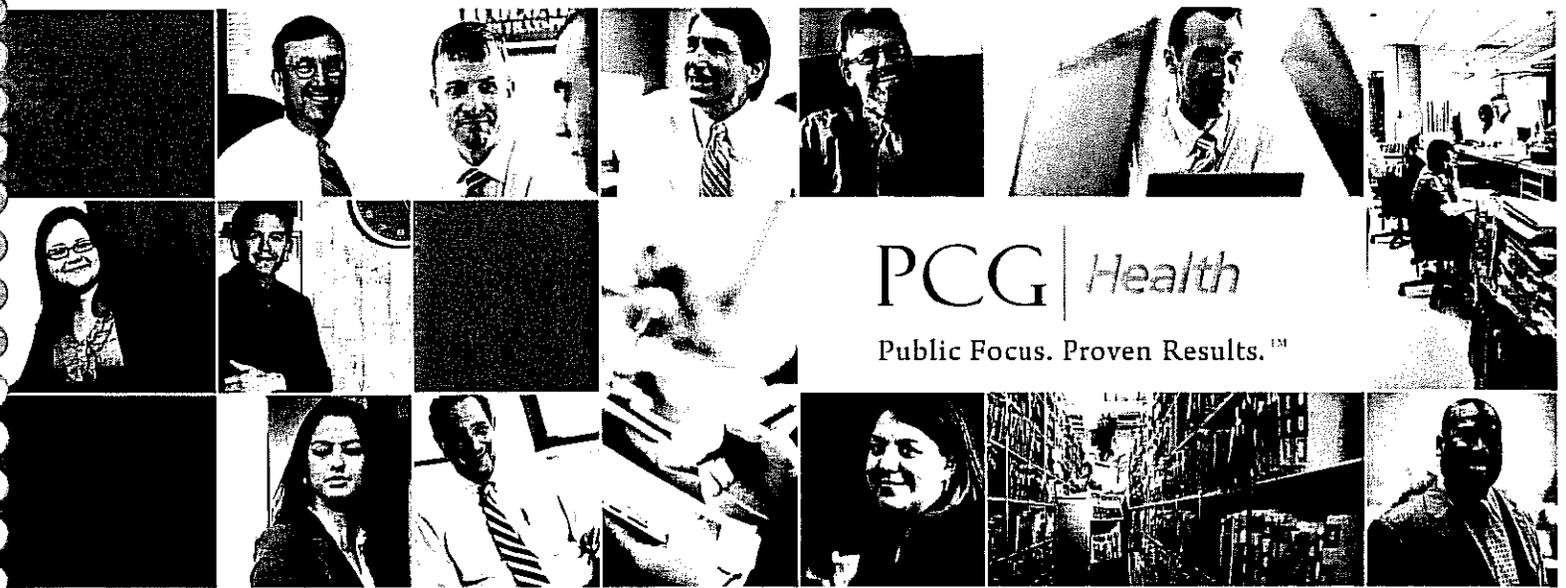
Sincerely,

A handwritten signature in cursive script that reads "Jason L. Coker".

Jason L. Coker
Assistant District Director

State of South Carolina Department of Disabilities and Special Needs Review of Current Business Practices

July 2014





- I. Executive Summary**
- II. Background and Introduction**
- III. Analysis of Current SC DDSN Funding and Reimbursement Practices**
 - a. Funding for Services**
 - b. Provider Billing**
 - c. Medicaid Cost Reporting**
- IV. Analysis of Current SC DDSN Program Oversight**
 - a. Existing Data Resources (CDSS, ANE)**
 - b. Licensing and Quality Control**
 - c. Direct Care Staffing**
 - d. Ranking of South Carolina's Program Compared to Other States**
- V. Recommendations for SC DDSN Business Practices**
- VI. Appendix**
 - a. Table A: LAC audit recommendations categorized into 22 subjects**
 - b. Table B: Broad range of critical incidents that are required to be reported**



I. Executive Summary

Background

The South Carolina Department of Disabilities and Special Needs (SC DDSN) was established under South Carolina Code of Laws §44-20-240 and given authority over all of the state's services and programs for the treatment and training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries.¹ South Carolina Code of Laws §44-20-250 further establishes the powers and duties of SC DDSN to include the coordination of services and programs with other state agencies and local agencies, contracting and negotiating with local agencies, county DSN boards, and private organizations to provide a full range of services to those individuals for whom the Department is responsible.²

In May 2013, SC DDSN engaged Public Consulting Group (PCG) to conduct a review of their business practices with a focus on their practices related to the funding and reimbursement of services and in providing program oversight. As part of this engagement PCG met with the leadership of SC DDSN to gain an understanding of the current practices as well as those areas that have been identified as the core functions of the Department. PCG also reviewed prior reviews and audits of SC DDSN including those conducted by the SC Legislative Audit Council (LAC), the SC Department of Health and Human Services (SC DHHS), and the US Department of Health and Human Services, Office of the Inspector General (OIG) to identify those areas within SC DDSN that have been subject to the scrutiny of external entities and how SC DDSN has responded to those reviews. Lastly PCG interviewed some of the numerous stakeholders in the SC DDSN system including staff at four providers representing a cross-section of the SC DDSN provider network, staff at one DDSN regional center, representatives from Alliant, the vendor contracted by SC DDSN, and CMS approved QIO, to provide quality assurance and licensing support, and staff from SC DHHS.

Overview of the Report

PCG's report focused on two of the core functions and responsibilities of SC DDSN; the funding and reimbursement for services provided to consumers in the SC DDSN system and program oversight, including SC DDSN data and systems integrity and SC DDSN oversight and assurances with regards to quality of direct care staffing, particularly in the residential setting(s). Through the review of these core functions of SC DDSN, PCG also reviewed the structure within which SC DDSN and their provider network operate, the Organized Health Care Delivery System (OHCDs).

Analysis of Current SC DDSN Funding and Reimbursement Practices

The responsibilities of SC DDSN related to the funding of and payment for services provided to SC DDSN consumers encompass a wide range of activities from the funding of the DSN Boards to ensure access to services across the state to serving as a clearinghouse for all provider reporting of activities and Medicaid cost reporting. PCG reviewed three of the core activities of SC DDSN

¹ South Carolina Code of Laws §44-20-240. <http://www.scstatehouse.gov/code/t44c020.php>

² South Carolina Code of Laws §44-20-250. <http://www.scstatehouse.gov/code/t44c020.php>



related to funding and reimbursement practices; funding for services, provider billing, and Medicaid cost reporting. In reviewing SC DDSN's practices related to the funding of services, PCG looked specifically at the funding band approach used to ensure all available funds, including state general revenue funds and Medicaid funds, are allocated to the DSN Boards across the state in a consistent and equitable manner. Through the review of the funding bands, which is furnished prior to the services being rendered, and the fee-for-service reimbursement approach, which occurs following the provision of the services, PCG found that while there is some inconsistency in the manner in which the DSN Boards and the private, QPL providers are reimbursed, it is driven by the need for SC DDSN to ensure that the DSN Boards have the necessary funding to provide the full continuum of services in all parts of the state. Conversely the QPL providers, who as contractors have the ability to determine which populations they serve, what services they provide, and where they provide those services, receive their reimbursement only for the actual services they provide. PCG also found that one of the main points of confusion surrounding the funding bands is that they are commonly cited as a reimbursement mechanism when in fact they are truly a funding mechanism, similar to those used by state agencies operating state hospitals or intermediate care facilities.

In the review of the provider payment processes, in which the providers report their service activity to SC DDSN and SC DDSN submits the claims for the Medicaid eligible clients, PCG found that the DSN Boards and the QPL providers benefit from SC DDSN's role in the system. In serving as a 'clearinghouse' through which all service activity is submitted and claims generated for submission to Medicaid, SC DDSN is performing many functions on behalf of the providers that help to minimize the amount of overhead costs incurred by the providers while also minimizing the risk of improper claiming by ensuring that the claims submitted to SC DHHS are compliant with Medicaid regulations. Further, in the event of an audit by SC DHHS, SC DDSN assumes responsibility for responding to the audit and any findings. Lastly, PCG's review of the Department's Medicaid cost reporting process was found to be compliant with state and federal reporting requirements. PCG did however, note that the current process requires significant manual effort for the providers and the state staff. This is a process that PCG believes would be significantly enhanced through the development of a web-based, automated cost reporting tool that more clearly leads staff through the cost reporting process while also building in many of the audit checks, accumulation of data, and calculations that are currently done manually.

Analysis of Current SC DDSN Program Oversight

PCG's review of SC DDSN's current efforts related to program oversight similarly focused on some of the core functions performed by the Department. The review first looked at the existing data resources used by the Department in managing their system. This included the systems in place for critical incident reporting, abuse and neglect (ANE) reporting, and finally other provider reporting requirements. PCG's review then focused on the Department's efforts related to licensing and quality control; two activities where SC DDSN has partnered with external entities in the Department of Health and Environmental Control (DHEC) and Alliant. Lastly, PCG reviewed the Department's policies for and oversight of the direct care staff across the various provider settings.



PCG also reviewed South Carolina's performance relative to other states based on the 2014 United Cerebral Palsy's (UCP) annual scorecard called the "Case for Inclusion". This annual UCP publication ranks how well state Medicaid programs serve persons with intellectual and developmental disabilities across five main indicators and summarizes the score into one overall ranking. South Carolina's ranked sixth best in the nation. It is hard for states to rank high on these state scorecard projects and it means that South Carolina has a better program than other states.³ In comparing South Carolina's performance relative to its peers in the southeast, only Georgia ranked higher at number four with Louisiana being the next highest at number twelve. Notable rankings for other southeastern states include North Carolina ranking 24th, Virginia 49th and Mississippi ranking last at 51st. South Carolina's performance is even more impressive relative to its southeastern peers given the unique features of South Carolina's system when compared to others. For example, Georgia's rise to number four was driven largely by its closure of three, large state institutions, an option not readily available to South Carolina given the number of individuals served in the state's four regional centers that could not reasonably be served in a community based setting.

Through the review of SC DDSN's current practices and of national indicators, PCG found that SC DDSN has undertaken considerable effort in establishing processes, data systems, and relationships with external entities to provide quality care for the state's most vulnerable citizens.

Recommendations for SC DDSN Business Practices

Following the completion of PCG's review of the current funding and reimbursement and program oversight practices of SC DDSN PCG developed a set of recommendations for the Department to consider in their effort to continually improve their system. The following list of recommendations do not cite any major areas of concern for the SC DDSN system but rather highlight those areas and processes within the current system that could be enhanced to further improve the care provided to those individuals for whom SC DDSN is responsible.

1) *SC DDSN should consider a move from the OHCDS model to a more current model*

While PCG did not uncover any major concerns with the OHCDS model under which SC DDSN currently operates, the Department has been the target of recent criticism of the OHCDS model. In conducting a scan of the health care industry there are few systems operating under a similar OHCDS model. With a trend away from the historical OHCDS model towards new, integrated health care models encompassing multiple disciplines like physical and behavioral health care as evidenced by the growth in medical or health homes and other like models, PCG believes SC DDSN could benefit from a more in depth review of the existing OHCDS model and some of the more current models available to the Department. In addition to the considerations for the integrated care models like the medical or health homes, SC DDSN

³ See <http://cfi2014.ucp.org/wp-content/uploads/2014/03/Case-for-Inclusion-2014.pdf>



could consider models that include increased integrated employment opportunities or housing initiatives with state and/or federal housing authorities. In recommending that SC DDSN consider a shift from the OHCD model to a more current model, PCG is not recommending that SC DDSN change its role in many of the vital functions it currently fills today including, but not limited to, setting program policy and establishing funding mechanisms for community based providers.

- 2) *SC DDSN should continue to pilot the use of a national needs assessment tool and consider a future alignment of the Funding Bands with the national needs assessment tool*
SC DDSN has already begun a limited pilot program to utilize the American Association on Intellectual and Developmental Disabilities (AAIDD) Supports Intensity Scale (SIS) as part of its needs assessment process. PCG believes the use of this tool is an important step for SC DDSN and encourages the Department to continue its plan to expand its use statewide. While this tool is not currently linked to funding resources, PCG recommends that SC DDSN consider aligning funding resources with the SIS in the future. PCG believes that SC DDSN, by aligning the funding bands with the SIS tool, could more accurately align funding with the individual needs of the consumers. PCG recommends that SC DDSN continue to expand its use of the SIS as an assessment tool statewide before considering the recommendation to align funding resources with this tool.
- 3) *SC DDSN should enhance the documentation for Cost Reporting Policies and Procedures*
SC DDSN's documentation of the policies and procedures for cost reporting, and in particular, the process for collecting and auditing the individual cost reports of the community providers and for subsequently compiling this data in to the single cost report for the Department could be enhanced to improve the transparency of this process for both internal and external stakeholders. SC DDSN has greatly improved its documentation and transparency around many of its processes, including its cost report processes as evidenced by the development of Department Directives such as 250-10-DD, Funding for Services; 250-05-DD, Cost Principles for Contracts and Grants with Community Providers; 275-04-DD, Procedures for Implementation of SCDDSN Provider Audit Policy; and 250-09-DD, Calculation of Room and Board for Non-ICF/ID Programs. PCG believes SC DDSN could further enhance its documentation and transparency by developing similar documents that clearly explain the processes completed by SC DDSN staff in reviewing and aggregating the cost report data from each of the individual providers as well as the process to incorporate this data in to the Department's cost report that is ultimately submitted to SC DHHS.
- 4) *SC DDSN should move towards automating the Medicaid Cost Reporting process*
The current Medicaid cost reporting process is largely based on Microsoft Excel based cost reporting forms with Department staff responsible for compiling all of the individual provider reports and transferring the aggregate data to the single Department cost report. An automated cost report process would allow for a more efficient process through built in audit checks and the ability to aggregate the multiple provider cost reports in to the single cost report. SC DDSN

would have many options to consider in moving to an automated cost report solution and would be able to work with a vendor to develop a system that is designed to address the unique needs of SC DDSN as opposed to trying to adapt an off the shelf solution.

5) *SC DDSN should separate service coordination and service delivery*

The current system in which providers can serve as both the service coordination and the service provider raises concerns over the conflict of the service coordinator referring services to be the benefit of the provider and not in the best interest of the consumer. This recommendation would see a phased-in move towards the separation of service coordination from service delivery. This recommendation would also serve to bring SC DDSN closer to the current preferences of CMS.

6) *SC DDSN should continue moving towards more frequent licensing visits and changes in visit protocol*

PCG's recommendation for moving towards more frequent licensing visits for all residential settings is a continuation of the recent changes by SC DDSN from licensing visits every three years to every two years. The Department is currently conducting annual licensing visits for day programs, respite and child residential settings and PCG believes annual licensing visits would help to further improve the quality of care for the SC DDSN consumers. In the 2008 review of SC DDSN the LAC cites a study by the University of South Carolina, School of Public Health that found that no other state conducted licensing reviews of facilities on a less than annual basis. It should however be noted that the study did not discuss the level of detail in which these reviews were conducted and whether they were inclusive of both licensure and quality assurance or just licensure reviews, making it difficult to truly compare the practices of SC DDSN with those of other states.

Additionally, PCG believes that changes to site visit protocols such as requiring provider management to not be present during the visit would help to increase the independence of the reviews. It is PCG's opinion that the presence of management during the entirety of the site visits inhibits the freedom of expression of the staff and as a result excludes information that may be pertinent to the evaluation of quality.

7) *SC DDSN should continue to educate stakeholders and prepare for changes in federal quality standards*

PCG recommends that SC DDSN staff continue to monitor, educate stakeholders and prepare the potential changes in quality management coming from the federal government, including changes in how quality is addressed in 1915(c) applications for federal waivers. CMS has been actively working with representatives from a number of national associations, including NAMD, NASDDDS, and NASUAD to review the Continuous Quality Improvement System process that states must incorporate in their 1915(c) HCBS waiver applications. PCG notes that SC DDSN State Director is a member of the National Board of Directors of NASDDDS which has helped keep SC DDSN abreast of upcoming national changes and trends. It will be



important for SC DDSN to continue to monitor these changes to ensure that they remain compliant with the new requirements.

8) *SC DDSN should implement a 1915(k) Community First Choice program*

This recommendation encourages SC DDSN, in conjunction with SC DHHS, to take advantage of a 2012 final rule promulgated by CMS that implemented section 2401 of the Affordable Care Act, which added a new section, 1915(k), to the Social Security Act. This rule implemented a new State option for home and community-based attendant services and supports, known as Community First Choice (CFC). The CFC option has several benefits for states including a six percent higher federal match for program expenditures, the ability to invest savings in the implementation of the program and the reduction of waiting lists, the encouragement of the use of self-direction and promotion of attendant care services, the ability to permanently waive the annual recertification requirement for individuals based on certain criteria, the enhanced controls of utilization, and the authorization of expenditures for items like rent and utility costs to assist persons in an institution to transition to the community. In considering this recommendation, SC DDSN would need to weigh the benefits this waiver could provide against the additional financial liability for the State created through the additional funding requirements of the waiver. SC DDSN would also need to consider its current efforts in working with SC DHHS in implementing a 1915(i) waiver when determining the feasibility of also implementing this 1915(k) waiver.

9) *SC DDSN should continue to review the National Core Indicators with providers and consumers*

The National Core Indicator results are significant measurements of the experiences of program beneficiaries and can be a useful tool in helping to guide in promoting system improvements. SC DDSN has a history of successfully engaging stakeholders in meaningful discussions on a range of topics including quality related data and would benefit from continued discussion with all stakeholders. SC DDSN has engaged provider organization with summary information and discussion of the NCI data. Inclusion of additional stakeholders would allow for a greater sense of ownership across all levels of the system while promoting transparency in the decision making of the Department.

As evidenced in our recommendations and in the narrative on the current business practices of SC DDSN, PCG believes that the Department takes great pride in ensuring that appropriate and quality care is available to the most vulnerable individuals in South Carolina and has made great improvements in their own practices in an effort to improve the availability and quality of care provided through their network of providers, both public and private. PCG's recommendations are indicative of a system that could be further enhanced not through complete overhaul but rather through efforts to modernize the system, such as the automation of the annual cost report process or the consideration of a newer, more current service delivery system model that retains the core functions and benefits of the OHCDS. In some cases, SC DDSN has already begun efforts in the areas of piloting a national assessment tool and reviewing the National Core Indicators with



providers and consumers and PCG's recommendations are intended to encourage the Department to continue those efforts. Other recommendations are targeted at helping to keep SC DDSN in line with national trends and best practices.



II. Background and Introduction

Public Consulting Group, Inc. (PCG) was contracted by the South Carolina Department of Disabilities and Special Needs (The Department, or SC DDSN) to conduct a review of its current business practices including its Organized Health Care Delivery System, data and systems integrity, and related processes associated with Medicaid billing and Medicaid cost reporting and administrative cost allocation. SC DDSN has recently been the subject of audits and program reviews by the Legislative Audit Council (LAC), the South Carolina Department of Health and Human Services (SC DHHS), and the US Health and Human Services Office of the Inspector General (OIG) and that as a result of these audits/reviews the Department has undertaken an internal effort to review its policies and practices to ensure compliance and make program improvements.

Background on South Carolina Department of Disabilities and Special Needs

The South Carolina Department of Disabilities and Special Needs (SC DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with intellectual disability, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities, as per South Carolina Code of Laws §44-20-250. SC DDSN serves approximately 30,000 consumers with lifelong disabilities through an Organized Health Care Delivery System with a network of its Regional Centers, 39 local Disabilities and Special Needs (DSN) Boards and 33 Qualified Providers (QPLs).

While SC DDSN provides services that address these specific disabilities, SC DDSN also works with other state agencies to coordinate, arrange for, and deliver services to eligible persons, such as education, public health, mental health, housing, and social services. SC DDSN's specialized services supplement and enhance, not replace, services provided by other state agencies. SC DDSN also advocates on behalf of all citizens with severe, lifelong disabilities and special needs to ensure that their needs are addressed by the appropriate state, federal and local agencies.

In a contractual relationship with the South Carolina Department of Health and Human Services (SC DHHS), SC DDSN provides Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services as well as various waiver services. Programs operated by SC DDSN account for approximately \$560 million of SC DHHS's Medicaid spending annually, or roughly 9.4 percent of the state's total Medicaid budget⁴.

Eligibility for services furnished through SC DDSN is determined, as defined within SC Code of Laws, Title 44, Chapter 20, based on an individual's need for services identified through the defined assessment process and not by the individual's financial status or ability to pay. As such, services are furnished, when sufficient funding is available, to those individuals that have identified needs based on their diagnosis and not as an entitlement driven by financial status.

⁴ Letter from Anthony E. Keck to Beverly A.H. Buscemi, Ph.D., State Director of South Carolina Department of Disabilities and Special Needs, Dated February 26, 2013.



Individuals that are determined to be eligible based on their diagnosis have access to services within the five major areas / primary services offered through SC DDSN includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and the four waiver programs operated by SC DDSN under Title XIX section 1915(c) of the Social Security Act (the Act). These are waivers approved by CMS that cover long-term services and supports for individuals with intellectual or related disabilities, and includes home or community-based services. SC DHHS provides administrative oversight and monitoring of the waiver programs and contracts with DDSN to provide the following four 1915(c) waivers:

- Community Supports (CS) Waiver
- Head and Spinal Cord Injury (HASCI) Waiver
- Intellectual Disability and Related Disabilities (ID/RD) Waiver
- Pervasive Developmental Disorder (PDD) Waiver

In addition to the ICF/IID and waiver services, SC DDSN provides Early Intervention services to children who are eligible for Part C (BabyNet) services under the Individuals with Disabilities Education Act (IDEA) and for those children who are eligible or are in the process of pursuing eligibility for services through SC DDSN. First Steps is the State's lead agency for Part C (BabyNet) services under IDEA, and contracts with SC DDSN to provide services to children birth to three in accordance with Part C requirements.

In order to ensure sufficient availability and choice of service providers across the state for individuals, SC DDSN offers services through public, SC DDSN funded, DSN Boards and through qualified, private contract providers known as QPLs. SC DDSN, with the DSN Boards and the QPLs function under a model known as an organized health care delivery system (OHCDS).

The term "organized health care delivery system" comes from federal regulation, 42 C.F.R. ' 447.10(b), which defines OHCDS as a "public or private organization for delivering health services." An Organized Health Care Delivery System (OHCDS), such as SC DDSN, is commonly described as a clinically integrated care setting in which individuals typically receive health care from more than one health care provider⁵. In a 1993 State Medicaid Director Letter (SMDL), the Centers for Medicare & Medicaid Services (CMS) (then HCFA) offered guidance to states regarding alternative payment options that would allow intermediary organizations to pay providers and presented the OHCDS as an option. The South Carolina legislature customized this OHCDS option to benefit South Carolinians with intellectual disability, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities, and formalized SC DDSN as an OHCDS in 1993.

Scope

⁵ See retrieved on 8-7-2013 from http://www.integration.samhsa.gov/operations-administration/organized_health_care_delivery_system.pdf



For this engagement, PCG provided the following services:

- Reviewed and analyzed prior audits conducted by various state and federal entities as well as recent requests for audits from state entities and SC DDSN's response to the prior audits and findings. The audits reviewed include:
 - South Carolina Legislative Audit Council, *Review of the Department of Disabilities and Special Needs by Legislative Audit Council (LAC), December 2008;*
 - South Carolina Department of Health and Human Services (SC DHHS), *Review of the MR/DD Waiver by the Division of Audits, February 2006;*
 - South Carolina Department of Health and Human Services (SC DHHS), *Limited scope review of the Medicaid Service Coordination (Targeted Case Management) by the Division of Audits, August 2007;*
 - South Carolina Department of Health and Human Services (SC DHHS), *Review of Greenville Board by the Division of Audits, June 2013;*
 - United States Department of Health and Human Services (US DHHS) Centers for Medicare and Medicaid Services (CMS), *Letter denying Medicaid program match for claimed OHCDS administrative expenses by Centers for Medicare and Medicaid Services (CMS), July 2010;*
 - United States Department of Health and Human Services (US DHHS), Office of the Inspector General (OIG), *Report on unallowable room-and-board costs under the intellectual and related disabilities waiver by the US Health and Human Services Office of the Inspector General (OIG), September 2012;*
- Reviewed and analyzed the SC DDSN processes associated with Medicaid cost reporting and reimbursement methods. Analyzed current models for best practices and to address concerns raised by the LAC (*ex. Finding #44*). Made recommendations for strengthening internal controls and overall improvements including comparing current models to other State's approaches;
- Reviewed and analyzed SC DDSN business processes, including the Organized Healthcare Delivery System and assess the strengths and weaknesses of a centralized model (i.e. Public Provider) for provider billing and oversight versus direct billing by providers for Medicaid services;
- Reviewed SC DDSN data and systems integrity to provide feedback as to controls and effectiveness with regard to data integrity (CDSS – Client Data; ANE – Abuse Neglect Exploitation; Provider reported statistical and financial data, etc.). This includes a review of the CMS approved QIO, QA contractor, Alliant, and their controls and integrity measures, as well as a review of SC DDSN oversight and assurances with regards to Quality of Direct Care Staffing, particularly in the residential setting(s);
- Provided independent analysis of SC DDSN overall business practices and systems and make recommendations to improve agency efficiency and effectiveness in meeting the needs of the specialized populations served; and



- Developed a final report detailing PCG's review of SC DDSN including analysis and recommendations for improvement.

It is important for the Department to receive an independent, unbiased review of their current operations to identify strengths of the current system as well as weaknesses that could be improved upon to ensure that SC DDSN is operating in the most efficient and effective manner. In our professional opinion, PCG has no conflicts of interest with this review that would disqualify us from providing un-biased observations and recommendations.

The following report presents PCG's review of SC DDSN on each of the components outlined above. The first section presents a summary of each recent audit and review of SC DDSN and its operations. The second section then assesses the current reimbursement practices of the Department and its OHCDS. The third section reviews the current oversight practices. In assessing the strengths and weaknesses of SC DDSN's operations, PCG presents recommendations to gain efficiencies and effectiveness in its current environment.

PCG conducted on-site visits at SC DDSN's offices in Columbia, South Carolina, from May through July 2013. In June, PCG staff also visited four providers contracted with the Department and one Department operated provider, specifically:

- Whitten Center (DSN Regional Center; DDSN operated)
- Laurens DSN Board (DSN Board)
- Babcock Center (DSN Board)
- Richland-Lexington DSN Board (DSN Board)
- Community Options (Qualified Provider Listing (QPL))

PCG independently selected these providers based upon their representation of SC DDSN expenditures, region, and number of recipients served.

Methodology

To obtain a thorough understanding of SC DDSN's business processes, PCG used the following methods of data gathering:

- Met with Department officials to discuss the quality and risk management; central office and district office role and operations; information systems and data transfers; as well as cost reporting and Medicaid billing;
- Met with four providers contracted with SC DDSN and one SC DDSN operated facility;
- Collected and analyzed available SC DDSN data, including past audits conducted on SC DDSN, cost reports and overhead allocation schedules, waiver application and renewal materials supplied to SC DHHS, as well as the final application submitted to CMS;
- Talked with Alliant staff to discuss the quality assurance and licensing practices; and



- Met with SC DHHS agency officials to discuss the status of the Targeted Case Management and waiver programs.



III. Analysis of Current SC DDSN Funding and Reimbursement Practices

The funding for services provided through SC DDSN is driven by appropriations from the South Carolina General Assembly and Medicaid revenues generated through the provision of services to Medicaid eligible individuals. On an annual basis SC DDSN is required to develop a budget request that is submitted to the State Budget Division with the General Assembly responsible for approving the final appropriations made to the Department. The SC DDSN appropriation includes funds for both administrative expenditures and direct service expenditures including the state matching funds for Medicaid covered services, funds for services not reimbursable by Medicaid, and funds for the operation of the four regional centers. The following table provides a three year comparison of the appropriations from the SC General Assembly for SC DDSN and SC DHHS.

Table III-1: SC DDSN and SC DHHS Appropriations (All Funds) for Three Year Period

	FY 2012 – 2013	FY 2011 – 2012	FY 2010 – 2011
SC DDSN	\$568,448,265 ⁶	\$574,821,518 ⁷	\$525,976,312 ⁸
SC DHHS	\$5,938,305,336 ⁹	\$5,796,543,317 ¹⁰	\$5,766,840,751 ¹¹

Source: SC General Assembly Ratified Appropriations Bills

SC DDSN must ensure that these funds are used in the most efficient and effective manner to ensure that the greatest number of South Carolinians can access the services they need. The following sections provide additional details on core functions of SC DDSN that ensure the funds are used appropriately and accounted for in a transparent fashion. The core functions performed by SC DDSN including Medicaid cost reporting, rate setting, and provider billing are vital to ensure that the necessary funding for services is available to reimburse the service providers and allow the consumers to receive the necessary services in the most appropriate and least restrictive setting.

A. Funding for Services

One of the core responsibilities of SC DDSN is to ensure that the greatest number and most in need South Carolinians with intellectual and related disabilities, autism, traumatic brain injuries, or spinal cord injuries have access to services. In meeting this responsibility SC DDSN must

⁶ SC Ratified Appropriations Bill for FY 2012 – 2013, Section 24 – Department of Disabilities and Special Needs, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2012/tas24.htm

⁷ SC Ratified Appropriations Bill for FY 2011 – 2012, Section 24 – Department of Disabilities and Special Needs, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2011/tas24.htm

⁸ SC Ratified Appropriations Bill for FY 2010 – 2011, Section 24 – Department of Disabilities and Special Needs, http://www.scstatehouse.gov/sess118_2009-2010/appropriations2010/tas24.htm

⁹ SC Ratified Appropriations Bill for FY 2012 – 2013, Section 21 – Department of Health and Human Services, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2012/tas21.htm

¹⁰ SC Ratified Appropriations Bill for FY 2011 – 2012, Section 21 – Department of Health and Human Services, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2011/tas21.htm

¹¹ SC Ratified Appropriations Bill for FY 2010 – 2011, Section 21 – Department of Health and Human Services, http://www.scstatehouse.gov/sess118_2009-2010/appropriations2010/tas21.htm



apportion the funds appropriated from the South Carolina General Assembly and Medicaid revenues generated through service provision to the clients and services most in need. SC DDSN is assisted by Financial Managers in ensuring that funds for the community based services get to consumers and ultimately to the service providers. The Financial Manager role is generally filled by the DSN Boards as part of their administrative functions but may also be filled by entities that have been grandfathered as DSN Boards or by entities selected through a Request for Proposal (RFP) process known as Self-Directed Support Corporation (SDSC). A DSN Board may provide the service itself or subcontract with a qualified provider for the provision of the services while the SDSC must contract with a qualified provider for the provision of services.

In the current SC DDSN system there are two types of providers for community based services; DSN Boards and QPL providers. The DSN Boards were established in SC State Statute as the safety net for the developmentally disabled and special needs populations, are required to provide all services to any eligible individuals. The QPL providers are contracted with SC DDSN through an open procurement process and have the ability, unlike the DSN Boards, to choose what services they want to provide and who they want to serve. In addition to the differences in statutory requirements and service provision requirements between DSN Boards and QPL providers, a key distinguishing characteristic between the two provider types is that SC DDSN must provide funding to the DSN Boards. The QPL providers by contrast are not entitled to funding from SC DDSN beyond that agreed to in their contract for the provision of services.

While established in statute, the DSN Boards do not receive funding directly from the General Assembly. As a result, SC DDSN is responsible for ensuring that the necessary funding to keep the DSN Boards in operation are appropriately allocated. In order to facilitate this allocation of funds to the DSN Boards, SC DDSN developed a methodology known as the funding bands. The funding bands are commonly cited as a capitation system in that they apportion a finite amount of funds across an established provider base. The identification of the funding bands as a capitation system however has led to a general misunderstanding of the purpose and use of the funding bands. The funding bands are a mechanism developed by SC DDSN to ensure that the finite amount of state general fund dollars are appropriated in a consistent manner across the state. The funding bands are not a reimbursement methodology for Medicaid services.

From a reimbursement perspective the DSN Boards and the QPL providers are paid at the same rates and through a similar process. The DSN Boards and the QPL providers both submit the necessary service documentation and logs to SC DDSN to be used in generating Medicaid claims. The Medicaid reimbursement subsequently flows from SC DHHS back through SC DDSN and out to the DSN Boards and QPL providers.

The following sections provide additional details on the funding and reimbursement practices.

Capitated Funding Band Approach



The capitated approach known as the funding bands provides funding for a continuum of services provided to a consumer based on that consumer's identified needs. This approach to funding services is more appropriately defined as a budgeting system in that it allows for SC DDSN to manage the number of consumers served and the services provided within the confines of a finite amount of available funding resources. The funding bands are determined based on the average costs of services as identified from annual cost reports completed by the providers. SC DDSN has the ability to recalculate the bands annually based on updated provider costs however any changes to the funding bands are contingent upon the availability of new funds from the General Assembly. The funding bands were most recently updated in 2013 to reflect increased funding from the General Assembly to account for increases in health insurance and retirement costs.

As part of the process through which a consumer becomes eligible for services through the SC DDSN system an assessment is completed to determine the level of needs of that individual. Once the consumer is active in the SC DDSN system they can be placed in one of nine funding bands based on their service needs as identified through the assessment. These nine funding bands, broken out between six residential and three non-residential bands, are each based on the average cost of services in each level. Consumers within each of the funding bands can receive a core set of services with the potential to receive enhanced supports associated with each band. The following section highlights the nine funding bands and some of the services and enhanced supports covered under each band¹².

Residential funding bands include:

- 1) Residential Higher Needs: consumers in ICFs/ID, Community Residential Care Facility – Higher Needs, and Community Training Home II – Higher Needs;
- 2) Residential Lower Needs: consumers in Community Residential Care Facility – Lower Needs and Community Training Home II – Lower Needs;
- 3) Supported Residential – Enhanced Community Training: consumers living in Enhanced Community Training Home I;
- 4) Supported Residential: consumers living in Community Training Home I;
- 5) Supported Residential – Supervised Living Program I: consumers in Supervised Living Program I; and
- 6) Supported Residential – Supervised Living II: consumers in Supervised Living Program II

All residential funding bands cover residential habilitation, day services, employment services and enhanced supports. Psychological services are enhanced supports that are considered part of the residential habilitation service. Enhanced supports within the residential funding bands but outside of the residential habilitation service definition include adult companion services, adult dental, adult vision, audiology, assistive technology, and prescription drugs.

Non-Residential funding bands include:

¹² Funding band details can be found in SC DDSN Departmental Directive 250-10-DD: Funding for Services. <http://ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>



- 7) Family Supports – Home Supports – Intellectual Disabilities/Related Disabilities Home and Community Based Waiver
- 8) Family Supports – Home Supports – Community Supports Home and Community Based Waiver
- 9) Family Supports – Day Services or Employment Services only

Unlike the residential funding bands, the services available to consumers in the non-residential funding bands vary across the three bands.

While the funding bands are defined based on setting, the funds are flexibly driven by the specific needs of each consumer. An additional consideration within the funding band methodology is that two consumers within the same funding band may receive different services resulting in an excess of funding for one consumer and a shortage of funding for the other. It is expected that the Financial Managers use all available funds to meet the needs of consumers and that in this situation that the excess funding from the one consumer would be used to cover the shortage for the other consumer. The funding band approach also allows for requests for additional funding through an outlier request system when a consumer's circumstances and needs are substantially greater than the average.

Non-Capitated Fee for Service Approach

The non-capitated fee for service approach differs from the capitated approach in that reimbursement is made only for specific services as opposed to the group of services covered under the capitated funding band approach. The available services under this approach are defined by the disability or condition of the individual as outlined below.

- Individuals with Intellectual Disabilities – Related Disabilities or autism may receive service coordination and early intervention. Respite services are also available for individuals not enrolled in a Home and Community Based Waiver.
- Individuals with head and spinal cord injuries may receive service coordination, supported employment, individual rehabilitation supports, residential habilitation, day habilitation, prevocational services and respite.

While the two groups of providers receive their funding through different approaches, the rates between the two approaches are based on the same average cost data. The following two tables illustrate the rates for each of the funding bands and the associated services under the fee for service approach¹³.

¹³ Funding Band and QPL Rates are based on SC DDSN documentation issued November 28, 2012 to document adjusted rates for increases in health insurance and retirement funding.



Table III-2: SC DDSN Funding Bands effective January 1, 2013

Band	Band Definition	Funding Band Rate
Band A	Day Supports Only – Non Waiver Funded	\$ 8,592
Band B	At Home – MRDD Waiver	\$ 10,185
Band C	Supported Residential – SLP II	\$ 27,304
Band D	Supported Residential – SLP I	\$ 16,630
Band E	Supported Residential – CTH I	\$ 20,669
Band F	Supported Residential – Enhanced CTH I	\$ 34,368
Band G	Residential Low Needs	\$ 53,937
Band H	Residential High Needs	\$ 74,253
Band I	At Home – Community Supports Waiver	\$ 10,278

Source: SC DDSN service rate documentation, issued November 28, 2012

Table III-3: SC DDSN QPL Rates effective January 1, 2013

Service Description	Unit	QPL Rate
Residential High Needs – CRCF/CTH II	Daily	\$ 182.11
Day Rolled into Residential	Daily	\$ 205.65
Residential Low Needs – CRCF/CTH II	Daily	\$ 126.00
Day Rolled into Residential	Daily	\$ 149.54
Residential – HASCI CTH II	Daily	\$ 212.86
Supported Residential – SLP II	Daily	\$ 74.88
Supported Residential – SLP I	Monthly	\$ 1,381.23
Supported Residential – Enhanced CTH I	Monthly	\$ 2,319.24
Day Supports	Half Day	\$ 16.52
Supported Employment – Individual	Hour	\$ 50.37
Service Coordination – Annualized	Monthly	\$ 109.58
Service Coordination – 1/1/13 – 6/30/13	Monthly (2 nd half of FY13 only)	\$ 110.35
Early Intervention – Family Training	15 minutes	\$ 22.05
Early Intervention – Targeted Case Management	15 minutes	\$ 20.38
Respite	Hour	\$ 8.30 - \$ 15.00
Personal Care I	15 minutes	\$ 2.93
Adult Companion	Hour	\$ 10.26

Source: SC DDSN service rate documentation, issued November 28, 2012

In their 2008 audit of SC DDSN, the LAC provided two recommendations specific to the funding bands. The first, item #37, recommended that SC DDSN develop a formal policy on the funding bands and make that policy available to the public. The second item, #38, recommended that SC DDSN develop a plan to update the band calculations annually to account for cost of living adjustments. In response to item #37, SC DDSN currently publishes Departmental Directive 250-



10-DD which outlines the funding bands and the Department's policy regarding the determination of the funding bands. This Directive also provides additional information regarding the outlier funding request process and the mechanisms in place to ensure consumer freedom of choice within the system. The recommendation calling for the development of a plan to update the band calculations on an annual basis presents a different challenge for SC DDSN. While the Department is able to review and monitor the provider costs and funding bands on an annual basis, updates to the rates are contingent upon the General Assembly increasing the funding to SC DDSN.

B. Provider Service Reporting and Billing

Within the construct of the Organized Health Care Delivery System SC DDSN serves as the central Medicaid billing entity for all Medicaid services provided through the DSN Boards. The QPL providers may also use SC DDSN as their Medicaid billing entity however they also have the ability to bill Medicaid directly. Currently, every QPL provider and DSN Board uses SC DDSN as the central billing entity for Medicaid services. In this capacity, SC DDSN collects all of the service data from the DSN Boards and the QPL providers and submits all appropriate claims to SC DHHS for Medicaid reimbursement.

For the DSN Board providers, funding is disbursed by SC DDSN twice per month regardless of the documentation of a Medicaid billable service. That is, the DSN Boards receive their funding from SC DDSN in advance of submitting the service documentation to SC DDSN to generate the Medicaid claims. The QPL providers can receive reimbursement from SC DDSN twice per month however unlike the DSN Boards they must submit the service documentation to SC DDSN prior to receiving payment. The DSN Boards and the QPL providers must both submit service documentation through the SC DDSN CDSS system in order for SC DDSN to generate claims for submission to SC DHHS.

Once the necessary service logs have been certified by the provider and submitted to SC DDSN through CDSS, the Department begins the process of generating claims for submission to SC DHHS. The service log data from CDSS is matched to Medicaid eligibility files and the resulting Medicaid service details are extracted to Medical Manager which allows for the creation and submission of the claims to SC DHHS. Services not reimbursable under Medicaid are funded through the SC DDSN appropriations from the General Assembly.

As previously noted, the DSN Boards receive funds from the Department twice per month based on the budgeted funds aligned with their consumers through the funding bands which may result in the DSN Board receiving funding for a service without having provided that service during that period. SC DDSN will only reimburse the QPL providers once they receive the necessary documentation, however the Department will pay the providers prior to receiving the Medicaid reimbursement from SC DHHS. In the event that a claim is rejected by SC DHHS, SC DDSN does not recoup funds from the provider but rather funds the payment with general revenue funds in the Department's appropriation.



There have been recent efforts outside of SC DDSN to move DSN Boards and QPL providers from the current billing process through SC DDSN to a direct billing process through SC DHHS similar to that of other Medicaid providers. There have been DSN Boards and QPL providers that have considered this option however all providers continue to bill through SC DDSN. For the DSN Boards, the direct billing option would eliminate the ability for these providers to receive advance payments as they currently receive under the capitated funding band approach. Under the direct billing approach the DSN Boards would need to generate their own claims for submission to SC DHHS, conduct their own follow up efforts on rejected claims, and return payments to SC DHHS for any claims that were improperly paid, all of which would be a significant change from their current process under which these functions are all provided by SC DDSN. The QPL providers would still be reimbursed only after providing the service however, like the DSN Boards, under a direct billing arrangement these providers would need to generate their own claims for submission to SC DHHS, conduct follow up on any rejected claims, and refund any amounts claimed inappropriately to SC DHHS. Based on our meetings with providers, the prospects of increased and timelier reimbursement through direct billing have not been viewed as enough of a benefit to move from the current billing process through SC DDSN.

Bundled Rate versus Fee-for-Service Billing

One item that has been part of an ongoing discussion in South Carolina but also nationally is that of bundled rate versus fee-for-service (FFS). Under a bundled rate methodology, providers receive a single payment that covers an array of services furnished within an established period of time, generally in the form of a per diem or monthly rate. The FFS methodology provides reimbursement for every individual unit of a discrete service provided. A bundled rate methodology provides an incentive for the provider to furnish services in an efficient manner and to provide only those services that are needed to meet the needs of the consumer. The bundled methodology however limits the amount of transparency on the volume of each individual service provided within the bundle. In contrast, under the FFS methodology, a provider is incentivized to furnish as many units of service as possible in order to maximize their reimbursement. While the FFS methodology allows the payor to more discretely track the exact number of each service provided it doesn't incentive providers to furnish services in the most efficient manner.

In recent years with the expansion of Medicaid managed care there has been a move towards a bundled, capitated methodology in which a the provider assumes the risk for providing services within the established rate for the set of services. This movement towards managed care and bundled payments has been driven by the desire of states to contain spending on healthcare services and in particular on unnecessary and excessive utilization more commonly found under a FFS methodology. In states like North Carolina and Virginia, for the non-managed care populations, reimbursement for Medicaid services covered under their respective waiver programs is based on FFS rates as opposed to bundled rates. While these two states have chosen to utilize a FFS methodology for their waiver services, SC DHHS and SC DDSN have the ability to maintain a bundled rate methodology for the waiver services as long as the rates meet the appropriate state and federal requirements.



C. Medicaid Cost Reporting

According to the Medicaid State Plan language covering the services provided through SC DDSN, the reimbursement for Medicaid services is cost based. This methodology utilizes an interim rate, established by SC DHHS and based on historical cost data from SC DDSN, to reimburse SC DDSN for claims submitted throughout the fiscal year. At the end of the fiscal year, SC DDSN as the Medicaid billing provider for all services provided through the DSN Boards and QPLs is responsible for submitting a cost report to SC DHHS. The SC DDSN cost report is used to conduct a cost settlement process in which the Medicaid allowable costs, as determined in the cost report, are compared to the interim payments made for services rendered during the fiscal year.

As part of our review of the current Medicaid Cost Reporting processes PCG interviewed key staff members of SC DDSN regarding business practices undertaken by the Department and to review cost reporting policies and procedures. Our analysis was based on a high level review and focused on the policies and procedures employed by SC DDSN in completing the cost reporting process. PCG was not tasked to audit actual cost reports or validate/attest to any of the information provided by the provider agencies or SC DDSN. Our work included taking an in depth look at the current cost reporting tool along with provider instructions and SC DDSN staff desk review procedures.

PCG reviewed the following documents in performance of this engagement:

- 250-05-DD - Medicaid Cost Principles
- 250-10-DD - Funding for Services
- 250-09-DD Calculation of Room and Board for Non-ICF Programs
- 275-04-DD - Audit Policy
- DSN Board Cost Report Forms and Instructions
- Cost Analysis Cost Report Desk Review Procedures
- Residential Fiscal Training - May 28, 2013
- SC DDSN Letter 2-26-13
- Clifton Gunderson Report
- LAC 2008 Audit Report SC DDSN
- SC DDSN Response to LAC 2008 Audit
- LAC 2013 Audit Current Questions
- Example of a Region's Cost Report Documents, Supporting Backup, and SC DDSN worksheets

The SC DDSN Medicaid cost reporting process begins with information reporting templates that include a series of cost reporting schedules to be completed by each Board contracted with SC DDSN to provide consumer services. The cost reporting templates include the following forms:

- Financial and Statistical Report for Nursing Homes



- Schedule A: Financial and Statistical Report for MR/RD HCB Waiver Program
- Schedule D: Financial and Statistical Report for Adult/Child Day Habilitation
- Schedule E: Financial and Statistical Report for Supported Employment
- Schedule R: Financial and Statistical Report for Residential Habilitation
- Schedule S: Financial and Statistical Report for Board Billed Enhanced Services
 - MR/RD Home and Community Based Waiver Program
- Schedule A/Schedule S: Financial and Statistical Report for Head and Spinal Cord Injury Waiver Program (HASCI)
- Financial Report for Service Coordination
 - Includes Attachments I – IV
- Financial Report for Early Intervention
 - Includes Attachments I
- Schedule A/Schedule B: Financial and Statistical Report for the Rehabilitation and Support Services Program – Phase II

The SC DDSN cost reporting process is an intensely manual process. Providers complete the schedules manually and submit them to the SC DDSN staff that transfer the data to Excel workbooks, perform a series of cost allocation adjustments to the data, and transfer the information to an Excel based template of a CMS-2552 cost reporting form which is submitted to the SC DHHS.

The CMS-2552 cost reporting form submitted by SC DDSN to SC DHHS is actually a hospital cost report form. SC DDSN was previously required to use this form as they formerly operated hospitals; however, as of 1994 this practice has ceased. According to SC DDSN staff there had been discussions to move away from the CMS-2552 cost reporting form but actions were delayed due to department budget cuts.

The SC DDSN staff performs extensive work on the providers' cost reports received to prepare the data to be transferred to the CMS-2552 cost reporting form. The SC DDSN staff use expansive Excel work books for each provider. The provider's reported costs along with service statistics are used to break down allowable costs for the various programs including determining waiver and enhanced services related costs. There are expense reclassification adjustments, such as salaries and grants, along with cost allocations for general and administrative expenses made in the final CMS-2552 preparation process. In addition to the cost reporting forms the providers must submit a documented reconciliation between the cost reports and their financial statements completed by a certified public accountant (CPA). In preparing the final CMS-2552 cost reporting form the SC DDSN staff complete a number of supporting spreadsheets that are ultimately linked to the summary spreadsheet.

The provider cost reporting information is used to form SC DDSN rate schedules and serves to establish a basis for interim rates that are retrospectively cost settled. Further, this information is



used to develop funding bands, which are a budgetary system for the DSN Boards as previously described.

SC DDSN staff also work closely with the 39 DSN Boards and review financial statements presented to the DSN Boards on a monthly basis. An objective of this review process is to identify trends in fiscal performance and question unusual financial outcomes as compared to the prior periods' financial reports.

There are instructions which accompany the various cost reporting forms; however, the guidance is general in nature and appears to lack the detail needed for someone less experienced in completing the SC DDSN cost reporting forms. For example, there is not a glossary section in the instructions that defines abbreviations or common terms. In addition, the instructions lack reference to SC state directives, such as 250-05-DD, 250-09-DD, and 275-04-DD and federal cost principles.

SC DDSN does have written procedures guide to instruct staff on how to perform a desk review on the provider cost reports. The guide provides an overview regarding what schedules should be completed by the providers for various programs. In addition, the guide primarily serves as a check list to document that particular tasks have been completed for the various cost report forms. The desk review procedures guide does not contain a detailed narrative regarding how to perform the tasks listed in the checklist. Further, the guide does not include procedures regarding quality assurance reviews or identifying risk areas pertaining to errors or misreporting. Additionally, the desk review process does not include a review of the Medicaid service units reported on the cost reports as compared to the actual Medicaid service units paid. SC DDSN instead relies on an electronic data collection system for the accumulation of census data for day and residential services. This electronic data system serves as the official census data for all statistical reporting and eliminates the need for SC DDSN to rely on the service units included in the cost reports.

When performing desk reviews there is no formal process to identify audit risks, however the SC DDSN staff, based on their experience with the Department and having an understanding of the DSN Boards from a historical perspective, look at trends and the fiscal health of the providers when summarizing the CMS-2552 reports. In performing the desk review procedures the SC DDSN staff communicates with the provider and preparer of the cost reports on an open basis. Beyond the efforts of SC DDSN in conducting cost report reviews, external auditors are required to reconcile the cost reports to the audited financial statements, a process that provides assurances to the accuracy of the data in the cost reports.

SC DDSN provides occasional training to providers on an as-needed basis. Usually the DSN Board will contact SC DDSN and request training for new fiscal staff. There is not a lot of turnover in finance directors and there is a network of providers who work with each other regarding questions in completing the SC DDSN cost reports. Most of the DSN Boards have Certified Public Accountants (CPA) prepare their cost reports with only a small number of DSN Boards choosing



to complete their own cost reports. The majority of the Boards, over 80%, have their financial statements audited and cost reports prepared by one of two CPA firms. The advantage of this is that these CPA firms are more likely to have specialized, knowledge in SC DDSN program services and completing Medicaid cost reports. However, this may pose some risk with only two CPA firms handling these functions, year after year, further adding merit to periodic independent audits of the final cost reports and supporting documentation.

SC DDSN Audit Policy, 275-04-DD, does require Boards' financial statement audits to be completed by a CPA. Also, the audit policy requires providers to engage in agreed-upon procedures with the CPA. As of June 30, 2013, entities receiving funding in an amount of \$250,000 or more are required to have a CPA audit for agreed upon procedures in regard to the provider's controls in place and procedures pertaining to Medicaid billings. The audit policy provides good detail in the narrative and audit expectations, including provider corrective plans of action. The SC DDSN desk review procedures regarding the review and use of the cost reporting forms is heavily dependent on this audit policy in providing assurance in regards to the accuracy and validity of the DSN Boards financial figures used to prepare the CMS-2552 cost reporting form.

Certified Public Expenditures (CPE) vs. Inter-Governmental Transfers (IGT)

The annual cost reporting process documented in the previous pages is a requirement of SC DDSN due to the cost based reimbursement methodology used by SC DHHS for these services, known as Certified Public Expenditures (CPEs). This methodology is driven by the ability of SC DDSN, as a public entity and provider of services, to certify the amount of public funds used in providing the services to Medicaid eligible consumers. In this situation, SC DDSN receives, as part of their annual appropriation from the SC General Assembly, the state funds that will be used to draw down the matching Federal funds for Medicaid covered services and consumers. SC DDSN then allocates these funds out through the funding bands and fee for service (FFS) payments to the DSN Boards and QPL providers.

At the end of the fiscal year SC DDSN must identify, through the Medicaid cost report submitted to SC DHHS, how much in state and local funding was used to provide the Medicaid covered services to Medicaid eligible consumers. This Medicaid cost is then compared to the Medicaid payments made by SC DHHS to SC DDSN to determine the annual cost settlement. SC DHHS then has the ability to use the public expenditures as certified by SC DDSN to request additional Federal matching funds if the Medicaid allowable costs were in excess of the Medicaid payments made by SC DHHS. Conversely, if the Medicaid allowable costs identified in the SC DDSN cost report were less than the Medicaid payments received by SC DDSN, SC DHHS would be required to recoup the overpayments from SC DDSN and return the Federal portion of that overpayment to CMS. This CPE process allows SC DDSN to maintain a greater level of oversight on how the funding is used and ensure that the greatest number of South Carolinians with disabilities and special needs receive appropriate care. The CPE methodology also allows for the possibility that additional Federal funds can be claimed if SC DDSN's costs for providing Medicaid services exceed the amount of reimbursement received for the same services throughout the year.



An alternative mechanism that is available to states for the funding of Medicaid services and that has been discussed recently by SC DHHS in regards to the SC DDSN system would be through an inter-governmental transfer (IGT) process. In an IGT process, SC DDSN would continue to receive the “state share” funds as part of their appropriation from the SC General Assembly. SC DDSN would then “transfer” these funds to SC DHHS who would then have control of the funds similar to the “state share” funds they receive in their appropriation for all other Medicaid services. A shift to an IGT process from the current CPE process could result in significant changes in the SC DDSN system. Under the IGT methodology SC DDSN no longer has the ability to manage the “state share” funds as they currently do under the CPE methodology as SC DHHS would be responsible for leveraging these funds to capture the Federal matching funds for the Medicaid services. Additionally, under an IGT approach, the funding bands and the advanced reimbursement to the DSN Boards may be dissolved as SC DHHS would not fund providers in advance of receiving the necessary service documentation and claims data to support that a service has been rendered. Lastly, under the IGT approach, the State’s ability to claim for the actual costs of services above the interim reimbursement for those services would be minimized as the “state share” funds would be transferred to SC DHHS and directly used for the Federal matching funds.

Regional Center Cost Reporting

PCG reviewed the cost reporting processes for the four SC DDSN regional centers including the individual regional center cost reporting workbooks in an effort to better understand approach used by SC DDSN to ensure that all costs are appropriately included and identified within the cost reports. As part of this review, PCG focused specifically on the SC DDSN Central Office expenses allocated to each facility in order to determine if the regional center cost reports included a representative amount of SC DDSN Central Office allocations for items such as administrative and employee benefit expenses.

In conducting this review, PCG reviewed the cost report workbooks for fiscal year 2011 for each of the four regional centers. PCG worked to track the flow of all expenses throughout the cost report, from the original trial balance on Worksheet A through the reclassifications and adjustments to the step-down of overhead expenses to patient service cost centers.

While PCG considered the results of the Clifton Gunderson study of the administrative costs associated with the four Medicaid waivers during this review, it is important to note that PCG’s review of the regional center cost reports was focused on the costs included for the purpose of calculating the per diem for each of the regional centers. To that end, PCG reviewed many of the same data points as the Clifton Gunderson review but with an emphasis on ensuring that the appropriate SC DDSN Central Office costs were being captured in the cost report as opposed to what costs were ultimately attributed to the four waivers.

Based on our review of the regional center cost reports, PCG has made the following observations regarding SC DDSN Central Office allocations in the regional center cost reports:



- SC DDSN does have a mechanism for capturing SC DDSN Central Office administrative costs and allocating these expenses to each region by cost center.
- Each of the four regions did receive a share of SC DDSN Central Office Administrative Costs allocation for the 2011 fiscal year.
- Each of the four regions received a share of administration and/or overhead allocations for the following categories of expenditures:
 - Central Office Administration Allocation
 - Central Office Capital Expense
 - Central Office Other Expense Allocation
 - Statewide Cost Allocation
 - District Expenditures Allocation
- The General Services Cost Centers section does include cost allocations for the Employee Health and Welfare cost center which was an area of concern in the prior fiscal year during the Clifton Gunderson review.
- Expenditures reported in the cost report workbooks do include reclassifications and adjustments with specific descriptions of the type of cost and/or why the transaction occurred.
- Expenditures reported in the cost report workbooks are broken down by a detailed listing of cost centers
- The Employee Health and Welfare cost center amounts for FY2011 presents some material differences as compared to the Clifton Gunderson reported amounts from the prior year.
- Further, the General Services Cost Centers section presents some significant variances regarding expenses allocated to particular cost centers when compared to the Clifton Gunderson reported amounts for the prior fiscal year 2010.
- The cost reporting workbook does contain inter-related worksheets that use the adjusted costs to step down these costs to particular units and then to calculate a per diem based on the adjusted allowable costs and facility patient bed days.

In order to determine if the appropriate and proportionate share of SC DDSN Central Office expenses were allocated to these four regions across the various cost centers further in-depth review of the SC DDSN's Central Office FY 2011 expenditure statements and internal cost allocation plan along with the regions FY2011 cost reporting workbooks would need to occur.

Process for administrative cost analysis

PCG reviewed the Clifton Gunderson Report to gain an understanding of the issue surrounding how SC DDSN operational expenditures incurred in administering four Medicaid Waiver programs were allocated as administrative costs and what measures were being taken to become compliant with CMS policy regarding the allocation of administrative costs on the Medicaid CMS 64 form. The study explains the methodology for allocating SC DDSN operational costs which incorporates the use of the SC DDSN provider cost reporting tool in recording these expenses to the Administrative and General cost centers on each regional Intermediate Care Facilities for



Mental Retarded services (ICF/MR) cost report for allocation to the program services provided by SC DDSN.

In reviewing the documents and spreadsheets used in the SC DDSN Medicaid cost reporting process we identified that there is a mechanism for capturing administrative costs and allocating these expenses to appropriate cost centers based on the provider's cost allocation plan.

Concern raised by the LAC (ex. Finding #44)

The SC General Assembly Legislative Audit Council (LAC) performed a review of SC DDSN fiscal practices and issued a report dated December 2008. As a result of this review the LAC addressed two recommendations that specifically pertained to the cost reporting process as follows:

- #43) The Department of Disabilities and Special Needs should arrange for independent audits of all of its most recent fiscal year Medicaid-filed cost reports.
 - SC DDSN addressed this item through an independent audit conducted by the Burkett CPA firm.
- #44) The Department of Disabilities and Special Needs should arrange for independent audits of all of its Medicaid-filed cost reports periodically as is appropriate based upon initial audit results.
 - Cost reports have not been filed due to a CMS administrative issue. SC DHHS has also already conducted two separate reviews of SC DDSN cost reports using external consultants.

The premise of these recommendations is that by not having a periodic, independent audit of SC DDSN's submitted Medicaid cost reports a significant gap in accountability for millions of dollars is incurred. It should be noted that subsequent to the LAC report, SC DHHS has hired multiple audit firms to conduct reviews of SC DDSN cost reports.

Although SC DDSN does have a specific audit policy in regards to provider's financial statements and the majority of providers engage certified public accountants (CPA) to complete the SC DDSN cost reporting tool there are not specific policies or procedures in place to periodically audit completed and filed Medicaid cost reports. This would entail a review of the annual regional reports that are completed and submitted to SC DHHS by the SC DDSN staff. Currently, there is not a formal SC DDSN internal quality assurance (QA) process in place to review completed Medicaid cost reports that are submitted to SC DHHS, however SC DDSN conduct an informal QA process on the cost reports. According to the SC DDSN staff, such formal QA reviews are not practical due to the small staff responsible for completing the Medicaid cost reports.

Although, the current SC DDSN staff who are responsible to complete the Medicaid cost reports have longevity and experience with the department; and, there is some level of quality assurance regarding the financial data received from the providers, due to SC DDSN's audit policy, there is



merit in employing a practice of having an independent audit as the Medicaid cost report is the basis used to claim Medicaid-allowable costs and establishing provider interim rates.

Analysis of SC DDSN Reimbursement Practices

The reimbursement practices of SC DDSN have come under scrutiny in recent years from state entities like SC DDHS and the Legislative Audit Council (LAC) as well as federal entities like the US Health and Human Services Office of the Inspector General (OIG). The issues raised by these entities have been focused primarily on the funding bands and the cost reporting practices of SC DDSN. The OIG audit, which was completed in 2012, focused on the inclusion of unallowable room and board costs in claims submitted for federal reimbursement under the SC DDSN operated waiver program. SC DHHS and the LAC have each raised concerns related to the calculation and application of the funding bands across providers.

The following sections details PCG's observations in regards to the reimbursement policies and practices of SC DDSN.

The funding bands are compliant with state Medicaid and Federal regulations

In our review of the funding bands PCG found that the methodology for calculating the rates was consistent with Federal regulations and state Medicaid rules. The rate calculation includes actual costs based on cost reports submitted by the DSN Boards to SC DDSN and are based on the average costs for the services within each band. As SC DDSN is the Medicaid provider responsible for the certification of the public expenditures under the CPE reimbursement methodology, it is reasonable for the Department to subcontract through the DSN Boards and the QPL providers for the provision of services under agreed upon reimbursement structures. Any expenses incurred by SC DDSN through these subcontracts and paid for using state or local funding sources would be eligible for inclusion in the determination of the Medicaid costs under the CPE methodology. It should be further noted that as a funding approach to apportion State General Fund dollars appropriated to SC DDSN out to the DSN Boards and not a methodology for Medicaid reimbursement, SC DDSN has the ability to set the funding bands in a manner that best meets the goals and needs to the Department, regardless of Medicaid regulations.

Misunderstanding of the funding band approach could be minimized with increased communications from SC DDSN

PCG did not interview any consumers or families as part of our analysis however our research and meetings with providers indicated that there still exists some misunderstandings of the funding band approach. The big misunderstanding around this approach is centered on the belief that the money follows the person regardless of the setting for which they are funded. For example, if a consumer moves from one of the residential settings to an at home setting, there exists a belief that the same level of funding would be available for the consumer in the at home setting as was available in the residential setting. This is however, not the case as the funding available for a consumer is based on their service needs, which factors in the setting in which they are being served. While SC DDSN has provided details on the funding for service through Departmental



Directive 250-10-DD to improve the general understanding of the funding process, additional educational efforts by the Department could help to reduce confusion on this process.

DSN Boards and QPL Providers Benefit from SC DDSN's role in Medicaid Billing

In the current system, SC DDSN serves as the Medicaid billing provider for all services provided by the DSN Boards and all QPL providers. In this role, SC DDSN has helped to minimize the administrative burdens and reduce the amount of overhead costs for their service providers as they do not have to hire additional staff to perform the claiming activities nor do they have to perform the burdensome activities associated with denied claims. The providers also have the benefit of receiving payment from SC DDSN in a consistent manner. That is, the DSN Boards receive their twice a month band payments and the QPL providers receive their payments once they have submitted the necessary service documentation to SC DDSN. Lastly, in the event of any audits, SC DDSN as the Medicaid billing provider assumes the responsibility for responding to any audits, findings or disallowances, further reducing the administrative burdens on the provider community.

The Medicaid Cost Reporting Process Requires Significant Manual Effort

The current process for the Medicaid cost reporting is a manual process with a number of intermediate steps needed to transfer the individual cost reports from the 39 DSN Boards to the one cost report for SC DDSN that is ultimately submitted to SC DHHS. The SC DDSN staff receive the cost reports from the DSN Boards as "hard copies" or paper based reports and then review and enter the data in to Excel templates that ultimately roll up in to a summary report. That summary report is then transferred in to an Excel based version of the CMS-2552 hospital cost reporting form. The manual nature of the process, while not cited by prior audits as an area for concern, is one that lends itself to increased possibilities of errors such as the inclusion of incorrect costs in the determination of rates or an over/understatement of costs on the SC DDSN cost report submitted to SC DHHS.



IV. Analysis of Current SC DDSN Program Oversight

SC DDSN oversight of programs is accomplished through a mosaic of efforts occurring at different organizational levels. South Carolina Code of Law Title 44 Chapter 20 at 44-20-240 and 44-20-250 establishes and describes the duties of SC DDSN.¹⁴ The language of 44-20-240 simply reads that the Department "...has authority over all of the state's services and programs for the treatment and training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries". The duties enumerated include the coordination, negotiation, and contracting for services, as well as developing service standards for programs, and reviewing and evaluating these programs on a periodic basis.

SC DDSN exercises quality management leadership and accountability at three levels: *the program participant, the provider level, and the Department level*. In varying capacities, each level of accountability participates in interrelated quality management activities: licensing, contract compliance review, risk management, personal outcome measures, customer satisfaction, and evaluating other quality indicators. The Department level can gather information from any of these six activity areas to assess performance.

Program participants are impacted by incident management and reporting follow up, and by case reviews and personal interviews completed as part of licensing and quality assurance. In addition, customer satisfaction assessments are performed by all service providers throughout the state on a regular basis.

Providers are impacted by SC DDSN directives, service standards, and guidance affecting providers, which suggest and support quality assurance efforts. These numerous directives and standards are available online for all service areas rendered within the statewide service delivery system. Specifically this guidance includes:

- The SC DDSN Early Intervention Manual, Procedural Bulletin 12 Monitoring and Quality Assurance¹⁵, and
- The Administrative Indicators & Guidance Review Year July 2012 through June 2013.¹⁶

Within this regulatory context, providers have developed a range of management practices that impact quality. These include:

- The use of Quality Assurance (QA) coordinators;
- Encouraging peer review of houses in residential programs;

¹⁴ See SC Code of Laws at, retrieved on 7-24-2013 from <http://www.scstatehouse.gov/code/t44c020.php>

¹⁵ See retrieved on 7-25-2013 from <http://www.ddsn.sc.gov/providers/early-intervention/Pages/SCDDSNEarlyInterventionManual.aspx>

¹⁶ See retrieved on 7-25-2013 from <http://www.ddsn.sc.gov/providers/qualitymgmt/Documents/2012-2013%20Indicators%20and%20Guidance%20REVISED%20FINAL%20AUG%202012.pdf>



- Requiring local residential program managers to submit monthly checklists;
- Assigning staff to monitor and report on quality, critical incident, and risk management data;
- Encouraging weekly or monthly unannounced visits by lead staff and or managers,¹⁷ and
- Ensuring that staff receive needed training, such as 16 hours of medication administration.

At the Department level, SC DDSN has a Division of Quality Management, which performs four main activities:

- Critical Incident Reporting;
- Licensing and Surveys;
- Quality Assurance reviews of providers, and
- Risk Management

The Division also holds a Quality Management workgroup to review and guide the Department's quality management activity areas. For example, this workgroup reviews and uses previously met departmental quality assurance goals as benchmarks to measure progress against.

The SC DDSN licensing and quality assurance contracting is the most significant means of exercising oversight. However, SC DDSN also has a Division of Quality Improvement, which provides technical assistance and training to providers as well as hosting quality initiatives such as the "Reinventing Quality" Project.

SC DDSN has also periodically had reviews of its programs by third parties including a 2008 report conducted by the National Association of State Directors of Developmental Disabilities Services (NASDDDS), and the 2010 report conducted by Kerr.

A review of the quality assurance work shows that SC DDSN undertakes a large systematic quality assurance effort impacting persons in its programs and its provider staffs. SC DDSN derives its comprehensive approach to quality from relevant local ordinances, state statutes and regulations, federal statutes and regulations, applicable case law and court orders, funding source standards/requirements, and professional practice board standards. In addition, SC DDSN also looks to consumer goals, consumer satisfaction surveys, national accreditation boards (i.e. The Council, CARF, Malcolm Baldrige Award criteria), "best practices" that are emerging from educational and research organizations to establish its performance benchmarks. There is nothing about the regulations and organization of quality management that would prevent good care from being provided.

¹⁷ SC DDSN in its Residential Habilitation Standards requires "upper-level management" to make quarterly unannounced visits to the residential setting See Standard RH 1.3. retrieved on 7-25-2013 from <http://ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNStandards.aspx>



A. Existing Data Resources

Critical Incident Reporting

PCG discussed critical incident reporting with SC DDSN and provider staff, heard descriptions of how the reporting software operated, looked at report formats and the data reported.

There are nearly 30 critical incidents that are required to be reported along with an injunction that anything else that seems important should be also reported. Persons who have access to the SC DDSN Portal can use its web-based Incident Management System (IMS) to submit abuse, neglect and exploitation (ANE), Critical Incidents, and Death reports. SC DDSN has a full-time Incident Management Coordinator who reviews all incidents and supporting documentation submitted.

An examination of the types of critical incidents reported shows that in 2013 the four most reported types were major medical, aggression/assault, falls, and injuries. The reporting statistics show substantive changes over the 2008-2013 period in the numbers of reported types, e.g. reported accidents went from 188 in 2008 to 41 in 2013, and law enforcement went from 203 to 75. It is likely that policy changes influence how particular types are reported, but do not appear to affect the total number of incidents reported.

The table shows the number and rate of critical incidents reported for persons in residential and day services. The reported rate of critical incidents is approximately flat over the 2008-2013 period. The number of persons served and the number of critical incidents declined while the rate of reporting per person was effectively flat.

Table IV-1: Number of Persons in Residential and Day Services, Number and rate of Critical Incident Reporting, 2008-2013.

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
# Served-Unduplicated # served in Community Residential or Day Services:	8,251	8,186	8,103	7,907	7,881	7,880
Total # Cases Reported:	1,303	1,252	1,221	1,319	1,324	1,228
Rate Per 100 -CI Cases Reported Statewide	15.8	15.3	15.1	16.7	16.8	15.6

Source: SC DDSN CDSS system

Abuse Neglect Exploitation (ANE) Reporting

PCG discussed abuse, neglect, and exploitation reporting with SC DDSN and provider staff, heard descriptions of how the reporting software operated, looked at report formats, and looked at the data reported.



Reports of alleged abuse, neglect or exploitation are referred to state investigative agencies. The most prominent of which is the State Law Enforcement Division's (SLED) Vulnerable Adult Investigations Unit. Only SLED, other law enforcement, or state legal staff can make a determination of "founded" or "unfounded" on an abuse, neglect or exploitation report. This designation is not determinable by SC DDSN.

PCG examined report formats used within SC DDSN for the abuse, neglect and exploitation reporting. These formats included:

- ANE Allegation Detail Log;
- ANE Allegation Summary;
- ANE Reference and Consumer Listings;
- ANE Reinstatement Request Listing;
- ANE Reported Abuse Types;
- Audit Report for SC DDSN Review;
- Late Reporting Lists;
- Listing of Persons Involved in the Incident;
- Monthly and annual Case summaries, and
- Reports by Provider and Center of Final Disposition

The range and depth of reports are reflective of a mature system that has over time produced the numerous sub reports that system users request. The ANE reporting system appears capable of doing the tracking and counting it is intended to do.

The table below shows the number of allegations and substantiated allegations over the 2008-2013 period. The number of persons served went up, while the number of reported allegations dropped as did the number of substantiated allegations.

Table IV-2: Number of Persons in Residential Placement and the Number of Abuse, Neglect or Exploitation Allegations and the Number of Substantiated Allegations 2008-2013.

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
# Served in Residential Placement (excluding Regional Centers):	4,099	4,288	4,226	4,241	4,248	4,289
# Allegations Reported	526	510	426	420	413	452
# Allegations Reported (Substantiated):	50	17	18	10	8	0

Source: SC DDSN CDSS system



The table below considers persons in the SC DDSN Regional Centers. The table shows the number of allegations was basically flat over the five-year period from 2008 to 2012 despite a substantive dip in 2011. There are few substantiated allegations and the numbers did not vary much by year.

Table IV-3: Number of Persons in Regional Centers and the Number of Abuse, Neglect or Exploitation Allegations and the Number of Substantiated Allegations 2008-2012

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Consumer Residing in Regional Centers	1,099	873	838	812	816
# Allegations Reported	142	140	107	75	136
# Allegations Reported (Substantiated):	1	5	4	1	0

Source: SC DDSN CDSS system

There are consequences to an allegation. The 2013 DHHS audit of the Greenville Board shows reassurance that SC DDSN and the Greenville were exercising proper oversight because employees against whom allegations were made were immediately put on leave without pay and terminated if warranted.

The data systems used by SC DDSN appear capable of meeting the federal 1915(c) waiver assurance reporting requirements. These assurances require states to have quality performance measures and these measures entail mandatory reporting of abuse, neglect and exploitation data as well as their remediation.

Other Provider Reporting

PCG staff visited the Babcock Center and were provided the agenda and attachments of its April 24, 2013 Risk Management meeting. The meeting is a review of all recent significant events. These events span:

- Admissions/Discharges/Vacancies;
- Agency financial position;
- Allegations of abuse, neglect and exploitation;
- Clinical service report (four types);
- Employee drug testing;
- Employee injuries;
- Falls;
- Licensing and DHEC reviews;
- Medication error reports;
- Numbers of program participants;
- Psychotropic medications;



- Restraints;
- Staff Development and Training;
- Staff Turnover;
- Vehicle safety, and
- Worker's compensation claims.

A review of the material shows that considerable information was presented at the meeting. The minutes of the April 24, 2013 meeting show the Center's financial situation was first discussed in light of the negative impact of the Affordable Care Act (ACA) on the Center.¹⁸ The meeting next discussed data by topic. The data tables typically contained multi-year or multi-month data permitting readers to ask questions about trends and compare time periods. One report listed all medication-related errors and provided brief comment on each one.¹⁹ Summaries of types of medication errors by month were presented in a table and the table had a section called "Red Flag" events covering serious medication errors.

Similarly, all accidents and injuries were listed and each was described. Tables were presented showing monthly summaries by type of accident and injury. Similar descriptions and tables were presented for worker's compensation claims. The minutes of the April 24, 2013 meeting show that during the discussion of employee injuries, a suggestion was made regarding Hoyer Lift training. Other tables and graphs were presented covering the topics mentioned above.

The Center's staff appear to have ample data and discuss the data and trends. The documents examined were from the largest Center in the state and may not be representative of the scope and depth of data available at all providers. However, PCG's discussions with other providers indicate that similar data are available for them as well. At the provider level, there appears to be sufficient data to monitor the health of program users and the quality of care provided in programs.

B. Licensing and Quality Control

SC DDSN has two main contracts: one for licensing and one for quality assurance of providers.

Licensing Contract

A significant business practice is the licensing and surveying of programs. In the context of SC DDSN programs, the Department of Health and Environmental Control (DHEC) conducts the licensing and inspection of private residential treatment facilities (PRTFs), Community

¹⁸ The negative financial impact of the Affordable Care Act occurs because of the employer mandate to provide insurance. Babcock Center discussion estimated this impact to be \$250,000 in health insurance costs and additional unspecified cost in workers compensation payments.

¹⁹ Medication error reporting covers a broad range of medication-related events including finding medication on the floor, losing and then finding a medication packet, running out of medications, and not providing medications. None of the 13 medication errors described in the April 24, 2013 material actually involved a person being given the wrong medication or the wrong amount of medication.



Residential Care Facilities (CRCFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

The licensing and inspection of Community Training Homes, Supervised Living Programs, respite, and facility day services are contracted out by SC DDSN through a competitive procurement process.²⁰ When the Request for Proposals (RFP) was issued, SC DDSN had residential services offered within:

- 648 Community Training Homes – Level II;
- 147 Community Training Homes – Level I, and
- 226 Supervised Living – Level II programs.

Under the contract, the Licensing Contractor is responsible for:

- Initial, and Annual or Bi-annual Licensing Reviews for Residential services, Respite, and all Facility-based Day Supports programs;
- Special circumstances reviews at SC DDSN request, and
- Reviews Providers' Plans of Correction and does follow-up reviews as necessary

The scope of reviews includes basic health, safety, and welfare standards. The Contractor has the authority to enforce any and all of the guidelines within their purview. SC DDSN requires the Contractor to provide 24-hour notice before conducting a review. Interviews with providers indicated that agency management staff are present when reviews occur.

After reviews have been completed, if necessary, the provider has 15 days to prepare a “plan of correction” stating what remediation will be completed in regard to each low-scoring indicator. The Licensing Contractor does follow up reviews to see if plan of correction items are in fact completed and the initial concerns are corrected.

SC DDSN has established “thresholds” in both its licensing and quality assurance programs. When certain levels of specified deficiencies are reached, “consultation” is provided. In licensing there are eight thresholds, or triggers, that would result in a consultation. For example, one is being cited for a total number of Conditions and Standard level deficiencies that is 15% higher than the statewide average for three consecutive years.

PCG staff were given a demonstration of the licensing Contractor’s portal, called MedGuard. The Contractor uses a similar software management in other states and customizes the product for each state. The system shows, by provider, the scoring of the residential setting on each SC DDSN indicator, and provides summaries by type of indicator. The set of report formats also document

²⁰ The current holder of this contract is Alliant Health Solutions (the Contractor).



the plan of correction and track the completion of the plan of correction. Work statistics of the Contractor in regard to that provider are also shown.

SC DDSN, through its reliance on an outside contractor, does appear to have a reasonable methodology for ensuring its most difficult licensing surveys are taken care of. The scope of work required in its most recent licensing RFP appears to have been implemented. For example, the 2008 LAC audit studied 26 licensing reviews and found only two of them had follow up reviews and concluded that SC DDSN should institute more rigorous follow up of issues raised during quality assurance reviews of providers. The current licensing contract requires the Contractor to perform follow up reviews and the Contractor reports doing all of them.

SC DDSN has published summary reports by provider type and provider score based on the work done under the licensing contract.

Quality Assurance Contract

In July 2012, SC DDSN signed a five-year contract to provide quality assurance activities.²¹ The RFP created a Compliance Contractor to conduct quality assurance reviews of the Boards and other providers. The language in the RFP describes the scope of work of the compliance vendor.

“The Agency conducts or contracts 12-18 month assessments service providers by making on-site visits in its Contract Compliance Review (CCR) process. During this process, records are reviewed, consumers, and staff, and observations are made to make sure that services are being implemented as planned and based on the consumer’s need, that the consumer/family still wants and needs them, and that they comply with contract and/or funding requirements and best practices. In addition, provider’s administrative capabilities are reviewed on a 12 to 18 month cycle to ensure compliance with Agency standards, contracts, policies, and procedures. The Agency will impose sanctions including financial recoupments on providers which fail to comply with certain performance requirements.”

SC DDSN supplied PCG staff with documents describing the process. Providers are notified about two weeks prior to the visit. A cover letter is sent by the Compliance Contractor outlining the procedure and listing the documents that will be reviewed. Providers are asked to have appropriate staff and records available. The Contractor conducts the review, has an exit interview and follows-up with an official notification of the results. If necessary, providers have a 30-day period to respond with a plan of correction.

The review is complex. It covers the administrative capability of the provider including:

- Hiring of qualified employees;

²¹ The current contract is with Alliant (the Contractor).

- Reporting of abuse, neglect and other incidents;
- Handling consumer records and funds adequately;
- Making routine financial reports available to its Board or other authorities, and
- Complying with SC DDSN policies and procedures.

The review also establishes requirements for conducting an approximate 5% sample of persons and reviewing their case. If a review of the individual's case involves clinical decisions, then the Compliance Contractor is responsible for staffing the review team accordingly.

The review covers:

- The assessment data and process used to develop case plans;
- The degree to which the consumer's needs and preferences were listened to;
- Assurances that consumers actually received the services in their plan;
- That Federal 1915(c) regulations and Medicaid State Plan language were complied with;
- Assurances that any instances of abuse or neglect or other issues were dealt with, and
- Assurances that the plan protects the health and safety of the person.

In PCG's opinion this is a reasonable review procedure since it tracks the assessment data and how that fits with the consumer's needs and preferences. The plan developed for the person should reflect both the assessment information and the consumer's intent. The process used by SC DDSN checks to see if this occurred and goes on to check that the right services were provided the client.

If deficiencies are raised during the review, then a plan of correction is required within 30 days. All correspondence around the report of findings and plan of correction are done within the MedGuard system used by the contractor. The system tracks each deficiency cited in the Report of Findings and requires the provider to identify actions that will be taken to correct the deficiency, say when the deficiency will be corrected and who will be responsible for ensuring it has been corrected.

SC DDSN has published documents summarizing how much work has been done under the quality assurance contract.

Quality Assurance Contractor conducts 400 plus interviews using National Core Indicator questions

As part of its reviews, the Compliance Contractor conducts interviews with at least 400 consumers and administers the questions used in the National Core Indicators program.²² This permits the comparison of the state's answers with those of approximately thirty-eight other states. While state staff review the core indicator results, no report or broader discussion of the results with providers

²² See, retrieved on 7-23-2013 from <http://www.nationalcoreindicators.org/>



or contractors appears to take place. It is not clear how the indicator results are used to positively impact quality changes.

C. Direct Care Staffing

The quality of direct care staffing is multi-dimensional consisting of the:

- Design of duties and requirements of staff for positions, e.g. years of experience or education;
- Amount and kind of background checks on potential employees;
- Amount and depth of initial training required;
- Yearly educational requirements to maintain the position;
- Amount and kind of oversight of the employee's activities, and
- Level of payment for the position and the rate of turnover in the position.

A significant method of encouraging the component of quality in direct staffing is the setting of standards and their enforcement.

SC DDSN issues standards describing qualifications for potential employees within its programs and the nature and kind of criminal background checks made in relation to their prospective employment. For example the residential habilitation standards specify the age, experience and educational requirements for the person responsible for monitoring the residential care plan, and for the Support Provider that works directly with the person in the residential setting.²³ Yearly educational requirements are also specified by SC DDSN in its Directive 567-01-DD.²⁴

Criminal records checks for Support Providers are specified in SC DDSN Directive 406-04-DD.²⁵ Three of the Legislative Audit Council's 2008 review recommendations concerned criminal record checks. Two of them regarding Federal Bureau of Investigation checks for all direct care givers regardless of length of residency were contingent upon legislative action. Work on the practicality of the third resulting in a pricing of \$92,000 to implement and awareness that all results would come back through DHEC to process and have a workload impact on DHEC.

The enforcement of standards and directives occurs at the provider level through the SC DDSN Administrative Indicators & Guidance.²⁶ The list of indicators, their descriptions, and the

²³ See SC DDSN Residential Habilitation Standards, retrieved on 7-26-2013 from <http://ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNStandards.aspx>

²⁴ See DDSN Directive 567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements retrieved on 7-26-2013 from <http://www.ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>

²⁵ See retrieved on 7-26-2013 from <http://www.ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>

²⁶ See Administrative Indicators & Guidance Review Year July 2012 through June 2013, retrieved on 7-26-2013 from <http://www.ddsn.sc.gov/providers/qualitymgmt/Documents/2012-2013%20Indicators%20and%20Guidance%20REVISED%20FINAL%20AUG%202012.pdf>



assessment tool runs 79 pages. In 2012-2013, there were approximately 230 indicators subdivided into categories covering all aspects of program operations. Additionally there were another 93 indicators covering early intervention programs. With the exception of payment, the indicators cover quality issues usually associated with direct care staffing.

Ten of the 26 indicators in the A1 Administrative category refer to ensuring that staff hired had the right qualifications and that staff received the required number of hours of annual training. Samples of quality assurance deficiencies provided to PCG shows that quality assurance reviewers do observe and enforce these standards by sampling provider records. For example, to review if residential staff received their required 10 hours of training, a sample of ten percent or five residential staff hired during the review period is used.

PCG was provided samples of 114 deficiency descriptions. Two of the 114 involved a finding of a staff person that did not have their annual 10 hours of required training. These deficiencies may have been resolved differently. The deficiency information contains a statement of what the desired outcome is. The first agency wrote the stated improvement outcome of the deficiency was "Staff will receive training as required". The second agency wrote the stated outcome of their deficiency was "... all staff present and future will have the required training and ongoing trainings set forth by SC DDSN directives." These sound like different resolutions.

A deficiency can be resolved by solving the specific instance, e.g. the person is told to complete their 10 hours of training. A deficiency can also be resolved by seeking a general solution. For example, if a reviewer can find a direct care worker who did not complete the annual required training, then the provider clearly has no system that detects such events and needs to develop a system to monitor when their employees meet required training hours. Reviewers sample records and if a reviewer finds one person that did not meet training requirements, then it is likely that there are others in the workforce that were not sampled. Clearly, it is desirable to identify all instances of problems rather than claim the deficiency was resolved because one person fixed their training hours.

The larger issue is what is accomplished with the findings and what improvements in personnel hiring and training have resulted. What appears to be missing is a standardized method of identifying which person's qualifications were consistent with position requirements and which persons are current in training requirements and which are not. For example, annual training requirements and continuing education credits in some state programs are processed through a single office that keeps track of who met their annual requirements.



D. Ranking of South Carolina's Program compared to Other States

United Cerebral Palsy (UCP) publishes an annual "scorecard" called the "Case for Inclusion" ranking the states on how well their state Medicaid programs serve persons with intellectual and developmental disabilities (ID/DD). In the 2014 report, South Carolina placed a respectable sixth highest in the nation having steadily improved its score over the last years from its rank of 16 in 2011.

The Inclusion scorecard ranks states on five main indicators and also provides an overall rank with the highest ranking state getting 1 on the indicator. On the 2014 report for the indicators:

- Promoting Independence. South Carolina ranked 33;
- Tracking Quality and Safety. South Carolina ranked 16;
- Keeping Families Together. South Carolina ranked 3;
- Promoting Productivity. South Carolina ranked 22;
- Reaching Those in Need. South Carolina ranked 13;
- Overall. South Carolina ranked 6.

As judged by the indicator scores, South Carolina ranks well overall compared to other states since it is in the first quartile of states. Consistent with other scorecard efforts such as Commonwealth's Health Scorecard and AARPs long-term services and supports scorecard, states vary on their indicator scores which is useful because low ranks point out where a state can do better. South Carolina does best, ranking 3th, on Keeping Families Together and worst, ranking 33, on Promoting Independence.

The Keeping Families Together indicator has two outcome measures: family support per 100,000 persons in the population and % in a family home. Compared to other states, South Carolina ranks high on these two indicator measures.

The overall ranking in the UCP scoring system is based on 100 possible points. Fifty of these points are associated with the Promoting Independence indicator. It is a complex indicator containing eight separate parts. An examination of the interplay and reasoning behind these parts is best left to state staff to review and understand how performance on this complex indicator could be improved.

Summary Comment on the Analysis of Current SC DDSN Program Oversight

Program oversight activities are intended to promote good, quality care and PCG's review has found that the Department has placed a significant emphasis on their program oversight efforts. A review of the activities undertaken by SC DDSN and its providers shows considerable effort has been made to set up data systems to collect quality related facts and that the facts are discussed by SC DDSN and provider staff. The role of the outside contractor has been expanded and is especially important as it provides objective information and third-party verification of provider practices.



V. Recommendations for SC DDSN

Based on our review and analysis of the current reimbursement and program oversight practices of SC DDSN, PCG has developed recommendations for the Department to consider in improving their current reimbursement and program oversight practices.

Recommendations for SC DDSN Funding and Reimbursement Practices

PCG's analysis found that the Department's reimbursement practices are compliant with Federal regulations for Medicaid reimbursement. The recommendations below are therefore focused on increasing efficiency within the current practices and more importantly on improving current practices in a manner that is more clearly understood by consumers, providers, and other entities outside the SC DDSN system.

SC DDSN should consider a move from the OHCDS model to a more current model

While PCG did not uncover any major concerns with the OHCDS model under which SC DDSN currently operates, the Department has been the target of recent criticism of the OHCDS model. In conducting a scan of the health care industry there are few systems operating under a similar OHCDS model. With a trend away from the historical OHCDS model towards new, integrated health care models encompassing multiple disciplines like physical and behavioral health care as evidenced by the growth in medical or health homes and other like models, PCG believes SC DDSN could benefit from a more in depth review of the existing OHCDS model and some of the more current models available to the Department. In addition to the considerations for the integrated care models like the medical or health homes, SC DDSN could consider models that include increased integrated employment opportunities or housing initiatives with state and/or federal housing authorities. In recommending that SC DDSN consider a shift from the OHCDS model to a more current model, PCG is not recommending that SC DDSN change its role in many of the vital functions it currently fills today including, but not limited to, setting program policy and establishing funding mechanisms for community based providers.

SC DDSN should continue its role in setting service rates for Medicaid and non-Medicaid services

In the event that SC DDSN transitions from the OHCDS to another model, PCG recommends that SC DDSN continue its role in developing service rates. PCG believes that SC DDSN possess a unique understanding of the services provided, the populations served, and the provider network that can be used to ensure that service rates are set in a manner that is appropriately aligned with the needs of the consumers and the system. Given the significant institutional knowledge at SC DDSN PCG recommends that SC DDSN retain responsibility for rate setting efforts for both Medicaid and non-Medicaid services. In this capacity, it will be imperative that SC DDSN work closely with SC DHHS to ensure that the rates established for Medicaid reimbursable services are done so in accordance with all federal and state rules and regulations.

SC DDSN should allow Medicaid payments to flow directly from SC DHHS to the QPL providers



One of the areas within the SC DDSN reimbursement structure that created the greatest confusion among providers and with SC DHHS was the process by which Medicaid reimbursement would flow from SC DHHS through SC DDSN and out to the providers. Adding to the confusion is the misunderstanding that the funding bands represent the Medicaid reimbursement for the services provided by the DSN Boards.

Given the relationship between SC DDSN and the DSN Boards it does not make sense to fundamentally change the processes currently in place for the funding of the DSN Boards and for the Medicaid claiming and reimbursement for the Boards. PCG recommends however that SC DDSN consider a change to the relationship with the QPL providers in regards to the Medicaid reimbursement process. This change would not impact SC DDSN's role as a clearinghouse for service logs that support claims for all Medicaid services provided by the QPL providers but would instead see SC DDSN removed from the Medicaid payment process with the payments flowing directly from SC DHHS to the QPL providers. PCG believes that SC DDSN's role in collecting all of the service documentation data and generating claims on behalf of the providers is an essential function and one that serves to ensure the integrity of the Medicaid claims.

SC DDSN should continue to pilot the use of a national needs assessment tool and consider a future alignment of the Funding Bands with the national needs assessment tool

SC DDSN has already begun a limited pilot program to utilize the American Association on Intellectual and Developmental Disabilities (AAIDD) Supports Intensity Scale (SIS) as part of its needs assessment process. PCG believes the use of this tool is an important step for SC DDSN and encourages the Department to continue its plan to expand its use statewide. While this tool is not currently linked to funding resources, PCG recommends that SC DDSN consider aligning funding resources with the SIS in the future. PCG believes that SC DDSN, by aligning the funding bands with the SIS tool, could more accurately align funding with the individual needs of the consumers. PCG recommends that SC DDSN continue to expand its use of the SIS as an assessment tool statewide before considering the recommendation to align funding resources with this tool.

The SIS is a tool that is designed to “measure the individual’s support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires.”²⁷ Through the use of the SIS or similar tools, SC DDSN could more discretely identify the needs of the consumers and more closely align funding with those specific needs. Given that this pilot is in its early stages, there are no definitive results at this point, however PCG supports SC DDSN’s continued efforts through this pilot.

We noted during our reviews that there is the perception in the community that the use of the SIS in aligning funds with individual needs will result in consumers losing funding and access to services. While the possibility of a redistribution of funds exists through the use of SIS in determining the appropriate needs and funding, it will be done in order to more accurately align

²⁷ http://aaidd.org/publications/supports-intensity-scale#.UhpP47DD_Dc



funding with individual consumer needs so that those with the greatest needs receive appropriate levels of funding and that consumers requiring lower supports receive funding that is appropriate to their needs.

Lastly, it was also noted that the current process for determining eligibility and funding for services could be influenced by the ability of the service coordinators to present the case for their individual consumers. Through the use of a national tool such as SIS for determining needs and the associated funding levels, the ability of service coordinators to influence the determinations is minimized resulting in a more fair process for the consumers.

SC DDSN should enhance the documentation for Cost Reporting Policies and Procedures

Interviews with SC DDSN staff illustrated the significant wealth of knowledge and experience of the staff in regards to the Department's practices for Medicaid cost reporting. These staff possess an intricate understanding of each of the providers from which they receive cost reports, the items that require additional review, and the mechanism for rolling the data up to the Department cost report to be submitted to SC DHHS. PCG noted, however, that this knowledge was not documented but rather held by the staff responsible for the cost report process. The lack of clear policy and procedure documentation for all of the tasks required as part of the cost reporting process is a potential risk factor for the Department as external entities like SC DHHS have started to focus on the costs included in the cost reports and the rates generated from cost report data. While SC DDSN has taken steps to improve the documentation of the Department's practices regarding cost reports through the Department Directives, PCG recommends that SC DDSN develop a comprehensive policy and procedure document that describes all of the core functions and roles and responsibilities related to the cost reporting process. This document should at a minimum detail:

- Entities involved in the cost reporting process, i.e. SC DHHS, SC DDSN, DSN Boards, SC DDSN Regional Centers
- Roles and Responsibilities of each entity
- Instructions for completing the cost report
- SC DDSN audit procedures
- SC DDSN procedures for compiling the Department cost report

PCG believes that the development of a comprehensive cost reporting policy and procedure document will help to provide increased guidance to the providers required to complete the cost reports, provide increased transparency on the entire cost reporting process, and ensure the process is compliant with all state and federal regulations for cost reporting.

SC DDSN should move towards automating the Medicaid Cost Reporting Process

Given the highly manual process currently used for completing the Medicaid cost reporting for SC DDSN, PCG believes that there are efficiencies to be gained through an investment in the automation of the annual cost reports. Automated cost reports are a normal practice in states for



submitting cost report information. Through an automated cost reporting process, the DSN Boards would be able to complete and submit their cost reports through a web-based cost reporting system. SC DDSN would be able to leverage an automated solution to minimize manual review processes by developing custom edit checks within the system to identify possible cost report errors prior to the providers submitting the reports to the department. SC DDSN could also use the system to provide management reports that compares provider costs or that compile provider costs in a manner that allows for a more streamlined process to transfer the data to the Department cost report that is submitted to SC DHHS. In automating the cost reporting process, SC DDSN would also reduce the amount of time Department staff currently dedicates to the cost reporting process, allowing those staff to provide increased support and training to the providers in an effort to further reduce potential cost reporting errors.

Recommendations for SC DDSN Program Oversight Practices

PCG's review of the SC DDSN program oversight practices found many areas where the Department has taken great steps to improve upon their practices and specifically address items raised by outside entities like the LAC. The following recommendations have been developed to provide the Department with a set of items that can be used to further enhance their program oversight practices.

SC DDSN should separate service coordination and service delivery

SC DDSN should announce that conflict-free service coordination is an appropriate policy for the Department and begin discussions with stakeholders as to how best to implement this. A likely outcome of these conversations would be and should be a phased-in plan to have SC DDSN providers become either service coordination providers or service delivery providers. The separation of service coordination from service delivery was discussed at length in the 2008 LAC audit and PCG supports its recommendation that different entities should provide these services.

South Carolina has experience with this separation and the concept has been discussed for years. Additionally, the state has required new providers to choose to provide either service coordination or service delivery.

The LAC audit research shows that nearby states had this separation. This recommendation is also consistent with Federal Medicaid policy.

Section 10202 of the Affordable Care Act created the Balancing Incentive Program (BIP) in which states with higher institutional spending would receive a higher federal match if the balance of their funding shifted from institutional to home and community based services. One of the three requirements for states to participate was to have "conflict-free case management services" in their home and community-based programs.²⁸ As of August 2013, sixteen states had signed balancing incentive agreements with Medicaid.

²⁸ Affordable Care Act at 10202(c)(5)(B). See text of H.R. 3590 retrieved on 8-5-2013 from <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>



In May 2012, CMS issued final regulations for the 1915(k) program Community First Choice. As promulgated in federal code, section 42 CFR 441.555(c) identifies who should not take part in the assessment. 42 CFR 441.555(c)(4) clearly states that "...assessments of functional need and the person-centered service plan development process..." shall not be done by "(4) Individuals who would benefit financially from the provision of assessed needs and services." As of August 2013, eleven states have approved 1915(k) programs.

In May 2013, CMS issued guidance for managed care organizations (MCOs) that are capitated for long-term services and supports. In a section titled "Individual Conflict-Free Choice Counseling and Independent Enrollment/Disenrollment", the guidance emphasizes the service delivery role of the MCO. "MCOs may not be involved in any eligibility determination or functional assessment processes for a potential participant prior to that participant enrolling in the MCO. Further, all MLTSS program enrollments must be processed through an independent, conflict-free entity."²⁹

Integral to this recommendation, is the implementation of the 2008 LAC recommendation that SC DDSN authorize existing providers to provide the same services in other parts of the state that they can provide in their own jurisdictions. Current restrictions on providers reduce the freedom of choice of persons seeking state services.

In 2014, CMS issued new rules for Home and Community Based Services.³⁰ These are broad sweeping rules which will impact multiple parts of state HCBS programs. Among other changes, these rules formalized the CMS emphasis on conflict free case management and required states to develop transition plans to bring their waivers into compliance with them. The prohibition on providers doing the assessment, developing the service plan, and providing the services has moved from policy guidance to what is now a federal requirement spanning all HCBS waiver programs and state plan authorities such as 1915(i).

In terms of planning for implementing the separation of service coordination from service delivery, SC DDSN might find it of use to discuss with Maine staff how that state went about its planning for it Independent HCBS DD/LTC Waiver Management Initiative.³¹

SC DDSN should consider annual licensing visit and changes in visit protocol

At the time of the 2008 LAC audit, SC DDSN programs were visited by licensing surveyors once every three years which was less frequently than the other four states that LAC studied. The 2008 audit recommended that annual licensing reviews be made. Since the 2008 report, SC DDSN

²⁹ See, retrieved on 8-2-2013 from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf> p. 10

³⁰ See <https://www.federalregister.gov/articles/2014/01/16> retrieved on 2-13-2014

³¹ See <http://www.stephengroupinc.com/pdfs/MECare-Redesign-Policy-Paper.pdf> Retrieved on 2-13-2014



changed its contracting practice and now currently contracts for biannual licensing reviews, that is, surveyors visit the homes every two years. SC DDSN also currently conducts annual licensing visits for day programs, respite and child residential settings.

PCG believes that the change from a three-year period to a two-year period was good and thinks that additional improvement can be achieved by moving to a one-year review period. All the states that the LAC reviewed performed annual reviews and PCG believes that customary state procedures are for annual reviews.

As a subsidiary recommendation, SC DDSN might consider requiring that provider management staff not be present during the surveyors' visit to the homes. The hovering presence of management staff potentially acts as an impediment to data collections and on-site observation.

SC DDSN should continue to educate stakeholders and prepare for changes in federal quality standards

PCG recommends that SC DDSN staff continue to monitor, educate stakeholders and acquaint itself with the potential federal changes in quality management and review what changes it might make in how quality management is presented in future 1915(c) waiver applications.

There are potentially significant changes coming in how quality is dealt with in 1915(c) applications for federal waivers. The Centers for Medicare and Medicaid Services (CMS) has worked with the National Association of Medicaid Directors (NAMD), the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the National Association of States United for Aging and Disabilities (NASUAD) along with 14 representatives from 10 states to review and evaluate the current Continuous Quality Improvement System process states must incorporate in their 1915(c) Home and Community-Based (HCBS) waiver applications. PCG notes that SC DDSN Director is a member of the National Board of Directors of NASDDDS which has helped keep SC DDSN abreast of upcoming national changes and trends. This effort is coming to fruition with a series of recommendation and will be released in the Fall of 2013 as a CMS informational bulletin.

These recommendations include the following changes to the 1915(c) assurances and sub-assurances:³²

In the level of care assurance, sub-assurance b. "The LOC of enrolled members is reevaluated at least annually or as specified in the approved waiver" will no longer be required. States, per statutory requirement will still be required to conduct annual reevaluations, but states will no longer be required to provide evidence that the reevaluations were done;

³² These descriptions are taken from CMS approved, but currently unpublished documents that are circulating among persons interested in 1915(c) quality matters.



In the service plan assurance, sub-assurance b. “The state monitors service plan development in accordance with its policies and procedures” will no longer be required. States must still develop service plans in accordance with their policies but will no longer have to present evidence that this is done.

In the service plan assurance, sub-assurance e. was changed to eliminate references to providing choices between institutional and waiver services. States still must provide choices but do not have to provide evidence that such choices were provided.

In the health and welfare assurance, four new sub-assurances were added to specify the general language in the assurance. This assurance must be accompanied by an aggregated report on individual remediation for substantiated instances or abuse, neglect and exploitation. Otherwise, CMS will consider that the assurance has not been met. CMS has proposed performance measures for each new sub-assurance.

In the financial accountability assurance, the assurance itself was rewritten and a new sub-assurance was added that evidence would be required to show that payments made would be in accordance with the reimbursement methodology specified in the waiver.

The administrative authority assurance and sub-assurances were unchanged but three performance measures are made explicit. The remediation reporting assurance was changed to only require reporting of abuse, neglect and exploitation, but CMS explicitly says states may be audited if performance falls below 86%. Since CMS requires a performance measure for each sub-assurance, a review of existing and new sub-assurances would be useful in determining what performance measures should continue to be reported; mindful that a score of less than 86% on any performance measure requires a Quality Improvement (QI) project.

These changes will take effect this Fall and can be implemented by amendments to current waivers or when waivers are renewed.

SC DDSN should implement a 1915(k) Community First Choice program

This recommendation encourages SC DDSN, in conjunction with SC DHHS, to take advantage of a 2012 final rule promulgated by CMS that implemented section 2401 of the Affordable Care Act, which added a new section, 1915(k), to the Social Security Act. On May 7, 2012, CMS promulgated a final rule for the Community First Choice program.³³ This final rule implements section 2401 of the Affordable Care Act, which added a new section, 1915(k), to the Social Security Act. The rule implemented the new State option which provides home and community-based attendant services and supports. These services and supports are known as Community First Choice (CFC). As of August 2013 eleven states have received approval from CMS to add this type of state plan amendment to their Medicaid program. Among states in the southeast, Arkansas and Louisiana have received permission to add this option to their Medicaid state plan.

³³ See, retrieved on 8-4-2013 from <http://www.gpo.gov/fdsys/pkg/FR-2012-05-07/pdf/2012-10294.pdf>



The new state Medicaid plan option has considerable advantages to states that adopt it:

1. Adopting the program is fiscally conservative since a six percent higher federal Medicaid match is available for program expenditures. Federal policy behind the program is to expand home and community-based services and deemphasize institutional spending. It is not surprising that large states such as California and New York have enacted a CFC program since the savings to their intellectual and developmental disabilities programs are considerable. PCG has not projected the savings, but a maximum, rough ball-park estimate would be six percent of current waiver expenditures for persons served by SC DDSN.
2. Savings from implementing CFC can be used both to pay for its implementation and to reduce the waiting lists for SC DDSN services.
3. The CFC program encourages the use of self-direction and promotes the use of attendant care services. The self-direction service delivery model emphasized in the federal rules is a key component of the CFC program. Although SC DDSN has self-direction policies, few persons use them. With exceptions, South Carolina has traditional institutional policies that are not supportive of self-direction. The 2012-2013 National Core Indicator study contained a question reporting on the percentage of persons in a state that reported using a self-directed option. The study found that 3% of the respondents in South Carolina reported using a self-directed option and the study ranked South Carolina in the group of states that were “significantly below average.”
4. The CFC rules also provided States with the option to permanently waive the annual recertification requirement for individuals if it is determined that there is no reasonable expectation of improvement or significant change in the participant’s condition because of the severity of a chronic condition or the degree of impairment of functional capacity. This means that thousands of functional eligibility redeterminations that are done each year would no longer be necessary. The flexibility to waive this classic Medicaid requirement means substantial administrative savings each year and is one of the few administrative simplifications that CMS has provided states in recent years. The ability to waive this requirement is a federal acknowledgement that persons that have intellectual and developmental disabilities will continue to have them for the duration of their lives and the mindless requirement of annual determinations is unnecessary.
5. The CFC rules are helpful in controlling utilization under the new program since only persons that meet institutional level of care requirements are eligible for the program.
6. There is no loss of state flexibility since a state electing to use the CFC program can continue to offer all its current Medicaid waiver and state plan programs. Moreover,

persons using CFC services can also receive waiver and other state plan services so administrative oversight and controls are not needed to ensure a person only used one program

7. For persons who are in institutions, the CFC program authorizes expenditures to help them leave the institution. For example, CFC covers expenditures for transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities linked to an assessed need for an individual to transition from an institution such as a state regional center or an Intermediate Care Facility for persons with Intellectual and Developmental Disabilities (ICFs/IDDD).

SC DDSN should continue to review the National Core Indicators with providers and consumers

The National Core Indicator results are significant measurements of the experiences of program beneficiaries. The data are collected by an outside contractor and not filtered through the perceptions of provider staff. SC DDSN has a history of successfully engaging stakeholders in meaningful discussions on a range of topics including quality related data and would benefit from continued discussion with all stakeholders. SC DDSN has engaged provider organization with summary information and discussion of the NCI data. Inclusion of additional stakeholders would allow for a greater sense of ownership across all levels of the system while promoting transparency in the decision making of the Department.

SC DDSN has done an excellent job in other quality areas of promoting a widespread discussion of quality-related data and would benefit by implementing similar processes to discuss the core indicators. For example, a workgroup consisting of SC DDSN staff, provider representatives and consumers could be charged with reviewing the results and providing recommendations for changes in agency activities.

User experience surveys such as the National Core Indicators obtain feedback from individuals on their experience with a healthcare system and its providers. CMS currently uses experience surveys across multiple service delivery systems including hospitals, managed care organizations, home health services, and clinician groups, and is developing an experience survey for use with Medicaid waivers. Indicative of this emphasis, is the recent Federal Medicaid Planning and Demonstration Grant for Testing Experience and Functional Tools in Community-Based Long Term Services and Supports (TEFT).

CMS will distribute some \$40 million to states for four activities. One of these activities is the collection of data on a Consumer Experience Survey. This survey is designed to span all populations of persons using HCBS waiver programs. The survey is designed to be like surveys in the family of surveys known collectively as the Consumer Assessment of Healthcare Providers and Systems (CAHPS)³⁴ The focus of these surveys is on the consumer's experience care, asking

³⁴ See, retrieved on 11-3-2013 from <https://cahps.ahrq.gov/index.html>



questions such as how did the doctor's office staff treat you and when you left the hospital did someone explain your medications to you.

The TEFT demonstration will collect thousands of interviews using the Consumer Experience Survey. At the end of the four-year demonstration, there is a probability that CMS will require its use by state Medicaid programs.

South Carolina has the opportunity to create a workgroup that can begin with the National Core Indicator results and systematically consider how consumers can improve their experience of care. Such a workgroup could consist of persons receiving services and their families, the quality contractor, e.g. Alliant or whoever holds the quality oversight contract currently, and state quality staff. The workgroup could study states that do well on the core indicator questions and recommend potential quality changes to promote meaningful residential, employment, and social experiences.

The workgroup could be a standing workgroup since it highly likely that CMS will require states to use consumer experience surveys and this group could provide planning leadership for responding to these changing federal requirements.



VI. Appendices

Appendix A: Subject Matter of Recommendations made in 2008 Legislative Audit Council Review

Subject Matter of Recommendation	Count
add misdemeanor charge to statutes	1
Administrative	3
aging caregivers	1
auditing SC DDSN	2
caregiver criminal background checks	3
changes in how licensing is done	4
compliance with laws and rules	2
SC DDSN spending its budgeted funds	3
employee job referrals	3
encouraging new providers	8
expanding scope of current providers	1
financial	7
improvement of SC DDSN websites	2
money follows the person	1
need for follow up in quality assurance	4
private non-profit funding and payment equity	3
provider compliance with local zoning	1
separate service coordination from delivery	1
strengthening internal auditing	6
support and publicize pilot programs	2
training	3
use of "bands" in reimbursement	2
Total	63



Appendix B: South Carolina Department of Disabilities and Special Needs Critical Incident reporting

Report any of the following involving consumers:

- injuries requiring treatment (not required for steri-strips, derma-bond or less than 3 sutures);
- suicidal threats or gestures;
- staff cursing at consumers or using disrespectful language;
- any time LLE is involved and takes a report;
- contracting life threatening communicable disease;
- possession of weapons, knives, firearms or explosives;
- consumer elopement of one hour or more;
- possession of illegal substances;
- medical treatment not followed as prescribed;
- medication errors resulting in adverse reaction/poisoning
- criminal arrest;
- unplanned hospital admissions/3 overnight stays or more;
- major medical or other emergency medical procedures;
- admission to a Critical Care Unit, and
- date consumer meets 3 ER visits within 30 day period.

Report any of the following which occur involving staff only:

- Staff injury (requiring treatment) caused by consumer;
- Possession of illegal substances while on duty;
- Substance abuse while on duty, and
- Intentional reporting of services not provided/ not delivered.

Report any of the following that involve staff or consumers:

- Property damage/vandalism of \$2500.00 or more
- Vehicular accidents:
 - a) if injuries occur requiring treatment, submit Initial Report within 24 hours of Date of Incident.
 - b) if there are no injuries, wait until estimate for repair is received; if estimate meets or exceeds \$2500.00, meets criteria/Date of incident is date accident occurred; Discovery Date is date the estimate is received.

Report any of the following that involve facility or program operations:

- epidemic outbreaks;
- facility fires regardless of size;
- natural disasters;
- hazardous contamination in excess of \$2500.00;



- known or suspected misuse of agency funds;
- highly unusual incidents, and
- incidents of high public interest.

Source: Material taken from SC DDHS websites

See:

[http://ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/100-09-DD%20-%20Revised%20\(092011\).pdf](http://ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/100-09-DD%20-%20Revised%20(092011).pdf)

<http://www.ddsn.sc.gov/providers/qualitymgmt/Documents/Critical%20Incident%20Reporting%20Process-%20Training.pdf>

**State of South Carolina
457 Deferred Compensation Plan and Trust**

Report on Financial Statements

For the years ended December 31, 2014 and 2013

State of South Carolina 457 Deferred Compensation Plan and Trust
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Independent Auditor's Report

To the Members of the
South Carolina Public Employee Benefit Authority
Columbia, South Carolina

We have audited the accompanying financial statements of the State of South Carolina 457 Deferred Compensation Plan and Trust (the Plan) which comprise the statements of net position available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net position available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the State of South Carolina 457 Deferred Compensation Plan and Trust as of December 31, 2014 and 2013, and the respective changes in financial position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters*Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that management's discussion and analysis on pages 3 through 4 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

A handwritten signature in black ink that reads "Elliott Davis Decosimo, LLC". The signature is written in a cursive style with a large, sweeping initial "E".

Columbia, South Carolina
June 19, 2015

State of South Carolina 457 Deferred Compensation Plan and Trust

Management's Discussion and Analysis

As of and for the years ended December 31, 2014 and 2013

This discussion and analysis of the financial performance of the State of South Carolina 457 Deferred Compensation Plan and Trust (the Plan) provides an overview of the Plan's financial activities as of and for the years ended December 31, 2014 and 2013. It is intended to be a narrative supplement to the Plan's financial statements.

Using this Financial Report

Because of the long-term nature of a deferred compensation plan, financial statements alone cannot provide sufficient information to properly reflect the Plan's ongoing plan perspective. This financial report consists of two financial statements and the notes to the financial statements.

The Statement of Net Position Available for Benefits reports the Plan's assets, liabilities and resulting net position where $\text{Assets} - \text{Liabilities} = \text{Net Position Available for Benefits}$ at the end of the Plan's year. It can be thought of as a snapshot of the financial position of the Plan at that specific point in time.

The Statement of Changes in Net Position Available for Benefits reports the Plan's transactions that occurred during the year where $\text{Additions} - \text{Deductions} = \text{Change in Net Position Available for Benefits}$. It can be thought of as a recording of events that occurred over the specified time period of a year and supports the changes that have occurred to the prior year's Plan net position value on the Statement of Net Position Available for Benefits.

The notes to the financial statements are an integral part of the financial statements and include additional information not readily evident in the statements themselves.

Plan Highlights

The following Plan highlights occurred during the years ended December 31, 2014 and 2013:

- There were 23,774 and 24,431 participant accounts at the end of the 2014 and 2013 fiscal years, respectively, which is a decrease of 657 and 735 participant accounts, respectively.
- Net position available for benefits increased by approximately \$14 million during 2014 as compared to an increase of approximately \$59 million during 2013. This decrease in the change in net position available for benefits was primarily attributable to lower net investment earnings during 2014 than during 2013.
- Net investment earnings decreased by approximately \$36 million, or 43.25 percent, during 2014 as compared to net investment earnings during 2013. This decrease was primarily due to the decrease in market gains from 2013 to 2014. The S&P 500 and Dow Jones Industrial Average gained 29.6 percent and 26.5 percent during 2013, respectively, compared to gains of 11.4 percent and 7.5 percent during 2014, respectively. In addition, the majority of the Plan's mutual funds distributed more share dividends during 2014 than 2013. These distributions increased the participant's number of shares owned while decreasing the share price subsequent to the dividend date. Dividend distributions are required by the IRS when the mutual fund incurs a realized gain on their investment. Since the Plan is a tax deferred plan, this did not represent a taxable event to its participants.
- Administrative expenses totaled just over \$1.3 million during 2014, which represented an increase of approximately 1.91 percent from 2013. This increase was primarily due to investment management and Plan administration fees, which generally increase proportionally with the total net position available for benefits. During 2014 and 2013, Plan management elected to reimburse revenue sharing income of approximately \$232,000 and \$256,000, respectively, to participants in order to help offset their Plan administrative fees.
- Benefit payments increased by approximately \$5.8 million, or 8.95 percent, during 2014. This increase is likely due, in part, to the maturing population of the Plan.

State of South Carolina 457 Deferred Compensation Plan and Trust

Management's Discussion and Analysis

As of and for the years ended December 31, 2014 and 2013

Summary comparative statements

Plan net position

	December 31,		Increase/ (Decrease) Amount	Increase/ (Decrease) Percent
	2014	2013		
Assets				
Fixed income investments	\$ 525,818,373	\$ 542,615,909	\$ (16,797,536)	(3.10)%
Other investments	405,889,357	375,292,192	30,597,165	8.15 %
Receivables, net of allowance	6,438,642	6,253,743	184,899	2.96 %
Total assets	938,146,372	924,161,844	13,984,528	1.51 %
Total Plan net position	\$ 938,146,372	\$ 924,161,844	\$ 13,984,528	1.51 %

Changes in Plan net position

	For the years ended December 31,		Increase/ (Decrease) Amount	Increase/ (Decrease) Percent
	2014	2013		
Additions				
Net investment earnings	\$ 47,519,732	\$ 83,733,631	\$ (36,213,899)	(43.25)%
Contributions	37,933,763	40,541,195	(2,607,432)	(6.43)%
Revenue sharing income	231,858	255,675	(23,817)	(9.32)%
Miscellaneous income	94,300	108,129	(13,829)	(12.79)%
Total additions	85,779,653	124,638,630	(38,858,977)	(31.18)%
Deductions				
Benefit payments	70,476,082	64,684,411	5,791,671	8.95 %
Increase (decrease) in allowance for notes receivable losses	(7,547)	140,369	(147,916)	(105.38)%
Administrative expenses	1,326,590	1,301,671	24,919	1.91 %
Total deductions	71,795,125	66,126,451	5,668,674	8.57 %
Increase in Plan net position	13,984,528	58,512,179	(44,527,651)	(76.10)%
Beginning Plan net position	924,161,844	865,649,665	58,512,179	6.76 %
Ending Plan net position	\$ 938,146,372	\$ 924,161,844	\$ 13,984,528	1.51 %

State of South Carolina 457 Deferred Compensation Plan and Trust

Statements of Net Position Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Fixed income investments, at fair value		
Stable value fund	\$ 281,386,469	\$ 275,677,817
84-month guaranteed investment contracts	244,431,904	266,938,092
Other investments, at fair value		
Mutual funds	342,475,920	319,052,855
Target retirement funds	57,762,721	52,093,196
Schwab self-directed brokerage account	5,650,716	4,146,141
Notes receivable from participants, net of allowance of \$5,020,476 and \$5,028,023, respectively	<u>6,438,642</u>	<u>6,253,743</u>
Total assets	<u>938,146,372</u>	<u>924,161,844</u>
Net position available for benefits	<u>\$ 938,146,372</u>	<u>\$ 924,161,844</u>

See Notes to Financial Statements

State of South Carolina 457 Deferred Compensation Plan and Trust

Statements of Changes in Net Position Available for Benefits

For the years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions		
Investment income	\$ 34,691,579	\$ 25,520,925
Net appreciation in fair value of investments	12,828,153	58,212,706
Contributions from participants	37,933,763	40,541,195
Revenue sharing income	231,858	255,675
Miscellaneous income	94,300	108,129
Total additions	<u>85,779,653</u>	<u>124,638,630</u>
Deductions		
Benefit payments	70,476,082	64,684,411
Increase (decrease) in allowance for notes receivable losses	(7,547)	140,369
Administrative expenses	1,326,590	1,301,671
Total deductions	<u>71,795,125</u>	<u>66,126,451</u>
Net increase	13,984,528	58,512,179
Net position available for benefits,		
Beginning of year	924,161,844	865,649,665
End of year	<u>\$ 938,146,372</u>	<u>\$ 924,161,844</u>

See Notes to Financial Statements

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 1. General Description of the Plan

The following description of the State of South Carolina 457 Deferred Compensation Plan and Trust (the Plan) is provided for general information only. Users of the financial statements should refer to the Plan Document for complete information.

General:

The Plan is a defined contribution plan which was established by the South Carolina General Assembly on May 11, 1977 through Act 97. Enrollment in the Plan began in August 1980, and the first contributions were made in September 1980. The South Carolina Deferred Compensation Commission (the Commission), established in Chapter 23 of Title 8 of the State of South Carolina (the State) Code of Laws, was the trustee of the Plan through December 31, 2013. Effective after December 31, 2013, the Commission was abolished and all of the functions and duties of the Commission were devolved upon the Board of Directors of the South Carolina Public Employee Benefit Authority (PEBA).

In September 2009, the Commission selected Great-West Retirement Services (Great-West) as the third party administrator for the Plan effective January 1, 2010.

Approximately 482 South Carolina public sector entities (the employers) have employees who participate in the Plan. These entities include state agencies, counties, municipalities, colleges and universities, and special purpose districts.

Eligibility:

Under Plan provisions, any employee who elects to participate in the Plan is eligible. Contributions to the Plan are made through payroll deductions from their total compensation subject to certain limits. At December 31, 2014 and 2013, there were 23,774 and 24,431 participant accounts in the Plan, respectively.

Contributions:

For the years ended December 31, 2014 and 2013, participants could elect salary deferral contributions to reduce their compensation by not less than \$10 per pay period and not more than 100% of their compensation; not to exceed the maximum contribution allowed by the IRS, which was \$17,500 for 2014 and 2013. An election must be made in dollar increments per pay period. For participants age 50 or older, the IRS allows a catch-up contribution of \$5,500 per year for a maximum contribution of \$23,000 for 2014 and 2013. A separate catch-up contribution is allowed in the last three years preceding a participant's year of retirement, not to exceed twice the annual limit (\$35,000 for 2014 and 2013). Participants are not allowed to make both catch-up contributions in the same year. Amounts contributed on a pre-tax basis by participants are deferred, subject to the limitations above, for federal and state income tax purposes until benefits are paid to the participants.

Effective January 1, 2009, the Plan was amended to provide for matching contributions at the discretion of the employer. This amendment permits employers to make contributions to the Plan on behalf of each employee who is a participant and who is active during the Plan year at an amount to be determined by the employer. Contribution limits are the same whether the contribution is made by the employee or by the employer.

Effective January 1, 2011, the Plan was amended to provide for Roth contributions. This amendment permits employees to contribute to the Plan with after-tax dollars.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 1. General Description of the Plan, Continued

Participant accounts:

Each participant's account is credited with the participant's salary deferral contributions, employer discretionary contributions and Plan earnings or losses, and charged with an allocation of third party administrator fees. The third party administrator fee allocations are based on participant account balances.

Vesting:

Participants are vested immediately in both their employee and employer contributions plus actual earnings thereon.

Notes receivable from participants:

Participants may borrow from their retirement plan accounts provided the note is at least \$2,500 and not more than the greater of 50% of their vested account balance or \$50,000. The notes are repayable in one to five years except for notes for the purchase of a primary residence which may be paid back over twenty years. Interest is charged at a fixed rate over the term of the note. The note's interest rate is established based upon a prime interest rate plus an additional 2%, as listed in the Wall Street Journal on the last business day of the month prior to origination. Interest rates charged on participant notes ranged from 5.25% to 10.25% for the years ended December 31, 2014 and 2013. The participant is charged a \$50 issuance fee at the initiation of the note and a quarterly maintenance fee of \$6.25 throughout the year.

If a participant fails to repay a note at maturity or fails to make a scheduled payment by the end of the quarter following the quarter in which the payment was due, the note plus accrued interest is considered to be in default. If a defaulted note was issued prior to January 1, 2002, or if the participant is no longer active, the note is written off of the Plan's books. Due to Internal Revenue Service (IRS) recordkeeping regulations, if the defaulted note was issued after January 1, 2002, and the participant is still active, the note remains on the Plan's books. Management believes it is unlikely that such notes will be repaid since they have been reported to the participant and the IRS as withdrawals from the Plan. Therefore, management has recorded a 100% reserve for such notes.

Payment of benefits:

Participants may withdraw the present value of funds contributed to the Plan upon severance of employment from a participating employer, attainment of age 59½, or due to financial hardship, which requires approval of Great-West on behalf of PEBA. In the event of a participant's death, the participant's beneficiary would be entitled to the present value of funds contributed to the Plan. Participants may take a rollover from the Plan in order to purchase service credit in a defined benefit governmental plan such as the South Carolina Retirement System.

Participants may select various payout options including lump-sum payments or installment payments for the following: a fixed period of time, a fixed dollar amount until the account is exhausted, or payments throughout the participants' life expectancy or joint life expectancy with a spouse.

Reclassifications:

Certain items in the 2013 financial statements have been reclassified to be consistent with the 2014 presentation. Such reclassifications had no effect on the Statements of Net Position Available for Benefits or the Statements of Changes in Net Position Available for Benefits.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 2. Summary of Significant Accounting Policies

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The following are the significant accounting policies used in preparing the accompanying financial statements of the Plan.

Basis of accounting:

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, including all applicable effective statements of the GASB and the accrual basis of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires PEBA to make estimates and assumptions that affect the reported amounts of assets, liabilities, and the changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Mutual funds and the Schwab self-directed brokerage account are valued at the net position value of shares held by the Plan at year end. Notes receivable from participants are valued at their unpaid balances plus accrued interest less an allowance for amounts deemed uncollectible by management. Units of target retirement funds are stated at fair value as provided by their issuer, State Street Global Advisors, based on quoted market prices of the investments held in the collective trust fund.

The fair value of the Stable Value Fund is determined as of the close of trading on each valuation date. Short-term securities with a maturity of 60 days or less are valued on the basis of amortized cost, due to their relatively short reset. Fixed income securities in the underlying account are normally valued on the basis of quotations from brokers or dealers or pricing services, which take into account appropriate factors such as institutional-size trading similar groups of securities, yield, quality, coupon rate, maturity, type of issue, trading characteristics and other market data.

Management considers all 84-month guaranteed investment contracts (GICs) to be "nonparticipating contracts" as defined in the GASB Codification Sec. 150, *Investments*. 84-month GICs are nonnegotiable and have redemption terms that do not consider future market rates. Management has reported the 84-month GICs using a cost-based measure, under the assumption that the fair value of those contracts is not significantly affected by the impairment of the credit standing of the issuer or other factors. The reported balance at December 31, 2014 and 2013 represents contributions received, plus interest credited less applicable charges and amounts withdrawn.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 2. Summary of Significant Accounting Policies, Continued

Investment valuation and income recognition (continued):

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized gains and losses on investments are included in the net appreciation in fair value of investments as reported on the statement of changes in net position available for benefits.

Administrative expenses:

All direct expenses of maintaining the Plan are paid from the Plan's net position.

New accounting pronouncements - adopted:

Effective for the fiscal year ended December 31, 2014, the Plan adopted GASB Statement No. 65, Items Previously Reported as Assets and Liabilities. This statement establishes accounting and financial reporting standards that reclassify, as deferred outflows of resources or deferred inflows of resources, certain items that were previously reported as assets and liabilities and recognizes, as outflows of resources or inflows of resources, certain items that were previously reported as assets and liabilities.

Subsequent events:

These financial statements have not been updated for subsequent events occurring after June 19, 2015, which is the date these financial statements were available to be issued.

Note 3. Investments

The Plan's investments are subject to various risks. Among these risks are custodial credit risk, credit risk, concentration of credit risk and interest rate risk. Each one of these risks is discussed in more detail below.

Custodial credit risk - Custodial credit risk, as it relates to investments, is the risk that in the event of the failure of the custodian, the Plan will not be able to recover the value of investments or collateral securities that are in the possession of the third-party. The Plan's investment securities are exposed to a minimal level of custodial credit risk as they are held in segregated trust accounts with the custodian but in the name of the Plan.

Credit risk - Credit risk is the risk that an issuer or the counterparty to an investment will not fulfill its obligations. The credit risk of a debt instrument is measured by nationally recognized statistical rating agencies such as Moody's Investor Services (Moody's), Standard & Poor's (S&P), and Fitch Ratings (Fitch). The Plan manages the overall credit risk of its fixed income investments by requiring the Stable Value Fund and 84-month GIC's manager, Great-West Life & Annuity Insurance Company (the Company), to invest in accordance with PEBA's approved Statement of Investment Policy (the Policy).

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 3. Investments, Continued

The Policy lists the primary objective of the Stable Value Fund to preserve principal and provide a stable, competitive rate of return. The Company is permitted to invest Plan assets in investment grade fixed income instruments, including those of the U.S. Government and its agencies, corporate bonds, and mortgage and asset-backed securities. According to the Company's contract with the Plan (the Contract), the Company must maintain or exceed an overall weighted average credit quality rating by Moody's of "Aa2" (or equivalent of Aa2) within the Stable Value Fund at all times. At the time of issuance, investments must meet or exceed the following Moody's credit ratings; Commercial paper - P, Corporate bonds - A3, and Asset backed securities, agency-mortgage backed securities, agency-collateralized mortgage obligations, and commercial mortgage backed securities - Aaa.

The primary objective for the 84-month GICs is to preserve principal while maintaining a rate of return comparable to other similar fixed income investments without market fluctuations. Each 84-month GIC is backed by the financial strength of the issuing company, whose crediting must exceed an "A2" rating (or equivalent of A2) as measured by Moody's at the time of issuance. The Company is expected to exercise due care and diligence in making investment decisions.

Concentration of credit risk - Concentration of credit risk is the risk of loss attributed to the magnitude of an investment in a single issuer. PEBA places no limit on the amount the Plan may invest in any one 84-month GIC issuer.

The Contract dictates that amounts in the Stable Value Fund must be invested in accordance with the following concentration limits:

- A minimum of 50% of the account assets must be invested in U.S. Treasury debt, agency-mortgage backed securities or collateralized mortgage obligations.
- A maximum of 35% of the account assets may be invested in corporate bonds or asset-backed securities.
- A maximum of 20% of the account assets may be invested individually in either corporate bonds or asset-backed securities.
- No more than 15% of the account assets may be invested in corporate securities rated "A2" (or equivalent of A2) as measured by Moody's.
- No more than 5% of the account assets may be invested in any one corporate issuer (including asset-backed securities). For purposes of diversification, each asset-backed or non-agency mortgage-backed securities will be treated as a separate issuer.

Interest rate risk - Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. The Contract limits the Stable Value Fund's average duration to not exceed 5 years. Duration is a theoretical measurement that gauges the sensitivity of a particular bond to changes in interest rates based on current prepayment speeds and scheduled interest payments. The average duration at December 31, 2014 and 2013 was 3.20 years and 4.00 years, respectively. The investment in guaranteed investment contracts and funding agreements is limited to a term of 84 months or less.

Refer to Footnote 4, Stable Value Fund, and Footnote 5, 84-month Guaranteed Investment Contracts for tables summarizing the fixed income investments by their credit rating and future maturities.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 4. Stable Value Fund

The Stable Value Fund (the Fund) is an investment option of the Plan in which bond securities are held as underlying investments in a segregated trust for participants. The Company is the Fund manager for the Plan. All monies invested in the Fund are maintained and held separate and apart from the Company's general account and any other investment account the Company may have. In addition, the Company has assumed sole responsibility of providing wrap coverage in order to guarantee return of the participants' principal and accrued interest.

This investment seeks to preserve principal value and provide a relatively stable rate of interest income. The objective of the Fund is to achieve returns, which over time exceed the returns on bank savings accounts and money market funds. The Fund invests in securities issued by the U.S. Government or one of its agencies, as well as high-grade corporate bonds, and mortgage and asset-backed securities.

Quarterly interest rates are declared by the Company prior to each calendar quarter for participant accounts based upon factors such as the current yield of the investments held by the Fund and Fund expenses. Once declared, the effective interest rates are guaranteed for the calendar quarter. The quarterly effective interest rate declared each calendar quarter applies to all assets in the Fund regardless of the date of deposit. Interest is credited to the participants' accounts in the Fund daily, at a rate which compounds to the effective rate for the quarter.

The total of all participant and unallocated Plan account balances in the Fund as of December 31, 2014 and 2013 was \$276,905,373 and \$274,388,282, respectively. The fair value of the Fund as of December 31, 2014 and 2013 included interest and gains or losses on investments which had not been allocated to participant accounts as of the plan year-end.

The following represents the Fund's annual interest rate credited to participants for the quarters during the years ended December 31, 2014 and 2013:

1Q 2014	2.70%	1Q 2013	3.00%
2Q 2014	2.65%	2Q 2013	2.85%
3Q 2014	2.65%	3Q 2013	2.85%
4Q 2014	2.65%	4Q 2013	2.80%

The following represents the fair value of the Fund's underlying investments by fixed income sector:

	<u>2014</u>	<u>2013</u> (Reclassified)
Fixed Income Sector		
Agency - Mortgage Backed Securities	\$ 150,638,004	\$ 156,253,781
Agency - Collateralized Mortgage Obligations	11,717,679	7,904,906
Agency - Commercial Mortgage Backed Securities	17,795,156	11,230,382
Agency Securities	7,240,222	5,411,214
Asset Backed Securities	15,843,651	11,793,926
Non-Agency – Mortgage Backed Securities	19,928,073	18,916,338
Corporate Bonds	49,931,878	55,680,571
Cash and Equivalents	8,291,806	8,486,699
	<u>\$ 281,386,469</u>	<u>\$ 275,677,817</u>

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 4. Stable Value Fund, Continued

The following represents the fair value of the Fund's underlying investments by their Moody's Credit Rating:

	<u>2014</u>	<u>2013</u>
Moody's Credit Rating		
Aaa	\$ 211,226,631	\$ 204,203,728
Aa1	3,935,497	2,612,582
Aa2	2,858,348	3,695,813
Aa3	8,628,099	8,659,334
A1	10,860,298	12,467,204
A2	13,008,136	13,617,988
A3	7,854,731	11,249,495
Baa1	3,443,119	3,074,063
Baa2	826,197	132,127
P-1	8,291,806	8,486,699
Not Rated	10,453,607	7,478,784
	<u>\$ 281,386,469</u>	<u>\$ 275,677,817</u>

The following represents the fair value of the Fund's underlying investments by their future maturities:

	<u>2014</u>	<u>2013</u>
Maturities in Years		
Less than 1	\$ 11,337,867	\$ 9,458,189
1 - 5	63,146,222	42,577,966
5 - 10	47,229,536	59,457,087
10 - 15	37,664,734	36,242,972
15 - 20	38,701,566	40,064,990
20 - 25	12,871,667	3,266,228
25 - 30	61,582,102	78,100,580
More than 30	8,852,775	6,509,805
	<u>\$ 281,386,469</u>	<u>\$ 275,677,817</u>

Mortgage backed securities and collateralized mortgage obligations make up the majority of investments with maturities exceeding 10 years. The fair values of these securities are based on cash flows from principal and interest payments of the underlying mortgages and are subject to the credit worthiness of the individual mortgagors. These securities are sensitive to prepayments, which are likely in an environment of declining interest rates, and thereby reduce the value of the security.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 5. 84-Month Guaranteed Investment Contracts

84-month GICs are deposited quarterly with insurance companies who invest the funds in their general asset account. The insurance companies provide a guarantee of principal and a guaranteed quarterly interest rate. As such, the 84-month GICs are subject to credit risk associated with the individual insurance company issuer. Each participant does not have access to or the ability to reinvest in the 84-month GIC until the 84-month maturity period is over.

The following are the interest rate ranges by year for 84-month GICs based on the date purchased:

Rates in effect during year purchased						
2008	2009	2010	2011	2012	2013	2014
4.74-5.43%	4.26-5.00%	2.90-3.95%	2.00-3.00%	1.65-2.25%	1.30-2.05%	1.75-1.85%

The following represents a summary of each 84-month GIC issuer, Moody's credit rating, and future maturities:

	Moody's Credit Rating	December 31, 2014				
		Maturities in years				
		Less than 1	1 - 3	3 - 5	5 - 7	Total
Metropolitan Life Insurance Company	Aa3	\$ 11,608,922	\$ 35,166,053	\$ -	\$ -	\$ 46,774,975
New York Life Insurance Company	Aaa	6,732,865	-	-	-	6,732,865
Hartford Life Insurance Company	Baa2*	6,213,321	-	-	-	6,213,321
Great-West Life & Annuity Insurance Company	Aa3	<u>1,716,636</u>	<u>34,256,370</u>	<u>98,072,316</u>	<u>50,665,421</u>	<u>184,710,743</u>
		<u>\$ 26,271,744</u>	<u>\$ 69,422,423</u>	<u>\$ 98,072,316</u>	<u>\$ 50,665,421</u>	<u>\$ 244,431,904</u>

	Moody's Credit Rating	December 31, 2013				
		Maturities in years				
		Less than 1	1 - 3	3 - 5	5 - 7	Total
Metropolitan Life Insurance Company	Aa3	\$ 26,634,094	\$ 48,491,792	\$ -	\$ -	\$ 75,125,886
New York Life Insurance Company	Aaa	-	6,942,541	-	-	6,942,541
Principal Life Insurance Company	A1	5,021,321	-	-	-	5,021,321
Hartford Life Insurance Company	A3*	-	6,485,678	-	-	6,485,678
Great-West Life & Annuity Insurance Company	Aa3	<u>2,411,807</u>	<u>-</u>	<u>116,948,172</u>	<u>54,002,687</u>	<u>173,362,666</u>
		<u>\$ 34,067,222</u>	<u>\$ 61,920,011</u>	<u>\$ 116,948,172</u>	<u>\$ 54,002,687</u>	<u>\$ 266,938,092</u>

* The Hartford Life Insurance Company maintained a Moody's credit rating of Aa3 upon issuance of the 84-month GICs with the Plan. As of December 31, 2014 and 2013, its credit rating had been downgraded to Baa2 and A3, respectively.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 6. Mutual Funds and Target Retirement Funds

The Plan's other investments are held by the custodian in pooled separate accounts. The following represents the fair value of the Plan's units of participation:

	<u>2014</u>	<u>2013</u>
Mutual funds		
American Funds Europacific Growth Fund R6	\$ 19,507,920	\$ 18,197,516
American Funds New Perspective Fund R6	6,555,979	7,101,401
Fidelity Diversified International Fund	20,652,096	22,832,824
AllianceBern Small Cap Growth I	10,071,283	10,554,470
American Beacon Small CP Val Inst	7,484,265	8,362,740
TIAA-CREF Small Cap Blend IDX Inst	3,645,241	2,710,788
Munder Mid Cap Growth Fund Class R6	19,719,680	17,233,098
T. Rowe Price Mid Cap Value	41,979,924	35,868,550
Dodge & Cox Stock Fund	61,964,884**	55,874,399**
T. Rowe Price Growth Stock Fund	29,482,584	27,024,152
Vanguard Institutional Index Fund Plus	86,128,566**	78,953,156**
Pimco Funds - Institutional All Assets	469,998	60,210
Blackrock Inflation Protected Bond Institutional	4,271,373	3,796,766
Pimco Total Return-Institutional	30,542,127	30,482,785
	<u>\$ 342,475,920</u>	<u>\$ 319,052,855</u>
Target retirement funds		
State Street Global Advisors Aged Based Income	\$ 7,176,316	\$ 7,451,869
State Street Global Advisors Aged Based 2010	8,526,354	9,577,230
State Street Global Advisors Aged Based 2020	21,489,702	18,487,969
State Street Global Advisors Aged Based 2030	13,209,105	10,858,470
State Street Global Advisors Aged Based 2040	6,723,455	5,563,172
State Street Global Advisors Aged Based 2050	637,789	154,486
	<u>\$ 57,762,721</u>	<u>\$ 52,093,196</u>

**Denotes investment that exceeds 5% of the Plan's total assets at December 31.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 6. Mutual Funds and Target Retirement Funds, Continued

The following represents units of shares and share prices of other investments:

	2014		2013	
	Shares	Share Price	Shares	Share Price
Mutual funds				
American Funds Europacific Growth Fund R6	414,268.8469	\$ 47.09	371,150.6425	\$ 49.03
American Funds New Perspective Fund R6	180,655.2494	36.29	189,017.8600	37.57
Fidelity Diversified International Fund	599,480.2903	34.45	618,608.0737	36.91
AllianceBern Small Cap Growth I	213,873.0728	47.09	197,169.2509	53.53
American Beacon Small CP Val Inst	298,534.7028	25.07	307,566.7525	27.19
TIAA-CREF Small Cap Blend IDX Inst	195,036.9716	18.69	144,037.6196	18.82
Munder Mid Cap Growth Fund Class R6	460,632.5625	42.81	399,747.1120	43.11
T. Rowe Price Mid Cap Value	1,456,624.7051	28.82	1,193,628.9517	30.05
Dodge & Cox Stock Fund	342,460.9484	180.94	330,872.2627	168.87
T. Rowe Price Growth Stock Fund	567,518.4601	51.95	514,060.3386	52.57
Vanguard Institutional Index Fund Plus	456,479.5739	188.68	466,405.6947	169.28
Pimco Funds - Institutional All Assets	40,517.0690	11.60	4,984.2715	12.08
Blackrock Inflation Protected Bond Institutional	396,967.7509	10.76	352,204.6382	10.78
Pimco Total Return-Institutional	2,867,805.3521	10.65	2,851,523.3863	10.69
Target retirement funds				
State Street Global Advisors Aged Based Income	449,643.8596	\$ 15.96	483,887.5974	\$ 15.40
State Street Global Advisors Aged Based 2010	515,187.5529	16.55	601,962.9164	15.91
State Street Global Advisors Aged Based 2020	1,162,233.7480	18.49	1,059,482.4642	17.45
State Street Global Advisors Aged Based 2030	690,852.7720	19.12	604,591.8708	17.96
State Street Global Advisors Aged Based 2040	346,569.8454	19.40	304,664.4031	18.26
State Street Global Advisors Aged Based 2050	42,098.2838	15.15	10,833.5203	14.26

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 7. Investment Income

During the years ended December 31, 2014 and 2013, the Plan held the following investments which generated investment income as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds		
American Funds Europacific Growth Fund R6	\$ 334,417	\$ 224,632
American Funds New Perspective Fund R6	440,783	380,287
Fidelity Diversified International Fund	772,126	337,709
AllianceBern Small Cap Growth I	1,061,102	601,187
American Beacon Small CP Val Inst	905,817	721,754
TIAA-CREF Small Cap Blend IDX Inst	181,705	118,061
Munder Mid Cap Growth Fund Class R6	2,009,332	313,958
T. Rowe Price Mid Cap Value	5,343,678	1,713,584
Dodge & Cox Stock Fund	1,803,675	702,778
T. Rowe Price Growth Stock Fund	2,665,273	10,234
Vanguard Institutional Index Fund Plus	1,649,273	1,456,927
Pimco Funds - Institutional All Assets	21,492	1,453
Blackrock Inflation Protected Bond Institutional	116,499	108,769
Pimco Total Return-Institutional	<u>1,489,056</u>	<u>980,989</u>
	<u>18,794,228</u>	<u>7,672,322</u>
Stable value fund	<u>7,271,084</u>	<u>7,654,889</u>
84-month guaranteed investment contracts	<u>8,259,648</u>	<u>9,818,265</u>
Notes receivable from participants	<u>366,619</u>	<u>375,449</u>
	<u>\$ 34,691,579</u>	<u>\$ 25,520,925</u>

Note 8. Net Appreciation in Fair Value

During the years ended December 31, 2014 and 2013, the Plan held the following investments which generated a net appreciation (depreciation) in fair value as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds		
American Funds Europacific Growth Fund R6	\$ (834,790)	\$ 1,012,989
American Funds New Perspective Fund R6	(168,850)	1,686,799
Fidelity Diversified International Fund	(1,448,243)	1,271,496
AllianceBern Small Cap Growth I	(1,243,462)	4,207,159
American Beacon Small CP Val Inst	(544,227)	2,495,963
Jacob Micro GAP Growth I	-	1,134,076
TIAA-CREF Small Cap Blend IDX Inst	(19,504)	559,831
Munder Mid Cap Growth Fund Class R6	(174,940)	1,499,330
Munder Mid Cap Growth	-	2,504,051
T. Rowe Price Mid Cap Value	(1,508,412)	7,185,149
Dodge & Cox Stock Fund	4,081,060	15,781,497
T. Rowe Price Growth Stock Fund	(302,269)	7,402,759

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 8. Net Appreciation in Fair Value, Continued

	<u>2014</u>	<u>2013</u>
Vanguard Institutional Index Fund Plus	8,979,862	17,922,694
Pimco Funds - Institutional All Assets	(42,855)	(1,099)
Blackrock Inflation Protected Bond Institutional	(27,289)	(439,204)
Pimco Total Return-Institutional	<u>(65,524)</u>	<u>(1,643,015)</u>
	<u>6,680,557</u>	<u>62,580,475</u>
Target retirement funds		
State Street Global Advisors Aged Based Income	273,118	367,614
State Street Global Advisors Aged Based 2010	375,203	532,794
State Street Global Advisors Aged Based 2020	1,128,501	2,118,524
State Street Global Advisors Aged Based 2030	759,362	1,600,150
State Street Global Advisors Aged Based 2040	367,183	1,020,061
State Street Global Advisors Aged Based 2050	<u>26,328</u>	<u>25,682</u>
	<u>2,929,695</u>	<u>5,664,825</u>
Stable value fund	<u>3,230,795</u>	<u>(10,420,497)</u>
Schwab self-directed brokerage account	<u>(12,894)</u>	<u>387,903</u>
	<u>\$ 12,828,153</u>	<u>\$ 58,212,706</u>

Note 9. Schwab Self-Directed Brokerage Account

Effective January 1, 2010, participants have the option to invest in a self-directed brokerage account. The self-directed brokerage account is offered through Charles Schwab & Co., Inc. and allows participants to select from numerous mutual funds and other types of securities, such as stocks and bonds, for an additional fee or fees. As of December 31, 2014 and 2013, the balances invested in the Schwab self-directed brokerage account were \$5,650,716 and \$4,146,141, respectively.

Note 10. Plan Termination

Currently, there are no intentions to terminate the Plan. However, the State reserves the right to terminate, suspend, withdraw or amend the Plan at anytime.

Note 11. Tax Status

The Plan is a deferred compensation plan and trust under Section 457 of the IRC, and as such, is exempt from federal and state income taxes. Amounts of compensation deferred by employees participating in the Plan are not subject to federal income tax withholding, and the compensation is not includable in taxable income until actually paid or otherwise made available to the participant, his beneficiary or his estate.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 12. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net position available for benefits.

Note 13. Commitments

Effective November 1, 2014, PEBA entered into a new agreement with the investment advisor that runs through October 31, 2015, which requires an annual fee of \$85,000, payable in twelve equal monthly installments. The Plan will share the cost pro-rata with the State of South Carolina Salary Deferral [401(k)] and Savings Profit Plan and Trust, based upon Plan assets under management.

Effective January 1, 2015, PEBA entered into a new agreement with the Plan administrator that runs through December 31, 2017, which requires an annual fee of 0.10 percent of total Plan assets, assessed to participant accounts on a quarterly basis.

NIKKI R. HALEY, CHAIR
GOVERNOR

CURTIS M. LOFTIS, JR.
STATE TREASURER

RICHARD ECKSTROM, CPA
COMPTROLLER GENERAL



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COMMITTEE

W. BRIAN WHITE
CHAIRMAN, HOUSE WAYS AND MEANS
COMMITTEE

MARCIA S. ADAMS
EXECUTIVE DIRECTOR

April 19, 2013

Mr. R. Voight Shealy
Materials Management Officer
Division of Procurement Services
1201 Main Street, Suite 600
Columbia, South Carolina 29201

Dear Voight:

We have reviewed the response from the South Carolina Department of Disabilities and Special Needs to our audit report for the period of April 1, 2008 through December 31, 2011. We have followed-up on DDSN's corrective action during and subsequent to our fieldwork.

Therefore, we recommend the Budget and Control Board grant DDSN the certification limits noted in our report for a period of three years.

Sincerely,

Robert J. Aycock, IV, Manager
Audit and Certification

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COMMITTEE

MARCIA S. ADAMS
EXECUTIVE DIRECTOR

February 20, 2013

Mr. R. Voight Shealy
Materials Management Officer
Procurement Services Division
1201 Main Street, Suite 600
Columbia, South Carolina 29201

Dear Voight:

We have examined the procurement policies and procedures of the South Carolina Department of Disabilities and Special Needs for the period April 1, 2008 through December 31, 2011. As part of our examination, we studied and evaluated the system of internal control over procurement transactions to the extent we considered necessary.

The evaluation was used to establish a basis for reliance upon the system of internal controls to assure adherence to the South Carolina Consolidated Procurement Code, State regulations, and the Agency's procurement policies. Additionally, the evaluation was used in determining the nature, timing and extent of other auditing procedures necessary for developing an opinion on the adequacy, efficiency and effectiveness of the procurement system.

The administration of the South Carolina Department of Disabilities and Special Needs is responsible for establishing and maintaining a system of internal controls over procurement transactions. In fulfilling this responsibility, estimates and judgments by management are

required to assess the expected benefits and related costs of control procedures. The objectives of a system are to provide management with reasonable, but not absolute, assurance of the integrity of the procurement process, that affected assets are safeguarded against loss from unauthorized use or disposition and that transactions are executed in accordance with management's authorization and recorded properly.

Because of inherent limitations in any system of internal controls, errors or irregularities may occur and not be detected. Also, projection of any evaluation of the system to future periods is subject to the risk that procedures may become inadequate because of changes in conditions or that the degree of compliance with the procedures may deteriorate.

Our study and evaluation of the system of internal controls over procurement transactions, as well as our overall examination of procurement policies and procedures, were conducted with professional care. However, because of the nature of audit testing, they would not necessarily disclose all weaknesses in the system.

The examination did, however, disclose conditions enumerated in this report which we believe need correction or improvement. Corrective action based on the recommendations described in these findings will in all material respects place the South Carolina Department of Disabilities and Special Needs in compliance with the South Carolina Consolidated Procurement Code and ensuing regulations.

Sincerely,



Robert J. Aycock, IV, Manager
Audit and Certification

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SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PROCUREMENT AUDIT REPORT
APRIL 1, 2008 – DECEMBER 31, 2011

SOUTH CAROLINA
BUDGET AND CONTROL BOARD
DIVISION OF PROCUREMENT SERVICES

B*CB

Certifies

DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

454

Agency

Certificate Number

To make direct procurements subject to compliance with the Consolidated Procurement Code and Regulations not to exceed for each procurement transaction the dollar amounts for the general area of specific commodities and services listed herein

PHARMACEUTICAL DRUGS	*\$1,000,000 PER COMMITMENT
PHARMACEUTICAL SERVICES	*\$1,000,000 PER COMMITMENT
SUPPLIES AND SERVICES	*\$ 250,000 PER COMMITMENT
CONSULTANT SERVICES	*\$ 250,000 PER COMMITMENT
INFORMATION TECHNOLOGY	*\$ 100,000 PER COMMITMENT
CONSTRUCTION CONTRACT AWARD	\$ 500,000 PER COMMITMENT
CONSTRUCTION CONTRACT CHANGE ORDER	\$ 250,000 PER CHANGE ORDER
ARCHITECT/ENGINEER CONTRACT AMENDMENT	\$ 25,000 PER AMENDMENT
*TOTAL POTENTIAL PURCHASE COMMITMENT WHETHER SINGLE YEAR OR MULTI-TERM CONTRACTS ARE USED	

Given this 8TH day of MAY, 2013


Director,
Division of Procurement Services


Director,
Materials Management Office

This certification expires MAY 8, 2016 but may be withdrawn at any time by the Budget and Control Board.

INTRODUCTION

We conducted an examination of the internal procurement operating policies and procedures of the South Carolina Department of Disabilities and Special Needs. Our review was performed January 23, 2012 through March 9, 2012 and was made under Section 11-35-1230(1) of the South Carolina Consolidated Procurement Code and Section 19-445.2020 of the accompanying regulations.

The examination was directed principally to determine whether, in all material respects, the internal controls of the procurement system were adequate and the procurement procedures, as outlined in the Internal Procurement Policies and Procedures Manual, were in compliance with the South Carolina Consolidated Procurement Code and ensuing regulations.

On November 6, 2008 the State Budget and Control Board granted the South Carolina Department of Disabilities and Special Needs the following procurement certifications:

<u>PROCUREMENT AREAS</u>	<u>CERTIFICATION LIMITS</u>
Pharmaceutical Drugs	\$1,000,000 total annual contracts
Pharmaceutical Services	\$1,000,000 total annual contracts
Supplies and Services	\$ 250,000 per commitment
Consultant Services	\$ 250,000 per commitment
Information Technology	\$ 100,000 per commitment
Construction Contract Award	\$ 250,000 per commitment
Construction Contract Change Order	\$ 250,000 per change order
Architect/Engineer Contract Amendment	\$ 25,000 per amendment

Our audit was performed primarily to determine if recertification is warranted. Additionally, the Department of Disabilities and Special Needs requested an increase in construction contract award with all other certification levels remaining the same.

<u>PROCUREMENT AREAS</u>	<u>REQUESTED CERTIFICATION LIMITS</u>
Pharmaceutical Drugs	\$1,000,000 total annual contracts
Pharmaceutical Services	\$1,000,000 total annual contracts
Supplies and Services	\$ 250,000 per commitment
Consultant Services	\$ 250,000 per commitment
Information Technology	\$ 100,000 per commitment
Construction Contract Award	\$ 500,000 per commitment
Construction Contract Change Order	\$ 250,000 per change order
Architect/Engineer Contract Amendment	\$ 25,000 per amendment

SCOPE

We conducted our examination in accordance with Generally Accepted Auditing Standards as they apply to compliance audits. Our examination encompassed a detailed analysis of the internal procurement operating procedures of the South Carolina Department of Disabilities and Special Needs, hereinafter referred to as DDSN, and its related policies and procedures manual to the extent we deemed necessary to formulate an opinion on the adequacy of the system to properly handle procurement transactions.

We selected judgmental samples for the period November 1, 2009 through December 31, 2011 of procurement transactions for compliance testing and performed other audit procedures that we considered necessary to formulate this opinion. The scope of our audit included, but was not limited to, a review of the following:

- (1) All sole source, emergency and trade-in sale procurements for the period April 1, 2008 through December 31, 2011 with no exceptions
- (2) Procurement transactions for the period November 1, 2009 through December 31, 2011 as follows:
 - a) One hundred payments each exceeding \$2,500 with exceptions noted in Section I
 - b) A block sample of six hundred and fifteen purchase orders from FY 2012 reviewed against the use of order splitting and favored vendors with no exceptions
 - c) Procurement card purchases for September, October and November, 2011 with exceptions noted in Section II of the report
- (3) Six construction contracts and three Architect/Engineer and Related Professional Service Contracts including five professional service indefinite delivery contracts for compliance with the Manual for Planning and Execution of State Permanent Improvements, Part II with no exceptions

- (4) Minority Business Enterprise Plans and reports with no exceptions noted with the following activity reported to the Governor's Office of Small and Minority Business Assistance:

<u>Fiscal Year</u>	<u>Goal</u>	<u>Actual</u>
FY08-09	\$ 1,169,520	\$46,431
FY09-10	\$ 936,820	\$80,455
FY10-11	\$ 982,374	\$162,119
FY11-12	\$1,253,287	N/A

- (5) Approval of the most recent Information Technology Plan with no exceptions
- (6) Internal procurement procedures manual with no exceptions
- (7) Surplus property disposition procedures with no exceptions
- (8) Ratification of unauthorized procurements with no exceptions
- (9) File documentation and evidence of competition with no exceptions
- (10) Other tests performed as deemed necessary with no exceptions

SUMMARY OF AUDIT FINDINGS

	<u>PAGE</u>
I. <u>Supplies and Services</u>	
A. <u>Unauthorized Procurements</u>	8
<p> In one case, DDSN issued a RFP resulting in a contract award with a total potential value of \$1,250,000 vastly exceeding its \$250,000 procurement authority. Further, DDSN was unable to provide conflict of interest and confidentiality statements, a signed bid document from the vendor and a written determination authorizing the use of a RFP.</p> <p> In another case, payments totaling \$304,501.07 for linen services continued to be made to a vendor who was no longer under contract.</p>	
B. <u>No Competition</u>	9
<p> DDSN paid \$3,500 for catering services with no evidence of solicitations of competition. On another unrelated procurement, DDSN was unable to locate any supporting documentation for a biomedical waste removal contract in the amount of \$5,309.</p>	
II. <u>Procurement Cards Receipts Not Signed by Cardholder</u>	10
<p> Purchases by three cardholders included receipts which had not been signed by the cardholder.</p>	

RESULTS OF EXAMINATION

I. Supplies and Services

A. Unauthorized Procurements

DDSN issued a RFP on solicitation 80410082710 dated August 4, 2010 resulting in a contract award with a total potential value of \$1,250,000 over a five-year period to provide Medical Supplies and Billing Services for Eligible Medicare Part B Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) to Eligible Medicare Part B consumers. Since DDSN's authority to award such contracts was limited to its Supplies and Services certification of \$250,000, DDSN vastly exceeded its procurement authority.

Section 11-35-1210, Certification, provides in part, (1) Authority, The board may assign differential dollar limits below which individual governmental bodies may make direct procurements not under term contracts. The Board certified DDSN in supplies and services procurements up to \$250,000. Procurements above the certification limits must be submitted to the chief procurement officer for processing.

Further, DDSN was unable to provide: (1) conflict of interest and confidentiality statements from the evaluators, (2) a signed offer from the awarded offeror, and (3) a written determination authorizing the use of a RFP over a competitive sealed bid.

Section 11-35-2430 of the Code requires in part, "All procurement records of governmental bodies shall be retained and disposed of in accordance with records retention guidelines and schedules approved by the Department of Archives and History after consultation with the Attorney General. All retained documents shall be made available to the Attorney General or a designee upon request and proper receipt therefor (sic)." Regulation 19-445.2005 (B) states, "Each governmental body must maintain procurement files sufficient to satisfy the requirements of external audit."

We recommend DDSN submit this contract for ratification to the Chief Procurement Officer in accordance with Regulation 19-445.2015. Further, DDSN must comply with the Code relating to the award of contracts and retention of procurement files.

Payments for linen services continued to be made to a vendor who was no longer under contract. DDSN awarded solicitation 4-1007-07 for linen services for the period February 1, 2007 through January 31, 2008 with the option to extend for two, one year periods finally expiring on January 31, 2010. However, DDSN continued paying this vendor under the expired contract until a new solicitation was issued in January, 2012. DDSN issued PO 4600103041 in the amount of \$163,000 for the period July 1, 2011 through June 30, 2012 against the expired contract. Expenditures for the period March 2010 through January 2012, under this expired contract totaled \$304,501.07 without any competition being obtained.

We recommend to prevent the purchase of services from expired contracts, that the statement of award include enough information for anyone to determine the total potential contract value. Ratification for the expenditures made after the contract expired will have to be requested in accordance with Regulation 19-445.2015 from the chief procurement officer.

B. No Competition

A procurement for catering services at the Coastal Center was not supported by evidence of solicitations of competition. DDSN paid \$3,500 on March 29, 2011 through a direct expenditure voucher (DEV). This type of direct expenditure is not one of the approved categories listed for DEV's in Chapter 3. 1. A. of DDSN's policies and procedures manual.

On another unrelated procurement, DDSN procured a biomedical waste removal contract authorized on PO4600108776 dated July 21, 2011 in the amount of \$5,309 at the Pee Dee Center without competition.

Section 11-35-1550 (2) of the Code requires solicitations of written quotes from a minimum of three qualified sources of supply for a small purchase over two thousand five hundred dollars but not in excess of ten thousand dollars.

We recommend DDSN comply with the competition requirements of the Procurement Code. DEVs must comply with DEV procedures in DDSN's policies and procedures manual.

II. Procurement Card Receipts Not Signed by Cardholder

We reviewed procurement card activity for September, October, and November, 2011. Purchases by three cardholders included receipts which had not been signed by the cardholder. Page 16 of the DDSN Purchasing Card Policy and Cardholders' Guide, Reconciliation Process-Item 1, states in part, "Cardholder will turn-in the signed Visa receipt and their (sic) State Visa Purchasing Card Form to their (sic) local purchasing department daily."

We recommend that all procurement card receipts be signed by cardholders prior to submission to the Purchasing Department as required by DDSN's Internal Purchasing Card Policy and Cardholders' Guide.

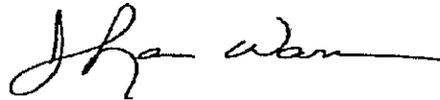
CERTIFICATION RECOMMENDATIONS

As enumerated in our transmittal letter, corrective action based on the recommendations described in this report, we believe, will in all material respects place DDSN in compliance with the South Carolina Consolidated Procurement Code.

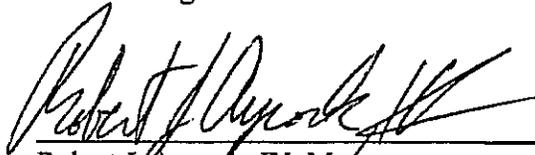
Under the authority described in Section 11-35-1210 of the Procurement Code, subject to this corrective action, we will recommend that DDSN be certified to make direct agency procurements for three years up to the following limits.

<u>PROCUREMENT AREAS</u>	<u>CERTIFICATION LIMITS</u>
Pharmaceutical Drugs	*\$1,000,000 per commitment
Pharmaceutical Services	*\$1,000,000 per commitment
Supplies and Services	*\$ 250,000 per commitment
Consultant Services	*\$ 250,000 per commitment
Information Technology	*\$ 100,000 per commitment
Construction Contract Award	\$ 500,000 per commitment
Construction Contract Change Order	\$ 250,000 per change order
Architect/Engineer Contract Amendment	\$ 25,000 per amendment

*Total potential purchase commitment whether single year or multi-term contracts are used.



J. Lane Warren, CFE, CBM
Audit Manager



Robert J. Aycock, IV, Manager
Audit and Certification

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April 11, 2013

Mr. Jimmy Aycock, IV
Manager Audit and Certification
Procurement Services Division
1201 Main Street Suite 600
Columbia, SC 29201

Reference: Audit Acceptance

Mr. Aycock,

The South Carolina Department of Disabilities and Special Needs (DDSN) concur with all your points addressed in the audit report. The agency has learned from the audit and will move forward from here. We understand the need to be as accurate as possible and show accountability when spending taxpayer dollars. As always, thanks for the guidance and assistance in helping us to "procure it the right way".

Sincerely,

A handwritten signature in black ink, appearing to read "Allen Mance, Jr.".

Allen Mance, Jr., CPPB
Director Procurement Services

cc: Tom Waring
Latitia Trezevant

DISTRICT I

P.O. Box 239
Clinton, SC 29317-5328
Phone: (864) 938-1497

Midlands Center - Phone: 803/935 7500
Whitten Center - Phone: 864/833 2744

DISTRICT II

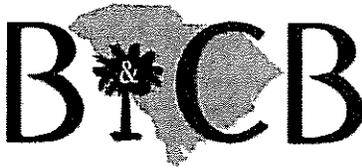
9995 Miles Janison Road
Summerville, SC 29485
Phone: 843/832-5576

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

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Human Resources Division
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803-896-5300
FAX 803-896-5050

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SCDDSN
HUMAN RESOURCES
CENTRAL OFFICE

November 8, 2013

Ms. Deidre Blake-Sayers
Human Resources Director
Dept. of Disabilities & Special Needs
3440 Harden Street Ext.
Columbia, South Carolina 29203

Dear Ms. Blake-Sayers:

The results of the audit of your delegated transactions from July 1, 2011 to June 30, 2013 are attached. Thank you for your assistance during the audit.

Should you have any questions regarding your agency's audit results, please feel free to contact me at 803-896-5168.

Sincerely,

Kelly Watkins
Human Resources Division, Team Leader

Enclosure

c: Ms. Beverly Buscemi

CLASSIFICATION DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
November 8, 2013

I. Audit Period: July 1, 2011 thru June 30, 2013

II. Auditors: Kelly Watkins and Terra Ellerbe

III. Delegated Reclassification Actions: Printouts on file with OHR

7/1/11 - 6/30/13

Total Number of Reclassifications: 114

Total Number of Actions Audited: 29

IV. Sampling Size: 25.43%

V. Purpose of Audit:

1. To determine if internal procedures are established for the review and processing of delegated classification actions.
2. To determine if the agency maintains an approved copy of the classification delegation agreement and all other correspondence related to its classification delegation program.
3. To determine whether delegated position descriptions are filed for ease of retrieval and review.
4. To determine whether the job duties on the position description are appropriate to the classification of the position.
5. To determine whether the position descriptions include: internal titles (if used), essential and marginal functions, percentages of time spent on each job duty, and appropriate coding and signatures.
6. To determine whether the class code and position number is correct on each position description.
7. To determine if authorized or effective dates on position descriptions fall on or after the approval date.
8. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. Requests for classifications are reviewed and approved by the appropriate manager and human resources.
2. The agency was able to produce a copy of the classification delegation agreement.
3. The agency had 0% or 0 out of the 29 actions audited that were not appropriate to the classification.
4. Out of the position descriptions audited the following was noted:
 - Appropriate coding (class code, slot, position number) and signatures
 - 13.79% or 4 out of the 29 did not have the appropriate coding and signatures
 - 10.34% or 3 out of the 29 did not have the class code and position number.
 - FLSA designation
 - 3.44% or 1 out of the 29 actions audited did not have the FLSA designation
 - State minimum training and experience
 - 3.44% or 1 out of the 29 actions audited did not have minimum training and experience that at least met the State minimum classification specification
 - Essential and marginal functions
 - 0% or 0 out of the 29 actions audited did not have essential and marginal functions designated.
 - Percentages of time spent on each job duty
 - 0% or 0 out of the 29 actions audited did not have percentages of time that equaled 100%.
5. The agency had 17.24% or 5 out of the 29 actions audited that were approved after the effective date
6. The agency had 3.44% or 1 out of the 29 actions audited that had missing position descriptions.

VII. Recommendation(s):

- PD/Prototype Comparison
 - No Recommendations.
- Minimum Training and Experience
 - No Recommendations.
- Essential & Marginal Functions
 - No Recommendations.
- Job Functions
 - No Recommendations.
- Coding & Signatures

- No Recommendations.
- FLSA
 - No Recommendations.
- Class Code, Slot & Position #
 - No Recommendations.
- Approval Dates & Effective Dates
 - No Recommendations.
- Missing Delegated Position Descriptions
 - No Recommendations.
- Agency maintain copy of classification delegation agreement
 - No Recommendations.

VIX Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. Overall, the agency is in compliance with the classification delegation agreement, but needs to be work on the recommendations listed in this report.

HIRE ABOVE MINIMUM DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
November 8, 2013

- I. Audit Period Covered: July 1, 2011 – June 30, 2013
- II. Auditors: Kelly Watkins and Terra Ellerbe
- III. Delegated Hire Above Minimum Actions: Printouts on file with OHR

7/1/11 - 6/30/13

Number of New Hires: 799

Number Hired Above Minimum: 792

Number of Actions Audited: 97

- IV. Sampling Size: 12.24%

- V. Purpose of Audit:

1. To determine if internal procedures are established for the review and documentation of delegated hire above minimum actions.
2. To determine if the agency maintains an approved copy of the hire above minimum delegation agreement and all other correspondence related to its hire above minimum delegation program.
3. To determine whether hire above minimum documentation is filed for ease of retrieval and review.
4. To determine whether proper documentation exists for each hire above minimum action, to include:
 - A completed employment application with salary history and dates of employment
 - Applicant's name and SSN
 - Position title, class code and slot to include internal title, if used
 - Pay band and salary range
 - Applicant's current salary
 - Proposed salary and % above minimum
 - Agency average salary, internal title average salary
 - Statewide average salary, if applicable
 - Justification statement to include not only that the applicant exceeds the minimum requirements, but also a description of why the salary is needed to hire the individual (e.g., market, recruiting/retention difficulties, most qualified and little time needed for training, etc.)
 - Hire date

- Authorized signature and date of approval
5. To determine whether actions are approved prior to the hire date of the applicant.
 6. To determine whether actions are true new hires, or whether another action code, such as promotion, demotion, or transfer is appropriate.
 7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency has a form that has all of the information required to hire an employee above the minimum of the pay band. Each employee that is hired above the minimum should have a form in the personnel file with all of the information completed in order to be compliant.
2. The agency was able to produce its copy of the hire above minimum delegation agreement.
3. This section summarizes the documentation for each hire above minimum action. There were a total of 97 hire above minimum actions audited.
 - **Completed Application Including Employment Dates** –14.43% or 14 out of the 97 actions audited did not have a completed application including employment dates.
 - **Applicant Name** - 0% or 0 out of the 97 actions audited did not have a completed application including applicant's name.
 - **Title/Class (including internal title)** – 0% or 0 out of the 97 actions audited did not have the title/class.
 - **Pay Band/Salary Range** -15.46% or 15 out of the 97 actions audited did not have the pay band and salary range.
 - **Applicant's Current Salary** - 14.43% or 14 out of the 97 actions audited did not have the applicant's current salary.
 - **Proposed Salary & % Above Minimum** - 21.64% or 21 out of the 97 actions audited did not have the proposed salary and percentage above minimum.
 - **Average Salary Data** - 25.77% or 25 out of the 97 actions audited did not have average salary data.
 - **Justification Statement of HAM** - 15.46% or 15 out of the 97 actions audited did not have an adequate justification statement.
 - **Approval Date on or Prior to Hire Date** - 16.49% or 16 out of the 97 actions audited did not have the approval date on or prior to the hire date.

- **Authorized Signature & Approval Date** - 16.49% or 16 out of the 97 actions audited did not have an authorized signature and/or approval date.
- **New hires coded appropriately** - 2.06% or 2 out of the 97 actions audited should not have been coded as a new hires.

VII. Recommendations:

- ^ **Completed Application including Employment Dates** - Ensure that the application or resume contains the employee's employment dates. Make certain that the application and other supporting documentation is kept on file.
- ^ **Applicant Name** - No Recommendations.
- ^ **Title/Class/Slot (including internal title)** - No Recommendations.
- ^ **Pay Band/Salary Range** - Ensure the correct pay band/salary range for the position is recorded on your internal approval form.
- ^ **Applicant's Current Salary** - Ensure the applicant's current salary is recorded on your internal approval form.
- ^ **Proposed Salary & % Above Minimum** - Ensure the proposed salary and the percentage above minimum are recorded on your internal approval form.
- ^ **Average Salary Data** Ensure the state average salary is recorded on your internal approval form. This will assist the agency in making equitable pay decisions on a statewide basis.
- ^ **Justification Statement of HAM** - Justification statements need to be strengthened. The justification statement should include reasons above and beyond the fact that the applicant has training and experience which exceeds the minimum requirements.
- ^ **Approval Date on or prior to Hire Date** Ensure the hire date is present on your internal approval form.
- ^ **Authorized Signature & Approval Date** - Ensure the authorized signature and approval dates are included on your internal approval form.
- ^ **Did Employee Come from Other State Agency** - No Recommendations.
- ^ **Delegation Contract on File** - No Recommendations.

VIII. Additional Comments

- ^ None

VIX. Summary:

Continued focus on the implementation of the recommendations made in this report will strengthen this agency's hire above minimum delegation in the future. Please remember that delegation audits are no longer scheduled on an annual basis, but your agency may be subject to a random delegation audit in the future.

TEMPORARY SALARY ADJUSTMENT DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
November 8, 2013

- I. Audit Period Covered: July 1, 2011 – June 30, 2013
- II. Auditors: Kelly Watkins and Terra Ellerbe
- III. Delegated Temporary Salary Adjustment Actions: Printouts on file with OHR
7/1/11 - 6/30/13
Number of Temporary Salary Adjustments: 5
Number of Actions Audited: 5
- IV. Sampling Size: 100%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and documentation of delegated temporary salary adjustment actions.
 - 2. To determine if the agency maintains an approved copy of the temporary salary adjustment delegation agreement and all other correspondence related to its temporary salary adjustment delegation program.
 - 3. To determine whether temporary salary adjustment documentation is filed for ease of retrieval and review.
 - 4. To determine whether proper documentation exists for each temporary salary adjustment, to include:
 - ^ Employee Name
 - ^ Current Class Title
 - ^ Current Salary
 - ^ Amount or % increase of the temporary salary adjustment
 - ^ Justification of additional responsibilities
 - ^ Effective Date
 - ^ Duration (* Not to exceed one year)
 - ^ Approval Signature and Date
 - 5. To determine whether actions are approved prior to the employee receiving a temporary salary adjustment.
 - 6. To determine whether an extension of the temporary salary adjustment beyond one year has OHR approval prior to the expiration date of the adjustment.

7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency has a form that has all of the information required for temporary salary adjustments. Each employee receiving a temporary salary adjustment should have a form in the personnel file with all of the information completed in order to be compliant.
- 2.
3. The agency was able to produce its copy of the temporary salary adjustment delegation agreement.
4. This section summarizes the documentation for each temporary salary adjustment action. There were a total of 5 temporary salary adjustment actions audited.
 - **Employee Name** - 0% or 0 out of the 5 actions audited did not have completed documentation including employee's name.
 - **Title/Class (including internal title)** - 0% or 0 out of the 5 actions audited did not have the title/class.
 - **Employee's Current Salary** - 0% or 0 out of the 5 actions audited did not have the employee's current salary.
 - **Proposed Salary & Percentage** - 0% or 0 out of the 5 actions audited did not have the proposed salary and percentage.
 - **Justification of Additional Responsibilities** - 0% or 0 out of the 5 actions audited did not have an adequate justification statement of additional responsibilities.
 - **Effective Date** - 0% or 0 out of the 5 actions audited did not have the effective date of the temporary salary adjustment.
 - **Duration** - 0% or 0 out of the 5 actions audited did not have the duration of not to exceed one year.
 - **Authorized Signature & Approval Date** - 60% or 3 out of the 5 actions audited did not have an authorized signature and/or approval date.

VII. Recommendations:

- ^ **Employee Name**
 - ^ No Recommendations.
- ^ **Title/Class (including internal title)**
 - ^ No Recommendations.
- ^ **Employee's Current Salary**
 - ^ No Recommendations.
- ^ **Proposed Salary & %**
 - ^ No Recommendations.

- ^ **Justification Statement of TSA**
- ^ No Recommendations.
- ^ **Effective Date**
- ^ No Recommendations.
- ^ **Duration**
- ^ No Recommendations.
- ^ **Authorized Signature & Approval Date**
- ^ Recommendation – Ensure that the authorized signature and approval dates are included on your internal approval form.
- ^ **Delegation Contract on File**
- ^ No Recommendations.

VII. Summary:

It appears that the decisions made by the agency during this audit period regarding temporary salary adjustment actions are sound. The agency is in compliance with the classification delegation agreement.

**ADMINISTRATIVE PERCENTAGE DETERMINATION
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN)**

The Centers for Medicare & Medicaid Services (CMS) advised the South Carolina Department of Health and Human Services (DHHS) in a letter dated March 30, 2010, that the Department of Disabilities and Special Needs (DDSN) could not claim to be an Organized Health Care Delivery System (OHCDS) in relation to the four Medicaid waivers that DDSN had been assisting in the administering of for Medicaid beneficiaries.

DDSN had been incorporating administrative cost of its operations into the program cost DDSN was reporting to DHHS which was claimed as a total computable expenditure on the Medicaid CMS Form 64 and was matched against the Federal Medical Assistance Percentage (FMAP) in effect for the quarter filed. The March 30, 2010 letter notified DHHS that these administrative costs would have to be claimed on the Medicaid CMS Form 64 as administrative cost for the Medicaid agency. This position was reaffirmed in a letters from Jackie Glaze dated October 20, 2010, and June 2, 2011.

As stated in DHHS' letter dated March 30, 2010, to Jackie Glaze, DHHS does not have intent "to violate CMS policy regarding the claiming of administrative and service costs under the MR/DD waiver." This position paper is DHHS' attempt to become compliant with CMS policy.

Background Information

The Medicaid program is a program that is funded by both the State and Federal government. Expenditures for program services are funded at the FMAP that is specific to each State and changes on an annual basis. In addition to program service expenditures, the Federal and State governments share in the expenditures related to the administration of the program. The Federal percentage for administrative cost is defined by regulation with various different percentages for specific expenditures.

CMS has requested that DHHS supply a percentage of expenditures previously claimed by DHHS as program service cost that should be considered administrative cost for prior reporting and as a mean to adjust future expenditures. DHHS working with DDSN submitted two administrative percentages to the CMS Regional Office. The first percentage was on January 7, 2011, which indicated a 1.91% administrative percentage, and the second percentage, which indicated a 1.15% administrative percentage, was discussed with the on-site Funding Specialist in November 2011. Neither approach for determining the percentage was determined to be acceptable by the CMS Regional Office.

Based on DHHS desire to come into compliance with CMS's request to separate service cost and administration cost, DHHS contracted with PHBV Partners LLP to conduct an analysis of administrative cost for DDSN.

Approach Adopted to Determine Administrative Cost for DDSN

DDSN provides Intermediate Care Facilities for Mental Retarded (ICF/MR) services as well as various waiver services that include the following:

- Service Coordination (Targeted Case Management)
- Early Intervention
- Rehab Support
- Community Support Waiver
- Mental Retardation and Related Disabilities Waiver
- Head and Spinal Cord Injury (HASCI) Waiver
- Autism
- Pervasive Developmental Disorder (PDD) Waiver

For purposes of this analysis, the following waiver programs are being reviewed: Community Support, Mental Retardation and Related Disabilities, Head and Spinal Cord Injury, and PDD Waiver.

PHBV conducted on-site interviews and review of cost reports for the Central Office as well as the various regional offices. Based on the results of those activities, PHBV determined that the following cost identified as direct cost at the Central Office would be treated as program service costs:

- Expenses identified through the various local Disabilities and Special Needs (DSN) boards as costs related to the waiver program

Each local DSN board is required to submit a cost report to DDSN. The cost included on these cost reports is originally reported on the Central Office cost report and directly assigned the regional cost reports to the specific waiver program. These are costs associated with running the actual provider of the waiver services and not administrative cost incurred by DDSN in administering the waiver programs.

- Expenses related to services incurred by providers contracted with DDSN through DDSN's Qualified Provider Listing (QPL)

In addition to the services provided by the local DSN boards, DDSN contracts for waiver services with providers that are included on the Qualified Provider Listing maintained by DDSN. As with the local DSN Boards, the cost of services for these providers would be included as a provider cost.

- Direct training cost related to providing training services to Waiver providers or incurring the cost of training provided by others to Waiver providers

In order for providers to maintain the certifications necessary to qualify as a provider under the waiver services, these providers must receive training on an ongoing basis. Ongoing training

cost is a necessary part of providing care to the individuals in the various waiver programs. In order to ensure that the local DSN boards and the QPL providers receive the necessary training, DDSN incurs the cost of the training on behalf of the providers. Had the providers incurred the cost it would be a cost that would be incorporated into the calculation of direct patient care cost in rate setting. As such this cost will be considered a program service cost for determination of the administrative percentage.

- Fire Marshall and DHEC certification cost incurred by DDSN on behalf of the local DSN boards and QPL providers

DDSN incurs cost related to fire inspection and inspections done by the South Carolina Department of Health and Environmental Control (DHEC) on behalf of the providers of Waiver services. This expense would be a normal expense of operations for any provider and be able to be incorporated into its payment rates. Since DDSN is incurring the cost on behalf of the providers, it should be reported as a program cost for DDSN.

- General Community Operations and Community Residential costs at the Regional level allocated to the waiver programs.

Each Regional ICF/MR cost report contains expenses related to the operations of community operations and residential locations. These costs relate to the day-to-day activities for the various waiver programs and residential facilities. These costs should be treated as program costs for this exercise.

- Direct expenses for programs at Central Office

DDSN reports cost specifically related to case management, monitoring, technical assistance and appeals for various non-ICF/MR programs which relates to assisting the providers with providing patient care to the individuals in the waiver programs and has been included as program cost for this analysis.

In addition to the determination of program service cost, an analysis was performed on the remaining administrative cost to determine whether the administrative cost related specifically to waiver programs or related to the administration of all services for DDSN. The following costs were determined to relate specifically to the waiver programs and were identified as administrative cost of the waiver programs:

- Administrative component of UAP Attendant Care training program
- Depreciation expense for capital related cost – building at the Central Office

Any cost allocated from the general service cost centers on the ICF/MR cost report, except for the Community Operations and Community Residential described above, are allocated to an administrative cost center for each waiver program.

Finally, administrative cost was identified from the Central Office that will be allocated at each ICF/MR cost report allowing the ICF/MR and other programs to receive their proportion. These administrative costs are as follows:

- Human Resources
- Internal Audit
- Executive Staff Operations
- Finance
- Information Technology
- Budget
- Cost Analysis
- Quality Assurance
- Legal
- District Office Cost

These cost flow to the Administrative and General cost center of each regional ICF/MR cost report for allocation to the program services furnished by DDSN. When allocating the Administrative and General cost to the various cost centers, accumulated cost is the statistical method being employed. Because CMS has determined that the administrative cost should not be included in the program cost for the waiver programs, DHHS has elected to excluded the actual cost of providing services by outside entities from the accumulated cost statistic for the following reasons:

1. The outside entities have their own administrative function that is not impacted based on the administrative function of DDSN.
2. DDSN’s administrative function relates to the administering of provider services within its facilities and managing the providers under the waiver programs. The administrative cost should relate specifically to the costs incurred directly by DDSN to perform its functions.

Determination of Program and Administrative Cost

Based on review of the regional ICF/MR cost reports, the service cost for the waiver programs is as follows:

	Coastal	Midland	Pee Dee	Piedmont	Total
Community Supports Waiver	\$2,167,263	\$2,282,887	\$2,590,704	\$2,902,955	\$9,943,809
Mental Retardation and Related Disabilities	\$44,842,769	\$65,254,549	\$42,431,970	\$60,270,341	\$212,799,629
PDD Waiver	\$56,000	\$0	\$0	\$0	\$56,000
Head & spinal cord waiver	\$1,857,197	\$2,148,588	\$725,058	\$2,394,873	\$7,125,716
	<u>\$48,923,229</u>	<u>\$69,686,024</u>	<u>\$45,747,732</u>	<u>\$65,568,169</u>	<u>\$229,925,154</u>

The administrative cost for the waiver programs based on the regional ICF/MR cost reports is as follows:

	Coastal	Midland	Pee Dee	Piedmont	Total
Community Supports Waiver	\$787	\$544	\$915	\$862	\$3,108
Mental Retardation and Related Disabilities	\$116,978	\$306,460	\$52,830	\$159,461	\$635,729
PDD Waiver	\$4,411	\$0	\$0	\$0	\$4,411
Head & spinal cord waiver	\$82,986	\$68,151	\$32,873	\$94,974	\$278,984
	<u>\$205,162</u>	<u>\$375,155</u>	<u>\$86,618</u>	<u>\$255,297</u>	<u>\$922,232</u>

The cost reports for documenting the amounts are included in Exhibit A through Exhibit D.

Determination of Administrative Percentage

Based on the costs reported above the administrative percentage for the waiver programs has been calculated at 0.40% based on the fiscal year ended June 30, 2010 cost reports. At first glance this amount might seem to be low but it is due to the amount of cost being incurred by DDSN which not a part of the activities of DDSN as a department. To illustrate this point, the expense incurred for local DSN Boards and QPL providers is as follows:

Coastal Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Head & spinal cord waiver	Local DSN Board	\$736,251
Mental Retardation and Related Disabilities	QPL Providers	\$1,370,437
Mental Retardation and Related Disabilities	Local DSN Board	\$40,514,067
Community Supports Waiver	Local DSN Board	\$2,144,837
Total		<u>\$44,765,592</u>

Midlands Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Head & spinal cord waiver	QPL Providers	\$637,257
Head & spinal cord waiver	Local DSN Board	\$605,532
Mental Retardation and Related Disabilities	QPL Providers	\$10,078,858
Mental Retardation and Related Disabilities	Local DSN Board	\$47,436,798
Community Supports Waiver	Local DSN Board	\$2,265,936
Total		<u>\$61,024,381</u>

Pee Dee Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Head & spinal cord waiver	Local DSN Board	\$296,253
Mental Retardation and Related Disabilities	QPL Providers	\$438,783
Mental Retardation and Related Disabilities	Local DSN Board	\$40,697,242
Community Supports Waiver	Local DSN Board	\$2,565,371
Total		\$43,997,649

Piedmont Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Mental Retardation and Related Disabilities	QPL Providers	\$1,965,118
Mental Retardation and Related Disabilities	Local DSN Board	\$53,864,337
Head & spinal cord waiver	QPL Providers	\$181,730
Head & spinal cord waiver	Local DSN Board	\$906,052
Community Supports Waiver	Local DSN Board	\$2,875,187
Total		\$59,792,424
Total All Regions		\$209,580,046

When removing the expenses incurred for the Local DSN and QPL providers, the total cost for all waiver programs in this analysis is \$21,267,340. For the total cost excluding the local DSN boards and QPL providers, the administrative percentage is 4.34%. Again the expenses incurred by DDSN from providers are the reason for the 0.40% administrative percentage.

To illustrate the DDSN administrative percentage is a reasonable estimate, we can do a comparison to Medicaid in South Carolina. Based on the Financial Management Report (FMR) from the CMS website for Federal Fiscal Year 2010 the State of South Carolina has an administrative percentage of 2.94% (\$151,178,598 Medicaid administrative cost ÷ \$5,143,329,582 [\$4,992,150,984 Medical Assistance Payments + administrative cost]). Because DDSN does not perform claims processing, we can remove \$40,010,977 of administrative cost from DHHS related to the MMIS system. The administrative percentage would decrease to 2.18%. In addition to MMIS, DHHS has additional administrative expenses that DDSN would not incur but is not readily identifiable from the FMR. These decreases would continue to decrease the administrative percentage of DHHS.

Based on the use of the cost reports to allocate administrative cost between waiver and non-waiver programs as well as the comparison to administrative cost within DHHS, the DDSN administrative rate should be accepted as reasonable. As previously agreed with CMS, the percentage should only be applied to expenditures claimed on the CMS Form 64 for the quarter beginning January 1, 2011 and forward.

Exhibit A
Coastal Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY - COASTAL REGION Intermediary Use Only	PROVIDER NO.:	PERIOD:	WORKSHEET S
	VARIOUS	FROM: July 1, 2009 TO: June 30, 2010	PARTS I AND II
Date Received			Intermediary Number

Audited Desk Reviewed

PART I - CERTIFICATION

Check applicable box Electronically filed cost report Date: _____ Time: _____
 Manually submitted cost report

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Coastal Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)
 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
	1	PART A 2	PART B 3	4	
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Coastal Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: Jamison Road P.O. Box: 1
1.01 City: Ladson State: SC Zip Code: 29456 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2	Hospital							2
3	Subprovider							3
4	Swing Beds - SNF							4
5	Swing Beds - NF							5
6	Hospital-Based SNF							6
7	Hospital-Based NF							7
8	Hospital-Based OLTC							8
9	Hospital-Based HHA							9
10	Hospital-Based CORF							10
11	Separately Certified ASC							11
12	Hospital-Based Hospice							12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions) 1 2 10 14

Type of Hospital/Subprovider (See Instructions)

15 Hospital 15
16 Subprovider 16

Other Information

17	If this is a Medicare Certified Kidney Transplant Center, enter the certification date.							17
18	If this is a Medicare Certified Heart Transplant Center, enter the certification date.							18
19	If this is a Medicare Certified Liver Transplant Center, enter the certification date.							19
20	If this is an Organ Procurement Organization (OPO), enter the OPO number.							20
21	Is this an Eye or Eye and Ear Specialty Hospital?			N				21
22	If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty			N				22
23	If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:							23
24	If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)							24
25	If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.							25
26	Does this hospital qualify as a rural primary care hospital?			N				26
27	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?			N				27
28	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?			N				28

Miscellaneous Cost Reporting Information

29	If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.			N				29
30	If this is an All-Inclusive Provider, enter the method used. (See Instructions)							30
31	Is the difference between total interim payments and the net cost of covered services included in the balance sheet?			N				31
32	Is this a new hospital under 42 CFR 412.300 PPS Capital?			N				32
33	Is this a new hospital under 42 CFR 413.40 (TEFRA)?			N				33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Coastal Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		633,013.59	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
38	If depreciation is funded, enter the balance as of the end of the period.			38
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
		1	2	3	
44	Are you filing under the fully prospective payment methodology for capital costs?				44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If This hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

South Carolina Department of Disabilities and Special Needs
Coastal Region
Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS-	ADJUSTMENTS	NET
					IFIED TRIAL BALANCE	TO EXPENSES INCREASE (DECREASE)	EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
O2 Capital-related costs - build			0.00	0.00	0.00	28,748.00	28,748.00
O2A Capital-related costs - equip			0.00	0.00	0.00	72,249.00	72,249.00
AB Employee health & welfare	233,653.92	14,824.23	248,478.00	0.00	248,478.00	5,332,521.00	5,580,999.00
AA Administrative & general	350,523.60	751,111.58	1,101,635.00	(461,018.00)	640,617.00	479,520.00	1,120,137.00
CP Physical therapy	151,327.82	64,282.48	215,610.00	0.00	215,610.00	1,594.00	217,204.00
CN Occupational therapy	88,381.82	4,913.83	93,296.00	0.00	93,296.00	1,593.00	94,889.00
ED Education	0.00	643.18	643.00	(643.00)	0.00	0.00	0.00
CS Speech & hearing	53,278.80	23,481.22	76,760.00	0.00	76,760.00	129.00	76,889.00
CL Cottage life allocable	3,727,108.76	2,112,178.24	5,839,287.00	(886,499.00)	4,952,788.00	243,916.00	5,196,704.00
CT Other Assistive Technology	84,212.18	7,213.80	91,426.00	0.00	91,426.00	778.00	92,204.00
XG General Community Operations			0.00	0.00	0.00	151,524.00	151,524.00
XR Community Residential	0.00	31,984.15	31,984.00	0.00	31,984.00	8,940.00	40,924.00
INPATIENT ROUTINE SERVICE COST CENTERS							
HA Highlands 510 (ICU)	761,980.61	120,764.72	882,745.00	80,167.00	962,912.00	280,809.00	1,243,721.00
HB Live Oak Village	294,677.06	0.00	294,677.00	(352,492.00)	(57,815.00)	57,815.00	0.00
HC Highlands (D Units)	3,379,146.84	442,466.58	3,821,613.00	658,047.00	4,479,660.00	1,438,736.00	5,918,396.00
HL Hillside (F Units)	2,335,365.29	310,267.00	2,645,632.00	782,235.00	3,427,867.00	960,037.00	4,387,904.00
JA Camp Road			0.00	0.00	0.00	0.00	0.00
JB Conifer Hall I	24,511.50		24,512.00	20.00	24,532.00	601,114.00	625,646.00
JC Conifer Hall II	28,362.92		28,363.00	20.00	28,383.00	598,287.00	626,670.00
JD Dehay			0.00	0.00	0.00	0.00	0.00
JE Dills Bluff	20,859.00		20,859.00	17.00	20,876.00	606,376.00	627,252.00
JG Farmington			0.00	0.00	0.00	0.00	0.00
JF Forest Circle	32,334.61		32,335.00	19.00	32,354.00	624,049.00	656,403.00
JH Hampton St.			0.00	0.00	0.00	0.00	0.00
JI Josie Drive	31,668.89		31,669.00	20.00	31,689.00	694,922.00	726,611.00
JJ Kings	25,263.63		25,264.00	20.00	25,284.00	526,296.00	551,580.00
JK Lenevar			0.00	0.00	0.00	0.00	0.00
JL Nance	25,243.52		25,244.00	20.00	25,264.00	527,290.00	552,554.00
JM Port Royal			0.00	0.00	0.00	0.00	0.00
JP Varnville			0.00	0.00	0.00	0.00	0.00
JQ Zeigler			0.00	0.00	0.00	0.00	0.00
KA Harley Road		24,701.00	24,701.00	20.00	24,721.00	622,866.00	647,587.00
KB Academy Street		24,820.00	24,820.00	20.00	24,840.00	616,266.00	641,106.00
KC Black's Drive		24,820.00	24,820.00	20.00	24,840.00	616,266.00	641,106.00
KD Lemon Park		24,820.00	24,820.00	20.00	24,840.00	616,266.00	641,106.00
KE Wannamaker Street		24,701.00	24,701.00	20.00	24,721.00	575,098.00	599,819.00
KF Sifty		24,845.50	24,846.00	20.00	24,866.00	575,098.00	599,964.00
KG Parsons I		24,820.00	24,820.00	20.00	24,840.00	644,766.00	669,606.00
KH Parsons II		23,375.00	23,375.00	19.00	23,394.00	644,766.00	668,160.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary			0.00	0.00	0.00	0.00	0.00
BK Outpatient clinic			0.00	0.00	0.00	0.00	0.00
BP Pharmacy			0.00	0.00	0.00	0.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination			0.00	0.00	0.00	4,572,970.00	4,572,970.00
AY Rehab Phase I			0.00	0.00	0.00	1,558,397.00	1,558,397.00
AZ Rehab Phase II			0.00	0.00	0.00	367,592.00	367,592.00
GA Cosair CTH II			0.00	0.00	0.00	0.00	0.00
XE Evaluation & planning			0.00	0.00	0.00	0.00	0.00
XI Early Intervention			0.00	0.00	0.00	3,299,303.00	3,299,303.00
CW Community Supports Waiver			0.00	0.00	0.00	2,153,916.00	2,153,916.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	88.00	88.00
XM Home & community based			0.00	680,721.00	680,721.00	43,692,224.00	44,372,945.00
XMA Home & community based - Admin			0.00	0.00	0.00	4,411.00	4,411.00
AW PDD Waiver			0.00	0.00	0.00	56,000.00	56,000.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	2,093.00	2,093.00
XA Autism	0.00	5,595.14	5,595.00	(558,411.00)	(552,816.00)	796,808.00	243,992.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	62,100.00	62,100.00	1,776,071.00	1,838,171.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	36,948.00	36,948.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified Units			0.00	0.00	0.00	0.00	0.00
FN Other non-covered costs	4,500.00	734.42	5,234.00	(4,500.00)	734.00	0.00	734.00
YF Federal projects			0.00	0.00	0.00	0.00	0.00
SUBTOTAL	11,464,156.70	4,275,607.14	15,739,764.00	(2.00)	15,739,766.00	76,465,456.00	92,205,222.00
TOTAL	11,464,156.70	4,275,607.14	15,739,764.00	(2.00)	15,739,766.00	76,465,456.00	92,205,222.00

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	002	Capital-related costs - build	-	-	
07	AA	Administrative & general	-	-	
09	AA	Administrative & general	-	8,330.00	
17	AA	Administrative & general		452,688.18	
18	XH	HASCI Wiaver	62,100.00	-	
05	XG	General Community Operations	-	-	
09	XG	General Community Operations	-	-	
01	CL	Cottage life allocable	-	778,921.12	
03	CL	Cottage life allocable	-	253,041.86	
05	CL	Cottage life allocable	-	-	
08	CL	Cottage life allocable	-	3,177.00	
10	CL	Cottage life allocable	643.18	-	
12	CL	Cottage life allocable	143,498.19	-	
16	CL	Cottage life allocable	4,500.00	-	
07	02A	New capital-related costs - equip	-	-	
01	HA	Highlands 510 (ICU)	61,533.42	-	
03	HA	Highlands 510 (ICU)	50,543.47	-	
08	HA	Highlands 510 (ICU)	276.67	-	
09	HA	Highlands 510 (ICU)	799.06	-	
17	HA	Highlands 510 (ICU)	43,424.29	-	
18	HA	Highlands 510 (ICU)		76,410.00	
05	XC	Service coordination	-	-	
05	XI	Early intervention	-	-	
02	XM	Home & community based	276,872.61	-	
05	XM	Home & community based	-	-	
06	XM	Home & community based	281,538.71	-	
11	XM	Home & community based	-	-	
14	XM	Home & community based	-	-	
18	XM	Home & community based	122,310.00	-	
02	XA	Autism	-	276,872.61	

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
06	XA	Autism	-	281,538.71	
09	XA	Autism	-	-	
05	XR	Community Residential	-	-	
03	HB	Live Oak Village	-	208,993.81	
12	HB	Live Oak Village	-	143,498.19	
01	HC	Highlands (D Units)	406,593.10	-	
03	HC	Highlands (D Units)	53,990.21	-	
08	HC	Highlands (D Units)	1,521.48	-	
09	HC	Highlands (D Units)	4,394.16	-	
17	HC	Highlands (D Units)	238,797.89	-	
18	HC	Highlands (D Units)		47,250.00	
01	HL	Hillside (F Units)	310,794.60	-	
03	HL	Hillside (F Units)	357,501.99	-	
08	HL	Hillside (F Units)	1,086.11	-	
09	HL	Hillside (F Units)	3,136.78	-	
17	HL	Hillside (F Units)	170,466.00	-	
18	HL	Hillside (F Units)		60,750.00	
03	HI	Lakeside	-	-	
05	HI	Lakeside	-	-	
08	JA	Camp Road	-	-	
13	JA	Camp Road	-	-	
17	JA	Camp Road	-	-	
08	JB	Conifer I	19.54	-	
13	JB	Conifer I	-	-	
17	JB	Conifer I	-	-	
08	JC	Conifer II	19.90	-	
13	JC	Conifer II	-	-	
17	JC	Conifer II	-	-	
14	JD	Dehay		-	

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	JE	Dills Bluff	16.72	-	
13	JE	Dills Bluff	-	-	
17	JE	Dills Bluff	-	-	
08	JG	Farmington	-	-	
13	JG	Farmington	-	-	
17	JG	Farmington	-	-	
08	JF	Forest Circle	19.18	-	
13	JF	Forest Circle	-	-	
17	JF	Forest Circle	-	-	
08	JH	Hampton Street	-	-	
13	JH	Hampton Street	-	-	
17	JH	Hampton Street	-	-	
08	JI	Josie Drive	19.69	-	
13	JI	Josie Drive	-	-	
17	JI	Josie Drive	-	-	
08	JJ	Kings	19.91	-	
13	JJ	Kings	-	-	
17	JJ	Kings	-	-	
18	JJ	Kings	-	-	
16	FN	Non-Covered	-	4,500.00	
08	JL	Nance	19.88	-	
13	JL	Nance	-	-	
17	JL	Nance	-	-	
14	JM	Port Royal		-	
14	JP	Varnville		-	
08	JQ	Zeigler Street	-	-	
13	JQ	Zeigler Street	-	-	
17	JQ	Zeigler Street	-	-	
08	KA	Harley Rd	19.81		

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
17	KA	Harley Rd	-		
08	KB	Academy St	19.91		
17	KB	Academy St	-		
08	KC	Blacks Drive	19.91		
17	KC	Blacks Drive	-		
08	KD	Lemon Park	19.91		
17	KD	Lemon Park	-		
08	KE	Wannamaker St	19.81		
17	KE	Wannamaker St	-		
18	KE	Wannamaker St	-	-	
08	KF	Sifly St	19.91		
17	KF	Sifly St	-		
08	KG	Parsons I	19.91		
17	KG	Parsons I	-		
08	KH	Parsons II	18.75		
17	KH	Parsons II	-		
18	KH	Parsons II	-	-	
11	GA	Cosair CTH II	-	-	
10	ED	Education	-	643.18	

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchased Services
1	02	Capital-related costs - build	17,550.00		17,550.00	To record depreciation expense for old capital-related costs - build.	No
15	02	Capital-related costs - build	-		-	To record uncaptured depreciation caused by deletions.	No
17	02	Capital-related costs - build	11,197.85		11,197.85	To record region's portion of allowable central office expenses.	No
5	02A	Capital related costs - equip		10,812.36	(10,812.36)	To record sale of surplus material and equipment.	No
14	02A	Capital related costs - equip	73,975.17		73,975.17	To record depreciation for equipment.	No
15	02A	Capital related costs - equip	-		-	To record uncaptured depreciation caused by deletions.	No
17	02A	Capital related costs - equip	9,085.99		9,085.99	To record region's portion of allowable central office expenses.	No
1	AA	Administrative & general	8,330.00		8,330.00	To record depreciation expense for old capital-related costs - build.	No
2	AA	Administration & general	207.98		207.98	To offset revenue for Cobra Premiums	No
16	AA	Administration & general	-		-	To record added depreciation.	No
17	AA	Administration & general	389,281.90		389,281.90	To record region's portion of allowable central office expenses.	No
18	AA	Administration & general	-		-	To record region's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administration & general	-		-	To record accounts payable accruals.	No
31	AA	Administrative & General	7,660.27		7,660.27	To expense repairs & renovations.	No
32	AA	Administrative & general	-		-	To record Data Management/Biostatistics Grant	No
41	AA	Administrative & general	-		-	To adjust for Hospice Services	Yes
43	AA	Administrative & general	-	648,947.00	(648,947.00)	To Record SCEIS Expenditure	No
57	AA	Administrative & general	-		-	To record Central Office UAP Training	No
70	AA	Administrative & general	-		-	To allocate costs for TBI Supported Employment	No
72	AA	Administrative & general	-		-	To allocate costs related to Special Olympics grant	No
73	AA	Administrative & general	-		-	To allocate costs related to Brain Injury grant	No
74	AA	Administrative & general	-		-	To allocate costs related to Family Connection grant	No
1	AB	Employees health & welfare	788.00		788.00	To record depreciation expense for old capital-related costs - build.	No
04	AB	Employees Health & Welfare	-		-	To record Refund Of Prior Year Expenditures	No
16	AB	Employees Health & Welfare	-		-	To record added depreciation.	No
17	AB	Employees health & welfare	5,388,620.02		5,388,620.02	To record region's portion of allowable central office expenses.	No
19	AB	Employees health & welfare	3,994.88		3,994.88	To record region's portion of accrued leave.	No
20	AB	Employees health & welfare	-	54,456.75	(54,456.75)	To record region's portion of accrued payroll.	No
21	AB	Employees Health & Welfare	-		-	To record accounts payable accruals.	No
31	AB	Employees Health & Welfare	-		-	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	6,425.23	(6,425.23)	To record region's portion of accrued fringes.	No
52	AY	Rehab Support Phase I	1,558,397.06		1,558,397.06	To record rehab phase I direct costs.	Yes
75	AY	Rehab Support Phase I	-		-	Adjustment Not Needed	No
53	AZ	Rehab Support Phase II	364,472.00		364,472.00	To record rehab phase II direct costs.	Yes
48	AA	Rehab Support Phase II	3,800.00		3,800.00	To record Central Office Costs	No
60	AZ	Rehab Support Phase II	-		-	To record central office Rehab Phase II costs.	No
63	AA	Rehab Support Phase II	1,135.07		1,135.07	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Rehab Support Phase II	1,241.35		1,241.35	To allocate District Expenditures	No
77	AZ	Rehab Support Phase II	3,119.89		3,119.89	To allocate salaries to regions	No
1	CL	Cottage life allocable	162,674.00		162,674.00	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCE NTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
2	CL	Cottage life allocable	-	-	-	To offset revenue for Cobra Premiums	No
6	CL	Cottage life allocable	-	-	-	To record USDA revenues.	No
10	CL	Cottage life allocable	-	600.00	(600.00)	To record WAC's revenues.	No
16	CL	Cottage life allocable	-	39.19	(39.19)	To record added depreciation.	No
21	CL	Cottage life allocable	-	-	-	To record accounts payable accruals.	No
28	CL	Cottage life allocable	15,200.00	-	15,200.00	To record day program costs for contracts with outside providers.	No
31	CL	Cottage life allocable	33,760.46	-	33,760.46	To expense repairs & renovations.	No
51	CL	Cottage life allocable	-	15,487.45	(15,487.45)	To remove Federal Grants	No
56	CL	Cottage life allocable	-	-	-	To record Central Office UAP Training	No
61	CL	Cottage life allocable	29,573.34	-	29,573.34	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage life allocable	18,835.07	-	18,835.07	To allocate costs related to Dr. Johnson's services.	No
1	CP	Physical Therapy	1,594.00	-	1,594.00	To record depreciation expense for old capital-related costs - build.	No
21	CP	Physical Therapy	-	-	-	To record accounts payable accruals.	No
31	CP	Physical Therapy	-	-	-	To expense repairs & renovations.	No
1	CS	Speech & hearing	129.00	-	129.00	To record depreciation expense for old capital-related costs - build.	No
31	CS	Speech & hearing	-	-	-	To expense repairs & renovations.	No
1	CN	Occupational Therapy	1,593.00	-	1,593.00	To record depreciation expense for old capital-related costs - build.	No
31	CN	Occupational Therapy	-	-	-	To expense repairs & renovations.	No
1	FN	Other non-covered Costs	-	-	-	To record depreciation expense for old capital-related costs - build.	No
3	FN	Other non-covered costs	-	-	-	To remove dual employment.	No
8	FN	Other non-covered costs	-	-	-	To adjust expenses for commissions.	No
11	FN	Other non-covered costs	-	-	-	To record insurance claims.	No
16	FN	Other Non covered costs	-	-	-	To record added depreciation.	No
21	FN	Other Non covered costs	-	-	-	To record accounts payable accruals.	No
31	FN	Other Non covered costs	-	-	-	To expense repairs & renovations.	No
1	HA	Highlands 510 (ICU)	9,763.00	-	9,763.00	To record depreciation expense for old capital-related costs - build.	No
13	HA	Highland 510	-	-	-	To Record Emergency Costs	No
16	HA	Highlands 510	-	-	-	To record added depreciation.	No
18	HA	Highlands 510	11,018.90	-	11,018.90	To record region's portion of the State Wide Cost Allocation Plan.	No
21	HA	Highland 510	-	-	-	To record accounts payable accruals.	No
31	HA	Highlands (510)	-	-	-	To expense repairs & renovations.	No
35	HA	Highlands (510)	102,869.00	-	102,869.00	To record central office costs.	No
43	HA	Highlands (510)	93,691.81	-	93,691.81	To Record SCEIS Expenditure	No
44	HA	Highlands 510 (ICU)	63,466.04	-	63,466.04	To record central office genetics services costs.	No
1	HB	Live Oak Village	-	-	-	To record depreciation expense for old capital-related costs - build.	No
18	HB	Live Oak Village	3,672.97	-	3,672.97	To record region's portion of the State Wide Cost Allocation Plan.	No
21	HB	Live Oak Village	-	-	-	To record accounts payable accruals.	No
35	HB	Live Oak Village	22,911.37	-	22,911.37	To record central office costs.	No
43	HB	Live Oak Village	31,230.60	-	31,230.60	To Record SCEIS Expenditure	No
44	HB	Live Oak Village	-	-	-	To record central office genetics services costs.	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCE NTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
1	HC	Highlands (D-Units)	214,506.00		214,506.00	To record depreciation expense for old capital-related costs - build.	No
13	HC	Highlands (D-Units)	-		-	To Record Emergency Costs	No
16	HC	Highlands	-	397.39	(397.39)	To record added depreciation.	No
18	HC	Highlands	47,691.31		47,691.31	To record region's portion of the State Wide Cost Allocation Plan.	No
31	HC	Highlands	554.78		554.78	To expense repairs & renovations.	No
35	HC	Highlands	422,565.63		422,565.63	To record central office costs.	No
43	HC	Highlands	405,511.13		405,511.13	To Record SCEIS Expenditure	No
44	HC	Highlands (D Units)	348,304.08		348,304.08	To record central office genetics services costs.	No
1	HL	Hillside (F-Units)	103,909.00		103,909.00	To record depreciation expense for old capital-related costs - build.	No
13	HL	Hillside (F-Units)	-		-	To Record Emergency Costs	No
16	HL	Hillside	-		-	To record added depreciation.	No
18	HL	Hillside	33,018.53		33,018.53	To record region's portion of the State Wide Cost Allocation Plan.	No
21	HL	Hillside (F-Units)	-		-	To record accounts payable accruals.	No
31	HL	Hillside (F-Units)	-		-	To expense repairs & renovations.	No
35	HL	Hillside (F-Units)	293,655.70		293,655.70	To record central office costs.	No
43	HL	Hillside (F-Units)	280,750.96		280,750.96	To Record SCEIS Expenditure	No
41	HL	Hillside (F-Units)	-		-	To adjust for Hospice Services	Yes
44	HL	Hillside (F Units)	248,701.86		248,701.86	To record central office genetics services costs.	No
34	AW	PDD Waiver	56,000.00		56,000.00	To record posting error	No
83	AWA	PDD Waiver	2,092.50		2,092.50	To allocate UAP Attendant Care - Admin	No
86	AW	PDD Waiver	-		-	To allocate USC Attendant Care Training	No
1	JB	Conifer Hall I	9,375.00		9,375.00	To record depreciation expense for old capital-related costs - build.	No
16	JB	Conifer Hall I	-		-	To record added depreciation.	No
23	JB	Conifer Hall I	591,739.00		591,739.00	To record management providers direct costs per individual cost reports.	Yes
31	JB	Conifer I	-		-	To expense repairs & renovations.	No
43	JB	Conifer I	-		-	To Record SCEIS Expenditure	No
1	JC	Conifer Hall II	-		-	To record depreciation expense for old capital-related costs - build.	No
16	JC	Conifer Hall II	-		-	To record added depreciation.	No
23	JC	Conifer Hall II	598,287.00		598,287.00	To record management providers direct costs per individual cost reports.	Yes
31	JC	Conifer II	-		-	To expense repairs & renovations.	No
43	JC	Conifer II	-		-	To Record SCEIS Expenditure	No
1	CT	Other Assistive Technology	778.00		778.00	To record depreciation expense for old capital-related costs - build.	No
23	JE	Dills Bluff	606,850.00		606,850.00	To record management providers direct costs per individual cost reports.	Yes
41	JE	Dills Bluff	-	474.00	(474.00)	To adjust for Hospice Services	Yes
43	JE	Dills Bluff	-		-	To Record SCEIS Expenditure	No
1	JF	Forest Circle	3,134.00		3,134.00	To record depreciation expense for old capital-related costs - build.	No
16	JF	Forest Circle	-		-	To record added depreciation.	No
23	JF	Forest Circle	620,915.00		620,915.00	To record management providers direct costs per individual cost reports.	Yes
31	JF	Forest Circle	-		-	To expense repairs & renovations.	No
43	JF	Forest Circle	-		-	To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
23	JG	Farmington	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JG	Farmington	-	-	-	To Record SCEIS Expenditure	No
1	JH	Hampton St	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JH	Hampton St	-	-	-	To record added depreciation.	No
31	JH	Hampton St	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JH	Hampton St	-	-	-	To expense repairs & renovations.	No
1	JJ	Josie Drive	4,381.00	-	4,381.00	To Record SCEIS Expenditure	No
16	JJ	Josie Drive	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JJ	Josie Drive	690,541.00	-	690,541.00	To record added depreciation.	No
31	JJ	Josie Drive	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JJ	Josie Drive	-	-	-	To expense repairs & renovations.	No
1	JJ	Kings	8,350.00	-	8,350.00	To Record SCEIS Expenditure	No
16	JJ	Kings	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JJ	Kings	517,945.50	-	517,945.50	To record added depreciation.	No
31	JJ	Kings	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JJ	Kings	-	-	-	To expense repairs & renovations.	No
1	JK	Lenevar	-	-	-	To Record SCEIS Expenditure	No
68	JK	Lenevar	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	JL	Nance	9,344.00	-	9,344.00	To allocate direct costs	Yes
16	JL	Nance	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JL	Nance	517,945.50	-	517,945.50	To record added depreciation.	No
31	JL	Nance	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JL	Nance	-	-	-	To expense repairs & renovations.	No
1	JM	Port Royal	-	-	-	To Record SCEIS Expenditure	No
68	JM	Port Royal	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	JP	Varnville	-	-	-	To allocate direct costs	Yes
68	JP	Varnville	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	JQ	Zeigler	-	-	-	To allocate direct costs	Yes
16	JQ	Zeigler	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JQ	Zeigler	-	-	-	To record added depreciation.	No
31	JQ	Zeigler	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JQ	Zeigler	-	-	-	To expense repairs & renovations.	No
23	KA	Harley Road	622,865.00	-	622,865.00	To Record SCEIS Expenditure	No
29	KA	Harley Road	1.00	-	1.00	To record management providers direct costs per individual cost reports.	Yes
23	KB	Academy Street	616,264.66	-	616,264.66	To record rental agreement	No
29	KB	Academy Street	1.00	-	1.00	To record management providers direct costs per individual cost reports.	Yes
23	KC	Blacks Drive	616,264.67	-	616,264.67	To record rental agreement	No
29	KC	Blacks Drive	1.00	-	1.00	To record management providers direct costs per individual cost reports.	Yes
23	KD	Lemon Park	616,264.67	-	616,264.67	To record rental agreement	No
						To record management providers direct costs per individual cost reports.	Yes

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCE NTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
29	KD	Lemon Park	1.00	-	1.00	To record rental agreement	No
23	KE	Wannamaker	575,098.00		575,098.00	To record management providers direct costs per individual cost reports.	Yes
23	KF	Sifly	575,098.00		575,098.00	To record management providers direct costs per individual cost reports.	Yes
23	KG	Parsons I	644,766.00		644,766.00	To record management providers direct costs per individual cost reports.	Yes
23	KH	Parsons II	644,766.00		644,766.00	To record management providers direct costs per individual cost reports.	Yes
62	XA	Autism	780,726.68		780,726.68	To allocate Autism to Regions	No
69	XA	Autism	-	49,276.79	(49,276.79)	Adjustment Not Needed	No
77	XA	Autism	65,357.91		65,357.91	To allocate salaries to regions	No
1	XC	Service Coordination	2,903.00		2,903.00	To record depreciation expense for old capital-related costs - build.	No
22	XC	Service coordination	44,389.41		44,389.41	To record central office Service Coordination costs.	No
24	XC	Service coordination	3,998,280.54		3,998,280.54	To record Service Coordination direct costs.	Yes
39	XC	Service coordination	475,000.00		475,000.00	To record central office genetics services costs.	No
30	XC	Service coordination	4,832.76		4,832.76	To record costs for Third Party SC	Yes
31	XC	Service coordination	-		-	To expense repairs & renovations.	No
32	XC	Service coordination	-		-	To record Data Management/Biostatistics Grant	No
47	XC	Service Coordination	-		-	Allocation of Central Office Overhead	No
48	AA	Service Coordination	41,849.46		41,849.46	To record Central Office Costs	No
63	AA	Service Coordination	1,472.11		1,472.11	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Service Coordination	13,577.62		13,577.62	To allocate District Expenditures	No
71	XC	Service Coordination	1,836.75		1,836.75	Depreciation of SC Autism Society Grant	No
77	XC	Service Coordination	45,726.54		45,726.54	To allocate salaries to regions	No
1	XE	Evaluation & Planning	-		-	To record depreciation expense for old capital-related costs - build.	No
41	XE	Evaluation & Planning	-		-	To adjust for Hospice Services	Yes
45	AA	Evaluation and Planning	-		-	To Allocate Autism Costs	No
1	XG	General Community Operations	374.00		374.00	To record depreciation expense for old capital-related costs - build.	No
16	XG	General Community Operations	-		-	To record added depreciation.	No
31	AA	General Community Operations	-		-	To expense repairs & renovations.	No
45	AA	General Community Operations	-		-	To Allocate Autism Costs	No
55	XG	General Community Operations	-		-	To record computer services.	No
57	XG	General Community Operations	33,042.57		33,042.57	To record Central Office UAP Training	No
58	XG	General Community Operations	-		-	To record Central Office UAP Training	No
59	XG	General Community Operations	-		-	To Record Central Office Training Costs	No
70	XG	General Community Operations	35,659.00		35,659.00	To allocate costs for TBI Supported Employment	No
72	XG	General Community Operations	54,425.20		54,425.20	To allocate costs related to Special Olympics grant	No
73	XG	General Community Operations	12,186.67		12,186.67	To allocate costs related to Brain Injury grant	No
74	XG	General Community Operations	14,363.25		14,363.25	To allocate costs related to Family Connection grant	No
77	XG	General Community Operations	-		-	To allocate salaries to regions	No
78	XG	General Community Operations	1,473.18		1,473.18	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations	-		-	To allocate UAP Attendant Care - Admin	No
33	XH	HASCI	736,251.00		736,251.00	To record Waiver direct costs.	Yes

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
36	XH	Head and spinal cord waiver	-		-	To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	7,700.98		7,700.98	To record Central Office Costs	No
63	AA	Head and spinal cord waiver	10,376.67		10,376.67	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Head and spinal cord waiver	2,500.53		2,500.53	To allocate District Expenditures	No
77	XH	Head and spinal cord waiver	28,521.52		28,521.52	To allocate salaries to regions	No
80	XH	Head and spinal cord waiver	296.79		296.79	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	822.44		822.44	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	987,780.08		987,780.08	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	36,947.55		36,947.55	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	22,399.26		22,399.26	To allocate USC Attendant Care Training	No
1	XI	Early Intervention	-		-	To record depreciation expense for old capital-related costs - build.	No
25	XI	Early intervention	2,417,648.00		2,417,648.00	To record Early Intervention direct costs.	Yes
27	XI	Early intervention	852,778.31		852,778.31	To record Early Intervention Third Party direct costs.	Yes
42	XI	Early intervention	-		-	To record central office EI costs.	No
48	AA	Early intervention	25,302.60		25,302.60	To record Central Office Costs	No
63	AA	Early intervention	-		-	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Early intervention	8,203.94		8,203.94	To allocate District Expenditures	No
77	XI	Early intervention	28,877.30		28,877.30	To allocate salaries to regions	No
1	XMA	Home & Community Based	-		-	To record depreciation expense for old capital-related costs - build.	No
26	XM	Home & Community Based	1,370,437.33		1,370,437.33	To allocate QPL costs to Waiver	Yes
32	XMA	Home & Community Based	3,337.89		3,337.89	To record Data Management/BioStatistics Grant	No
33	XM	Home and community based	40,514,067.28		40,514,067.28	To record Waiver direct costs.	Yes
36	XM	Home and community based	16,229.20		16,229.20	To record central office Waiver costs.	No
37	XM	Home and community based	-		-	To record central office Autism costs.	No
40	XM	Home and community based	55,833.31		55,833.31	To record Training Costs	No
45	AA	Home and community based	14,593.00		14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	423,995.36		423,995.36	To record Central Office Costs	No
49	XM	Home and community based	1,445,413.99		1,445,413.99	To Record All Placement Costs	No
50	XM	Home and Community Based	18,165.00		18,165.00	Startup Amortization of CTHI	No
54	XM	Home and Community Based	-		-	To record STEPS other costs.	No
66	AA	Home and Community Based	137,488.37		137,488.37	To allocate District Expenditures	No
75	XM	Home and Community Based	-		-	Adjustment Not Needed	No
77	XM	Home and Community Based	139,318.21		139,318.21	To allocate salaries to regions	No
80	XM	Home and Community Based	25,300.02		25,300.02	To allocate Fire Marshall Expenditure	No
81	XM	Home and Community Based	70,108.11		70,108.11	To allocate DHEC Expenditure	No
82	XM	Home and Community Based	28,662.40		28,662.40	To allocate UAP Attendant Care	No
83	XMA	Home and Community Based	1,072.93		1,072.93	To allocate UAP Attendant Care - Admin	No
85	XM	Home and Community Based	8,000.00		8,000.00	Adjustment Not Needed	No
86	XM	Home and Community Based	650.92		650.92	To allocate USC Attendant Care Training	No
1	CWA	Community Supports Waiver	-		-	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase of Services
12	CW	Community Supports Waiver	6,684.03	-	6,684.03	To allocate Goodwill Industries	No
48	AA	Community Supports Waiver	22,471.84	-	22,471.84	To record Central Office Costs	No
66	AA	Community Supports Waiver	7,277.56	-	7,277.56	To allocate District Expenditures	No
68	CW	Community Supports Waiver	2,144,836.98	-	2,144,836.98	To allocate direct costs	Yes
82	CW	Community Supports Waiver	2,394.70	-	2,394.70	To allocate UAP Attendant Care	No
83	CWA	Community Supports Waiver	88.17	-	88.17	To allocate UAP Attendant Care - Admin	No
86	CW	Community Supports Waiver	-	-	-	To allocate USC Attendant Care Training	No
1	XR	Community Residential	-	-	-	To record depreciation expense for old capital-related costs - build.	No
46	XR	Community Residential	-	-	-	To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	8,939.53	-	8,939.53	To allocate cost to regions	No
57	XS	Head & Spinal Cord	-	-	-	To record Central Office UAP Training	No
9	YF	Federal Projects	-	-	-	To Record Federal Grants Expenditures	No
51	YF	Federal Projects	-	-	-	To remove Federal Grants	No
			77,252,367	786,916	76,465,451		

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY	
	0	2	2A	AB	4a	AA	CP	
GENERAL SERVICE COST CENTERS								
02	New capital-related costs - build	28,748.00	-	-	-	-	-	
02A	New capital-related costs - equip	72,249.00	-	72,249.00	-	-	-	
AB	Employee health & welfare	5,580,999.00	316.00	957.00	5,582,272.00	-	-	
AA	Administrative & general	1,120,137.00	-	-	-	1,120,137.00	-	
CP	Physical therapy	217,204.00	194.00	588.00	64,234.00	11,263.00	293,483.00	
CN	Occupational therapy	94,889.00	194.00	587.00	37,515.00	5,315.00	-	
ED	Education	-	-	-	-	-	-	
CS	Speech & hearing	76,889.00	16.00	47.00	22,615.00	3,974.00	-	
CL	Cottage life allocable	5,196,704.00	14,674.00	23,631.00	1,195,466.00	256,628.00	-	
CT	Other Assistive Technology	92,204.00	519.00	1,573.00	35,746.00	5,190.00	-	
XG	General Community Operations	151,524.00	281.00	852.00	-	6,092.00	-	
XR	Community Residential	40,924.00	-	-	3,795.00	1,785.00	-	
INPATIENT ROUTINE SERVICE COST CENTERS								
HA	Highlands 510 (ICU)	1,243,721.00	1,489.00	4,962.00	410,282.00	66,265.00	68,843.00	
HB	Live Oak Village	-	-	-	(1,559.00)	(62.00)	-	
HC	Highlands (D Units)	5,918,396.00	6,713.00	22,811.00	1,818,872.00	309,958.00	145,503.00	
HL	Hillside (F Units)	4,387,904.00	4,001.00	13,885.00	1,407,312.00	231,990.00	79,136.00	
JA	Camp Road	-	-	-	-	-	-	
JB	Conifer Hall I	625,646.00	-	-	-	1,353.00	-	
JC	Conifer Hall II	626,670.00	-	-	-	1,133.00	-	
JD	Dehay	-	-	-	-	-	-	
JE	Dills Bluff	627,252.00	-	-	-	833.00	-	
JG	Farmington	-	-	-	-	-	-	
JF	Forest Circle	656,403.00	-	-	-	1,416.00	-	
JH	Hampton St.	-	-	-	-	-	-	
JI	Josie Drive	726,611.00	-	-	-	1,439.00	-	
JJ	Kings	551,580.00	-	1,283.00	-	1,393.00	-	
JK	Lenevar	-	-	-	-	-	-	
JL	Nance	552,554.00	-	-	-	1,381.00	-	
JM	Port Royal	-	-	-	-	-	-	
JP	Vamville	-	-	-	-	-	-	
JQ	Zeigler	-	-	-	-	-	-	
KA	Harley Road	647,587.00	-	-	-	987.00	-	
KB	Academy Street	641,106.00	-	-	-	991.00	-	
KC	Black's Drive	641,106.00	-	-	-	991.00	-	
KD	Lemon Park	641,106.00	-	-	-	991.00	-	
KE	Wannamaker Street	599,819.00	-	-	-	987.00	-	
KF	Sifly	599,964.00	-	-	-	992.00	-	
KG	Parsons I	669,606.00	-	-	-	991.00	-	
KH	Parsons II	668,160.00	-	-	-	934.00	-	
OUTPATIENT SERVICE COST CENTERS								
BI	Infirmery	-	-	-	-	-	-	
BK	Outpatient clinic	-	-	-	-	-	-	
BP	Pharmacy	-	-	-	-	-	-	
OTHER REIMBURSEABLE COST CENTERS								
XC	Service coordination	4,572,970.00	353.00	1,072.00	34,866.00	4,809,261.00	24,190.00	
AY	Rehab Phase I	1,558,397.00	-	-	-	1,558,397.00	-	
AZ	Rehab Phase II	367,592.00	-	-	2,713.00	370,305.00	233.00	
GA	Cosair CTH II	-	-	-	-	-	-	
XE	Evaluation & planning	-	-	-	-	-	-	
XI	Early intervention	3,299,303.00	-	-	21,648.00	3,320,951.00	2,016.00	
CW	Community Supports Waiver	2,153,916.00	-	-	8,337.00	2,162,253.00	-	
CWA	Community Supports Waiver - Waiver	88.00	-	-	-	88.00	699.00	
XM	Home & community based	44,372,945.00	-	-	327,801.00	44,700,746.00	-	
XMA	Home & community based - Admin	4,411.00	-	-	-	4,411.00	112,567.00	
AW	PDD Waiver	56,000.00	-	-	-	56,000.00	-	
AWA	PDD Waiver - Admin	2,093.00	-	-	-	2,093.00	2,318.00	
XA	Autism	243,992.00	-	-	177,896.00	421,888.00	16,837.00	
XS	Head & spinal cord	-	-	-	-	-	-	
XH	Head & spinal cord waiver	1,838,171.00	-	-	14,733.00	1,852,904.00	-	
XHA	Head & spinal cord waiver - Waiver	36,948.00	-	-	-	36,948.00	46,038.00	
NONREIMBURSEABLE COST CENTERS								
FC	Non-certified Units	-	-	-	-	-	-	
FN	Other non-covered costs	734.00	-	-	-	734.00	29.00	
YF	Federal projects	-	-	-	-	-	-	
90	SUBTOTAL	92,205,222.00	28,750.00	72,248.00	5,582,272.00	92,205,223.00	1,120,137.00	293,482.00
100	TOTAL EXPENSES	92,205,222.00	28,750.00	72,248.00	5,582,272.00	92,205,223.00	1,120,137.00	293,482.00

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS- BUILDINGS</u>	<u>CAPITAL RELATED COSTS- EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
		0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS								
<u>COST CENTER</u>			<u>(SQUARE FEET)</u>	<u>(SQUARE FEET)</u>	<u>(GROSS SALARIES)</u>		<u>(ACCUMULATED COSTS)</u>	<u>(OCCASIONS OF SERVICE)</u>
		0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS								
01	Old capital-related costs - build	-	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-	-
02	New capital-related costs - build	-	215,254	-	-	-	-	-
2A	New capital-related costs - equip	-	0	178,330	-	-	-	-
AB	Employee health & welfare	-	2,363	2,363	13,151,147.32	-	-	-
AA	Administrative & general	-	0	0	-	-	28,067,947.00	-
CP	Physical therapy	-	1,451	1,451	151,327.82	-	282,220.00	6,045.00
CN	Occupational therapy	-	1,450	1,450	88,381.82	-	133,185.00	0
ED	Education	-	0	0	-	-	-	0
CS	Speech & hearing	-	117	117	53,278.80	-	99,567.00	0
CL	Cottage life allocable	-	109,870	58,328	2,816,371.02	-	6,430,475.00	0
CT	Other Assistive Technology	-	3,883	3,883	84,212.18	-	130,042.00	0
XG	General Community Operations	-	2,102	2,102	-	-	152,657.00	0
XR	Community Residential	-	0	0	8,939.53	-	44,719.00	0
INPATIENT ROUTINE SERVICE COST CENTERS								
HA	Highlands 510 (ICU)	-	11,149	12,247	966,574.04	-	1,660,454.00	1,418
HB	Live Oak Village	-	0	0	(3,672.97)	-	(1,559.00)	0
HC	Highlands (D Units)	-	50,264	56,304	4,285,039.48	-	7,766,792.00	2,997
HL	Hillside (F Units)	-	29,959	34,271	3,315,454.17	-	5,813,102.00	1,630
JA	Camp Road	-	0	0	-	-	-	0
JB	Conifer Hall I	-	0	0	-	-	33,907.00	0
JC	Conifer Hall II	-	0	0	-	-	28,383.00	0
JD	Dehay	-	0	0	-	-	-	0
JE	Dills Bluff	-	0	0	-	-	20,876.00	0
JG	Farmington	-	0	0	-	-	-	0
JF	Forest Circle	-	0	0	-	-	35,488.00	0
JH	Hampton St.	-	0	0	-	-	-	0
JI	Josie Drive	-	0	0	-	-	36,070.00	0
JJ	Kings	-	0	3,168	-	-	34,917.00	0
JK	Lenevar	-	0	0	-	-	-	0
JL	Nance	-	0	0	-	-	34,608.00	0
JM	Port Royal	-	0	0	-	-	-	0
JP	Varnville	-	0	0	-	-	-	0
JQ	Zeigler	-	0	0	-	-	-	0
KA	Harley Road	-	0	0	-	-	24,722.00	0
KB	Academy Street	-	0	0	-	-	24,841.00	0
KC	Black's Drive	-	0	0	-	-	24,841.00	0
KD	Lemon Park	-	0	0	-	-	24,841.00	0
KE	Wannamaker Street	-	0	0	-	-	24,721.00	0
KF	Silly	-	0	0	-	-	24,866.00	0
KG	Parsons I	-	0	0	-	-	24,840.00	0
KH	Parsons II	-	0	0	-	-	23,394.00	0
OUTPATIENT SERVICE COST CENTERS								
BI	Infirmery	-	0	0	-	-	-	0
BK	Outpatient clinic	-	0	0	-	-	-	0
BP	Pharmacy	-	0	0	-	-	-	0
OTHER REIMBURSEABLE COST CENTERS								
XC	Service coordination	-	2,646	2,646	82,141.19	-	606,147.00	0
AY	Rehab Phase I	-	0	0	-	-	-	0
AZ	Rehab Phase II	-	0	0	6,391.13	-	5,833.00	0
GA	Cosair CTH II	-	0	0	-	-	-	0
XE	Evaluation & planning	-	0	0	-	-	-	0
XI	Early intervention	-	0	0	51,000.60	-	50,525.00	0
CW	Community Supports Waiver	-	0	0	19,640.10	-	-	0
CWA	Community Supports Waiver - Waiver	-	0	0	-	-	17,504.00	0
XM	Home & community based	-	0	0	772,259.37	-	-	0
XMA	Home & community based - Admin	-	0	0	-	-	2,820,653.00	0
AW	PDD Waiver	-	0	0	-	-	-	0
AWA	PDD Waiver - Admin	-	0	0	-	-	58,093.00	0
XA	Autism	-	0	0	419,099.95	-	421,888.00	0
XS	Head & spinal cord	-	0	0	-	-	-	0
XH	Head & spinal cord waiver	-	0	0	34,709.09	-	-	0
XHA	Head & spinal cord waiver - Waiver	-	0	0	-	-	1,153,601.00	0
NONREIMBURSEABLE COST CENTERS								
FC	Non-certified Units	-	0	0	-	-	-	0
FN	Other non-covered costs	-	0	0	-	-	734.00	0

South Carolina Department of Disabilities Special Needs
 Coastal Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
YF Federal projects	-	0	0	-	-	-	0
90 SUBTOTAL	-	215,254	178,330	13,151,147.32	-	28,067,947.00	6,045.00
		215,254	178,330	13,151,147			6,045
Costs to be allocated (Worksheet B, Part I)	-	\$28,748	\$72,249	5,582,272.00	-	\$1,120,137	\$293,483
Unit cost multiplier	-	0.133554	0.405142	0.424470	0.000000	0.039908	48.549711

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted In lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	-	-	-	-	-	-
02A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational therapy	138,500.00	-	-	-	-	-
ED	Education	-	-	-	-	-	-
CS	Speech & hearing	-	-	103,541.00	-	-	-
CL	Cottage life allocable	-	-	-	6,687,103.00	-	-
CT	Other Assistive Technology	-	-	-	-	135,232.00	-
XG	General Community Operations	-	-	-	-	-	158,749.00
XR	Community Residential	-	-	-	-	104.00	46,608.00
INPATIENT ROUTINE SERVICE COST CENTERS							
HA	Highlands 510 (ICU)	22,327.00	-	10,764.00	618,298.00	12,504.00	-
HB	Live Oak Village	-	-	-	-	-	-
HC	Highlands (D Units)	70,990.00	-	47,890.00	3,547,254.00	71,735.00	-
HL	Hillside (F Units)	45,182.00	-	44,887.00	2,521,550.00	50,993.00	-
JA	Camp Road	-	-	-	-	-	-
JB	Conifer Hall I	-	-	-	-	-	1,450.00
JC	Conifer Hall II	-	-	-	-	-	1,452.00
JD	Dehay	-	-	-	-	-	-
JE	Dills Bluff	-	-	-	-	-	1,453.00
JG	Farmington	-	-	-	-	-	-
JF	Forest Circle	-	-	-	-	-	1,521.00
JH	Hampton St.	-	-	-	-	-	-
JI	Josie Drive	-	-	-	-	-	1,683.00
JJ	Kings	-	-	-	-	-	1,281.00
JK	Lenevar	-	-	-	-	-	-
JL	Nance	-	-	-	-	-	1,280.00
JM	Port Royal	-	-	-	-	-	-
JP	Vamville	-	-	-	-	-	-
JQ	Zeigler	-	-	-	-	-	-
KA	Harley Road	-	-	-	-	-	1,500.00
KB	Academy Street	-	-	-	-	-	1,485.00
KC	Black's Drive	-	-	-	-	-	1,485.00
KD	Lemon Park	-	-	-	-	-	1,485.00
KE	Wannamaker Street	-	-	-	-	-	1,390.00
KF	Sifty	-	-	-	-	-	1,390.00
KG	Parsons I	-	-	-	-	-	1,551.00
KH	Parsons II	-	-	-	-	-	1,548.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmiry	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	-	-	-	-	-	10,679.00
AY	Rehab Phase I	-	-	-	-	-	3,611.00
AZ	Rehab Phase II	-	-	-	-	-	858.00
GA	Cosair CTH II	-	-	-	-	-	-
XE	Evaluation & planning	-	-	-	-	-	-
XI	Early intervention	-	-	-	-	-	7,694.00
CW	Community Supports Waiver	-	-	-	-	-	5,010.00
CWA	Community Supports Waiver - Waiver	-	-	-	-	-	-
XM	Home & community based	-	-	-	-	-	103,567.00
XMA	Home & community based - Admin	-	-	-	-	-	38,456.00
AW	PDD Waiver	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	-	-	-	-	-	977.00
XS	Head & spinal cord	-	-	-	-	-	-
XH	Head & spinal cord waiver	-	-	-	-	-	4,293.00
XHA	Head & spinal cord waiver - Waiver	-	-	-	-	-	-
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	-	-	-	-	-
FN	Other non-covered costs	-	-	-	-	-	-
YF	Federal projects	-	-	-	-	-	-
90	SUBTOTAL	138,499.00	-	103,541.00	6,687,102.00	135,232.00	158,747.00
100	TOTAL EXPENSES	138,499.00	-	103,541.00	6,687,102.00	135,232.00	158,747.00

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	-	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	-	-	-	-	-
2A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational therapy	3,939.00	-	-	-	-	-
ED	Education	0	-	-	-	-	-
CS	Speech & hearing	0	0	353.50	-	-	-
CL	Cottage life allocable	0	0	0	62,783.00	-	-
CT	Other Assistive Technology	0	0	0	0	62,783.00	-
XG	General Community Operations	0	0	0	0	0	68,517,877.00
XR	Community Residential	0	0	0	0	44,719	54,177,199.00
INPATIENT ROUTINE SERVICE COST CENTERS							
HA	Highlands 510 (ICU)	635	0	37	5,805	5,805	0
HB	Live Oak Village	0	0	0	0	0	0
HC	Highlands (D Units)	2,019	0	164	33,304	33,304	0
HL	Hillside (F Units)	1,285	0	153	23,674	23,674	0
JA	Camp Road	0	0	0	0	0	0
JB	Conifer Hall I	0	0	0	0	0	625,646
JC	Conifer Hall II	0	0	0	0	0	626,670
JD	Dehay	0	0	0	0	0	0
JE	Dilts Bluff	0	0	0	0	0	627,252
JG	Farmington	0	0	0	0	0	0
JF	Forest Circle	0	0	0	0	0	656,403
JH	Hampton St.	0	0	0	0	0	0
JI	Josie Drive	0	0	0	0	0	726,611
JJ	Kings	0	0	0	0	0	552,863
JK	Lenevar	0	0	0	0	0	0
JL	Nance	0	0	0	0	0	552,554
JM	Port Royal	0	0	0	0	0	0
JP	Vamville	0	0	0	0	0	0
JQ	Zeigler	0	0	0	0	0	0
KA	Harley Road	0	0	0	0	0	647,587
KB	Academy Street	0	0	0	0	0	641,106
KC	Black's Drive	0	0	0	0	0	641,106
KD	Lemont Park	0	0	0	0	0	641,106
KE	Wannamaker Street	0	0	0	0	0	599,819
KF	Silly	0	0	0	0	0	599,964
KG	Parsons I	0	0	0	0	0	669,606
KH	Parsons II	0	0	0	0	0	668,160
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmary	0	0	0	0	0	0
BK	Outpatient clinic	0	0	0	0	0	0
BP	Pharmacy	0	0	0	0	0	0
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	0	0	0	0	0	4,609,261
AY	Rehab Phase I	0	0	0	0	0	1,558,397
AZ	Rehab Phase II	0	0	0	0	0	370,305
GA	Cosair CTH II	0	0	0	0	0	0
XE	Evaluation & planning	0	0	0	0	0	0
XI	Early intervention	0	0	0	0	0	3,320,951
CW	Community Supports Waiver	0	0	0	0	0	2,162,253
CWA	Community Supports Waiver - Waiver	0	0	0	0	0	0
XM	Home & community based	0	0	0	0	0	44,700,746
XMA	Home & community based - Admin	0	0	0	0	0	0
AW	PDD Waiver	0	0	0	0	0	0
AWA	PDD Waiver - Admin	0	0	0	0	0	0
XA	Autism	0	0	0	0	0	421,888
XS	Head & spinal cord	0	0	0	0	0	0
XH	Head & spinal cord waiver	0	0	0	0	0	1,852,904
XHA	Head & spinal cord waiver - Waiver	0	0	0	0	0	0
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	0	0	0	0	0	0
FN	Other non-covered costs	0	0	0	0	0	0

South Carolina Department of Disabilities Special Needs
 Coastal Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>OCCUPATIONAL</u>	<u>EDUCATION</u>	<u>SPEECH &</u>	<u>COTTAGE</u>	<u>OTHER</u>	<u>GENERAL</u>	<u>COMMUNITY</u>
		<u>THERAPY</u>		<u>HEARING</u>	<u>LIFE</u>	<u>ASSISTIVE</u>	<u>COMMUNITY</u>	<u>RESIDENTIAL</u>
		CN	ED	CS	CL	CT	XG	XR
YF	Federal projects	0	0	0	0	0	0	0
90	SUBTOTAL	3,939.00 3,939	- 0	353.50 354	62,783.00 62,783	62,783.00 62,783	68,517,877.00 68,860,417	54,177,199.00 54,757,683
	Costs to be allocated (Worksheet B, Part I)	\$138,500	\$0	\$103,541	\$6,687,103	\$135,232	\$158,749	\$46,608
	Unit cost multiplier	35.161208	0.000000	292.902405	106.511365	2.153959	0.002317	0.000860

South Carolina Department of Disabilities Special Needs
 Coastal Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

	<u>COST CENTER</u>	<u>TOTAL</u>
		21
	GENERAL SERVICE COST CENTERS	
02	New capital-related costs - build	-
02A	New capital-related costs - equip	-
AB	Employee health & welfare	-
AA	Administrative & general	-
CP	Physical therapy	-
CN	Occupational therapy	-
ED	Education	-
CS	Speech & hearing	-
CL	Cottage life allocable	-
CT	Other Assistive Technology	-
XG	General Community Operations	-
XR	Community Residential	-
	INPATIENT ROUTINE SERVICE COST CENTERS	
HA	Highlands 510 (ICU)	2,459,455.00
HB	Live Oak Village	(1,621.00)
HC	Highlands (D Units)	11,960,122.00
HL	Hillside (F Units)	8,786,640.00
JA	Camp Road	-
JB	Conifer Hall I	628,987.00
JC	Conifer Hall II	629,794.00
JD	Dehay	-
JE	Dills Bluff	630,078.00
JG	Farmington	-
JF	Forest Circle	659,905.00
JH	Hampton St.	-
JI	Josie Drive	730,358.00
JJ	Kings	556,013.00
JK	Lenevar	-
JL	Nance	555,690.00
JM	Port Royal	-
JP	Vamville	-
JQ	Zeigler	-
KA	Harley Road	650,631.00
KB	Academy Street	644,134.00
KC	Black's Drive	644,134.00
KD	Lemon Park	644,134.00
KE	Wannamaker Street	602,712.00
KF	Sifty	602,862.00
KG	Parsons I	672,724.00
KH	Parsons II	671,217.00
	OUTPATIENT SERVICE COST CENTERS	
BI	Infirmery	-
BK	Outpatient clinic	-
BP	Pharmacy	-
	OTHER REIMBURSEABLE COST CENTERS	
XC	Service coordination	4,644,130.00
AY	Rehab Phase I	1,562,008.00
AZ	Rehab Phase II	371,396.00
GA	Cosair CTH II	-
XE	Evaluation & planning	-
XI	Early intervention	3,330,661.00
CW	Community Supports Waiver	2,167,263.00
CWA	Community Supports Waiver - Waiver	787.00
XM	Home & community based	44,842,769.00
XMA	Home & community based - Admin	116,978.00
AW	PDD Waiver	56,000.00
AWA	PDD Waiver - Admin	4,411.00
XA	Autism	439,702.00
XS	Head & spinal cord	-
XH	Head & spinal cord waiver	1,857,197.00
XHA	Head & spinal cord waiver - Waiver	82,986.00
	NONREIMBURSEABLE COST CENTERS	
FC	Non-certified Units	-
FN	Other non-covered costs	763.00
YF	Federal projects	1.05
90	SUBTOTAL	92,205,221.05
100	TOTAL EXPENSES	92,205,221.05

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	DIRECT CONTRACT COST	ADJUSTED ADMIN & GENERAL
AA				
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	282,220	0	282,220
CN	Occupational therapy	133,185	0	133,185
ED	Education	0	0	0
CS	Speech & hearing	99,567	0	99,567
CL	Cottage life allocable	6,430,475	0	6,430,475
CT	Other Assistive Technology	130,042	0	130,042
XG	General Community Operations	152,657	0	152,657
XR	Community Residential	44,719	0	44,719
INPATIENT ROUTINE SERVICE COST CENTERS				
HA	Highlands 510 (ICU)	1,660,454	0	1,660,454
HB	Live Oak Village	(1,559)	0	(1,559)
HC	Highlands (D Units)	7,766,792	0	7,766,792
HL	Hillside (F Units)	5,813,102	0	5,813,102
JA	Camp Road	0	0	0
JB	Conifer Hall I	625,646	(591,739)	33,907
JC	Conifer Hall II	628,670	(598,287)	28,383
JD	Dehay	0	0	0
JE	Dills Bluff	627,252	(606,376)	20,876
JG	Farmington	0	0	0
JF	Forest Circle	656,403	(620,915)	35,488
JH	Hampton St.	0	0	0
JI	Josie Drive	726,611	(690,541)	36,070
JJ	Kings	552,863	(517,946)	34,917
JK	Lenevar	0	0	0
JL	Nance	552,554	(517,946)	34,608
JM	Port Royal	0	0	0
JP	Varnville	0	0	0
JQ	Zeigler	0	0	0
KA	Harley Road	647,587	(622,865)	24,722
KB	Academy Street	641,106	(616,265)	24,841
KC	Black's Drive	641,106	(616,265)	24,841
KD	Lemon Park	641,106	(616,265)	24,841
KE	Wannamaker Street	599,819	(575,098)	24,721
KF	Sifly	599,964	(575,098)	24,866
KG	Parsons I	669,606	(644,766)	24,840
KH	Parsons II	668,160	(644,766)	23,394
OUTPATIENT SERVICE COST CENTERS				
BI	Infirmary	0	0	0
BK	Outpatient clinic	0	0	0
BP	Pharmacy	0	0	0
OTHER REIMBURSEABLE COST CENTERS				
XC	Service coordination	4,609,261	(4,003,114)	606,147
AY	Rehab Phase I	1,558,397	(1,558,397)	0
AZ	Rehab Phase II	370,305	(364,472)	5,833
GA	Cosair CTH II	0	0	0
XE	Evaluation & planning	0	0	0
XI	Early intervention	3,320,951	(3,270,426)	50,525
CW	Community Supports Waiver	2,162,253	(2,162,253)	0
CWA	Community Supports Waiver - Waiver	88	2,162,253	(2,144,837)
XM	Home & community based	44,700,746	(44,700,746)	0

South Carolina Department of Disabilities Special Needs
 Coastal Region
 Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

	ADMINISTRA-	RECLASSIFY	DIRECT CONTRACT	ADJUSTED
XMA Home & community based - Admin	4,411	44,700,746	(41,884,504)	2,820,653
AW PDD Waiver	56,000	(56,000)	0	0
AWA PDD Waiver - Admin	2,093	56,000	0	58,093
XA Autism	421,888		0	421,888
XS Head & spinal cord	0		0	0
XH Head & spinal cord waiver	1,852,904	(1,852,904)	0	0
XHA Head & spinal cord waiver - Waiver	36,948	1,852,904	(736,251)	1,153,601
NONREIMBURSEABLE COST CENTERS				
FC Non-certified Units	0		0	0
FN Other non-covered costs	734		0	734
YF Federal projects	0		0	0
90 SUBTOTAL	91,085,086.00	-	(63,017,139.00)	28,067,947.00

South Carolina Department of Disabilities and Special Needs

Coastal Region

Fiscal Year Ended June 30, 2010

Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$787	\$2,167,263	\$2,168,050	0.04%
Home & community based	XM	\$116,978	\$44,842,769	\$44,959,747	0.26%
PDD Waiver	AW	\$4,411	\$56,000	\$60,411	7.30%
Head & spinal cord waiver	XH	\$82,986	\$1,857,197	\$1,940,183	4.28%
		\$205,162	\$48,923,229	\$49,128,391	0.42%

Exhibit B
Midlands Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY - MIDLANDS REGION	PROVIDER NO.: VARIOUS	PERIOD: FROM: July 1, 2009 TO: June 30, 2010	WORKSHEET S PARTS I AND II
Intermediary Use Only		Date Received	Intermediary Number

Audited Desk Reviewed

PART I - CERTIFICATION

Check applicable box Electronically filed cost report Date: _____ Time: _____
 Manually submitted cost report

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Midlands Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)
 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Midlands Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: Farrow Road P.O. Box: 1
1.01 City: Columbia State: SC Zip Code: 29203 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2	Hospital							2
3	Subprovider							3
4	Swing Beds - SNF							4
5	Swing Beds - NF							5
6	Hospital-Based SNF							6
7	Hospital-Based NF							7
8	Hospital-Based OLTC							8
9	Hospital-Based HHA							9
10	Hospital-Based CORF							10
11	Separately Certified ASC							11
12	Hospital-Based Hospice							12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions) 1 2 14

Type of Hospital/Subprovider (See Instructions)

15 Hospital 15
16 Subprovider 16

Other Information

17	If this is a Medicare Certified Kidney Transplant Center, enter the certification date.							17
18	If this is a Medicare Certified Heart Transplant Center, enter the certification date.							18
19	If this is a Medicare Certified Liver Transplant Center, enter the certification date.							19
20	If this is an Organ Procurement Organization (OPO), enter the OPO number.							20
21	Is this an Eye or Eye and Ear Specialty Hospital?				N			21
22	If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty				N			22
23	If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:							23
24	If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)							24
25	If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.							25
26	Does this hospital qualify as a rural primary care hospital?				N			26
27	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?				N			27
28	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?				N			28

Miscellaneous Cost Reporting Information

29	If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.				N			29
30	If this is an All-Inclusive Provider, enter the method used. (See Instructions)							30
31	Is the difference between total interim payments and the net cost of covered services included in the balance sheet?				N			31
32	Is this a new hospital under 42 CFR 412.300 PPS Capital?				N			32
33	Is this a new hospital under 42 CFR 413.40 (TEFRA)?				N			33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Midlands Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		727,314.46	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
38	If depreciation is funded, enter the balance as of the end of the period.			38
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
		1	2	3	
44	Are you filing under the fully prospective payment methodology for capital costs?				44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If this hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

South Carolina Department of Disabilities and Special Needs
Midland Region
Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS- IFIED	ADJUSTMENTS	NET
					TRIAL BALANCE	TO EXPENSES INCREASE (DECREASE)	EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
02 Capital-related costs - build			0.00	0.00	0.00	32,054.00	32,054.00
02A Capital-related costs - equip			0.00	0.00	0.00	109,337.00	109,337.00
AB Employee health & welfare	204,156.81	2,969.95	207,127.00	0.00	207,127.00	5,672,359.00	5,879,486.00
AA Administrative & general	335,792.80	858,615.17	1,194,408.00	(592,305.00)	602,103.00	896,791.00	1,298,894.00
CP Physical therapy	149,477.64	12,913.98	162,392.00	0.00	162,392.00	27,959.00	190,351.00
CN Occupational Therapy	178,563.17		178,563.00	0.00	178,563.00	6,827.00	185,390.00
ED Education	391,189.96	3,523.59	394,714.00	(394,714.00)	0.00	0.00	0.00
CS Speech & hearing	87,659.76	490.00	88,150.00	0.00	88,150.00	8,290.00	96,440.00
CL Cottage Life Allocable	2,888,227.55	2,658,231.98	5,546,460.00	(89,225.00)	5,447,235.00	544,013.00	5,991,248.00
CT Other Assistive Technology			0.00	0.00	0.00	1,704.00	1,704.00
XG General Community Operations			0.00	0.00	0.00	198,427.00	198,427.00
XR Community Residential		10,300.48	10,300.00	0.00	10,300.00	20,427.00	30,727.00
INPATIENT ROUTINE SERVICE COST CENTERS							
LA First Midlands	2,647,363.48	250,187.02	2,897,551.00	313,799.00	3,211,350.00	961,314.00	4,172,664.00
LF Second Midlands			0.00	0.00	0.00	0.00	0.00
LK Third Midlands	5,301,108.53	412,473.84	5,713,580.00	680,110.00	6,393,690.00	1,691,261.00	8,084,951.00
NA Bird I			0.00	0.00	0.00	0.00	0.00
NB Bird II			0.00	0.00	0.00	0.00	0.00
NC Dupont I		24,163.03	24,163.00	318.00	24,481.00	585,444.00	609,925.00
ND Dupont II		24,820.00	24,820.00	330.00	25,150.00	634,898.00	660,048.00
NE Hunter			0.00	0.00	0.00	0.00	0.00
NF Mangum		24,820.00	24,820.00	330.00	25,150.00	561,390.00	586,540.00
NG McConnell		26,045.00	26,045.00	330.00	26,375.00	538,630.00	565,005.00
NH McCullough		35,878.50	35,879.00	(4,653.00)	31,226.00	810,018.00	841,244.00
NI Rudnick			0.00	0.00	0.00	0.00	0.00
NJ Sanders			0.00	0.00	0.00	0.00	0.00
MA Linden		24,199.50	24,200.00	322.00	24,522.00	629,517.00	654,039.00
MB Laurens		24,667.00	24,667.00	328.00	24,995.00	580,349.00	605,344.00
MC Rabbit Run		24,728.50	24,727.00	329.00	25,056.00	592,644.00	617,700.00
MD North Pines			0.00	0.00	0.00	0.00	0.00
ME Ida Lane II		22,448.50	22,449.00	299.00	22,748.00	557,099.00	579,847.00
MF Ida Lane I		23,910.50	23,911.00	318.00	24,229.00	557,098.00	581,327.00
MG Horrell Hill		24,573.50	24,574.00	327.00	24,901.00	543,093.00	567,994.00
MH Archie Drive		22,686.50	22,687.00	302.00	22,989.00	495,161.00	518,150.00
MI Carter Street		24,420.50	24,421.00	325.00	24,746.00	472,515.00	497,261.00
MJ Kensington I			0.00	0.00	0.00	0.00	0.00
MK Kensington II			0.00	0.00	0.00	0.00	0.00
ML Woodawn Avenue		23,120.00	23,120.00	307.00	23,427.00	495,160.00	518,587.00
MM Ruby Blair			0.00	0.00	0.00	0.00	0.00
MN Stuart Blair			0.00	0.00	0.00	0.00	0.00
MP Florence Gressette		24,820.00	24,820.00	330.00	25,150.00	687,542.00	712,692.00
MQ Wylie-Brunson		24,794.50	24,795.00	330.00	25,125.00	687,542.00	712,667.00
MR Batesburg		24,471.50	24,472.00	325.00	24,797.00	472,515.00	497,312.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary			0.00	0.00	0.00	0.00	0.00
BK Outpatient clinic		85,201.25	85,201.00	(87,486.00)	(2,285.00)	2,285.00	0.00
BP Pharmacy		39,073.70	39,074.00	(42,209.00)	(3,135.00)	3,135.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service Coordination			0.00	0.00	0.00	6,934,573.00	6,934,573.00
AY Rehab Support Phase I			0.00	0.00	0.00	658,179.00	658,179.00
AZ Rehab Support Phase II			0.00	0.00	0.00	461,560.00	461,560.00
XE Evaluation & Planning			0.00	0.00	0.00	0.00	0.00
XI Early Intervention			0.00	0.00	0.00	6,626,572.00	6,626,572.00
CW Community Supports Waiver			0.00	0.00	0.00	2,268,466.00	2,268,466.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	93.00	93.00
XM Home & community based			0.00	709,760.00	709,760.00	64,008,250.00	64,718,010.00
XMA Home & community based - Admin			0.00	0.00	0.00	16,879.00	16,879.00
AW PDD Waiver			0.00	0.00	0.00	0.00	0.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	0.00	0.00
XA Autism		166.10	166.00	(533,720.00)	(533,554.00)	586,322.00	52,768.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	0.00	0.00	2,131,595.00	2,131,595.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	31,767.00	31,767.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified Units			0.00	0.00	0.00	0.00	0.00
FN Other noncovered costs	7,120.00		7,120.00	45,492.00	52,612.00	16,846.00	69,458.00
YF Federal Projects			0.00	0.00	0.00	0.00	0.00
SUBTOTAL	12,190,657.70	4,758,712.09	16,949,376.00	1.00	16,949,375.00	103,617,900.00	120,567,275.00
TOTAL	12,190,657.70	4,758,712.09	16,949,376.00	1.00	16,949,375.00	103,617,900.00	120,567,275.00

**South Carolina Department of Disabilities and Special Needs
Midland Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	02	Capital-related costs - build	-	-	-
07	AA	Administrative & general	-	-	-
09	AA	Administrative & general	-	46,844.00	(46,844.00)
17	AA	Administrative & general	-	545,460.97	(545,460.97)
03	AB	Employee Health & Welfare	-	-	-
05	XG	General Community Operations	-	-	-
01	CL	Cottage life allocable	-	464,078.51	(464,078.51)
03	CL	Cottage life allocable	17,848.40	-	17,848.40
05	CL	Cottage life allocable	-	-	-
08	CL	Cottage life allocable	-	54,828.07	(54,828.07)
10	CL	Cottage life allocable	394,713.55	-	394,713.55
16	CL	Cottage life allocable	7,120.00	-	7,120.00
07	2A	Capital-related costs - equip	-	-	-
10	ED	Education	-	394,713.55	(394,713.55)
01	LA	First Midlands	108,386.08	-	108,386.08
03	LA	First Midlands	-	41,851.81	(41,851.81)
04	LA	First Midlands	41,627.82	-	41,627.82
08	LA	First Midlands	18,505.15	-	18,505.15
09	LA	First Midlands	17,618.52	-	17,618.52
15	LA	First Midlands	-	-	-
17	LA	First Midlands	205,153.62	-	205,153.62
18	LA	First Midlands	-	35,640.00	(35,640.00)
05	XC	Service coordination	-	-	-
01	FN	Non-Covered	52,612.23	-	52,612.23
16	FN	Non-Covered	-	7,120.00	(7,120.00)
05	XI	Early intervention	-	-	-
02	XM	Home & community based	228,675.90	-	228,675.90
05	XM	Home & community based	-	-	-
06	XM	Home & community based	305,043.71	-	305,043.71
11	XM	Home & community based	-	-	-
18	XM	Home & community based	176,040.00	-	176,040.00
05	XR	Community Residential	-	-	-
11	XR	Community Residential	-	-	-
02	XA	Autism	-	228,675.90	(228,675.90)
06	XA	Autism	-	305,043.71	(305,043.71)
03	BI	Infirmary	-	-	-
04	BI	Infirmary	-	-	-
15	LF	Second Midlands	-	-	-
01	LK	Third Midlands	303,080.20	-	303,080.20
03	LK	Third Midlands	24,003.41	-	24,003.41
04	LK	Third Midlands	88,067.11	-	88,067.11
08	LK	Third Midlands	30,696.21	-	30,696.21

**South Carolina Department of Disabilities and Special Needs
Midland Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET
09	LK	Third Midlands	29,225.48	-	29,225.48
15	LK	Third Midlands	-	-	-
17	LK	Third Midlands	340,307.35		340,307.35
18	LK	Third Midlands		135,270.00	(135,270.00)
03	BK	Clinic	-	-	-
04	BK	Clinic	-	87,486.25	(87,486.25)
04	BP	Pharmacy	-	42,208.68	(42,208.68)
05	XH	HASCI Waiver	-	-	-
18	XH	HASCI Waiver	-	-	-
08	MA	Linden Street	321.84		321.84
17	MA	Linden Street	-		-
08	MB	Laurens Street	328.06		328.06
17	MB	Laurens Street	-		-
08	MC	Rabbit Run	328.85		328.85
17	MC	Rabbit Run	-		-
08	MD	North Pines	-		-
17	MD	North Pines	-		-
08	ME	Ida II	298.56		298.56
17	ME	Ida II	-		-
18	ME	Ida II	-	-	-
08	MF	Ida I	318.00		318.00
17	MF	Ida I	-		-
08	MG	Horrell Hill	326.82		326.82
17	MG	Horrell Hill	-		-
08	MH	Archie Drive	301.72		301.72
17	MH	Archie Drive	-		-
08	MI	Carter Street	324.79		324.79
17	MI	Carter Street	-		-
18	MI	Carter Street	-	-	-
08	MJ	Kensington I	-		-
17	MJ	Kensington I	-		-
08	MK	Kensington II	-		-
17	MK	Kensington II	-		-
08	ML	Woodlawn Ave	307.49		307.49
17	ML	Woodlawn Ave	-		-
08	MM	Ruby Blair	-		-
17	MM	Ruby Blair	-		-
08	MN	Stuart Blair	-		-
17	MN	Stuart Blair	-		-
08	MP	Florence Gresett	330.09		330.09
17	MP	Florence Gresett	-		-
08	MQ	Wylie Brunson	329.76		329.76

**South Carolina Department of Disabilities and Special Needs
Midland Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET
17	MQ	Wylie Brunson	-		-
08	MR	Batesburg Group	325.47		325.47
17	MR	Batesburg Group	-		-
08	NA	Bird I	-	-	-
17	NA	Bird I	-		-
08	NB	Bird II	-	-	-
17	NB	Bird II	-		-
08	NC	Dupont I	317.78	-	317.78
17	NC	Dupont I	-	-	-
18	NC	Dupont I	-	-	-
08	ND	Dupont II	330.11	-	330.11
17	ND	Dupont II	-		-
08	NE	Hunter	-	-	-
17	NE	Hunter	-		-
08	NF	Mangum	330.11	-	330.11
17	NF	Mangum	-		-
08	NG	McConnell	330.09	-	330.09
17	NG	McConnell	-		-
18	NG	McConnell	-	-	-
08	NH	McCullough	477.17	-	477.17
17	NH	McCullough	-		-
18	NH	McCullough		5,130.00	(5,130.00)
08	NI	Rudnick	-	-	-
17	NI	Rudnick	-		-
08	NJ	Sanders	-	-	-
17	NJ	Sanders	-		-
Midland Region Net Reclassifications			2,394,351.45	2,394,351.45	0.00

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
01	02	Capital Related Costs - Bldg	19,996.00	-	19,996.00	To record depreciation expense for capital-related costs - build.	No
15	02	Capital Related Costs - Bldg	-	-	-	To record uncaptured depreciation caused by deletions.	No
17	02	Capital Related Costs - Bldg	12,058.40	-	12,058.40	To record Midlands' portion of allowable central office expenses.	No
05	02A	Capital related costs - equip	-	2,040.00	(2,040.00)	To record sale of surplus material and equipment.	No
14	02A	Capital-related costs - equip	85,370.86	-	85,370.86	To record depreciation for equipment.	No
15	02A	Capital-related costs - equip	16,222.22	-	16,222.22	To record uncaptured depreciation caused by deletions.	No
17	02A	Capital-related costs - equip	9,784.25	-	9,784.25	To record Midlands' portion of allowable central office expenses.	No
01	AA	Administrative & general	46,844.00	-	46,844.00	To record depreciation expense for capital-related costs - build.	No
4	AA	Administrative & general	-	461.95	(461.95)	To Record Refund of Prior Year Expenditures	No
08	AA	Administrative & general	-	-	-	To adjust expenses for commissions.	No
12	AA	Administrative & general	-	-	-	To Record Central Office PIP Non Capital Expenditures	No
16	AA	Administrative & general	-	115.33	(115.33)	To record added depreciation.	No
17	AA	Administrative & general	419,198.34	-	419,198.34	To record Midlands' portion of allowable central office expenses.	No
18	AA	Administrative & general	-	-	-	To record Midland's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administrative & general	-	-	-	To record accounts payable accruals.	No
31	AA	Administrative & general	-	-	-	To expense repairs & renovations.	No
32	AA	Administrative & general	-	-	-	To record Data Management/Biostatistics Grant	No
41	AA	Administrative & general	-	-	-	To record hospice days	Yes
43	AA	Administrative & general	-	648,947.00	(648,947.00)	To Record SCEIS Expenditure to appropriate facilities	No
57	AA	Administrative & general	-	-	-	To Record Central Office Training Costs for Admin	No
70	AA	Administrative & general	-	-	-	To allocate costs for FBI-Supported Employment	No
72	AA	Administrative & general	-	-	-	To allocate costs for Special Olympics grant	No
73	AA	Administrative & general	-	-	-	To allocate costs related to Brain Injury grant	No
74	AA	Administrative & general	-	-	-	To allocate costs related to Family Connection grant	No
75	AA	Administrative & general	-	-	-	To allocate costs related to ARC of the Midlands grant	No
01	AB	Employees health & welfare	2,411.00	-	2,411.00	To record depreciation expense for capital-related costs - build.	No
02	AB	Employees health & welfare	335.06	-	335.06	To offset revenue for Cobra Premiums	No
16	AB	Employees health & welfare	-	-	-	To record added depreciation.	No
17	AB	Employees health & welfare	5,730,105.05	-	5,730,105.05	To record Midlands' portion of allowable central office expenses.	No
19	AB	Employees health & welfare	4,248.05	-	4,248.05	To record Midlands' portion of accrued leave.	No
20	AB	Employees health & welfare	-	57,907.76	(57,907.76)	To record Midland's portion of accrued payroll.	No
21	AB	Employees health & welfare	-	-	-	To record accounts payable accruals.	No
31	AB	Employees health & welfare	-	-	-	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	6,832.41	(6,832.41)	To record Midland's portion of accrued fringes.	No
52	AY	Rehab Support Phase I	658,178.83	-	658,178.83	To Record Central Office Rehab Support I Costs	Yes
48	AA	Rehab Support Phase II	4,771.39	-	4,771.39	To Record Central Office Costs	No
53	AZ	Rehab Support Phase II	457,643.00	-	457,643.00	To Record Central Office Rehab Support II Costs	Yes
60	AZ	Rehab Support Phase II	-	-	-	To record central office Rehab Phase II costs	No
63	AA	Rehab Support Phase II	1,425.24	-	1,425.24	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Rehab Support Phase II	1,875.21	-	1,875.21	To allocate District Costs to Regions	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
77	AZ	Rehab Support Phase II	3,917.43	-	3,917.43	To allocate salaries to regions	No
01	BI	Infirmiry	-	-	-	To record depreciation expense for capital-related costs - build.	No
01	BK	Clinic	2,285.00	-	2,285.00	To record depreciation expense for capital-related costs - build.	No
16	BK	Clinic	-	-	-	To record added depreciation.	No
31	BK	Clinic	-	-	-	To expense repairs & renovations.	No
01	BP	Pharmacy	3,202.00	-	3,202.00	To record depreciation expense for capital-related costs - build.	No
4	BP	Pharmacy	-	8.90	(8.90)	To Record Refund of Prior Year Expenditures	No
16	BP	Pharmacy	-	58.12	(58.12)	To record added depreciation.	No
31	BP	Pharmacy	-	-	-	To expense repairs & renovations.	No
56	BP	Pharmacy	-	-	-	To Record Central Office Drug Charges	No
01	CL	Cottage life allocable	218,377.00	-	218,377.00	To record depreciation expense for capital-related costs - build.	No
06	CL	Cottage Life	-	-	-	To record USDA revenues.	No
7	CL	Cottage Life	-	-	-	To record Employee Meals Revenues	No
10	CL	Cottage Life	-	73539.98	(73,539.98)	To record WAC's revenues.	No
16	CL	Cottage Life	-	4,591.17	(4,591.17)	To record added depreciation.	No
21	CL	Cottage Life	-	-	-	To record accounts payable accruals.	No
28	CL	Cottage Life	99,389.00	-	99,389.00	To record day program costs for contracts with outside providers.	No
31	CL	Cottage Life	261,541.96	-	261,541.96	To expense repairs & renovations.	No
51	CL	Cottage Life	-	6,959.40	(6,959.40)	Adjustment of Federal Grant Expenditures	No
61	CL	Cottage Life	30,420.48	-	30,420.48	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage Life	19,374.61	-	19,374.61	To allocate costs related to Dr. Johnson's services.	No
01	CN	Occupational Therapy	6,827.00	-	6,827.00	To record depreciation expense for capital-related costs - build.	No
16	CN	Occupational Therapy	-	-	-	To record added depreciation.	No
31	CN	Occupational Therapy	-	-	-	To expense repairs & renovations.	No
01	CP	Physical Therapy	27,959.00	-	27,959.00	To record depreciation expense for capital-related costs - build.	No
16	CP	Physical Therapy	-	-	-	To record added depreciation.	No
21	CP	Physical Therapy	-	-	-	To record accounts payable accruals.	No
31	CP	Physical Therapy	-	-	-	To expense repairs & renovations.	No
01	CS	Speech & hearing	8,290.00	-	8,290.00	To record depreciation expense for capital-related costs - build.	No
16	CS	Speech & hearing	-	-	-	To record added depreciation.	No
21	CS	Speech & hearing	-	-	-	To record accounts payable accruals.	No
31	CS	Speech & hearing	-	-	-	To expense repairs & renovations.	No
01	CT	Other Assistive Technology	1,779.00	-	1,779.00	To record depreciation expense for capital-related costs - build.	No
16	CT	Other Assistive Technology	-	74.56	(74.56)	To record added depreciation.	No
31	CT	Other Assistive Technology	-	-	-	To expense repairs & renovations.	No
01	ED	Education	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	ED	Education	-	-	-	To record added depreciation.	No
31	ED	Education	-	-	-	To expense repairs & renovations.	No
01	FN	Other Noncovered Costs	19,982.00	-	19,982.00	To record depreciation expense for capital-related costs - build.	No
02	FN	Other Noncovered Costs	-	-	-	To offset revenue for Cobra Premiums	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
03	FN	Other Noncovered Costs	-	-	-	Dual Employment	No
08	FN	Other Noncovered Costs	-	3,136.11	(3,136.11)	To adjust expenses for commissions.	No
11	FN	Other Noncovered Costs	-	-	-	To record insurance claims.	No
16	FN	Other Noncovered Costs	-	-	-	To record added depreciation.	No
31	FN	Other Noncovered Costs	-	-	-	To expense repairs & renovations.	No
01	LA	First Midlands	102,187.00	-	102,187.00	To record depreciation expense for capital-related costs - build.	No
13	LA	First Midlands	-	-	-	To record Emergency Expenditures to regions	No
16	LA	First Midlands	-	-	-	To record added depreciation.	No
18	LA	First Midlands	34,569.78	-	34,569.78	To record Midland's portion of the State Wide Cost Allocation Plan.	No
31	LA	First Midlands	-	-	-	To expense repairs & renovations.	No
35	LA	First Midlands	296,210.80	-	296,210.80	To record central office costs.	No
43	LA	First Midlands	272,963.58	-	272,963.58	To Record SCEIS Expenditure to appropriate facilities	No
44	LA	First Midlands	255,382.50	-	255,382.50	To record central office genetics services costs.	No
01	LK	Third Midlands	103,301.00	-	103,301.00	To record depreciation expense for capital-related costs - build.	No
13	LK	Third Midlands	-	-	-	To record Emergency Expenditures to regions	No
16	LK	Third Midlands	-	-	-	To record added depreciation.	No
18	LK	Third Midlands	68,163.59	3,203.02	(3,203.02)	To record Midland's portion of the State Wide Cost Allocation Plan.	No
21	LK	Third Midlands	-	-	-	To record accounts payable accruals.	No
31	LK	Third Midlands	-	-	-	To expense repairs & renovations.	No
35	LK	Third Midlands	561,165.01	-	561,165.01	To record central office costs.	No
43	LK	Third Midlands	538,220.92	-	538,220.92	To Record SCEIS Expenditure to appropriate facilities	No
44	LK	Third Midlands	423,613.07	-	423,613.07	To record central office genetics services costs.	No
23	MA	Linden Street	629,516.00	-	629,516.00	To record management providers direct costs per individual cost reports.	Yes
29	MA	Linden Street	1.00	-	1.00	To record rental agreement	No
23	MB	Laurens Street	580,348.00	-	580,348.00	To record management providers direct costs per individual cost reports.	Yes
29	MB	Laurens Street	1.00	-	1.00	To record management providers direct costs per individual cost reports.	No
23	MC	Rabbit Run	592,643.00	-	592,643.00	To record management providers direct costs per individual cost reports.	Yes
29	MC	Rabbit Run	1.00	-	1.00	To record rental agreement	No
23	MD	North Pines	-	-	-	To record management providers direct costs per individual cost reports.	Yes
23	ME	Ida II	557,098.00	-	557,098.00	To record management providers direct costs per individual cost reports.	Yes
29	ME	Ida II	1.00	-	1.00	To record rental agreement	No
23	MF	Ida I	557,097.00	-	557,097.00	To record management providers direct costs per individual cost reports.	Yes
29	MF	Ida I	1.00	-	1.00	To record rental agreement	No
23	MG	Horrell Hill	557,312.00	-	557,312.00	To record management providers direct costs per individual cost reports.	Yes
29	MG	Horrell Hill	1.00	-	1.00	To record rental agreement	No
41	MG	Horrell Hill	-	14,220.00	(14,220.00)	To record hospice days	Yes
23	MH	Archie	495,160.00	-	495,160.00	To record management providers direct costs per individual cost reports.	Yes
29	MH	Archie	1.00	-	1.00	To record rental agreement	No
23	MI	Carter Street	472,514.00	-	472,514.00	To record management providers direct costs per individual cost reports.	Yes
29	MI	Carter Street	1.00	-	1.00	To record rental agreement	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
23	MJ	Kensington I	-		-	To record management providers direct costs per individual cost reports.	Yes
23	MK	Kensington II	-		-	To record management providers direct costs per individual cost reports.	Yes
23	ML	Woodlawn	495,159.00		495,159.00	To record management providers direct costs per individual cost reports.	Yes
29	ML	Woodlawn	1.00		1.00	To record rental agreement	No
23	MM	Ruby Blair	-		-	To record management providers direct costs per individual cost reports.	Yes
23	MN	Stuart Blair	-		-	To record management providers direct costs per individual cost reports.	Yes
23	MP	Florence-Gresett	687,541.00		687,541.00	To record management providers direct costs per individual cost reports.	Yes
29	MP	Florence-Gresett	1.00		1.00	To record rental agreement	No
23	MQ	Wylie-Brunson	687,541.00		687,541.00	To record management providers direct costs per individual cost reports.	Yes
29	MQ	Wylie-Brunson	1.00		1.00	To record rental agreement	No
23	MR	Batesburg	472,514.00		472,514.00	To record management providers direct costs per individual cost reports.	Yes
29	MR	Batesburg	1.00		1.00	To record rental agreement	No
01	NA	Bird Street I	-		-	To record depreciation expense for capital-related costs - build.	No
16	NA	Bird Street I	-		-	To record added depreciation.	No
23	NA	Bird Street I	-		-	To record management providers direct costs per individual cost reports.	Yes
31	NA	Bird Street I	-		-	To expense repairs & renovations.	No
43	NA	Bird Street I	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NB	Bird Street II	-		-	To record depreciation expense for capital-related costs - build.	No
16	NB	Bird Street II	-		-	To record added depreciation.	No
23	NB	Bird Street II	-		-	To record management providers direct costs per individual cost reports.	Yes
31	NB	Bird Street II	-		-	To expense repairs & renovations.	No
43	NB	Bird Street II	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NC	Dupont I	10,664.00		10,664.00	To record depreciation expense for capital-related costs - build.	No
16	NC	Dupont I	-		-	To record added depreciation.	No
23	NC	Dupont I	574,780.00		574,780.00	To record management providers direct costs per individual cost reports.	Yes
31	NC	Dupont I	-		-	To expense repairs & renovations.	No
43	NC	Dupont I	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	ND	Dupont II	10,664.00		10,664.00	To record depreciation expense for capital-related costs - build.	No
16	ND	Dupont II	-		-	To record added depreciation.	No
23	ND	Dupont II	624,234.00		624,234.00	To record management providers direct costs per individual cost reports.	Yes
31	ND	Dupont II	-		-	To expense repairs & renovations.	No
43	ND	Dupont II	-		-	To Record SCEIS Expenditure to appropriate facilities	No
23	NE	Hunter	-		-	To record management providers direct costs per individual cost reports.	Yes
43	NE	Hunter	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NF	Mangum	55.00		55.00	To record depreciation expense for capital-related costs - build.	No
16	NF	Mangum	-		-	To record added depreciation.	No
23	NF	Mangum	561,335.00		561,335.00	To record management providers direct costs per individual cost reports.	Yes
31	NF	Mangum	-		-	To expense repairs & renovations.	No
43	NF	Mangum	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NG	McConnell	55.00		55.00	To record depreciation expense for capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
16	NG	McConnell	-	-	-	To record added depreciation.	No
23	NG	McConnell	535,824.00	-	535,824.00	To record management providers direct costs per individual cost reports.	Yes
31	NG	McConnell	2,750.96	-	2,750.96	To expense repairs & renovations.	No
43	NG	McConnell	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
23	NH	McCullough	810,018.00	-	810,018.00	To record management providers direct costs per individual cost reports.	Yes
43	NH	McCullough	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
01	NI	Rudnick	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	NI	Rudnick	-	-	-	To record added depreciation.	No
23	NI	Rudnick	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	NI	Rudnick	-	-	-	To expense repairs & renovations.	No
43	NI	Rudnick	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
01	NJ	Sanders	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	NJ	Sanders	-	-	-	To record added depreciation.	No
23	NJ	Sanders	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	NJ	Sanders	-	-	-	To expense repairs & renovations.	No
43	NJ	Sanders	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
01	XA	Autism	5,587.00	-	5,587.00	To record depreciation expense for capital-related costs - build.	No
16	XA	Autism	-	19.39	(19.39)	To record added depreciation.	No
21	XA	Autism	-	-	-	To record accounts payable accruals.	No
31	XA	Autism	-	-	-	To expense repairs & renovations.	No
62	XA	Autism	561,852.34	-	561,852.34	To allocate Autism to Regions	No
69	XA	Autism	-	28,132.73	(28,132.73)	To allocate room & board costs	No
77	XA	Autism	47,035.03	-	47,035.03	To allocate salaries to regions	No
01	XC	Service coordination	15,947.00	-	15,947.00	To record depreciation expense for capital-related costs - build.	No
16	XC	Service coordination	-	-	-	To record added depreciation.	No
22	XC	Service coordination	61,862.53	-	61,862.53	To record central office Service Coordination costs.	No
24	XC	Service coordination	5,572,135.00	-	5,572,135.00	To record Service Coordination direct costs.	Yes
30	XC	Service coordination	743,343.18	-	743,343.18	To record costs for Third Party SC	Yes
31	XC	Service coordination	-	-	-	To expense repairs & renovations.	No
39	XC	Service coordination	475,000.00	-	475,000.00	To record central office genetics services costs.	No
47	XC	Service Coordination	-	-	-	Allocation of Central Office Overhead	No
48	AA	Service Coordination	58,322.79	-	58,322.79	To record Central Office Costs	No
63	AA	Service Coordination	2,051.58	-	2,051.58	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Service Coordination	22,916.12	-	22,916.12	To allocate District Costs to Regions	No
71	XC	Service Coordination	2,559.76	-	2,559.76	Depreciation of SC Autism Society Grant	No
77	XC	Service Coordination	63,725.99	-	63,725.99	To allocate salaries to regions	No
01	XG	General Community Operations	13,750.00	-	13,750.00	To record depreciation expense for capital-related costs - build.	No
16	XG	General Community Operations	-	217.03	(217.03)	To record added depreciation.	No
31	XG	General Community Operations	-	-	-	To expense repairs & renovations.	No
45	AA	General Community Operations	-	-	-	To Allocate Autism Costs	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
55	XG	General Community Operations	-	-	-	To Record Emerald Center Computer Service Division	No
57	XG	General Community Operations	35,581.90	-	35,581.90	To Record Central Office Training Costs for Admin	No
58	XG	General Community Operations	-	-	-	To Record Central Office Training Costs for General Community	No
59	XG	General Community Operations	-	-	-	To Record Central Office Training Costs	No
70	XG	General Community Operations	35,659.00	-	35,659.00	To allocate costs for TBI-Supported Employment	No
72	XG	General Community Operations	58,607.79	-	58,607.79	To allocate costs for Special Olympics grant	No
73	XG	General Community Operations	13,123.23	-	13,123.23	To allocate costs related to Brain Injury grant	No
74	XG	General Community Operations	15,467.06	-	15,467.06	To allocate costs related to Family Connection grant	No
75	XG	General Community Operations	24,868.00	-	24,868.00	To allocate costs related to ARC of the Midlands grant	No
77	XG	General Community Operations	-	-	-	To allocate salaries to regions	No
78	XG	General Community Operations	1,586.86	-	1,586.86	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations	-	-	-	To allocate UAP Attendant Care - Admin	No
01	XHA	HASCI	1,369.00	-	1,369.00	To record depreciation expense for capital-related costs - build.	No
16	XHA	HASCI	-	-	-	To record added depreciation.	No
26	XH	HASCI	637,257.48	-	637,257.48	To allocate QPL costs to Waiver	Yes
31	XHA	HASCI	-	-	-	To expense repairs & renovations.	No
33	XH	HASCI	605,532.14	-	605,532.14	To record Waiver direct costs.	Yes
36	XH	Head and spinal cord waiver	-	-	-	To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	6,333.69	-	6,333.69	To record Central Office Costs	No
50	XH	Head and spinal cord waiver	917.00	-	917.00	Startup Amortization of CTHII	No
63	AA	Head and spinal cord waiver	8,534.33	-	8,534.33	To allocate Statewide Spinal Cord Injury Grant	No
64	XH	Head and spinal cord waiver	32,399.00	-	32,399.00	To allocate HASCI Waiver Attendant Care Back-up	No
66	AA	Head and spinal cord waiver	2,485.41	-	2,485.41	To allocate District Costs to Regions	No
77	XH	Head and spinal cord waiver	23,457.62	-	23,457.62	To allocate salaries to regions.	No
80	XH	Head and spinal cord waiver	244.10	-	244.10	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	676.42	-	676.42	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	812,682.92	-	812,682.92	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	30,398.11	-	30,398.11	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	18,428.69	-	18,428.69	To allocate USC Attendant Care Training	No
01	XI	Early intervention	745.00	-	745.00	To record depreciation expense for capital-related costs - build.	No
16	XI	Early intervention	-	-	-	To record added depreciation.	No
25	XI	Early intervention	2,254,360.00	-	2,254,360.00	To record Early Intervention direct costs.	Yes
27	XI	Early intervention	4,344,539.67	-	4,344,539.67	To record Early Intervention Third Party direct costs.	Yes
31	XI	Early intervention	-	-	-	To expense repairs & renovations.	No
42	XI	Early intervention	-	-	-	To record central office EI costs.	No
48	AA	Early intervention	23,593.67	-	23,593.67	To record Central Office Costs	No
66	AA	Early intervention	9,263.00	-	9,263.00	To allocate District Costs to Regions	No
77	XI	Early intervention	26,926.93	-	26,926.93	To allocate salaries to regions	No
01	XMA	Home and community based	11,724.00	-	11,724.00	To record depreciation expense for capital-related costs - build.	No
16	XMA	Home and community based	-	-	-	To record added depreciation.	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
26	XM	Home and community based	10,078,858.25	-	10,078,858.25	To allocate QPL costs to Waiver	Yes
31	XMA	Home and community based	-	-	-	To expense repairs & renovations.	No
32	XMA	Home and community based	3,898.96	-	3,898.96	To record Data Management/Biostatistics Grant	No
33	XM	Home and community based	47,436,797.51	-	47,436,797.51	To record Waiver direct costs.	Yes
36	XM	Home and community based	19,002.33	-	19,002.33	To record central office Waiver costs.	No
37	XM	Home and community based	-	-	-	To record central office Autism costs.	No
40	XM	Home and community based	65,373.67	-	65,373.67	To Record Training Costs	No
45	AA	Home and community based	14,593.00	-	14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	496,444.40	-	496,444.40	To record Central Office Costs	No
49	XM	Home and Community Based	6,042,717.74	-	6,042,717.74	To Record Alt Placement Costs	No
50	XM	Home and Community Based	39,407.47	-	39,407.47	Startup Amortization of CTHH	No
54	XM	Home and Community Based	16,917.00	-	16,917.00	To Record Autism Grant	No
65	XM	Home and Community Based	-	-	-	To allocate William S. Hall grant to Waiver	No
66	AA	Home and Community Based	195,065.02	-	195,065.02	To allocate District Costs to Regions	No
77	XM	Home and Community Based	163,123.83	-	163,123.83	To allocate salaries to regions	No
80	XM	Home and Community Based	29,623.08	-	29,623.08	To allocate Fire Marshall Expenditure	No
81	XM	Home and Community Based	82,087.65	-	82,087.65	To allocate DHEC Expenditure	No
82	XM	Home and Community Based	33,579.08	-	33,579.08	To allocate UAP Attendant Care	No
83	XMA	Home and Community Based	1,256.09	-	1,256.09	To allocate UAP Attendant Care - Admin	No
86	XM	Home and Community Based	762.05	-	762.05	To allocate USC Attendant Care Training	No
34	CW	Community Supports Waiver	-	-	-	To record STEPS direct costs.	Yes
48	AA	Community Supports Waiver	23,405.45	-	23,405.45	To record Central Office Costs	No
66	AA	Community Supports Waiver	9,192.16	-	9,192.16	To allocate District Costs to Regions	No
68	CW	Community Supports Waiver	2,265,936.19	-	2,265,936.19	To allocate direct costs	Yes
82	CW	Community Supports Waiver	2,530.00	-	2,530.00	To allocate UAP Attendant Care	No
83	CWA	Community Supports Waiver	93.15	-	93.15	To allocate UAP Attendant Care - Admin	No
86	CW	Community Supports Waiver	-	-	-	To allocate USC Attendant Care Training	No
01	XR	Community Residential	-	-	-	To record depreciation expense for capital-related costs - build.	No
46	XR	Community Residential	-	-	-	To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	20,426.52	-	20,426.52	To allocate cost to regions	No
01	AW	PDD Autism Waiver	-	-	-	To record depreciation expense for capital-related costs - build.	No
58	XS	HASCI	-	-	-	To Record Central Office Training Costs for General Community	No
9	YF	Federal Grants	-	-	-	Adjustment of Federal Grant Expenditures	No
51	YF	Federal Grants	-	-	-	Adjustment of Federal Grant Expenditures	No

104,468,364.54 850,464.86 103,617,899.68

**South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	32,054.00	32,054.00	-	-	-	-
02A	New capital-related costs - equip	109,337.00	-	109,337.00	-	-	-
AB	Employee health & welfare	5,879,486.00	176.00	664.00	5,880,326.00	-	-
AA	Administrative & general	1,298,894.00	-	-	1,298,894.00	1,298,894.00	-
CP	Physical therapy	190,351.00	498.00	1,881.00	62,734.00	255,464.00	265,127.00
CN	Occupational Therapy	185,390.00	122.00	459.00	74,940.00	260,911.00	-
ED	Education	-	-	-	-	-	-
CS	Speech & hearing	96,440.00	148.00	558.00	38,789.00	133,935.00	-
CL	Cottage Life Allocable	5,991,248.00	12,514.00	50,679.00	1,178,780.00	7,233,221.00	-
CT	Other Assistive Technology	1,704.00	92.00	349.00	-	2,145.00	-
XG	General Community Operations	198,427.00	1,487.00	5,616.00	-	205,530.00	-
XR	Community Residential	30,727.00	-	-	8,573.00	39,300.00	-
INPATIENT ROUTINE SERVICE COST CENTERS							
LA	First Midlands	4,172,664.00	4,550.00	15,673.00	1,283,853.00	5,476,740.00	149,393.00
LF	Second Midlands	-	-	-	-	-	-
LK	Third Midlands	8,084,951.00	7,988.00	23,288.00	2,629,475.00	10,745,702.00	115,734.00
NA	Bird I	-	-	-	-	-	-
NB	Bird II	-	-	-	-	-	-
NC	Dupont I	609,925.00	-	1,237.00	133.00	611,295.00	1,381.00
ND	Dupont II	660,048.00	-	1,237.00	138.00	661,423.00	1,407.00
NE	Hunter	-	-	-	-	-	-
NF	Mangum	586,540.00	-	-	138.00	586,678.00	959.00
NG	McConnell	565,005.00	-	-	138.00	565,143.00	1,109.00
NH	McCullough	841,244.00	-	-	200.00	841,444.00	1,189.00
NI	Rudnick	-	-	-	-	-	-
NJ	Sanders	-	-	-	-	-	-
MA	Linden	654,039.00	-	-	135.00	654,174.00	933.00
MB	Laurens	605,344.00	-	-	138.00	605,482.00	951.00
MC	Rabbit Run	617,700.00	-	-	-	617,700.00	948.00
MD	North Pines	-	-	-	-	-	-
ME	Ida Lane II	579,847.00	-	-	125.00	579,972.00	865.00
MF	Ida Lane I	581,327.00	-	-	133.00	581,460.00	922.00
MG	Horrell Hill	587,994.00	-	-	137.00	588,131.00	947.00
MH	Archie Drive	518,150.00	-	-	126.00	518,276.00	874.00
MI	Carter Street	497,281.00	-	-	136.00	497,397.00	941.00
MJ	Kensington I	-	-	-	-	-	-
MK	Kensington II	-	-	-	-	-	-
ML	Woodlawn Avenue	518,587.00	-	-	129.00	518,716.00	891.00
MM	Ruby Blair	-	-	-	-	-	-
MN	Stuart Blair	-	-	-	-	-	-
MP	Florence Gressette	712,692.00	-	-	138.00	712,830.00	957.00
MQ	Wylie-Brunson	712,667.00	-	-	138.00	712,805.00	956.00
MR	Batesburg	497,312.00	-	-	136.00	497,448.00	943.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service Coordination	6,934,573.00	1,136.00	1,666.00	49,806.00	6,987,181.00	25,409.00
AY	Rehab Support Phase I	658,179.00	-	-	-	658,179.00	-
AZ	Rehab Support Phase II	461,560.00	-	-	3,508.00	465,068.00	281.00
XE	Evaluation & Planning	-	-	-	-	-	-
XI	Early Intervention	6,626,572.00	28.00	-	20,670.00	6,647,270.00	1,830.00
CW	Community Supports Waiver	2,268,466.00	-	-	9,296.00	2,277,762.00	-
CWA	Community Supports Waiver - Waiver	93.00	-	-	-	93.00	451.00
XM	Home & community based	64,718,010.00	-	-	354,856.00	65,072,866.00	-
XMA	Home & community based - Admin	16,879.00	1,165.00	1,799.00	-	19,843.00	286,617.00
AW	PDD Waiver	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	52,768.00	-	-	131,679.00	184,447.00	6,977.00
XS	Head & spinal cord	-	-	-	-	-	-
XH	Head & spinal cord waiver	2,131,595.00	-	-	12,170.00	2,143,765.00	-
XHA	Head & spinal cord waiver - Waiver	31,767.00	222.00	839.00	-	32,828.00	35,323.00
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	-	-	-	-	-
FN	Other noncovered costs	69,458.00	1,928.00	3,391.00	20,977.00	95,754.00	3,622.00
YF	Federal Projects	-	-	-	-	-	-
90	SUBTOTAL	120,567,275.00	32,054.00	109,336.00	5,880,324.00	120,567,272.00	265,127.00
100	TOTAL EXPENSES	120,567,275.00	32,054.00	109,336.00	5,880,324.00	120,567,272.00	265,127.00

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS							
<u>COST CENTER</u>		<u>(SQUARE FEET)</u>	<u>(SQUARE FEET)</u>	<u>(GROSS SALARIES)</u>		<u>(ACCUMULATED COSTS)</u>	<u>(OCCASIONS OF SERVICE)</u>
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	309,939	-	-	-	-
2A	New capital-related costs - equip	-	0	279,927	-	-	-
AB	Employee health & welfare	-	1,701	1,701	14,011,322.00	-	-
AA	Administrative & general	-	0	0	-	34,337,382.75	-
CP	Physical therapy	-	4,816	4,816	149,478.00	255,464.00	8,444.00
CN	Occupational Therapy	-	1,176	1,176	178,563.00	260,911.00	0
ED	Education	-	0	0	-	-	0
CS	Speech & hearing	-	1,428	1,428	87,660.00	133,935.00	0
CL	Cottage Life Allocable	-	121,003	129,749	2,808,733.00	7,233,221.00	0
CT	Other Assistive Technology	-	893	893	-	2,145.00	0
XG	General Community Operations	-	14,379	14,379	-	205,530.00	0
XR	Community Residential	-	0	0	20,427.00	39,300.00	0
INPATIENT ROUTINE SERVICE COST CENTERS							
LA	First Midlands	-	43,994	40,126	3,059,095.00	5,476,740.00	4,758
LF	Second Midlands	-	0	0	-	-	0
LK	Third Midlands	-	77,239	59,623	6,265,369.00	10,745,702.00	3,686
NA	Bird I	-	0	0	-	-	0
NB	Bird II	-	0	0	-	-	0
NC	Dupont I	-	0	3,168	317.00	38,515.00	0
ND	Dupont II	-	0	3,168	330.00	37,189.00	0
NE	Hunter	-	0	0	-	-	0
NF	Mangum	-	0	0	330.00	25,343.00	0
NG	McConnell	-	0	0	330.00	29,319.00	0
NH	McCullough	-	0	0	477.00	31,426.00	0
NI	Rudrick	-	0	0	-	-	0
NJ	Sanders	-	0	0	-	-	0
MA	Linden	-	0	0	321.00	24,656.00	0
MB	Laurens	-	0	0	328.00	25,134.00	0
MC	Rabbit Run	-	0	0	-	25,057.00	0
MD	North Pines	-	0	0	-	-	0
ME	Ida Lane II	-	0	0	298.00	22,874.00	0
MF	Ida Lane I	-	0	0	318.00	24,363.00	0
MG	Horrell Hill	-	0	0	326.00	25,039.00	0
MH	Archie Drive	-	0	0	301.00	23,116.00	0
MI	Carter Street	-	0	0	324.00	24,883.00	0
MJ	Kensington I	-	0	0	-	-	0
MK	Kensington II	-	0	0	-	-	0
ML	Woodlawn Avenue	-	0	0	307.00	23,557.00	0
MM	Ruby Blair	-	0	0	-	-	0
MN	Stuart Blair	-	0	0	-	-	0
MP	Florence Gressette	-	0	0	330.00	25,289.00	0
MQ	Wylie-Brunson	-	0	0	329.00	25,264.00	0
MR	Batesburg	-	0	0	325.00	24,934.00	0
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	-	0	0	-	-	0
BK	Outpatient clinic	-	0	0	-	-	0
BP	Pharmacy	-	0	0	-	-	0
OTHER REIMBURSEABLE COST CENTERS							
XC	Service Coordination	-	10,988	4,265	118,674.00	671,702.82	0
AY	Rehab Support Phase I	-	0	0	-	0.17	0
AZ	Rehab Support Phase II	-	0	0	8,359.00	7,425.00	0
XE	Evaluation & Planning	-	0	0	-	-	0
XI	Early Intervention	-	266	0	49,252.00	48,370.33	0
CW	Community Supports Waiver	-	0	0	22,150.00	-	0
CWA	Community Supports Waiver - Waiver	-	0	0	-	11,918.81	0
XM	Home & community based	-	0	0	845,532.00	-	0
XMA	Home & community based - Admin	-	11,269	4,606	-	7,577,053.24	0
AW	PDD Waiver	-	0	0	-	-	0
AWA	PDD Waiver - Admin	-	0	0	-	-	0
XA	Autism	-	0	0	313,758.00	184,447.00	0
XS	Head & spinal cord	-	0	0	-	-	0
XH	Head & spinal cord waiver	-	0	0	28,998.00	-	0
XHA	Head & spinal cord waiver - Waiver	-	2,148	2,148	-	933,803.38	0
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	0	0	-	-	0
FN	Other noncovered costs	-	18,639	8,681	49,983.00	95,754.00	0

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS- BUILDINGS</u>	<u>CAPITAL RELATED COSTS- EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRA- TIVE AND GENERAL</u>	<u>PHYSICAL HEALTH & THERAPY</u>
		0	2	2A	AB	4a	AA	CP
YF	Federal Projects	-	0	0	-	-	-	0
90	SUBTOTAL	-	309,939	279,927	14,011,322.00	-	34,337,382.75	6,444.00
	Costs to be allocated (Worksheet B, Part I)	-	\$32,054	\$109,337	5,880,326.00	-	\$1,298,894	\$265,127
	Unit cost multiplier	-	0.103420	0.390591	0.419684	0.000000	0.037827	31.398271

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	-	-	-	-	-	-
02A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational Therapy	270,780.00	-	-	-	-	-
ED	Education	-	-	-	-	-	-
CS	Speech & hearing	-	-	139,001.00	-	-	-
CL	Cottage Life Allocable	-	-	-	7,506,832.00	-	-
CT	Other Assistive Technology	-	-	-	-	2,226.00	-
XG	General Community Operations	-	-	-	-	-	213,305.00
XR	Community Residential	-	-	-	-	-	88.00
							40,875.00
INPATIENT ROUTINE SERVICE COST CENTERS							
LA	First Midlands	122,340.00	-	53,163.00	2,835,716.00	841.00	-
LF	Second Midlands	-	-	-	-	-	-
LK	Third Midlands	148,440.00	-	85,838.00	4,671,116.00	1,385.00	-
NA	Bird I	-	-	-	-	-	-
NB	Bird II	-	-	-	-	-	-
NC	Dupont I	-	-	-	-	-	1,375.00
ND	Dupont II	-	-	-	-	-	1,488.00
NE	Hunter	-	-	-	-	-	-
NF	Mangum	-	-	-	-	-	1,320.00
NG	McConnell	-	-	-	-	-	1,272.00
NH	McCullough	-	-	-	-	-	1,893.00
NI	Rudnick	-	-	-	-	-	-
NJ	Sanders	-	-	-	-	-	-
MA	Linden	-	-	-	-	-	1,472.00
MB	Laurens	-	-	-	-	-	1,362.00
MC	Rabbit Run	-	-	-	-	-	1,390.00
MD	North Pines	-	-	-	-	-	-
ME	Ida Lane II	-	-	-	-	-	1,305.00
MF	Ida Lane I	-	-	-	-	-	1,308.00
MG	Horrell Hill	-	-	-	-	-	1,278.00
MH	Archie Drive	-	-	-	-	-	1,166.00
MI	Carter Street	-	-	-	-	-	1,119.00
MJ	Kensington I	-	-	-	-	-	-
MK	Kensington II	-	-	-	-	-	-
ML	Woodlawn Avenue	-	-	-	-	-	1,167.00
MM	Ruby Blair	-	-	-	-	-	-
MN	Stuart Blair	-	-	-	-	-	-
MP	Florence Gressette	-	-	-	-	-	1,604.00
MQ	Wylie-Brunson	-	-	-	-	-	1,604.00
MR	Balesburg	-	-	-	-	-	1,119.00
							270.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service Coordination	-	-	-	-	15,721.00	-
AY	Rehab Support Phase I	-	-	-	-	1,481.00	-
AZ	Rehab Support Phase II	-	-	-	-	1,046.00	-
XE	Evaluation & Planning	-	-	-	-	-	-
XI	Early Intervention	-	-	-	-	14,956.00	-
CW	Community Supports Waiver	-	-	-	-	5,125.00	-
CWA	Community Supports Waiver - Waiver	-	-	-	-	-	-
XM	Home & community based	-	-	-	-	146,414.00	35,269.00
XMA	Home & community based - Admin	-	-	-	-	-	-
AW	PDD Waiver	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	-	-	-	-	415.00	-
XS	Head & spinal cord	-	-	-	-	-	-
XH	Head & spinal cord waiver	-	-	-	-	4,823.00	-
XHA	Head & spinal cord waiver - Waiver	-	-	-	-	-	-
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	-	-	-	-	-
FN	Other noncovered costs	-	-	-	-	-	-
YF	Federal Projects	-	-	-	-	-	-
90	SUBTOTAL	270,780.00	-	139,001.00	7,506,832.00	2,226.00	213,311.00
							40,867.00
100	TOTAL EXPENSES	270,780.00	-	139,001.00	7,506,832.00	2,226.00	213,311.00
							40,867.00

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
COST CENTER	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01 Old capital-related costs - build	-	-	-	-	-	-	-
1A Old capital-related costs - equip	-	-	-	-	-	-	-
02 New capital-related costs - build	-	-	-	-	-	-	-
2A New capital-related costs - equip	-	-	-	-	-	-	-
AB Employee health & welfare	-	-	-	-	-	-	-
AA Administrative & general	-	-	-	-	-	-	-
CP Physical therapy	-	-	-	-	-	-	-
CN Occupational Therapy	1,660.00	-	-	-	-	-	-
ED Education	0	-	-	-	-	-	-
CS Speech & hearing	0	0	3,216.00	-	-	-	-
CL Cottage Life Allocable	0	0	0	64,651.00	-	-	-
CT Other Assistive Technology	0	0	0	0	64,651.00	-	-
XG General Community Operations	0	0	0	0	0	94,806,212.00	-
XR Community Residential	0	0	0	0	0	39,300	75,403,240.00
INPATIENT ROUTINE SERVICE COST CENTERS							
LA First Midlands	750	0	1,230	24,422	24,422	0	0
LF Second Midlands	0	0	0	0	0	0	0
LK Third Midlands	910	0	1,986	40,229	40,229	0	0
NA Bird I	0	0	0	0	0	0	0
NB Bird II	0	0	0	0	0	0	0
NC Dupont I	0	0	0	0	0	611,295	611,295
ND Dupont II	0	0	0	0	0	661,423	661,423
NE Hunter	0	0	0	0	0	0	0
NF Mangum	0	0	0	0	0	586,678	586,678
NG McConnell	0	0	0	0	0	565,143	565,143
NH McCullough	0	0	0	0	0	841,444	841,444
NI Rudnick	0	0	0	0	0	0	0
NJ Sanders	0	0	0	0	0	0	0
MA Linden	0	0	0	0	0	654,174	654,174
MB Laurens	0	0	0	0	0	605,482	605,482
MC Rabbit Run	0	0	0	0	0	617,700	617,700
MD North Pines	0	0	0	0	0	0	0
ME Ida Lane II	0	0	0	0	0	579,972	579,972
MF Ida Lane I	0	0	0	0	0	581,460	581,460
MG Horrell Hill	0	0	0	0	0	568,131	568,131
MH Archie Drive	0	0	0	0	0	518,276	518,276
MI Carter Street	0	0	0	0	0	497,397	497,397
MLJ Kensington I	0	0	0	0	0	0	0
MK Kensington II	0	0	0	0	0	0	0
ML Woodlawn Avenue	0	0	0	0	0	518,716	518,716
MM Ruby Blair	0	0	0	0	0	0	0
MN Stuart Blair	0	0	0	0	0	0	0
MP Florence Gressette	0	0	0	0	0	712,830	712,830
MQ Wylie-Brunson	0	0	0	0	0	712,805	712,805
MR Batesburg	0	0	0	0	0	497,448	497,448
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary	0	0	0	0	0	0	0
BK Outpatient clinic	0	0	0	0	0	0	0
BP Pharmacy	0	0	0	0	0	0	0
OTHER REIMBURSEABLE COST CENTERS							
XC Service Coordination	0	0	0	0	0	6,987,181	0
AY Rehab Support Phase I	0	0	0	0	0	658,179	0
AZ Rehab Support Phase II	0	0	0	0	0	465,068	0
XE Evaluation & Planning	0	0	0	0	0	0	0
XI Early Intervention	0	0	0	0	0	6,647,270	0
CW Community Supports Waiver	0	0	0	0	0	2,277,762	0
CWA Community Supports Waiver - Waiver	0	0	0	0	0	0	0
XM Home & community based	0	0	0	0	0	65,072,866	65,072,866
XMA Home & community based - Admin	0	0	0	0	0	0	0
AW PDD Waiver	0	0	0	0	0	0	0
AWA PDD Waiver - Admin	0	0	0	0	0	0	0
XA Autism	0	0	0	0	0	184,447	0
XS Head & spinal cord	0	0	0	0	0	0	0
XH Head & spinal cord waiver	0	0	0	0	0	2,143,765	0
XHA Head & spinal cord waiver - Waiver	0	0	0	0	0	0	0
NONREIMBURSEABLE COST CENTERS							
FC Non-certified Units	0	0	0	0	0	0	0
FN Other noncovered costs	0	0	0	0	0	0	0

South Carolina Department of Disabilities Special Needs
 Midland Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

<u>COST CENTER</u>		<u>OCCUPATIONAL THERAPY</u>	<u>EDUCATION</u>	<u>SPEECH & HEARING</u>	<u>COTTAGE LIFE ALLOCABLE</u>	<u>OTHER ASSISTIVE TECHNOLOGY</u>	<u>GENERAL COMMUNITY OPERATIONS</u>	<u>COMMUNITY RESIDENTIAL</u>
		CN	ED	CS	CL	CT	XG	XR
YF	Federal Projects	0	0	0	0	0	0	0
90	SUBTOTAL	1,660.00	-	3,216.00	64,651.00	64,851.00	94,806,212.00	75,403,240.00
	Costs to be allocated (Worksheet B, Part I)	\$270,780	\$0	\$139,001	\$7,506,832	\$2,228	\$213,305	\$40,875
	Unit cost multiplier	163.120482	0.000000	43.221704	116.113161	0.034431	0.002250	0.000542

DRAFT

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>TOTAL</u>
	21
GENERAL SERVICE COST CENTERS	
02 New capital-related costs - build	-
02A New capital-related costs - equip	-
AB Employee health & welfare	-
AA Administrative & general	-
CP Physical therapy	-
CN Occupational Therapy	-
ED Education	-
CS Speech & hearing	-
CL Cottage Life Allocable	-
CT Other Assistive Technology	-
XG General Community Operations	-
XR Community Residential	-
INPATIENT ROUTINE SERVICE COST CENTERS	
LA First Midlands	8,845,362.00
LF Second Midlands	-
LK Third Midlands	16,174,693.00
NA Bird I	-
NB Bird II	-
NC Dupont I	614,382.00
ND Dupont II	664,676.00
NE Hunter	-
NF Mangum	589,275.00
NG McConnell	567,830.00
NH McCullough	844,982.00
NI Rudnick	-
NJ Sanders	-
MA Linden	656,934.00
MB Laurens	608,123.00
MC Rabbit Run	620,373.00
MD North Pines	-
ME Ida Lane II	582,456.00
MF Ida Lane I	584,005.00
MG Horrell Hill	570,664.00
MH Archie Drive	520,597.00
MI Carter Street	499,727.00
MJ Kensington I	-
MK Kensington II	-
ML Woodlawn Avenue	521,055.00
MM Ruby Blair	-
MN Stuart Blair	-
MP Florence Gressette	715,777.00
MQ Wylie-Brunson	715,751.00
MR Batesburg	499,780.00
OUTPATIENT SERVICE COST CENTERS	
BI Infirmary	-
BK Outpatient clinic	-
BP Pharmacy	-
OTHER REIMBURSEABLE COST CENTERS	
XC Service Coordination	7,028,311.00
AY Rehab Support Phase I	659,660.00
AZ Rehab Support Phase II	466,395.00
XE Evaluation & Planning	-
XI Early Intervention	6,664,056.00
CW Community Supports Waiver	2,282,887.00
CWA Community Supports Waiver - Waiver	544.00
XM Home & community based	65,254,549.00
XMA Home & community based - Admin	306,460.00
AW PDD Waiver	-
AWA PDD Waiver - Admin	-
XA Autism	191,839.00
XS Head & spinal cord	-
XH Head & spinal cord waiver	2,148,588.00
XHA Head & spinal cord waiver - Waiver	68,151.00
NONREIMBURSEABLE COST CENTERS	
FC Non-certified Units	-
FN Other noncovered costs	99,376.00
YF Federal Projects	1.05
90 SUBTOTAL	120,567,259.05
100 TOTAL EXPENSES	120,567,259.05

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

Adjustments To Administrative General Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	CONTRACT PATIENT COST	ADJUSTED ADMIN & GENERAL
	AA			
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	255,464	0	255,464
CN	Occupational Therapy	260,911	0	260,911
ED	Education	0	0	0
CS	Speech & hearing	133,935	0	133,935
CL	Cottage Life Allocable	7,233,221	0	7,233,221
CT	Other Assistive Technology	2,145	0	2,145
XG	General Community Operations	205,530	0	205,530
XR	Community Residential	39,300	0	39,300
INPATIENT ROUTINE SERVICE COST CENTERS				
LA	First Midlands	5,476,740	0	5,476,740
LF	Second Midlands	0	0	0
LK	Third Midlands	10,745,702	0	10,745,702
NA	Bird I	0	0	0
NB	Bird II	0	0	0
NC	Dupont I	611,295	(574,780)	36,515
ND	Dupont II	661,423	(624,234)	37,189
NE	Hunter	0	0	0
NF	Mangum	586,678	(561,335)	25,343
NG	McConnell	565,143	(535,824)	29,319
NH	McCullough	841,444	(810,018)	31,426
NI	Rudnick	0	0	0
NJ	Sanders	0	0	0
MA	Linden	654,174	(629,516)	24,658
MB	Laurens	605,482	(580,348)	25,134
MC	Rabbit Run	617,700	(592,643)	25,057
MD	North Pines	0	0	0
ME	Ida Lane II	579,972	(557,098)	22,874
MF	Ida Lane I	581,460	(557,097)	24,363
MG	Horrell Hill	568,131	(543,092)	25,039
MH	Archie Drive	518,276	(495,160)	23,116
MI	Carter Street	497,397	(472,514)	24,883
MJ	Kensington I	0	0	0
MK	Kensington II	0	0	0
ML	Woodlawn Avenue	518,716	(495,159)	23,557
MM	Ruby Blair	0	0	0
MN	Stuart Blair	0	0	0
MP	Florence Gressette	712,830	(687,541)	25,289
MQ	Wylie-Brunson	712,805	(687,541)	25,264
MR	Batesburg	497,448	(472,514)	24,934
OUTPATIENT SERVICE COST CENTERS				
BI	Infirmery	0	0	0
BK	Outpatient clinic	0	0	0
BP	Pharmacy	0	0	0
OTHER REIMBURSEABLE COST CENTERS				
XC	Service Coordination	6,987,181	(6,315,478)	671,703
AY	Rehab Support Phase I	658,179	(658,179)	0
AZ	Rehab Support Phase II	465,068	(457,643)	7,425
XE	Evaluation & Planning	0	0	0
XI	Early Intervention	6,647,270	(6,598,900)	48,370

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

Adjustments To Administrative General Statistic

Year ended June 30, 2010

	ADMINISTRA-	RECLASSIFY	CONTRACT PATIENT	ADJUSTED
CW Community Supports Waiver	2,277,762	(2,277,762)	0	0
CWA Community Supports Waiver Admin	93	2,277,762	(2,265,936)	11,919
XM Home & community based	65,072,866	(65,072,866)	0	0
XMA Home & Community Based Waiver Admin	19,843	65,072,866	(57,515,656)	7,577,053
AW PDD Waiver	0	0	0	0
AWA PDD Waiver Admin	0	0	0	0
XA Autism	184,447	0	0	184,447
XS Head & spinal cord	0	0	0	0
XH Head & spinal cord waiver	2,143,765	(2,143,765)	0	0
XHA Head & spinal cord waiver - Waiver Admin	32,828	2,143,765	(1,242,790)	933,803
NONREIMBURSEABLE COST CENTERS				
FC Non-certified Units	0	0	0	0
FN Other noncovered costs	95,754	0	0	95,754
YF Federal Projects	0	0	0	0
90 SUBTOTAL	119,268,378.00	-	(84,930,995.25)	34,337,382.75

South Carolina Department of Disabilities and Special Needs
 Midland Region
 Fiscal Year Ended June 30, 2010
 Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$544	\$2,282,887	\$2,283,431	0.02%
Home & community based	XM	\$306,460	\$65,254,549	\$65,561,009	0.47%
PDD Waiver	AW	\$0	\$0	\$0	0.00%
Head & spinal cord waiver	XH	\$68,151	\$2,148,588	\$2,216,739	3.07%
		\$375,155	\$69,686,024	\$70,061,179	0.54%

Exhibit C
Pee Dee Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY -PEE DEE REGION	PROVIDER NO.: VARIOUS	PERIOD: FROM: July 1, 2009 TO: June 30, 2010	WORKSHEET S PARTS I AND II
Intermediary Use Only		Date Received	Intermediary Number
<input type="checkbox"/> Audited <input type="checkbox"/> Desk Reviewed			

PART I - CERTIFICATION

Check Electronically filed cost report applicable box Manually submitted cost report
 Date: _____ Time: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Pee Dee Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)
 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Pee Dee Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: P.O. Box: 3209 1
1.01 City: Florence State: SC Zip Code: 29502 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2 Hospital								2
3 Subprovider								3
4 Swing Beds - SNF								4
5 Swing Beds - NF								5
6 Hospital-Based SNF								6
7 Hospital-Based NF								7
8 Hospital-Based OLTC								8
9 Hospital-Based HHA								9
10 Hospital-Based CORF								10
11 Separately Certified ASC								11
12 Hospital-Based Hospice								12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions)	1	2	
	10		14

Type of Hospital/Subprovider (See Instructions)

15 Hospital			15
16 Subprovider			16

Other Information

17 If this is a Medicare Certified Kidney Transplant Center, enter the certification date.			17
18 If this is a Medicare Certified Heart Transplant Center, enter the certification date.			18
19 If this is a Medicare Certified Liver Transplant Center, enter the certification date.			19
20 If this is an Organ Procurement Organization (OPO), enter the OPO number.			20
21 Is this an Eye or Eye and Ear Specialty Hospital?	N		21
22 If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty	N		22
23 If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:			23
24 If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)			24
25 If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.			25
26 Does this hospital qualify as a rural primary care hospital?	N		26
27 Is this a rural hospital qualifying for an exception to the CRNA fee schedule?	N		27
28 Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?	N		28

Miscellaneous Cost Reporting Information

29 If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.	N		29
30 If this is an All-Inclusive Provider, enter the method used. (See Instructions)			30
31 Is the difference between total interim payments and the net cost of covered services included in the balance sheet?	N		31
32 Is this a new hospital under 42 CFR 412.300 PPS Capital?	N		32
33 Is this a new hospital under 42 CFR 413.40 (TEFRA)?	N		33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Pee Dee Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		405,401.57	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
38	If depreciation is funded, enter the balance as of the end of the period.			38
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
		1	2	3	
44	Are you filing under the fully prospective payment methodology for capital costs?				44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If This hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

South Carolina Department of Disabilities and Special Needs
Pee Dee Region
Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS- IFIED TRIAL BALANCE	ADJUSTMENTS TO EXPENSES INCREASE (DECREASE)	NET EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
02 Capital-related costs - build			0.00	0.00	0.00	15,100.00	15,100.00
02A Capital-related costs - equip			0.00	0.00	0.00	47,610.00	47,610.00
AB Employee health & welfare	180,450.12	3,867.42	184,318.00	0.00	184,318.00	5,889,628.00	6,073,946.00
AA Administrative & general	475,522.32	794,856.09	1,270,378.00	(631,065.00)	639,313.00	502,530.00	1,141,843.00
CP Physical therapy	48,737.00	11,595.23	60,332.00	0.00	60,332.00	0.00	60,332.00
CN Occupational therapy		12,100.00	12,100.00	0.00	12,100.00	0.00	12,100.00
ED Education	123,674.60		123,675.00	0.00	123,675.00	0.00	123,675.00
CS Speech & hearing	203,192.12	102,365.34	305,557.00	0.00	305,557.00	0.00	305,557.00
CL Cottage life allocable	3,426,376.98	1,036,806.94	4,463,184.00	(1,272,157.00)	3,191,027.00	259,264.00	3,450,291.00
CT Other Assistive Technology		7,714.41	7,714.00	0.00	7,714.00	12,892.00	20,606.00
XG General Community Operations			0.00	0.00	0.00	130,309.00	130,309.00
XR Community Residential		30,884.93	30,885.00	0.00	30,885.00	8,940.00	39,825.00
INPATIENT ROUTINE SERVICE COST CENTERS							
PS Saleeby	4,119,180.89	1,360,436.86	5,479,618.00	439,014.00	5,918,632.00	1,821,082.00	7,739,714.00
PL Pecan Lane	1,503,990.53	350,308.95	1,854,299.00	576,770.00	2,431,069.00	621,860.00	3,052,929.00
PM Mulberry	2,428,907.42	408,453.81	2,837,361.00	874,784.00	3,712,145.00	878,162.00	4,590,307.00
RA Acline			0.00	0.00	0.00	0.00	0.00
RB Carolina			0.00	0.00	0.00	0.00	0.00
RQ Cedars		24,174.00	24,174.00	142.00	24,316.00	610,170.00	634,486.00
RC Chesterfield			0.00	0.00	0.00	0.00	0.00
RD Coit			0.00	0.00	0.00	0.00	0.00
RE Dillon			0.00	0.00	0.00	0.00	0.00
RF Florence		24,497.00	24,497.00	144.00	24,641.00	601,572.00	626,213.00
RG Graham St.			0.00	0.00	0.00	0.00	0.00
RH Hampton Pl.		27,120.00	27,120.00	146.00	27,266.00	555,921.00	583,187.00
RI Horry			0.00	0.00	0.00	0.00	0.00
RJ Charles Ingram			0.00	0.00	0.00	0.00	0.00
RK Jessamine			0.00	0.00	0.00	0.00	0.00
RL Lois Earle		0.00	0.00	0.00	0.00	0.00	0.00
RM Magnolia Pl.		24,675.50	24,676.00	145.00	24,821.00	551,648.00	576,469.00
RT Maryville			0.00	0.00	0.00	0.00	0.00
RR The Oaks		24,820.00	24,820.00	146.00	24,966.00	647,050.00	672,016.00
MD North Pines		20,578.50	20,579.00	121.00	20,700.00	527,853.00	548,553.00
RP Palmetto			0.00	0.00	0.00	0.00	0.00
RS Thomas Drive		24,820.00	24,820.00	146.00	24,966.00	531,217.00	556,183.00
SA Atkinson West		27,854.50	27,855.00	164.00	28,019.00	524,987.00	553,006.00
SB Atkinson East		27,922.50	27,923.00	164.00	28,087.00	524,987.00	553,074.00
SC Camden I		24,820.00	24,820.00	146.00	24,966.00	597,224.00	622,190.00
SD Camden II		24,820.00	24,820.00	146.00	24,966.00	591,742.00	616,708.00
SE McLeod I		24,820.00	24,820.00	146.00	24,966.00	584,116.00	609,082.00
SF McLeod II		24,276.00	24,276.00	143.00	24,419.00	492,180.00	516,599.00
SG Bowen		24,548.00	24,548.00	144.00	24,692.00	525,781.00	550,473.00
SH Reagan		23,664.00	23,664.00	139.00	23,803.00	617,974.00	641,777.00
MJ Kensington I		24,480.00	24,480.00	144.00	24,624.00	560,865.00	585,489.00
MK Kensington II		24,106.00	24,106.00	142.00	24,248.00	568,744.00	592,992.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary	138,473.19	1,781.70	138,235.00	(138,235.00)	0.00	0.00	0.00
BK Outpatient clinic			0.00	0.00	0.00	0.00	0.00
BP Pharmacy			0.00	0.00	0.00	0.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination			0.00	0.00	0.00	4,712,760.00	4,712,760.00
AY Rehab Support Phase I			0.00	0.00	0.00	1,445,309.00	1,445,309.00
AZ Rehab Support Phase II			0.00	0.00	0.00	630,486.00	630,486.00
XE Evaluation & planning			0.00	0.00	0.00	0.00	0.00
XI Early intervention			0.00	0.00	0.00	2,676,916.00	2,676,916.00
CW Community Supports Waiver			0.00	0.00	0.00	2,575,231.00	2,575,231.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	105.00	105.00
XM Home & community based			0.00	396,092.00	396,092.00	41,593,254.00	41,989,346.00
XMA Home & community based - Admin			0.00	0.00	0.00	4,403.00	4,403.00
AW PDD Waiver			0.00	0.00	0.00	0.00	0.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	0.00	0.00
XA Autism		291.45	291.00	(246,242.00)	(245,951.00)	267,751.00	21,800.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	2,970.00	2,970.00	714,486.00	717,456.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	14,861.00	14,861.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units			0.00	0.00	0.00	0.00	0.00
FN Other non-covered costs	4,400.00	1,590.17	5,990.00	(4,400.00)	1,590.00	0.00	1,590.00
YF Federal projects		7,764.53	7,765.00	0.00	7,765.00	(7,765.00)	0.00
SUBTOTAL	12,650,905.17	4,552,793.83	17,203,700.00	1.00	17,203,699.00	74,429,205.00	91,632,904.00
TOTAL	12,650,905.17	4,552,793.83	17,203,700.00	1.00	17,203,699.00	74,429,205.00	91,632,904.00

**South Carolina Department of Disabilities and Special Needs
Pee Dee Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	002	Capital-related costs - build	-	-	-
07	AA	Administrative & general	-	-	-
09	AA	Administrative & general	-	9,634.00	(9,634.00)
17	AA	Administrative & general	-	621,431.41	(621,431.41)
05	XG	General Community Operations	-	-	-
19	XG	General Community Operations	-	-	-
16	FN	Non-Covered	-	4,400.00	(4,400.00)
01	CL	Cottage life allocable	-	464,399.39	(464,399.39)
03	CL	Cottage life allocable	-	785,671.20	(785,671.20)
05	CL	Cottage life allocable	-	-	-
08	CL	Cottage life allocable	-	26,485.92	(26,485.92)
16	CL	Cottage life allocable	4,400.00	-	4,400.00
07	02A	Capital-related costs - equip	-	-	-
01	PM	Mulberry	164,350.18	-	164,350.18
03	PM	Mulberry	509,969.59	-	509,969.59
04	PM	Mulberry	82,121.73	-	82,121.73
08	PM	Mulberry	8,427.05	-	8,427.05
09	PM	Mulberry	3,380.34	-	3,380.34
17	PM	Mulberry	218,045.20	-	218,045.20
18	PM	Mulberry	-	111,510.00	(111,510.00)
05	XC	Service coordination	-	-	-
05	XI	Early intervention	-	-	-
05	XM	Home & community based	-	-	-
06	XM	Home & community based	246,241.88	-	246,241.88
09	XM	Home & community based	-	-	-
18	XM	Home & community based	149,850.00	-	149,850.00
03	BI	Infirmary	-	-	-
04	BI	Infirmary	-	138,234.89	(138,234.89)
01	PL	Pecan	120,365.71	-	120,365.71
03	PL	Pecan	274,014.94	-	274,014.94
04	PL	Pecan	56,113.16	-	56,113.16
08	PL	Pecan	5,758.14	-	5,758.14
09	PL	Pecan	2,309.76	-	2,309.76
17	PL	Pecan	148,988.64	-	148,988.64
18	PL	Pecan	-	30,780.00	(30,780.00)
01	PS	Saleeby	179,683.50	-	179,683.50
03	PS	Saleeby	1,686.67	-	1,686.67
08	PS	Saleeby	9,832.00	-	9,832.00
09	PS	Saleeby	3,943.90	-	3,943.90
17	PS	Saleeby	254,397.57	-	254,397.57
18	PS	Saleeby	-	10,530.00	(10,530.00)

**South Carolina Department of Disabilities and Special Needs
Pee Dee Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
05	XR	Residential	-	-	-
18	XH	HASCI Waiver	2,970.00	-	2,970.00
08	RA	Acline Place	-	-	-
08	RB	Carolina Place	-	-	-
08	RQ	The Cedars	142.19	-	142.19
13	RQ	The Cedars	-	-	-
17	RQ	The Cedars	-	-	-
18	RQ	The Cedars	-	-	-
08	RC	Chesterfield	-	-	-
13	RC	Chesterfield	-	-	-
17	RC	Chesterfield	-	-	-
08	MJ	Kensington I	143.99	-	143.99
17	MJ	Kensington I	-	-	-
18	MJ	Kensington I	-	-	-
08	MK	Kensington II	141.79	-	141.79
17	MK	Kensington II	-	-	-
08	RF	Florence	144.09	-	144.09
13	RF	Florence	-	-	-
17	RF	Florence	-	-	-
08	RG	Graham Street	-	-	-
13	RG	Graham Street	-	-	-
08	RH	Hampton Place	145.99	-	145.99
13	RH	Hampton Place	-	-	-
17	RH	Hampton Place	-	-	-
18	RH	Hampton Place	-	-	-
08	RI	Horry County	-	-	-
13	RI	Horry County	-	-	-
17	RI	Horry County	-	-	-
08	RJ	Charles M. Ingram	-	-	-
13	RJ	Charles M. Ingram	-	-	-
17	RJ	Charles M. Ingram	-	-	-
08	RK	Jessamine	-	-	-
13	RK	Jessamine	-	-	-
17	RK	Jessamine	-	-	-
08	RL	Lois Eargle	-	-	-
13	RL	Lois Eargle	-	-	-
17	RL	Lois Eargle	-	-	-
08	RM	Magnolia Place	145.15	-	145.15
13	RM	Magnolia Place	-	-	-
17	RM	Magnolia Place	-	-	-
18	RM	Magnolia Place	-	-	-

**South Carolina Department of Disabilities and Special Needs
Pee Dee Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	MD	North Pines	121.05	-	121.05
13	MD	North Pines			-
17	MD	North Pines	-	-	-
18	MD	North Pines	-	-	-
08	RR	The Oaks	146.00	-	146.00
13	RR	The Oaks	-	-	-
17	RR	The Oaks	-	-	-
18	RR	The Oaks	-	-	-
08	RS	Thomas Drive	146.00	-	146.00
13	RS	Thomas Drive	-	-	-
17	RS	Thomas Drive	-	-	-
09	RN	Pageland		-	-
09	RP	Palmetto		-	-
08	SA	Atkinson West	163.84		163.84
17	SA	Atkinson West	-		-
08	SB	Atkinson East	164.24		164.24
17	SB	Atkinson East	-		-
08	SC	Camden I	146.00		146.00
17	SC	Camden I	-		-
18	SC	Camden I	-	-	-
08	SD	Camden II	146.00		146.00
17	SD	Camden II	-		-
08	SE	McLeod #1	146.00		146.00
17	SE	McLeod #1	-		-
18	SE	McLeod #1	-	-	-
08	SF	McLeod #2	142.80		142.80
17	SF	McLeod #2	-		-
08	SG	Bowen	144.40		144.40
17	SG	Bowen	-		-
08	SH	Reagan	139.20		139.20
17	SH	Reagan	-		-
18	SH	Reagan	-	-	-
05	AB	Employee Health	-	-	-
06	XA	Autism		246,241.88	(246,241.88)
19	XE	Evaluation & Planning		-	-
Pee Dee Region Net Reclassifications			2,449,318.69	2,449,318.69	0.00

South Carolina Department of Disabilities and Special Needs
 Pee Dee Region Adjustments by Cost Center
 For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
1	02	Capital Related Costs - Bldgs	2,861.00		2,861.00	To record depreciation expense for old capital-related costs - build.	No
15	02	Capital Related Costs - Bldgs	-		-	To record uncaptured depreciation caused by deletions.	No
17	02	Capital Related Costs - Bldgs	12,239.34		12,239.34	To record region's portion of allowable central office expenses.	No
5	02A	Capital related costs - equip	-	1,165.00	(1,165.00)	To record sale of surplus material and equipment.	No
14	02A	New Capital-related costs - equip	38,844.40		38,844.40	To record uncaptured depreciation caused by deletions.	No
15	02A	New Capital-related costs - equip	-		-	To record uncaptured depreciation caused by deletions.	No
17	02A	New Capital Related Costs - equip	9,931.07		9,931.07	To record region's portion of allowable central office expenses.	No
1	AA	Administrative & general	9,634.00		9,634.00	To record depreciation expense for old capital-related costs - build.	No
2	AA	Administrative & general	-	779.90	(779.90)	To offset revenue for Cobra Premiums	No
8	AA	Administrative & general	-		-	To adjust expenses for commissions.	No
16	AA	Administrative & general	-		-	To record added depreciation.	No
17	AA	Administrative & general	425,488.51		425,488.51	To record region's portion of allowable central office expenses.	No
18	AA	Administrative & general	-		-	To record region's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administration & general	-		-	To record accounts payable accruals.	No
31	AA	Administration & general	-		-	To expense repairs & renovations.	No
32	AA	Administration & general	-		-	To record Data Management/BioStatistics Grant	No
43	AA	Administrative & general	-	648,947.00	(648,947.00)	To Record SCEIS Expenditure	No
48	AA	Administrative & general	-		-	To record Central Office Costs	No
57	AA	Administrative & General	-		-	To record Central Office UAP Training	No
70	AA	Administrative & General	-		-	To allocate costs for TBI Supported Employment	No
72	AA	Administrative & general	-		-	To allocate costs related to Special Olympics grant	No
73	AA	Administrative & General	-		-	To allocate costs related to Brain Injury grant	No
74	AA	Administrative & General	-		-	To allocate costs related to Family Connection grant	No
1	AB	Employees health & welfare	6,061.00		6,061.00	To record depreciation expense for old capital-related costs - build.	No
2	AB	Employees health & welfare	-	97.38	(97.38)	To offset revenue for Cobra Premiums	No
16	AB	Employee Health & Welfare	-		-	To record added depreciation.	No
17	AB	Employees health & welfare	5,946,440.08		5,946,440.08	To record region's portion of allowable central office expenses.	No
19	AB	Employees health & welfare	4,408.43		4,408.43	To record region's portion of accrued leave.	No
20	AB	Employees health & welfare	-	60,094.01	(60,094.01)	To record region's portion of accrued payroll.	No
21	AB	Employees health & welfare	-		-	To record accounts payable accruals.	No
31	AB	Employees health & welfare	-		-	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	7,090.36	(7,090.36)	To record region's portion of accrued fringes.	No
52	AY	Rehab Supports Phase I	1,445,308.55		1,445,308.55	To record rehab phase I direct costs.	Yes
53	AZ	Rehab Supports Phase II	625,135.00		625,135.00	To record rehab phase II direct costs.	Yes
48	AA	Rehab Supports Phase II	6,517.67		6,517.67	To record Central Office Costs	No
60	AZ	Rehab Supports Phase II	-		-	To record central office Rehab Phase II costs.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
63	AA	Rehab Supports Phase II	1,946.85	-	1,946.85	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Rehab Supports Phase II	2,129.16	-	2,129.16	To allocate District Expenditures	No
77	AZ	Rehab Supports Phase II	5,351.16	-	5,351.16	To allocate salaries to regions	No
1	CL	Cottage life allocable	140,279.00	-	140,279.00	To record depreciation expense for old capital-related costs - build.	No
4	CL	Cottage life allocable	-	-	-	To record Refund Of Prior Year Expenditures	No
6	CL	Cottage life allocable	-	-	-	To record USDA revenues.	No
10	CL	Cottage Life Allocable	-	23,147.11	(23,147.11)	To record WAC's revenues.	No
16	CL	Cottage Life Allocable	-	45.23	(45.23)	To record added depreciation.	No
21	CL	Cottage Life Allocable	-	-	-	To record accounts payable accruals.	No
28	CL	Cottage Life Allocable	28,876.00	-	28,876.00	To record day program costs for contracts with outside providers.	No
31	CL	Cottage Life Allocable	30,742.82	-	30,742.82	To expense repairs & renovations.	No
34	CL	Cottage Life Allocable	33,120.00	-	33,120.00	To record posting error	No
51	CL	Cottage Life Allocable	-	5,520.32	(5,520.32)	To remove Federal Grants	No
56	CL	Cottage Life Allocable	-	-	-	To record Central Office UAP Training	No
61	CL	Cottage life allocable	33,575.10	-	33,575.10	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage life allocable	21,383.76	-	21,383.76	To allocate costs related to Dr. Johnson's services.	No
21	CN	Occupational Therapy	-	-	-	To record accounts payable accruals.	No
1	CS	Speech & hearing	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	CP	Physical Therapy	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	CT	Other Assistive Technology	12,892.00	-	12,892.00	To record depreciation expense for old capital-related costs - build.	No
31	CT	Other Assistive Technology	-	-	-	To expense repairs & renovations.	No
1	ED	Education	-	-	-	To record depreciation expense for old capital-related costs - build.	No
31	ED	Education	-	-	-	To expense repairs & renovations.	No
51	EQ	Equipment	-	-	-	To remove Federal Grants	No
1	FN	Other non-covered Costs	-	-	-	To record depreciation expense for old capital-related costs - build.	No
2	FN	Other non-covered Costs	-	-	-	To offset revenue for Cobra Premiums	No
3	FN	Other non-covered Costs	-	-	-	To remove dual employment.	No
11	FN	Other non-covered Costs	-	-	-	To record insurance claims.	No
16	FN	Other non-covered Costs	-	-	-	To record added depreciation.	No
31	FN	Other non-covered Costs	-	-	-	To expense repairs & renovations.	No
1	PL	Pecan	23,794.00	-	23,794.00	To record depreciation expense for old capital-related costs - build.	No
13	PL	Pecan	-	-	-	To Record Emergency Costs	No
16	PL	Pecan	-	-	-	To record added depreciation.	No
18	PL	Pecan	19,009.31	-	19,009.31	To record region's portion of the State Wide Cost Allocation Plan.	No
21	PL	Pecan	-	-	-	To record accounts payable accruals.	No
31	PL	Pecan	7,927.55	-	7,927.55	To expense repairs & renovations.	No
35	PL	Pecan	243,480.25	-	243,480.25	To record central office costs.	No
43	PL	Pecan	147,878.93	-	147,878.93	To Record SCEIS Expenditure	No
44	PL	Pecan	179,769.85	-	179,769.85	To record central office genetics services costs.	No
1	PM	Mulberry	21,541.00	-	21,541.00	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
13	PM	Mulberry	-	-	-	To Record Emergency Costs	No
16	PM	Mulberry	-	-	-	To record added depreciation.	No
18	PM	Mulberry	29,092.70	-	29,092.70	To record region's portion of the State Wide Cost Allocation Plan.	No
21	PM	Mulberry	-	-	-	To record accounts payable accruals.	No
31	PM	Mulberry	1,836.70	-	1,836.70	To record repairs & renovations.	No
35	PM	Mulberry	336,397.19	-	336,397.19	To record central office costs.	No
43	PM	Mulberry	226,320.48	-	226,320.48	To Record SCEIS Expenditure	No
44	PM	Mulberry	262,974.13	-	262,974.13	To record central office genetics services costs.	No
1	PS	Saleeby	132,584.00	-	132,584.00	To record depreciation expense for old capital-related costs - build.	No
4	PS	Saleeby	-	-	-	To record Refund Of Prior Year Expenditures	No
13	PS	Saleeby	-	-	-	To Record Emergency Costs	No
16	PS	Saleeby	-	708.60	(708.60)	To record added depreciation.	No
18	PS	Saleeby	56,172.89	-	56,172.89	To record region's portion of the State Wide Cost Allocation Plan.	No
21	PS	Saleeby	-	-	-	To record accounts payable accruals.	No
31	PS	Saleeby	90,763.76	-	90,763.76	To expense repairs & renovations.	No
35	PS	Saleeby	811,706.78	-	811,706.78	To record central office costs.	No
41	PS	Saleeby	-	-	-	To adjust for Hospice Services	Yes
43	PS	Saleeby	436,985.09	-	436,985.09	To Record SCEIS Expenditure	No
44	PS	Saleeby	307,005.60	-	307,005.60	To record central office genetics services costs.	No
51	PS	Saleeby	-	13,427.84	(13,427.84)	To remove Federal Grants	No
23	MJ	Kensington I	560,864.00	-	560,864.00	To record management providers direct costs per individual cost reports.	Yes
29	MJ	Kensington I	1.00	-	1.00	To record rental agreement	No
43	MJ	Kensington I	-	-	-	To Record SCEIS Expenditure	No
23	MK	Kensington II	568,743.00	-	568,743.00	To record management providers direct costs per individual cost reports.	Yes
29	MK	Kensington II	1.00	-	1.00	To record rental agreement	No
43	MK	Kensington II	-	-	-	To Record SCEIS Expenditure	No
1	RC	Chesterfield	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RC	Chesterfield	-	-	-	To record added depreciation.	No
23	RC	Chesterfield	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RC	Chesterfield	-	-	-	To expense repairs & renovations.	No
43	RC	Chesterfield	-	-	-	To Record SCEIS Expenditure	No
16	RD	Coit Street	-	-	-	To record added depreciation.	No
23	RD	Coit Street	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	RD	Coit Street	-	-	-	To Record SCEIS Expenditure	No
1	RE	Dillon	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RE	Dillon	-	-	-	To record added depreciation.	No
23	RE	Dillon	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RE	Dillon	-	-	-	To expense repairs & renovations.	No
43	RE	Dillon	-	-	-	To Record SCEIS Expenditure	No
1	RF	Florence	2,599.00	-	2,599.00	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
16	RF	Florence	-	-	-	To record added depreciation.	No
23	RF	Florence	598,973.00	-	598,973.00	To record management providers direct costs per individual cost reports.	Yes
43	RF	Florence	-	-	-	To expense repairs & renovations.	No
1	RG	Graham Street	-	-	-	To Record SCEIS Expenditure	No
16	RG	Graham Street	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	RG	Graham	-	-	-	To record added depreciation.	No
43	RG	Graham	-	-	-	To record management providers direct costs per individual cost reports.	Yes
1	RH	Hampton Place	-	-	-	To Record SCEIS Expenditure	No
16	RH	Hampton Place	7,497.00	-	7,497.00	To record depreciation expense for old capital-related costs - build.	No
23	RH	Hampton Place	546,699.00	-	546,699.00	To record management providers direct costs per individual cost reports.	Yes
31	RH	Hampton Place	1,725.00	-	1,725.00	To expense repairs & renovations.	No
43	RH	Hampton Place	-	-	-	To Record SCEIS Expenditure	No
1	RI	Horry	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RI	Horry	-	-	-	To record added depreciation.	No
23	RI	Horry	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RI	Horry	-	-	-	To expense repairs & renovations.	No
43	RI	Horry	-	-	-	To Record SCEIS Expenditure	No
1	RJ	Ingram	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RJ	Ingram	-	-	-	To record added depreciation.	No
23	RJ	Ingram	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RJ	Ingram	-	-	-	To expense repairs & renovations.	No
43	RJ	Ingram	-	-	-	To Record SCEIS Expenditure	No
1	RK	Jessamine	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RK	Jessamine	-	-	-	To record added depreciation.	No
23	RK	Jessamine	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RK	Jessamine	-	-	-	To expense repairs & renovations.	No
43	RK	Jessamine	-	-	-	To Record SCEIS Expenditure	No
1	RL	Lois Eargle	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RL	Lois Eargle	-	-	-	To record added depreciation.	No
23	RL	Lois Eargle	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RL	Lois Eargle	-	-	-	To expense repairs & renovations.	No
43	RL	Lois Eargle	-	-	-	To Record SCEIS Expenditure	No
23	RM	Magnolia	551,648.00	-	551,648.00	To record management providers direct costs per individual cost reports.	Yes
43	RM	Magnolia	-	-	-	To Record SCEIS Expenditure	No
48	AA	Magnolia	-	-	-	To record Central Office Costs	No
23	RN	Pageland	-	-	-	To record management providers direct costs per individual cost reports.	Yes
68	RP	Palmetto	-	-	-	To allocate direct costs	Yes
23	RQ	The Cedars	610,170.00	-	610,170.00	To record management providers direct costs per individual cost reports.	Yes
43	RQ	The Cedars	-	-	-	To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase of Services
48	AA	The Cedars	-		-	To record Central Office Costs	No
23	RR	The Oaks	647,050.00		647,050.00	To record management providers direct costs per individual cost reports.	Yes
43	RR	The Oaks	-		-	To Record SCEIS Expenditure	No
48	AA	The Oaks	-		-	To record Central Office Costs	No
1	RS	Thomas Drive	2,597.00		2,597.00	To record depreciation expense for old capital-related costs - build.	No
16	RS	Thomas Drive	-		-	To record added depreciation.	No
23	RS	Thomas Drive	528,620.00		528,620.00	To record management providers direct costs per individual cost reports.	Yes
43	RS	Thomas Drive	-		-	To Record SCEIS Expenditure	No
1	MD	North Pines	-		-	To record depreciation expense for old capital-related costs - build.	No
16	MD	North Pines	-		-	To record added depreciation.	No
23	MD	North Pines	527,852.00		527,852.00	To record management providers direct costs per individual cost reports.	Yes
29	MD	North Pines	1.00		1.00	To record rental agreement	No
31	MD	North Pines	-		-	To expense repairs & renovations.	No
43	MD	North Pines	-		-	To Record SCEIS Expenditure	No
23	SA	Atkinson West	524,986.00		524,986.00	To record management providers direct costs per individual cost reports.	Yes
29	SA	Atkinson West	1.00		1.00	To record rental agreement	No
23	SB	Atkinson East	524,986.00		524,986.00	To record management providers direct costs per individual cost reports.	Yes
29	SB	Atkinson East	1.00		1.00	To record rental agreement	No
23	SC	Camden I	597,223.00		597,223.00	To record management providers direct costs per individual cost reports.	Yes
29	SC	Camden I	1.00		1.00	To record rental agreement	No
32	SC	Camden I	-		-	To record Data Management/Biostatistics Grant	No
23	SD	Camden II	591,741.00		591,741.00	To record management providers direct costs per individual cost reports.	Yes
29	SD	Camden II	1.00		1.00	To record rental agreement	No
32	SD	Camden II	-		-	To record Data Management/Biostatistics Grant	No
23	SE	McLeod I	584,116.00		584,116.00	To record management providers direct costs per individual cost reports.	Yes
23	SF	McLeod II	492,180.00		492,180.00	To record management providers direct costs per individual cost reports.	Yes
23	SG	Bowen	617,972.50		617,972.50	To record management providers direct costs per individual cost reports.	Yes
29	SG	Bowen	1.00		1.00	To record rental agreement	No
41	SG	Bowen		92,193.00	(92,193.00)	To adjust for Hospice Services	Yes
23	SH	Reagan	617,972.50		617,972.50	To record management providers direct costs per individual cost reports.	Yes
29	SH	Reagan	1.00		1.00	To record rental agreement	No
1	XA	Autism	895.00		895.00	To record depreciation expense for old capital-related costs - build.	No
31	XA	Autism	-		-	To expense repairs & renovations.	No
62	XA	Autism	246,241.88		246,241.88	To allocate Autism to Regions	No
77	XA	Autism	20,613.94		20,613.94	To allocate salaries to regions	No
1	XC	Service Coordination	-		-	To record depreciation expense for old capital-related costs - build.	No
22	XC	Service coordination	45,990.45		45,990.45	To record central office Service Coordination costs.	No
24	XC	Service coordination	4,142,491.00		4,142,491.00	To record Service Coordination direct costs.	Yes
30	XC	Service coordination	-		-	To record costs for Third Party SC	Yes
31	XC	Service Coordination	-		-	To expense repairs & renovations.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
39	XC	Service Coordination	475,000.00	-	475,000.00	To record central office genetics services costs.	No
47	XC	Service Coordination	-	-	-	Allocation of Central Office Overhead	No
48	AA	Service Coordination	43,358.90	-	43,358.90	To record Central Office Costs	No
63	AA	Service Coordination	1,525.21	-	1,525.21	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Service Coordination	14,067.33	-	14,067.33	To allocate District Expenditures	No
71	XC	Service Coordination	1,903.00	-	1,903.00	Depreciation of SC Autism Society Grant	No
77	XC	Service Coordination	47,375.81	-	47,375.81	To allocate salaries to regions	No
1	AW	PDD Autism Waiver	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	XG	General Community Operations	4,077.00	-	4,077.00	To record depreciation expense for old capital-related costs - build.	No
21	XG	General Community Operations	-	-	-	To record accounts payable accruals.	No
31	XG	General Community Operations	-	-	-	To expense repairs & renovations.	No
45	AA	General Community Operations	-	-	-	To Allocate Autism Costs	No
55	XG	General Community Operations	-	-	-	To record computer services.	No
57	XG	General Community Operations	36,115.82	-	36,115.82	To record Central Office UAP Training	No
58	XG	General Community Operations	-	-	-	To record Central Office UAP Training	No
59	XG	General Community Operations	-	-	-	To Record Central Office Training Costs	No
70	XG	General Community Operations	-	-	-	To allocate costs for TBI Supported Employment	No
72	XG	General Community Operations	59,487.22	-	59,487.22	To allocate costs related to Special Olympics grant	No
73	XG	General Community Operations	13,320.14	-	13,320.14	To allocate costs related to Brain Injury grant	No
74	XG	General Community Operations	15,699.15	-	15,699.15	To allocate costs related to Family Connection grant	No
77	XG	General Community Operations	-	-	-	To allocate salaries to regions	No
78	XG	General Community Operations	1,609.87	-	1,609.87	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations	-	-	-	To allocate UAP Attendant Care - Admin	No
33	XH	Head and spinal cord waiver	296,253.00	-	296,253.00	To record Waiver direct costs	Yes
36	XH	Head and spinal cord waiver	-	-	-	To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	3,098.72	-	3,098.72	To record Central Office Costs	No
63	AA	Head and spinal cord waiver	4,175.37	-	4,175.37	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Head and spinal cord waiver	1,006.16	-	1,006.16	To allocate District Expenditures	No
77	XH	Head and spinal cord waiver	11,476.50	-	11,476.50	To allocate salaries to regions	No
80	XH	Head and spinal cord waiver	119.42	-	119.42	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	330.93	-	330.93	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	397,296.48	-	397,296.48	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	14,860.73	-	14,860.73	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	9,009.24	-	9,009.24	To allocate USC Attendant Care Training	No
1	XI	Early Intervention	-	-	-	To record depreciation expense for old capital-related costs - build.	No
25	XI	Early Intervention	1,876,468.00	-	1,876,468.00	To record Early Intervention direct costs.	Yes
27	XI	Early Intervention	778,035.24	-	778,035.24	To record Early Intervention Third Party direct costs.	Yes
31	XI	Early Intervention	-	-	-	To expense repairs & renovations.	No
42	XI	Early Intervention	-	-	-	To record central office EI costs.	No
48	AA	Early intervention	19,638.72	-	19,638.72	To record Central Office Costs	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
63	AA	Early intervention			-	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Early intervention	6,367.53		6,367.53	To allocate District Expenditures	No
77	XI	Early intervention	22,413.24		22,413.24	To allocate salaries to regions	No
1	XMA	Home & Community Based	-		-	To record depreciation expense for old capital-related costs - build.	No
26	XM	Home & Community Based	438,782.99		438,782.99	To allocate GPL costs to Waiver	Yes
32	XMA	Home and community based	3,325.35		3,325.35	To record Data Management/Biostatistics Grant	No
33	XM	Home and community based	40,697,242.39		40,697,242.39	To record Waiver direct costs.	Yes
36	XM	Home and community based	16,302.58		16,302.58	To record central office Waiver costs.	No
37	XM	Home and community based	-		-	To record central office Autism costs.	No
40	XM	Home and community based	56,085.74		56,085.74	To Record Training Costs	No
45	AA	Home and community based	14,593.00		14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	425,912.36		425,912.36	To record Central Office Costs	No
49	XM	Home and Community Based	94,645.47		94,645.47	To Record Alt Placement Costs	No
50	XM	Home and Community Based	16,450.00		16,450.00	Startup Amortization of CTHI	No
66	AA	Home and Community Based	138,110.00		138,110.00	To allocate District Expenditures	No
76	XM	Home and Community Based	8,491.35		8,491.35	To allocate costs related to Manor House grant	No
77	XM	Home and Community Based	139,948.12		139,948.12	To allocate salaries to regions	No
80	XM	Home and Community Based	25,414.41		25,414.41	To allocate Fire Marshall Expenditure	No
81	XM	Home and Community Based	70,425.09		70,425.09	To allocate DHEC Expenditure	No
82	XM	Home and Community Based	28,811.60		28,811.60	To allocate UAP Attendant Care	No
83	XMA	Home and Community Based	1,077.76		1,077.76	To allocate UAP Attendant Care - Admin	No
86	XM	Home and Community Based	653.85		653.85	To allocate USC Attendant Care Training	No
1	CWA	Community Supports Waiver			-	To record depreciation expense for old capital-related costs - build.	No
48	AA	Community Supports Waiver	26,201.74		26,201.74	To record Central Office Costs	No
66	AA	Community Supports Waiver	8,485.51		8,485.51	To allocate District Expenditures	No
68	CW	Community Supports Waiver	2,565,370.96		2,565,370.96	To allocate direct costs	Yes
76	CW	Community Supports Waiver	6,995.66		6,995.66	To allocate costs related to Manor House grant	No
82	CW	Community Supports Waiver	2,864.40		2,864.40	To allocate UAP Attendant Care	No
83	CWA	Community Supports Waiver	105.46		105.46	To allocate UAP Attendant Care - Admin	No
86	CW	Community Supports Waiver	-		-	To allocate USC Attendant Care Training	No
1	XR	Community Residential	-		-	To record depreciation expense for old capital-related costs - build.	No
46	XR	Community Residential	-		-	To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	8,939.53		8,939.53	To allocate cost to regions	No
51	YF	Federal Projects		7,764.53	(7,764.53)	To remove Federal Grants	No

75,290,184.44 860,980.28 74,429,204.16

**South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	15,100.00	-	-	-	-	-
02A	New capital-related costs - equip	47,610.00	-	47,610.00	-	-	-
AB	Employee health & welfare	6,073,946.00	330.00	1,218.00	6,075,494.00	-	-
AA	Administrative & general	1,141,843.00	-	-	1,141,843.00	1,141,843.00	-
CP	Physical therapy	60,332.00	-	-	21,101.00	81,433.00	84,751.00
CN	Occupational therapy	12,100.00	-	-	12,100.00	493.00	-
ED	Education	123,675.00	-	-	53,545.00	177,220.00	-
CS	Speech & hearing	305,557.00	-	-	87,972.00	393,529.00	-
CL	Cottage life allocable	3,450,291.00	7,639.00	21,305.00	937,551.00	4,416,786.00	-
CT	Other Assistive Technology	20,606.00	443.00	-	-	21,049.00	-
XG	General Community Operations	130,309.00	115.00	425.00	3,871.00	134,720.00	-
XR	Community Residential	39,825.00	-	-	-	39,825.00	-
INPATIENT ROUTINE SERVICE COST CENTERS							
PS	Saleeby	7,739,714.00	3,177.00	11,735.00	2,087,247.00	9,841,873.00	-
PL	Pecan Lane	3,052,929.00	1,428.00	6,956.00	947,104.00	4,008,417.00	37,966.00
PM	Mulberry	4,590,307.00	1,861.00	5,576.00	1,534,577.00	6,132,321.00	46,785.00
RA	Acline	-	-	-	-	-	-
SA	Atkinson West	553,006.00	-	-	71.00	553,077.00	1,144.00
SB	Atkinson East	553,074.00	-	-	71.00	553,145.00	1,147.00
SG	Bowen (Hartsville Special Housing)	550,473.00	-	-	82.00	550,555.00	1,009.00
SC	Camden I	622,190.00	-	-	63.00	622,253.00	1,020.00
SD	Camden II	616,708.00	-	-	63.00	616,771.00	1,020.00
RB	Carolina	-	-	-	-	-	-
RQ	Cedars	634,486.00	-	-	61.00	634,547.00	993.00
RC	Chesterfield	-	-	-	-	-	-
RD	Coit	-	-	-	-	-	-
RE	Dillon	-	-	-	-	-	-
RF	Florence	626,213.00	-	-	62.00	626,275.00	1,112.00
RG	Graham St.	-	-	-	-	-	-
RH	Hampton Pl.	583,187.00	-	-	63.00	583,250.00	1,489.00
RI	Horry	-	-	-	-	-	-
RJ	Charles Ingram	-	-	-	-	-	-
RK	Jessamine	-	-	-	-	-	-
RL	Lois Eargle	-	-	-	-	-	-
RM	Magnolia Pl.	576,469.00	-	-	63.00	576,532.00	1,014.00
RT	Maryville	-	-	-	-	-	-
SE	McLeod I	609,082.00	-	-	63.00	609,145.00	1,020.00
SF	McLeod II	516,599.00	-	-	62.00	516,661.00	997.00
RR	The Oaks	672,016.00	-	-	63.00	672,079.00	1,020.00
MD	North Pines	548,553.00	-	-	52.00	548,605.00	846.00
RP	Palmetto	-	-	-	-	-	-
SH	Reagan (Hartsville Special Housing)	641,777.00	-	-	60.00	641,837.00	972.00
RS	Thomas Drive	556,183.00	-	-	63.00	556,246.00	1,126.00
MJ	Kensington I	585,489.00	-	-	62.00	585,551.00	1,006.00
MK	Kensington II	592,992.00	-	-	61.00	593,053.00	990.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmiry	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	4,712,760.00	-	-	36,846.00	4,749,606.00	24,735.00
AY	Rehab Support Phase I	1,445,309.00	-	-	-	1,445,309.00	-
AZ	Rehab Support Phase II	630,486.00	-	-	4,746.00	635,232.00	411.00
XE	Evaluation & planning	-	-	-	-	-	-
XI	Early intervention	2,676,916.00	-	-	17,138.00	2,694,054.00	1,611.00
CW	Community Supports Waiver	2,575,231.00	-	-	9,915.00	2,585,146.00	-
CWA	Community Supports Waiver - Waiver	105.00	-	-	-	105.00	810.00
XM	Home & community based	41,989,346.00	-	-	318,104.00	42,307,450.00	-
XMA	Home & community based - Admin	4,403.00	107.00	394.00	-	4,904.00	47,926.00
AW	PDD Waiver	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	21,800.00	-	-	8,663.00	30,463.00	1,241.00
XS	Head & spinal cord	-	-	-	-	-	-
XH	Head & spinal cord waiver	717,456.00	-	-	6,047.00	723,503.00	-
XHA	Head & spinal cord waiver - Waiver	14,861.00	-	-	-	14,861.00	18,012.00
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified units	-	-	-	-	-	-
FN	Other non-covered costs	1,590.00	-	-	-	1,590.00	65.00
YF	Federal projects	-	-	-	-	-	-
90	SUBTOTAL	91,632,904.00	15,100.00	47,609.00	6,075,492.00	91,632,901.00	84,751.00

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
100 TOTAL EXPENSES	91,632,904.00	15,100.00	47,609.00	6,075,492.00	91,632,901.00	1,141,844.00	84,751.00

**South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS							
<u>COST CENTER</u>		<u>(SQUARE FEET)</u>	<u>(SQUARE FEET)</u>	<u>(GROSS SALARIES)</u>		<u>(ACCUMULATED COSTS)</u>	<u>(OCCASIONS OF SERVICE)</u>
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	211,677	-	-	-	-	-
2A	New capital-related costs - equip	0	180,689	-	-	-	-
AB	Employee health & welfare	4,624	4,624	14,032,705.00	-	-	-
AA	Administrative & general	0	0	-	-	28,026,367.87	-
CP	Physical therapy	-	-	48,737.00	-	81,433.00	3,248.00
CN	Occupational therapy	0	0	-	-	12,100.00	-
ED	Education	0	0	123,675.00	-	177,220.00	-
CS	Speech & hearing	-	-	203,192.00	-	393,529.00	-
CL	Cottage life allocable	107,082	80,858	2,165,483.00	-	4,416,786.00	-
CT	Other Assistive Technology	6,217	0	-	-	21,049.00	-
XG	General Community Operations	1,614	1,614	8,940.00	-	134,720.00	-
XR	Community Residential	0	0	-	-	39,825.00	-
INPATIENT ROUTINE SERVICE COST CENTERS							
PS	Saleeby	44,535	44,535	4,820,961.00	-	9,841,873.00	-
PL	Pecan Lane	20,018	26,401	2,187,548.00	-	4,008,417.00	1,455.00
PM	Mulberry	26,091	21,161	3,544,446.00	-	6,132,321.00	1,793.00
RA	Acline	0	0	-	-	-	-
SA	Atkinson West	0	0	164.00	-	28,091.00	-
SB	Atkinson East	0	0	164.00	-	28,159.00	-
SG	Bowen (Hartsville Special Housing)	0	0	144.00	-	24,755.50	-
SC	Camden I	0	0	146.00	-	25,030.00	-
SD	Camden II	0	0	146.00	-	25,030.00	-
RB	Carolina	0	0	-	-	-	-
RQ	Cedars	0	0	142.00	-	24,377.00	-
RC	Chesterfield	0	0	-	-	-	-
RD	Coit	0	0	-	-	-	-
RE	Dillon	0	0	-	-	-	-
RF	Florence	0	0	144.00	-	27,302.00	-
RG	Graham St.	0	0	-	-	-	-
RH	Hampton Pl.	0	0	146.00	-	36,551.00	-
RI	Horry	0	0	-	-	-	-
RJ	Charles Ingram	0	0	-	-	-	-
RIK	Jessamine	0	0	-	-	-	-
RL	Lois Eargle	0	0	-	-	-	-
RM	Magnolia Pl.	0	0	145.00	-	24,884.00	-
RT	Maryville	0	0	-	-	-	-
SE	McLeod I	0	0	146.00	-	25,029.00	-
SF	McLeod II	0	0	143.00	-	24,481.00	-
RR	The Oaks	0	0	146.00	-	25,029.00	-
MD	North Pines	0	0	121.00	-	20,753.00	-
RP	Palmetto	0	0	-	-	-	-
SH	Reagan (Hartsville Special Housing)	0	0	139.00	-	23,864.50	-
RS	Thomas Drive	0	0	146.00	-	27,626.00	-
MJ	Kensington I	0	0	144.00	-	24,687.00	-
MK	Kensington II	0	0	142.00	-	24,310.00	-
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	0	0	-	-	-	-
BK	Outpatient clinic	0	0	-	-	-	-
BP	Pharmacy	0	0	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	-	-	85,104.00	-	607,115.00	-
AY	Rehab Support Phase I	0	0	-	-	0.45	-
AZ	Rehab Support Phase II	0	0	10,962.00	-	10,097.00	-
XE	Evaluation & planning	0	0	-	-	-	-
XI	Early intervention	0	0	39,584.00	-	39,550.76	-
CW	Community Supports Waiver	0	0	22,900.00	-	-	-
CWA	Community Supports Waiver - Waiver	-	-	-	-	19,880.04	-
XM	Home & community based	-	0	734,731.00	-	-	-
XMA	Home & community based - Admin	1,496	1,496	-	-	1,176,328.62	-
AW	PDD Waiver	0	0	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	0	0	20,008.00	-	30,463.00	-
XS	Head & spinal cord	0	0	-	-	-	-
XH	Head & spinal cord waiver	0	0	13,966.00	-	-	-
XHA	Head & spinal cord waiver - Waiver	-	0	-	-	442,111.00	-

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
NONREIMBURSEABLE COST CENTERS	-				-	-	-
FC Non-certified units	-	0	0	-	-	-	-
FN Other non-covered costs	-	0	0	-	-	1,590.00	-
YF Federal projects	-	0	0	-	-	-	-
90 SUBTOTAL	-	211,677	180,689	14,032,705.00	-	28,026,367.87	3,248.00
		211,677	180,689	14,032,706			3,248
Costs to be allocated (Worksheet B, Part I)	-	\$15,100	\$47,610	6,075,494.00	-	\$1,141,843	\$84,751
Unit cost multiplier	-	0.071335	0.263491	0.432952	0.000000	0.040742	26.093288

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL	
	CN	ED	CS	CL	CT	XG	XR	
GENERAL SERVICE COST CENTERS								
02	New capital-related costs - build	-	-	-	-	-	-	
02A	New capital-related costs - equip	-	-	-	-	-	-	
AB	Employee health & welfare	-	-	-	-	-	-	
AA	Administrative & general	-	-	-	-	-	-	
CP	Physical therapy	-	-	-	-	-	-	
CN	Occupational therapy	12,593.00	-	-	-	-	-	
ED	Education	-	184,440.00	-	-	-	-	
CS	Speech & hearing	-	-	409,562.00	-	-	-	
CL	Cottage life allocable	-	-	-	4,596,734.00	-	-	
CT	Other Assistive Technology	-	-	-	-	21,907.00	-	
XG	General Community Operations	-	-	-	-	-	140,209.00	
XR	Community Residential	-	-	-	-	85.62	41,533.62	
INPATIENT ROUTINE SERVICE COST CENTERS								
PS	Saleeby	-	-	-	-	-	-	
PL	Pecan Lane	1,162.00	48,150.00	181,712.00	1,876,863.00	-	-	
PM	Mulberry	11,431.00	136,290.00	227,850.00	2,719,871.00	-	-	
RA	Acina	-	-	-	-	-	-	
SA	Atkinson West	-	-	-	-	1,189.00	439.00	
SB	Atkinson East	-	-	-	-	1,189.00	439.00	
SG	Bowen (Hartsville Special Housing)	-	-	-	-	1,184.00	437.00	
SC	Camden I	-	-	-	-	1,338.00	494.00	
SD	Camden II	-	-	-	-	1,326.00	489.00	
RB	Carolina	-	-	-	-	-	-	
RQ	Cedars	-	-	-	-	1,364.00	503.00	
RC	Chesterfield	-	-	-	-	-	-	
RD	Coit	-	-	-	-	-	-	
RE	Dillon	-	-	-	-	-	-	
RF	Florence	-	-	-	-	1,346.00	497.00	
RG	Graham St.	-	-	-	-	-	-	
RH	Hampton Pl.	-	-	-	-	1,254.00	463.00	
RI	Horry	-	-	-	-	-	-	
RJ	Charles Ingram	-	-	-	-	-	-	
RK	Jessamine	-	-	-	-	-	-	
RL	Lois Eargle	-	-	-	-	-	-	
RM	Magnolia Pl.	-	-	-	-	1,239.00	457.00	
RT	Maryville	-	-	-	-	-	-	
SE	McLeod I	-	-	-	-	1,310.00	483.00	
SF	McLeod II	-	-	-	-	1,111.00	410.00	
RR	The Oaks	-	-	-	-	1,445.00	533.00	
MD	North Pines	-	-	-	-	1,179.00	435.00	
RP	Palmetto	-	-	-	-	-	-	
SH	Reagan (Hartsville Special Housing)	-	-	-	-	1,380.00	509.00	
RS	Thomas Drive	-	-	-	-	1,196.00	441.00	
MJ	Kensington I	-	-	-	-	1,259.00	465.00	
MK	Kensington II	-	-	-	-	1,275.00	471.00	
OUTPATIENT SERVICE COST CENTERS								
BI	Infirmary	-	-	-	-	-	-	
BK	Outpatient clinic	-	-	-	-	-	-	
BP	Pharmacy	-	-	-	-	-	-	
OTHER REIMBURSEABLE COST CENTERS								
XC	Service coordination	-	-	-	-	10,211.00	-	
AY	Rehab Support Phase I	-	-	-	-	3,107.00	-	
AZ	Rehab Support Phase II	-	-	-	-	1,366.00	-	
XE	Evaluation & planning	-	-	-	-	-	-	
XI	Early Intervention	-	-	-	-	5,792.00	-	
CW	Community Supports Waiver	-	-	-	-	5,558.00	-	
CWA	Community Supports Waiver - Waiver	-	-	-	-	-	-	
XM	Home & community based	-	-	-	-	90,952.00	33,568.00	
XMA	Home & community based - Admin	-	-	-	-	-	-	
AW	PDD Waiver	-	-	-	-	-	-	
AWA	PDD Waiver - Admin	-	-	-	-	-	-	
XA	Autism	-	-	-	-	-	-	
XS	Head & spinal cord	-	-	-	-	-	-	
XH	Head & spinal cord waiver	-	-	-	-	1,555.00	-	
XHA	Head & spinal cord waiver - Waiver	-	-	-	-	-	-	
NONREIMBURSEABLE COST CENTERS								
FC	Non-certified units	-	-	-	-	-	-	
FN	Other non-covered costs	-	-	-	-	-	-	
YF	Federal projects	-	-	-	-	-	-	
90	SUBTOTAL	12,593.00	184,440.00	409,562.00	4,596,734.00	21,907.00	140,210.62	41,533.00

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

<u>COST CENTER</u>	<u>OCCUPATIONAL</u>	<u>EDUCATION</u>	<u>SPEECH &</u>	<u>COTTAGE</u>	<u>OTHER</u>	<u>GENERAL</u>	<u>COMMUNITY</u>
	<u>THERAPY</u>		<u>HEARING</u>	<u>LIFE</u>	<u>ASSISTIVE</u>	<u>COMMUNITY</u>	<u>RESIDENTIAL</u>
	CN	ED	CS	CL	CT	XG	XR
100 TOTAL EXPENSES	12,593.00	184,440.00	409,562.00	4,596,734.00	21,907.00	140,210.62	41,533.00

**South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01	-	-	-	-	-	-	-
1A	-	-	-	-	-	-	-
02	-	-	-	-	-	-	-
2A	-	-	-	-	-	-	-
AB	-	-	-	-	-	-	-
AA	-	-	-	-	-	-	-
CP	-	-	-	-	-	-	-
CN	65.00	-	-	-	-	-	-
ED	-	12,530.50	-	-	-	-	-
CS	-	-	1,371.50	-	-	-	-
CL	-	-	-	42,030.00	-	-	-
CT	-	-	-	-	42,030.00	-	-
XG	-	-	-	-	-	65,219,687.00	-
XR	-	-	-	-	-	39,825.00	52,347,012.00
INPATIENT ROUTINE SERVICE COST CENTERS							
PS	-	-	-	-	-	-	-
PL	6.00	3,271.25	608.50	17,161.00	17,161.00	-	-
PM	59.00	9,259.25	763.00	24,869.00	24,869.00	-	-
RA	-	-	-	-	-	-	-
SA	-	-	-	-	-	553,077.00	553,077.00
SB	-	-	-	-	-	553,145.00	553,145.00
SG	-	-	-	-	-	550,535.00	550,535.00
SC	-	-	-	-	-	622,253.00	622,253.00
SD	-	-	-	-	-	616,771.00	616,771.00
RB	-	-	-	-	-	-	-
RQ	-	-	-	-	-	634,547.00	634,547.00
RC	-	-	-	-	-	-	-
RD	-	-	-	-	-	-	-
RE	-	-	-	-	-	-	-
RF	-	-	-	-	-	626,275.00	626,275.00
RG	-	-	-	-	-	-	-
RH	-	-	-	-	-	583,250.00	583,250.00
RI	-	-	-	-	-	-	-
RJ	-	-	-	-	-	-	-
RK	-	-	-	-	-	-	-
RL	-	-	-	-	-	-	-
RM	-	-	-	-	-	576,532.00	576,532.00
RT	-	-	-	-	-	-	-
SE	-	-	-	-	-	609,145.00	609,145.00
SF	-	-	-	-	-	516,661.00	516,661.00
RR	-	-	-	-	-	672,079.00	672,079.00
MD	-	-	-	-	-	548,605.00	548,605.00
RP	-	-	-	-	-	-	-
SH	-	-	-	-	-	641,837.00	641,837.00
RS	-	-	-	-	-	556,246.00	556,246.00
MJ	-	-	-	-	-	585,551.00	585,551.00
MK	-	-	-	-	-	593,053.00	593,053.00
OUTPATIENT SERVICE COST CENTERS							
BI	-	-	-	-	-	-	-
BK	-	-	-	-	-	-	-
BP	-	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	-	-	-	-	-	4,749,606.00	-
AY	-	-	-	-	-	1,445,309.00	-
AZ	-	-	-	-	-	635,232.00	-
XE	-	-	-	-	-	-	-
XI	-	-	-	-	-	2,694,054.00	-
CW	-	-	-	-	-	2,585,146.00	-
CWA	-	-	-	-	-	-	-
XM	-	-	-	-	-	42,307,450.00	42,307,450.00
XMA	-	-	-	-	-	-	-
AW	-	-	-	-	-	-	-
AWA	-	-	-	-	-	-	-
XA	-	-	-	-	-	-	-
XS	-	-	-	-	-	-	-
XH	-	-	-	-	-	723,503.00	-
XHA	-	-	-	-	-	-	-

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units	-	-	-	-	-	-	-
FN Other non-covered costs	-	-	-	-	-	-	-
YF Federal projects	-	-	-	-	-	-	-
90 SUBTOTAL	65.00 65	12,530.50 12,531	1,371.50 1,372	42,030.00 42,030	42,030.00 42,030	65,219,687.00 65,956,691	52,347,012.00 52,930,532
Costs to be allocated (Worksheet B, Part I)	\$12,593	\$184,440	\$409,582	\$4,596,734	\$21,907	\$140,209	\$41,534
Unit cost multiplier	193.738462	14.719285	298.623405	109.367928	0.521223	0.002150	0.000793

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

	<u>COST CENTER</u>	<u>TOTAL</u>
		21
	GENERAL SERVICE COST CENTERS	
02	New capital-related costs - build	-
02A	New capital-related costs - equip	-
AB	Employee health & welfare	-
AA	Administrative & general	-
CP	Physical therapy	-
CN	Occupational therapy	-
ED	Education	-
CS	Speech & hearing	-
CL	Cottage life allocable	-
CT	Other Assistive Technology	-
XG	General Community Operations	-
XR	Community Residential	-
	INPATIENT ROUTINE SERVICE COST CENTERS	
PS	Safeby	10,242,848.00
PL	Pecan Lane	6,326,525.00
PM	Mulberry	9,537,351.00
RA	Acline	-
SA	Atkinson West	555,849.00
SB	Atkinson East	555,920.00
SG	Bowen (Hartsville Special Housing)	553,165.00
SC	Camden I	625,105.00
SD	Camden II	619,606.00
RB	Carolina	-
RQ	Cedars	637,407.00
RC	Chesterfield	-
RD	Coit	-
RE	Dillon	-
RF	Florence	629,230.00
RG	Graham St.	-
RH	Hampton Pl.	586,456.00
RI	Horry	-
RJ	Charles Ingram	-
RK	Jessamine	-
RL	Lois Eargle	-
RM	Magnolia Pl.	579,242.00
RT	Maryville	-
SE	McLeod I	611,958.00
SF	McLeod II	519,179.00
RR	The Oaks	675,077.00
MD	North Pines	551,065.00
RP	Palmetto	-
SH	Reagan (Hartsville Special Housing)	644,698.00
RS	Thomas Drive	559,009.00
MJ	Kensington I	588,281.00
MK	Kensington II	595,789.00
	OUTPATIENT SERVICE COST CENTERS	
BI	Infirmiry	-
BK	Outpatient clinic	-
BP	Pharmacy	-
	OTHER REIMBURSEABLE COST CENTERS	
XC	Service coordination	4,784,552.00
AY	Rehab Support Phase I	1,448,416.00
AZ	Rehab Support Phase II	637,009.00
XE	Evaluation & planning	-
XI	Early intervention	2,701,457.00
CW	Community Supports Waiver	2,590,704.00
CWA	Community Supports Waiver - Waiver	915.00
XM	Home & community based	42,431,970.00
XMA	Home & community based - Admin	52,830.00
AW	PDD Waiver	-
AWA	PDD Waiver - Admin	-
XA	Autism	31,704.00
XS	Head & spinal cord	-
XH	Head & spinal cord waiver	725,058.00
XHA	Head & spinal cord waiver - Waiver	32,873.00
	NONREIMBURSEABLE COST CENTERS	
FC	Non-certified units	-
FN	Other non-covered costs	1,655.00
YF	Federal projects	-
90	SUBTOTAL	91,632,903.00

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

	<u>COST CENTER</u>	<u>TOTAL</u>
		21
100	TOTAL EXPENSES	91,632,903.00

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South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	DIRECT CONTRACT COST	ADJUSTED ADMIN & GENERAL
	AA			
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	81,433	0	81,433
CN	Occupational therapy	12,100	0	12,100
ED	Education	177,220	0	177,220
CS	Speech & hearing	393,529	0	393,529
CL	Cottage life allocable	4,416,786	0	4,416,786
CT	Other Assistive Technology	21,049	0	21,049
XG	General Community Operations	134,720	0	134,720
XR	Community Residential	39,825	0	39,825
INPATIENT ROUTINE SERVICE COST CENTERS				
PS	Safeby	9,841,873	0	9,841,873
PL	Pecan Lane	4,008,417	0	4,008,417
PM	Mulberry	6,132,321	0	6,132,321
RA	Acline	0	0	0
SA	Atkinson West	553,077	(524,986)	28,091
SB	Atkinson East	553,145	(524,986)	28,159
SG	Bowen (Hartsville Special Housing)	550,535	(525,780)	24,756
SC	Camden I	622,253	(597,223)	25,030
SD	Camden II	616,771	(591,741)	25,030
RB	Carolina	0	0	0
RQ	Cedars	634,547	(610,170)	24,377
RC	Chesterfield	0	0	0
RD	Coit	0	0	0
RE	Dillon	0	0	0
RF	Florence	626,275	(598,973)	27,302
RG	Graham St.	0	0	0
RH	Hampton Pl.	583,250	(546,699)	36,551
RI	Horry	0	0	0
RJ	Charles Ingram	0	0	0
RK	Jessamine	0	0	0
RL	Lois Eargle	0	0	0
RM	Magnolia Pl.	576,532	(551,648)	24,884
RT	Maryville	0	0	0
SE	McLeod I	609,145	(584,116)	25,029
SF	McLeod II	516,661	(492,180)	24,481
RR	The Oaks	672,079	(647,050)	25,029
MD	North Pines	548,605	(527,852)	20,753
RP	Palmetto	0	0	0
SH	Reagan (Hartsville Special Housing)	641,837	(617,973)	23,865
RS	Thomas Drive	556,246	(528,620)	27,626
MJ	Kensington I	585,551	(560,864)	24,687
MK	Kensington II	593,053	(568,743)	24,310
OUTPATIENT SERVICE COST CENTERS				
BI	Infirmery	0	0	0
BK	Outpatient clinic	0	0	0
BP	Pharmacy	0	0	0
OTHER REIMBURSEABLE COST CENTERS				
XC	Service coordination	4,749,606	(4,142,491)	607,115
AY	Rehab Support Phase I	1,445,309	(1,445,309)	0
AZ	Rehab Support Phase II	635,232	(625,135)	10,097

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

	ADMINISTRA-	RECLASSIFY	DIRECT CONTRACT	ADJUSTED	
XE	Evaluation & planning	0	0	0	
XI	Early intervention	2,694,054	(2,654,503)	39,551	
CW	Community Supports Waiver	2,585,146	(2,585,146)	0	
CWA	Community Supports Waiver Admin	105	(2,585,371)	19,880	
XM	Home & community based	42,307,450	(42,307,450)	0	
XMA	Home & Community Based Waiver Admin	4,904	42,307,450	(41,136,025)	1,176,329
AW	PDD Waiver	0	0	0	
AWA	PDD Waiver Admin	0	0	0	
XA	Autism	30,463	0	30,463	
XS	Head & spinal cord	0	0	0	
XH	Head & spinal cord waiver	723,503	(723,503)	0	
XHA	Head & spinal cord waiver - Waiver Admin	14,861	723,503	(296,253)	442,111
NONREIMBURSEABLE COST CENTERS					
FC	Non-certified units	0	0	0	
FN	Other non-covered costs	1,590	0	1,590	
YF	Federal projects	0	0	0	
90	SUBTOTAL	90,491,058.00	(62,464,690.13)	28,026,367.87	

South Carolina Department of Disabilities and Special Needs
Pee Dee Region
Fiscal Year Ended June 30, 2010
Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$915	\$2,590,704	\$2,591,619	0.04%
Home & community based	XM	\$52,830	\$42,431,970	\$42,484,800	0.12%
PDD Waiver	AW	\$0	\$0	\$0	0.00%
Head & spinal cord waiver	XH	\$32,873	\$725,058	\$757,931	4.34%
		\$86,618	\$45,747,732	\$45,834,350	0.19%

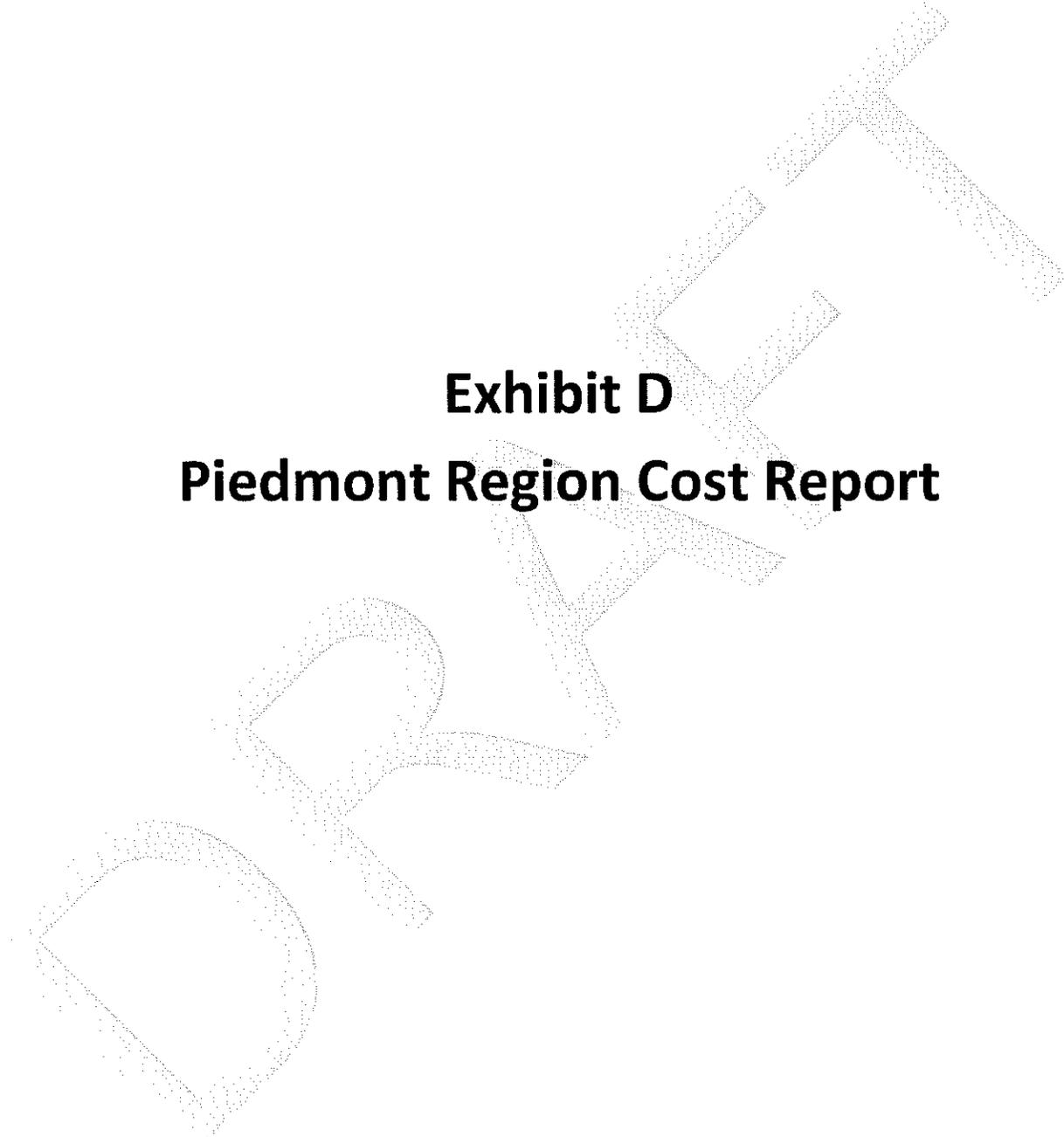


Exhibit D
Piedmont Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY - PIEDMONT REGION	PROVIDER NO.: VARIOUS	PERIOD: FROM: July 1, 2009 TO: June 30, 2010	WORKSHEET S PARTS I AND II
Intermediary Use Only		Date Received	Intermediary Number
<input type="checkbox"/> Audited <input type="checkbox"/> Desk Reviewed			

PART I - CERTIFICATION

Check applicable box Electronically filed cost report Manually submitted cost report

Date: _____ Time: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Piedmont Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Piedmont Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: P.O. Box: P. O. Drawer 239 1
1.01 City: Clinton State: SC Zip Code: 29325 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2 Hospital								2
3 Subprovider								3
4 Swing Beds - SNF								4
5 Swing Beds - NF								5
6 Hospital-Based SNF								6
7 Hospital-Based NF								7
8 Hospital-Based OLTC								8
9 Hospital-Based HHA								9
10 Hospital-Based CORF								10
11 Separately Certified ASC								11
12 Hospital-Based Hospice								12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions) 1 2 10 14

Type of Hospital/Subprovider (See Instructions)

15 Hospital 15
16 Subprovider 16

Other Information

17 If this is a Medicare Certified Kidney Transplant Center, enter the certification date.								17
18 If this is a Medicare Certified Heart Transplant Center, enter the certification date.								18
19 If this is a Medicare Certified Liver Transplant Center, enter the certification date.								19
20 If this is an Organ Procurement Organization (OPO), enter the OPO number.								20
21 Is this an Eye or Eye and Ear Specialty Hospital?					N			21
22 If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty					N			22
23 If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:								23
24 If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)								24
25 If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.								25
26 Does this hospital qualify as a rural primary care hospital?					N			26
27 Is this a rural hospital qualifying for an exception to the CRNA fee schedule?					N			27
28 Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?					N			28

Miscellaneous Cost Reporting Information

29 If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.					N			29
30 If this is an All-Inclusive Provider, enter the method used. (See Instructions)								30
31 Is the difference between total interim payments and the net cost of covered services included in the balance sheet?					N			31
32 Is this a new hospital under 42 CFR 412.300 PPS Capital?					N			32
33 Is this a new hospital under 42 CFR 413.40 (TEFRA)?					N			33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Piedmont Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		979,223.99	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
If depreciation is funded, enter the balance as of the end of the period.				
38	Were there any disposals of capital assets during this cost reporting period?	Y		38
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
44	Are you filing under the fully prospective payment methodology for capital costs?	1	2	3	44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If This hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

South Carolina Department of Disabilities and Special Needs
 Pee Dee Region
 Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS- IFIED TRIAL BALANCE	ADJUSTMENTS TO EXPENSES (INCREASE /DECREASE)	NET EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
O2 Capital-related costs - build			0.00	0.00	0.00	93,269.00	93,269.00
O2A Capital-related costs - equip			0.00	0.00	0.00	130,941.00	130,941.00
AB Employee health & welfare	236,384.90	29,603.20	265,988.00	0.00	265,988.00	7,517,532.00	7,783,520.00
AA Administrative & general	661,766.64	839,142.11	1,499,909.00	(878,749.00)	623,160.00	926,367.00	1,549,517.00
CP Physical therapy	75,878.56	99,457.20	174,336.00	0.00	174,336.00	3,682.00	178,018.00
CN Occupational therapy	145,235.80	10,465.00	155,701.00	0.00	155,701.00	1,118.00	156,819.00
ED Education	190,383.31	79,072.72	269,456.00	0.00	269,456.00	3,550.00	264,006.00
CS Speech & hearing	134,529.71	36,026.63	170,556.00	0.00	170,556.00	8,999.00	179,545.00
CL Cottage life allocable	4,093,597.53	2,991,079.71	7,084,677.00	(991,139.00)	6,103,541.00	571,841.00	6,675,182.00
CT Other Assistive Technology	149,443.71	49,944.30	199,388.00	0.00	199,388.00	0.00	199,388.00
XG General Community Operations		578.91	579.00	0.00	579.00	224,210.00	224,789.00
XR Community Residential	64,699.11	68,654.00	133,353.00	(64,699.00)	68,654.00	20,427.00	89,081.00
INPATIENT ROUTINE SERVICE COST CENTERS							
TL C. S. Units 201-204	4,292,828.80	449,896.92	4,742,524.00	811,522.00	5,354,046.00	1,498,236.00	6,852,282.00
UF Circle II Units 501-504			0.00	0.00	0.00	0.00	0.00
TR Suber Units 391-304	241,028.93	109,642.85	350,672.00	85,043.00	435,615.00	210,278.00	646,191.00
UA Webb Units 401-404			0.00	0.00	0.00	0.00	0.00
TA Campus Units 101-112	5,846,516.03	722,210.89	6,569,727.00	918,970.00	7,487,697.00	1,690,565.00	9,378,262.00
VA Anderson			0.00	0.00	0.00	0.00	0.00
VB Belton			0.00	0.00	0.00	0.00	0.00
VD Bonds		24,820.00	24,820.00	377.00	25,197.00	744,083.00	769,280.00
VC Burton		23,887.25	23,887.00	361.00	24,228.00	479,400.00	503,628.00
VE Carnell			0.00	0.00	0.00	0.00	0.00
VF Charles Lea I			0.00	0.00	0.00	0.00	0.00
VG Charles Lea II			0.00	0.00	0.00	0.00	0.00
VH Civitan		25,220.00	25,220.00	(24,224.00)	3,996.00	588,308.00	592,304.00
VI Easley I			0.00	0.00	0.00	0.00	0.00
VJ Easley II			0.00	0.00	0.00	0.00	0.00
VK Edgefield		25,467.38	25,467.00	372.00	25,839.00	530,078.00	555,917.00
VL Ferguson I			0.00	0.00	0.00	0.00	0.00
VM Ferguson II			0.00	0.00	0.00	0.00	0.00
VN Honea Path			0.00	0.00	0.00	0.00	0.00
VP JC Fort I		24,882.69	24,883.00	377.00	25,260.00	573,361.00	598,641.00
VQ JC Fort II		25,605.00	25,605.00	377.00	25,982.00	573,381.00	599,363.00
VR J. McAbee		24,437.50	24,438.00	366.00	24,803.00	516,706.00	541,509.00
VS Landrum I		24,573.50	24,574.00	374.00	24,948.00	615,330.00	640,278.00
VT Landrum II		24,820.00	24,820.00	377.00	25,197.00	615,330.00	640,527.00
VU Oak Grove		24,710.71	24,711.00	374.00	25,085.00	549,831.00	574,716.00
VV Oconee I			0.00	0.00	0.00	0.00	0.00
VW Oconee II			0.00	0.00	0.00	0.00	0.00
VX Parkins I		24,820.00	24,820.00	377.00	25,197.00	633,283.00	658,480.00
VY Parkins II		20,315.00	20,315.00	(22,033.00)	4,282.00	570,658.00	574,938.00
VZ Pritchard			0.00	0.00	0.00	0.00	0.00
WA Ridge Road		27,793.90	27,794.00	583.00	28,357.00	758,404.00	786,761.00
WB South Harper		37,483.00	37,483.00	375.00	37,858.00	610,935.00	648,793.00
WC Ware Shoals I		25,311.40	25,311.00	(15,028.00)	10,283.00	532,524.00	542,807.00
WD Peoples		24,951.42	24,951.00	377.00	25,328.00	497,403.00	522,731.00
WE West Main		24,820.00	24,820.00	377.00	25,197.00	572,194.00	597,391.00
WL Sullivan Street		24,884.00	24,884.00	366.00	25,050.00	593,146.00	618,196.00
WM Clinton Manor		24,816.00	24,816.00	374.00	24,990.00	552,198.00	577,188.00
WN Hughes Street		22,788.50	22,789.00	348.00	23,135.00	543,261.00	566,399.00
WP Travelers Rest		24,046.50	24,047.00	377.00	24,424.00	552,273.00	576,697.00
WQ Davidson			0.00	0.00	0.00	0.00	0.00
WR Mill Street			0.00	0.00	0.00	0.00	0.00
WS Nazareth Road		24,603.00	24,603.00	377.00	25,180.00	641,848.00	667,028.00
WT Wire Road II		23,944.50	23,945.00	374.00	24,319.00	605,371.00	629,690.00
WU Wire Road I		24,819.00	24,819.00	364.00	24,980.00	554,774.00	579,754.00
WV Fountain Inn		36,677.50	36,678.00	558.00	37,236.00	693,662.00	731,098.00
WW Benchmark - Spartanburg		37,230.00	37,230.00	568.00	37,798.00	827,855.00	865,653.00
WX Britton Smith		24,573.50	24,574.00	374.00	24,948.00	514,808.00	539,756.00
WY Hendrix Street		24,788.00	24,788.00	377.00	25,163.00	533,019.00	558,182.00
WZ Benchmark - Cowpens		35,078.50	35,080.00	(11,347.00)	23,733.00	913,290.00	937,023.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary			0.00	0.00	0.00	0.00	0.00
BK Outpatient clinic			0.00	0.00	0.00	0.00	0.00
BP Pharmacy			0.00	0.00	0.00	0.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination			0.00	0.00	0.00	5,607,068.00	5,607,068.00
AY Rehab support phase I			0.00	0.00	0.00	1,657,247.00	1,657,247.00
AZ Rehab support phase II			0.00	0.00	0.00	750,036.00	750,036.00
XE Evaluation & planning			0.00	0.00	0.00	0.00	0.00
XI Early intervention			0.00	0.00	0.00	6,112,492.00	6,112,492.00
CW Community Supports Waiver			0.00	4,890.00	4,890.00	2,978,396.00	2,983,286.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	118.00	118.00
XM Home & community based			0.00	932,258.00	932,258.00	58,638,434.00	59,570,692.00
XMA Home & community based - Admin			0.00	0.00	0.00	5,899.00	5,899.00
AW PDD Waiver			0.00	0.00	0.00	0.00	0.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	0.00	0.00
XA Autism		488.39	488.00	(554,629.00)	(554,143.00)	603,311.00	49,168.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	0.00	0.00	2,370,134.00	2,370,134.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	45,732.00	45,732.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units			0.00	0.00	0.00	0.00	0.00
FN Other non-covered costs	15,687.00		15,687.00	(15,687.00)	0.00	384.00	384.00
YF Federal projects		18,167.83	18,168.00	0.00	18,168.00	(16,168.00)	0.00
SUBTOTAL	16,147,778.05	6,259,372.28	22,407,154.00	3.00	22,407,151.00	109,240,408.00	131,847,557.00
TOTAL	16,147,778.05	6,259,372.28	22,407,154.00	3.00	22,407,151.00	109,240,408.00	131,847,557.00

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	02	Capital-related costs - build	-		
			-	-	-
07	AA	Administrative & general		-	
09	AA	Administrative & general	-	25,787.00	
17	AA	Administrative & general		850,961.75	
			-	876,748.75	(876,748.75)
05	XG	General Community Operations	-	-	
			-	-	-
01	CL	Cottage life allocable		1,118,687.86	
03	CL	Cottage life allocable	211,865.60	-	
05	CL	Cottage life allocable	-		
08	CL	Cottage life allocable		90,001.03	
10	CL	Cottage life allocable	-	-	
16	CL	Cottage life allocable	15,687.00	-	
			227,552.60	1,208,688.89	(981,136.29)
07	2A	Capital-related costs - equip.	-		
			-	-	-
01	TA	Campus	632,780.78		
03	TA	Campus	3,772.42	-	
04	TA	Campus	-		
08	TA	Campus	35,423.12		
09	TA	Campus	11,640.22	-	
17	TA	Campus	384,122.99		
18	TA	Campus		148,770.00	
			1,067,739.53	148,770.00	918,969.53
05	XC	Service coordination		-	
			-	-	-
05	XI	Early Intervention		-	
			-	-	-
02	XM	Home & community based	304,347.69		
06	XM	Home & community based	250,281.42		
11	XM	Home & community based	64,699.11	-	

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
14	XM	Home & community based	-		
18	XM	Home & community based	312,930.00		
			932,258.22	-	932,258.22
02	XA	Autism		304,347.69	
06	XA	Autism		250,281.42	
			-	554,629.11	(554,629.11)
05	XR	Residential		-	
11	XR	Residential	-	64,699.11	
			-	64,699.11	(64,699.11)
18	XH	HASCI Waiver	-	-	
			-	-	-
03	BI	Infirmary		-	
04	BI	Infirmary		-	
			-	-	-
01	TL	Central Square	424,759.92		
03	TL	Central Square	-	161,596.87	
04	TL	Central Square	-		
08	TL	Central Square	33,764.69		
09	TL	Central Square	11,095.25		
17	TL	Central Square	366,139.26		
18	TL	Central Square		62,640.00	
			835,759.12	224,236.87	611,522.25
03	BK	Clinic	-	-	
04	BK	Clinic		-	
			-	-	-
04	BP	Pharmacy		-	
			-	-	-
01	TR	Suber	61,147.16		
03	TR	Suber	-	54,041.15	
04	TR	Suber	-		

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	TR	Suber	9,286.32		
09	TR	Suber	3,051.53	-	
17	TR	Suber	100,699.50		
18	TR	Suber		35,100.00	
			174,184.51	89,141.15	85,043.36
01	UA	Webb	-		
03	UA	Webb	-	-	
04	UA	Webb	-		
08	UA	Webb	-		
10	UA	Webb	-	-	
17	UA	Webb	-		
18	UA	Webb		-	
			-	-	-
08	VA	Anderson	-		
13	VA	Anderson	-		
17	VA	Anderson	-		
			-	-	-
08	VB	Belton	-		
13	VB	Belton	-		
17	VB	Belton	-		
			-	-	-
08	VD	Bonds	377.34		
13	VD	Bonds	-		
17	VD	Bonds	-		
			377.34	-	377.34
08	VC	Burton	360.92		
13	VC	Burton	-		
17	VC	Burton	-		
18	VC	Burton	-	-	
			360.92	-	360.92
08	VE	Carnell	-		
13	VE	Carnell	-		
17	VE	Carnell	-		
			-	-	-

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
16	VF	Charles Lea I			
			-	-	-
08	VH	Civitan	376.05		
13	VH	Civitan	-		
17	VH	Civitan	-		
18	VH	Civitan	-	21,600.00	
			376.05	21,600.00	(21,223.95)
08	VI	Easley I	-		
13	VI	Easley I	-	-	
17	VI	Easley I	-		
			-	-	-
08	VJ	Easley II	-		
13	VJ	Easley II	-		
17	VJ	Easley II	-		
18	VJ	Easley II	-	-	
			-	-	-
08	VK	Edgefield	371.65		
13	VK	Edgefield	-		
17	VK	Edgefield	-		
18	VK	Edgefield	-	-	
			371.65	-	371.65
14	VL	Ferguson I		-	
			-	-	-
14	VM	Ferguson II		-	
			-	-	-
08	VN	Honea Path	-		
13	VN	Honea Path	-	-	
17	VN	Honea Path	-		
			-	-	-

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	VP	J. Claude Fort I	377.34		
13	VP	J. Claude Fort I	-		
17	VP	J. Claude Fort I	-		
18	VP	J. Claude Fort I	-		
			377.34	-	377.34
08	VQ	J. Claude Fort II	377.35		
13	VQ	J. Claude Fort II	-		
17	VQ	J. Claude Fort II	-		
18	VQ	J. Claude Fort II	-		
			377.35	-	377.35
08	VR	Jennings McAbee	365.33		
13	VR	Jennings McAbee	-		
17	VR	Jennings McAbee	-		
18	VR	Jennings McAbee	-		
			365.33	-	365.33
08	VS	Landrum I	373.60		
13	VS	Landrum I	-		
16	VS	Landrum I	-		
17	VS	Landrum I	-		
			373.60	-	373.60
08	VT	Landrum II	377.35		
13	VT	Landrum II	-		
16	VT	Landrum II	-		
17	VT	Landrum II	-		
18	VT	Landrum II	-		
			377.35	-	377.35
08	VU	Oak Grove	373.99		
13	VU	Oak Grove	-		
17	VU	Oak Grove	-		
			373.99	-	373.99
08	VV	Oconee I	-		
13	VV	Oconee I	-		
17	VV	Oconee I	-		
			-	-	-

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	VW	Oconee II	-		
13	VW	Oconee II		-	
17	VW	Oconee II	-		
			-	-	-
08	VX	Parkins I	377.35		
13	VX	Parkins I	-		
17	VX	Parkins I	-		
			377.35	-	377.35
08	VY	Parkins II	377.09		
13	VY	Parkins II	-		
17	VY	Parkins II	-		
18	VY	Parkins II		22,410.00	
			377.09	22,410.00	(22,032.91)
08	WA	Ridge Road	562.66		
13	WA	Ridge Road	-		
17	WA	Ridge Road	-		
			562.66	-	562.66
08	WB	South Harper	375.28		
13	WB	South Harper	-		
17	WB	South Harper	-		
			375.28	-	375.28
08	WC	Ware Shoals I	362.48		
13	WC	Ware Shoals I	-		
17	WC	Ware Shoals I	-		
18	WC	Ware Shoals I	-	15,390.00	
			362.48	15,390.00	(15,027.52)
08	WD	Ware Shoals II	377.35		
13	WD	Ware Shoals II	-		
17	WD	Ware Shoals II	-		
18	WD	Ware Shoals II		-	
			377.35	-	377.35

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	WE	West Main	377.35		
13	WE	West Main	-		
17	WE	West Main	-		
18	WE	West Main		-	
			377.35	-	377.35
08	WL	Sullivan Street	365.59		
17	WL	Sullivan Street	-		
			365.59	-	365.59
08	WM	Clinton Manor	374.25		
17	WN	Clinton Manor	-		
			374.25	-	374.25
08	WN	Hughes Street	346.46		
17	WN	Hughes Street	-		
			346.46	-	346.46
08	WP	Travelers Rest	377.35		
17	WP	Travelers Rest	-		
			377.35	-	377.35
08	WQ	Davidson Street	-		
17	WQ	Davidson Street	-		
			-	-	-
18	CW	Community Supports Waiver			
	CW	Community Supports Waiver	4,860.00	-	
			4,860.00	-	4,860.00

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
1	02	Capital-related costs - build	53,482.00		53,482.00	To record depreciation expense for capital-related costs - build.	No
15	02	Capital-related costs - build	23,866.18		23,866.18	To record uncaptured depreciation caused by deletions.	No
17	02	Capital-related costs - build	15,941.27		15,941.27	To record Piedmont's portion of allowable central office expenses.	No
1	AB	Employees health & welfare	7,190.00		7,190.00	To record depreciation expense for capital-related costs - build.	No
2	AB	Employees health & welfare	-		-	To offset revenue for Cobra Premiums	No
16	AB	Employees health & welfare	-		-	To record added depreciation.	No
17	AB	Employees health & welfare	7,590,112.59		7,590,112.59	To record Piedmont's portion of allowable central office expenses.	No
19	AB	Employees health & welfare	5,626.97		5,626.97	To record Piedmont's portion of accrued leave.	No
20	AB	Employees health & welfare	-	76,704.77	(76,704.77)	To record Piedmont's portion of accrued payroll.	No
21	AB	Employees health & welfare	-		-	To record accounts payable accruals.	No
31	AB	Employees health & welfare	357.74		357.74	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	9,050.23	(9,050.23)	To record Piedmont's portion of accrued fringes.	No
1	AA	Administrative & general	25,787.00		25,787.00	To record depreciation expense for capital-related costs - build.	No
2	AA	Administrative & general		415.96	(415.96)	To offset revenue for Cobra Premiums	No
8	AA	Administrative & general			-	To adjust expenses for commissions.	No
16	AA	Administrative & general			-	To record added depreciation.	No
17	AA	Administrative & general	554,182.27		554,182.27	To record Piedmont's portion of allowable central office expenses.	No
18	AA	Administrative & general			-	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administrative & general			-	To record accounts payable accruals.	No
31	AA	Administrative & general	153.99		153.99	To expense repairs & renovations.	No
43	AA	Administrative & general		648,947.00	(648,947.00)	To Record SCEIS Expenditure	No
57	AA	Administrative & general			-	UAP Training	No
70	AA	Administrative & general			-	To allocate costs for TBI Supported Employment	No
72	AA	Administrative & general			-	To allocate costs for Special Olympics grant	No
73	AA	Administrative & general			-	To allocate costs for Brain Injury grant	No
74	AA	Administrative & general			-	To allocate costs related to Family Connection grant	No
1	CL	Cottage Life	254,443.00		254,443.00	To record depreciation expense for capital-related costs - build.	No
02	CL	Cottage Life			-	To offset revenue for Cobra Premiums	No
5	CL	Cottage Life			-	To record sale of surplus material and equipment.	No
6	CL	Cottage Life			-	To record USDA revenues.	No
10	CL	Cottage Life		50,384.89	(50,384.89)	To record WAC's revenues.	No
16	CL	Cottage Life		188.39	(188.39)	To record added depreciation.	No
21	CL	Cottage Life			-	To record accounts payable accruals.	No
28	CL	Cottage Life			-	To record day program costs for contracts with outside providers.	No
31	CL	Cottage Life	306,179.59		306,179.59	To expense repairs & renovations.	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
51	CL	Cottage Life	-	7,885.44	(7,885.44)	To remove Federal Grants	No
61	CL	Cottage Life	42,444.40		42,444.40	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage Life	27,032.56		27,032.56	To allocate costs related to Dr. Johnson's services.	No
71	CL	Cottage Life			-	Depreciation of SC Autism Society Grant	No
1	CP	Physical therapy	3,412.00		3,412.00	To record depreciation expense for capital-related costs - build.	No
16	CP	Physical therapy			-	To record added depreciation.	No
21	CP	Physical therapy			-	To record accounts payable accruals.	No
31	CP	Physical therapy	270.41		270.41	To expense repairs & renovations.	No
1	ED	Education	3,366.00		3,366.00	To record depreciation expense for capital-related costs - build.	No
16	ED	Education			-	To record added depreciation.	No
31	ED	Education	183.82		183.82	To expense repairs & renovations.	No
1	CS	Speech & hearing	8,975.00		8,975.00	To record depreciation expense for capital-related costs - build.	No
16	CS	Speech & hearing			-	To record added depreciation.	No
31	CS	Speech & hearing	13.63		13.63	To expense repairs & renovations.	No
5	02A	Capital related costs - equip		45.88	(45.88)	To record sale of surplus material and equipment.	No
14	02A	Capital-related costs - equip	118,051.83		118,051.83	To record depreciation for equipment.	No
015	02A	Capital-related costs - equip			-	To record unaptured depreciation caused by deletions.	No
017	02A	Capital-related costs - equip	12,934.83		12,934.83	To record Piedmont's portion of allowable central office expenses.	No
4	TL	Central Square	206,883.00		206,883.00	To record depreciation expense for capital-related costs - build.	No
1	TL	Central Square			-	To Record Refund of Prior Year Expenditures	No
13	TL	Central Square			-	To record Emergency Costs	No
16	TL	Central Square		674.32	(674.32)	To record added depreciation.	No
18	TL	Central Square	55,221.98		55,221.98	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
31	TL	Central Square	2,881.61		2,881.61	To expense repairs & renovations.	No
35	TL	Central Square	486,273.49		486,273.49	To record central office costs.	No
41	TL	Central Square			-	To record hospice days	Yes
43	TL	Central Square	329,827.62		329,827.62	To Record SCEIS Expenditure	No
44	TL	Central Square	407,822.47		407,822.47	To record central office genetics services costs.	No
62	XA	Autism	581,520.66		581,520.66	To allocate Autism to Regions	No
69	XA	Autism		26,891.55	(26,891.55)	To allocate room & board costs	No
77	XA	Autism	48,681.54		48,681.54	To allocate salaries to regions	No
1	XC	Service coordination	661.00		661.00	To record depreciation expense for capital-related costs - build.	No
22	XC	Service coordination	53,578.75		53,578.75	To record central office Service Coordination costs.	No
24	XC	Service coordination	4,825,991.00		4,825,991.00	To record Service Coordination direct costs.	Yes
30	XC	Service coordination	194,389.53		194,389.53	To record costs for Third Party SC	Yes
31	XC	Service coordination		35.68	35.68	To expense repairs & renovations.	No
32	XC	Service coordination			-	To record Data Management/Biostatistics Grant	No
39	XC	Service coordination	475,000.00		475,000.00	To record central office genetics services costs.	No
47	XC	Service coordination			-	Allocation of Central Office Overhead	No
48	AA	Service coordination	50,513.00		50,513.00	To record Central Office Costs	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
63	AA	Service coordination	1,776.87	-	1,776.87	To allocate Statewide Spinal Cord Injury Grant	No
65	XC	Service coordination	-	-	-	To allocate William S. Hall grant to Waiver	No
66	AA	Service coordination	19,847.50	-	19,847.50	To allocate District Expenditures	No
71	XC	Service coordination	2,216.99	-	2,216.99	Depreciation of SC Autism Society Grant	No
77	XC	Service coordination	55,192.69	-	55,192.69	To allocate salaries to regions	No
5	XI	Early intervention	2,924,433.00	-	2,924,433.00	To record sale of surplus material and equipment.	No
27	XI	Early intervention	3,153,128.69	-	3,153,128.69	To record Early Intervention Third Party direct costs.	Yes
2	XI	Early intervention	-	-	-	To offset revenue for Cobra Premiums	No
48	AA	Early intervention	30,606.50	-	30,606.50	To record Central Office Costs	No
63	AA	Early intervention	-	-	-	To allocate Statewide Spinal Cord Injury Grant	No
64	XI	Early intervention	-	-	-	To allocate Spartanburg DSN Early Intervention	No
66	AA	Early intervention	12,016.26	-	12,016.26	To allocate District Expenditures	No
77	XI	Early intervention	34,930.53	-	34,930.53	To allocate salaries to regions	No
4	AW	PDD Waiver	-	-	-	To Record Refund of Prior Year Expenditures	No
35	AW	PDD Waiver	-	-	-	To record central office costs.	No
1	XMA	Home and community based	34.00	-	34.00	To record depreciation expense for capital-related costs - build.	No
26	XM	Home and community based	1,965,118.49	-	1,965,118.49	To allocate QPL costs to Waiver	Yes
31	XMA	Home and community based	1.46	-	1.46	To expense repairs & renovations.	No
32	XMA	Home and community based	4,437.80	-	4,437.80	To record Data Management/Biostatistics Grant	No
33	XM	Home and community based	53,864,337.46	-	53,864,337.46	To record Waiver direct costs.	Yes
36	XM	Home and community based	21,577.08	-	21,577.08	To record central office Waiver costs.	Yes
37	XM	Home and community based	-	-	-	To record central office Autism costs.	No
40	XM	Home and community based	74,231.60	-	74,231.60	To Record Training Costs	No
45	AA	Home and community based	14,593.00	-	14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	563,711.10	-	563,711.10	To record Central Office Costs	No
49	XM	Home and community based	2,082,200.24	-	2,082,200.24	To Record All Placement Costs	No
50	XM	Home and community based	24,287.00	-	24,287.00	Startup Amortization of CTHI	No
66	AA	Home and community based	221,495.72	-	221,495.72	To allocate District Expenditures	No
77	XM	Home and community based	185,226.61	-	185,226.61	To allocate salaries to regions	No
80	XM	Home and community based	33,636.93	-	33,636.93	To allocate Fire Marshall Expenditure	No
81	XM	Home and community based	93,210.27	-	93,210.27	To allocate DHEC Expenditure	No
82	XM	Home and community based	38,126.92	-	38,126.92	To allocate UAP Attendant Care	No
83	XMA	Home and community based	1,426.22	-	1,426.22	To allocate UAP Attendant Care - Admin	No
84	XM	Home and community based	255,616.00	-	255,616.00	To record costs for Special Grants	No
86	XM	Home and community based	865.26	-	865.26	To allocate USC Attendant Care Training	No
1	FN	Other non-covered costs	384.00	-	384.00	To record depreciation expense for capital-related costs - build.	No
3	FN	Other non-covered costs	-	-	-	To remove dual employment.	No
16	FN	Other non-covered costs	-	-	-	To record added depreciation.	No
11	FN	Other non-covered costs	-	-	-	To record insurance claims.	No
31	FN	Other non-covered costs	-	-	-	To expense repairs & renovations.	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

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REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
01	XG	General Community Operations	24,134.00		24,134.00	To record depreciation expense for capital-related costs - build.	No
16	XG	General Community Operations	-		-	To record added depreciation.	No
31	XG	General Community Operations	3.80		3.80	To expense repairs & renovations.	No
45	AA	General Community Operations				To Allocate Autism Costs	No
55	XG	General Community Operations				To record Emerald center computer service division	No
57	XG	General Community Operations	47,039.45		47,039.45	UAP Training	No
58	XG	General Community Operations				UAP Training	No
59	XG	General Community Operations				UAP Training	No
62	XG	General Community Operations				To allocate Autism to Regions	No
70	XG	General Community Operations	35,659.00		35,659.00	To allocate costs for TBI Supported Employment	No
72	XG	General Community Operations	77,479.79		77,479.79	To allocate costs for Special Olympics grant	No
73	XG	General Community Operations	17,348.96		17,348.96	To allocate costs for Brain Injury grant	No
74	XG	General Community Operations	20,447.54		20,447.54	To allocate costs related to Family Connection grant	No
77	XG	General Community Operations				To allocate salaries to regions	No
78	XG	General Community Operations	2,097.09		2,097.09	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations				To allocate UAP Attendant Care - Admin	No
81	XHA	Head and spinal cord waiver	255.00		255.00	To record depreciation expense for capital-related costs - build.	No
26	XH	Head and spinal cord waiver	181,730.33		181,730.33	To allocate QPL costs to Waiver	Yes
31	XHA	Head and spinal cord waiver	13.57		13.57	To expense repairs & renovations.	No
33	XH	Head and spinal cord waiver	906,052.00		906,052.00	To record Waiver direct costs.	Yes
36	XH	Head and spinal cord waiver				To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	9,477.04		9,477.04	To record Central Office Costs	No
50	XH	Head and spinal cord waiver	2,873.00		2,873.00	Startup Amortization of CTHill	No
63	AA	Head and spinal cord waiver	12,769.82		12,769.82	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Head and spinal cord waiver	3,718.90		3,718.90	To allocate District Expenditures	No
77	XH	Head and spinal cord waiver	35,099.42		35,099.42	To allocate salaries to regions	No
80	XH	Head and spinal cord waiver	365.25		365.25	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	1,012.12		1,012.12	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	1,215,440.52		1,215,440.52	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	45,463.11		45,463.11	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	27,561.77		27,561.77	To allocate USC Attendant Care Training	No
46	XR	Community Residential				To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	20,426.51		20,426.51	To allocate cost to regions	No
1	TR	Suber	11,744.00		11,744.00	To record depreciation expense for capital-related costs - build.	No
13	TR	Suber				To record Emergency Costs	No
16	TR	Suber				To record added depreciation.	No
18	TR	Suber	444.02		(444.02)	To record depreciation.	No
31	TR	Suber	4,088.00		4,088.00	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
35	TR	Suber				To expense repairs & renovations.	No
41	TR	Suber	58,419.27		58,419.27	To record central office costs.	No
						To record hospice days	Yes

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
43	TR	Suber	24,416.65	-	24,416.65	To Record SCEIS Expenditure	No
44	TR	Suber	112,052.49	-	112,052.49	To record central office genetics services costs.	No
1	TA	Campus	124,962.00	-	124,962.00	To record depreciation expense for capital-related costs - build.	No
13	TA	Campus	-	-	-	To record Emergency Costs	No
16	TA	Campus	-	3,090.29	(3,090.29)	To record added depreciation.	No
18	TA	Campus	76,504.04	-	76,504.04	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
31	TA	Campus	92,229.92	-	92,229.92	To expense repairs & renovations.	No
35	TA	Campus	715,458.86	-	715,458.86	To record central office costs.	No
41	TA	Campus	-	-	-	To record hospice days	Yes
43	TA	Campus	456,940.23	-	456,940.23	To Record SCEIS Expenditure	No
44	TA	Campus	427,560.71	-	427,560.71	To record central office genetics services costs.	No
1	UA	Webb	-	-	-	To record depreciation expense for capital-related costs - build.	No
13	UA	Webb	-	-	-	To record Emergency Costs	No
16	UA	Webb	-	-	-	To record added depreciation.	No
31	UA	Webb	-	-	-	To expense repairs & renovations.	No
43	UA	Webb	-	-	-	To Record SCEIS Expenditure	No
044	UA	Webb	-	-	-	To record central office genetics services costs.	No
16	VA	Anderson	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VA	Anderson	-	-	-	To record added depreciation.	No
23	VA	Anderson	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	VA	Anderson	-	-	-	To expense repairs & renovations.	No
43	VA	Anderson	-	-	-	To Record SCEIS Expenditure	No
1	VB	Belton	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VB	Belton	-	-	-	To record added depreciation.	No
23	VB	Belton	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	VB	Belton	-	-	-	To expense repairs & renovations.	No
43	VB	Belton	-	-	-	To Record SCEIS Expenditure	No
1	VC	Burton	3,327.00	-	3,327.00	To record depreciation expense for capital-related costs - build.	No
16	VC	Burton	-	-	-	To record added depreciation.	No
23	VC	Burton	476,073.00	-	476,073.00	To record management providers direct costs per individual cost reports.	Yes
31	VC	Burton	-	-	-	To expense repairs & renovations.	No
43	VC	Burton	-	-	-	To Record SCEIS Expenditure	No
23	VF	Charles Lea I	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VF	Charles Lea I	-	-	-	To Record SCEIS Expenditure	No
68	VF	Charles Lea I	-	-	-	To allocate direct costs	Yes
1	VH	Civitan	5,487.00	-	5,487.00	To record depreciation expense for capital-related costs - build.	No
16	VH	Civitan	-	-	-	To record added depreciation.	No
23	VH	Civitan	582,821.00	-	582,821.00	To record management providers direct costs per individual cost reports.	Yes
31	VH	Civitan	-	-	-	To expense repairs & renovations.	No
43	VH	Civitan	-	-	-	To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
1	VI	Easley I	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VI	Easley I	-	-	-	To record added depreciation.	No
23	VI	Easley I	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	VI	Easley I	-	-	-	To expense repairs & renovations.	No
43	VI	Easley I	-	-	-	To Record SCEIS Expenditure	No
1	VJ	Easley II	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VJ	Easley II	-	-	-	To record added depreciation.	No
23	VJ	Easley II	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VJ	Easley II	-	-	-	To Record SCEIS Expenditure	No
68	VL	Ferguson I	-	-	-	To allocate direct costs	Yes
68	VM	Ferguson II	-	-	-	To allocate direct costs	Yes
1	VN	Honea Path	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VN	Honea Path	-	-	-	To record added depreciation.	No
23	VN	Honea Path	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VN	Honea Path	-	-	-	To Record SCEIS Expenditure	No
1	VP	J. Claude Fort I	2,878.00	-	2,878.00	To record depreciation expense for capital-related costs - build.	No
16	VP	J. Claude Fort I	-	-	-	To record added depreciation.	No
23	VP	J. Claude Fort I	570,502.50	-	570,502.50	To record management providers direct costs per individual cost reports.	Yes
31	VP	J. Claude Fort I	-	-	-	To expense repairs & renovations.	No
43	VP	J. Claude Fort I	-	-	-	To Record SCEIS Expenditure	No
1	VQ	J. Claude Fort II	2,878.00	-	2,878.00	To record depreciation expense for capital-related costs - build.	No
16	VQ	J. Claude Fort II	-	-	-	To record added depreciation.	No
23	VQ	J. Claude Fort II	570,502.50	-	570,502.50	To record management providers direct costs per individual cost reports.	Yes
31	VQ	J. Claude Fort II	-	-	-	To expense repairs & renovations.	No
43	VQ	J. Claude Fort II	-	-	-	To Record SCEIS Expenditure	No
1	VU	Oak Grove	2,642.00	-	2,642.00	To record depreciation expense for capital-related costs - build.	No
16	VU	Oak Grove	-	-	-	To record added depreciation.	No
23	VU	Oak Grove	546,989.00	-	546,989.00	To record management providers direct costs per individual cost reports.	Yes
31	VU	Oak Grove	-	-	-	To expense repairs & renovations.	No
43	VU	Oak Grove	-	-	-	To Record SCEIS Expenditure	No
1	VV	Oconee I	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VV	Oconee I	-	-	-	To record added depreciation.	No
23	VV	Oconee I	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VV	Oconee I	-	-	-	To Record SCEIS Expenditure	No
68	VZ	Pritchard	-	-	-	To allocate direct costs	Yes
1	WA	Ridge Road	4,144.00	-	4,144.00	To record depreciation expense for capital-related costs - build.	No
16	WA	Ridge Road	-	-	-	To record added depreciation.	No
23	WA	Ridge Road	738,128.00	-	738,128.00	To record management providers direct costs per individual cost reports.	Yes
31	WA	Ridge Road	16,131.50	-	16,131.50	To expense repairs & renovations.	No
43	WA	Ridge Road	-	-	-	To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
1	WB	South Harper	6,980.00		6,980.00	To record depreciation expense for capital-related costs - build.	No
16	WB	South Harper				To record added depreciation.	No
23	WB	South Harper	603,955.00		603,955.00	To record management providers direct costs per individual cost reports.	Yes
43	WB	South Harper				To Record SCEIS Expenditure	No
1	VK	Edgefield	8,124.00		8,124.00	To record depreciation expense for capital-related costs - build.	No
16	VK	Edgefield				To record added depreciation.	No
23	VK	Edgefield	521,954.00		521,954.00	To record management providers direct costs per individual cost reports.	Yes
31	VK	Edgefield				To expense repairs & renovations.	No
43	VK	Edgefield				To Record SCEIS Expenditure	No
1	VR	Jenning McAbee	11,406.00		11,406.00	To record depreciation expense for capital-related costs - build.	No
16	VR	Jenning McAbee				To record added depreciation.	No
23	VR	Jenning McAbee	493,912.00		493,912.00	To record management providers direct costs per individual cost reports.	Yes
31	VR	Jenning McAbee	11,388.00		11,388.00	To expense repairs & renovations.	No
43	VR	Jenning McAbee				To Record SCEIS Expenditure	No
1	VS	Landrum I	10,360.00		10,360.00	To record depreciation expense for capital-related costs - build.	No
16	VS	Landrum I				To record added depreciation.	No
23	VS	Landrum I	604,337.50		604,337.50	To record management providers direct costs per individual cost reports.	Yes
31	VS	Landrum I	632.87		632.87	To expense repairs & renovations.	No
43	VS	Landrum I				To Record SCEIS Expenditure	No
1	VT	Landrum II	10,360.00		10,360.00	To record depreciation expense for capital-related costs - build.	No
16	VT	Landrum II				To record added depreciation.	No
23	VT	Landrum II	604,337.50		604,337.50	To record management providers direct costs per individual cost reports.	Yes
31	VT	Landrum II	632.87		632.87	To expense repairs & renovations.	No
43	VT	Landrum II				To Record SCEIS Expenditure	No
1	VX	Parkins I	9,362.00		9,362.00	To record depreciation expense for capital-related costs - build.	No
16	VX	Parkins I				To record added depreciation.	No
23	VX	Parkins I	614,183.00		614,183.00	To record management providers direct costs per individual cost reports.	Yes
31	VX	Parkins I	9,738.40		9,738.40	To expense repairs & renovations.	No
43	VX	Parkins I				To Record SCEIS Expenditure	No
1	VY	Parkins II	9,307.00		9,307.00	To record depreciation expense for capital-related costs - build.	No
16	VY	Parkins II				To record added depreciation.	No
23	VY	Parkins II	546,936.00		546,936.00	To record management providers direct costs per individual cost reports.	Yes
31	VY	Parkins II	14,413.39		14,413.39	To expense repairs & renovations.	No
43	VY	Parkins II				To Record SCEIS Expenditure	No
1	WC	Ware Shoals I	8,101.00		8,101.00	To record depreciation expense for capital-related costs - build.	No
16	WC	Ware Shoals I				To record added depreciation.	No
23	WC	Ware Shoals I	524,423.00		524,423.00	To record management providers direct costs per individual cost reports.	Yes
31	WC	Ware Shoals I				To expense repairs & renovations.	No
41	WC	Ware Shoals I				To record hospice days.	Yes
43	WC	Ware Shoals I				To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
1	WD	Ware Shoals II	8,101.00		8,101.00	To record depreciation expense for capital-related costs - build.	No
16	WD	Ware Shoals II	-		-	To record added depreciation.	No
23	WD	Ware Shoals II	489,302.00		489,302.00	To record management providers direct costs per individual cost reports.	Yes
31	WD	Ware Shoals II	-		-	To expense repairs & renovations.	No
43	WD	Ware Shoals II	-		-	To Record SCEIS Expenditure	No
1	WE	West Main Street	11,634.00		11,634.00	To record depreciation expense for capital-related costs - build.	No
16	WE	West Main Street	-		-	To record added depreciation.	No
23	WE	West Main Street	560,560.00		560,560.00	To record management providers direct costs per individual cost reports.	Yes
31	WE	West Main Street	-		-	To expense repairs & renovations.	No
43	WE	West Main Street	-		-	To Record SCEIS Expenditure	No
23	VW	Oconee II	-		-	To record management providers direct costs per individual cost reports.	Yes
29	VW	Oconee II	-		-	To record rental agreement	No
43	VW	Oconee II	-		-	To Record SCEIS Expenditure	No
23	VE	Carnell	-		-	To record management providers direct costs per individual cost reports.	Yes
29	VE	Carnell	-		-	To record rental agreement	No
43	VE	Carnell	-		-	To Record SCEIS Expenditure	No
23	VD	Bonds	729,159.00		729,159.00	To record management providers direct costs per individual cost reports.	Yes
29	VD	Bonds	14,904.00		14,904.00	To record rental agreement	No
43	VD	Bonds	-		-	To Record SCEIS Expenditure	No
23	WL	Sullivan Street	593,146.00		593,146.00	To record management providers direct costs per individual cost reports.	Yes
29	WL	Sullivan Street	-		-	To record rental agreement	No
23	WM	Clinton Manor	552,198.00		552,198.00	To record management providers direct costs per individual cost reports.	Yes
29	WM	Clinton Manor	-		-	To record rental agreement	No
23	WN	Hughes Street	543,260.00		543,260.00	To record management providers direct costs per individual cost reports.	Yes
29	WN	Hughes Street	1.00		1.00	To record rental agreement	No
23	WP	Traveler's Rest	552,272.00		552,272.00	To record management providers direct costs per individual cost reports.	Yes
29	WP	Traveler's Rest	1.00		1.00	To record rental agreement	No
23	WQ	Davidson Street	-		-	To record management providers direct costs per individual cost reports.	Yes
29	WQ	Davidson Street	-		-	To record rental agreement	No
23	WR	Mill Street	-		-	To record management providers direct costs per individual cost reports.	Yes
29	WR	Mill Street	-		-	To record rental agreement	No
23	WS	Nazareth	641,847.00		641,847.00	To record management providers direct costs per individual cost reports.	Yes
29	WS	Nazareth	1.00		1.00	To record rental agreement	No
23	WT	Wire Road II	605,370.00		605,370.00	To record management providers direct costs per individual cost reports.	Yes
29	WT	Wire Road II	1.00		1.00	To record rental agreement	No
32	WT	Wire Road II	-		-	To record Data Management/Biostatistics Grant	No
23	WU	Wire Road I	554,773.00		554,773.00	To record management providers direct costs per individual cost reports.	Yes
29	WU	Wire Road I	1.00		1.00	To record rental agreement	No
32	WU	Wire Road I	-		-	To record Data Management/Biostatistics Grant	No
23	WV	Fountain Inn	693,861.00		693,861.00	To record management providers direct costs per individual cost reports.	Yes

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
29	WV	Fountain Inn	1.00		1.00	To record rental agreement	No
23	WW	Benchmark-Spartanburg	827,854.00		827,854.00	To record management providers direct costs per individual cost reports.	Yes
29	WW	Benchmark-Spartanburg	1.00		1.00	To record rental agreement	No
23	WX	Bruton Smith	514,606.00		514,606.00	To record management providers direct costs per individual cost reports.	Yes
23	WY	Hendrix	533,019.00		533,019.00	To record management providers direct costs per individual cost reports.	Yes
23	WZ	Benchmark-Cowpens	913,289.00		913,289.00	To record management providers direct costs per individual cost reports.	Yes
29	WZ	Benchmark-Cowpens	1.00		1.00	To record rental agreement	No
1	CN	Occupational Therapy	900.00		900.00	To record depreciation expense for capital-related costs - build.	No
31	CN	Occupational Therapy	218.44		218.44	To expense repairs & renovations.	No
16	CN	Occupational Therapy	-		-	To record added depreciation.	No
01	BP	Pharmacy	-		-	To record depreciation expense for capital-related costs - build.	No
56	BP	Pharmacy	-		-	To record revenue of drugs charged to patients	No
01	BI	Infirmiry	-		-	To record depreciation expense for capital-related costs - build.	No
21	BI	Infirmiry	-		-	To record depreciation expense for capital-related costs - build.	No
01	BK	Outpatient Clinic	-	0.00	-	To record accounts payable accruals.	No
16	BK	Outpatient Clinic	-		-	To record depreciation expense for capital-related costs - build.	No
021	BK	Outpatient Clinic	-		-	To record added depreciation.	No
051	YF	Federal Projects	-	16,167.63	(16,167.63)	To record accounts payable accruals.	No
51	EQ	Equipment	-		-	To remove Federal Grants	No
52	AY	Rehab support phase I	1,657,246.66		1,657,246.66	To remove Federal Grants	No
53	AZ	Rehab support phase II	743,670.00		743,670.00	To Record Rehab Support Costs	Yes
48	AA	Rehab support phase II	7,753.51		7,753.51	To Record Rehab Support Costs	Yes
60	AZ	Rehab support phase II	-		-	To Record Central Office Costs	No
63	AA	Rehab support phase II	2,316.01		2,316.01	To record central office Rehab Phase II costs.	No
66	AA	Rehab support phase II	3,047.22		3,047.22	To allocate Statewide Spinal Cord Injury Grant	No
77	AZ	Rehab support phase II	6,365.82		6,365.82	To allocate District Expenditures	No
48	AA	Community Supports Waiver	30,123.85		30,123.85	To allocate salaries to regions	No
66	AA	Community Supports Waiver	11,830.72		11,830.72	To record Central Office Costs	No
68	CW	Community Supports Waiver	2,875,186.63		2,875,186.63	To allocate District Expenditures	No
82	CW	Community Supports Waiver	3,210.90		3,210.90	To allocate direct costs	Yes
83	CWA	Community Supports Waiver	118.22		118.22	To allocate UAP Attendant Care	No
86	CW	Community Supports Waiver	-		-	To allocate UAP Attendant Care - Admin	No
01	CT	Other Assistive Technology	-		-	To allocate USC Attendant Care Training	No
16	CT	Other Assistive Technology	-		-	To record depreciation expense for capital-related costs - build.	No
21	CT	Other Assistive Technology	-		-	To record added depreciation.	No
		Piedmont Region Net Adjustments	110,081,296.78	840,890.37	109,240,406.41	To record accounts payable accruals.	No

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	93,289.00	93,289.00	-	-	-	-
02A	New capital-related costs - equip	130,941.00	-	130,941.00	-	-	-
AB	Employee health & welfare	7,783,520.00	1,248.00	1,954.00	7,786,722.00	-	-
AA	Administrative & general	1,549,517.00	-	-	1,549,517.00	1,549,517.00	-
CP	Physical therapy	178,018.00	1,856.00	2,904.00	32,420.00	215,198.00	223,057.00
CN	Occupational therapy	156,819.00	742.00	1,161.00	62,054.00	220,776.00	-
ED	Education	264,006.00	572.00	895.00	81,343.00	346,816.00	-
CS	Speech & hearing	179,545.00	498.00	779.00	57,479.00	238,301.00	-
CL	Cottage life allocable	6,675,182.00	53,003.00	68,189.00	1,333,658.00	8,130,032.00	-
CT	Other Assistive Technology	199,388.00	-	-	63,852.00	263,240.00	-
XG	General Community Operations	224,789.00	882.00	29.00	-	225,700.00	-
XR	Community Residential	89,081.00	-	-	8,728.00	97,809.00	-
INPATIENT ROUTINE SERVICE COST CENTERS							
TL	C. S. Units 201-204	6,852,282.00	13,123.00	19,954.00	2,223,745.00	9,109,104.00	140,568.00
UF	Circle II Units 501-504	-	-	-	-	-	-
TR	Suber Units 301-304	646,191.00	8,242.00	12,737.00	151,243.00	818,413.00	12,907.00
UA	Webb Units 401-404	-	-	-	-	-	-
TA	Campus Units 101-112	9,378,262.00	9,738.00	14,629.00	3,104,792.00	12,507,421.00	69,582.00
VA	Anderson	-	-	-	-	-	-
VB	Belton	-	-	-	-	-	-
VD	Bonds	769,260.00	-	-	161.00	769,421.00	1,470.00
VC	Burton	503,628.00	-	-	154.00	503,782.00	1,012.00
VE	Carnell	-	-	-	-	-	-
VF	Charles Lea I	-	-	-	-	-	-
VG	Charles Lea II	-	-	-	-	-	-
VH	Civitan	592,304.00	-	-	161.00	592,465.00	352.00
VI	Easley I	-	-	-	-	-	-
VJ	Easley II	-	-	-	-	-	-
VK	Edgefield	555,917.00	-	-	159.00	556,076.00	1,246.00
VL	Ferguson I	-	-	-	-	-	-
VM	Ferguson II	-	-	-	-	-	-
VN	Honea Path	-	-	-	-	-	-
VP	JC Fort I	598,641.00	-	-	161.00	598,802.00	1,034.00
VQ	JC Fort II	599,363.00	-	-	161.00	599,524.00	1,060.00
VR	J. McAbee	541,509.00	-	-	156.00	541,665.00	1,744.00
VS	Landrum I	640,278.00	-	-	160.00	640,438.00	1,318.00
VT	Landrum II	640,527.00	-	-	161.00	640,688.00	1,328.00
VU	Oak Grove	574,716.00	-	-	160.00	574,876.00	1,018.00
VV	Oconee I	-	-	-	-	-	-
VW	Oconee II	-	-	-	-	-	-
VX	Parkins I	658,480.00	-	1,207.00	161.00	659,848.00	1,668.00
VY	Parkins II	574,938.00	-	1,207.00	161.00	576,306.00	1,073.00
VZ	Pritchard	-	-	-	-	-	-
WA	Ridge Road	786,761.00	-	-	241.00	787,002.00	1,785.00
WB	South Harper	648,793.00	-	-	160.00	648,953.00	1,643.00
WC	Ware Shoals I	542,807.00	-	-	155.00	542,962.00	677.00
WD	Ware Shoals II	522,731.00	-	-	161.00	522,892.00	1,227.00
WE	West Main	597,391.00	-	-	161.00	597,552.00	1,351.00
WL	Sullivan Street	618,196.00	-	-	156.00	618,352.00	921.00
WM	Clinton Manor	577,188.00	-	-	160.00	577,348.00	919.00
WN	Hughes Street	566,396.00	-	-	148.00	566,544.00	850.00
WP	Travelers Rest	576,697.00	-	-	161.00	576,858.00	898.00
WQ	Davidson	-	-	-	-	-	-
WR	Mill Street	-	-	-	-	-	-
WS	Nazareth Road	667,028.00	-	-	161.00	667,189.00	926.00
WT	Wire Road II	629,690.00	-	-	160.00	629,850.00	894.00
WU	Wire Road I	579,754.00	-	-	156.00	579,910.00	918.00
WV	Fountain Inn	731,098.00	-	-	238.00	731,336.00	1,369.00
WW	Benchmark - Spartanburg	865,651.00	-	-	242.00	865,893.00	1,389.00
WX	Bruton Smith	539,554.00	-	-	160.00	539,714.00	917.00
WY	Hendrix Street	558,182.00	-	-	161.00	558,343.00	925.00
WZ	Benchmark - Cowpens	937,023.00	-	-	228.00	937,251.00	875.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmary	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	5,607,066.00	113.00	176.00	43,915.00	5,651,270.00	23,041.00
AY	Rehab support phase I	1,657,247.00	-	-	-	1,657,247.00	-

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY	
	0	2	2A	AB	4a	AA	CP	
AZ	Rehab support phase II	750,036.00	-	-	5,803.00	755,839.00	444.00	-
XE	Evaluation & planning	-	-	-	-	-	-	-
XI	Early intervention	6,112,492.00	-	-	27,299.00	6,139,791.00	109,077.00	-
CW	Community Supports Waiver	2,883,258.00	-	-	12,180.00	2,895,438.00	-	-
CWA	Community Supports Waiver - Waiver	118.00	-	-	-	118.00	744.00	-
XM	Home & community based	59,570,692.00	-	-	457,128.00	60,027,820.00	-	-
XMA	Home & community based - Admin	5,899.00	6.00	10.00	-	5,915.00	153,546.00	-
AW	PDD Waiver	-	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-	-
XA	Autism	49,168.00	-	-	97,620.00	146,788.00	5,361.00	-
XS	Head & spinal cord	-	-	-	-	-	-	-
XH	Head & spinal cord waiver	2,370,134.00	-	-	18,538.00	2,388,672.00	-	-
XHA	Head & spinal cord waiver - Waiver	45,732.00	23.00	36.00	-	45,791.00	49,183.00	-
NONREIMBURSEABLE COST CENTERS								
FC	Non-certified units	-	-	-	-	-	-	-
FN	Other non-covered costs	384.00	3,243.00	5,075.00	-	8,702.00	318.00	-
YF	Federal projects	-	-	-	-	-	-	-
90	SUBTOTAL	131,647,557.00	93,289.00	130,942.00	7,786,722.00	131,647,558.00	1,549,517.00	223,057.00
100	TOTAL EXPENSES	131,647,557.00 131,647,557	93,289.00	130,942.00	7,786,722.00	131,647,558.00	1,549,517.00	223,057.00

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER		(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUMULATED COSTS)	(OCCASIONS OF SERVICE)
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	473,254	-	-	-	-
2A	New capital-related costs - equip	-	0	424,494	-	-	-
AB	Employee health & welfare	-	6,333	6,333	18,224,723.00	-	-
AA	Administrative & general	-	0	0	-	42,427,620.21	-
CP	Physical therapy	-	9,414	9,414	75,879.00	215,198.00	5,876.00
CN	Occupational therapy	-	3,764	3,764	145,236.00	220,776.00	0
ED	Education	-	2,900	2,900	190,383.00	346,816.00	0
CS	Speech & hearing	-	2,524	2,524	134,530.00	238,301.00	0
CL	Cottage life allocable	-	268,884	221,059	3,121,410.00	8,130,032.00	0
CT	Other Assistive Technology	-	0	0	149,444.00	263,240.00	0
XG	General Community Operations	-	4,474	94	-	225,700.00	0
XR	Community Residential	-	0	0	20,427.00	97,809.00	0
INPATIENT ROUTINE SERVICE COST CENTERS							
TL	C. S. Units 201-204	-	66,574	64,689	5,204,647.00	9,109,104.00	3,703
UF	Circle II Units 501-504	-	0	0	-	-	0
TR	Suber Units 301-304	-	41,810	41,291	353,982.00	818,413.00	340
UA	Webb Units 401-404	-	0	0	-	-	0
TA	Campus Units 101-112	-	49,403	47,426	7,266,725.00	12,507,421.00	1,833
VA	Anderson	-	0	0	-	-	0
VB	Belton	-	0	0	-	-	0
VD	Bonds	-	0	0	377.00	40,262.00	0
VC	Burton	-	0	0	361.00	27,709.00	0
VE	Carnell	-	0	0	-	-	0
VF	Charles Lea I	-	0	0	-	-	0
VG	Charles Lea II	-	0	0	-	-	0
VH	Civitan	-	0	0	376.00	9,644.00	0
VI	Easley I	-	0	0	-	-	0
VJ	Easley II	-	0	0	-	-	0
VK	Edgefield	-	0	0	372.00	34,122.00	0
VL	Ferguson I	-	0	0	-	-	0
VM	Ferguson II	-	0	0	-	-	0
VN	Honea Path	-	0	0	-	-	0
VP	JC Fort I	-	0	0	377.00	28,299.50	0
VQ	JC Fort II	-	0	0	377.00	29,021.50	0
VR	J. McAbee	-	0	0	365.00	47,753.00	0
VS	Landrum I	-	0	0	374.00	36,100.50	0
VT	Landrum II	-	0	0	377.00	36,350.50	0
VU	Oak Grove	-	0	0	374.00	27,887.00	0
VV	Oconee I	-	0	0	-	-	0
VW	Oconee II	-	0	0	-	-	0
VX	Parkins I	-	0	3,913	377.00	45,665.00	0
VY	Parkins II	-	0	3,913	377.00	29,370.00	0
VZ	Pritchard	-	0	0	-	-	0
WA	Ridge Road	-	0	0	563.00	48,874.00	0
WB	South Harper	-	0	0	375.00	44,998.00	0
WC	Ware Shoals I	-	0	0	362.00	18,539.00	0
WD	Ware Shoals II	-	0	0	377.00	33,590.00	0
WE	West Main	-	0	0	377.00	36,992.00	0
WL	Sullivan Street	-	0	0	366.00	25,206.00	0
WM	Clinton Manor	-	0	0	374.00	25,150.00	0
WN	Hughes Street	-	0	0	346.00	23,284.00	0
WP	Travelers Rest	-	0	0	377.00	24,586.00	0
WQ	Davidson	-	0	0	-	-	0
WR	Mill Street	-	0	0	-	-	0
WS	Nazareth Road	-	0	0	377.00	25,342.00	0
WT	Wire Road II	-	0	0	374.00	24,480.00	0
WU	Wire Road I	-	0	0	364.00	25,137.00	0
WV	Fountain Inn	-	0	0	558.00	37,475.00	0
WW	Benchmark - Spartanburg	-	0	0	566.00	38,039.00	0
WX	Bruton Smith	-	0	0	374.00	25,108.00	0
WY	Hendrix Street	-	0	0	377.00	25,324.00	0
WZ	Benchmark - Cowpens	-	0	0	533.00	23,962.00	0

OUTPATIENT SERVICE COST CENTERS

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS- BUILDINGS</u>	<u>CAPITAL RELATED COSTS- EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRA- TIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
		0	2	2A	AB	4a	AA	CP
BI	Infirmary	-	0	0	-	-	-	0
BK	Outpatient clinic	-	0	0	-	-	-	0
BP	Pharmacy	-	0	0	-	-	-	0
OTHER REIMBURSEABLE COST CENTERS								

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South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
XC Service coordination	-	572	572	102,783.00	-	630,889.47	0
AY Rehab support phase I	-	0	0	-	-	0.34	0
AZ Rehab support phase II	-	0	0	13,583.00	-	12,169.00	0
XE Evaluation & planning	-	0	0	-	-	-	0
XI Early intervention	-	0	0	63,892.00	-	2,986,662.31	0
CW Community Supports Waiver	-	0	0	28,508.00	-	-	0
CWA Community Supports Waiver - Waiver	-	0	0	-	-	20,369.37	0
XM Home & community based	-	0	0	1,069,902.00	-	-	0
XMA Home & community based - Admin	-	32	32	-	-	4,204,279.05	0
AW PDD Waiver	-	0	0	-	-	-	0
AWA PDD Waiver - Admin	-	0	0	-	-	-	0
XA Autism	-	0	0	228,479.00	-	146,788.00	0
XS Head & spinal cord	-	0	0	-	-	-	0
XH Head & spinal cord waiver	-	0	0	43,389.00	-	-	0
XHA Head & spinal cord waiver - Waiver	0	117	117	-	-	1,346,680.67	0
NONREIMBURSEABLE COST CENTERS	-	-	-	-	-	-	-
FC Non-certified units	-	0	0	-	-	-	0
FN Other non-covered costs	-	16,453	16,453	-	-	8,702.00	0
YF Federal projects	-	0	0	-	-	-	0
90 SUBTOTAL	-	473,254	424,494	18,224,723.00	-	42,427,620.21	5,876.00
Costs to be allocated (Worksheet B, Part I)	-	\$93,289	\$130,941	7,786,722.00	-	\$1,549,517	\$223,057
Unit cost multiplier	-	0.197122	0.308464	0.427261	0.000000	0.036521	37.960688

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
02 New capital-related costs - build	-	-	-	-	-	-	-
02A New capital-related costs - equip	-	-	-	-	-	-	-
AB Employee health & welfare	-	-	-	-	-	-	-
AA Administrative & general	-	-	-	-	-	-	-
CP Physical therapy	-	-	-	-	-	-	-
CN Occupational therapy	228,839.00	-	-	-	-	-	-
ED Education	-	359,482.00	-	-	-	-	-
CS Speech & hearing	-	-	247,004.00	-	-	-	-
CL Cottage life allocable	-	-	-	8,426,952.00	-	-	-
CT Other Assistive Technology	-	-	-	-	272,854.00	-	-
XG General Community Operations	-	-	-	-	-	233,943.00	-
XR Community Residential	-	-	-	-	-	253.92	101,634.92
INPATIENT ROUTINE SERVICE COST CENTERS							
TL C. S. Units 201-204	127,880.62	67,666.42	93,148.23	3,640,854.45	117,886.24	-	-
UF Circle II Units 501-504	-	-	-	-	-	-	-
TR Suber Units 301-304	19,013.83	-	16,913.26	995,160.65	32,222.04	-	-
UA Webb Units 401-404	-	-	-	-	-	-	-
TA Campus Units 101-112	81,944.55	291,815.58	136,944.51	3,790,936.90	122,745.72	-	-
VA Anderson	-	-	-	-	-	-	-
VB Belton	-	-	-	-	-	-	-
VD Bonds	-	-	-	-	-	1,997.48	1,111.09
VC Burton	-	-	-	-	-	1,307.86	727.49
VE Carnell	-	-	-	-	-	-	-
VF Charles Lea I	-	-	-	-	-	-	-
VG Charles Lea II	-	-	-	-	-	-	-
VH Civitan	-	-	-	-	-	1,538.09	855.56
VI Easley I	-	-	-	-	-	-	-
VJ Easley II	-	-	-	-	-	-	-
VK Edgefield	-	-	-	-	-	1,443.62	803.01
VL Ferguson I	-	-	-	-	-	-	-
VM Ferguson II	-	-	-	-	-	-	-
VN Honea Path	-	-	-	-	-	-	-
VP JC Fort I	-	-	-	-	-	1,554.54	864.71
VQ JC Fort II	-	-	-	-	-	1,556.41	865.75
VR J. McAbee	-	-	-	-	-	1,406.21	782.20
VS Landrum I	-	-	-	-	-	1,662.63	924.83
VT Landrum II	-	-	-	-	-	1,663.28	925.20
VU Oak Grove	-	-	-	-	-	1,492.42	830.16
VV Oconee I	-	-	-	-	-	-	-
VW Oconee II	-	-	-	-	-	-	-
VX Parkins I	-	-	-	-	-	1,713.02	952.86
VY Parkins II	-	-	-	-	-	1,496.14	832.22
VZ Pritchard	-	-	-	-	-	-	-
WA Ridge Road	-	-	-	-	-	2,043.12	1,136.48
WB South Harper	-	-	-	-	-	1,684.73	937.13
WC Ware Shoals I	-	-	-	-	-	1,409.57	784.07
WD Ware Shoals II	-	-	-	-	-	1,357.47	755.09
WE West Main	-	-	-	-	-	1,551.29	862.90
WL Sullivan Street	-	-	-	-	-	-	-
WM Clinton Manor	-	-	-	-	-	-	-
WN Hughes Street	-	-	-	-	-	-	-
WP Travelers Rest	-	-	-	-	-	-	-
WQ Davidson	-	-	-	-	-	-	-
WR Mill Street	-	-	-	-	-	-	-
WS Nazareth Road	-	-	-	-	-	-	-
WT Wire Road II	-	-	-	-	-	-	-
WU Wire Road I	-	-	-	-	-	-	-
WV Fountain Inn	-	-	-	-	-	-	-
WW Benchmark - Spartanburg	-	-	-	-	-	-	-
WX Bruton Smith	-	-	-	-	-	-	-
WY Hendrix Street	-	-	-	-	-	-	-
WZ Benchmark - Cowpens	-	-	-	-	-	-	-
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary	-	-	-	-	-	-	-
BK Outpatient clinic	-	-	-	-	-	-	-
BP Pharmacy	-	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination	-	-	-	-	-	14,671.15	-
AY Rehab support phase I	-	-	-	-	-	4,302.35	-

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL	EDUCATION	SPEECH &	COTTAGE	OTHER	GENERAL	COMMUNITY
	THERAPY		HEARING	LIFE	ASSISTIVE	COMMUNITY	RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
AZ Rehab support phase II	-	-	-	-	-	1,962.22	-
XE Evaluation & planning	-	-	-	-	-	-	-
XI Early intervention	-	-	-	-	-	15,939.39	-
CW Community Supports Waiver	-	-	-	-	-	7,516.79	-
CWA Community Supports Waiver - Waiver	-	-	-	-	-	-	-
XM Home & community based	-	-	-	-	-	155,837.05	86,684.14
XMA Home & community based - Admin	-	-	-	-	-	-	-
AW PDD Waiver	-	-	-	-	-	-	-
AWA PDD Waiver - Admin	-	-	-	-	-	-	-
XA Autism	-	-	-	-	-	381.07	-
XS Head & spinal cord	-	-	-	-	-	-	-
XH Head & spinal cord waiver	-	-	-	-	-	6,201.18	-
XHA Head & spinal cord waiver - Waiver	-	-	-	-	-	-	-
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units	-	-	-	-	-	-	-
FN Other non-covered costs	-	-	-	-	-	-	-
YF Federal projects	-	-	-	-	-	-	-
90 SUBTOTAL	228,839.00	359,482.00	247,004.00	8,426,952.00	272,854.00	233,943.00	101,634.92
100 TOTAL EXPENSES	228,839.00	359,482.00	247,004.00	8,426,952.00	272,854.00	233,943.00	101,634.92

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	-	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	-	-	-	-	-
2A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational therapy	4,080.00	-	-	-	-	-
ED	Education	0	12,954.15	-	-	-	-
CS	Speech & hearing	0	0	3,505.00	-	-	-
CL	Cottage life allocable	0	0	0	90,175.00	-	-
CT	Other Assistive Technology	0	0	0	0	90,175.00	-
XG	General Community Operations	0	0	0	0	0	90,113,926.00
XR	Community Residential	0	0	0	0	0	97,809
							70,381,072.00
INPATIENT ROUTINE SERVICE COST CENTERS							
TL	C. S. Units 201-204	2,280	2,438	1,322	38,960	38,960	0
UF	Circle II Units 501-504	0	0	0	0	0	0
TR	Suber Units 301-304	339	0	240	10,649	10,649	0
UA	Webb Units 401-404	0	0	0	0	0	0
TA	Campus Units 101-112	1,461	10,516	1,943	40,566	40,566	0
VA	Anderson	0	0	0	0	0	0
VB	Bellton	0	0	0	0	0	0
VD	Bonds	0	0	0	0	0	769,421
VC	Burton	0	0	0	0	0	503,782
VE	Carnell	0	0	0	0	0	0
VF	Charles Lea I	0	0	0	0	0	0
VG	Charles Lea II	0	0	0	0	0	0
VH	Civitan	0	0	0	0	0	592,465
VI	Easley I	0	0	0	0	0	0
VJ	Easley II	0	0	0	0	0	0
VK	Edgefield	0	0	0	0	0	556,076
VL	Ferguson I	0	0	0	0	0	0
VM	Ferguson II	0	0	0	0	0	0
VN	Honea Path	0	0	0	0	0	0
VP	JC Fort I	0	0	0	0	0	598,802
VQ	JC Fort II	0	0	0	0	0	599,524
VR	J. McAbee	0	0	0	0	0	541,665
VS	Landrum I	0	0	0	0	0	640,438
VT	Landrum II	0	0	0	0	0	640,688
VU	Oak Grove	0	0	0	0	0	574,876
VV	Oconee I	0	0	0	0	0	0
VW	Oconee II	0	0	0	0	0	0
VX	Parkins I	0	0	0	0	0	659,848
VY	Parkins II	0	0	0	0	0	576,306
VZ	Pritchard	0	0	0	0	0	0
WA	Ridge Road	0	0	0	0	0	787,002
WB	South Harper	0	0	0	0	0	648,953
WC	Ware Shoals I	0	0	0	0	0	542,962
WD	Ware Shoals II	0	0	0	0	0	522,892
WE	West Main	0	0	0	0	0	597,552
WL	Sullivan Street	0	0	0	0	0	0
WM	Clinton Manor	0	0	0	0	0	0
WN	Hughes Street	0	0	0	0	0	0
WP	Travelers Rest	0	0	0	0	0	0
WQ	Davidson	0	0	0	0	0	0
WR	Mill Street	0	0	0	0	0	0
WS	Nazareth Road	0	0	0	0	0	0
WT	Wire Road II	0	0	0	0	0	0
WU	Wire Road I	0	0	0	0	0	0
WV	Fountain Inn	0	0	0	0	0	0
WW	Benchmark - Spartanburg	0	0	0	0	0	0
WX	Bruton Smith	0	0	0	0	0	0
WY	Hendrix Street	0	0	0	0	0	0
WZ	Benchmark - Cowpens	0	0	0	0	0	0

OUTPATIENT SERVICE COST CENTERS

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>OCCUPATIONAL</u>	<u>EDUCATION</u>	<u>SPEECH &</u>	<u>COTTAGE</u>	<u>OTHER</u>	<u>GENERAL</u>	<u>COMMUNITY</u>
		<u>THERAPY</u>		<u>HEARING</u>	<u>LIFE</u>	<u>ASSISTIVE</u>	<u>COMMUNITY</u>	<u>RESIDENTIAL</u>
		CN	ED	CS	CL	GT	XG	XR
BI	Infirmery	0	0	0	0	0	0	0
BK	Outpatient clinic	0	0	0	0	0	0	0
BP	Pharmacy	0	0	0	0	0	0	0
OTHER REIMBURSEABLE COST CENTERS								

DRAFT

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
XC Service coordination	0	0	0	0	0	5,651,270	0
AY Rehab support phase I	0	0	0	0	0	1,657,247	0
AZ Rehab support phase II	0	0	0	0	0	755,839	0
XE Evaluation & planning	0	0	0	0	0	0	0
XI Early intervention	0	0	0	0	0	6,139,791	0
CW Community Supports Waiver	0	0	0	0	0	2,895,438	0
CWA Community Supports Waiver - Waiver	0	0	0	0	0	0	0
XM Home & community based	0	0	0	0	0	60,027,820	60,027,820
XMA Home & community based - Admin	0	0	0	0	0	0	0
AW PDD Waiver	0	0	0	0	0	0	0
AWA PDD Waiver - Admin	0	0	0	0	0	0	0
XA Autism	0	0	0	0	0	146,788	0
XS Head & spinal cord	0	0	0	0	0	0	0
XH Head & spinal cord waiver	0	0	0	0	0	2,388,672	-
XHA Head & spinal cord waiver - Waiver	0	0	0	0	-	0	-
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units	0	0	0	0	-	-	-
FN Other non-covered costs	0	0	0	0	-	-	-
YF Federal projects	0	0	0	0	-	-	-
90 SUBTOTAL	4,080.00	12,954.15	3,505.00	90,175.00	90,175.00	90,113,926.00	70,381,072.00
Costs to be allocated (Worksheet B, Part I)	\$228,839	\$359,482	\$247,004	\$8,426,952	\$272,854	\$233,943	\$101,635
Unit cost multiplier	56.087990	27.750335	70.471897	93.451090	3.025828	0.002596	0.001444

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>TOTAL</u>
	21
GENERAL SERVICE COST CENTERS	
OZ New capital-related costs - build	-
O2A New capital-related costs - equip	-
AB Employee health & welfare	-
AA Administrative & general	-
CP Physical therapy	-
CN Occupational therapy	-
ED Education	-
CS Speech & hearing	-
CL Cottage life allocable	-
CT Other Assistive Technology	-
XG General Community Operations	-
XR Community Residential	-
INPATIENT ROUTINE SERVICE COST CENTERS	
TL C. S. Units 201-204	13,629,782.95
UF Circle II Units 501-504	-
TR Suber Units 301-304	1,924,519.77
UA Webb Units 401-404	-
TA Campus Units 101-112	17,458,179.27
VA Anderson	-
VB Belton	-
VD Bonds	773,999.57
VC Burton	506,829.35
VE Camell	-
VF Charles Lea I	-
VG Charles Lea II	-
VH Civitan	595,210.65
VI Easley I	-
VJ Easley II	-
VK Edgefield	559,568.63
VL Ferguson I	-
VM Ferguson II	-
VN Honea Path	-
VP JC Fort I	602,255.25
VQ JC Fort II	603,006.16
VR J. McAbee	545,597.41
VS Landrum I	644,343.46
VT Landrum II	644,604.47
VU Oak Grove	578,216.58
VV Oconee I	-
VW Oconee II	-
VX Parkins I	664,181.88
VY Parkins II	579,707.36
VZ Pritchard	-
WA Ridge Road	791,966.60
WB South Harper	653,217.87
WC Ware Shoals I	545,832.65
WD Ware Shoals II	526,231.56
WE West Main	601,317.20
WL Sullivan Street	619,273.00
WM Clinton Manor	578,267.00
WN Hughes Street	567,394.00
WP Travelers Rest	577,756.00
WQ Davidson	-
WR Mill Street	-
WS Nazareth Road	668,115.00
WT Wire Road II	630,744.00
WU Wire Road I	580,828.00
WV Fountain Inn	732,705.00
WW Benchmark - Spartanburg	867,282.00
WX Bruton Smith	540,631.00
WY Hendrix Street	559,268.00
WZ Benchmark - Cowpens	938,126.00
OUTPATIENT SERVICE COST CENTERS	
BI Infirmary	-
BK Outpatient clinic	-
BP Pharmacy	-
OTHER REIMBURSEABLE COST CENTERS	
XC Service coordination	5,688,982.15
AY Rehab support phase I	1,661,549.35

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>TOTAL</u>
		21
AZ	Rehab support phase II	758,245.22
XE	Evaluation & planning	-
XI	Early intervention	6,264,807.39
CW	Community Supports Waiver	2,902,954.79
CWA	Community Supports Waiver - Waiver	862.00
XM	Home & community based	60,270,341.19
XMA	Home & community based - Admin	159,461.00
AW	PDD Waiver	-
AWA	PDD Waiver - Admin	-
XA	Autism	152,530.07
XS	Head & spinal cord	-
XH	Head & spinal cord waiver	2,394,873.18
XHA	Head & spinal cord waiver - Waiver	94,974.00
NONREIMBURSEABLE COST CENTERS		
FC	Non-certified units	-
FN	Other non-covered costs	9,020.00
YF	Federal projects	-
90	SUBTOTAL	131,647,558.00
100	TOTAL EXPENSES	131,647,558.00

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

Determination of Administrative Cost Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	DIRECT CONTRACT COST	ADJUSTED ADMIN & GENERAL
AA				
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	215,198	0	215,198
CN	Occupational therapy	220,776	0	220,776
ED	Education	346,816	0	346,816
CS	Speech & hearing	238,301	0	238,301
CL	Cottage life allocable	8,130,032	0	8,130,032
CT	Other Assistive Technology	263,240	0	263,240
XG	General Community Operations	225,700	0	225,700
XR	Community Residential	97,809	0	97,809
INPATIENT ROUTINE SERVICE COST CENTERS				
TL	C. S. Units 201-204	9,109,104	0	9,109,104
UF	Circle II Units 501-504	0	0	0
TR	Suber Units 301-304	818,413	0	818,413
UA	Webb Units 401-404	0	0	0
TA	Campus Units 101-112	12,507,421	0	12,507,421
VA	Anderson	0	0	0
VB	Belton	0	0	0
VD	Bonds	769,421	(729,159)	40,262
VC	Burton	503,782	(476,073)	27,709
VE	Carnell	0	0	0
VF	Charles Lea I	0	0	0
VG	Charles Lea II	0	0	0
VH	Civitan	592,465	(582,821)	9,644
VI	Easley I	0	0	0
VJ	Easley II	0	0	0
VK	Edgefield	556,076	(521,954)	34,122
VL	Ferguson I	0	0	0
VM	Ferguson II	0	0	0
VN	Honea Path	0	0	0
VP	JC Fort I	598,802	(570,503)	28,300
VQ	JC Fort II	599,524	(570,503)	29,022
VR	J. McAbee	541,665	(493,912)	47,753
VS	Landrum I	640,438	(604,338)	36,101
VT	Landrum II	640,688	(604,338)	36,351
VU	Oak Grove	574,876	(546,989)	27,887
VV	Oconee I	0	0	0
VW	Oconee II	0	0	0
VX	Parkins I	659,848	(614,183)	45,665
VY	Parkins II	576,306	(546,936)	29,370
VZ	Pritchard	0	0	0
WA	Ridge Road	787,002	(738,128)	48,874
WB	South Harper	648,953	(603,955)	44,998
WC	Ware Shoals I	542,962	(524,423)	18,539
WD	Peoples	522,892	(489,302)	33,590
WE	West Main	597,552	(560,560)	36,992
WL	Sullivan Street	618,352	(593,146)	25,206
WM	Clinton Manor	577,348	(552,198)	25,150
WN	Hughes Street	566,544	(543,260)	23,284
WP	Travelers Rest	576,858	(552,272)	24,586
WQ	Davidson	0	0	0
WR	Mill Street	0	0	0

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

Determination of Administrative Cost Statistic

Year ended June 30, 2010

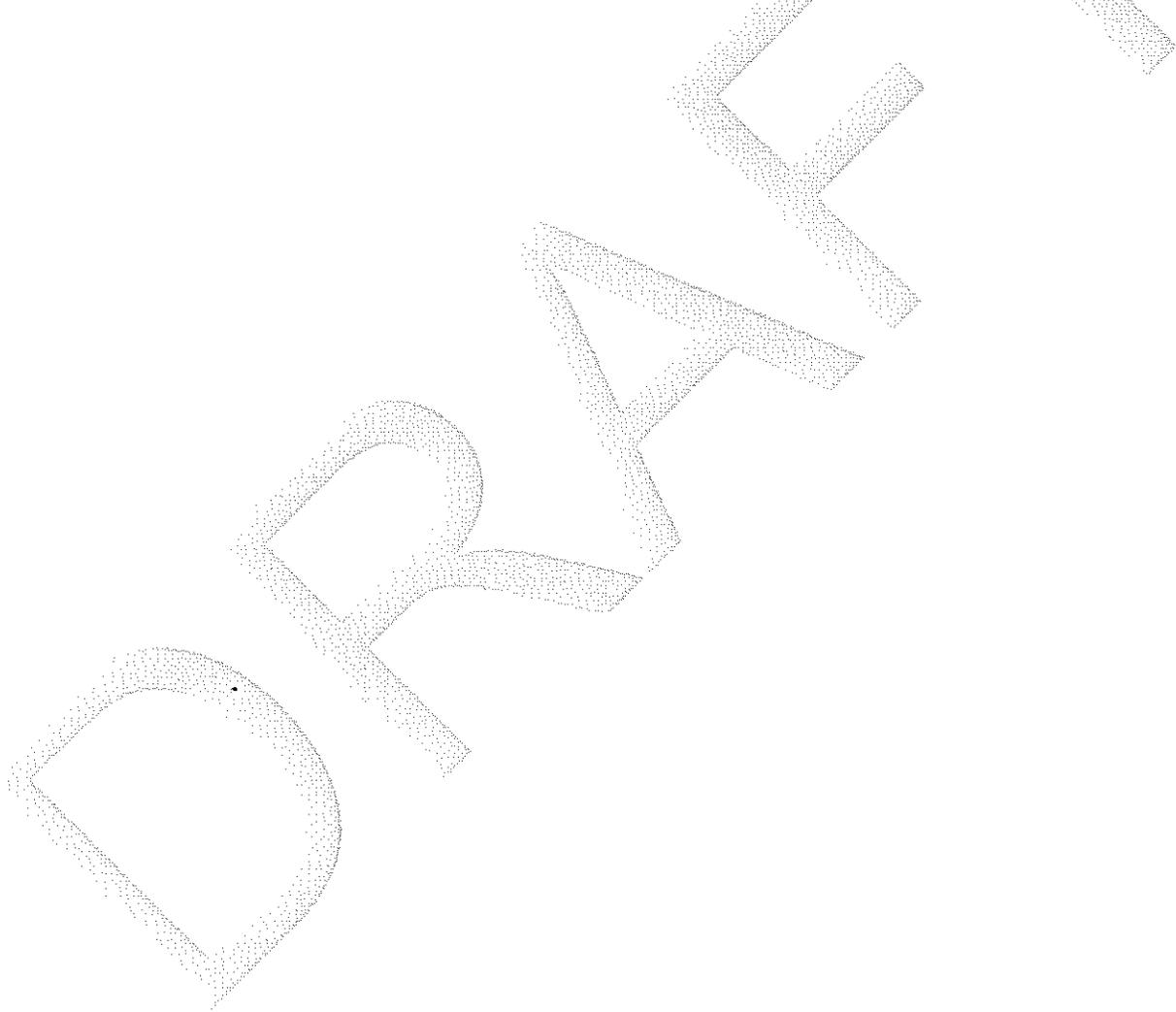
		ADMINISTRA-	RECLASSIFY	DIRECT CONTRACT	ADJUSTED
WS	Nazareth Road	667,189		(841,847)	25,342
WT	Wire Road II	629,850		(605,370)	24,480
WU	Wire Road I	579,910		(554,773)	25,137
WV	Fountain Inn	731,336		(693,861)	37,475
WW	Benchmark - Spartanburg	865,893		(827,854)	38,039
WX	Bruton Smith	539,714		(514,606)	25,108
WY	Hendrix Street	558,343		(533,019)	25,324
WZ	Benchmark - Cowpens	937,251		(913,289)	23,962
OUTPATIENT SERVICE COST CENTERS					
BI	Infirmery	0		0	0
BK	Outpatient clinic	0		0	0
BP	Pharmacy	0		0	0
OTHER REIMBURSEABLE COST CENTERS					
XC	Service coordination	5,651,270		(5,020,381)	630,889
AY	Rehab support phase I	1,657,247		(1,657,247)	0
AZ	Rehab support phase II	755,839		(743,670)	12,169
XE	Evaluation & planning	0		0	0
XI	Early intervention	6,139,791		(3,153,129)	2,986,662
CW	Community Supports Waiver	2,895,438	(2,895,438)	0	0
CWA	Community Supports Waiver Admin	118	2,895,438	(2,875,187)	20,369
XM	Home & community based	60,027,820	(60,027,820)	0	0
XMA	Home & Community Based Waiver Admin	5,915	60,027,820	(55,829,456)	4,204,279
AW	PDD Waiver	0	0	0	0
AWA	PDD Waiver Admin	0	0	0	0
XA	Autism	146,788		0	146,788
XS	Head & spinal cord	0		0	0
XH	Head & spinal cord waiver	2,388,672	(2,388,672)	0	0
XHA	Head & spinal cord waiver - Waiver Admin	45,791	2,388,672	(1,087,782)	1,346,681
NONREIMBURSEABLE COST CENTERS					
FC	Non-certified units	0			0
FN	Other non-covered costs	8,702			8,702
YF	Federal projects	0			0
90	SUBTOTAL	130,098,041.00	-	(87,670,420.79)	42,427,620.21

South Carolina Department of Disabilities and Special Needs
 Piedmont Region

Fiscal Year Ended June 30, 2010

Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$862	\$2,902,955	\$2,903,817	0.03%
Home & community based	XM	\$159,461	\$60,270,341	\$60,429,802	0.26%
PDD Waiver	AW	\$0	\$0	\$0	0.00%
Head & spinal cord waiver	XH	\$94,974	\$2,394,873	\$2,489,847	3.81%
		\$255,297	\$65,568,169	\$65,823,466	0.39%



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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June 10, 2016

Ms. Nancy Hall
Facility Administrator
8301 Farrow Road
Columbia, SC 29203

Dear Ms. Hall:

Attached is our report on the consumer funds/property audit, with a limited review of procurement and cash maintained at Midlands Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. IA will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Yacobi". The signature is fluid and cursive.

Kevin Yacobi, CIA, CGAP, CBM, CFS CRMA
Director of Internal Audit

KY/dah
Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. John King
Mr. David Goodell
Mr. Tom Waring

DISTRICT I

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

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

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

DISTRICT II

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



**Internal Audit Report 16-27
Midlands Center
June 2, 2016**

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Internal Audit Report 16-27

Midlands Center

June 27, 2016

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Midlands Center, located in Columbia handles consumers' personal funds for 141 individuals in 7 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Midlands Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

DDSN IA reviewed Midlands Center's internal controls over consumers' personal funds and property. In addition, IA performed a limited review of operations to include cash at the center that included daily cash count logs for the clients; and a procurement review to include credit card purchases, purchase orders, and bids/contractors. The purpose of our audit was to test the Center's compliance with the following policies and directives to ensure the Center properly safeguards consumers' personal funds and property and follows DDSN procurement requirements:

- 200-02-DD, "Financial Management of Personal Funds;"
- 600-10-DD, "Individual Clothing and Personal Property-Regional Centers;"
- DDSN Procurement Manual.

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2015 through March 31, 2016. An entrance conference was held with management on April 18, 2016 immediately followed by field work. An exit conference was conducted with the Facility Administrator and the finance team on June 2, 2016.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made. In addition, procurement practices did not always follow the DDSN Procurement Manual. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over consumer funds, property, cash maintained at the Center, and procurement practices in order to comply with DDSN's directives and Procurement Manual.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

FINANCIAL MANAGEMENT OF CONSUMER FUNDS

HIGH PRIORITY

Our review of consumers' personal funds found that the Center did not always manage them in accordance with DDSN directive 200-02-DD, "Financial Management of Personal Funds." Of 141 people in the residential programs, IA reviewed financial files for 14 (10%) consumers in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) for the period of July 1, 2015 through March 31, 2016. IA reviewed 51 disbursements to ensure that their personal funds were properly safeguarded. The following was found:

1. Five of 51 (10%) disbursement forms were not returned to the Reginal Bank within two business days.
2. One of 51 (2%) disbursements showed funds were used for an unauthorized trip. The trip taken was not submitted for approval on an "Authorization Request for Consumer Trips" form. When the original trip did not occur, instead of funds (\$94.50) being returned to the finance office, the staff maintained the funds in a lock box that only that person could access. Policy states that unused funds should be returned to the finance office within two business days.

3. One of 51 (2%) disbursements over \$200 did not contain the signature of the staff member authorized to approve "Personal Funds Draft" of \$200 or more.
4. Eight of 51 (16%) disbursements were processed incorrectly. Though the funds were requested by submitting a "Client(s) Bank Group Withdrawal Draft" form, the purchases should have been made individually.
5. For one of 51 (2%) disbursements, IA found the consumer's account was inappropriately charged for another consumer's purchase.

DDSN directive 200-02-DD, "Financial Management of Personal Funds," requires that within two business days after a withdrawal from the Regional Bank has been made, appropriately signed Personal Funds Draft/Group Withdrawal Drafts (PFD/GWDs) should be returned to the Regional Bank. Withdrawals made for a trip must have an approved trip packet attached.

Funds withdrawn for group trips or outings should be listed on a Group Withdrawal Draft. If any one person's withdrawal request is for more than \$200, a separate Personal Funds Draft should be completed and the necessary signatures obtained to ensure proper approval.

In addition, the directive, under "Authorized Signatures" requires: "Regional Finance Offices shall retain a Regional Bank Signature Card (Attachment M) for each person with funds in the Regional Bank... This form lists all staff and their accompanying signatures that are authorized to approve Personal Funds Drafts or Group Withdrawal Drafts up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of a person...[Qualified Intellectual Disability Professionals] QIDPs are responsible for: (1) Obtaining authorized signature forms associated with the Regional Bank and (2) Notifying the Regional Bank promptly of any changes.

Staff did not always exercise due care to ensure that the requirements of DDSN directive 200-02-DD were being met. Failure to comply with all the requirements of the directive by establishing and implementing certain controls weakens accountability over the consumers' personal funds. In addition, failure to obtain and maintain sufficient and adequate documentation could result in the loss or misappropriation of consumers' funds without timely detection.

Action Plan

1. ***Staff will be in-serviced on returning forms and/or receipts within 2 business days.***
2. ***Staff will be in-serviced on returning funds if a trip is cancelled and new paperwork completed if a rescheduled trip is planned.***
3. ***The Facility Administrator will sign and approve any drafts over \$200.00. Finance will not process drafts over \$200.00 without proper signatures from the FA.***
4. ***Staff will be in-serviced on appropriate form to complete (personal funds draft vs group withdrawal) when requesting funds. Facility Administrator will review and approve all group withdrawals.***
5. ***Consumer will be reimbursed the amount of \$70.18.***

Effective Date: August 5, 2016.

CONSUMER PROPERTY**HIGH PRIORITY**

A review of six of 141 (4%) consumers' personal property and corresponding Personal Property Records (PPRs) found that residential staff did not always manage the consumers' personal property in accordance with DDSN directive 600-10-DD, "Individual Clothing and Personal Property-Regional Center." IA verified the physical existence of the property items and traced the items in their living areas back to the entries recorded on the PPRs. The review found the following:

1. Four of six (66%) consumers' PPRs did not always contain the serial and/or model number of the recorded item.
2. Two of six (33%) consumers' PPRs did not contain an adequate description of the property. DDSN directive 200-01-DD requires certain controls be established and followed for handling consumers' personal funds to ensure that funds are properly accounted for and adequately safeguarded.

DDSN directive 600-10-DD, "Individual Clothing and Personal Property Regional Centers," requires that consumers' personal property records contain adequate descriptions and that serial numbers of items such as television sets, bicycles, stereo units, etc. are listed on the PPRs.

Staff did not always monitor or maintain personal property according to the requirements of directive 600-10-DD. Failure to comply with the directive weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

Action Plan

1. ***Staff will be in-serviced to ensure serial and/or model numbers will be recorded for all non-clothing items.***
2. ***Staff will be in-serviced to ensure that consumers' personal property records contain adequate descriptions of property items to help identify them should they become lost or stolen.***

Effective Date: August 5, 2016.

PROCUREMENT**HIGH PRIORITY**

Internal Audit reviewed 16 purchase order disbursements for Midlands Center, and found three of 16 (19%) agency/supply requisitions were not completed, nor properly signed and dated by the supervisor to indicate the authorization/approval for the purchase.

DDSN Standards for Procurement Policies and Procedures was established as a uniform, businesslike approach to maximize the use of funds allocated for procurement of goods and services. Purchase orders should be utilized in all instances with the proper documentation/authorization and should be completed prior to the purchase.

Center staff did not always adhere to policy on the use of agency procurement procedures allowing for expenditures to be processed for payment without prior/proper approval. Unauthorized or inappropriate purchases of goods/services could be made without timely detection as a result of inadequate/untimely procurement documentation.

Action Plan

All Purchase requests will require Facility Administrator's approval either through email approval or signature approval. The approval will be filed/attached with the procurement request.

Effective Date: June 2, 2016.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 30 charges for the Midland Center's Visa credit cards and found that 13 of 30 (43%) transactions, were not properly approved and the completed Visa Purchasing Card Request Forms were not available to support the disbursements.

The DDSN Purchasing Card was designed to help the agency better manage low-dollar supply purchases only. It provides an extremely efficient and effective method for purchasing and paying for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases. Cardholders should never allow another employee to use the purchasing card assigned to them.

Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

Action Plan

All Purchase requests will require Facility Administrator's approval either through email approval or signature approval. The approval will be filed/attached with the procurement request.

Effective Date: June 2, 2016.

CASH AT THE CENTER

HIGH PRIORITY

Internal Audit visited the finance office to review policies and procedures in regards to the \$100 state petty cash fund and the \$2,500 regional bank client fund maintained by finance. IA found the monthly counts of the cash for the regional bank client funds and the state petty cash funds were not performed by someone other than the cash custodian.

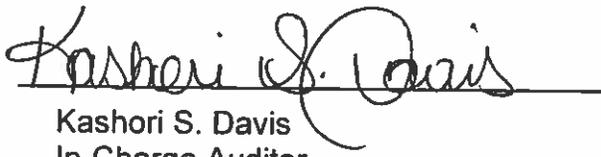
DDSN directive 200-01-DD, "Personal Funds Maintained at the Residential Level" states that balancing should be done at least monthly, at a minimum, and be performed by a staff member who does not normally handle day-to-day cash transactions.

DDSN policies and procedures were not always followed by the Center's staff. Failure to adequately safeguard cash could result in loss through theft or misappropriation without timely detection.

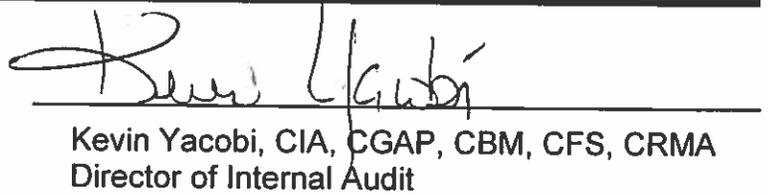
Action Plan

Facility Administrator will perform cash counts of the state petty cash fund and regional bank petty cash fund to ensure accuracy and accountability on at least a monthly basis.

Effective Date: June 30, 2016.



Kashori S. Davis
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
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September 16, 2015

Mr. John Hitchman
Facility Administrator
714 National Cemetery Rd.
Florence, SC 29506

Dear Mr. Hitchman:

Attached is our report on the follow-up audit with a limited review of operations of the Pee Dee Center. In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address all of the audit conditions. We will review the implementation of the Center's corrective actions.

We appreciate the cooperation of your staff in working with us on the audit, and you and your staff are commended on your performance. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi". The signature is fluid and cursive.

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah
Attachment

cc: **Dr. Beverly Buscemi**
DDSN Commission Members
Ms. Susan Kreh Beck
Mr. Rufus Britt
Mr. David Goodell
Mr. Tom Waring

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Whitten Center - Phone: 864/833-2733

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Pee Dee Center - Phone: 843/664-2600
Salceby Center - Phone: 843/332-4104



**Internal Audit Report 16-05
Pee Dee Center Follow-Up
August 31, 2015**

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Internal Audit Report 16-05

Pee Dee Center Follow-Up

August 31, 2015

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Pee Dee Center, located in Florence, serves 114 individuals in 8 residential facilities located on campus. Saleeby located in Hartsville serves 75 people in 3 facility wings.

DDSN IA performed a follow-up for Internal Audit Report 13-01 which was a limited review of Pee Dee Center's management of consumers' funds and property. In addition, a limited review of internal controls for procurements, including the State Procurement Card (P-card), was included for both Pee Dee and Saleeby Centers. The purpose of our audit was to follow up on the previously cited consumer funds and property findings, and to test both Centers' compliance with policies and safeguards required by DDSN for procurement transactions.

In order to communicate our professional opinion of the importance of the finding in this report, we have ranked it as a high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2014 through April 30, 2015. An entrance conference was held with management on July 14, 2015 immediately followed by field work. An exit conference was conducted with the Facility Administrator and appropriate staff on September 1, 2015

Summary of Findings

Our follow-up audit of Pee Dee Center disclosed two conditions regarding consumer funds and three conditions regarding petty cash. All five conditions were successfully resolved.

IA found Pee Dee Center's and Saleeby's procurement practices did not always follow the agency policies in the limited P-card review. The areas of concern noted, present the Centers the opportunity to improve and strengthen their internal controls over procurement practices.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDING AND ACTION PLAN

In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 73 charges for Pee Dee's and Saleeby's procurement cards for the period July 1, 2014 to April 30, 2015. We found the following:

1. Six of 73 (8%) transactions were not properly approved. Purchasing Card Requests for Purchase Forms were not available to support the disbursements.
2. Seven of 73 (10%) purchases were for services rendered that should have been procured using standard procurement procedures. The services, totaling \$1,794, were for various services, examples to include: seat recovering, chain saw service, parts, labor, and headliner repair/replacement.
3. One of 73 (1%) charges was a split purchase which circumvented the limitations of the Purchasing Card Program in accordance to State Government's Policies and Procedures. On January 08, 2015 there was a request to purchase (12) chairs for \$419.90 and (13) chairs for \$454.90, a total of \$874.80. The cardholder approved daily purchasing limit was \$500.00. One of the purchases was charged on January 08, 2015 and the second purchase was on January 09, 2015.

The DDSN Purchasing Card was designed to help agencies better manage low-dollar supply purchases. It provides an extremely efficient and effective method for purchasing and paying for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases. Never is the cardholder allowed to lend or give the Purchasing Card to another employee.

Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

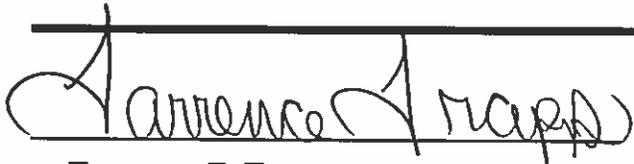
Action Plan

To address the three (3) findings the Pee Dee Regional Center will conduct an in-service training for all current purchase card holders at the center. This training will be conducted by the Pee Dee Regional Center finance director and finance staff. The training will address specific findings of securing appropriate approval prior to making purchases, utilizing appropriate procurement procedures for service based purchases and adherence to the agency standard on not splitting purchases to circumnavigate purchase limitations. A general overview of [Pee Dee Center] policy 02-31 [Credit Card Purchases] will be completed as well as an overview of SCDDSN procurement policies.

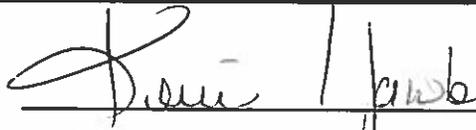
Upon completion of the above training all future purchases will be done so with prior authorization and in accordance with agency procurement policies.

Training for all purchase card holders will be completed by October 15, 2015.

Effective Date: October 15, 2015.



Tarrence E. Trapp
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

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Operations*

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Harvey E. Shiver

April 10, 2015

Mr. Wes Leonard
Facility Administrator
P. O. Box 239
Clinton, SC 29325

Dear Mr. Leonard:

Attached is our report on the limited review of procurement at the Whitten Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi ^{by Smit}

Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

KY/dah
Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. David Goodell
Mr. John King
Mr. Tom Waring

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Saleeby Center - Phone: 843/332-4104



**Internal Audit Report 15-15
Whitten Center
March 5, 2015**

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Internal Audit Report 15-15

Whitten Center

March 5, 2015

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Whitten Center, located in Clinton, serves 198 individuals in 12 residential facilities located on campus.

DDSN IA performed a limited review of Whitten Center's internal controls for procurement. The purpose of our audit was to test the Center's compliance with the following policies to ensure the Center properly safeguards and follows DDSN procurement requirements and assets management:

- DDSN Procurement Manual
- DDSN Assets Guideline Manual

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked three concerns as high and one as medium priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period October 1, 2013 through September 30, 2014. An entrance conference was held with management on December 8, 2014 immediately followed by field work. An exit conference was conducted with the Facility Administrator and the Director of Finance and Supply on March 6, 2015.

Summary of Findings

The Center procurement practices did not always follow the agency policies. The areas of concern noted, present the Center the opportunity to improve and strengthen their internal controls over procurement practices and management of assets.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

SEGREGATION OF DUTIES – FINANCE STAFF

HIGH PRIORITY

In a review of Whitten Center's compliance with the DDSN Procurement, and Purchasing Card Program we found a lack of segregation of duties within the finance department. There were purchase order disbursements, and credit card transactions which were approved, processed, paid, and sometimes received by the Director of Finance.

To achieve a proper segregation of duties, the assignment of responsibilities should be such that no one person has the authority to do two or more of the following: (1) authorize transactions, (2) process/record transactions; and (3) receive/maintain custody of assets. Management should maintain an awareness of the internal control structure to ensure that reasonable policies and procedures exist and are maintained.

Management has not established an adequate segregation of functions such as receipts, disbursements, recording, custody, transaction authorization and performance monitoring. Failure to achieve a proper segregation of duties could enable a person to commit an irregularity and conceal it. Failure to comply with established procurement policies could conceal improper payments, the purchase of services that do not benefit the Center, or payments could be made in excess of intended amounts.

Action Plan

Whitten Center management will ensure segregation of duties that will not permit one person to perform more than one of the following roles on a given purchase transaction.

- 1. Authorize transaction***
- 2. Process/record transaction***
- 3. Receive/maintain custody of asset***

The Director of Finance & Supply will monitor for compliance.

Effective Date: April 6, 2015.

PROCUREMENTS

HIGH PRIORITY

For the period of October 1, 2013 to September 30, 2014, we reviewed 20 purchase order disbursements for Whitten Center. We found the following:

1. Five of 20 (25%) agency/supply requisitions were not completed or properly signed and dated by the supervisor to indicate the authorization/approval for the purchase.
2. For three of 20 (15%), purchase orders were not completed prior to the purchase.

DDSN Standards for Procurement Policies and Procedures was established as a uniform, businesslike approach to maximize the use of funds allocated for procurement of goods and services. Purchase orders should be utilized in all instances with the proper documentation/authorization and should be completed prior to the purchase.

Whitten Center staff did not always adhere to policy on the use of agency procurement procedures as they relate to internal controls and procurement practices. Unauthorized or inappropriate purchases of goods/services could be made without timely detection as a result of inadequate/untimely procurement documentation.

Action Plan

1. ***When issuing a Purchase Order for supplies or equipment, Whitten Center management will ensure that a Request for Purchase form is completed as required by agency policy.***
2. ***Purchase orders will be created and distributed according to agency guidelines.***

The Director of Finance & Supply Services will monitor for compliance.

Effective Date: April 6, 2015.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 65 charges for the Whitten Center's Visa credit cards for the period October 1, 2013 to September 30, 2014. We found the following:

1. For twenty-two of 65 (34%) transactions, completed Visa Card Purchasing Forms were not available to support the disbursements.
2. One of 65 (2%) of the purchases were for services rendered that should have been procured using standard procurement procedures. The services, totaling \$655.73, were for tension slide repairs including labor, and chain saw service, parts, and labor.

The DDSN Purchasing Card was designed to help the agency better manage low-dollar supply purchases. It provides an extremely efficient and effective method for purchasing and paying

for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases.

Whitten Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

Action Plan

- 1. Whitten Center management will ensure that appropriate documentation is available to support State Procurement Card purchases in compliance with State Government requirements and agency guidelines.***
- 2. Whitten Center State Procurement Cardholders will receive in-service training reminding them that a State Procurement Card cannot be used for the purchase of services.***

The Director of Finance & Supply Services will monitor for compliance.

Effective Date: April 6, 2015.

SURPLUS PROPERTY

MEDIUM PRIORITY

We found that the Whitten Center warehouse contained items that had been screened, and declared junk by a representative from the Division of General Service's Surplus Property Management Office. The items were listed on a (TID) Turn-In Document dated 10/31/07, 07/31/08, 10/30/08, and 01/30/09. There were other items located in the warehouse that were broken, damaged, unusable, and outdated.

In accordance with Chapter V, Section VI, of the SCDDSN "Assets Guideline Manual" which states, after completion of the screening process the owning entity has the responsibility for disposing all property which was coded as "junk". The owning entity has the option to sell the property after advertising the items 15 days in advance of the sale in a generally, local circulated newspaper. The property could also be trashed or thrown away if the owning entity chooses not to sell the property.

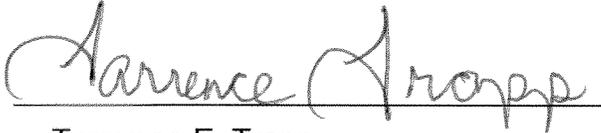
Whitten Center has accumulated an excessive amount of damaged, broken, unusable, and outdated property that needs disposal either through local sale, trashed, thrown away, or given away to a non-profit organization. Staff has failed to comply with agency guidelines regarding disposal of assets. Failure to properly dispose of damaged, broken, and unusable/outdated equipment could result in misappropriation, lost, or theft of property that still retain some type of value. The storage of these items in the warehouse also poses a potential safety hazard promoting unsafe work conditions.

Action Plan

Junked surplus property will be properly disposed of in a timely manner. Whitten Center continues to work with Surplus Properties who has been on campus since the audit date.

The Director of Finance & Supply Services will monitor for compliance.

Effective Date: April 6, 2015.



Tarrence E. Trapp
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

State Director

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June 24, 2014

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Deborah C. McPherson

Eva R. Ravenel

Mr. Larry Mattive
Facility Administrator
9995 Jamison Road
Summerville, SC 29485

Dear Mr. Mattive:

Attached is our report on the consumer funds/property audit with a limited review of procurement at the Coastal Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. Rufus Britt
Mr. David Goodell
Mr. Tom Waring

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**Internal Audit Report 14-23
Coastal Center
June 24, 2014**

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Internal Audit Report 14-23

Coastal Center

June 24, 2014

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Coastal Center, located in Summerville handles consumers' personal funds for 161 individuals in 11 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Coastal Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

DDSN IA reviewed Coastal Center's internal controls over consumers' personal funds and property. In addition, we performed a limited procurement review. The purpose of our audit was to test the Center's compliance with the following policies and directives to ensure the Center properly safeguards consumers' personal funds and property and follows DDSN procurement requirements:

- 200-02-DD, "Financial Management of Personal Funds;"
- 200-01-DD, "Personal Funds Maintained at the Residential Level;"
- 600-10-DD, "Individual Clothing and Personal Property-Regional Centers;"
- DDSN Procurement Manual.

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high and one medium priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2013 through February 28, 2014 for consumer funds and property. The procurement part of the audit was conducted for the period July 1 through December 31, 2013. An entrance conference was held with management on April 1, 2014 immediately followed by field work. An exit conference was conducted with the Facility Administrator on June 13, 2014.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made. In addition, procurement practices did not always follow the DDSN Procurement Manual. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over consumer funds, property, and procurement practices in order to comply with DDSN's directives and Procurement Manual.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

CONSUMER FUNDS

HIGH PRIORITY

Our review of consumers' personal funds found that the Center did not always manage them in accordance with DDSN directive 200-02-DD, "Financial Management of Personal Funds." Of the 161 people in residential programs, we reviewed financial files for 16 (10%) consumers and reviewed 65 disbursements to ensure that their personal funds were properly safeguarded. We found that six of 65 (9%) disbursements did not have proper signatures authorizing or approving individuals to request or receive funds on behalf of the consumer.

DDSN directive 200-02-DD under "Authorized Signatures" states Regional Finance Offices shall retain a Regional Bank Authorized Signatures Record for each Intermediate Care Facilities for Persons with Intellectual and Developmental Disabilities (ICF/ID-DD) residence. This form lists all staff and their accompanying signatures that are authorized to approve Personal Funds Draft/Group Withdrawal Draft (PFD/GWDs) up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of a person. Qualified Intellectual Disability/Developmental Disability Professionals (QID/DDPs) are responsible for obtaining

authorized signatures forms associated with the Regional Bank and in notifying the Regional Bank promptly of any changes.

Staff did not always exercise due care to ensure that the requirements of DDSN directive 200-02-DD were being met. Failure to comply with all the requirements of the directive by establishing and implementing certain controls weakens accountability over the consumers' personal funds. In addition, failure to obtain and maintain sufficient and adequate documentation could result in the loss or misappropriation of consumers' funds without timely detection.

Action Plan

The Regional Finance Officer has updated all Authorized Signature Files for each residence. Files will be updated promptly as changes occur.

Effective Date: June 20, 2014.

CASH ON HAND

HIGH PRIORITY

Our review of consumers' personal funds found that the Center did not always manage them in accordance with DDSN directive 200-01-DD, "Personal Funds Maintained at the Residential Level." Of the 161 people in the residential programs, we reviewed controls over cash on hand (COH) for 15 (9%) consumers. This included counting the COH held by staff as well as a review of the related cash-on-hand ledgers. Our review found that staff did not maintain the cash and cash-on-hand ledgers in separate locations for 15 of 15 (100%) consumers.

DDSN directive 200-01-DD requires certain controls be established and followed for handling consumers' personal funds to ensure that funds are properly accounted for and adequately safeguarded.

Residential staff did not always properly maintain and account for personal funds according to DDSN directive 200-01-DD. Failure to comply with all the requirements of the directive by establishing and implementing certain controls weakens accountability over the consumers' personal funds. If the cash and ledgers were misplaced or stolen, staff would be unable to determine the amount of loss.

Action Plan

Managers will maintain ledgers in a secured area in the unit. Consumers lock box will be maintained at switchboard in a secured area. Supervisors will provide an in-service training for HSA's, HSS's, Programmers, and Activity Facilitators.

Effective Date: June 20, 2014.

CONSUMER PROPERTY

MEDIUM PRIORITY

A review of 16 of 161 (10%) consumers' personal property, and corresponding Personal Property Records (PPRs), found that residential staff did not always manage the consumers'

personal property in accordance with DDSN directive 600-10-DD, "Individual Clothing and Personal Property-Regional Centers." We verified the physical existence of the property items and traced the items in their living areas back to the entries recorded on the PPRs. Our review found the following:

1. Nine of 16 (56%) consumers' PPRs did not always contain adequate descriptions of their large dollar personal property items.
2. Two of 16 (13%) consumers' PPRs did not include all of the consumers' property.

DDSN directive 600-10-DD, "Individual Clothing and Personal Property - Regional Centers," requires that consumers' PPRs should contain adequate descriptions and be kept current. Items that need to be disposed of should follow deletions methods. Also, serial numbers of items such as television sets, bicycles, stereo units, etc. should be listed on the "Personal Property Record."

DDSN directive 200-02-DD, "Financial Management of Personal Funds," states that any items purchased over \$50 should be recorded on the owner's property record as soon as possible after the purchase has been made.

Staff did not always monitor or maintain personal property according to the requirements of DDSN directives 600-10-DD and 200-02-DD. Failure to comply with these directives weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

Action Plan

1. ***The Inventory/Personal property form has been revised to include serial numbers of personal property. Residential staff will ensure that consumers' personal property records contain adequate descriptions of personal items.***
2. ***Residential staff will ensure all consumer property is listed on the personal property form. Building managers will monitor property forms for compliance. Staff will be in-serviced as to their responsibilities.***

Effective Date: June 20, 2014.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 57 charges for the Coastal Center's Visa credit cards for the period July 1 through December 31, 2013. We found the following:

1. Twelve of 57 (21%) charges, totaling \$8,942.65, were made to purchase equipment that should have been procured using standard agency procurement procedures. Examples of items purchased and charged to the Visa cards include sink/fountain, compressor, shredders, fans, washer, and dryers.
2. For two of 57 (4%) charges, the cardholder used another individual's card to make purchases. One of the purchases on the individual's card was greater than the limit established for that cardholder. The cardholder's purchasing limit was \$500 but purchased \$508.76 in supplies using another individual's card with a higher purchasing limit.

3. Three of 57 (5%) charges were split purchases which circumvented the limitations of the Purchasing Card Program in accordance with State Government's Policies and Procedures. An example of one of these purchases was on August 16, 2013 where there was a request to purchase two shredders costing \$1,049.66 each. The total for both shredders was \$2,099.32, which exceeded the cardholder's limit of \$1,500, so the cardholder purchased each shredder separately.

Two of the three purchases were addressed by management in a memorandum that acknowledged the purchases were split.

4. Two of 57 (4%) purchases were for services rendered that should have been procured using standard procurement procedures. The services totaled \$126.25. One was for tension slide repairs including labor. The other was for chain saw service, parts, and labor.
5. One of 57 (2%) purchases was not processed nor reconciled on a timely basis. On November 30, 2012, a work order was completed for supplies for \$186.40 that was not paid until December 11, 2013.

The DDSN Purchasing Card was designed to help the agency better manage low-dollar supply purchases only. It provides an extremely efficient and effective method for purchasing and paying for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases. Cardholders should never allow another employee to use the purchasing card assigned to them.

Coastal Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

Action Plan

1. ***Equipment will not be purchased with the Purchasing Card. Employees will be in-serviced. Accounts will be established with vendors to ensure compliance.***
2. ***Cardholders will be instructed not to allow use by others. Staff will be in-serviced.***
3. ***Cardholders will be in-serviced to reinforce purchasing limits and restrictions regarding the splitting of orders and the disciplinary consequences of violations.***
4. ***Staff will be in-serviced regarding the use of the Purchasing Card for business use and not services (labor).***
5. ***After reconciling the credit cards on a monthly basis, if there are any outstanding documents that have not come through the credit card system, the Finance Officer will email the cardholder to follow up with the vendor to resolve the matter.***

Effective Date: June 20, 2014.

PROCUREMENTS – BIDS**HIGH PRIORITY**

For the period of July 1 through December 31, 2013, we reviewed 23 purchase order disbursements for Coastal Center. We found that the Center's procurement transactions over \$2,500 were not always conducted in a manner to adhere to the Competition Thresholds in accordance with the DDSN Procurement Manual. One of 23 (4%) procurement transactions did not contain "verbal solicitation of three (3) written quotes".

DDSN Standards for Procurement Policies and Procedures require that all procurement transactions of \$2,500 to \$10,000 contain a verbal solicitation of three written quotes.

Coastal Center procurement staff did not always comply with agency policy regarding competition thresholds by failing to obtain verbal solicitation of three written quotes for purchases over \$2,500. Public funds were utilized in a method that did not ensure open and free competition. These policies were established to assist purchasers in receiving the best price for the highest quality goods and/or services and in accordance DDSN procurement policy.

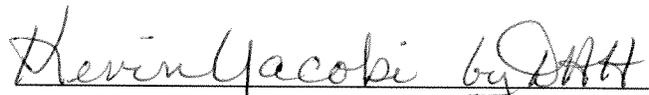
Action Plan

The Center's Finance Officer will monitor all procurement transactions of \$2,500 to \$10,000 to ensure competitive bids have been obtained.

Effective Date: June 20, 2014.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

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April 3, 2014

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Dr. Linda Veldheer
Mr. Tom Waring
SC Department of Disabilities and Special Needs
Post Office Box 4706
Columbia, South Carolina 29240

Dear Dr. Veldheer and Mr. Waring:

Attached is our report on the audit of the HASCI Self-Directed Attendant Care Program. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

KY/dah

Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. Rufus Britt
Mr. David Goodell
Mr. John King
Ms. Deborah Walsh, Executive Director, Jasper County DSN Board

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**Internal Audit Report 14-13
Head and Spinal Cord Injury
Self-Directed Attendant Care
March 14, 2014**

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Internal Audit Report 14-13

Head and Spinal Cord Injury Self-Directed Attendant Care

March 14, 2014

Background

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

One of the divisions operated by DDSN is the Head and Spinal Cord Injury (HASCI) Division whose purpose is:

"The SCDDSN Head and Spinal Cord Injury (HASCI) Division was created by the 1993 state governmental restructuring. Contingent upon available funding SCDDSN is responsible to develop, coordinate, and enhance the delivery of services to individuals with traumatic brain injury, spinal cord injury, and similar disability..."

The General Assembly first appropriated designated funding for SCDDSN to begin serving people through the HASCI Division in 1994."

One service available from the HASCI Division is the Attendant Care Personal Assistance Service. The HASCI Waiver Manual defines this service as:

"Attendant Care/Personal Assistance Services (AC/PAS) are supports for personal care and activities of daily living specific to the assessed needs of a medically stable individual with physical and/or cognitive impairments. Supports may include direct care, hands-on assistance, direction and/or cueing, supervision, and nursing to the extent permitted by State law. Supports may be provided in the participant's home and/or in a variety of community settings as indicated in the Support Plan, but only when attendant care or personal assistance is not already available in such settings.

Housekeeping activities incidental to care or essential to the health and welfare of the participant, rather than the participant's family, may be provided as specified in the Support Plan. Supports provided during community access activities must directly relate to the participant's needs for care and or supervision.

Transportation may be provided as a component of Attendant Care/Personal Assistance Services when necessary for provision of personal care or performance of daily living activities. Cost of incidental transportation is included in the rate paid to providers."

Attendant care services are available under a self-directed option as defined below:

Self-Directed Attendant Care

"Supervision of attendants may be performed directly by the participant or a designated responsible party when the safety and efficacy of self-directed supervision is certified in writing by a Registered Nurse, or otherwise as provided in State law. Certification must follow direct observation of the participant or responsible party and each attendant during actual provision of care/assistance. Documentation of certification must be maintained in the participant's file. Certification for Self-Directed Attendant Care is performed by staff of the [University of South Carolina] USC Center for Disability Resources (CDR) under [a separate] contract with SCDDSN."

The specific department of the USC-CDR responsible for the certification process is the University Affiliated Program (UAP).

Additionally, DDSN contracts with Jasper County Disabilities and Special Needs Board (JCDSNB or the Fiscal Agent) for HASCI Attendant Care Fiscal Agent services. As Fiscal Agent, the JCDSNB acts as a payroll service for the HASCI individuals in the self-directed program by processing the payroll for the attendants, filing applicable taxes, completing W-2's, and performing other payroll related duties. The Fiscal Agent acts as a payroll liaison between the DDSN HASCI Division, the Provider's Service Coordinators, the UAP, the HASCI individuals, and their attendants. Within the contract, the Fiscal Agent agreed to a total payment not to exceed services and to abide by all the policies, procedures, and directives of DDSN as well as any state and federal laws pertaining to the people served.

At the time of our audit the Fiscal Agent served approximately: 153 HASCI participants with 175 attendants, and 30 service coordinators.

Purpose and Scope

The purpose of our limited operational audit was to assess the overall effectiveness of the Fiscal Agent program as a payroll service for the HASCI self-directed program and its contractual compliance with DDSN. Additionally, we assessed the effectiveness of the communication, monitoring, and reporting between the HASCI Division, the UAP staff, the Fiscal Agent, HASCI Service Coordinators, the HASCI people served, and their attendants. We evaluated the HASCI Division Waiver Manual for effective policies and procedures to ensure communication and compliance with all affected parties. Further, we reviewed the enrollment requirements for the program.

In order to communicate Internal Audit’s (IA’s) professional opinion of the importance of each finding in this report, we have ranked each finding as a high priority. During our review, deficiencies may also have been discovered which, in IA’s opinion, represented minimal exposure to the organization. These were informally communicated to management and were not included in this report.

The scope of the audit encompassed the period July 1, 2012 through September 30, 2013. An entrance conference was held with Fiscal Agent management October 29, 2013 immediately followed by the field work. Due to findings disclosed during the review, we requested an exit conference with DDSN management. The exit conference was conducted at Central Office on January 24, 2014.

Summary of Findings

Our audit of the Fiscal Agent program disclosed areas of concern that included: the return of payments received from DDSN per the contract requirements, the effectiveness of the HASCI Self-Directed Program, Service Coordination requirements in the program, program enrollment requirements, and workers compensation. The concerns noted present the opportunity to improve and strengthen internal controls and oversight for the program as detailed in the below reported findings.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, “General Duties of the Internal Audit Division.” Our review was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

COMPLIANCE WITH CONTRACT NUMBER 2013-76

HIGH PRIORITY

IA reviewed the contract between the HASCI Attendant Care-Fiscal Agent program and DDSN for the period July 1, 2012 through June 30, 2013. Additionally, we reviewed the Attendant Care financial records for the audit period July 1, 2012 through September 30, 2013. We found the following:

The Attendant Care-Fiscal Agent bank balance at December 31, 2012 was \$311,294 which increased consistently throughout the review period to an ending balance at September 30, 2013 of \$382,229.

Article III of contract number 2013-76 between DDSN and HASCI Attendant Care-Fiscal Agent states: “Funds not expended as designated, are to be returned to DDSN.”

Attendant Care-Fiscal Agent staff did not comply with the contract terms noted in Article III of contract number 2013-76. Failure to comply with all the requirements of DDSN contract 2013-76 permits excess funds to be maintained at the Attendant Care-Fiscal Agent location rather than be used by DDSN for provision of other needed services. In addition, the bank balance is in excess of the Federal Deposit Insurance Corporation (FDIC) insurance level which negates this protection for a portion of these funds.

Action Plan

DDSN is currently recouping \$166,187 for calendar year 2011 and will be recouping \$82,355 in FY 15 for calendar year 2012. DDSN will enforce the terms of the contract and continue to recoup unutilized funds.

Effective date: March 12, 2014.

HASCI SELF-DIRECTED PROGRAM

HIGH PRIORITY

IA reviewed contract 2013-76, the HASCI Waiver Procedural Manual, and eighteen (18) self-directed consumer files along with the corresponding personnel files for the applicable attendants. We found the following:

The HASCI Self-Directed Program is splintered in its mission to provide accurate information from one segment of the program to another.

No one entity: Service Coordinators, UAP staff, or HASCI DDSN personnel seem to understand the complete process and/or procedures in their entirety. There appears to be no central department or individual in charge of this program. It is run without anyone assigned to review, monitor, control, or inform individuals involved in the program. Currently, the Fiscal Agent staff answers many questions from Service Coordinators, Attendants, Consumers, UAP staff, and DDSN HASCI personnel. Typically, a fiscal agent is contracted to simply act as a process agent for payroll. However, currently the HASCI Fiscal Agent is effectively now involved in the administration of the program.

The Fiscal Agent (FA) is not the supervisor of the Service Coordinators (SC). The FA has no recourse if a SC does not provide the HASCI Form 11 (Termination) to the FA on a timely basis; the FA has no recourse if they have to make multiple requests for consumers' waiver budgets from a SC. There is effectively no accountability for the SC actions regarding this program.

If the SC follows the HASCI Waiver Procedural Manual as it relates to reporting the termination of services, no mention of forwarding termination information to the FA is noted in any verbiage or forms in the manual.

DDSN needs to establish a well-functioning HASCI self-directed program. Weaknesses in the HASCI Self-Directed Program design currently exist regarding communication, monitoring, and reporting to all affected parties.

Failure to properly document, process, and comply with existing requirements of the HASCI Waiver Procedural Manual permits unauthorized individuals to be compensated, incorrect payments to attendants, and poor record keeping.

Action Plan

HASCI Division has reviewed the (HASCI Waiver) Self-Directed Attendant Care (UAP Option) related to communication, monitoring, and reporting to affected parties.

It is evident that the weakest link is tardiness or failure of some Service Coordinators to:

- ***send participant's initial and annual HASCI Waiver budget for this service and any subsequent revisions to the Fiscal Agent;***
- ***send copies of authorizations of this service to the Fiscal Agent;***
- ***send copies of notices of service reduction, service suspension, or service termination to the Fiscal Agent; and***
- ***obtain service logs at least monthly; review and address any service provision issues***

A notice to Service Coordinators and Supervisors is being prepared to clarify these responsibilities. The notice will be completed and sent no later than March 31, 2014.

This clarification will be incorporated into the HASCI Waiver Manual no later than April 15, 2014.

SERVICE COORDINATOR RESPONSIBILITIES

HIGH PRIORITY

IA reviewed eighteen (18) self-directed consumer files and the personnel files for the applicable attendants for the period July 1, 2012 through September 30, 2013. We found the following:

One consumer passed away in March, 2013. The attendant notified the FA via written letter. The HASCI Form 11 (the form used for termination of services) was not received by the FA from the SC as of our audit date.

One consumer moved out of state. The HASCI Form 11 was received by the FA 18 months after the consumer moved out of state. The attendant continued to file timesheets and was paid for 18 months even though no services were provided. This case has been turned over to the Attorney General's office for review.

One consumer had HASCI Form 11 completed and forwarded to the FA three years after termination of services.

Currently, there is no documented requirement that a HASCI Form 11 be forwarded to the HASCI FA by the SC.

Six of 18 (33%) consumers did not have their 2014 waiver budgets in their files at the FA office. While this budget is required to be completed by the SC on an annual basis, there is no documented requirement that this budget be forwarded to the HASCI FA to ensure all services were appropriate, as well as properly approved and authorized.

Chapter 4, pages 12 and 13 of the HASCI Waiver Procedural Manual states that an individual must be terminated/dis-enrolled from the HASCI Waiver when: 1) the individual dies, or 2) the individual moves out of state. Page 13 goes on to state that "When the Service Coordinator determines an individual must be terminated (dis-enrolled) from the HASCI Waiver, he/she must: ...

Notify all providers that the Waiver services for the individual must be terminated by completing the Notice of Termination Form (HASCI Form 11)."

Chapter 5, page 2 states "HASCI Waiver budgets are approved during the fiscal year (7/1-6/30). Each year in June, the Waiver Tracking System will "roll-over" the previous year's budgets. The Service Coordinator must review these budgets annually for individuals enrolled in the HASCI Waiver and revise them to reflect the need for the entire fiscal year."

Currently, there are some weaknesses in the HASCI Self-Directed Program design regarding communication, monitoring, and reporting to all effected parties. Failure to document all procedural controls as well as failure to comply with all the requirements of the HASCI Waiver Procedural Manual may permit unauthorized individuals to be compensated, incorrect payments to attendants, and poor record keeping.

Action Plan

HASCI Division has reviewed the (HASCI Waiver) Self-Directed Attendant Care (UAP Option) related to communication, monitoring, and reporting to affected parties.

It is evident that the weakest link is tardiness or failure of some Service Coordinators to:

- ***send participant's initial and annual HASCI Waiver budget for this service and any subsequent revisions to the Fiscal Agent;***
- ***send copies of authorizations of this service to the Fiscal Agent;***
- ***send copies of notices of service reduction, service suspension, or service termination to the Fiscal Agent; and***
- ***obtain service logs at least monthly; review and address any service provision issues***

A notice to Service Coordinators and Supervisors is being prepared to clarify these responsibilities. The notice will be completed and sent no later than March 31, 2014.

This clarification will be incorporated into the HASCI Waiver Manual no later than April 15, 2014.

ENROLLMENT REQUIREMENTS

HIGH PRIORITY

IA reviewed the contract between the HASCI Attendant Care-Fiscal Agent program and DDSN for the period July 1, 2012 through June 30, 2013. We found that the contract states: "The contractor must prohibit employment of individuals with a conviction or prior employment history of child or consumer abuse, neglect or mistreatment."

Additionally, we reviewed the HASCI Waiver Procedural Manual for attendant minimum qualifications and found similar verbiage regarding abuse, neglect, and mistreatment of individuals. The HASCI Waiver Manual states: "No known conviction for abuse, neglect, or exploitation of adults or of children." However, the HASCI Waiver Manual also contains as a minimum requirement; "No record of exclusion or suspension from the Medicare or Medicaid Programs."

During our review we noted that a separate contractor, the USC-CDR, conducts a List of Excluded Individuals and Entities (LEIE) check as well as a SLED criminal background check on potential attendants. However, Department of Social Services Child Abuse and Neglect Central Registry (Central Registry Check) checks are not being completed by either contractor.

Since all documents reviewed reference child abuse, DDSN needs to determine if it was the original intent for the Central Registry Check to be conducted on potential applicants and, if so, ensure the preferred contractor conducts these checks.

Article IV, Paragraph F, Item 2, of contract number 2013-76 between DDSN and HASCI Attendant Care-Fiscal Agent states: "The contractor must prohibit employment of individuals with a conviction or prior employment history of child or consumer abuse, neglect or mistreatment." Additionally, the HASCI Waiver Manual states: "No known conviction for abuse, neglect, or exploitation of adults or of children."

Attendant Care-Fiscal Agent staff did not always comply with the contract terms noted in Article IV, Paragraph F, Item 2, of contract number 2013-76. Failure to comply with all the requirements of DDSN contract 2013-76 and the HASCI Waiver Procedural Manual may permit unauthorized individuals to be employed as attendants. In addition, possible duplication of payment by DDSN exists if both contractors referenced above were originally funded to conduct these checks, yet neither party is providing the desired service.

Action Plan

DHHS does not require the use of the Central Registry Check, DDSN contracts with USC-CDR to conduct a List of Excluded Individuals and Entities (LEIE) check as well as a SLED criminal background check on potential attendants. Should DDSN desire the Central Registry Check be conducted, it will discuss adding that responsibility with USC-CDR or whoever handles the function at that time. DDSN will ensure compliance with the added function through contractual language.

Effective date: March 12, 2014.

WORKERS COMPENSATION

HIGH PRIORITY

IA reviewed contract 2013-76, the HASCI Waiver Procedural Manual, and eighteen (18) self-directed consumer files and the personnel files for the applicable attendants. We found the following:

Internal Revenue Service (IRS) forms SS4, 8821, and 2678 are required per the University Affiliated Program (UAP) section of the HASCI Waiver Procedural Manual "UAP Attendant Care Services, Checklist of Items Needed."

One purpose of these forms is to establish an Employer Identification Number (EIN) if one is not already assigned to the HASCI participant (employer).

While the establishment of an EIN for each HASCI participant (employer) and section 4 D. of the UAP section of the HASCI Waiver Procedural Manual states "Under South Carolina Law employers who have 4 or more employees are required to have a Workman's Compensation Insurance Policy. For this reason no Waiver participant/RP/employer may have more than 3 employees authorized without having proof of a Workman's Compensation Insurance Policy." The fact that the FA is not using the consumer/participant EIN as the employer EIN on the attendants W-2 forms could risk exposure against potential workers compensation claims to be filed against the FA.

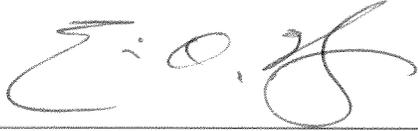
The purpose of filing for an EIN number is to establish the consumer as the employer of record.

The FA currently does not use the HASCI participant/employer EIN number on the attendants W-2 form. Based on the W-2 forms, the FA could be found to be the employer of record for the attendants. The FA could risk exposure for workers compensation insurance claims from attendants as a result of using their own EIN instead of the participant/employer EIN on the attendants' W-2 forms. DDSN as the funding agency for the FA, and JCDSNB may have potential risk as a result of possible workers compensation claims.

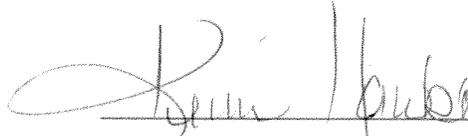
Action Plan

DDSN executive management will review the HASCI self-directed program as it relates to the household employer agent payroll and potential workers compensation claims.

Effective date: March 12, 2014.



Eric Baker, CIA
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

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August 28, 2012

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Mr. David Foshee

Director, Division of Information Technology

SCDDSN

P. O. Box 4706

Columbia, SC 29240

Dear Mr. Foshee:

Attached is our follow-up report on the DDSN Information Technology Division's (IT's) audit of the automated inventory system. In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

We appreciate the cooperation of IT's staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc: Dr. Beverly Buscemi
DDSN Commission Members
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 13-05
Central Office Information
Technology Division Follow-Up
August 23, 2012**

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Internal Audit Report 13-05
Central Office
Information Technology Division
Follow-Up
August 23, 2012

Background, Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with mental retardation, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. It is the mission of DDSN to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimizing the occurrence and reducing the severity of disabilities through prevention. To that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's Internal Audit conducted a follow-up review of the Information Technology Division (IT). Our review was based on the concern that the existence of a statewide integrated information processing and communications network, inclusive of the hardware necessary to maintain such a network, is a strategic resource requirement for carrying out the mission critical activities of the agency. We reviewed internal controls over how IT monitors its assets and inventories. This includes how assets such as computers are tracked; as well as how the maintenance of the IT asset database is updated so the location of all computer equipment is known. Specifically, our review tested IT's compliance with agency procedures for the following:

- Fixed Asset Manual, Chapter 2, entitled Computer Equipment Decaling and Transfer;
- Finance Manual, Chapter 8, Section 8.1, entitled Capitalization Criteria, "Equipment," it states: "all computers regardless of cost must have a DDSN decal applied and be tracked ..."; and,
- DDSN directive 367-02-DD, "Acquiring Information Technology (IT) Products and Services" which requires that IT monitor the procurement, approve receipt, and coordinate installation of all IT products.

DDSNs' Internal Audit Division performed a follow-up audit of IT to determine the status of the finding noted in Internal Audit Report 11-03 which was a limited review of IT's operations. IT has made significant progress by correcting three of the five previous conditions; however, we did note two prior concerns as detailed in this report.

In order to communicate our professional opinion of the importance of the finding in this report, we have ranked the concern as a high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate IT management and were not included in this report.

The scope of the audit encompassed the period June 1, 2011 through June 26, 2012. An entrance conference was held with the IT's management on June 26, 2012 with field work completed on August 22, 2012 and an exit conference conducted on August 23, 2012.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of IT was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our finding follows:

FINDING AND ACTION PLAN

In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

COMPUTER EQUIPMENT INVENTORY SYSTEM

HIGH PRIORITY

DDSN's Internal Audit Division performed a follow-up audit of the Central Office Information Technology Division (IT) to determine the status of the one finding noted in Internal Audit Report (IAR) 11-03. IAR 11-03 was a review of IT's internal controls over monitoring of its assets and inventories. It should be noted IT has made progress by creating a formal policies and procedures manual to track the movement and monitoring of computer equipment and implementing a new automated computer equipment tracking software named "Spice Works" in March 2011. This software is designed to: automatically track the addition of new equipment as it comes in contact with the DDSN network; create work orders for computer equipment repair; and track computer equipment inventory.

Our review of the new computer software found that the computer equipment inventory listing still was not always accurate. For our review, we judgmentally selected 73 computer equipment items from the computer equipment listing to trace to the floor, and 30 computer equipment items from the floor to trace to the computer equipment listing. Based on our review, we determined the following:

1. IT has not implemented an annual, manual inventory review to verify that the inventory system is working properly. **(Repeat Condition)**
2. For one of 30 (3%) computer equipment items tested, we were unable to locate the item (a laptop) on the computer equipment inventory report. **(Repeat Condition)**

IT's corrective action plan for IAR 11-03 stated that IT will:

1. As part of the information technology inventory procedure, at least annually, a manual inventory of all items will be reconciled with the inventory system.

2. The information technology inventory procedure will include a step that requires the technician to manually verify that any new or redeployed equipment is accurately captured in the inventory system. Also, the manager of Information Technology Services will be required to conduct random checks to ensure that the inventory procedure is being followed.

Processes are not being fully implemented detailing controls per IT procedures for the computer equipment inventory listing, nor have controls been fully implemented to require technicians to manually verify that any new or redeployed equipment is accurately captured in the inventory system. Also, controls have not been implemented to ensure the automated inventory system captures information products connected to the DDSN network.

Failure to fully implement internal controls designed to account for and control IT equipment could result in the loss or misappropriation of information technology equipment without timely detection.

Action Plan

1. ***An annual physical inventory review was not performed due to lack of personnel to perform the review. We will change our procedures to eliminate the requirement that a central office employee go to each regional center and perform a physical inventory review. We will ask each regional center IT employee to complete an annual physical inventory review then sign a statement that the inventory has been completed and is accurate.***

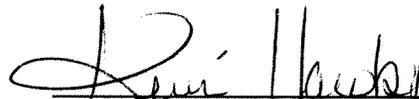
Implementation Date: September 28, 2012

2. ***We found that Laptops are sometimes not being picked up by the inventory system because they are not connected to the network when the scan occurs; most laptops are taken home each day by the user. The inventory scan is performed during off hours sometime in the early morning between 1:00 am and 6:00 am. To remedy this problem we have found an inventory system client that will be loaded on each laptop. This client software will “phone home” when the laptop is connected to a network.***

Implementation Date: December 14, 2012



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
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August 6, 2012

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Harvey E. Shiver
Katherine W. Davis

Mr. Daniel Davis, Director
SCDDSN
P O Box 4706
Columbia, SC 29240

Dear Mr. Davis:

Attached is our report on the audit of the Midlands Autism Division.

We appreciate the cooperation of the Midlands Autism staff in working with us on the audit, and you and your staff are commended on your performance in managing individual funds and property for the people served.

Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Yacobi".

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/smh

Enclosure

cc: Dr. Beverly Buscemi
DDSN Commission Members
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 13-04
Midlands Autism Division
August 6, 2012**

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Internal Audit Report 13-04 Midlands Autism Division August 6, 2012

Background

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department operates a residential program for individuals with autism, managed by three regional offices: Piedmont, located in Spartanburg; Midlands, located in Columbia; and Coastal, located in Charleston. These services are offered in a variety of residential settings which offer varying levels of supervision and supports to meet the needs of each individual. The Midlands Autism Division offers residential services to three individuals residing in one Community Training Home II and one individual residing in a Supervised Living Program I.

Autism Division staff are responsible for safeguarding these residents' personal funds and property. In accordance with DDSN directives, the Autism staff account for the consumers' personal funds as well as take periodic inventories to account for the consumers' personal property.

Purpose and Scope

DDSN Internal Audit performed a limited review of residential consumers' personal funds and property served by the Midlands Autism Division. During our review, deficiencies were discovered which, in our opinion, represented minimal exposure to the Division. These were informally communicated to Autism management and were not included in this report.

We selected all four residential consumers (100%) being served by Midlands Autism Division to perform an audit of their personal funds and property.

The scope of the audit encompassed the period June 1, 2011 through May 31, 2012. An entrance conference was held with Autism staff on June 28, 2012 immediately followed by the field work and an exit conference was conducted on August 6, 2012.

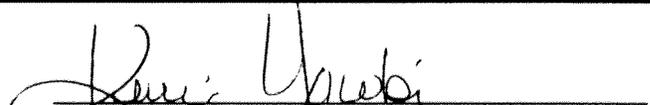
Summary

Our audit disclosed no areas of concern related to compliance regarding consumers' personal funds and property that are considered reportable conditions.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD. Our review of the Midlands Autism Division was limited in scope and would not necessarily have detected other significant deficiencies that may exist.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

State Director

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July 16, 2012

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Nancy L. Banov, M.Ed.

Harvey E. Shiver

Katherine W. Davis

Mr. John Hitchman
Facility Administrator
714 National Cemetery Rd.
Florence, SC 29506

Dear Mr. Hitchman:

Attached is our report on the consumer funds/property audit with a limited review of operations of the Pee Dee Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the Pee Dee Center staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc: Dr. Beverly Buscemi
DDSN Commission Members
Mr. Rufus Britt
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 13-01
Pee Dee Center
June 29, 2012**

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Internal Audit Report 13-01

Pee Dee Center

June 29, 2012

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Ladson, Florence and Hartsville. These centers serve persons with the most complex needs. Pee Dee Center, located in Florence handles consumers' personal funds for 116 individuals in 9 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Pee Dee Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property. In addition, the Center manages cash funds to include a Client Bank fund in the amount of \$2,000 and a State petty cash fund of \$300.

We reviewed the internal controls over cash maintained at the Center and consumers' personal funds and property. The purpose of our review was to test the Center's compliance with the following policies and directives to ensure the Center properly safeguards cash maintained at the Center, as well as consumers' personal funds and property:

- 200-02-DD, "Financial Management of Personal Funds."
- 600-10-DD, "Individual Clothing and Personal Property."
- DDSN Finance Manual
- 200-12-DD, "Management of Funds for People Participating in Community Residential Programs"

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period November 1, 2011 through March 31, 2012. An entrance conference was held with management on May 4, 2012 immediately followed by field work that was completed on May 25, 2012. An exit conference was conducted with the Facility Administrator on June 22, 2012.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made with regard to cash management at the Center specifically regarding the two aforementioned areas. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over cash, and oversight of consumer funds in order to comply with DDSN directives.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

COMPLIANCE WITH 200-02-DD

HIGH PRIORITY

Consumers' personal funds were not always maintained in accordance with DDSN directive 200-02-DD "Financial Management of Personal Funds." We judgmentally selected 38 consumers to review their financial records and reviewed 70 disbursements to ensure that their personal funds were properly safeguarded. We found the following:

1. Two of 70 (3%) disbursements totaling \$550 did not have receipts attached to the Personal Funds Draft (PFD). It should be noted that both instances involved family members making purchases on behalf of the individual(s).
2. Three of 70 (4%) disbursements did not have proper signatures authorizing individuals to request or receive funds on behalf of the consumer.

DDSN directive 200-02-DD, "Financial Management of Personal Funds," (for Regional Centers and Community Management Providers) requires that within two business days after a withdrawal from the Regional Bank has been made, appropriately signed Personal Funds Draft/Group Withdrawal Drafts (PFD/GWDs) should be returned to the Regional Bank along with copies of all purchase receipts, Shopping Worksheet(s) and any unspent funds to be re-

deposited. The certification copies of all PFD/GWDs should be kept at the Regional Bank as a record of disbursement of funds for audit purposes.

Also, DDSN directive 200-02-DD under "Authorized Signatures" states Regional Finance Offices shall retain a Regional Bank Authorized Signatures Record for each Intermediate Care Facilities for Persons with Intellectual and Developmental Disabilities (ICF/ID-DD) residence. This form lists all staff and their accompanying signatures that are authorized to approve PFD/GWDs up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of a person. Qualified Intellectual Disability/Developmental Disability Professionals (QID/DDPs) are responsible for obtaining authorized signature forms associated with the Regional Bank and notifying the Regional Bank promptly of any changes.

Staff did not exercise due care to ensure that the requirements of DDSN directive 200-02-DD were being met. This weakens accountability for the consumers' personal funds that could result in loss through theft or misappropriation without timely detection.

Action Plan

- 1. The Finance Department will ensure that all receipts are returned for purchases made with consumer funds. In the event that a purchase is made by a family member and they fail to return the associated receipt the QIDP, Resident Manager and Director of Residential Services will document any and all correspondence and attempts made to obtain these receipts. Additional money for family outings/purchases will not be authorized until previous situations are resolved. If receipts are not obtained or lost, the QIDP or designee will document the attempts made to obtain the receipts and the interdisciplinary team will meet to determine if further disbursements will be granted. A statement will be added to the "Family Shopping Worksheet" informing family members of the above requirements and of the possibility that funds may not be disbursed in the future if there is a failure to comply.**
- 2. A correction has already been completed regarding the two staff members who were not listed as "authorized signatures" for consumer funds. Effective immediately, Finance staff will verify that staff is authorized to receive money on behalf of a consumer prior to disbursement.**

Effective Date: July 20, 2012.

CASH AT THE CENTER

HIGH PRIORITY

Pee Dee Center did not always adequately manage the State cash funds maintained on site. Internal Audit visited the finance office to review policies and procedures in regards to the \$300 State petty cash fund and the \$2,000 Regional Bank client fund maintained by finance. We found the following:

1. Internal Audit performed a cash count upon arrival at the Center. In the State petty cash lock box, there was a promissory note in the amount of \$150 which had been borrowed

from the Regional Bank client fund. A similar note was in the Regional Bank client fund indicating that the State petty cash owed it \$150.

2. Replenishment of the State petty cash fund is not requested weekly. Given the duration of time between requests (i.e., several weeks) and the amounts requested for replenishment, if this procedure is followed, the petty cash fund would be sufficient for the Center.
3. Monthly counts of the cash for the Regional Bank client fund and the State petty cash fund were not performed by someone other than the cash custodian.

DDSN directive 200-12-DD, "Management of Funds for People Participating in Community Residential Programs" states that personal funds must not be borrowed, loaned or co-mingled by the Center for any purpose.

The DDSN Finance Manual Section 7.8 states that the replenishment of the State petty cash funds should be requested weekly. Additionally, Petty Cash Section 3.10 of the DDSN Finance Manual requires that the accounts should be reconciled and cash counted at least monthly or more frequently.

DDSN policies and procedures were not always followed by the Center's staff. Failure to adequately safeguard cash could result in loss through theft or misappropriation without timely detection.

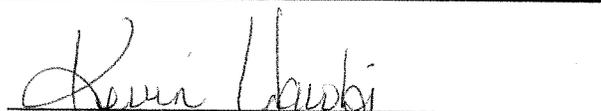
Action Plan

1. **Effective immediately, Finance staff will no longer borrow money from the consumer funds petty cash to the state fund petty cash to cover incidental expenses. The Director of Finance will submit weekly reimbursement requests to the SCDDSN Finance Department which will prevent the state petty cash balance from becoming depleted.**
2. **The Facility Administrator will ensure that the practice of borrowing money between petty cash boxes has been discontinued and that weekly reimbursement requests are being submitted to the SCDDSN Finance Department.**
3. **The Director of Quality Assurance for the Pee Dee Center will begin conducting monthly unannounced counts of both on-site petty cash boxes. This verification will be done in the presence of the Finance Director or her designee. The monthly verification will be documented and maintained in a file by the Director of Quality Assurance.**

Effective Date: July 20, 2012.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

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April 18, 2012

Mr. Wes Leonard
Facility Administrator
8301 Farrow Road
Columbia, SC 29203

Dear Mr. Leonard:

Attached is our report on the consumer funds/property audit with a limited review of operations of the Midlands Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the Midlands Center staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi".

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc:

Dr. Beverly Buscemi
DDSN Commission Members
Mr. David Goodell
Mr. John King
Dr. Kathi K. Lacy
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**Internal Audit Report 12-11
Midlands Center
March 26, 2012**

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Internal Audit Report 12-11

Midlands Center

March 26, 2012

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Ladson, Florence and Hartsville. These centers serve persons with the most complex needs. Midlands Center, located in Columbia handles consumers' personal funds for 171 individuals in 8 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Midlands Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

We reviewed the internal controls over cash maintained at the Center, consumers' personal funds and property. The purpose of our review was to test the Center's compliance with the following directives to ensure the Center properly safeguards cash maintained at the Center consumers' personal funds and property:

- 200-02-DD, "Financial Management of Individuals' Personal Funds."
- 600-10-DD, "Individuals' Clothing and Personal Property."
- DDSN Finance Manual

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the

organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period January 1, 2011 through December 1, 2011. An entrance conference was held with management on November 29, 2011 with field work completed on March 15, 2012 and an exit conference conducted with Center Finance staff on March 16, 2012.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made with regard to all cash at the Center and the two aforementioned areas. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over the cash, and oversight of consumer funds and property in order to comply with DDSN directives.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

CASH AT THE CENTER

HIGH PRIORITY

Midlands Center did not always adequately safeguard petty cash maintained on site. Internal Audit visited the administrative officer of the day (AOD) to review policies and procedures in regards to the \$100 petty cash fund maintained by the AOD for minor consumer purchases and weekend purchases. We found the following:

1. The cash on hand and the cash-on-hand ledgers did not agree. The cash was short by \$12.91.

The AOD stated the shortage was due to cash that was given to staff for consumers. After the purchase is made, staff would bring back a receipt, and then it would be logged into the ledger.

2. A monthly count of the petty cash funds held by the AOD has not been performed by someone other than the cash custodian.

In addition, we also reviewed internal controls for cash maintained at the Center in the Finance Department and determined the following:

3. A minimum cash receipts threshold does not exist that would mandate a deposit be made that same day. For example, any cash received in excess of \$500 should require a deposit be made that same day.

4. Monthly counts of the cash for the client bank funds were not performed by someone other than the cash custodian.

Petty Cash Section 3.10 of the DDSN Finance Manual requires that petty cash vouchers be used for all disbursements of cash. Also, the account should be reconciled and cash counted at least monthly.

Proper internal controls should be developed to support the protection of agency assets. Cash controls include actions to ensure all cash receipts are recorded and deposited promptly, based on guidelines to be established.

New policies and procedures were not established after the Center's personnel decreased that caused many employees' duties to increase without formal training or procedures. Failure to adequately train personnel on the proper controls to safeguard cash could result in loss through theft or misappropriation without timely detection.

Action Plan

1. ***Midlands Center's procedures for managing funds held in Campus Supervision (OD Office) have been updated and require that a copy of the approved PFD and/or GWD form be retained in the OD Office for all disbursements. Campus Supervision staff will receive in-service training on the updated procedures (April 2012).***
2. ***Starting in April 2012, Midlands Center Finance Office will initiate monthly random audits of cash funds held in Campus Supervision. A petty cash reconciliation form will be used and retained in an audit binder.***
3. ***Starting in April 2012, Midlands Center's will ensure that receipts of cash funds or the accumulation of cash funds in excess of five hundred dollars will be deposited into a commercial bank account within one business day.***
4. ***Starting in April 2012, Midlands Center Finance will institute random monthly audits of its petty cash account using the petty cash reconciliation form. These audit forms will be kept in the same binder used for the Campus Supervision cash audits.***

Effective Date: April 13, 2012.

PERSONAL PROPERTY

HIGH PRIORITY

Residential staff did not maintain consumers' personal property records in accordance with DDSN directive 600-10-DD, "Individual Clothing and Personal Property – Regional Centers". We judgmentally selected 35 consumers and reviewed their PPRs to verify that their personal property was properly accounted for and was in their possession. We found the following:

1. For one consumer, items purchased on her shopping worksheet and receipts could not be located in her room. The shopping worksheet reflected a Samsung DVD player and

an Insignia Portable CD Player with CDs and DVDs being purchased. We found no evidence of any of the items being located in her room or in the facility. Staff stated that these items were located at her mother's home, but there was no documentation available to support this statement.

2. Thirty of 35 (86%) consumers' PPRs did not always contain adequate descriptions of their large dollar personal property items.
3. Twenty-six of 35 (74%) consumers' PPRs did not reflect that a quarterly inventory was being performed.
4. Twenty-five of 35 (71%) consumers' had items that cost \$50 or more located in their rooms that were not listed on the personal property record.
5. Twenty-three of 35 (66%) consumers' PPRs contained items that were broken. These items should be recorded as broken, deleted from the property record and proper disposition of the item should occur.
6. Twenty-one of 35 (60%) consumers' PPRs did not contain the serial and/or model numbers for their large dollar non-clothing property items.

DDSN directive 600-10-DD, "Individual Clothing and Personal Property - Regional Centers", requires that consumers' PPRs should contain adequate descriptions and reflect at least a quarterly inventory. In addition, the "Personal Property Record" should be kept current. Items that need to be disposed of should follow deletions methods. Also, serial numbers of items such as television sets, bicycles, stereo units, etc. should be listed on the "Personal Property Record."

DDSN directive 200-02-DD, "Financial Management of Personal Funds," states that any items purchased over \$50 should be recorded on the owner's property record as soon as possible after the purchase has been made.

Staff did not always monitor or maintain personal property according to the requirements of DDSN directives 600-10-DD and 200-02-DD.

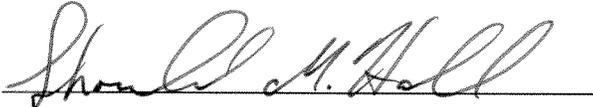
Failure to comply with DDSN directives 600-10-DD and 200-02-DD weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

Action Plan

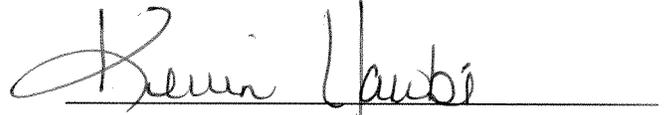
1. ***The personal property for the individual in question was located at her mother's house. Personal property records will provide the specific location of any item that is not stored in the consumer's bedroom.***
2. ***Personal property item descriptions will be sufficiently detailed to allow positive identification (may include brand names, sizes, color, identifying numbers, etc.).***
3. ***The Qualified Intellectual Disability Professional [QIDP] will ensure that quarterly personal property records are completed at least quarterly.***
4. ***QIDPs will ensure that staff accurately records all personal property that meets the valuation criteria.***

5. *Residential staff will assist consumers in identifying personal property that is broken or damaged beyond repair. These items will be noted as damaged and disposed of properly.*
6. *In April 2012, the Residential/Day Supports Director provided in-service refresher training to the QIDPs on the process of personal property records management. The clothing inventory sheet has also been updated.*

Effective Date: April 13, 2012.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit



Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

Associate State Director

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August 12, 2010

Mr. David Foshee
Director, Division of Information Technology
SCDDSN
P. O. Box 4706
Columbia, SC 29240

Dear Mr. Foshee:

Attached is our report on the SCDDSN Information Technology (IT) Division's audit of the automated inventory system. In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding. We will review the implementation of IT's corrective actions in a follow-up audit.

We appreciate the cooperation of the Information Technology Division's staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc: **Dr. Beverly Buscemi**
SCDDSN Commission Members
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 11-03
Central Office
Information Technology Division
July 23, 2010**

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Internal Audit Report 11-03
Central Office
Information Technology Division
July 23, 2010

Background, Purpose and Scope

The SC Department of Disabilities and Special Needs (SCDDSN), as defined in the South Carolina Code of Law, serves persons with mental retardation, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. It is the mission of SCDDSN to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimizing the occurrence and reducing the severity of disabilities through prevention. To that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

SCDDSN's Internal Audit has conducted a review of the Information Technology (IT) Division. Our review was based on the concern that the existence of a statewide integrated information processing and communications network, inclusive of the hardware necessary to maintain such a network, is a strategic resource requirement for carrying out the daily mission critical activities of the agency. We reviewed internal controls over how the Information Technology Division monitors its assets and inventories. This includes how assets such as computers are tracked; as well as how the maintenance of the IT asset database is updated so the location of all computer equipment is known. Specifically, our review tested the Information Technology division's compliance with the agency's:

- Fixed Asset Manual, Chapter 2 Computer Equipment Decaling Procedure as well as the [Computer] Equipment Transfer Procedure;
- Finance Manual, Chapter 8, Section 8.1.5 "Equipment" which states "all computers, regardless of cost, must have a DDSN decal applied and [be] tracked ...";
- Departmental directive 367-02-DD "Acquiring Information Technology (IT) Products and Services" which requires that the Information Technology division will monitor the procurement, approve receipt, and coordinate installation of all IT products.

In order to communicate our professional opinion of the importance of the finding in this report, we have ranked the concern as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Information Technology division management and were not included in this report.

The scope of the audit encompassed the period June 1, 2009 through February 28, 2010. An entrance conference was held with the Information Technology Division's management on March 23, 2010 with field work completed on June 14, 2010 and an exit conference conducted on July 30, 2010.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and SCDDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the IT Division was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our finding follows:

FINDING AND ACTION PLAN

In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

COMPUTER EQUIPMENT INVENTORY SYSTEM

HIGH PRIORITY

The Information Technology (IT) division implemented an automated computer equipment tracking system on April 1, 2008. This system is designed to automatically track the addition of new equipment as equipment comes in contact with the SCDDSN network. Our review of the automated computer equipment inventory system and processes surrounding the system found there were no written policies and procedures in place to safeguard information technology equipment; the computer equipment inventory listing was not always accurate; and computer equipment purchases were not always recorded on the listing. For our review, we judgmentally selected 74 computer equipment items from the computer equipment listing to trace to the floor and 20 computer equipment items from the floor to trace to the computer equipment listing. We found the following:

1. There are no written policies and procedures in place for tracking movement and monitoring of computer equipment. Detailed documentation on how to properly transfer/surplus the relocation or removal of computer equipment items is not available. At the regional centers, we found that relocation of computer equipment was not being updated into the system as it occurred. In discussions with IT staff, it was noted that regional IT personnel do not report to the Director of IT.
2. For 18 of 74 (24%) computer equipment items tested, we were unable to locate the items. This could be due to items being relocated or removed from service. Since the implementation of the automated computer equipment tracking system, equipment has been removed or replaced; however, there has never been a deletion from the computer equipment inventory system. Although the system is designed to track additions of computer equipment automatically, any deletions from the system must be performed manually. Currently, there are no standard procedures in place to remove items from the automated computer equipment tracking system.
3. For seventeen of 74 (23%) items selected for testing, the computer equipment inventory did not include the location of the item, or for transferred equipment, the inventory was not updated to show the current location of the item.

4. For five of 74 (7%) items selected for testing, we were able to identify the items by their SCDDSN decal number; however, for these items the serial numbers and/or the asset description located on the item did not match the serial number and/or description listed on the computer equipment inventory report.
5. For one of 20 (5%) items tested, we were unable to locate the item (a newer laptop) on the computer equipment inventory report. After discussions with IT staff, we found the system that monitors inventory did not automatically detect eight items.

SCDDSN directive 367-02-DD "Acquiring Information Technology (IT) Products and Services" states that the Division of Information Technology will monitor the procurement, approve receipt, and coordinate installation of all IT products. Additionally, Chapter 8 of the SCDDSN Finance Manual, Section 8.1.5 "Equipment" states "all computers, regardless of cost, must have a DDSN decal applied and [be] tracked at the regional level."

Documented procedures are not in place detailing processes and accompanying controls for the computer equipment inventory listing. Lacking are processes to manually remove surplus/deleted items from the automated inventory system. In addition, controls have not been developed and implemented to ensure the automated inventory system captures information technology products connected to the SCDDSN network; nor is there a verification process to ensure locations, descriptions, and decal/serial numbers of computer inventory match the automated computer inventory listing.

Action Plan

1. ***Information technology will create a formal written procedure to track the movement and monitoring of computer equipment. The procedures will include instructions on how to use the new inventory software. These procedures will include a requirement that anytime a computer is moved the location information must be updated. Also, when information technology equipment is determined to be no longer useful the disposal information must be updated. The goal will be that the automated information technology equipment inventory system should provide accurate information at any time.***

Implementation Date: 9-1-2010

2. ***We feel that most of the items not found were removed from service, were obsolete and had no value to the agency. However, it is a manual, labor intensive process to go back through all of our surplus property documentation to verify that the items were removed from service. Information technology will do a complete manual inventory of all equipment and reconcile the inventory system with the manual inventory. Our equipment surplus procedure will include a step to verify that the equipment has been properly marked with the appropriate disposal method.***

Implementation Date: 12-31-2010

3. ***As part of the information technology inventory procedure, at least annually, a manual inventory of all items will be reconciled with the inventory system. Also, we***

will investigate the feasibility of conducting a mid-cycle inventory using a smaller random sample to verify that the inventory system is working properly.

Implementation Date: 12-31-2010

- 4. The information technology inventory procedure will include a step that requires the technician to manually verify that any new or redeployed equipment is accurately captured in our inventory system. Also, the manager of Information Technology Services will be required to conduct a random check to ensure that the inventory procedure is being followed.**

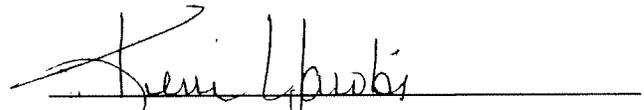
Implementation Date: 9-1-2010

- 5. IT is currently working with the vendor of our information technology automated inventory system to determine why the newly installed computers were not automatically picked up by the system. As part of our new equipment installation procedure information technology will manually verify that the inventory system is recognizing new equipment.**

Implementation Date: Completion unknown, currently working with vendor.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

Stanley J. Butkus, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
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William F. Bishop

December 29, 2008

Mr. Al Brumfield
Facility Administrator
P. O. Box 239
Clinton, SC 29325

Dear Mr. Brumfield:

Attached is our report on the consumer funds/property audit of the Whitten Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the Whitten Center staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi". The signature is written in a cursive style with a large, prominent "K" and "Y".

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc: **Dr. Stanley J. Butkus**
SCDDSN Commission Members
Mr. Robert W. Barfield
Mr. David Goodell
Mr. John King
Dr. Kathi K. Lacy
Mr. Wes Leonard

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**Internal Audit Report 09-04
Whitten Center
November 21, 2008**

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Internal Audit Report 09-04

Whitten Center

October 29, 2008

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (SCDDSN), as defined in the South Carolina Code of Law, serves persons with mental retardation, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. It is the mission of SCDDSN to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimizing the occurrence and reducing the severity of disabilities through prevention. To that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

SCDDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Ladson, Florence and Hartsville. These centers serve persons with the most complex needs. Whitten Center, located in Clinton, is SCDDSN's regional center for the piedmont area. The Center handles consumers' personal funds for 276 individuals in 16 residential facilities located on the Whitten campus. All of these individuals have funds deposited in the Regional Banking and Billing System (RBBS).

Whitten Center is responsible for safeguarding the consumers' personal funds and property held in trust by SCDDSN. In accordance with SCDDSN directives, the center accounts for the consumers' personal funds in the RBBS which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

We reviewed the internal controls over consumers' personal funds and property. The purpose of our review was to test the Center's compliance with the following directives to ensure the Center properly safeguards consumers' personal funds and property:

- 200-02-DD, "Financial Management of Individuals' Personal Funds."
- 200-09-DD, "Fees for Residential Services Provided by DDSN."
- 600-10-DD, "Individuals' Clothing and Personal Property."

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2007 through June 30, 2008. An entrance conference was held with management on October 1, 2008 with field work completed on November 14, 2008 and an exit conference conducted with Center Finance and Residential staff on November 19, 2008.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made with regard to these two areas. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls and oversight of consumer funds and property in order to comply with SCDDSN directives.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and SCDDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

COMPLIANCE WITH SCDDSN DIRECTIVE 200-02-DD

HIGH PRIORITY

Consumers' personal funds were not always maintained in accordance with SCDDSN directive 200-02-DD "Financial Management of Personal Funds." We judgmentally selected 40 consumers to review their financial records and reviewed 368 disbursements to ensure that their personal funds were properly safeguarded. We found the following: two of 368 (1%) disbursements totaling \$350, did not have receipts attached to the Personal Funds Draft (PFD).

SCDDSN directive 200-02-DD, "Financial Management of Personal Funds," (for Regional Centers and Community Management Providers) requires the confirmation (yellow) copies of the PFDs to be returned to Finance within two business days after any withdrawal, along with proof of purchase documentation. This copy should be used as an audit trail for disbursing or expending funds.

Staff are not exercising due care to ensure that the requirements of SCDDSN directive 200-02-DD are being met. This weakens accountability for the consumers' personal funds that could result in loss through theft or misappropriation without timely detection.

Action Plan

The two missing receipts resulted from consumers' family members failing to return receipts to Whitten Center Regional Bank. Management agrees with Audit's recommendation and will remind staff and family of the necessity of providing receipts to Regional Bank. We will also notify the appropriate Unit Administrator or QMRP for [timely] follow up with staff or family when receipts are not provided within the required time frame. Regional Bank will document these contacts for future reference.

A meeting has taken place between Whitten Center's Administrator of Support Services and the Director of Purchasing and Finance, concerning the retrieval of receipts and documentation of the Regional Bank's efforts to collect receipts and notify appropriate managers when receipts are not returned within the required time frame. This additional documentation will begin today, December 19, 2008.

COMPLIANCE WITH SCDDSN DIRECTIVE 600-10-DD

HIGH PRIORITY

Residential staff did not maintain consumers' personal property records in accordance with SCDDSN directive 600-10-DD, "Individual Clothing and Personal Property – Regional Centers". Residential staff did not always comply with the directive, which resulted in inadequate controls over the consumers' clothing and personal property to prevent loss or theft. We judgmentally selected 40 consumers and reviewed their personal property records to verify that their personal property was properly accounted for and was in their possession. We found the following:

1. Forty of 40 (100%) consumers' personal property records did not always contain adequate descriptions of their large dollar personal property items.
2. Forty of 40 (100%) consumers' personal property records did not contain the serial and/or model numbers for their large dollar non-clothing property items.

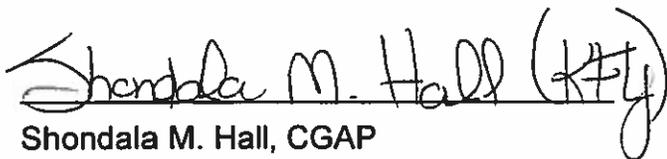
SCDDSN directive 600-10-DD requires that consumers' personal property records contain adequate descriptions and that serial numbers of items such as televisions, bicycles, stereo units, etc. are listed on the "Personal Property Record."

Staff did not always monitor or maintain personal property according to the requirements of SCDDSN directive 600-10-DD. Failure to comply with this directive weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

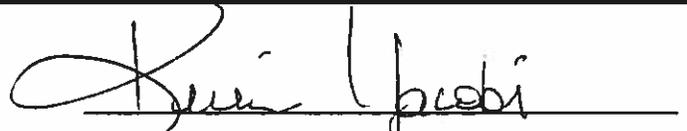
Action Plan

The administration agrees with the auditors' report. The clothing coordinators have been instructed to ensure that all personal items with a value greater than \$50.00 are inventoried. These staff will work with assigned unit staff to ensure that appropriate descriptions, model numbers and serial numbers are listed on the Personal Property Inventory form in the persons 20 Tab Folder. Unit staff will be trained in the policy and the process by clothing coordinators, supervisors and service coordinators. Clothing coordinators will also design a new form that provides a larger space for the description of the item.

We are currently in the process of re-training residential staff on directive 200-02-DD, Financial Management of Personal Funds with an emphasis on the recording of consumer's personal property. This training will be completed by January 16, 2009. We are also in the process of updating each consumer's personal property record and recording this information in the consumer's 20 tab folder. This process will be completed by Jan 30, 2009.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

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Otis D. Speight, MD, MBA, CPE

December 19, 2007

Mr. Martin Taylor, CPA
Director of Finance
SCDDSN
PO Box 4706
Columbia, SC 29240

Dear Mr. Taylor:

Attached is our report on the audit of the Service Units Reporting and Billings Department (SURB), which is part of the Finance Division at SCDDSN Central Office. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the SURB's corrective actions in a follow-up audit.

We appreciate the cooperation of the SURB staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi".

Kevin Yacobi, QIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah
Enclosure:
cc: Dr. Stanley J. Butkus
SCDDSN Commission Members
Mr. Robert W. Barfield

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Abbreviations Frequently Used in this Report

A/R	Accounts Receivable
CLTC	Community Long Term Care
CTS	Census Tracking System
DSN	Disabilities and Special Needs
ECF	Edit Correction Form
ED	Executive Director
EI	Early Intervention
FFP	Federal Financial Participation
FY	Fiscal Year
HASCI	Head and Spinal Cord Injury
HCB	Home and Community Based
ICF/MR	Intermediate Care Facilities for Persons with Mental Retardation
ISR	Individual Service Report
Medical Manager	Companion Technology's Medical Manager System
MMIS	Medicaid Management Information System
MR/RD	Mental Retardation/Related Disabilities
SCDDSN	South Carolina Department of Disabilities and Special Needs
SCDHHS	South Carolina Department of Health and Human Services
SECF	Service Error Correction Form
SPL	Service Provision Log
STS	Service Tracking System
SURB	Service Units Reporting and Billings Department of SCDDSN
TAD	Turn-around Document
TAG	Total Accounting for Government, SCDDSN's Accounting System



Internal Audit Report 08-03
SCDDSN Central Office
Service Units Reporting and Billing
Department
January 31, 2007

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Internal Audit Report 08-03
SCDDSN Central Office
Service Units Reporting and Billing
Department

January 31, 2007

Background

The South Carolina Department of Disabilities and Special Needs (SCDDSN), has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. SCDDSN provides 24-hour residential care for individuals with the most complex and severe disabilities at five regional facilities across the state. SCDDSN provides services to the majority of eligible individuals in their home communities through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs (DSN) Boards, serve every county in South Carolina and are the local, single point of entry into the state's organized disability service delivery system. At the time of the audit, SCDDSN provided services to approximately 27,500 persons with mental retardation and related disabilities, autism, head and spinal cord injury. Home and community-based (HCB) waiver services are provided to approximately 5,300 individuals. Other in-home supports are provided for 1,065 persons that enable them to remain in their own home or their family's home. Turnover is very limited in the service system as severe disabilities are life-long and many people are waiting for the essential services they need to be more independent. Each month SCDDSN receives 400 requests from new people requesting eligibility and services. SCDDSN has 1,908 people waiting for residential services and a waiting list of 1,040 people for day and employment programs.

The DSN Boards are established by the SC Code of Laws as the administrative, planning, coordinating, and service delivery bodies for services funded by the Agency. In addition to the local DSN Boards, SCDDSN contracts with private service providers.

As directed over many years by Governors' administrations and the General Assembly, SCDDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. SCDDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. Almost every service SCDDSN provides has some cost expensed to Medicaid across all programs, services, and populations served. SCDDSN receives/utilizes approximately \$300 million in federal Medicaid funding to provide services. For fiscal year 2006 (FY2006), Medicaid funding provided 63% of service costs.

SCDDSN contracts with the DSN Boards to provide or arrange for an array of services to consumers, most of whom are eligible for Medicaid funding. The band payments from SCDDSN to the DSN Boards comprise an advance payment system for both Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) services as well as for home and community-based services. At the beginning of each month, SCDDSN advances funding to each DSN Board based on the number of consumers

within each "band" at that particular board. The rate depends on the level of residential care and intensity of services that the consumers in each band are expected to need.

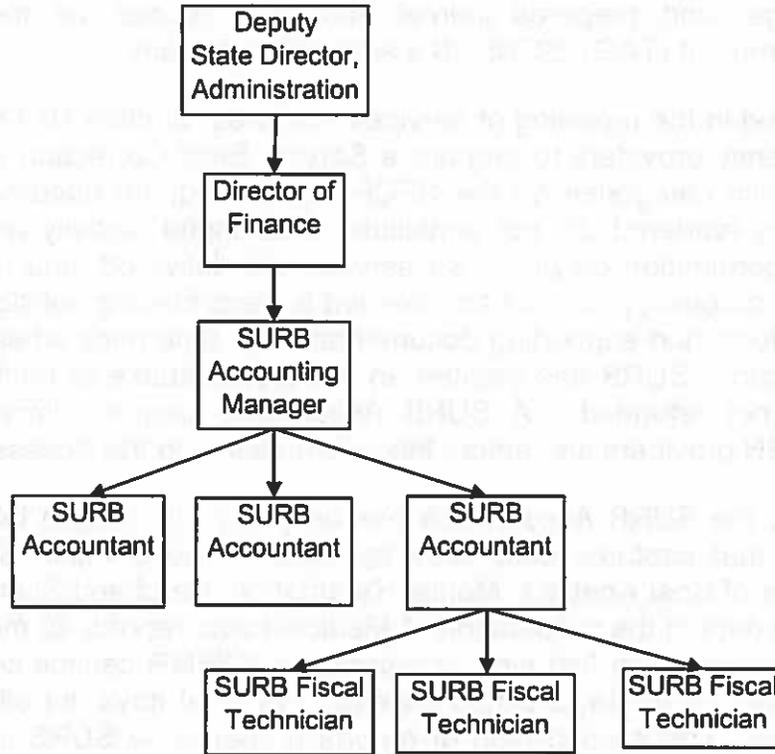
The DSN Board provides the services required by the consumers' individual plan of care (single plan) and then sends various service reporting documents (i.e., service provision logs, individual service reports, etc.) by the 5th day of the following month to the Service Units Reporting and Billings Department (SURB), which is part of the Finance Division at SCDDSN Central Office. SURB processes the expenditures and mails the Medicaid-reimbursable portion to the South Carolina Department of Health and Human Services (SCDHHS) for payment. The Medicaid reimbursement for waiver services is based on average, statewide interim rates that are later settled to actual costs. Multiple services are bundled into a single rate, and there are individual rates for the residential program, adult day program, respite care, and personal care. SCDDSN is paid the same rate for each waiver consumer depending on the individual service and number of units provided. In other words, SCDDSN is not reimbursed the same amount it forwards to the DSN Boards, but rather is reimbursed based on individual service rates. SCDDSN is required to furnish the state share out of its own state general fund appropriations and other sources of funds eligible for matching purposes. SCDHHS reimburses SCDDSN for the federal share (approximately 70%) of Medicaid costs incurred.

Not all costs covered by the band payments are Medicaid-reimbursable. SCDDSN uses the band system regardless of whether the consumer and/or the service are Medicaid-eligible. The band payment is expected to cover all waiver program costs for consumers, even though some waiver services, such as dental care and additional prescription drugs, are not provided by the DSN Board but by private providers who bill Medicaid directly. Each month, SCDDSN receives a tape from SCDHHS with information on the amount of services for waiver recipients billed directly to SCDHHS; SCDDSN then subtracts this amount from each DSN Board's next band payment.

SCDDSN utilizes the "home-board" principle whereby the "home-board" is the DSN Board designated to receive the reporting documents on which services provided to consumers are reported to SURB. The Babcock Center, Inc., Charles Lea Center, Inc., and Berkeley Citizens, Inc. are SCDDSN contracted entities and are considered DSN Boards for the purpose of assigning "home-boards". For those consumers who have a funding band, the "home-board" is the DSN Board that receives the funding band payment. The "home-board" is responsible for reporting all services for consumers by completing the necessary reporting documents and returning them to SURB. The "home-board" is responsible for reporting not only regular "home-board" provided services, but also any service provided by another DSN Board or qualified provider. After the initial assignment of a "home-board," subsequent changes may be requested (which are processed by SURB).

SURB Overview

The organizational structure of the Service Units Reporting and Billing Department (SURB) within SCDDSN is as follows:



SURB uses Companion Technology's Medical Manager System (Medical Manager) to enter claim information for services rendered to consumers. As previously noted, providers are required to send various service reporting documents, including service provision logs, individual service reports, etc., by the 5th of the following month to SURB. This information is manually keyed by the SURB Fiscal Technicians into Medical Manager. Claim information is then transmitted in Medical Manager through McKesson, which is a clearinghouse, through a translator that converts this information into language that the Medicaid Management Information System (MMIS) can understand, to the SCDHHS. SCDHHS sends Remittance Advices to SCDDSN that show which claims were paid and those that were rejected. Using this information, the SURB Fiscal Technicians manually key the payment information into Medical Manager.

SCDDSN's billing process is driven by the Service Tracking System (STS), which tracks information about the individuals applying for and receiving services. The system collects intake, eligibility, waiting list, service assignment, and service delivery data for billing and reporting purposes. STS is primarily maintained by staff assigned to coordinate services for individuals requesting/receiving services from SCDDSN. STS users (SCDDSN providers) are responsible for updating the system on a timely basis.

Reimbursable services, including Head and Spinal Cord Injury (HASCI) services and environmental modifications, are paid for by SCDDSN providers up-front, who then submit appropriate

documentation to SURB for reimbursement. Providers will then be reimbursed by SCDDSN for these services if budgeted funds are available and dates of service are within Medicaid guidelines (< 1 year). SCDDSN will then seek payment from SCDHHS (Medicaid).

Activity posted in Medical Manager is reconciled each day by the SURB Fiscal Technicians to ensure that keying errors are timely detected. Each month, the SURB Accountant reconciles activity keyed into Medical Manager and prepares journal entries to record the month's activity into Total Accounting for Government (TAG), SCDDSN's accounting system.

When errors are found in the reporting of services rendered, Section 10.13 of the SCDDSN Finance Manual instructs agency providers to prepare a Service Error Correction Form (SECF). Errors are grouped into four main categories on the SECF: (1) Inadequate documentation of the service(s) rendered; (2) Service rendered did not constitute "meaningful" activity and should not have been reported (Service Coordination only); (3) No service was delivered; and (4) Other (requires a brief explanation). Once complete, providers are directed to send the original signed SECF to SURB, who will then review the form and supporting documentation to determine whether a refund to SCDHHS (Medicaid) is necessary. SURB has created an Access database to track SECFs, including those where Medicaid is not refunded. A SURB Accountant captures information from the SECFs submitted by SCDDSN providers and enters this information into the Access database.

On a monthly basis, the SURB Accountants manually key information into two types of statistical reports using Excel that captures data used by other divisions within SCDDSN and by external parties. The Divisions of Cost Analysis, Mental Retardation, Head and Spinal Cord Injury, and others at SCDDSN use this data in the preparation of Medicaid cost reports, to monitor billings and units of service, and in other ways. The first type of reports are ICF/MR census count reports, which show: actual billed days, actual paid days, actual census days, total days not billable, total days pending, and other information. The second type of reports prepared by SURB includes various statistical reports, which shows monthly and year to date activity for: Medical Manager, Mental Retardation/Related Disabilities (MR/RD) Waiver, HASCI Waiver, Caregiver Services, Early Intervention (EI) Services, and Units of Service Information for Rehabilitation Support Services, HASCI, and Autism.

SURB is also responsible for processing ICF/MR revenue and receivables. Turn-around documents (TADs) are created each month based on information input by the Regional Claims and Collections Officers using SCDDSN's Census Tracking System (CTS). If a consumer is present at midnight in an ICF/MR, they are counted as present. The current system has been set up to reflect all consumers as present every day of the month. If a consumer is not present, for example if they are hospitalized or on a home-visit, this information would need to be recorded on the TAD. Each month, SURB reviews the Remittance Advices from SCDHHS and compares this information with what has been reported on the TADs. Information for each consumer shown on the TAD is keyed by a SURB Accountant into an Excel spreadsheet. Several other Excel spreadsheets are utilized to account for rounding differences, calculation errors, General Ledger posting errors or timing differences, and outstanding balances. Once differences have been reconciled, journal entries are created to record ICF/MR billings, income, and posting errors in TAG.

Purpose and Scope

SCDDSN Internal Audit has conducted a review of SURB due to the critical functions performed by this area, including billing Medicaid for reimbursement and reporting service units received by SCDDSN consumers. SURB was selected for review by the Director of Internal Audit, with input from the Director of Finance.

Our audit primarily focused on five areas of responsibility within SURB: keying of data; reconciliations; census/statistical reporting; Medicaid billings and remittances; and Service Error Correction Forms (SECFs).

The objectives of the audit include the following:

1. To determine whether activity (including Medicaid billings and remittances), keyed into Medical Manager is timely and properly posted into TAG;
2. To determine whether Medicaid billings and corresponding income is timely and properly posted into TAG;
3. To determine whether reconciliations are timely prepared and reviewed, mathematically accurate, and reflect proper balances;
4. To determine whether accounts receivable (A/R) balances per TAG are timely reconciled to Medical Manager and whether reconciling items, errors, and adjustments are reasonable and proper;
5. To determine whether monthly census/statistical reports reflect accurate and timely information and meet users' needs;
6. To determine whether errors in the reporting of services rendered are being reported (via SECF) by providers to SURB.
7. To determine whether SCDDSN and/or Medicaid are properly reimbursed due to reporting errors; and,
8. To determine whether Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual reflects current processes and clearly describes policies providers should adhere to.

In order to satisfy these audit objectives, we reviewed the following:

- The November 28, 2005 daily medical manager reconciliation and supporting schedules;
- The November 2005 monthly medical manager reconciliation and supporting schedules;
- The November 2005 monthly A/R reconciliations and supporting schedules for the following programs: Early Intervention (EI); Rehabilitative Services; HASCI Waiver; MR/RD Waiver; Service Coordination; and Physicians Services;
- The June 2005 ICF/MR A/R reconciliation and supporting schedules;

- The October 2005 ICF/MR census count reports;
- Various statistical reports for the October 2005 service month, and November 2005 reporting month;
- Activity (charges, receipts, and adjustments) keyed by the SURB Fiscal Technicians into Medical Manager for three judgmentally selected days in November 2005; and,
- A judgmentally selected sample of SECFs submitted to SURB by SCDDSN providers for the period July 1, 2004 through November 30, 2005.

We also sent a survey to the internal users (SCDDSN staff) of the various SURB reports (both census count and statistical reports) to get their input as to whether the reports are timely received, presented in an easy to follow format, were mathematically accurate, and reliable. Responders also had the opportunity to provide comments or suggestions on ways the reports could be improved. The purpose of the survey was to determine whether the reports prepared by SURB met these users' needs.

Conclusion

Based on our review, we concluded

- Activity (including Medicaid billings and remittances) is timely keyed into Medical Manager and is properly posted into TAG.
- Medicaid ICF/MR billings and corresponding income is timely and properly posted into TAG. However, we noted a number of posting errors were made to the ICF/MR A/R account, which resulted in correcting journal entries totaling \$380,448 to be posted. Unappropriated Fund Balance was charged, as these errors were not discovered until after FY2005, and had already been closed out in TAG. These correcting journal entries are considered prior period adjustments. (It should be noted this had no impact on Medicaid Cost Reports nor reimbursements.)
- For various November 2005 Medical Manager reconciliations and supporting schedules, we determined the reconciliations were not timely prepared, hard copies were not maintained, and the reconciliations were not supervisory or independently reviewed. Reconciliation balances did not agree with balances on TAG and/or Medical Manager, and the reconciliations included immaterial, stale (outstanding > 1 year) reconciling items. (It should be noted that these reconciliations have no impact on rates, reimbursements, revenues or statistical reporting.)
- For the June 2005 ICF/MR A/R reconciliation and supporting schedules, we found the account was not timely reconciled, hard copies of the reconciliation were not maintained, billings and adjustments were not timely posted in TAG, the reconciliation balance did not agree with TAG, and the reconciliation included a number of stale items.
- In various statistical reports for the October 2005 service month, and November 2005 reporting month, we found the preparer's name and date had been keyed into the spreadsheets (no original signature/initials and date) and that the reviewed lines had not been completed. The internal

users (SCDDSN staff) that responded to our survey indicated the statistical reports are being timely received, presented in an easy to follow format, usually mathematically accurate, and were reliable. However, opportunities for keying errors exist due to the considerable amount of data manually keyed by SURB into Excel spreadsheets to capture data for reporting purposes.

- The process SCDDSN providers should follow when errors are found in the reporting of services rendered is confusing and Medicaid is not being consistently refunded for some errors reported by providers to SURB on the SECFs.
- Several areas in Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual are unclear and/or do not reflect current processes.

In order to communicate our professional opinion of the importance of each finding in this report, we have ranked each finding as a high, medium or low priority.

During the course of our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to the auditee and were not included in this report.

Our review of SURB was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

Training Concerns

HIGH PRIORITY

During our review, we noted a number of control weaknesses/deficiencies due to the limited number of staff (five full-time employees and one part-time intern) in the SURB Department. Specifically, we found:

1. A fully proficient backup does not exist for many critical job functions performed by one SURB Accountant, including transmitting billings in Medical Manager to the SCDHHS, processing environmental modifications for Medicaid reimbursement, processing of HASCI services, and processing of SECFs.
2. There has not been any cross-training of the SURB Accountants. The SURB Accounting Manager is performing many of the job duties assigned to two SURB Accountants.
3. Procedures were not always documented in writing and/or were not always current.

Sound business practice and good internal controls require that more than one person should be fully trained and knowledgeable in all job functions. Procedures for key job functions should be documented in writing for training new employees and for use as a reference for current employees. Additionally, efficient use of agency resources requires staff to be timely and fully trained on their current job responsibilities, and that they perform the job duties for which they were hired.

Lack of cross-training of staff could result in delays in: billing Medicaid, preparing journal entries to record Medicaid billings, reconciling accounts, completing statistical reports, and other functions performed by these employees, should regularly assigned personnel be away from the office for any significant amount of time or terminate employment. Having the SURB Accounting Manager perform the job duties of the SURB Accountants is an inefficient use of the SURB Accounting Manager's time. The lack of written desk procedures will result in the training process for new employees to be a more difficult and time-consuming task, as supervisors or other employees may be required to spend more one-on-one time teaching the new employee how to perform their job duties. Non-current procedures provide employees with incorrect information about how job functions should be performed.

Action Plan

All SURB Accountants have completed their training, but will continue to require close supervision. The SURB Accounting Manager serves as a back-up to all SURB duties. Written desk procedures are in the process of being revised and updated and will be promulgated by the beginning of State Fiscal Year 2008. A rotation plan to foster cross training and back-up capabilities is currently being implemented. Other cross-training efforts are underway within the Division of Finance. All Finance employees are participating in this initiative and should be fully cross trained within this calendar year. The plan on reporting functions has been in place and will continue into the future as well.

Reporting Errors for Services

HIGH PRIORITY

The process SCDDSN providers should follow when errors are found in the reporting of services rendered is confusing and Medicaid is not being consistently refunded for some errors reported by providers to SURB on the SECFs. In our opinion, Medicaid should be refunded the federal share of \$21,101 (≈ 70% of \$30,143) for errors reported by providers on SECFs to SURB, where the agency has not refunded Medicaid.

Section 10.13 of the SCDDSN Finance Manual provides guidance to the Agency's providers regarding the use of the SECF when errors are found in the reporting of services rendered via Individual Service Report (ISR) or Service Provision Logs (SPLs). Errors may be found during reviews performed by supervisors, District Office staff, Central Office staff, or by the staff person who completed the reporting document. The procedures indicate, "Errors are grouped into four categories:

1. Inadequate documentation of service(s) rendered.
2. Service rendered did not constitute 'meaningful' activity and should not have been reported. (Service Coordination only.)
3. No service was delivered.
4. Other-requires a brief explanation."

Once complete, the signed, original SECF should be mailed to SURB. The procedures state, "...errors reported to Central Office Finance will be reviewed to determine if a refund of a Medicaid payment is needed. If a refund is necessary, it will be coordinated with SCDHHS by Central Office Finance."

Several examples are provided in the procedures that show when an SECF should be prepared and submitted to SURB. These examples include:

" service reported on an SPL, but there are no service notes or the service notes are neither signed nor dated." " service reported on an SPL for a month when the service plan is not current."

In 2003, Internal Audit was informed by an Agency provider they were confused by the SECF and their reporting responsibilities relating to the various codes as referenced above. At that time, it was communicated to Finance, the SECF be revised and additional guidance should be issued to providers so that all parties would be in agreement as to the form's use and whether or not Medicaid would be refunded. At that time, no action was taken regarding the revision of the SECF.

During the preliminary stage of the audit, we learned that SURB may or may not be refunding Medicaid for errors reported by providers. We were told that the four error categories are interpreted as follows (Note: 1 through 4 below correspond to the categories 1 through 4 above):

1. Service was rendered, but not documented in accordance with SCDDSN standards. Medicaid should not be refunded.

2. Activity was done, just not "meaningful". Medicaid should not be refunded.
3. No services were rendered; Medicaid refunded.
4. Other. Review on a case by case basis; Medicaid may or may not be refunded.

In order to determine whether service reporting errors are being reported by providers to SCDDSN, and whether SCDDSN and/or Medicaid is being properly reimbursed due to these reporting errors, a judgmental sample of SECFs was reviewed where Medicaid was not reimbursed by SCDDSN for errors reported to SURB by Agency providers.

SURB has created an Access database to track SECFs, including those where Medicaid is not refunded. Based on our analysis of Access database reports prepared by SURB, the following table summarizes the SECFs processed by SURB during the period we judgmentally selected for review (July 1, 2004 through November 30, 2005.)

	Refunded	Not Refunded	Totals
Number of Corrections	1,850	1,115	2,965
% of Total by Number of Corrections	62%	38%	100%
\$ Value of Corrections	\$575,706	\$271,541	\$847,247
% of Total by \$ Value of Corrections	68%	32%	100%

For the sample reviewed, we examined the actual SECFs submitted to SURB by SCDDSN providers to determine whether or not Medicaid should have been refunded based on our independent review of the SECF. From this review, we were unable to determine whether or not Medicaid should be refunded in most instances because the only documentation submitted by providers was the SECF, which only includes claim information (consumer's name, Medicaid number, date of service, and document claim reported on), the "reason code" (category 1 through 4 as previously discussed), and the "found code" (the person who found the error—staff, supervisor, or District/Central

Office). At this time, no other documentation is required to be submitted by providers to SCDDSN (SURB) with their completed SECFs. Due to this limited information, we were unable to determine with certainty how the providers had reported billing errors on the SECFs for errors in categories 1, 2, and for some errors in category 4. However, it is our opinion that all errors reported in category 3 (No service was delivered) and some errors reported in category 4 (Other) should be refunded to Medicaid, based on interpretation of the provider's descriptions on the SECFs where category 4 was used.

Based on our review of a judgmental sample of SECFs, we determined that Medicaid should be reimbursed the federal share of \$14,641 ($\approx 70\%$ of \$20,915) for errors reported using category 3, and the federal share of \$6,460 ($\approx 70\%$ of \$9,228) for errors reported using category 4, with the total amount due to Medicaid being the federal share of \$21,101 ($\approx 70\%$ of \$30,143).

It is clear from our review that SCDDSN providers are confused about the use of the SECF. For example, we are aware of two providers that used the SECF to report billing errors using categories 1 and 2 and thought that SCDDSN would be refunding Medicaid for these reported errors.

Compliance with Medicaid standards is essential because SCDDSN receives/utilizes more than \$300 million in federal Medicaid funding to provide services. For FY2006, Medicaid funding provided 63% of all service costs.

The SCDHHS Community Long Term Care (CLTC) Manual provides the following information relating to Claim Filing Timeliness:

"South Carolina Medicaid policy requires that only 'clean' claims and related Edit Correction Forms (ECFs) received and entered into the claims processing system within one year from the date of service be considered for payment. A 'clean' claim is free of errors and can be processed without obtaining additional information from the provider or from another third party."

"It is the provider's [SCDDSN's] responsibility to follow up on claims in a timely manner to ensure all claims and ECFs are filed and corrected within Medicaid policy limits."

In summary, it is up to the SURB to ensure that 'clean' claims are timely filed in accordance within Medicaid guidelines. If during an SCDDSN provider's reexamination of a consumer's file, it is discovered that documentation does not exist or does not meet applicable requirements, an SECF should be completed and submitted to SURB. SCDDSN has an obligation to then research

the claim, and based upon the conclusion of their research, refund Medicaid, when applicable.

Action Plan

In reviewing the Auditor's schedule, the SURB unit within the Department of Finance will un-bill ALL noted units of service which have been billed to Medicaid for which the SECF form indicates "Reason Code 3 – No Service Rendered" wherein there is inadequate documentation to support that any services were indeed delivered to the client. The amount agreed to un-bill equates to \$20,915 in total Medicaid Payments (~ \$14,640 Federal portion only – FFP).

For the SECFs noted as Reason Code 4, we have reviewed the documentation provided in support of the Auditor's recommendations. We will agree to un-bill claims amounting to \$9,228 in total Medicaid Payments (~ \$6,460).

In summary, based on our detailed review of the SECFs representing claims recommended by the Auditor that should not have been billed to Medicaid, we will agree to un-bill claims totaling \$30,143 in total Medicaid Payments (~ \$21,100)

We concede that the documentation in support of a provider's selection of the specific Reason Code chosen on an SECF form is not clear enough to substantiate the reason the provider felt an SECF was necessary, therefore the SECF form has been revised to include explanations and require documentation in support of the provider's choice of the respective Reason Codes therein. This will enable the SURB unit to make more informed decisions regarding the propriety of billing Medicaid for the services in question. The revised SECF form was placed into production at the start of State Fiscal Year 2008.

It is imperative that the relationship between Services Provided and Medicaid Billings be clearly understood. It is the responsibility of the SCDDSN provider of Service to report to the SURB unit all services rendered. It is NOT their responsibility to determine whether Medicaid be billed for that service. This decision rests SOLELY within the agency and the SCDDSN provider is not expected to have specific knowledge regarding whether SCDDSN bills Medicaid for a unit of service.

Reconciliations

MEDIUM PRIORITY

A number of deficiencies were found in our review of the June 2005 ICF/MR A/R reconciliation and the November 2005 Medical Manager reconciliations.

The SURB department prepares a number of periodic (primarily monthly) reconciliations to enhance the Agency's internal accounting controls, although this process is not required by SCDHHS, the Comptroller General's office, or other agencies. These reconciliations provide written documentation of the agreement between SCDDSN (Medical Manager and/or TAG) and Medicaid (remittances and/or ICF/MR payments through the State Treasurer) and also ensure outstanding items clear in a timely manner or are written off when they become stale-dated (outstanding > 1 year). These reconciliations have no impact on rates, reimbursements, revenues, or statistical reporting.

During the audit, we reviewed the following reconciliations and supporting schedules:

1. The November 28, 2005 daily Medical Manager reconciliation;
2. The November 2005 monthly Medical Manager reconciliation;
3. The November 2005 A/R reconciliations for the following programs: EI, Rehabilitative Services, HASCI Waiver, MR/RD Waiver, Service Coordination, and Physicians Services; and
4. The June 2005 ICF/MR A/R reconciliation.

A number of deficiencies were noted in each of the reconciliations reviewed. Specifically we found:

- ◆ At the beginning of the audit (October 2005), SURB was behind reconciling these accounts—the January 2005 A/R reconciliations for the various programs were complete and staff was working on February 2005 and the December 2004 ICF/MR A/R reconciliation was complete and staff was working on January 2005. (It is our understanding that all reconciliations are now current.)
- ◆ Hard copies of the reconciliations were not being maintained by SURB.
- ◆ "Prepared Date" cells were formatted to show the current date the reconciliation was accessed.
- ◆ The names of the preparer and reviewer were keyed into the reconciliation and did not reflect actual signatures/initials and dates.

- ◆ Many of the reconciliations were not supervisory or independently reviewed or approved.
- ◆ The June 2005 ICF/MR reconciliation showed that ICF/MR billings from December 2004 through June 2005 had not been posted in TAG and did not show adjustments made subsequent to the close of the fiscal year, including adjustments made in month-13, prior to the closing of FY2005 in TAG.
- ◆ Although immaterial, a number of stale items (reconciling items outstanding > 1 year) were reflected on many of the reconciliations (primarily rounding differences and outstanding amounts).
- ◆ We noted instances where the supporting schedules did not agree with the primary reconciliation, or the reconciliation account balance did not agree with the balance per TAG and/or Medical Manager—differences were immaterial.
- ◆ We found the methodology used when reconciling these accounts to be confusing and met with the Director of Finance and the SURB Accounting Manager during the audit to discuss our concerns. As a result of this meeting, the Finance Director changed the methodology used to reconcile these accounts so they would more closely mirror other reconciliations and also required that appropriate journal entries be made in TAG to record ICF/MR billings, correcting journal entries and month-13 adjustments to be posted, and stale reconciling items to be written off, and that revised reconciliations be submitted to Internal Audit for review. Based on our review of the revised reconciliations, we found the accounts were properly reconciled.

However, it should be noted that correcting journal entries totaling \$380,448 were needed and Unappropriated Fund Balance was charged due to several journal entries being incorrectly posted to the ICF/MR A/R account during FY2005. These journal entries are considered prior period adjustments as they were not discovered until after FY2005 had already been closed out in TAG.

With regard to reconciliations, sound internal accounting controls provide that:

- reconciliations (daily, monthly, etc.) should be initialed/signed and dated by both the preparer and reviewer to document who prepared the reconciliation and to document that a review was completed.

- timely reconciliations will enable differences, including posting and other errors, to be quickly identified so that appropriate adjustments can be made.
- hard copies of all reconciliations should be maintained to document that the accounts were actually reconciled and balances agree with TAG.
- reconciliations should be independently or supervisory reviewed to ensure reconciling items are appropriate, balances are correct, and to detect unintentional errors.
- stale reconciling items be periodically written off so that A/R balances represent actual balances the agency expects to receive.

Action Plan

Although these reconciliations are not required, the Division of Finance will continue to perform them as a control measure and we will maintain hard copies for a minimum of one month and electronic copies for three years. As we continue to progress even deeper into the 21st century, we will visit our acceptance of electronic documents/signatures/approvals as official supporting documentation. However, until such time that these are accepted standards, we will follow the Auditor's recommendation of only accepting hard copies.

Keying of Data

MEDIUM PRIORITY

We judgmentally reviewed the activity (charges, receipts, and adjustments) keyed by the SURB Fiscal Technicians into Medical Manager for November 9, 17, and 18, 2005, to determine whether Medicaid was properly charged for services rendered by SCDDSN providers and to determine whether Medicaid payments to SCDDSN were timely and properly posted into Medical Manager and TAG. For charges billed per Medical Manager, we traced information to the various service reporting documents (i.e., service provision logs, individual service reports, etc.). Information per Medicaid remittance advices was traced to posting in TAG and Medical Manager. The following table summarizes the attributes of our sample:

<i>Attribute</i>	<i>(A)</i> <i>11/9/05</i>	<i>(B)</i> <i>11/17/05</i>	<i>(C)</i> <i>11/18/05</i>	<i>Totals</i> <i>(A+B+C)</i>
Total Charges Keyed	\$1,693,759	\$342,053	\$335,374	\$2,371,186
Total Adjustments Keyed	\$0	\$242,912	\$4,767	\$247,679
Total Receipts Keyed	\$0	\$431,516	\$0	\$431,516
Total Keyed	\$1,693,759	\$1,016,481	\$340,141	\$3,050,381

Based on our review of the activity keyed for these three days, no significant exceptions were noted. In fact, the total of the keying errors we found from our review of the three days of activity keyed totaled \$2,778, which equates to an error rate of 0.091%. As a result of our review, we have determined that Medicaid is being properly billed by SCDDSN based on the activity keyed by the SURB Fiscal Technicians. Additionally, Medicaid remittances are being accurately and timely keyed into Medical Manager and TAG.

Although it is the SURB Fiscal Technicians' job to properly key activity into Medical Manager, we would like to commend these employees on the accuracy and quality of their work that we found during our review of SURB.

On a monthly basis, SURB prepares various statistical reports in Excel that capture information from various sources, including service provision logs, environmental modification schedules, etc. These spreadsheets are provided to other divisions within SCDDSN (Cost Analysis, Mental Retardation, HASCI and others), who then use this data in various ways, including: in the preparation of Medicaid cost reports, to monitor billings and units of service, and others. Data is manually keyed by two SURB Accountants into various Excel spreadsheets that may be grouped into two primary report types. The first type of report is ICF/MR census count report, which shows: actual billed days, actual paid days, actual census days, total days not billable, total days pending, and other information. The second type of report prepared by SURB includes various statistical reports, which show monthly and year-to-date activity for: Medical Manager, MR/RD Waiver, HASCI Waiver, Caregiver Services, EI Services, and Units of Service Information for Rehabilitation Support Services, HASCI, and Autism.

We reviewed the various statistical reports for the October 2005 service month, November 2005 reporting month, and found the preparer's name and date had been keyed into the spreadsheets (no original signature/initials and date) and that the reviewed lines had not been completed. Although only minor errors were found, we believe the following should be noted:

- ◆ Medical Manager Statistical Report - The report incorrectly showed non-allowable/deductible expenditures for rehabilitation services as \$122,507; the correct amount is \$8,602. This error resulted from data being picked up on the wrong line of the Medical Manager report and keyed into the Excel spreadsheet.
- ◆ HASCI Report - The summary schedule, which combines totals for the four regions (Midlands, Coastal, Pee Dee, and Piedmont), had numerous formula errors in the activity for the current month, prior fiscal year-to-date, and fiscal year-to-date totals. (These errors were not found in the individual regional summary schedules.) We also found that activity keyed for the York SLP II (residential) was for 12 consumers; however, York's contract with SCDDSN is for one slot (consumer). This error resulted because the total information for all consumers in the residence was entered—not just data for the one HASCI consumer.

We sent a survey to the internal users (SCDDSN staff) of the various SURB reports to get their input as to whether the reports are timely received, presented in an easy to follow format, were mathematically accurate, and reliable. Responders also had the opportunity to provide comments or suggestions on ways the reports could be improved. The purpose of the survey was to determine whether the reports prepared by SURB met these users' needs.

Of the 10 surveys sent, we received responses from six users. Overall, the responders indicated the reports are being received timely, reports are presented in an easy to follow format, reports are usually mathematically accurate (however, some users assumed the reports were mathematically accurate and did not test for this), and the reports were reliable. Many of the responders also provided comments on ways the reports could be improved. We provided the survey results to the SURB Accounting Manager.

All statistical reports should be initialed/signed and dated by both the preparer and reviewer to document who prepared the reconciliation and to document that a review was completed.

Reconciliations should be independently or supervisory reviewed to ensure reconciling items are appropriate, balances are correct, and to detect unintentional errors. In order for reports to be beneficial to their users, the reports must be timely, presented in an easy to follow format, be mathematically accurate, and reliable.

At this time, most of SCDDSN's systems are not automated whereby statistical data may be captured and downloaded in a report format.

At the time of our audit, we determined that the SURB Accounting Manager was not reviewing the ICF/MR census counts and various statistical reports in detail, particularly for new or revised data keyed during the month. Data was also not reviewed for reasonableness. For example, if the total for Medicaid eligible and non-Medicaid eligible consumers for a particular service exceeds 100%, that is not reasonable.

Because SCDDSN's systems are not automated, the SURB Accountants must manually key large volumes of data into Excel spreadsheets. Besides keying the activity for the month, if there are changes from one month to the next, the SURB Accountants may have to change formulas, add new rows or cells, etc. Anytime data is manually keyed and/or data manipulated, the opportunity for keying errors increases.

Internal and external users of these reports may be placing undue confidence in these reports, if the reports are not mathematically accurate, reflect incorrect or incomplete data, etc.

Because the name of the preparer was keyed into the spreadsheets, and the reviewer did not sign off on the spreadsheets, it lacks accountability for the reconciliations' preparation, review, and/or approval.

Action Plan

Since June, 2006 all statistical reports are initialed and dated by the preparer and reviewer. Review efforts will be increased and documented. Samples of data from statistical reports will be selected and tested in greater detail as resource availability and work loads permit.

It is imperative to note that the information containing clerical errors noted during the review by the Auditor was for informational purposes only and was not used for any statistical reporting, thereby having no impact on costs, rates, nor reimbursements.

**SCDDSN Finance
Manual****MEDIUM PRIORITY**

Several areas in Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual are unclear and/or do not reflect current processes.

During the audit, we found that Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual does not clearly explain policies providers should adhere to and/or do not reflect current processes in the following areas:

1. Providers are not being held to established due dates outlined in the Finance Manual whereby documentation for reimbursable services (HASCI and environmental modifications) should be submitted to SURB for processing. Instead, providers are reimbursed for these services if budgeted funds are available and dates of service are within Medicaid guidelines (< 1 year). Requests for reimbursement through the MR/RD Waiver for expenses relating to environmental modifications should be submitted within 10 working days of invoice payment. Requests for reimbursement through the HASCI Waiver should be reported on the "Monthly Summaries" form submitted by SCDDSN providers. The purpose of the established due dates is so that SCDDSN may timely reimburse their providers for services rendered and/or for costs already incurred.
2. Throughout Chapter 10, the procedures require that the various service reporting documents (i.e., service provision logs, individual service reports, etc.), submitted by SCDDSN's providers, be signed by the Executive Director (ED) or their designee. Although the various service reporting documents we reviewed were signed, we found that the SURB Fiscal Technicians do not ensure that the forms are signed by the appropriate party (ED or their designee) before keying this data into Medical Manager.

Sound business practice and good internal controls require procedures to be accurate and reflect current practices. Inaccurate and/or unclear procedures from Central Office, including the SCDDSN Finance Manual, may provide misleading and/or confusing information to SCDDSN's providers.

Action Plan

SCDDSN Finance Division procedures are designed to reimburse providers in the most timely manner practical. These procedures will be reviewed with input from service providers to improve the working process while ensuring

compliance with Medicaid rules. The list of signature authorizations is being updated and signature requirements in Chapter 10 of the SCDDSN Finance Manual will be followed.

Lisa A. Chandler (KFI)

Lisa A. Chandler, CPA, CIA
In-Charge Auditor

(Transferred May 17, 2007)

Kevin Yacobi

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

South Carolina Department of Disabilities and Special Needs

Pervasive Developmental Disorder (PDD) Program Reports as required by Proviso

- February 2017
- October 2016
- March 2016
- October 2015
- March 2015
- September 2014
- March 2014
- January 2014
- January 2013
- January 2012
- September 2012
- February 2011
- June 2010
- May 2009
- June 2008
- January 2008
- August 2007

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program February 2017

Number of Children

- Almost 2,750 children have received PDD services since the program's inception.
- 710 children are currently participating in the PDD Program (517 enrolled in the waiver and 193 in state-funded slots; 242 pending)
- 1,416 children are on the waiting list; 50% (714) are age five (5) and younger; 9% (122) are age two (2) and younger.
- Approximately 79% of all participants are male and 21% are female.
- Approximately 43% of participants are ages 3-5; 38% are ages 6-8; 12% are ages 9-10.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- For FY2015-2016 the average budget DDSN authorized for each child based on the individual assessment and service plan is \$31,387 per year. The average actual expenditure per child is \$11,034 per year.
- The number of qualified providers is 22 companies with over 140 consultants; a decrease of 2 companies but an increase of fifteen (15) consultants from March 2016. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. 835 children have transitioned since October 2012. This prevents disruption of services.
- Approximately 70% of children are Medicaid eligible.

Funding

\$6.975M Original appropriated base
\$6.981M Current appropriated base
\$6.006M Actual expenditures for FY2012

Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.

\$7.232M	Actual expenditures for FY2013 Note: Includes base and carry forward spending.
\$8.945M	Actual expenditures for FY2014 Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$8.578M	Actual expenditures for FY2015 Note: Include \$265,000 payment to Greenwood Genetic Center per proviso.
\$8.072M	Actual expenditures for FY2016
\$2.645M	Actual expenditures through 1/31/2017

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two (2) types of services:

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

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

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from a Line Therapist and a Lead Therapist were more likely to demonstrate reliable improvements.

Program Improvements

1. Awarded state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.

2. Allowed children younger than three (3) years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three (3), but the ability to apply prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can more realistically be determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child, but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborated with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program. A fourth set of students began the course sequence in 2014.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
12. DDSN collaborates with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attended the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (3), individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and in hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.
16. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
17. DDSN had 21 students successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 and 9 completed the course in December 2016. A new class is scheduled to start February 2017; there are 32 students enrolled.

New Initiatives

Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs.

Outcomes

DDSN operates an evidence-based program for children with a Pervasive Developmental Disorder (PDD). The interventions are based on Early Intensive Behavior Intervention (EIBI) and focus on enhancing cognition, communication, adaptive behavior and social skills, all of

which are significant issues for children with autism spectrum disorders. DDSN's model is a home-based treatment program that requires parental involvement to ensure the interventions are carried out throughout the child's day.

To date, DDSN has provided EIBI programs to almost 2,700 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three (3) years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program October 2016

Number of Children

- Almost 2,695 children have received PDD services since the program's inception.
- 797 children are currently participating in the PDD Program (591 enrolled in the waiver and 206 in state-funded slots).
- 1,581 children are on the waiting list; 47.4% (750) are age five (5) and younger; 10.3% (163) are age two (2) and younger.
- Approximately 78% of all participants are male and 22% are female.
- Approximately 39% of participants are ages 3-5; 43% are ages 6-8; 17% are ages 9-10.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$31,387 per year.
- The number of qualified providers is 24 companies with over 125 consultants; a decrease of 6 companies but an increase of twenty (20) consultants from March 2016. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. 792 children have transitioned since October 2012. This prevents disruption of services.
- Approximately 70% of children are Medicaid eligible.

Funding

\$6.975M	Original appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.

\$8.945M	Actual expenditures for FY2014 Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$8.578M	Actual expenditures for FY2015 Note: Include \$265,000 payment to Greenwood Genetic Center per proviso.
\$8.072M	Actual expenditures for FY2016
\$1.207M	Actual expenditures through 9/31/2016

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two (2) types of services:

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

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

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from a Line Therapist and a Lead Therapist were more likely to demonstrate reliable improvements.

Program Improvements

1. Awarded state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.

2. Allowed children younger than three (3) years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three (3), but the ability to apply prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can more realistically be determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child, but also prevents over-authorization of state funds.
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6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborated with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program. A fourth set of students began the course sequence in 2014.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
12. DDSN collaborates with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attended the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (3), individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and in hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.
16. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.

New Initiatives

Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs. DDSN had 21 students successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in December 2016.

Outcomes

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

To date, DDSN has provided EIBI programs to almost 2,700 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three (3) years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program March 2016

Number of Children

- Almost 2,475 children have received PDD services since the program’s inception.
- 953 children are currently participating in the PDD Program. (687 enrolled in the waiver and 266 in state-funded slots).
- 1647 children are on the waiting list; 48% (788) are age five (5) and younger; 13% (211) are age two (2) and younger.
- Approximately 82% of all participants are male and 18% are female.
- Approximately 35% of participants are ages 3-5; 40% are ages 6-8; 12% are ages 9-10.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,895 per year.
- The number of qualified providers is 30 companies with over 105 consultants; an increase of thirty-five (35) consultants from October 2015. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 714 children have transitioned since October 2012.
- Approximately 72% of children are Medicaid eligible.

Funding

\$6.975 Current appropriated base
\$6.006M Actual expenditures for FY2012
Note: DDSN had requested Medicaid’s approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M Actual expenditures for FY2013
Note: Includes base and carry forward spending.

- \$8.945M Actual expenditures for FY2014
Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
- \$8.578M Actual expenditures for FY2015
Note: Include \$265,000 payment to Greenwood Genetic Center per proviso.
- \$5.009M Actual expenditures through 2/29/2016.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two (2) types of services:

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

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

Summary of USC’s Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from Line Therapist and Lead Therapist were more likely to demonstrate reliable improvements.

Summary of USC’s Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.

- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina.

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three (3) years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three (3), but the ability to apply prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can more realistically be determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child, but also prevents over-authorization of state funds.
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6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them

for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program. A fourth set of students began the course sequence in 2014 and will complete course work in summer 2016.

9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
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13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attended the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (3), individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.

2. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs. DDSN had 21 students to successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in summer 2016.
3. An additional PDD Program evaluation was completed in spring 2014 (see findings on page 1). In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

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

Outcomes

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

To date, DDSN has provided EIBI programs to more than 1,740 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three (3) years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program October 2015

Number of Children

- Almost 2,350 children have received PDD services since the program's inception.
- 974 children are currently participating in the PDD Program. (698 enrolled in the waiver and 276 in state-funded slots).
- 1616 children are on the waiting list; 51% (818) are age five (5) and younger; 13% (195) are age two (2) and younger.
- Approximately 81% of all participants are male and 19% are female.
- Approximately 42% of participants are ages 3-5; 44% are ages 6-8; 14% are ages 9-10.

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from Line Therapist and Lead Therapist were more likely to demonstrate reliable improvements.

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.

- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,893 per year (as of June 2015).
- The number of qualified providers is 28 companies with over 70 consultants; an increase of ten (10) consultants from October 2014. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 588 children have transitioned since October 2012.
- Approximately 72% of children are Medicaid eligible.

Funding

\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012 Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013 Note: Includes base and carry forward spending.
\$8.945M	Actual expenditures for FY2014 Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$8.578M	Actual expenditures for FY2015 as of 06/30/2015.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two (2) types of services:

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

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

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three (3) years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three (3), but the ability to apply prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can more realistically be determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child, but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them

for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program. A fourth set of students began the course sequence in 2014 and will complete course work in summer 2016.

9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.
13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attended the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (3), individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.

2. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs. DDSN had 21 students to successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in summer 2016.
3. An additional PDD Program evaluation was completed in spring 2014 (see findings on page 1). In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

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

Outcomes

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

To date, DDSN has provided EIBI programs to more than 1,740 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three (3) years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program March 2015

Number of Children

- Almost 1740 children have received PDD services since the program's inception
- 957 children are currently participating in the PDD Program (686 enrolled in the waiver and 271 in state-funded slots)
- 1483 children are on the waiting list; 56% (818) are age 5 and younger; 13% (193) are age 2 and younger
- Approximately 80% of all participants are male and 20% are female
- Approximately 42% of participants are ages 3-5; 36% are ages 6-8; 9% are ages 9-10

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e. communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from Line Therapist and Lead Therapist were more likely to demonstrate reliable improvements.

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.

- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$32,899 per year.
- The number of qualified providers is 21 companies with over 65 consultants; an increase of 5 consultants from October 2014. In addition, 6 more are awaiting Medicaid enrollment. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 430 children have transitioned since October 2012.
- Approximately 70% of children are Medicaid eligible.

Funding

\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid’s approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.
\$8.945M	Actual expenditures for FY2014
	Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$5.388M	Actual expenditures for FY2015 as of 2/28/2015.

Services

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

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

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

Program Improvements

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

8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.
13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 610 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN had 21 students to successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in summer 2016.
4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

1. Evaluate the impact of PDD services on child outcomes (cognitive functioning, adaptive functioning and verbal ability)
2. Assess the child-specific factors associated with differences in outcomes (attributes of children who are most likely to experience positive outcomes)

3. Explore the relationship between the changes in adaptive behaviors through time and the actual treatment hours received (how differences in treatment hours contribute to the positive outcomes)

This study was completed in the spring 2014.

Outcomes

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

To date, DDSN has provided EIBI programs to more than 1,740 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

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

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

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

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program September 2014

Number of Children

- Almost 1640 children have received PDD services since the program's inception
- 932 children are currently participating in the PDD Program (655 enrolled in the waiver and 277 in state-funded slots)
- 1352 children are on the waiting list; 56% are age 5 and younger; 10% (134) are age 2 and younger
- Approximately 80% of all participants are male and 20% are female
- Approximately 47% of participants are ages 3-5; 41% are ages 6-8; 12% are ages 9-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.
- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected to be published in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$32,899 per year.
- The number of qualified providers is 19 companies with over 60 consultants; an increase of 15 consultants from last year. In addition, 4 more are awaiting Medicaid enrollment. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 357 children have transitioned since October 2012.
- 82% of children are Medicaid eligible

Funding

\$7.5M	Original appropriated amount
\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.
\$8.945M	Actual expenditures for FY2014
	Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.

Services

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

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

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.

2. Allow children younger than three years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three but the ability to apply prevents time delay.
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6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program.
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10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent

satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

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15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 480 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN had 21 students to successfully complete the course requirements in May 2014.

4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

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

This study was completed in the spring 2014 and is expected to be published by the end of the year.

Outcomes

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

To date, DDSN has provided EIBI programs to more than 1,640 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

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

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

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

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program March 2014

Number of Children

- Almost 1540 children have received PDD services since the program's inception
- 920 children are currently participating in the PDD Program (641 enrolled in the waiver and 279 in state-funded slots)
- 1272 children are on the waiting list; 60% are age 5 and younger; only 10% (125) are age 2 and younger, with two thirds of these (84) receiving services through BabyNet
- Approximately 82% of all participants are male and 18% are female
- Approximately 73% of participants are ages 3-6; 25% are ages 7-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.
- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,588 per year.
- The number of qualified providers is 18 companies with over 55 consultants; an increase of 10 consultants from last year. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 197 children have transitioned since October 2012.
- 80% of children are Medicaid eligible

Funding

\$7.5M	Original appropriated amount
\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.

Services

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

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

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

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three but the ability to apply prevents time delay.

3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 265 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN anticipates 20 to 25 students successfully completing the course requirements in March 2014.
4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking,

understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

1. Evaluate the impact of PDD services on child outcomes (cognitive functioning, adaptive functioning and verbal ability)
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3. Explore the relationship between the changes in adaptive behaviors through time and the actual treatment hours received (how differences in treatment hours contribute to the positive outcomes)

DDSN expects this study to be completed by spring 2014.

Outcomes

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

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

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority of children uses words, sign language or picture exchange systems to communicate with peers, teachers and parents. Quotes from a survey of parents of children in the program include, "He is a different child. I would never have imagined that he would respond to a question or initiate

conversation with his family or schoolmates.” “Please do not take this program away from my child. She is talking! She has made so much progress, and I can’t thank you enough for giving my daughter a chance to be like other children.” To be able to ask for what one wants or needs or to let a parent or teacher know that they are in pain is a huge milestone for these children. By enhancing Expressive Communication, behavior challenges can be markedly decreased, allowing socially significant behaviors to improve.

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

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

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

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program January 2014

Number of Children

- 1,417 children have received PDD services since the program's inception
- 902 children are currently participating in the PDD Program (640 enrolled in the waiver and 262 in state-funded slots)
- 1241 children are on the waiting list; 62% are age 5 and younger; 23% are age 3 and younger; 75 are in BabyNet
- 157 new slots (in addition to attrition) were authorized since July 1, 2013
- Approximately 82% of all participants are male and 18% are female
- Approximately 73% of participants are ages 3-6; 25% are ages 7-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change
- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
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- There is some evidence that the highest-performing children at baseline show less improvement through time

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,588 per year
- The number of qualified providers is 18 companies with over 55 consultants; an increase of 10 consultants from last year. The Program began with three companies and five consultants
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 197 children have transitioned since October 2012.
- 80% of children are Medicaid eligible

Funding

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

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

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

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three years of age to apply for PDD services. If eligible, the child may be placed on the waiting list. Children are not enrolled in the Program until after they turn three but this prevents time delay.

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7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
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South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program January 2013

Number of Children

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

Utilization of Services/Resources

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

Funding

\$7.5M	Original appropriated amount
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8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
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2. Contracting with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 76 hired since November 2011.
3. Coordinating policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures. 30 have transitioned since October 2012.

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

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

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

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

Outcomes

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

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

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

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

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

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

**South Carolina Department of Disabilities and Special Needs
Pervasive Developmental Disorder (PDD) Program
January 2012**

Number of Children

- 1,178 children have received PDD services since the program's inception
- 658 children are currently participating in the PDD Program — (545 enrolled in the waiver and 113 in state-funded slots)
- 648 children are on the waiting list
- 100 new slots (in addition to attrition) were authorized since July 1, 2011
- Approximately 80% of all participants are male and 20% are female
- Approximately 88% of all participants have a diagnosis of autism and 12% have other PDD diagnoses
- Approximately 80% of participants are ages 3-6; 20% are ages 7-10

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year
- 90% of children are Medicaid eligible
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$27,206 per year
- The average annual amount spent by the families is now less than \$10,000, equating to a 37% utilization rate

Funding

\$7.5 M Original appropriated amount
-\$0.3 M Permanently reduced as part of the September 2009 4.04% reduction
-\$1.08 M Permanently reduced as part of FY 2011 base reduction
\$2.04 M Actual expenditures as of January 23, 2012. This does not include all state funds DDSN authorized through fiscal year end or state match DDSN will be billed by DHHS for services direct billed by providers
DDSN projects FY 2012 expenditures to be approximately \$6.6 million

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) Early Intensive Behavioral Intervention (EIBI) and 2) case management.

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

Program Improvements

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

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

New Initiatives

1. Requested approval of a rate increase for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family.
2. Recruited qualified Board-certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
3. Contracting with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA.
4. Coordinating policy efforts with First Steps to ensure a smooth transition for those children aging out of BabyNet EIBI services into DDSN eligibility and EIBI services.

Outcomes

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

To date, DDSN has provided EIBI programs to almost 1,200 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

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

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

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

Pervasive Developmental Disorder Program Fact Sheet

- Money was appropriated to DDSN to fund the Pervasive Developmental Disorder (PDD) Program for children with a Pervasive Developmental Disorder from age 3 through 10.
- To participate in this waiver, a child must meet the following criteria:
 1. Be ages 3 through 10 years
 2. Be diagnosed with a PDD before age eight years
 3. Be eligible to receive Medicaid
 4. Meet ICF/ID Level of Care
- Children who meet the age and diagnostic criteria but do not qualify for Medicaid funding will be eligible to receive services outside the waiver through the Pervasive Developmental Disorder State Funded Program
- Services shall not exceed three years.
- The cost of services shall not exceed \$50,000 per year.
- The specific services are Case Management and Early Intensive Behavioral Intervention (EIBI). The focus will be on utilizing the principles of Applied Behavior Analysis (ABA) to treat children with a PDD.
- The number of hours per week each child receives are based on a review of relevant assessments completed by the child's EIBI Provider. DDSN will make the final determination on the number of service hours each child receives.
- Children receiving EIBI services may receive no more than eight hours of services per day.
- A list of qualified service providers will be made available to parents/legal guardians so they can select the EIBI Provider of their choice.
- Services will be authorized by the DDSN State Waiver Coordinator after all required documents have been completed and submitted and it has been determined that the child has met all the requirements necessary to receive services through the waiver or the State Funded Program.
- The number of children who may be served through the waiver at any one time during the year shall be limited only by the availability of funds to pay for the requested service and the waiver cap on allowed individuals.
- Applicants who are determined eligible for EIBI services but who can not be served due to funding constraints or Provider availability shall be eligible for placement on a wait list maintained by the Department. The date and time all information is received from the Case Manager by the DDSN State Waiver Coordinator shall be used to establish the order of an applicant's place on the wait list.

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

As of February 2011:

Number of Children

- 600 children are participating in the PDD Program— (487 enrolled in the waiver and 113 in state-funded slots).
- 485 children are on the waiting list.
- 100 new slots (in addition to attrition) were authorized since July 1, 2010.
- 86% of all participants are male and 14% are female.
- 92 % of all participants have a diagnosis of autism and 8% have other PDD diagnoses.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- 90% of children are Medicaid eligible.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$27,206 per year.
- The average annual amount spent by the families is now less than \$10,000, equating to a 37 % utilization rate.

Funding

- \$7.5 M Original appropriated amount.
 - \$0.3 M Permanently given up as part of the September 2009 4.04 % reduction.
 - \$1.08 M Permanently given up as part of FY 2011 base reduction.
 - \$2.34 M Actual expenditures as of February 28, 2011. This does not include all state funds DDSN authorized through fiscal year end or state match DDSN will be billed by DHHS for services direct billed by providers.
- DDSN authorized \$7.5 M in state funds for service plans in FY 2011.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) Early Intensive Behavioral Intervention (EIBI) and 2) case management.

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

Program Improvements

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

New Initiatives

1. Continue to collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works and the family's commitment.
2. Through its contract with the University of Nevada's Distant Education program, DDSN will graduate its second set of students in December 2011 taking five graduate level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.

3. DDSN, in partnership with DHHS, is finalizing contract language for EIBI providers that will focus on the provider delivering a minimum level of the authorized intervention hours. This will help us ensure budgets are closer to utilization.
4. Consideration of rate increase for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family.
5. DDSN is collaborating with USC on two fronts:
 - a. Department of Psychology – at no charge, the Department is assisting DDSN and its network of EIBI providers to develop the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC’s model.
 - b. College of Social Work – at no charge, the College is conducting an evaluation of DDSN’s PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. Anticipated completion is by early Summer 2011.
6. Collaborates with First Steps to ensure a smooth transition for those children aging out of BabyNet EIBI services into DDSN eligibility and EIBI services.

Outcomes

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

To date, DDSN has provided EIBI programs to almost 1,000 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN’s program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority

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

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

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

Socialization skills Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children ages 3 - 5 who received EIBI services gained 4.5 years of improvement in a three year time period.

**Pervasive Developmental Disorder Program
Update as of June 2010**

Number of Children

- 570 children are participating in the PDD Program— (462 enrolled or pending enrollment in the waiver and 108 in state-funded slots).
- 440 children are on the waiting list.
- 100 additional slots were released since July 1, 2010.

Utilization of Services/Resources

- The proviso caps expenditure for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$35,734 per year.
- The average amount spent by the families is between \$17,000 and \$18,000, equating to a 47 percent utilization rate.

Funding

\$7.5 M Original Appropriated Amount
-\$.3 M Permanently given up as part of the September '09 4.04 percent reduction
-\$1.2 M Used to annualize the December '09 5 percent reduction
-\$.16 M Used to bridge the extension of Early Intervention In Home Training Services to "At Risk" children
-\$2.83 M Actual expenditures as of 6/30/10. This does not include all state funds DDSN authorized and state match for services direct billed by providers. DDSN authorized \$8.5 M in state funds for service plans in FY 2010.

New Initiatives

1. Released 100 additional slots since July 1, 2010.
2. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
3. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.

4. Allow children younger than 3 years of age to apply for PDD services. Children are not enrolled in the Program until after they turn 3 but this prevents time delay.
5. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
6. More frequently monitor family utilization of services and adjust hours up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
7. Consideration of ways to improve provider implementation of service plans.
8. Consideration of rate increase to attract more direct-line therapists to meet the need.

Challenges

Two greatest challenges at this time are:

- 1) ensuring the family has a clear understanding of what the PDD Program provides, how it works and the family's commitment.
- 2) ability of providers to identify and hire the necessary number of direct-line therapists. At least one direct-line therapist is needed for each child/family.

September 2010

Eugene A. Laurent, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
Administration
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
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May 30, 2009

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The Honorable Mark Sanford
Governor, State of South Carolina
P.O. Box 12267
Columbia, SC 29211

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

The Honorable Daniel T. Cooper
State Representative
Chairman, House Ways and Means Committee
525 Blatt Building
Columbia, SC 29201

Dear Gentlemen:

Pursuant to PART IB, SECTION 24-J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, 24.9. (DDSN: Pervasive Developmental Disorder) of the 2008-2009 General Appropriations Act, the SC Department of Disabilities and Special Needs has prepared the enclosed report on the Pervasive Developmental Disorder Program.

The report provides information regarding the legislative authority, funding and the utilization of State and Medicaid resources, service development, provider recruitment and participant information. Normally this written report would have reached you sooner. However this information was shared during the House budget hearings in January and the Senate budget hearings in March. Additional information will be presented near the close of the fiscal year.

DISTRICT I

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Phone: (864) 938-3497

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

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

DISTRICT II

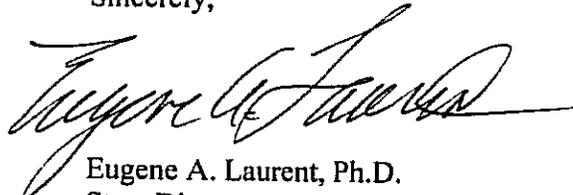
Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

The Honorable Mark Sanford
The Honorable Hugh K. Leatherman, Sr.
The Honorable Daniel T. Cooper
May 30, 2009
Page Two

DDSN appreciates the continued collaboration of the staff from the Department of Health and Human Services in this joint effort. We are excited about the progress these children are making. Parents eagerly share their success stories with us.

We very much appreciate your commitment and support of this program. Through your efforts, many children are enabled to maximize their developmental potential. Please contact us if you would like any other information.

Sincerely,



Eugene A. Laurent, Ph.D.
State Director

swb

Enclosure

C: The Honorable Thomas C. Alexander, State Senator
The Honorable Tracy R. Edge, State Representative
Ms. Susan Duncan, Office of the Governor

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

Legislative Authority

A special proviso in the 2008-2009 Appropriations Act instructs the Department of Disabilities and Special Needs (DDSN) and the Department of Health and Human Services (DHHS) regarding the Pervasive Developmental Disorder Program as follows:

2008-2009 General Appropriations Act

SECTION 24—J16—DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

24.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semiannually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

Funding

Through the 2008-2009 Appropriations Act, \$7.5 million was approved by the General Assembly and the Governor for FY 2008-2009. Of these funds, \$4.5 million was funded with one-time funding. It was estimated that \$7.5 million of funding could serve approximately 500 children over time if all the funding was appropriated with recurring dollars.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) early intensive behavioral intervention (EIBI) and 2) case management.

EIBI services seek to develop skills of children in the areas of cognition, behavior, communications and social interaction. Case management services assist children and their families with all activities related to the PDD Program and in gaining access to State Medicaid plan services, as well as medical, social, educational and other services.

Results

As of December 1, 2008, a total of 430 children had been accepted in the Pervasive Developmental Disorder Program. At that time there were 413 children on the waiting list. Of the 430 children accepted, 94 declined services, disenrolled or closed their case.

Of the 323 children participating in the program, approximately 85 percent met Medicaid eligibility criteria and 15 percent participated with 100 percent state funds. It was originally estimated that only 60 percent of the children would be Medicaid eligible versus the current rate of 85 percent. These changes in real numbers result in more children being served.

Of the PDD Program participants and applicants, 85 percent are male and 15 percent are female. Ninety-five percent (95%) of the children have a diagnosis of autism and 5 percent have other PDD diagnoses. Children ages 3 through 6 comprise 63 percent of participants, and children ages 7 through 10 comprise 37 percent.

The age breakdown at the child's initial assessment is as follows:

<u>Age</u>	<u>Percent</u>	<u>Total</u>
3	03%	
4	21%	
5	18%	
6	21%	63%
7	11%	
8	11%	
9	09%	
10	06%	37%
		100%

The average budget per child was \$35,733. This equates to an average of 30 hours per week of direct line applied behavior analysis therapy for these children. Over 75 percent of the participating children may receive 28 to 33 hours per week. In addition each child may also receive up to 6 hours per week of lead therapy. The number of hours approved for each child is determined by the child's initial assessment. This in-depth assessment consists of a battery of four standardized tests. The qualified provider monitors the actual delivery of therapy performed by trained staff. After 12 months of prescribed therapy, the battery of standardized tests will be repeated to assess the progress made and the child's new level of service need. Over 40 percent of the children have completed 1 year of prescribed therapy. Second year assessments to measure treatment impact on these children are in process.

Results of children participating in the program for a year or more show statistically significant gains across all baseline scores. Over 70 percent of children served in the first year of the program showed remarkable gains in the areas of receptive communication (i.e., what they understand), expressive communication (i.e., what they say with words or sign language), in areas of daily living skills (e.g., adaptive behaviors such as walking, talking, getting dressed, going to school) and in socialization skills (e.g., interacting with others, how the child plays and uses leisure time, and how the child demonstrates responsibility and sensitivity to others).

At the program's beginning in the summer of 2006, DDSN set up meetings to recruit EIBI providers. This first effort generated 5 qualified providers. Since that time 13 qualified early intensive behavior intervention companies were recruited who, when combined, represented 32 DDSN-qualified professionals who could conduct adaptive assessments for the PDD program. Other interested professionals may seek DDSN-qualified status at any time.

To further build provider capacity, DDSN and the University of South Carolina (USC) entered into a new collaborative agreement. DDSN now contracts with USC to increase the capacity of qualified Behavior Analyst providers. USC now offers five graduate-level courses that will prepare individuals to meet the waiver criteria as an approved provider. The first class began the 2007 fall semester with 18 students.

The effort to recruit additional providers is ongoing, both in-state and outside of South Carolina, to offer families a choice of providers and to ensure a sufficient supply of providers to meet the service demand. To further these goals, DDSN developed a fiscal intermediary service for families who choose to hire and coordinate their own direct line therapists, working under a DDSN-qualified behavior professional.

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June 30, 2008

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The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

The Honorable Daniel T. Cooper
State Representative
Chairman, House Ways and Means Committee
525 Blatt Building
Columbia, SC 29201

Dear Gentlemen:

Pursuant to PART IB, SECTION II-J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, 11.9. (DDSN: Pervasive Developmental Disorder) of the 2007-2008 Appropriations Act, the SC Department of Disabilities and Special Needs has prepared the enclosed report on the Pervasive Developmental Disorder Program.

The report provides information regarding the legislative authority, funding and the utilization of State and Medicaid resources, service development, provider recruitment and participant information.

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The Honorable Mark Sanford
The Honorable Hugh K. Leatherman, Sr.
The Honorable Daniel T. Cooper
June 30, 2008
Page Two

DDSN appreciates the continued collaboration of the staff from the Department of Health and Human Services in this joint effort. The new PDD Waiver was written and implemented in record time. Further, the federal Centers for Medicare and Medicaid Services (CMS) approved South Carolina's request to amend the waiver, which increased the number of children who can be served and allows families the option of self-directed services.

In addition, DDSN and the University of South Carolina (USC) entered into a new collaborative agreement. DDSN is contracting with USC to increase the capacity of qualified Behavior Analyst providers. USC now offers five graduate-level courses that will prepare individuals to meet the waiver criteria as an approved provider. The first class began the 2007 fall semester.

We very much appreciate your commitment and support of this program. Through your efforts, many children will be enabled to maximize their developmental potential. We continue to be contacted by other states looking to South Carolina as a leader in this area. We are proud to share our experience with them, knowing that even more children will benefit.

Again, thank you for your hard work on behalf of all South Carolinians. Please contact us if you would like any other information.

Sincerely,



Stanley J. Butkus, Ph.D.
State Director

swb

Enclosure

C: The Honorable Thomas C. Alexander, State Senator
The Honorable Tracy R. Edge, State Representative
Ms. Susan Duncan, Office of the Governor

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

Legislative Authority

A special proviso in the 2007-2008 Appropriations Act instructs DDSN regarding the Pervasive Developmental Disorder Program as follows:

2007-2008 General Appropriations Act

SECTION 11 – J16 – DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

11.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semi-annually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

Funding

Through the 2007-2008 Appropriations Act, \$7.5 million was approved by the General Assembly and the Governor for FY 2007-2008. Of these funds, \$4.5 million was funded with one-time funding. It was estimated that \$7.5 million of funding could serve approximately 500 children over time if all the funding was appropriated with recurring dollars.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) early intensive behavioral intervention (EIBI) and 2) case management.

EIBI services seek to develop skills of children in the areas of cognition, behavior, communications and social interaction. Case management services assist children and their families with all activities related to the PDD Program and in gaining access to State Medicaid plan services, as well as medical, social, educational and other services.

Results

As of June 2, 2008, a total of 356 children have been accepted in the Pervasive Developmental Disorder Program. There are 378 children on the waiting list. Of the 356 children accepted, 65 have declined services, been disenrolled or closed their case.

Of the 291 children currently participating in the program, 85 percent meet Medicaid eligibility criteria and 15 percent are participating with 100 percent state funds. It was originally estimated that only 60 percent of the children would be Medicaid eligible versus the current rate of 85 percent. These changes in current numbers result in more children being served.

Of the current PDD Program participants and applicants, 85 percent are male and 15 percent are female. Ninety-five percent (95%) of the children have a diagnosis of autism and 5 percent have other PDD diagnoses. Children ages 3 through 6 comprise 65 percent of participants, and children ages 7 through 10 comprise 35 percent.

The age breakdown at the child's initial assessment is as follows:

<u>Age</u>	<u>Percent</u>	<u>Total</u>
3	05%	
4	24%	
5	18%	
6	18%	65%
7	12%	
8	11%	
9	07%	
10	05%	35%
		100%

The average budget per child is \$37,105. This equates to an average of 30 hours per week of direct line applied behavior analysis therapy for these children. Over 70 percent of the participating children may receive 28 to 33 hours per week. In addition each child may also receive up to 6 hours per week of lead therapy. The number of hours approved for each child is determined by the child's initial assessment. This in-depth assessment consists of a battery of four standardized tests. The qualified provider monitors the actual delivery of therapy performed by trained staff. After 12 months of prescribed therapy, the battery of standardized tests will be repeated to assess the progress made and the child's new level of service need. Almost 7 percent of the children have completed 1 year of prescribed therapy. Second year assessments to measure treatment impact on these children is in process.

In the summer of 2006, DDSN set up meetings to recruit EIBI providers. This first effort generated 5 qualified providers. To date DDSN has recruited 13 qualified early intensive behavior intervention companies who, when combined, represent 32 DDSN-qualified professionals who can conduct adaptive assessments for the PDD program. Another 5 professionals are seeking DDSN-qualified status. The effort to recruit additional providers is ongoing, both in-state and outside of South Carolina, to offer families a choice of providers and to ensure a sufficient supply of providers to meet the service demand. To further these goals, DDSN developed a fiscal intermediary service for families who choose to hire and coordinate their own direct line therapists, working under a DDSN-qualified behavior professional.

2008-2009 General Appropriations Act

SECTION 24—J16—DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

24.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semi-annually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

2007-2008 General Appropriations Act
SECTION 11 – J16 – DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

11.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver.

Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder.

"Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semi-annually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

2006 – 2007 General Appropriations Act
SECTION 73 – X91 – STATEWIDE REVENUE
73.14 (SR: Unobligated FY 05-06 General Fund Revenue)

(9) (c) Pervasive Developmental Disorder Pilot Project.....\$3,000,000;

(9.1) The three million dollars appropriated to the Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, shall be designated for a Medicaid pilot project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The pilot project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the pilot project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. By June 30, 2007, the department shall report to the General Assembly and the Governor on the developmental progress of the children participating in the pilot project. This provision does not establish or authorize creation of an entitlement program or benefit.

SOUTH CAROLINA Department of Disabilities and Special Needs

Pervasive Developmental Disorder Waiver Information Sheet

Prior to 1991, the Federal Medicaid program paid for services to SCDDSN consumers only if that person lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services to collaborate with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based Waiver program for people with Pervasive Developmental Disorders (PDD). This waiver was approved in January 2007.

PDD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services can be limited due to provider availability in the recipient's county. A list of enrolled and qualified providers of PDD Waiver services can be located at the SCDDSN website (www.state.sc.us/ddsn/) or by contacting the local Disabilities and Special Needs Board in the county in which the recipient lives.

PDD Waiver Participation

To participate in the PDD Waiver, a person must:

- ✓ be age three through ten.
- ✓ be diagnosed with Autism or other Pervasive Developmental Disorder by age eight.
- ✓ be eligible to receive Medicaid or already qualified for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/MR.
- ✓ have needs that can be met by the PDD Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the PDD Waiver, choose to receive PDD Waiver services, and choose among qualified providers.

PDD Waiver Termination

PDD Waiver Enrollment is terminated when the recipient:

- ✓ is admitted to an ICF/MR or nursing facility.
- ✓ no longer meets ICF/MR Level of Care.
- ✓ is no longer eligible for Medicaid as determined by SCDHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the PDD Waiver.
- ✓ does not receive a PDD waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ turns eleven or upon three years of enrollment.

Applying for PDD Waiver Services

- If your child is age three through ten, contact the PDD Intake and Referral Call Center at 1-888-576-4658.
- Inform the screener that you wish to apply for the PDD Waiver. The screener will complete the initial paper work, help to obtain basic information and offer the choice of Service Coordination providers.
- You will receive written response from SCDDSN regarding your PDD Waiver application once the Freedom of Choice and Level of Care have been completed.
- If your child is age three through ten and currently receiving services from DDSN, contact your child's Service Coordinator concerning PDD services.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 365 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Service Coordinator or Early Interventionist to make sure that your plan is completed timely every year.

PDD State Funded Program

Children who do not meet ICF/MR Level of Care, but meet all other eligibility requirements may receive services outside the waiver through the State Funded PDD program if funding is available.

Pervasive Developmental Disorder Program Fact Sheet

- Money was appropriated to DDSN to fund the Pervasive Developmental Disorder (PDD) Program for children with a Pervasive Developmental Disorder from age 3 through 10.
- To participate in this waiver, a child must meet three criteria:
 1. be diagnosed with a PDD by age eight
 2. meet Medicaid medical criteria (ICF/MR level of care)
 3. meet Medicaid financial eligibility criteria
- If a child does not meet the medical and/or financial criteria for the waiver, but meets the diagnostic and age criteria, they will be eligible to receive services outside the waiver through the Pervasive Developmental Disorder State Funded Program.
- Services shall not exceed three years.
- The cost of services shall not exceed \$50,000 per year.
- The specific service is Early Intensive Behavioral Intervention (EIBI). The focus will be on utilizing the principles of Applied Behavior Analysis to treat children with a PDD.
- The number of hours per week each child receives are based on a DDSN review of relevant assessments, documentation and instructional environments. DDSN will make the final determination on the number of service hours each child receives.
- Children receiving EIBI services may receive no more than eight hours of services per day.
- A list of qualified service providers will be made available to families so they can select the provider of their choice.
- Services will be authorized by the DDSN State Waiver Coordinator on a first-come-first-served basis after all required documents have been completed and submitted and it has been determined that the child has met all the requirements necessary to receive services through the waiver or with all state dollars.
- The number of children who may be served through the waiver at any one time during the year shall be limited only by the availability of funds to pay for the requested service and the waiver cap on allowed individuals.
- Applicants who are determined eligible for EIBI services but who can not be served due to funding constraints shall be eligible for placement on a wait list maintained by the Department. The date and time all information is received from the Service Coordinator by the DDSN State Waiver Coordinator shall be used to establish the order of an applicant's place on the wait list.

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

Legislative History

During the 2006 session of the South Carolina General Assembly, parent advocates organized a grassroots initiative seeking new legislation that would require insurance companies to provide coverage for the treatment of a Pervasive Developmental Disorder (PDD). At the time the insurance companies opposed this mandate. As a compromise to both help families and hold insurance companies harmless, \$3 million in non-recurring funds was appropriated to the Department of Disabilities and Special Needs (DDSN) by the General Assembly. These one-time funds came with specific instructions to the agency, via a budget proviso, regarding the new program to be coordinated with the Department of Health and Human Services (DHHS) to provide therapies to young children diagnosed with a PDD.

During the legislative process it was acknowledged that some children were receiving some services through the BabyNet program or through their school. It was clear that this new program and new funds were not to replace or enhance these pre-existing entitlement programs. Those are to continue. The new DDSN/DHHS initiative is not an entitlement program and is to be separate from BabyNet and education services, thus not duplicating state services.

Funding Issues

Data from MUSC about the prevalence of PDD in children in South Carolina along with data from DHHS and the Department of Education indicate there are about 1,100 children who may be eligible for this new PDD Program. It was estimated that the \$3 million appropriated could serve about 140-150 of these children, some through a new Medicaid waiver and some with 100% State funds. Every effort has been made to obtain Medicaid eligibility for each child. This helps more children receive the services they need. However, a child does not have to qualify for Medicaid to get this service.

It was clear that all interested families and their children who met the required criteria for participation in the program could not be served. Therefore, in addition to requesting the one-time \$3 million appropriated be funded with recurring dollars, DDSN requested an additional \$4.5 million in its 2007-2008 budget request to serve an additional 220 children with PDD. It was estimated that a total of \$7.5 million could serve approximately 370, or about one-third of the total 1,100 children. This funding was approved by the General Assembly and the Governor for FY 2007-2008.

Service Development

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) early intensive behavioral intervention (EIBI) and 2) case management.

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

The initial \$3 million one-time service funds were not available to DDSN until December 2006. Over the summer and early fall of 2006, DDSN and DHHS completed a Medicaid waiver application, held a public meeting attended by over 50 interested parents, advocates and providers, and met with Centers for Medicare and Medicaid Services (CMS) officials. The final version of the application was submitted for federal review and comment on September 28, 2006, which usually takes up to 90 days. The federal government (CMS) approved South Carolina's PDD waiver effective January 1, 2007, without any changes. This was only the second waiver of this type approved in the nation.

Meanwhile, DDSN developed information and referral strategies and application procedures, including the establishment of a toll-free number. Information was shared with families and providers, sent to the media and published on the Internet. Parents or families interested in applying for services were encouraged to gather the necessary information and documentation to prevent delay of their child's application process.

Application Response and Process

The initial round of applications was accepted from 8:30 A.M. Thursday, December 28, 2006, until 5:00 P.M. Friday, January 12, 2007. Applications received during this time period were considered by DDSN to be received at the same time. This was the fairest way for all families to start on a level playing field since the funding was not enough to serve every child. Using this process meant it did not matter where someone lived, if they were privately paying for the service or if they were receiving DDSN services.

On Wednesday, January 17, 2007, applications were randomly selected one at a time and numbered in the order they were drawn. This process continued until all of the applications received by 5:00 P.M. Friday, January 12, 2007, had a number. Applications received or postmarked after January 12, 2007, are added on a first-come, first-served basis.

About 390 applicants were received in the first round. DDSN expected that only about 140 to 150 children would be able to participate in the new program at this time based on available funding.

Once numbered, the applications go through the next step of the process in numerical order. This is the Intermediate Care Facility/Mental Retardation (ICF/MR) level of care determination. This process is required by Medicaid to confirm the child's diagnosis of PDD and determine whether or not the child's services can be provided through the PDD Medicaid waiver. Diagnostic evaluations for this process are only repeated if they do not meet a quality standard. DDSN took as many initial applications as possible through the ICF/MR level of care determination until all slots were filled. The remaining applicants were placed on a waiting list.

After a child is accepted into the program, the family chooses an Applied Behavior Analysis (ABA) Consultant from a list of DDSN qualified Consultants who are specially trained in Pervasive Developmental Disorders. The Consultant assesses the child, evaluating his/her individual needs. If the child is already receiving EIBI services, the Consultant evaluates the existing treatment plan and its effectiveness. If the child has no preexisting plan, a more detailed assessment is required.

The Consultant forwards his/her evaluations to DDSN. A treatment plan is approved authorizing the number of hours of EIBI the child will receive based on individual needs. The Consultant

then coordinates the implementation of the treatment plan. Trained individuals work with the child one-on-one in the child's home. During this year, DDSN developed a service manual for all providers to use.

Results

As of June 30, 2007, a total of 140 children have been accepted in the Pervasive Developmental Disorder Program. Of these 140 children, 89 meet Medicaid eligibility criteria, 33 are pending Medicaid eligibility, and 18 (13 percent) are participating with 100 percent state funds. There are 382 children on the waiting list. The new \$4.5 million appropriated for FY 2008 will serve approximately 350 children on this waiting list.

The original estimate was to serve only 220 children from the waiting list. However, it was originally estimated that only 60 percent of the children would be Medicaid eligible versus the current rate of 87 percent. In addition, the original cost estimate was \$35,200 per child versus the current average of \$38,783. These changes in current numbers will result in more children being served.

Of the current PDD Program participants and applicants, 84% are male and 16% are female. Ninety-five percent (95%) of the children have a diagnosis of autism and 5% have other PDD diagnoses. Children ages 3 through 6 comprise 67% of participants and children age 7 through 10 comprise 33%.

The age breakdown is as follows:

<u>Age</u>	<u>Percent</u>	<u>Total</u>
3	18%	
4	21%	
5	18%	
6	10%	67%
7	13%	
8	10%	
9	7%	
10	3%	33%
		100%

The average budget per child is \$38,783. This equates to an average of 29 hours per week of applied behavior analysis therapy for these children. The number of hours provided each child is determined by the individual's initial assessment. This in-depth assessment consists of a battery of four standardized tests. The provider monitors the actual delivery of therapy performed by trained staff. After 12 months of prescribed therapy, the battery of standardized tests will be repeated to assess the progress made and the individual's new level of service need.

In the summer of 2006, DDSN set up meetings to recruit EIBI providers. This first effort generated 5 qualified providers. To date DDSN has recruited 13 qualified early intensive behavior intervention providers. The effort to recruit additional providers is ongoing, both in-state and outside of South Carolina, to offer families a choice of providers and to ensure a sufficient supply of providers to meet the service demand. To further these goals, DDSN is also developing a fiscal intermediary service for families who choose to hire and coordinate their own therapists who would work with a qualified EIBI provider.

Due to the enormous task of getting approval of a new Medicaid waiver, creating eligibility criteria, creating program and service criteria, determining and processing each child's eligibility, and recruiting and educating providers, among other activities, actual therapy services began the last quarter of the fiscal year. Therefore DDSN is unable to report on the developmental progress of program participants at this time. It is expected that results will be measurable after actual service delivery is in process for at least one year.

FY 2008

A total of \$7.5 million has been appropriated to DDSN for the PDD Program. In order to prepare for the next year, during the FY 2008 budget process, DDSN requested DHHS submit an amendment to the Centers for Medicare and Medicaid (CMS) to increase the cap on the number of children who can be served through the new PDD Medicaid waiver up to 550 individuals. On August 1, 2007, DHHS received notice from CMS that the amendment was approved. DDSN has made all the necessary preparations to ensure the next 110 children on the waiting list have adequate records in the file to assure timely enrollment in the PDD Program. DDSN anticipates being able to serve a total of approximately 500 children with the funds appropriated.

In addition, DDSN and the University of South Carolina (USC) have entered into a new collaborative agreement. DDSN will contract with USC to increase the capacity of qualified ABA providers. USC will offer five graduate-level courses that will prepare individuals to take the national ABA Certification exam. The first class will begin the 2007 fall semester.

August 6, 2007

South Carolina Department of Disabilities and Special Needs

Debt Service Account Report as required by Proviso

August 2016
July 2015
July 2014

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State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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August 1, 2016

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

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

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

Dear Governor Haley, Chairman Leatherman and Chairman White:

Pursuant to PART IB, SECTION 36-J160 – Department of Disabilities and Special Needs, 36.10 (DDSN: Debt Service Account) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the activity of its Debt Service Account. These funds are used to properly maintain facilities and properties to ensure the health and safety of consumers, staff and the public, and to ensure compliance with federal and state requirements, including the ADA. The agency greatly appreciates the valuable work of the SC Department of Administration, the Joint Bond Review Committee, the State Fiscal Accountability Authority and their respective staffs in support of our efforts to provide quality services.

Please contact us if you require additional information.

Sincerely,

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

BAHB/dg

CC: Angie Willis
Ryan Burnaugh

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

SC Department of Disabilities and Special Needs
 FYE 06/30/2016 - Report of Debt Service Account Activity
 Pursuant to Proviso 36.10

Balance for E-16 4660 as of 06/30/2015

\$6,640,236.55

Uses:

CIP 12-13	Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls	(241,325.00)	
CIP 13-14	Project	9882	Phase II	Statewide - Accessible Bathing Equipment	(211,775.00)	
CIP 13-14	Project	9883	Phase II	Coastal Center - HVAC Replacement - Centerview	(245,795.00)	
CIP 13-14	Project	9884	Phase II	Coastal Center - Consumer Life Improvements PM	(198,970.00)	
CIP 15-16	Project	9889	Phase I	Pee Dee Center - Pecan / Support Bldgs Roof R&R 16CPIP	(5,250.00)	
CIP 15-16	Project	9889	Phase II	Pee Dee Center - Pecan / Support Bldgs Roof R&R 16CPIP	(344,750.00)	
CIP 14-15	Project	9890	Phase I	Statewide - Emergency Generators 15 CPIP	(3,375.00)	
CIP 14-15	Project	9890	Phase II	Statewide - Emergency Generators 15 CPIP	(221,625.00)	
CIP 15-16	Project	9891	Phase I	Coastal Center - Highlands 510 Roof 16CPIP	(3,735.00)	
CIP 15-16	Project	9891	Phase II	Coastal Center - Highlands 510 Roof 16CPIP	(245,265.00)	
CIP 14-15	Project	9892	Phase I	Coastal Center - Preventive Maintenance	(3,735.00)	
CIP 14-15	Project	9892	Phase II	Coastal Center - Preventive Maintenance	(245,265.00)	
Interim	Project	9893	Phase I	Pee Dee Region - Williamsburg Day Program - Addition	(9,000.00)	
Interim	Project	9893	Phase II	Pee Dee Region - Williamsburg Day Program - Addition	(741,000.00)	
CIP 13-14,14-15	Project	9894	Phase I	Whitten Center - Demolition of Regional Ofc Bldg & #103	(2,265.00)	
CIP 13-14,14-15	Project	9894	Phase II	Whitten Center - Demolition of Regional Office Bldg	(148,735.00)	
CIP 16-17	Project	9894	Increase	Whitten Center - Add Demolition of Vehicle Services Bldg	(98,500.00)	
CIP 13-14	Project	9895	Phase I	Whitten Center - Consumer Life Improvements PM 14CPIP	(3,682.50)	
CIP 15-16	Project	9896	Phase I	Midlands Center - Campus Wide - Prev Maint 16CPIP	(3,375.00)	
CIP 15-16	Project	9896	Phase II	Midlands Center - Campus Wide - Prev Maint 16CPIP	(221,625.00)	
CIP 15-16	Project	9897	Phase I	Pee Dee / Saleeby - Campus Wide - Prev Maint 16CPIP	(3,600.00)	
CIP 15-16	Project	9897	Phase II	Pee Dee / Saleeby - Campus Wide - Prev Maint 16CPIP	(236,400.00)	
CIP 15-16	Project	9898	Phase I	Statewide - Community Facilities - Prev Maint 16 CPIP	(3,600.00)	
CIP 15-16	Project	9898	Phase II	Statewide - Community Facilities - Prev Maint 16 CPIP	(236,400.00)	
CIP 15-16	Project	9899	Phase I	Coastal Center - Campus Wide - Prev Maint	(2,925.00)	
CIP 15-16	Project	9899	Phase II	Coastal Center - Campus Wide - Prev Maint 16CPIP	(192,075.00)	
CIP 14-15	Project	9900	Phase I	Coastal Center - Dental Clinic Renovations	(3,735.00)	
Interim	Project	9901	Phase I	Coastal Center - Roof Repairs	(28,000.00)	
Total Uses						\$ (3,905,782.50)

Sources:

Interest	75,297.21	
Other Deposits	2,148,450.00	
Total Sources		\$2,223,747.21

Balance for E-16 4660 as of 06/30/2016

\$4,958,201.26

DDSN Commission Approved Projects as of 06/30/2016 - DDSN Activity for Approval from the SC Department of Administration/
 Joint Bond Review Committee/State Fiscal Accountability Authority:

				Whitten Center - Sloan Bldg Adaptive Reuse 14CPIP	(90,000.00)	
Project	9900	Phase II		Coastal Center - Dental Clinic Renovations	(246,265.00)	
Project	9895	Phase II		Whitten Center - Consumer Life Improvements PM 14CPIP	(244,317.50)	
Project	9868	Phase II		Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 2 of 5 15 CPIP	(245,000.00)	
				Whitten Center - Campus Wide - Prev Maint 16CPIP	(212,500.00)	
				Statewide Emergency Generators 16CPIP	(230,000.00)	
Project	9901	Phase II		Coastal Center - Roof Repairs	(722,000.00)	
Project	9868	Phase II		Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 3 of 5 16CPIP	(245,000.00)	
				Statewide - Community Facilities - Prev Maint 17 CPIP	(499,950.00)	
				Statewide - Accessible Bathing and Lifting Equip 17 CPIP	(245,000.00)	
				Coastal Center - Prev Maint 17 CPIP	(200,000.00)	
				PeeDee and Saleeby Centers - Prev Maint 17 CPIP	(245,000.00)	
				Whitten Center - Prev Maint 17 CPIP	(200,000.00)	
				Midlands Center - Prev Maint 17 CPIP	(220,000.00)	
				Statewide - Reg Ctrs - Prev Maint 17 CPIP	(240,000.00)	
				Statewide - Site Infrastructure Prev Maint 17 CPIP	(200,000.00)	
Sub-total						(4,285,032.50)

Unobligated E-16 4660 as of 06/30/2016

\$673,168.76

*** SCDDSN owns approximately 200 buildings statewide which have a historical cost in excess of \$100 Million when combined with Building Improvements and Land Improvements. The above unobligated amount is 2% of that value and is available for timely response to emergencies, necessary repairs and disasters to ensure the safety of consumers and Federal / State compliance.

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
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Thomas P. Waring
Associate State Director
Administration



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Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

July 29, 2015

COMMISSION
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Katherine W. Davis
Gary C. Lemel
Vicki A. Thompson

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Governor, State of South Carolina
Post Office Box 12267
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The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, South Carolina 29201

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 36-J16-Department of Disabilities and Special Needs, 36.10 (DDSN: Debt Service Account) of the 2015-2016 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the activity of its Debt Service Account. These funds are used to properly maintain facilities and properties to ensure the health and safety of consumers, staff and the public, and to ensure compliance with federal and state requirements, including the ADA. The agency greatly appreciates the valuable work of the Joint Bond Review Committee, the Budget and Control Board and their respective staffs in support of our efforts to provide quality services.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497
630

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

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

DISTRICT II

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

SC Department of Disabilities and Special Needs
 FYE 06/30/2015 - Report of Debt Service Account Activity
 Pursuant to Proviso 36.10

Balance for E-16 4660 as of 06/30/2014

\$7,702,691.15

Uses:

Project	9869	Phase II	Statewide - Fire Alarm and HVAC Equipment Replace	(241,325.00)	
Project	9879	Phase II	Midlands Center - Consumer Life Improv / PM	(234,430.00)	
Project	9881	Phase II	PeeDee & Saleeby Centers - Consumer Life Improv / PM	(197,000.00)	
Project	9880	Phase II	Midlands Center - Demolition of Rondeau Bldg	(167,450.00)	
Project	9878	Phase II	Statewide - Emergency Generators 14CPIP	(236,400.00)	
Project	9877	Phase II	Statewide - Fire Protection Repair & Replacement	(245,265.00)	
Project	9871	Phase II	Statewide - Community Facilities - Prev Maint	(245,757.50)	
Project	9870	Phase II	Statewide - Building Envelope Repairs	(236,400.00)	
Project	9882	Phase I	Statewide - Accessible Bathing Equipment	(3,225.00)	
Project	9883	Phase I	Coastal Center - HVAC Replacement - Centerview	(3,705.00)	
Project	9884	Phase I	Coastal Center - Consumer Life Improvements PM	(3,030.00)	
Project	9885	Phase I	Whitten Center - Preventive Maintenance	(3,225.00)	
Project	9886	Phase I	Midlands Center - Preventive Maintenance	(5,850.00)	
Project	9887	Phase I	Statewide - Community Facilities - PM / Conversions	(6,000.00)	
Project	9888	Phase I	Pee Dee & Saleeby Centers - Preventive Maint	(7,830.00)	
Project	9885	Phase II	Whitten Center - Preventive Maintenance	(211,775.00)	
Project	9886	Phase II	Midlands Center - Preventive Maintenance	(384,150.00)	
Project	9887	Phase II	Statewide - Community Facilities - PM / Conversions	(394,000.00)	
Project	9888	Phase II	Pee Dee & Saleeby Centers - Preventive Maint	(514,170.00)	
Total Uses					\$ (3,340,987.50)

Sources:

Interest	74,996.64	
Other Deposits	2,203,536.26	
Total Sources		\$2,278,532.90

Balance for E-16 4660 as of 06/30/2015

\$6,640,236.55

DDSN Commission Approved Projects as of 06/30/2015 - DDSN Preparing Submission to SC Department of Administration
 or State Fiscal Accountability Authority for Approval :

Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls	(241,325.00)	
Project	9883	Phase II	Coastal Center - HVAC Replacement - Centerview	(245,795.00)	
Project	9884	Phase II	Coastal Center - Consumer Life Improvements PM	(198,970.00)	
Project	9882	Phase II	Statewide - Accessible Bathing Equipment	(211,775.00)	
			Coastal Center - Preventive Maintenance	(250,000.00)	
			Coastal Center - Dental Clinic Renovations	(250,000.00)	
			Whitten Center - Demolition of Regional Office Bldg	(151,000.00)	
			Whitten Center - Sloan Bldg Adaptive Reuse 14CPIP	(90,000.00)	
			Whitten Center - Consumer Life Improvements PM 14CPIP	(248,000.00)	
			Statewide - Emergency Generators 15 CPIP	(225,000.00)	
Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 2 of 5 15 CPIP	(245,000.00)	
			Midlands Center - Campus Wide - Prev Maint 16CPIP	(225,000.00)	
			Whitten Center - Campus Wide - Prev Maint 16CPIP	(212,500.00)	
			Coastal Center - Highlands 510 Roof 16CPIP	(249,000.00)	
			Coastal Center - Campus Wide - Prev Maint 16CPIP	(195,000.00)	
			Pee Dee Center - Pecan / Support Bldgs Roof R&R 16CPIP	(350,000.00)	
			Pee Dee / Saleeby - Campus Wide - Prev Maint 16CPIP	(240,000.00)	
			Statewide - Community Facilities - Prev Maint 16 CPIP	(240,000.00)	
			Statewide Emergency Generators 16CPIP	(230,000.00)	
Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 3 of 5 16CPIP	(245,000.00)	
Sub-total					-\$4,543,365.00

Unobligated E-16 4660 as of 06/30/2015

\$2,096,871.55

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Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
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Susan Kreh Beck
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Policy
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July 31, 2014

COMMISSION
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Chairman
Fred Lynn
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Eva R. Ravenel
Secretary
William O. Danielson
Katherine W. Davis
Katherine Llamas Finley
Harvey E. Shiver

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART 1B, SECTION 36-J16-Department of Disabilities and Special Needs, 36.11 (DSN: Debt Service Account) of the 2014-2015 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the activity of its Debt Service Account. These funds are used to properly maintain facilities and properties to ensure the health and safety of consumers, staff and the public, and to ensure compliance with federal and state requirements, including the ADA. The agency greatly appreciates the valuable work of the Joint Bond Review Committee, the Budget and Control Board and their respective staffs in support of our efforts to provide quality services.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Tim Rogers

DISTRICT I

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

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

DISTRICT II

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

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

**SC Department of Disabilities and Special Needs
 FYE 06/30/2014 - Report of Debt Service Account Activity
 Pursuant to Proviso 36.11**

Balance for E-16 4660 as of 6/30/2013 **\$8,892,784.53**

Uses:

Project 9863	Central Office-Safety/Code/Energy Repairs	\$2,758,000.00	
Project 9864	Statewide - Sitework Lifecycle Repairs/Improvements	244,280.00	
Project 9865	Coastal Center-Highlands 510 HVAC Replacement	244,280.00	
Project 9866	Coastal Center-Gymnasium Roof Replacement	223,500.00	
Project 9867	Coastal Center-Energy Eff Lighting Replacement	172,375.00	
Project 9868	Statewide - Reg Ctrs - Web-based Energy Mgmt Controls System Replacement	3,675.00	
Project 9869	Statewide - Fire Alarm and HVAC Equipment Replacements	3,675.00	
Project 9870	Statewide - Building Envelope Repairs	3,600.00	
Project 9871	Statewide - Community Facilities - Prev Maint	3,742.50	
Project 9872	Hampton/Zeigler Comm. Residence Renovations	195,000.00	
Project 9873	Coastal Center -Drainage/Landsc/Door/Window Replacements	200,000.00	
Project 9874	Statewide - Network Infrastructure/Telephone System Replacement	840,000.00	
Project 9875	Whitten Center - Eight Dormitories Renovations	150,000.00	
Project 9876	Whitten Center - Dorm & Kitchen Upgrades	249,900.00	
Project 9877	Statewide - Fire Protection Repair & Replacement	3,735.00	
Project 9878	Statewide - Emergency Generators	3,600.00	
Project 9879	Midlands Center - Consumer Life Improvements Prev Maint	3,570.00	
Project 9880	Midlands Center - Demolition of Rondeau Bldg	2,550.00	
Project 9881	PeeDee & Saleeby Centers - Consumer Life Improvements Prev Maint	3,000.00	
	Total Uses	<u>3,000.00</u>	(5,308,482.50)

Sources:

Interest	\$104,937.12	
Other Deposits	4,013,452.00	
Total Sources	<u>4,118,389.12</u>	4,118,389.12

Balance for E-16 4660 as of 6/30/2014 **\$7,702,691.15**

DDSN Commission Approved Projects Submitted to B&CBD as of 06/30/2014

Project 9868	Statewide - Reg Ctrs - Web-based Energy Mgmt Controls System Replacement	\$245,000.00
Project 9869	Statewide - Fire Alarm and HVAC Equipment Replacements	241,325.00
Project 9874	Statewide - Network Infrastructure/Telephone System Replacement	340,000.00
Project 9879	Midlands Center - Consumer Life Improvements Prev Maint	234,430.00
Project 9881	PeeDee & Saleeby Centers - Consumer Life Improvements Prev Maint	197,000.00
	Pee Dee & Saleeby Centers - Preventative Maintenance	522,000.00
	Statewide - Emergency Generators	225,000.00
	Statewide - Community Facilities-Prev Maint /Conversion	400,000.00
	Midlands Center - Preventative Maintenance	390,000.00
	Whitten Center - Preventative Maintenance	325,000.00
	Coastal Center - Preventive Maintenance	250,000.00
	Coastal Center - Dental Clinic Renovations	250,000.00

	Whitten - Demolition of Regional Office Bldg	50,000.00	
Project 9870	Statewide - Building Envelope Repairs	236,400.00	
Project 9871	Statewide - Community Facilities - Prev Maint	245,757.50	
Project 9877	Statewide - Fire Protection Repair & Replacement	245,265.00	
Project 9878	Statewide - Emergency Generators	236,400.00	
Project 9880	Midlands Center - Demolition of Rondeau Bldg	167,450.00	
	Coastal Center-HVAC Replacement - Centerview, B-2, Old Dining Room - Phase I	3,705.00	
	Coastal Center - Consumer Life Improvements Prev Maint - Phase I	3,030.00	
	Statewide - Accessible Bathing Equipment - Phase I	3,225.00	
	Subtotal		(4,810,987.50)

DDSN Commission Approved Projects as of 06/30/2014 - DDSN Preparing Submission to B&CBD for Approval

Project 9868	Statewide - Reg Ctrs - Web-based Energy Mgmt Controls System Replacement	\$241,325.00	
	Whitten Center - Sloan Building Adaptive Reuse	90,000.00	
	Whitten Center - Demolition of the Regional Office Bldg	101,000.00	
	Whitten Center - Consumer Life Improvements	248,000.00	
	Coastal Center-HVAC Replacement - Centerview, B-2, Old Dining Room - Phase II	243,295.00	
	Coastal Center - Consumer Life Improvements Prev Maint - Phase II	198,970.00	
	Statewide - Accessible Bathing Equipment - Phase II	211,775.00	
	Subtotal		(1,334,365.00)

SCDDSN Commission Approved Projects in Process as of 06/30/2014

(\$6,145,352.50)

Unobligated E-16 4660 at 06/30/2014

\$1,557,338.65

*** SCDDSN owns approximately 200 buildings statewide which have a historical cost in excess of \$100 Million when combined with Building Improvements and Land Improvements. The above unobligated amount is 1.5% of that value and is available for timely response to emergencies, necessary repairs and disasters to ensure safety of consumers and Federal / State compliance.

South Carolina Department of Disabilities and Special Needs

Carry Forward Authorization as required by Proviso

September 2016
September 2015

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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September 16, 2016

COMMISSION
William O. Danielson
Chairman
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Vice Chairman
Gary C. Lemel
Secretary
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Sam F. Broughton, Ph.D.
Catherine O. Fayssoux
Vicki A. Thompson

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State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, South Carolina 29201

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

Dear Chairman Leatherman and Chairman White:

Pursuant to PART IB, SECTION 36-J16-Department of Disabilities and Special Needs, 36.14 (DDSN: Carry Forward Authorization) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the balance carried forward of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year. The balance of \$939,561 was unspent from the \$6.6 million appropriated for FY 2016 and carried forward into FY 2017. These funds will be used during FY 2017 for the waiting list reduction initiative.

The agency greatly appreciates the General Assembly's support of the department's effort to serve our citizens with lifelong disabilities and their families. Thank you for your leadership and commitment. Please contact us if you require any additional information.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Beverly A. H. Buscemi Ph.D." The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
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636

Midlands Center - Phone: 803/935-7500
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September 21, 2015

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

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

Dear Chairman Leatherman and Chairman White:

Pursuant to PART IB, SECTION 36-J16-Department of Disabilities and Special Needs, 36.14 (DDSN: Carry Forward Authorization) of the 2015-2016 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the balance carried forward of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year. The balance of \$1,030,471 was unspent from the \$13.3 million appropriated for FY 2015 and carried forward into FY 2016. These funds will be used during FY 2016 for the waiting list reduction initiative.

The agency greatly appreciates the General Assembly's support of the department's effort to serve our citizens with lifelong disabilities and their families. Thank you for your leadership and commitment. Please contact us if you require any additional information.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Beverly A. H. Buscemi PMD". The signature is written in a cursive style.

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

P.O. Box 239
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637

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Saleeby Center - Phone: 843/332-4104

South Carolina Department of Disabilities and Special Needs

IMD Operations Report as Required by Proviso

October 2016
October 2015
October 2014
November 2013
November 2012
December 2011
November 2010



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
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October 31, 2016

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.73. (GP: IMD Operations) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$1,023,448 in FY 2016 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

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639

Midlands Center - Phone: 803/935-7500
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Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas B. Waring
Associate State Director
Administration

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3440 Harden Street Ext (29203)
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Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

October 30, 2015

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.74. (GP: IMD Operations) of the 2015-2016 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$985,932 in FY 2015 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

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October 31, 2014

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.78. (GP: IMD Operations) of the 2014-2015 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,739,835 in FY 2014 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

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November 1, 2013

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.80. (GP: IMD Operations) of the 2013-2014 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,797,393 in FY 2013 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,


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

BAHB/sd

Cc: Angle Willis
Tim Rogers

DISTRICT I

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Associate State Director
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November 30, 2012

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

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

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

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Tim Rogers

DISTRICT I

DISTRICT II

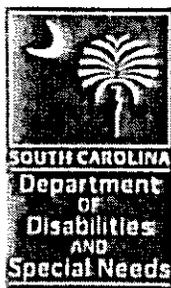
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Saleeby Center - Phone: 843/432-4104

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



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December 13, 2011

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

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 89-X90-General Provisions, 89.91. (GP: IMD Operations) of the 2011-2012 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,584,946 in FY 2011 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

A handwritten signature in black ink that reads "Beverly A. H. Buscemi Ph.D.".
Beverly A. H. Buscemi, Ph.D.
State Director

cc: Angie Stoner
Tim Rogers

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Beverly A. H. Buscemi, Ph.D.
State Director
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Associate State Director
Operations
Kathi K. Lacy, Ph.D.
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November 29, 2010

COMMISSION
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Deborah C. McPherson
Vice Chairman
Otis D. Speight, MD, MBA, CPE
Secretary
W. Robert Harrell
Kelly Hanson Floyd
Nancy L. Banov, M.Ed.

The Honorable Mark Sanford
Governor, State of South Carolina
P.O. Box 12267
Columbia, SC 29211

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

The Honorable Daniel T. Cooper
State Representative
Chairman, House Ways and Means Committee
525 Blatt Building
Columbia, SC 29201

Dear Gentlemen:

Pursuant to PART IB, SECTION 89-X90-General Provisions, 89.101. (GP: IMD Operations) of the 2010-2011 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,338,000 in FY 2010 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

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

cc: Angie Stoner
Marc Aquino
DISTRICT I

DISTRICT II

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South Carolina Department of Disabilities and Special Needs

Means Test Report as required by Proviso

December 2016
January 2014

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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Gary C. Lemel
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Mary Ellen Barnwell
Sam F. Broughton, Ph.D.
Catherine O. Fayssoux
Vicki A. Thompson

December 30, 2016

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, South Carolina 29202

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

Dear Gentlemen:

Pursuant to PART IB, SECTION 117-X90-GENERAL PROVISIONS 117.91. (GP: Means Test) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is providing the enclosed information on means testing.

The State of South Carolina and the Department of Disabilities and Special Needs (DDSN) recognizes and appreciates that families are the greatest resource available to individuals with disabilities and the State for providing care and supervision. Every effort is made to support families in their role as primary caregivers and provide assistance based on the individual consumer's need and the family's ability to provide care. Individual and Family Support and Respite funding is provided to assist families providing the direct, hands-on care and supervision to their loved ones. A means test is one component used to consider requests for Individual and Family Support and Respite services. This is detailed in DDSN Department Directive 734-01-DD.

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Senator Hugh K. Leatherman, Sr.
Representative W. Brian White
December 30, 2016
Page 2

Pursuant to PART 1B, SECTION 36-J160 DEPARTMENT OF DISABILITIES 36.8 (DDSN: Pervasive Developmental Disorder), the agency has been working with DHHS to develop a plan to transition children in the PDD program to Medicaid State Plan services. In addition, the agency is developing a sliding fee scaled based on a means test to determine payment by a family for PDD services for children who are not Medicaid eligible. This new means test will be implemented in FY 2016-2017.

Means tests are not used to determine access to other DDSN services. State law does allow reasonable reimbursement to DDSN for services from the individual consumer, his/her estate or his/her parent or guardian under certain conditions. Therefore, DDSN does utilize resources available to individuals such as social security benefits, trusts or estates to pay some service costs. No service may be denied because of the inability to pay.

Thank you for your interest. Please let us know if you require additional information. We appreciate your leadership and steadfast support of individuals with severe lifelong disabilities and their families.

Sincerely,

A handwritten signature in black ink that reads "Beverly A. H. Buscemi Ph.D." The signature is written in a cursive style.

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

BB/sd

Enclosure

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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Fred Lynn
Vice Chairman
Eva R. Ravenel
Secretary
Mary Ellen Barnwell
Katherine W. Davis
Gary C. Lemel
Vicki A. Thompson

Reference Number: 734-01-DD

Title of Document: Individual and Family Support and Respite – State Funding

Date of Issue: August 8, 1989
Effective Date: August 8, 1989
Last Review Date: October 1, 2015
Date of Last Revision: October 1, 2015 (REVISED)

Applicability: Central Office; DSN Boards; Contracted Service Providers

The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. DDSN believes families should be supported in their role as primary caregivers and be assisted when needed to care for their family member(s) at home, if possible.

I. DEFINITION OF FAMILY

A “family” is an individual who is eligible for DDSN services, his/her parent(s), sibling(s), relative(s), or other caregiver(s) who reside in the same household as the DDSN eligible individual.

II. PURPOSE/OBJECTIVE

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide, when needed, financial assistance to families who care for an individual with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to:

1. Provide relief from the responsibilities of direct, hands-on caregiving and supervision; or
2. Improve an unsafe, risky or dangerous situation.

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IFS-R funding is directed toward those families who incur additional expenses due to the individual's disability. It is not intended to be used for typical expenses that are routinely incurred by families such as rent, utilities, childcare/babysitting for children under age 12, etc.

In accordance with state law, IFS-R funding is not an entitlement program or a general public assistance benefit. The receipt of IFS-R funding is intended to be limited, one-time or short term; it is not intended to be ongoing.

IFS-R funding should only be made available when needed goods or services cannot be funded by the family, other public agencies or community resources or through other DDSN services/programs. Consideration must be given to all of the resources available to the family, even those resources that cannot directly fund the needed goods or services. Priority must be given to those families with the greatest need.

PROHIBITIONS:

IFS-R funding shall **not** be available to:

- Those who are not DDSN eligible.
- Those who are enrolled in any Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), a Nursing Facility, or Assisted Living Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those receiving State Funded Community Supports may not also receive IFS-R funds for Respite.
- Those participating in the state-funded Pervasive Developmental Disorder (PDD) program.
- Those families with income above the threshold specified in Attachment A - Income Standards, of this Directive may not receive IFS-R funding for assistance to improve an unsafe, risky, or dangerous situation.

III. ADMINISTRATION

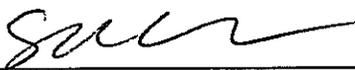
All boards/providers administering IFS-R funds are expected to do so fairly and equitably, allowing access to anyone who meets criteria and is considered part of their service area. Boards/Providers administering ISF-R funds do so without allocating administration costs from the award.

Each administering board/provider must develop a policy that aligns with this DDSN Directive and specifies the criteria and process to be used by the board/provider for the administration of IFS-R funds. The policy may include a maximum allowable amount per individual as long as the limit applies equally to all. The methods for monitoring the administration of the funds should also be specified.

Each administering board/provider must have a process whereby information necessary to make decisions about requests for funding is obtained. Each administering board/provider may develop its own application forms or use the forms attached to this DDSN Directive. The information contained in the forms attached to this DDSN Directive is required and must be collected by the administering board/provider. Any forms to be used to apply for IFS-R funding must readily be available and easily accessible to anyone wishing to apply.

Boards/Providers administering IFS-R funds must maintain a log of all requests received. This log should include the name of DDSN eligible individual, the type of request (family support or respite), the date of the request, the amount requested, whether or not the request was approved/denied, and the date the family was notified of the approval or denial.

When requests for IFS-R are not approved, the family must be notified of their right to appeal the decision. Families should follow the process outlined in DDSN's Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures.



Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)



Beverly A. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

- Attachment A - Income Standards
- Attachment B - Respite Application
- Attachment C - Family Support Application

**SC Department of Disabilities and Special Needs
Income Standards for Individual and Family Support**

FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?	FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?
1	\$0 - \$1,459	<input type="checkbox"/> YES	9	\$0 - \$5,519	<input type="checkbox"/> YES
1	\$1,460+	<input type="checkbox"/> NO	9	\$5,520+	<input type="checkbox"/> NO
2	\$0 - \$1,966	<input type="checkbox"/> YES	10	\$0 - \$6,026	<input type="checkbox"/> YES
2	\$1,967+	<input type="checkbox"/> NO	10	\$6,027+	<input type="checkbox"/> NO
3	\$0 - 2,474	<input type="checkbox"/> YES	11	\$0 - \$6,534	<input type="checkbox"/> YES
3	\$2,475+	<input type="checkbox"/> NO	11	\$6,535+	<input type="checkbox"/> NO
4	\$0 - \$2,981	<input type="checkbox"/> YES	12	\$0 - \$7,041	<input type="checkbox"/> YES
4	\$2,982+	<input type="checkbox"/> NO	12	\$7,042+	<input type="checkbox"/> NO
5	\$0 - \$3,489	<input type="checkbox"/> YES	13	\$0 - \$7,549	<input type="checkbox"/> YES
5	\$3,490+	<input type="checkbox"/> NO	13	\$7,550+	<input type="checkbox"/> NO
6	\$0 - \$3,996	<input type="checkbox"/> YES	14	\$0 - \$8,056	<input type="checkbox"/> YES
6	\$3,997+	<input type="checkbox"/> NO	14	\$8,057+	<input type="checkbox"/> NO
7	\$0 - \$4,504	<input type="checkbox"/> YES	15	\$0 - \$8,564	<input type="checkbox"/> YES
7	\$4,505	<input type="checkbox"/> NO	15	\$8,565+	<input type="checkbox"/> NO
8	\$0 - \$5,011	<input type="checkbox"/> YES	16	\$0 - \$9,071	<input type="checkbox"/> YES
8	\$5,012+	<input type="checkbox"/> NO	16	\$9,072	<input type="checkbox"/> NO

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
APPLICATION FOR FAMILY SUPPORT FUNDING**

The purpose of Individual and Family Support (IFS) funding is to provide, when needed, financial assistance to families who care for a person with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to improve an unsafe, risky or dangerous situation. In accordance with state law, IFS funding is not an entitlement program or a general public assistance benefit.

Because these funds are limited, IFS funding is not be available to:

- Those who are not DDSN eligible.
- Those who are enrolled in any Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or a Nursing Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those families with income above the Income Standards specified in Attachment A may not receive IFS funding for assistance to improve and unsafe, risky, or dangerous situation.

IFS funding will only be made available when needed goods or services cannot be funded by the family, other public agencies or community resources or through other DDSN services/programs. Consideration will be given to all of the resources available to the family, even those resources that cannot directly fund the needed goods or services. Priority will be given to those families with the greatest need.

The policy, in its entirety, can be found on DDSN's website at [http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/734-01-DD%20-%20Revised%20\(012615\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/734-01-DD%20-%20Revised%20(012615).pdf).

Information about the DDSN Eligible Person

Name: _____ Date of Birth: _____

Address: _____

Who, other than the DDSN eligible person, lives in the home? List each person's relationship to the DDSN eligible person and his/her age (*for example: Mother – age 39; Father – age 40; Sister – age 12*)

The DDSN eligible person (check all that apply):

Is Medicaid Eligible?

Receives Children's Personal Care as a State Plan service.
 Receives Private Duty Nursing as a State Plan service.

Has Applied for Medicaid: Date of Application: _____
Attends Public or Private School: Yes No

Receives Homebound Instruction - If yes, specify instructional time per week: _____
 Is Homeschooled by Family?
 Awaiting enrollment in a DDSN-operated Waiver (ID/RD, HASCI, CS, PDD)

Is enrolled/participates in a DHHS-operated Home and Community-based Waiver (SC Choices, Medically Complex Children's Waiver, HIV/AIDS Waiver, Vent)

Is currently employed? Full-time Part-time

Receives benefits through the Supplemental Nutritional Assistance Program (SNAP).

Is eligible for Medicare? Yes No Part A Part B Part D

What is needed?

What item(s) or service(s) is/are needed by the DDSN eligible person? Describe:

Why is/are these item(s) or service(s) needed? Explain:

What other resources have been attempted or explored to obtain this/these item(s) or service(s)? List:

How much is needed? \$ _____

By when (what date) is it needed? _____

Household Income

Information about the monthly household earned and unearned income must be provided in order for the request to be considered. Verification of income must be provided (e.g., payroll check stub, copy of SSI check/deposit, bank statements, Trust Account information, Child Support, etc.). List the sources, amounts and contributor in the chart below and attach/enclose verification documents. **Attach additional pages if needed.**

Income Source	Monthly Amount	Contributed by whom?	Verification Attached Yes/No

Total Monthly Income \$ _____

(To qualify, Total Monthly Income may not exceed amount specified in the "Monthly Income" column of Attachment A)

Information about the Person Completing Application:

Printed Name: _____

Relationship to the DDSN Eligible Person: _____

Contact Information:

Address: _____

Telephone Number (s): _____

Email Address: _____

I certify that the above information is true and complete. I understand that submitting false information or use of Individual and Family Support Funds for purposes other than as requested may result in termination of assistance and a payback of expended funds to DDSN.

Signature of Person Completing Application

Date: _____

Submit Completed Forms to Deborah Mann

Email: dmann@ddsn.sc.gov

Fax: (803) 898-9653



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration

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

COMMISSION
Fred Lynn
Chairman
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Vice Chairman
Harvey E. Shiver
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Katherine W. Davis
Katherine Llamas Finley
Deborah C. McPherson
Eva R. Ravenel

January 3, 2014

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

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

Dear Gentlemen:

Pursuant to PART IB, SECTION 117-X90-GENERAL PROVISIONS 117.99. (GP: Means Test) of the 2013-2014 General Appropriations Act, the SC Department of Disabilities and Special Needs is providing the enclosed information on means testing.

The Department of Disabilities and Special Needs (DDSN) recognizes and appreciates that families are the greatest resource available to individuals with disabilities and the State for providing care and supervision. Every effort is made to support families in their role as primary caregivers and provide assistance based on the individual consumer's need and the family's ability to provide care. Individual and Family Support and Respite funding is provided to assist families providing the direct, hands-on care and supervision to their loved ones. A means test is one component used to consider requests for Individual and Family Support and Respite services. Please find attached DDSN Department Directive 734-01-DD which details the funding and approval requirements. In FY 2013, DDSN expended \$1,106,000 Family Support funds.

Means tests are not used to determine access to other DDSN services. State law does allow reasonable reimbursement to DDSN for services from the individual consumer, his/her estate or his/her parent or guardian under certain conditions. Therefore DDSN does utilize resources

DISTRICT I

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

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

DISTRICT II

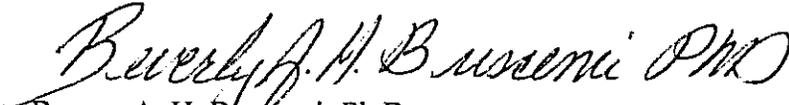
9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

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

available to individuals such as social security benefits, trusts or estates to pay some service costs. No service may be denied because of the inability to pay.

Thank you for your interest. If you require additional information, please contact Lois Park Mole on my staff. We appreciate your leadership and steadfast support of individuals with severe lifelong disabilities and their families.

Sincerely,


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

BB/dg

Enclosure

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



COMMISSION
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Secretary
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Deborah C. McPherson
Eva R. Ravenel

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
801/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number: 734-01-DD
Title of Document: Individual and Family Support and Respite – State Funding
Date of Issue: August 8, 1989
Effective Date: August 8, 1989
Last Review Date: September 23, 2013
Date of Last Revision: September 23, 2013 (REVISED)
Applicability: Central Office; DSN Boards; Contracted Service Providers

The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. They should be supported in their role as primary caregivers and be provided the assistance needed to care for their family member at home, if possible. DDSN further believes that it is more efficient, cost effective and humane to support consumers and families in their efforts to care for their family members at home.

I. DEFINITION OF FAMILY

A "family" is an individual who is eligible for DDSN services and the parent(s), sibling(s), relative(s), or other caregiver(s), if applicable who reside in the same household as the consumer.

II. PURPOSE/OBJECTIVE

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide assistance to families in caring for a DDSN eligible person with an intellectual disability or related disability, autism, or traumatic brain injury or spinal cord injury or similar disability in order to:

- I. Assist those families who are providing direct, hands-on care and supervision to the consumer; or

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5128
Phone: (864) 938-3497

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

9995 Miles Jamison Road
Summersville, SC 29385
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/312-4104

2. Help those consumers or their families, who, with the IFS-R, would likely be in an unsafe, risky or dangerous situation.

Funding is directed toward consumers or families who can care for themselves at home, but incur additional expenses due to the disability and not for any consumer residing in any DDSN residential facilities or receiving DDSN operated Home and Community Based (HCB) Waiver services. This funding should be used for needs that are not incurred routinely by families with non-disabled individuals. For interpreter services, please refer to DDSN Directive 700-02-DD.

In accordance with state law, IFS-R is not an entitlement program or a general public assistance benefit. IFS-R is typically time limited and should not be ongoing except in rare circumstances that tie back to the two primary objectives of IFS-R funding. Careful monitoring of these situations is required. DSN Boards at the local level are responsible for carrying out this Directive for applicable consumers in their county (ies) regardless of who provides service coordination or early intervention to such consumers.

To maximize funds to provide respite, DSN Boards and Other Qualified Providers are encouraged to offer respite to individuals in group settings which are properly licensed, also known as Support Center Services, where such services can meet the individual's needs.

III. STATE FUNDING AND APPROVAL REQUIREMENTS

Annually each DSN Board is given an award for family support stipends and respite based upon the number of consumers who live in their own or family's home and not enrolled in a DDSN HCB Waiver. **All consumers receiving services from other qualified providers will be given fair and equal access to these funds.** This award should be used strictly for services with no administrative cost being allocated to the IFS-R award.

IFS-R should only be made available to the consumer or family, when needed goods or services cannot be funded by the consumer and his family, by other public agencies or community resources or through other DSN services/programs. Documentation of these efforts must be included in the request for IFS-R. Requests to assist families with routine costs of daily living (rent, utilities, food, clothing, etc.) should be approved only in extreme or unusual circumstances and after careful review. DSN Boards may set a dollar limit as long as it is applied equally to all consumers.

DSN Boards are required to maintain a log on all requests received. This log should include the name of consumer, requested item, requested amount, and approval/disapproval. The log must be submitted to the District Office by the 10th of the month following the approval. District staff will review the logs to monitor expenditures and ensure DDSN policy is followed. In cases where discrepancies are noted, District staff will either request additional information, or visit the DSN Board to assist with future compliance.

First Step: Means Test (Applicable to Individual/Family Support Only – Does Not Apply to Respite)

- A. IFS-R funding is directed toward consumers and their families based on the income of the consumer and family members residing in the same home as the consumer. See Attachment A for income parameters.

Second Step: Needs Test

- B. **Priority of Requests - When considering the priority to be given to requests for IFS-R, the following circumstances should be given the greatest priority**
1. Those families who are providing direct, hands-on care and supervision of the consumer, or
 2. Consumers or their families who, without the IFS-R, would likely be in an unsafe, risky or dangerous situation.
- C. **Not Eligible to Receive IFS-R**
- Those who are not eligible for DDSN services.
 - Those who are enrolled in DDSN operated HCB Waivers.
 - Those who are eligible for DDSN services in the “At-Risk” category (children three (3) to six (6) years).
 - Individuals applying for Medicaid through TEFRA and child’s only involvement with DDSN is for assistance with the Level of Care process.

IV. APPLICATION FOR IFS-R

The following must be used in requesting IFS-R funds. All information requested below must be included as part of any request for IFS-R. DSN Boards can use the attached forms or create their own forms provided that the same information is incorporated.

1. **Initiating A Request**
 - A. The service coordinator/early interventionist identifies the consumer’s or family’s need for assistance during the assessment or planning process or as a result of the consumer’s or family’s situation changing during the year.
 - B. The consumer’s Plan or other documentation must include the specific goods or services needed and justification of the need for the service(s). The request must include specific information to show how the amount requested was determined. For IFS a description of the services must be provided and must include documentation showing that other funding

inquires have been explored, and that the income means test justifies the request (e.g., the consumer's and family's income are insufficient to pay for IFS).

- C. Form #350, "*Request Form – Individual and Family Support/Respite.*" must be completed by the service coordinator/early interventionist and signed by the family or consumer. For IFS requests only (not for respite), a copy of a current pay stub or other means of verifying both earned and unearned income must be included for all household members. Use of the consumer's Social Security Income (SSI) and any other income including family members living in the same home will be part of the review process. (Attach copies of all income statements, including SSI, SSA, W2s, 1099s, Survivors & Disability Insurance amounts, savings accounts, and the like).
- D. In requesting exceptions to this policy (e.g., use of funds for a person who does not meet the income criteria, but has significant expenditures related to the person's disability), the same documentation must be included in the request to the DSN Board that is required to be submitted for the original request. These exceptions must be rare; the Executive Director makes the final decision.

2. *Approval Procedures*

When requesting local IFS-R, the DSN Board's family support staff will review materials submitted (or return for additional information) and make a recommendation with final approval/disapproval by the Executive Director or Designee. The Executive Director has the final authority.

3. *Payments*

- A. The original Form #351, "*Individual and Family Support Respite - Request for Payment*" for the approval period including the approval amount shall be included with request when application is submitted. A separate Form #351, "*Individual and Family Support Respite - Request for Payment*" shall be completed for each month of payment if on-going.
- B. Any unspent funds should be returned to the DSN Board/Provider for reallocation as soon as it is determined that all of the funds are not needed.

4. *Monitorship and Review*

- A. The receipt of service use of IFS-R must be monitored by the service coordinator, if consumer is on Level I or by the early interventionist if the consumer is receiving special instruction. The service coordinator/early interventionist must monitor on-going service provision at least quarterly

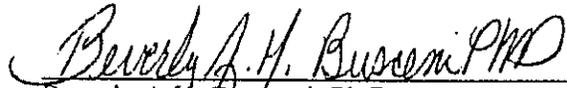
to determine the family's satisfaction with the amount, frequency, and duration of the service provided. Verification of receipt of services must be completed by either visiting the consumer during the time of the service or by reviewing attendance records/service reports.

To verify receipt of any one-time item that was to be purchased, the service coordinator/early interventionist must either visit the consumer/family or request receipt of purchased item from the family. If during the visit or lack of evidence via receipt it is determined that the stipend was not used as requested or used to pay a specific bill this should be documented and future requests should include such historical information. The service coordinator/early interventionist should notify the Executive Director/CEO of inappropriate use of funds. The Executive Director/CEO should then take the necessary steps to recoup funds.

- B. If at any time the service coordinator/early interventionist determines that the need of IFS-R is no longer justified, then he/she must notify the person approving the request and on-going funds must end.
- C. Should a DSN Board/Provider revise its current Individual and Family Support Respite Policy, it must forward a copy to the applicable District Office for approval.



Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Form 350 – Request Form – Individual and Family Support /Respite
Form 351 – Individual and Family Support/Respite – Request for Payment

Attachment A

MEANS TEST FOR IFS ONLY

FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS-R		FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS-R	
		YES	NO			YES	NO
1	\$0 - 1,579	√		9	\$0 - \$5,943	√	
1	\$1,580+		√	9	\$5,944+		√
2	\$0 - 2,125	√		10	\$0 - \$6,488	√	
2	\$2,126+		√	10	\$6,489+		√
3	\$0 - 2,670	√		11	\$0 - \$7,034	√	
3	\$2,671+		√	11	\$7,035+		√
4	\$0 - 3,216	√		12	\$0 - \$7,579	√	
4	\$3,217+		√	12	\$7,580+		√
5	\$0 - 3,761	√		13	\$0 - \$8,124	√	
5	\$3,762+		√	13	\$8,125+		√
6	\$0 - \$4,306	√		14	\$0 - \$8,670	√	
6	\$4,307+		√	14	\$8,671+		√
7	\$0 - \$4,852	√		15	\$0 - \$9,215	√	
7	\$4,853		√	15	\$9,216+		√
8	\$0 - 5,397	√		16	\$0 - \$9,761	√	
8	\$5,398+		√	16	\$9,762		√

South Carolina Department of Disabilities and Special Needs

First Steps/BabyNet Interagency Financial Statement as required by Proviso

December 2016
December 2015
January 2015
January 2014



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

December 13, 2016

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.98 of the General Appropriations Act for FY17 is the BabyNet interagency financial statement for FY16, depicting the annual BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services

Note that, while included in proviso language, the South Carolina Department of Social Services does not incur expenditures related to Part C of the Individuals with Disabilities Education Act.

We thank you for your ongoing support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

Dr. Dan Wuori
Deputy Director

cc: Ken Wingate
Julia-Ellen Davis
Kristie Musick
Christian Soura
Grant Gibson
Kenzie Riddle
1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org



BabyNet Program **CONSOLIDATED and SUMMARIZED** Financial Activity Report

ALL AGENCIES

(DDSN, SCFS, DHHS, SDB, DMH)

For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

REVENUE:	Non-Medicaid				Medicaid				All Agencies Grand TOTAL
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Direct Appropriations:	\$ 4,237	\$ -	\$ -	\$ 4,237	\$ 1,911	\$ -	\$ -	\$ 1,911	\$ 6,148
Earmarked Funds	\$ -	\$ -	\$ 834	\$ 834	\$ -	\$ -	\$ 7,288	\$ 7,288	\$ 8,122
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,092	\$ -	\$ 6,092	\$ -	\$ 1,643	\$ -	\$ 1,643	\$ 7,735
Agency's Own Operating Funds	\$ 6,862	\$ -	\$ -	\$ 6,862	\$ 1,352	\$ -	\$ 748	\$ 2,100	\$ 8,962
Total Revenues	\$ 11,099	\$ 6,092	\$ 834	\$ 18,025	\$ 3,263	\$ 1,643	\$ 8,036	\$ 12,942	\$ 30,967
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 25	\$ -	\$ 25	\$ -	\$ -	\$ -	\$ -	\$ 25
Audiology	\$ -	\$ 15	\$ -	\$ 15	\$ 4	\$ 9	\$ -	\$ 13	\$ 28
Applied Behavior Analysis - Autism Services	\$ 814	\$ 80	\$ -	\$ 894	\$ -	\$ -	\$ -	\$ -	\$ 894
Service Coordination (Targeted Case Management)	\$ 697	\$ -	\$ 188	\$ 885	\$ -	\$ -	\$ 414	\$ 414	\$ 1,299
Family Training and Counseling	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 743	\$ -	\$ 743	\$ 170	\$ 416	\$ -	\$ 586	\$ 1,329
Parent-to-Parent Support	\$ -	\$ 77	\$ -	\$ 77	\$ -	\$ -	\$ -	\$ -	\$ 77
Physical Therapy	\$ 100	\$ 483	\$ -	\$ 583	\$ 175	\$ 427	\$ -	\$ 602	\$ 1,185
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 6,329	\$ -	\$ 113	\$ 6,442	\$ 2,565	\$ -	\$ 6,673	\$ 9,238	\$ 15,680
Speech Pathology/Language	\$ 785	\$ 1,958	\$ -	\$ 2,743	\$ 321	\$ 782	\$ -	\$ 1,103	\$ 3,846
Transportation	\$ -	\$ 6	\$ -	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ 6
Translation / Interpreter Services	\$ -	\$ 1,148	\$ -	\$ 1,148	\$ -	\$ -	\$ -	\$ -	\$ 1,148
Sign Language	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ -	\$ -	\$ -	\$ 54
Orientation and Mobility	\$ -	\$ -	\$ 40	\$ 40	\$ -	\$ -	\$ 5	\$ 5	\$ 45
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ 2	\$ 8	\$ -	\$ 10	\$ 14
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 8,778	\$ 4,539	\$ 395	\$ 13,710	\$ 3,237	\$ 1,643	\$ 7,120	\$ 12,000	\$ 25,710
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 66	\$ 66	\$ 765
303.112 Availability of early intervention services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 65	\$ 65	\$ 764
303.114 Individualized family service plan (IFSP).	\$ 697	\$ 89	\$ -	\$ 786	\$ -	\$ -	\$ 65	\$ 65	\$ 851
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.116 Public awareness program.	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.117 Central directory.	\$ -	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ -	\$ 78
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.119 Personnel standards.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 82	\$ -	\$ 82	\$ -	\$ -	\$ -	\$ -	\$ 82
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.122 Reimbursement procedures.	\$ -	\$ 209	\$ -	\$ 209	\$ -	\$ -	\$ -	\$ -	\$ 209
303.123 Procedural safeguards.	\$ -	\$ 79	\$ -	\$ 79	\$ -	\$ -	\$ -	\$ -	\$ 79
303.124 Data collection	\$ 72	\$ 321	\$ -	\$ 393	\$ -	\$ -	\$ -	\$ -	\$ 393
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,167	\$ 1,302	\$ -	\$ 3,469	\$ -	\$ -	\$ 196	\$ 196	\$ 3,665
Administration/Oversight:									
State-Level Administration/Oversight	\$ 88	\$ 120	\$ 218	\$ 426	\$ 26	\$ -	\$ 265	\$ 291	\$ 717
Local Administration/Oversight	\$ -	\$ -	\$ 2	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Total Administration/Oversight	\$ 88	\$ 120	\$ 220	\$ 428	\$ 26	\$ -	\$ 265	\$ 291	\$ 719
Transfers OUT									
Medicaid Match to SC DHHS	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
Total Transfers Out	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
TOTAL EXPENDITURES	\$ 11,099	\$ 5,961	\$ 615	\$ 17,675	\$ 3,263	\$ 1,643	\$ 7,581	\$ 12,487	\$ 30,162
Available Balance	\$ -	\$ 131	\$ 219	\$ 350	\$ -	\$ -	\$ 455	\$ 455	\$ 805

NOTES:

1) Amounts reflect income and expenditures as reported by each state agency.

TOTAL EXPENDITURES	
Quarter #1	\$ 7,720
Quarter #2	\$ 6,595
Quarter #3	\$ 7,849
Quarter #4	\$ 7,998
TOTAL	\$ 30,162
Qtrly Avg.	\$ 7,541



SOUTH CAROLINA

SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 2,486	\$ -	\$ -	\$ 2,486	\$ 1,239	\$ -	\$ -	\$ 1,239	\$ 3,725
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,587	\$ 5,587	\$ 5,587
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ 3,879	\$ -	\$ -	\$ 3,879	\$ 1,352	\$ -	\$ 748	\$ 2,100	\$ 5,979
Total Revenues	\$ 6,365	\$ -	\$ -	\$ 6,365	\$ 2,591	\$ -	\$ 6,335	\$ 8,926	\$ 15,291
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 6,329	\$ -	\$ -	\$ 6,329	\$ 2,565	\$ -	\$ 6,271	\$ 8,836	\$ 15,165
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 6,329	\$ -	\$ -	\$ 6,329	\$ 2,565	\$ -	\$ 6,271	\$ 8,836	\$ 15,165
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 26	\$ -	\$ 64	\$ 90	\$ 126
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 26	\$ -	\$ 64	\$ 90	\$ 126
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 6,365	\$ -	\$ -	\$ 6,365	\$ 2,591	\$ -	\$ 6,335	\$ 8,926	\$ 15,291
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 3,735
Quarter #2	\$ 3,682
Quarter #3	\$ 3,858
Quarter #4	\$ 4,016

TOTAL \$ 15,291



SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program **CUMULATIVE** Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,700	\$ -	\$ -	\$ 1,700	\$ -	\$ -	\$ -	\$ -	\$ 1,700
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 262	\$ 262	\$ 262
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,092	\$ -	\$ 6,092	\$ -	\$ -	\$ -	\$ -	\$ 6,092
Agency's Own Operating Funds	\$ 2,983	\$ -	\$ -	\$ 2,983	\$ -	\$ -	\$ -	\$ -	\$ 2,983
Total Revenues	\$ 4,683	\$ 6,092	\$ -	\$ 10,775	\$ -	\$ -	\$ 262	\$ 262	\$ 11,037
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 25	\$ -	\$ 25	\$ -	\$ -	\$ -	\$ -	\$ 25
Audiology	\$ -	\$ 15	\$ -	\$ 15	\$ -	\$ -	\$ -	\$ -	\$ 15
Applied Behavior Analysis - Autism Services	\$ 814	\$ 80	\$ -	\$ 894	\$ -	\$ -	\$ -	\$ -	\$ 894
Service Coordination (Targeted Case Management)	\$ 697	\$ -	\$ -	\$ 697	\$ -	\$ -	\$ 66	\$ 66	\$ 763
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 743	\$ -	\$ 743	\$ -	\$ -	\$ -	\$ -	\$ 743
Parent-to-Parent Support	\$ -	\$ 77	\$ -	\$ 77	\$ -	\$ -	\$ -	\$ -	\$ 77
Physical Therapy	\$ 100	\$ 483	\$ -	\$ 583	\$ -	\$ -	\$ -	\$ -	\$ 583
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ 785	\$ 1,958	\$ -	\$ 2,743	\$ -	\$ -	\$ -	\$ -	\$ 2,743
Transportation	\$ -	\$ 6	\$ -	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ 6
Translation / Interpreter Services	\$ -	\$ 1,148	\$ -	\$ 1,148	\$ -	\$ -	\$ -	\$ -	\$ 1,148
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ -	\$ -	\$ -	\$ -	\$ 4
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 2,396	\$ 4,539	\$ -	\$ 6,935	\$ -	\$ -	\$ 66	\$ 66	\$ 7,001
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 66	\$ 66	\$ 765
303.112 Availability of early intervention services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 65	\$ 65	\$ 764
303.114 Individualized family service plan (IFSP).	\$ 697	\$ 89	\$ -	\$ 786	\$ -	\$ -	\$ 65	\$ 65	\$ 851
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.116 Public awareness program.	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.117 Central directory.	\$ -	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ -	\$ 78
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.119 Personnel standards.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 82	\$ -	\$ 82	\$ -	\$ -	\$ -	\$ -	\$ 82
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.122 Reimbursement procedures.	\$ -	\$ 209	\$ -	\$ 209	\$ -	\$ -	\$ -	\$ -	\$ 209
303.123 Procedural safeguards.	\$ -	\$ 79	\$ -	\$ 79	\$ -	\$ -	\$ -	\$ -	\$ 79
303.124 Data collection	\$ 72	\$ 321	\$ -	\$ 393	\$ -	\$ -	\$ -	\$ -	\$ 393
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,167	\$ 1,302	\$ -	\$ 3,469	\$ -	\$ -	\$ 196	\$ 196	\$ 3,665
Administration/Oversight:									
State-Level Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ 172
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ 172
Transfers OUT									
Medicaid Match to SC DHHS	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
Total Transfers Out	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
TOTAL EXPENDITURES	\$ 4,683	\$ 5,961	\$ -	\$ 10,644	\$ -	\$ -	\$ 262	\$ 262	\$ 10,906
Available Balance	\$ -	\$ 131	\$ -	\$ 131	\$ -	\$ -	\$ -	\$ -	\$ 131

TOTAL EXPENDITURES	
Quarter #1	\$ 2,753
Quarter #2	\$ 2,240
Quarter #3	\$ 2,679
Quarter #4	\$ 3,234
TOTAL	\$ 10,906



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

REVENUE:	(Amounts Are Displayed In THOUSANDS)								Total
	Non-Medicaid				Medicaid				
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ -	\$ -	\$ 672	\$ 672
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,643	\$ -	\$ 1,643	\$ 1,643
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ 1,643	\$ -	\$ 2,315	\$ 2,315
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ 9	\$ -	\$ 13	\$ 13
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 170	\$ 416	\$ -	\$ 586	\$ 586
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 175	\$ 427	\$ -	\$ 602	\$ 602
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 321	\$ 782	\$ -	\$ 1,103	\$ 1,103
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 2	\$ 8	\$ -	\$ 10	\$ 10
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ 1,643	\$ -	\$ 2,315	\$ 2,315
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ 1,643	\$ -	\$ 2,315	\$ 2,315
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 865
Quarter #2	\$ 264
Quarter #3	\$ 890
Quarter #4	\$ 296
TOTAL	\$ 2,315



SOUTH CAROLINA

SC SCHOOL FOR THE DEAF AND BLIND (SDB)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Earmarked Funds	\$ -	\$ -	\$ 834	\$ 834	\$ -	\$ -	\$ 1,411	\$ 1,411	\$ 2,245
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ 834	\$ 834	\$ -	\$ -	\$ 1,411	\$ 1,411	\$ 2,245
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 188	\$ 188	\$ -	\$ -	\$ 348	\$ 348	\$ 536
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 113	\$ 113	\$ -	\$ -	\$ 402	\$ 402	\$ 515
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ -	\$ -	\$ -	\$ 54
Orientation and Mobility	\$ -	\$ -	\$ 40	\$ 40	\$ -	\$ -	\$ 5	\$ 5	\$ 45
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 395	\$ 395	\$ -	\$ -	\$ 755	\$ 755	\$ 1,150
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 218	\$ 218	\$ -	\$ -	\$ 201	\$ 201	\$ 419
Local Administration/Oversight	\$ -	\$ -	\$ 2	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Total Administration/Oversight	\$ -	\$ -	\$ 220	\$ 220	\$ -	\$ -	\$ 201	\$ 201	\$ 421
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ 615	\$ 615	\$ -	\$ -	\$ 956	\$ 956	\$ 1,571
Available Balance	\$ -	\$ -	\$ 219	\$ 219	\$ -	\$ -	\$ 455	\$ 455	\$ 674

TOTAL EXPENDITURES	
Quarter #1	\$ 351
Quarter #2	\$ 392
Quarter #3	\$ 399
Quarter #4	\$ 429
TOTAL	\$ 1,571



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ -	\$ -	\$ 51
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 28	\$ 28	\$ 28
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79

EXPENDITURES:

Direct Service									
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	Total
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79

Other Required Part C System Components:

303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Administration/Oversight:

State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Transfers OUT

Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 16
Quarter #2	\$ 17
Quarter #3	\$ 23
Quarter #4	\$ 23
TOTAL	\$ 79



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

December 30, 2015

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.99 of the General Appropriations Act for FY16 is the BabyNet interagency financial statement for FY15, depicting the annual BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services

Note that, while included in proviso language, the South Carolina Department of Social Services does not incur expenditures related to Part C of the Individuals with Disabilities Education Act.

We thank you for your ongoing support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

Dr. Dan Wuori
Deputy Director

cc: Ken Wingate
Julia-Ellen Davis
Kristie Musick
Grant Gibson
Kenzie Riddle

1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org

BabyNet Program CONSOLIDATED Financial Activity Report

ALL AGENCIES

(SCFS, DDNS, DHHS, SDB, DMH, DSS)

For the Quarter Ended: June 30, 2015 (FY 15)



REVENUE:

	(Amounts Are Displayed In THOUSANDS)								All Agencies Grand TOTAL
	Non-Medicaid		Medicaid		Non-Medicaid		Medicaid		
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Direct Appropriations:	\$ 4,926	\$ -	\$ -	\$ 4,926	\$ 2,746	\$ -	\$ -	\$ 2,746	\$ 7,672
Earmarked Funds	\$ -	\$ -	\$ 788	\$ 788	\$ -	\$ -	\$ 6,973	\$ 6,973	\$ 7,761
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,114	\$ -	\$ 6,114	\$ -	\$ 1,961	\$ -	\$ 1,961	\$ 8,075
Agency's Own Operating Funds	\$ 4,653	\$ -	\$ -	\$ 4,653	\$ 643	\$ -	\$ 598	\$ 1,241	\$ 5,894
Total Revenues	\$ 9,579	\$ 6,114	\$ 788	\$ 16,481	\$ 3,389	\$ 1,961	\$ 7,571	\$ 12,921	\$ 29,402

EXPENDITURES:

Direct Service									
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Assistive Technology (devices & services)	\$ -	\$ 27	\$ -	\$ 27	\$ -	\$ -	\$ -	\$ -	\$ 27
Audiology	\$ -	\$ 9	\$ -	\$ 9	\$ 4	\$ 7	\$ -	\$ 11	\$ 20
Applied Behavior Analysis - Autism Services	\$ 510	\$ 276	\$ -	\$ 786	\$ -	\$ -	\$ -	\$ -	\$ 786
Service Coordination (Targeted Case Management)	\$ 597	\$ -	\$ 151	\$ 748	\$ -	\$ -	\$ 819	\$ 819	\$ 1,567
Family Training and Counseling	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 485	\$ -	\$ 485	\$ 208	\$ 504	\$ -	\$ 712	\$ 1,197
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 433	\$ -	\$ 433	\$ 230	\$ 554	\$ -	\$ 784	\$ 1,217
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 5,735	\$ -	\$ 46	\$ 5,781	\$ 2,549	\$ -	\$ 6,541	\$ 9,090	\$ 14,871
Speech Pathology/Language	\$ -	\$ 2,199	\$ -	\$ 2,199	\$ 370	\$ 884	\$ -	\$ 1,254	\$ 3,453
Transportation	\$ -	\$ 5	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ 5
Translation / Interpreter Services	\$ -	\$ 1,231	\$ -	\$ 1,231	\$ -	\$ -	\$ -	\$ -	\$ 1,231
Sign Language	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ -	\$ -	\$ 48
Orientation and Mobility	\$ -	\$ -	\$ 37	\$ 37	\$ -	\$ -	\$ -	\$ -	\$ 37
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ 3	\$ 11	\$ -	\$ 14	\$ 18
Total Direct Service Expenditures	\$ 6,907	\$ 4,741	\$ 282	\$ 11,930	\$ 3,364	\$ 1,961	\$ 7,374	\$ 12,699	\$ 24,629
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 55	\$ 55	\$ 652
303.112 Availability of early intervention services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 54	\$ 54	\$ 651
303.114 Individualized family service plan (IFSP).	\$ 598	\$ 88	\$ -	\$ 686	\$ -	\$ -	\$ 54	\$ 54	\$ 740
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.116 Public awareness program.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ 73
303.117 Central directory.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ 73
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ 124
303.119 Personnel standards.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ 124
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.122 Reimbursement procedures.	\$ -	\$ 233	\$ -	\$ 233	\$ -	\$ -	\$ -	\$ -	\$ 233
303.123 Procedural safeguards.	\$ -	\$ 100	\$ -	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ 100
303.124 Data collection	\$ 659	\$ -	\$ -	\$ 659	\$ -	\$ -	\$ -	\$ -	\$ 659
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,451	\$ 1,181	\$ -	\$ 3,632	\$ -	\$ -	\$ 163	\$ 163	\$ 3,795
Administration/Oversight:									
State-Level Administration/Oversight	\$ 88	\$ 120	\$ 118	\$ 326	\$ 25	\$ -	\$ 94	\$ 119	\$ 445
Local Administration/Oversight	\$ -	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ 2	\$ 2	\$ 9
Total Administration/Oversight	\$ 88	\$ 120	\$ 125	\$ 333	\$ 25	\$ -	\$ 96	\$ 121	\$ 454
Transfers OUT									
Medicaid Match to SC DHHS	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ 133
Total Transfers Out	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ 133
TOTAL EXPENDITURES	\$ 9,579	\$ 6,042	\$ 407	\$ 16,028	\$ 3,389	\$ 1,961	\$ 7,633	\$ 12,983	\$ 29,011
Available Balance	\$ -	\$ 72	\$ 381	\$ 453	\$ -	\$ -	\$ (62)	\$ (62)	\$ 391

NOTES:

1) Amounts reflect income and expenditures as reported by each state agency.

TOTAL EXPENDITURES	
Quarter #1	\$ 6,369
Quarter #2	\$ 6,884
Quarter #3	\$ 7,428
Quarter #4	\$ 8,330
TOTAL	\$ 29,011
Qtrly Avg.	\$ 7,253



SOUTH CAROLINA

SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 3,067	\$ -	\$ -	\$ 3,067	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,067
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 413	\$ 413	\$ -	\$ 413
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,114	\$ -	\$ 6,114	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,114
Agency's Own Operating Funds	\$ 676	\$ -	\$ -	\$ 676	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 676
Total Revenues	\$ 3,743	\$ 6,114	\$ -	\$ 9,857	\$ -	\$ -	\$ 413	\$ 413	\$ -	\$ 10,270
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ 27	\$ -	\$ 27	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27
Audiology	\$ -	\$ 9	\$ -	\$ 9	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9
Applied Behavior Analysis - Autism Services	\$ 510	\$ 276	\$ -	\$ 786	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 786
Service Coordination (Targeted Case Management)	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 250	\$ 250	\$ -	\$ 847
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 485	\$ -	\$ 485	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 485
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 433	\$ -	\$ 433	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 433
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ 2,199	\$ -	\$ 2,199	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,199
Transportation	\$ -	\$ 5	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5
Translation / Interpreter Services	\$ -	\$ 1,231	\$ -	\$ 1,231	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,231
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 1,107	\$ 4,741	\$ -	\$ 5,848	\$ -	\$ -	\$ 250	\$ 250	\$ -	\$ 6,098
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 55	\$ 55	\$ -	\$ 652
303.112 Availability of early intervention services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ 651
303.114 Individualized family service plan (IFSP).	\$ 598	\$ 88	\$ -	\$ 686	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ 740
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72
303.116 Public awareness program.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73
303.117 Central directory.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124
303.119 Personnel standards.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98
303.122 Reimbursement procedures.	\$ -	\$ 233	\$ -	\$ 233	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 233
303.123 Procedural safeguards.	\$ -	\$ 100	\$ -	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100
303.124 Data collection	\$ 659	\$ -	\$ -	\$ 659	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 659
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,451	\$ 1,181	\$ -	\$ 3,632	\$ -	\$ -	\$ 163	\$ 163	\$ -	\$ 3,795
Administration/Oversight:										
State-Level Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 172
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 172
Transfers OUT										
Medicaid Match to SC DHHS	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 133
Total Transfers Out	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 133
TOTAL EXPENDITURES	\$ 3,743	\$ 6,042	\$ -	\$ 9,785	\$ -	\$ -	\$ 413	\$ 413	\$ -	\$ 10,198
Available Balance	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72

TOTAL EXPENDITURES	
Quarter #1	\$ 1,810
Quarter #2	\$ 2,440
Quarter #3	\$ 2,727
Quarter #4	\$ 3,221
TOTAL	\$ 10,198



SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 1,794	\$ -	\$ -	\$ 1,794	\$ 1,931	\$ -	\$ -	\$ 1,931	\$ 3,725	
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,588	\$ 5,588	\$ 5,588	
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Agency's Own Operating Funds	\$ 3,977	\$ -	\$ -	\$ 3,977	\$ 643	\$ -	\$ 598	\$ 1,241	\$ 5,218	
Total Revenues	\$ 5,771	\$ -	\$ -	\$ 5,771	\$ 2,574	\$ -	\$ 6,186	\$ 8,760	\$ 14,531	
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Special Instruction	\$ 5,735	\$ -	\$ -	\$ 5,735	\$ 2,549	\$ -	\$ 6,125	\$ 8,674	\$ 14,409	
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Direct Service Expenditures	\$ 5,735	\$ -	\$ -	\$ 5,735	\$ 2,549	\$ -	\$ 6,125	\$ 8,674	\$ 14,409	
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Administration/Oversight:										
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 25	\$ -	\$ 61	\$ 86	\$ 122	
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 25	\$ -	\$ 61	\$ 86	\$ 122	
Transfers OUT										
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL EXPENDITURES	\$ 5,771	\$ -	\$ -	\$ 5,771	\$ 2,574	\$ -	\$ 6,186	\$ 8,760	\$ 14,531	
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

TOTAL EXPENDITURES	
Quarter #1	\$ 3,546
Quarter #2	\$ 3,516
Quarter #3	\$ 3,678
Quarter #4	\$ 3,791
TOTAL	\$ 14,531



SC SCHOOL FOR THE DEAF AND BLIND (SDB)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Earmarked Funds	\$ -	\$ -	\$ 788	\$ 788	\$ -	\$ -	\$ 958	\$ 958	\$ 1,746
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ 788	\$ 788	\$ -	\$ -	\$ 958	\$ 958	\$ 1,746
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 151	\$ 151	\$ -	\$ -	\$ 569	\$ 569	\$ 720
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 46	\$ 46	\$ -	\$ -	\$ 416	\$ 416	\$ 462
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ -	\$ -	\$ 48
Orientation and Mobility	\$ -	\$ -	\$ 37	\$ 37	\$ -	\$ -	\$ -	\$ -	\$ 37
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 282	\$ 282	\$ -	\$ -	\$ 985	\$ 985	\$ 1,267
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 118	\$ 118	\$ -	\$ -	\$ 33	\$ 33	\$ 151
Local Administration/Oversight	\$ -	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ 2	\$ 2	\$ 9
Total Administration/Oversight	\$ -	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ 35	\$ 35	\$ 160
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ 407	\$ 407	\$ -	\$ -	\$ 1,020	\$ 1,020	\$ 1,427
Available Balance	\$ -	\$ -	\$ 381	\$ 381	\$ -	\$ -	\$ (62)	\$ (62)	\$ 319

NOTE: At the end of FY14-15, SCSDB shows a deficit of 62K due to a billing error captured during an internal audit after the FY ended. Claims were re-submitted in FY15-16

TOTAL EXPENDITURES	
Quarter #1	\$ 356
Quarter #2	\$ 345
Quarter #3	\$ 339
Quarter #4	\$ 387
TOTAL	\$ 1,427



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

	(Amounts Are Displayed In THOUSANDS)								
	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ -	\$ -	\$ 815	\$ 815
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,961	\$ -	\$ 1,961	\$ 1,961
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ 1,961	\$ -	\$ 2,776	\$ 2,776
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ 7	\$ -	\$ 11	\$ 11
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 208	\$ 504	\$ -	\$ 712	\$ 712
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 230	\$ 554	\$ -	\$ 784	\$ 784
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 370	\$ 884	\$ -	\$ 1,254	\$ 1,254
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 3	\$ 11	\$ -	\$ 14	\$ 14
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ 1,961	\$ -	\$ 2,776	\$ 2,776
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ 1,961	\$ -	\$ 2,776	\$ 2,776
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 640
Quarter #2	\$ 566
Quarter #3	\$ 664
Quarter #4	\$ 906
TOTAL	\$ 2,776



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14	\$ 14	\$ 14
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level Interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 17
Quarter #2	\$ 17
Quarter #3	\$ 20
Quarter #4	\$ 25
TOTAL	\$ 79



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

January 15, 2015

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.104 of the General Appropriations Act is the BabyNet interagency financial statement for FY14, depicting the BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services

Note that, while included in proviso language, the South Carolina Department of Social Services does not incur expenditures related to Part C of the Individuals with Disabilities Education Act.

We thank you for your support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

Dr. Dan Wuori
Deputy Director

cc: Ken Wingate
Susan DeVenny
Kristie Musick
Grant Gibson
Kenzie Riddle

1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org



ALL AGENCIES
(SCFS, DDNS, DHHS, SDB, DMH, DSS)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				All Agencies Grand TOTAL
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 3,639	\$ -	\$ -	\$ 3,639	\$ 3,042	\$ -	\$ -	\$ 3,042	\$ 6,681
Earmarked Funds	\$ -	\$ -	\$ 1	\$ 1	\$ 311	\$ -	\$ 7,337	\$ 7,648	\$ 7,649
Restricted Funds	\$ -	\$ -	\$ 798	\$ 798	\$ -	\$ -	\$ -	\$ -	\$ 798
Federal Grants	\$ -	\$ 6,093	\$ -	\$ 6,093	\$ -	\$ 2,659	\$ -	\$ 2,659	\$ 8,752
Agency's Own Operating Funds	\$ 4,069	\$ -	\$ -	\$ 4,069	\$ 735	\$ -	\$ 795	\$ 1,530	\$ 5,999
Total Revenues	\$ 7,708	\$ 6,093	\$ 799	\$ 14,600	\$ 4,088	\$ 2,659	\$ 8,132	\$ 14,879	\$ 29,479
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 21	\$ -	\$ 21	\$ -	\$ -	\$ -	\$ -	\$ 21
Audiology	\$ -	\$ 7	\$ -	\$ 7	\$ 7	\$ 15	\$ -	\$ 22	\$ 29
Applied Behavior Analysis - Autism Services	\$ -	\$ 543	\$ -	\$ 543	\$ -	\$ -	\$ -	\$ -	\$ 543
Service Coordination (Targeted Case Management)	\$ 1,392	\$ -	\$ 354	\$ 1,746	\$ 560	\$ -	\$ 2,005	\$ 2,565	\$ 4,311
Family Counseling	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 445	\$ -	\$ 445	\$ 302	\$ 723	\$ -	\$ 1,025	\$ 1,470
Parent-to-Parent Support	\$ -	\$ 70	\$ -	\$ 70	\$ -	\$ -	\$ -	\$ -	\$ 70
Physical Therapy	\$ -	\$ 363	\$ -	\$ 363	\$ 273	\$ 653	\$ -	\$ 926	\$ 1,289
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 3,672	\$ -	\$ 166	\$ 3,838	\$ 2,082	\$ -	\$ 5,169	\$ 7,251	\$ 11,089
Speech Pathology/Language	\$ -	\$ 2,085	\$ -	\$ 2,085	\$ 524	\$ 1,257	\$ 58	\$ 1,839	\$ 3,924
Transportation	\$ -	\$ 2	\$ -	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Translation / Interpreter Services	\$ 223	\$ 1,100	\$ -	\$ 1,323	\$ -	\$ -	\$ -	\$ -	\$ 1,323
Sign Language	\$ -	\$ -	\$ 24	\$ 24	\$ -	\$ -	\$ 21	\$ 21	\$ 45
Orientation and Mobility	\$ -	\$ -	\$ 38	\$ 38	\$ -	\$ -	\$ 1	\$ 1	\$ 39
Vision	\$ -	\$ 3	\$ -	\$ 3	\$ 5	\$ 10	\$ -	\$ 15	\$ 18
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 5,341	\$ 4,639	\$ 583	\$ 10,563	\$ 3,753	\$ 2,659	\$ 7,267	\$ 13,679	\$ 24,242
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 589	\$ 589	\$ 589
303.112 Availability of early intervention services.	\$ -	\$ 92	\$ -	\$ 92	\$ -	\$ -	\$ -	\$ -	\$ 92
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 588	\$ -	\$ -	\$ 588	\$ -	\$ -	\$ -	\$ -	\$ 588
303.114 Individualized family service plan (IFSP).	\$ 588	\$ 79	\$ -	\$ 667	\$ -	\$ -	\$ -	\$ -	\$ 667
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.117 Central directory.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.119 Personnel standards.	\$ -	\$ 101	\$ -	\$ 101	\$ -	\$ -	\$ -	\$ -	\$ 101
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.122 Reimbursement procedures.	\$ -	\$ 264	\$ -	\$ 264	\$ -	\$ -	\$ -	\$ -	\$ 264
303.123 Procedural safeguards.	\$ -	\$ 96	\$ -	\$ 96	\$ -	\$ -	\$ -	\$ -	\$ 96
303.124 Data collection	\$ 877	\$ 140	\$ -	\$ 1,017	\$ -	\$ -	\$ -	\$ -	\$ 1,017
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,053	\$ 1,273	\$ -	\$ 3,326	\$ -	\$ -	\$ 589	\$ 589	\$ 3,915
Administration/Oversight:									
State-Level Administration/Oversight	\$ 62	\$ 120	\$ 111	\$ 293	\$ 24	\$ -	\$ 217	\$ 241	\$ 534
Local Administration/Oversight	\$ -	\$ -	\$ 30	\$ 30	\$ -	\$ -	\$ 46	\$ 46	\$ 76
Total Administration/Oversight	\$ 62	\$ 120	\$ 141	\$ 323	\$ 24	\$ -	\$ 263	\$ 287	\$ 610
Transfers OUT									
Medicaid Match to SC DHHS	\$ 252	\$ -	\$ -	\$ 252	\$ 311	\$ -	\$ -	\$ 311	\$ 563
Total Transfers Out	\$ 252	\$ -	\$ -	\$ 252	\$ 311	\$ -	\$ -	\$ 311	\$ 563
TOTAL EXPENDITURES	\$ 7,708	\$ 6,032	\$ 724	\$ 14,464	\$ 4,088	\$ 2,659	\$ 8,119	\$ 14,866	\$ 29,330
Available Balance	\$ -	\$ 61	\$ 75	\$ 136	\$ -	\$ -	\$ 13	\$ 13	\$ 149

NOTES:

1) Amounts reflect income and expenditures as reported by each agency

TOTAL EXPENDITURES	
Quarter #1	\$ 7,165
Quarter #2	\$ 7,503
Quarter #3	\$ 6,614
Quarter #4	\$ 8,048
TOTAL	\$ 29,330
Qtrly Avg.	\$ 7,333



SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,791	\$ -	\$ -	\$ 1,791	\$ -	\$ -	\$ -	\$ -	\$ 1,791
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 921	\$ 921	\$ 921
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,093	\$ -	\$ 6,093	\$ -	\$ -	\$ -	\$ -	\$ 6,093
Agency's Own Operating Funds	\$ 1,103	\$ -	\$ -	\$ 1,103	\$ -	\$ -	\$ -	\$ -	\$ 1,103
Total Revenues	\$ 2,894	\$ 6,093	\$ -	\$ 8,987	\$ -	\$ -	\$ 921	\$ 921	\$ 9,908
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 21	\$ -	\$ 21	\$ -	\$ -	\$ -	\$ -	\$ 21
Audiology	\$ -	\$ 7	\$ -	\$ 7	\$ -	\$ -	\$ -	\$ -	\$ 7
Applied Behavior Analysis - Autism Services	\$ -	\$ 543	\$ -	\$ 543	\$ -	\$ -	\$ -	\$ -	\$ 543
Service Coordination (Targeted Case Management)	\$ 340	\$ -	\$ -	\$ 340	\$ -	\$ -	\$ 248	\$ 248	\$ 588
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 445	\$ -	\$ 445	\$ -	\$ -	\$ -	\$ -	\$ 445
Parent-to-Parent Support	\$ -	\$ 70	\$ -	\$ 70	\$ -	\$ -	\$ -	\$ -	\$ 70
Physical Therapy	\$ -	\$ 363	\$ -	\$ 363	\$ -	\$ -	\$ -	\$ -	\$ 363
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ 2,085	\$ -	\$ 2,085	\$ -	\$ -	\$ 58	\$ 58	\$ 2,143
Transportation	\$ -	\$ 2	\$ -	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Translation / Interpreter Services	\$ 223	\$ 1,100	\$ -	\$ 1,323	\$ -	\$ -	\$ -	\$ -	\$ 1,323
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 3	\$ -	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ 3
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 563	\$ 4,639	\$ -	\$ 5,202	\$ -	\$ -	\$ 306	\$ 306	\$ 5,508
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 589	\$ 589	\$ 589
303.112 Availability of early intervention services.	\$ -	\$ 92	\$ -	\$ 92	\$ -	\$ -	\$ -	\$ -	\$ 92
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 588	\$ -	\$ -	\$ 588	\$ -	\$ -	\$ -	\$ -	\$ 588
303.114 Individualized family service plan (IFSP).	\$ 588	\$ 79	\$ -	\$ 667	\$ -	\$ -	\$ -	\$ -	\$ 667
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.117 Central directory.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.119 Personnel standards.	\$ -	\$ 101	\$ -	\$ 101	\$ -	\$ -	\$ -	\$ -	\$ 101
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.122 Reimbursement procedures.	\$ -	\$ 264	\$ -	\$ 264	\$ -	\$ -	\$ -	\$ -	\$ 264
303.123 Procedural safeguards.	\$ -	\$ 96	\$ -	\$ 96	\$ -	\$ -	\$ -	\$ -	\$ 96
303.124 Data collection	\$ 877	\$ 140	\$ -	\$ 1,017	\$ -	\$ -	\$ -	\$ -	\$ 1,017
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,053	\$ 1,273	\$ -	\$ 3,326	\$ -	\$ -	\$ 589	\$ 589	\$ 3,915
Administration/Oversight:									
State-Level Administration/Oversight	\$ 26	\$ 120	\$ -	\$ 146	\$ -	\$ -	\$ 26	\$ 26	\$ 172
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 26	\$ 120	\$ -	\$ 146	\$ -	\$ -	\$ 26	\$ 26	\$ 172
Transfers OUT									
Medicaid Match to SC DHHS	\$ 252	\$ -	\$ -	\$ 252	\$ -	\$ -	\$ -	\$ -	\$ 252
Total Transfers Out	\$ 252	\$ -	\$ -	\$ 252	\$ -	\$ -	\$ -	\$ -	\$ 252
TOTAL EXPENDITURES	\$ 2,894	\$ 6,032	\$ -	\$ 8,926	\$ -	\$ -	\$ 921	\$ 921	\$ 9,847
Available Balance	\$ -	\$ 61	\$ -	\$ 61	\$ -	\$ -	\$ -	\$ -	\$ 61

TOTAL EXPENDITURES	
Quarter #1	\$ 1,964
Quarter #2	\$ 2,508
Quarter #3	\$ 2,098
Quarter #4	\$ 3,277
TOTAL	\$ 9,847



Getting children ready for school.

SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 1,794	\$ -	\$ -	\$ 1,794	\$ 1,931	\$ -	\$ -	\$ 1,931	\$ 3,725	
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,588	\$ 5,588	\$ 5,588	
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Agency's Own Operating Funds	\$ 2,966	\$ -	\$ -	\$ 2,966	\$ 735	\$ -	\$ 795	\$ 1,530	\$ 4,496	
Total Revenues	\$ 4,760	\$ -	\$ -	\$ 4,760	\$ 2,666	\$ -	\$ 6,383	\$ 9,049	\$ 13,809	
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Service Coordination (Targeted Case Management)	\$ 1,052	\$ -	\$ -	\$ 1,052	\$ 560	\$ -	\$ 1,338	\$ 1,898	\$ 2,950	
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Special Instruction	\$ 3,672	\$ -	\$ -	\$ 3,672	\$ 2,082	\$ -	\$ 4,985	\$ 7,067	\$ 10,739	
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Direct Service Expenditures	\$ 4,724	\$ -	\$ -	\$ 4,724	\$ 2,642	\$ -	\$ 6,323	\$ 8,965	\$ 13,689	
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Administration/Oversight:										
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 60	\$ 84	\$ 120	
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 60	\$ 84	\$ 120	
Transfers OUT										
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL EXPENDITURES	\$ 4,760	\$ -	\$ -	\$ 4,760	\$ 2,666	\$ -	\$ 6,383	\$ 9,049	\$ 13,809	
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

TOTAL EXPENDITURES	
Quarter #1	\$ 3,594
Quarter #2	\$ 3,397
Quarter #3	\$ 3,288
Quarter #4	\$ 3,530
TOTAL	\$ 13,809



SC SCHOOL FOR THE DEAF AND BLIND (SDB)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ 311	\$ -	\$ 815	\$ 1,126	\$ 1,126
Restricted Funds	\$ -	\$ -	\$ 798	\$ 798	\$ -	\$ -	\$ -	\$ -	\$ 798
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ 798	\$ 798	\$ 311	\$ -	\$ 815	\$ 1,126	\$ 1,924
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 354	\$ 354	\$ -	\$ -	\$ 419	\$ 419	\$ 773
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 166	\$ 166	\$ -	\$ -	\$ 184	\$ 184	\$ 350
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 24	\$ 24	\$ -	\$ -	\$ 21	\$ 21	\$ 45
Orientation and Mobility	\$ -	\$ -	\$ 38	\$ 38	\$ -	\$ -	\$ 1	\$ 1	\$ 39
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 582	\$ 582	\$ -	\$ -	\$ 625	\$ 625	\$ 1,207
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 111	\$ 111	\$ -	\$ -	\$ 131	\$ 131	\$ 242
Local Administration/Oversight	\$ -	\$ -	\$ 30	\$ 30	\$ -	\$ -	\$ 46	\$ 46	\$ 76
Total Administration/Oversight	\$ -	\$ -	\$ 141	\$ 141	\$ -	\$ -	\$ 177	\$ 177	\$ 318
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ 311	\$ -	\$ -	\$ 311	\$ 311
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ 311	\$ -	\$ -	\$ 311	\$ 311
TOTAL EXPENDITURES	\$ -	\$ -	\$ 723	\$ 723	\$ 311	\$ -	\$ 802	\$ 1,113	\$ 1,836
Available Balance	\$ -	\$ -	\$ 75	\$ 75	\$ -	\$ -	\$ 13	\$ 13	\$ 88

TOTAL EXPENDITURES	
Quarter #1	\$ 389
Quarter #2	\$ 422
Quarter #3	\$ 454
Quarter #4	\$ 571
TOTAL	\$ 1,836



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

**BabyNet Program CONSOLIDATED Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)**

	(Amounts Are Displayed In THOUSANDS)								Total
	Non-Medicaid				Medicaid				
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ -	\$ -	\$ 1,111	\$ 1,111
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,659	\$ -	\$ 2,659	\$ 2,659
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ 2,659	\$ -	\$ 3,770	\$ 3,770
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 7	\$ 15	\$ -	\$ 22	\$ 22
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 302	\$ 723	\$ -	\$ 1,025	\$ 1,025
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 273	\$ 653	\$ -	\$ 926	\$ 926
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 524	\$ 1,257	\$ -	\$ 1,781	\$ 1,781
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 5	\$ 10	\$ -	\$ 15	\$ 15
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ 2,659	\$ -	\$ 3,770	\$ 3,770
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ 2,659	\$ -	\$ 3,770	\$ 3,770
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 1,204
Quarter #2	\$ 1,158
Quarter #3	\$ 756
Quarter #4	\$ 652
TOTAL	\$ 3,770



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 54	\$ -	\$ -	\$ 54	\$ -	\$ -	\$ -	\$ -	\$ 54
Earmarked Funds	\$ -	\$ -	\$ 1	\$ 1	\$ -	\$ -	\$ 13	\$ 13	\$ 14
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 14
Quarter #2	\$ 18
Quarter #3	\$ 18
Quarter #4	\$ 18
TOTAL	\$ 68



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

January 21, 2014

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.108 of the General Appropriations Act (FY13), is the state's first inter-agency BabyNet financial statement, depicting the BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services
- The South Carolina Department of Social Services

We thank you for your support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

A handwritten signature in black ink that reads "Dan Wuori".

Dr. Dan Wuori
Chief Program Officer

cc: Grant Gibson
Emily Heatwole
Susan DeVenny
Kristie Musick

1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org



ALL AGENCIES
(SCFS, DDSN, DHHS, SCADB, DMH, DSS)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2019

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 3,648	\$ -	\$ -	\$ 3,648	\$ 3,204	\$ -	\$ -	\$ 3,204	\$ 6,852
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ 755	\$ 1,069	\$ 1,069
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,588	\$ 5,588	\$ 5,588
Federal Grants	\$ -	\$ 6,116	\$ -	\$ 6,116	\$ -	\$ 3,706	\$ -	\$ 3,706	\$ 9,822
Transfers IN (from SC F5)	\$ -	\$ -	\$ 853	\$ 853	\$ -	\$ -	\$ -	\$ -	\$ 853
Transfers OUT (to SC SDB)	\$ (250)	\$ (603)	\$ -	\$ (853)	\$ -	\$ -	\$ -	\$ -	\$ (853)
Agency's Own Operating Funds	\$ 2,726	\$ -	\$ 4	\$ 2,730	\$ 1,072	\$ -	\$ 1,567	\$ 2,639	\$ 5,369
Total Revenues	\$ 6,124	\$ 5,513	\$ 857	\$ 12,494	\$ 4,580	\$ 3,706	\$ 7,910	\$ 16,206	\$ 28,700
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 30	\$ -	\$ 30	\$ -	\$ -	\$ -	\$ -	\$ 30
Audiology	\$ -	\$ 6	\$ -	\$ 6	\$ 8	\$ 19	\$ -	\$ 27	\$ 33
Applied Behavior Analysis - Autism Services	\$ -	\$ 224	\$ -	\$ 224	\$ -	\$ -	\$ -	\$ -	\$ 224
Service Coordination (Targeted Case Management)	\$ 1,510	\$ 40	\$ 471	\$ 2,021	\$ 741	\$ 448	\$ 1,916	\$ 3,105	\$ 5,126
Family Counseling	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ 135	\$ 19	\$ 154	\$ 221
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ -	\$ 4	\$ 4
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 388	\$ -	\$ 388	\$ 318	\$ 749	\$ -	\$ 1,067	\$ 1,455
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 318	\$ -	\$ 318	\$ 304	\$ 719	\$ -	\$ 1,023	\$ 1,341
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 3,116	\$ -	\$ 144	\$ 3,260	\$ 2,237	\$ -	\$ 5,316	\$ 7,553	\$ 10,813
Speech Pathology/Language	\$ -	\$ 2,067	\$ -	\$ 2,067	\$ 637	\$ 1,504	\$ -	\$ 2,141	\$ 4,208
Transportation	\$ -	\$ 1	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ 1
Translation / Interpreter Services	\$ -	\$ 547	\$ -	\$ 547	\$ -	\$ -	\$ -	\$ -	\$ 547
Sign Language	\$ -	\$ -	\$ 16	\$ 16	\$ -	\$ 15	\$ -	\$ 15	\$ 31
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 1	\$ -	\$ 1	\$ 6	\$ 11	\$ -	\$ 17	\$ 18
Total Direct Service Expenditures	\$ 4,689	\$ 3,694	\$ 635	\$ 9,018	\$ 4,281	\$ 3,604	\$ 7,251	\$ 15,106	\$ 24,124
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 580	\$ -	\$ -	\$ 580	\$ -	\$ -	\$ -	\$ -	\$ 580
303.112 Availability of early intervention services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 580	\$ -	\$ 580	\$ 580
303.114 Individualized family service plan (IFSP).	\$ 559	\$ 71	\$ -	\$ 630	\$ -	\$ -	\$ 21	\$ 21	\$ 651
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.117 Central directory.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.119 Personnel standards.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.122 Reimbursement procedures.	\$ -	\$ 222	\$ -	\$ 222	\$ -	\$ -	\$ -	\$ -	\$ 222
303.123 Procedural safeguards.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.124 Data collection	\$ -	\$ 481	\$ -	\$ 481	\$ -	\$ -	\$ -	\$ -	\$ 481
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 1,139	\$ 1,729	\$ -	\$ 2,868	\$ -	\$ -	\$ 601	\$ 601	\$ 3,469
Administration/Oversight:									
State-Level Administration/Oversight	\$ 89	\$ 90	\$ 70	\$ 249	\$ 24	\$ 84	\$ 59	\$ 167	\$ 416
Local Administration/Oversight	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ 41	\$ -	\$ 41	\$ 88
Total Administration/Oversight	\$ 89	\$ 90	\$ 117	\$ 296	\$ 24	\$ 125	\$ 59	\$ 208	\$ 504
Transfers OUT									
Medicaid Match to SC DHHS	\$ 207	\$ -	\$ -	\$ 207	\$ 314	\$ -	\$ -	\$ 314	\$ 521
Total Transfers Out	\$ 207	\$ -	\$ -	\$ 207	\$ 314	\$ -	\$ -	\$ 314	\$ 521
TOTAL EXPENDITURES	\$ 6,124	\$ 5,513	\$ 752	\$ 12,389	\$ 4,589	\$ 3,729	\$ 7,911	\$ 16,229	\$ 28,618
Available Balance	\$ -	\$ -	\$ 105	\$ 105	\$ 1	\$ (23)	\$ (1)	\$ (23)	\$ 82

NOTES:

- 1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.
- 2) Does not include local revenue and expenditures
- 3) "Other Funds" Includes earmarked and restricted funds (i.e., medicaid reimbursements, , etc.)
- 4) Amounts reflect income and expenditures as reported by each agency



SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2019

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,791	\$ -	\$ -	\$ 1,791	\$ -	\$ -	\$ -	\$ -	\$ 1,791
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 755	\$ 755	\$ 755
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,116	\$ -	\$ 6,116	\$ -	\$ -	\$ -	\$ -	\$ 6,116
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ (250)	\$ (603)	\$ -	\$ (853)	\$ -	\$ -	\$ -	\$ -	\$ (853)
Agency's Own Operating Funds	\$ 244	\$ -	\$ -	\$ 244	\$ -	\$ -	\$ -	\$ -	\$ 244
Total Revenues	\$ 1,785	\$ 5,513	\$ -	\$ 7,298	\$ -	\$ -	\$ 755	\$ 755	\$ 8,053
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 30	\$ -	\$ 30	\$ -	\$ -	\$ -	\$ -	\$ 30
Audiology	\$ -	\$ 6	\$ -	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ 6
Applied Behavior Analysis - Autism Services	\$ -	\$ 224	\$ -	\$ 224	\$ -	\$ -	\$ -	\$ -	\$ 224
Service Coordination (Targeted Case Management)	\$ 386	\$ 40	\$ -	\$ 426	\$ -	\$ -	\$ 154	\$ 154	\$ 580
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 388	\$ -	\$ 388	\$ -	\$ -	\$ -	\$ -	\$ 388
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 318	\$ -	\$ 318	\$ -	\$ -	\$ -	\$ -	\$ 318
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ 2,067	\$ -	\$ 2,067	\$ -	\$ -	\$ -	\$ -	\$ 2,067
Transportation	\$ -	\$ 1	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ 1
Translation / Interpreter Services	\$ -	\$ 547	\$ -	\$ 547	\$ -	\$ -	\$ -	\$ -	\$ 547
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 1	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ 1
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 386	\$ 3,694	\$ -	\$ 4,080	\$ -	\$ -	\$ 154	\$ 154	\$ 4,234
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 580	\$ -	\$ -	\$ 580	\$ -	\$ -	\$ -	\$ -	\$ 580
303.112 Availability of early intervention services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 580	\$ 580	\$ 580
303.114 Individualized family service plan (IFSP).	\$ 559	\$ 71	\$ -	\$ 630	\$ -	\$ -	\$ 21	\$ 21	\$ 651
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.117 Central directory.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.119 Personnel standards.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.122 Reimbursement procedures.	\$ -	\$ 222	\$ -	\$ 222	\$ -	\$ -	\$ -	\$ -	\$ 222
303.123 Procedural safeguards.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.124 Data collection	\$ -	\$ 481	\$ -	\$ 481	\$ -	\$ -	\$ -	\$ -	\$ 481
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 1,139	\$ 1,729	\$ -	\$ 2,868	\$ -	\$ -	\$ 601	\$ 601	\$ 3,469
Administration/Oversight:									
State-Level Administration/Oversight	\$ 53	\$ 90	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ -	\$ 143
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 53	\$ 90	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ -	\$ 143
Transfers OUT									
Medicaid Match to SC DHHS	\$ 207	\$ -	\$ -	\$ 207	\$ -	\$ -	\$ -	\$ -	\$ 207
Total Transfers Out	\$ 207	\$ -	\$ -	\$ 207	\$ -	\$ -	\$ -	\$ -	\$ 207
TOTAL EXPENDITURES	\$ 1,785	\$ 5,513	\$ -	\$ 7,298	\$ -	\$ -	\$ 755	\$ 755	\$ 8,053
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

**BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2013**

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,794	\$ -	\$ -	\$ 1,794	\$ 1,931	\$ -	\$ -	\$ 1,931	\$ 3,725
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,588	\$ 5,588	\$ 5,588
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ 2,482	\$ -	\$ -	\$ 2,482	\$ 1,072	\$ -	\$ 1,548	\$ 2,620	\$ 5,102
Total Revenues	\$ 4,276	\$ -	\$ -	\$ 4,276	\$ 3,003	\$ -	\$ 7,136	\$ 10,139	\$ 14,415
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ 1,124	\$ -	\$ -	\$ 1,124	\$ 741	\$ -	\$ 1,762	\$ 2,503	\$ 3,627
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 3,116	\$ -	\$ -	\$ 3,116	\$ 2,237	\$ -	\$ 5,316	\$ 7,553	\$ 10,669
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 4,240	\$ -	\$ -	\$ 4,240	\$ 2,978	\$ -	\$ 7,078	\$ 10,056	\$ 14,296
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 59	\$ 83	\$ 119
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 59	\$ 83	\$ 119
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 4,276	\$ -	\$ -	\$ 4,276	\$ 3,002	\$ -	\$ 7,137	\$ 10,139	\$ 14,415
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ (1)	\$ -	\$ -

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



Getting children ready for school

SC SCHOOL FOR THE DEAF AND THE BLIND (SDB)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2013

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ -	\$ 314	\$ 314
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 700	\$ -	\$ 700	\$ 700
Transfers IN (from SC FS)	\$ -	\$ -	\$ 853	\$ 853	\$ -	\$ -	\$ -	\$ -	\$ 853
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenue	\$ -	\$ -	\$ 853	\$ 853	\$ 314	\$ 700	\$ -	\$ 1,014	\$ 1,867
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 471	\$ 471	\$ -	\$ 448	\$ -	\$ 448	\$ 919
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 135	\$ -	\$ 135	\$ 135
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 144	\$ 144	\$ -	\$ -	\$ -	\$ -	\$ 144
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 16	\$ 16	\$ -	\$ 15	\$ -	\$ 15	\$ 31
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 631	\$ 631	\$ -	\$ 598	\$ -	\$ 598	\$ 1,229
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 70	\$ 70	\$ -	\$ 84	\$ -	\$ 84	\$ 154
Local Administration/Oversight	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ 41	\$ -	\$ 41	\$ 88
Total Administration/Oversight	\$ -	\$ -	\$ 117	\$ 117	\$ -	\$ 125	\$ -	\$ 125	\$ 242
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ -	\$ 314	\$ 314
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ -	\$ 314	\$ 314
TOTAL EXPENDITURES	\$ -	\$ -	\$ 748	\$ 748	\$ 314	\$ 723	\$ -	\$ 1,037	\$ 1,785
Available Balance	\$ -	\$ -	\$ 105	\$ 105	\$ -	\$ (23)	\$ -	\$ (23)	\$ 82

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

**BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2013**

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ -	\$ -	\$ 1,273	\$ 1,273
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,006	\$ -	\$ 3,006	\$ 3,006
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ 3,006	\$ -	\$ 4,279	\$ 4,279
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 8	\$ 19	\$ -	\$ 27	\$ 27
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ -	\$ 4	\$ 4
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 318	\$ 749	\$ -	\$ 1,067	\$ 1,067
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 304	\$ 719	\$ -	\$ 1,023	\$ 1,023
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 637	\$ 1,504	\$ -	\$ 2,141	\$ 2,141
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 6	\$ 11	\$ -	\$ 17	\$ 17
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ 3,006	\$ -	\$ 4,279	\$ 4,279
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ 3,006	\$ -	\$ 4,279	\$ 4,279
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2013

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 63	\$ -	\$ -	\$ 63	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 63
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ 4	\$ 4	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 23
Total Revenues	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:										
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT										
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.

South Carolina Department of Disabilities and Special Needs

Agency Fact Sheets and Handouts

Community Supports Waiver Information Sheets

September 15, 2015

September 11, 2015

Environmental Modifications Fact Sheet

February 16, 2017

July 13, 2016

Head and Spinal Cord Injury Waiver Information Sheet

March 2016

September 15, 2015

August 2014

December 10, 2009

Intellectual Disability/Related Disability (ID/RD) Waiver Information Sheet

September 23, 2015

September 15, 2015

September 2010

Pervasive Developmental Disorder (PDD) Waiver Information Sheet

September 25, 2015

Private Vehicle Modifications Fact Sheet for the ID/RD Waiver

July 13, 2016

Community Supports Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to South Carolina Department of Disabilities and Special Needs (DDSN) individuals only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to individuals in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with DDSN to operate a Home and Community-Based Waiver program for people with an intellectual or developmental disability or related disabilities to offer Community Supports Services.

Community Supports Waiver Participation

To participate in the Community Supports Waiver, an individual must:

- ✓ be diagnosed with an Intellectual or Developmental Disability or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID.
- ✓ have needs that can be met by the Community Supports Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the Community Supports Waiver, choose to receive Community Supports Waiver services, and choose among qualified providers.
- ✓ Maintain services within the individual cost limit.

Community Supports Waiver Termination

Community Supports Waiver Enrollment is terminated when the individual:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the Community Supports Waiver.
- ✓ does not receive a Community Supports Waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ moves to another HCB waiver
- ✓ has exhausted the individual cost limit.

Applying for Community Supports Waiver Services

- Regardless of the applicant's age, contact your Case Manager to apply for the Community Supports Waiver.
- Your Case Manager will be responsible for working with you to gather the information to complete the application.
- You will receive written response from DDSN regarding your Community Supports Waiver application.

Applying for DDSN Services

- For individuals 0-3, application must be made through Babynet. Contact information can be obtained by calling the Babynet Care Line 1-877-621-0865. Babynet eligibility/services do not have to be obtained in order to apply for the Community Supports Waiver.
- For individuals 3 and older, contact DDSN's eligibility line at 1-800-289-7012 which is operated through the University of South Carolina, Center for Disability Resources.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Manager/Early Intervention provider who will assist you with completing the eligibility process. An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 364 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for services that were provided to you. Please work with your Case Manager or Early Interventionist to make sure that your plan is completed at least once every year.

Community Supports Waiver Services

Community Supports Waiver services are provided based on identified needs of the individual and the appropriateness of the service to meet the need. The services listed below may be limited due to provider availability. A list of enrolled and qualified providers of Community Supports Waiver services can be located at the DDSN website <http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>.

- **Adult Day Health Care Services:** Care furnished to someone 18 or older, 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care-Nursing Services:** Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/ wound care, tracheostomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care-Transportation:** This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center.
- **Behavior Support Services:** Services to assist people who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Day Activity:** Supports and services provided in therapeutic settings to enable individuals to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills.
- **Career Preparation:** Services aimed at preparing individuals for paid and unpaid employment and careers through exposure to and experience careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy.
- **Community Services:** Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Employment Services:** Employment services consist of intensive, on-going supports that enable individuals for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Support Center Services:** Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the individual's home to people who because of their disability are unable to care for and supervise themselves.
- **In-Home Support:** Care, supervision, teaching and/or assistance provided directly to or in support of the individual and provided in the individual's home, family home, the home of others, and/or in community settings. This service is self-directed.
- **Environmental Modification:** Physical adaptations to the individual's home which are necessary to ensure the health, welfare and safety of the individual (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.)
- **Personal Care Services (I and II):** Assistance with personal care and activities of daily living for individuals 21 or older. Personal Care Services are available through the Medicaid State Plan for those under 21.
- **Private Vehicle Modification:** Modifications to a privately owned vehicle used to transport the individual (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.).
- **Respite Services:** Care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- **Assistive Technology and Appliances:** A device, an item, piece of equipment, or product system that is used to increase or improve functional capabilities of participants thereby resulting in a decrease or avoidance of need for other waiver services.
- **Personal Emergency Response System:** An electronic device which enables a participant who is at high risk of institutionalization to secure help in an emergency.
- **Incontinence Supplies:** Diapers, under-pads, wipes, liners and disposable gloves provided to participants who are at least 21 years old and who are incontinent of bowel and/or bladder according to established medical criteria.

Community Supports Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

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- For individuals three (3) and older, contact DDSN's eligibility line at 1-800-289-7012 which is operated through the University of South Carolina, Center for Disability Resources.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Manager/Early Intervention provider who will assist you with completing the eligibility process. An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

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Community Supports Waiver Services

Community Supports Waiver services are provided based on identified needs of the individual and the appropriateness of the service to meet the need. The services listed below may be limited due to provider availability. A list of enrolled and qualified providers of Community Supports Waiver services can be located at the DDSN website (<http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>).

- **Adult Day Health Care Services:** care furnished to someone 18 or older, four (4) or more hours per day for one (1) or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care-Nursing Services:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheostomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care-Transportation:** This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within 15 miles of the ADHC center.
- **Behavior Support Services:** services to assist individuals who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Day Activity:** Supports and services provided in therapeutic settings to enable individuals to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills.
- **Career Preparation:** Services aimed at preparing individuals for paid and unpaid employment and careers through exposure to and experience careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self determination, and self-advocacy.
- **Community Services:** Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Employment Services:** Employment services consist of intensive, on-going supports that enable individuals for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Support Center Services:** Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the individual's home to individuals who because of their disability are unable to care for and supervise themselves.
- **In-Home Support:** Care, supervision, teaching and/or assistance provided directly to or in support of the individual and provided in the individual's home, family home, the home of others, and/or in community settings. This service is self-directed.
- **Environmental Modification:** physical adaptations to the individual's home which are necessary to ensure the health, welfare and safety of the individual (e.g., installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.)
- **Personal Care Services (I and II):** assistance with personal care and activities of daily living for individuals 21 or older. Personal Care Services are available through the Medicaid State Plan for those under 21.
- **Private Vehicle Modification:** modifications to a privately owned vehicle used to transport the individual (e.g., installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.).
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Respite Services:** care provided on a short-term basis because of the absence or need for relief of those individuals normally providing the care.
- **Specialized Medical Supplies, Equipment, Assistive Technology and Appliances:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available under the Medicaid State Plan that provides medical or remedial benefit to the individual.

**Intellectual Disability/Related Disability Waiver
South Carolina Department of Disabilities and Special Needs**

Environmental Modifications

Fact Sheet for Consumers Who Live in Privately Owned or Rented Homes

- Environmental modifications for people served through the Intellectual Disability/Related Disabilities (ID/RD) Waiver depend upon the individual's assessed needs and whether funding is available under the lifetime monetary cap of \$7,500.00. Procurement law and regulations apply along with specific restrictions and limits since federal Medicaid funding is being used.
- To be eligible for modifications, a privately owned or rented house or apartment must be sanitary, safe, adequately maintained, and architecturally feasible for cost-effective modification methods.
- Routine home maintenance such as cleaning, painting, roof repair/replacement, gutter clearing, pest control, plumbing repairs, water damage repairs, floor repairs, appliance repairs, and yard work are not provided as environmental modifications. These issues are the responsibility of the homeowner or landlord/tenant.
- Modifications are provided only to improve a consumer's safety and functional independence in his/her home. Requests will only be considered for essential modifications, such as an entrance/exit ramp, widening of selected exterior/interior doorways, flooring to facilitate wheelchair movement, alterations to make a bathroom accessible, etc. Environmental modifications may also include consultation and assessment to determine the specific needs and follow-up inspections upon completion of the project.
- Home additions (addition of square footage) are not allowed.
- Due to significant differences in the framework and flooring support structures used in mobile homes and manufactured housing, conventional ceramic tile showers/floors cannot be provided. The most appropriate and cost-effective solution is a pre-fabricated accessible shower unit.
- Upgraded and expensive materials and fixtures, such as decorative marble or tile flooring/walls, brass faucets, wallpaper, etc., are not permitted.
- When modifications are not feasible because of architectural, sanitary, or other basic habitability considerations, DSN Boards may offer alternatives such as assistance in securing accessible public housing or another rental dwelling. Once this is done, if there remains a need for modifications, three (3) new written bids must be obtained.
- The consumer and any family members or other persons who live in the home or would otherwise be affected by the completed modifications must be in full agreement on what work will be done before the request can be approved. Therefore, the consumer and other homeowner/landlord must sign an agreement about the modifications before services can be authorized.
- Environmental modifications must be completed by a licensed contractor and comply with all local building ordinances. Three (3) or more written bids must be obtained and the lowest used.
- If unforeseen structural problems or damage are discovered after a modification project has started that resulted from pre-existing maintenance neglect, plumbing leaks, improper drainage, or termites, it will be the responsibility of the homeowner/landlord to correct the structural problems or damage before the modifications can continue.
- If any of the outlined specifications given to you by your Case Manager/Early Interventionist cannot be met due to architectural designs, you must notify your Case Manager/Early Interventionist prior to authorization of the project.
- If the planned modifications include a ramp, ramp repair, widening of doorways and/or interior floor surface modifications, your Case Manager/Early Interventionist must submit to you the written requirements that must be adhered to when the contractor is preparing the bid and later when the project is initiated and completed. You will be responsible for sharing this information with the providers from which you are requesting bids. They must also be given the written specifications that you developed with your Case Manager/Early Interventionist or a copy of the Environmental Assessment, if applicable.



**Intellectual Disability/Related Disability Waiver
South Carolina Department of Disabilities and Special Needs
Environmental Modifications**

Fact Sheet for Consumers Who Live in Privately Owned or Rented Homes

- Environmental modifications for people served through the Intellectual Disability/Related Disabilities (MR/RD) Waiver depend upon the individual's assessed needs and whether funding is available under the lifetime monetary cap of \$7,500.00. Procurement law and regulations apply along with specific restrictions and limits since federal Medicaid funding is being used.
- To be eligible for modifications, a privately owned or rented house or apartment must be sanitary, safe, adequately maintained, and architecturally feasible for cost-effective modification methods.
- Routine home maintenance such as cleaning, painting, roof repair/replacement, gutter clearing, pest control, plumbing repairs, water damage repairs, floor repairs, appliance repairs, and yard work are not provided as environmental modifications. These issues are the responsibility of the homeowner or landlord/tenant.
- Modifications are provided only to improve a consumer's safety and functional independence in his/her home. Requests will only be considered for essential modifications, such as an entrance/exit ramp, widening of selected exterior/interior doorways, flooring to facilitate wheelchair movement, alterations to make a bathroom accessible, etc. Environmental modifications may also include consultation and assessment to determine the specific needs and follow-up inspections upon completion of the project.
- Home additions (addition of square footage) are not allowed.
- Due to significant differences in the framework and flooring support structures used in mobile homes and manufactured housing, conventional ceramic tile showers/floors cannot be provided. The most appropriate and cost-effective solution is a pre-fabricated accessible shower unit.
- Upgraded and expensive materials and fixtures, such as decorative marble or tile flooring/walls, brass faucets, wallpaper, etc., are not permitted.
- When modifications are not feasible because of architectural, sanitary, or other basic habitability considerations, DSN Boards may offer alternatives such as assistance in securing accessible public housing or another rental dwelling. Once this is done, if there remains a need for modifications, three (3) new written bids must be obtained.
- The consumer and any family members or other persons who live in the home or would otherwise be affected by the completed modifications must be in full agreement on what work will be done before the request can be approved. Therefore, the consumer and other homeowner/landlord must sign an agreement about the modifications before services can be authorized.
- Environmental modifications must be completed by a licensed contractor and comply with all local building ordinances. Three or more written bids must be obtained and the lowest used.
- If unforeseen structural problems or damage are discovered after a modification project has started that resulted from pre-existing maintenance neglect, plumbing leaks, improper drainage, or termites, it will be the responsibility of the homeowner/landlord to correct the structural problems or damage before the modifications can continue.
- If any of the outlined specifications given to you by your Case Manager/Early Interventionist cannot be met due to architectural designs, you must notify your Case Manager/Early Interventionist prior to authorization of the project.
- If the planned modifications include a ramp, ramp repair, widening of doorways and/or interior floor surface modifications, your Case Manager/Early Interventionist must submit to you the written requirements that must be adhered to when the contractor is preparing the bid and later when the project is initiated and completed. You will be responsible for sharing this information with the providers from which you are requesting bids. They must also be given the written specifications that you developed with your Case Manager/Early Interventionist or a copy of the Environmental Assessment, if applicable.



Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables South Carolina Department of Health and Human Services (SCDHHS) to contract with South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based (HCB) Waiver program for a limited number of individuals with severe physical/cognitive disabilities. It is one of several HCB Waiver programs in South Carolina that can provide some level of services to individuals with traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD).

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and other community settings instead of in a hospital, nursing facility, or institution.

The aggregate cost of Medicaid HCB Waiver services must be equal to or no more than the aggregate cost if the same individuals received institutional care funded by Medicaid.

HASCI Waiver services are provided based on the identified needs of a participant and within limits and available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, an individual must:

- ✓ meet diagnostic criteria (TBI, SCI, SD) as established by determination of eligibility for the DDSN Head and Spinal Cord Injury Division (see back)
- ✓ receive Medicaid in South Carolina or become eligible prior to enrollment
- ✓ meet Level of Care criteria (see back)
- ✓ have urgent circumstances affecting his or her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living, or require daily monitoring or supervision to avoid institutionalization
- ✓ require services not available from existing resources (family, private means, other agencies or programs) or current resources are inadequate to meet the basic needs of the individual to allow him or her to remain in the home
- ✓ have sufficient independence and/or adequate natural supports to live safely in a private residence or other community setting with the type and amount of services available from the HASCI Waiver

The HASCI Waiver does **not** provide income support, emergency funds, housing, room and board, general supervision, or 24-hour care.

Initial enrollment in the HASCI Waiver is limited to individuals prior to their 65th birthday. Individuals already enrolled continue to be eligible after their 65th birthday, if all other eligibility factors are met.

An individual must be offered choice between institutional services or home and community-based services, must choose to receive HASCI Waiver services, must be informed of all the alternatives available in the HASCI Waiver, and must choose from among qualified service providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance:** direct assistance with personal care and activities of daily living and/or supervision to assure health and safety
- ▶ **Respite Care:** short-term care and/or supervision in the absence of individuals normally providing care/supervision
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** three prescriptions per month in addition to drugs available through Medicaid State Plan
- ▶ **Incontinence Supplies:** diapers, briefs, underpads, liners, wipes and gloves provided to participants who are at least 21 years old and who are incontinent of bowel and/or bladder care according to established medical criteria.
- ▶ **Supplies, Equipment and Assistive Technology:** specialized medical supplies and equipment and AT devices to better perform activities of daily living
- ▶ **Personal Emergency Response System:** electronic device to enable an individual to secure help in an emergency
- ▶ **Private Vehicle Modifications:** modifications to a vehicle driven by or routinely used to transport the individual
- ▶ **Environmental Modifications:** adaptations to the individual's private home to ensure health and safety or to enable greater independence
- ▶ **Occupational Therapy:** treatment to restore or improve fine motor functioning
- ▶ **Physical Therapy:** treatment to improve or compensate for mobility and movement dysfunction and related functional impairments
- ▶ **Speech and Hearing Services:** speech therapy, audiology services, and augmentative communication
- ▶ **Psychological Services:** treatment to address affective, cognitive, and substance abuse issues
- ▶ **Behavior Support:** validated practices to identify causes of specific problem behaviors and appropriate interventions to reduce or eliminate them
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist an individual to manage own personal care provided by another individual
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement provided by a peer to an individual with SCI/severe physical impairment to recruit, train, and supervise own caregivers
- ▶ **Day Activity:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a licensed day program funded by SCDDSN
- ▶ **Career Preparation:** preparation for paid or unpaid employment (but not job-specific skills) in a licensed day program funded by SCDDSN
- ▶ **Employment Services:** intensive/extended supports in a licensed employment program funded by SCDDSN
- ▶ **Residential Habilitation:** care, skills training, and supervision in a licensed residential program funded by SCDDSN

HASCI Division Information and Referral

1-866-867-3864 (toll free)

Applying to SCDDSN

If you have severe impairments as a result of traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD), you or a family member should:

- ▶ Contact HASCI Division Information and Referral at the phone number above to be screened for referral to DDSN Head and Spinal Cord Injury (HASCI) Division and referral to the HASCI Waiver, if requested.
- ▶ If screened as appropriate for consideration of eligibility, you will be given opportunity to choose a DSN Board or other qualified provider which offers HASCI Case Management (CM) for your locality. You will be notified by mail that referral was made to the chosen CM provider.
- ▶ The DDSN eligibility determination process includes review of medical records and other information, including the applicant's current functional status. The process is usually completed within 90 days.
- ▶ An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Eligibility Criteria

S.C. Code Ann. § 44-38-370 defines eligibility for services through the DDSN Head and Spinal Cord Injury Division:

"A person is **eligible for case management services** under this article when at the time of determining eligibility the person has a severe chronic limitation that:

- (1) Is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset but not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging;
- (2) Is likely to continue without intervention;
- (3) Results in substantial functional limitations in at least two of these life activities: **(a)** self-care; **(b)** receptive and expressive communication; **(c)** learning; **(d)** mobility; **(e)** self-direction; **(f)** capacity for independent living; **(g)** economic self-sufficiency; and
- (4) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are lifelong or extended duration and are individually planned or coordinated."

Level of Care Criteria for HASCI Waiver

In order to be eligible for HASCI Waiver services, an individual must meet Level of Care criteria for a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). The individual must be evaluated to meet Level of Care criteria within 30 days prior to enrollment in the HASCI Waiver. Level of Care is re-evaluated at least every 365 days.

NF Level of Care is determined by a licensed nurse who conducts a comprehensive evaluation of an individual's medical, psychobehavioral, and functional needs. An individual may meet NF Level of Care at the skilled or intermediate level. Both levels focus on an individual's need for extensive assistance from another person with personal care and activities of daily living.

To be eligible for the HASCI Waiver under the ICF/IID Level of Care, an individual must be determined to meet DDSN criteria for a Related Disability (onset prior to age 22 years) with substantial impairments in adaptive functioning and require ongoing supervision and services to acquire skills or prevent regression.

DDSN Reconsideration and Medicaid Appeal

If an applicant or participant is notified of an adverse decision/action affecting eligibility for or receipt of HASCI Waiver services, within 30 days the individual (or representative) may request that DDSN reconsider and reverse the decision/action. Information on the DDSN Reconsideration process and how to make a request will be provided by the HASCI Case Manager.

If the individual (or representative) fully completes the SCDDSN Reconsideration process and is dissatisfied with the results, an appeal of the adverse decision/action may be filed with the SC Department of Health and Human Services (State Medicaid Agency) within 30 days. Information on how to file a Medicaid appeal will be provided by the HASCI Case Manager.

You may be eligible to receive continued Medicaid benefits pending a hearing decision. If you are interested in continued benefits, you must contact your DDSN Case Manager within ten (10) calendar days of the effective date of the action. If the hearing decision is not in your favor, you may be required to repay Medicaid benefits received during the appeals process.

HASCI Waiver Termination

HASCI Waiver services are terminated when a person...

- | | |
|--|---|
| ✓ is no longer eligible for Medicaid in South Carolina | ✓ is admitted to a nursing facility or ICF/IID |
| ✓ no longer meets Level of Care criteria | ✓ refuses to comply with requirements or commits Medicaid fraud |
| ✓ does not receive any Waiver services for 30 days | ✓ voluntarily withdraws from receiving services |
| ✓ is admitted to an acute care hospital for 30 days | ✓ moves out of South Carolina |



Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables South Carolina Department of Health and Human Services (DHHS) to contract with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based (HCB) Waiver program for a limited number of people with severe physical/cognitive disabilities. It is one of several HCB Waiver programs in South Carolina that can provide some level of services to individuals with traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD).

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and other community settings instead of in a hospital, nursing facility, or institution.

The aggregate cost of Medicaid HCB Waiver services must be equal to or no more than the aggregate cost if the same individuals received institutional care funded by Medicaid.

HASCI Waiver services are provided based on the identified needs of a participant and within limits and available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, an individual must:

- ✓ meet diagnostic criteria (TBI, SCI, SD) as established by determination of eligibility for the DDSN Head and Spinal Cord Injury Division (see back)
- ✓ receive Medicaid in South Carolina or become eligible prior to enrollment
- ✓ meet Level of Care criteria (see back)
- ✓ have urgent circumstances affecting his or her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living, or require daily monitoring or supervision to avoid institutionalization
- ✓ require services not available from existing resources (family, private means, other agencies or programs) or current resources are inadequate to meet the basic needs of the individual to allow him/her to remain in the home
- ✓ have sufficient independence and/or adequate natural supports to live safely in a private residence or other community setting with the type and amount of services available from the HASCI Waiver

The HASCI Waiver does **not** provide income support, emergency funds, housing, room and board, general supervision, or 24-hour care.

Initial enrollment in the HASCI Waiver is limited to individuals prior to their **65th birthday**. Individuals already enrolled continue to be eligible after their **65th birthday**, if all other eligibility factors are met.

An individual must be offered choice between institutional services or home and community-based services, must choose to receive HASCI Waiver services, must be informed of all the alternatives available in the HASCI Waiver, and must choose from among qualified service providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance:** direct assistance with personal care and activities of daily living and/or supervision to assure health and safety
- ▶ **Respite Care:** short-term care and/or supervision in the absence of individuals normally providing care/supervision
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** three (3) prescriptions per month in addition to drugs available through Medicaid State Plan
- ▶ **Supplies, Equipment and Assistive Technology:** specialized medical supplies and equipment and AT devices to better perform activities of daily living
- ▶ **Personal Emergency Response System:** electronic device to enable an individual to secure help in an emergency
- ▶ **Private Vehicle Modifications:** modifications to a vehicle driven by or routinely used to transport the individual
- ▶ **Environmental Modifications:** adaptations to an individual's private home to ensure health and safety or to enable greater independence
- ▶ **Occupational Therapy:** treatment to restore or improve fine motor functioning
- ▶ **Physical Therapy:** treatment to improve or compensate for mobility and movement dysfunction and related functional impairments
- ▶ **Speech and Hearing Services:** speech therapy, audiology services, and augmentative communication
- ▶ **Psychological Services:** treatment to address affective, cognitive, and substance abuse issues
- ▶ **Behavior Support:** validated practices to identify causes of specific problem behaviors and appropriate interventions to reduce or eliminate them
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist an individual to manage own personal care provided by another individual
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement provided by a peer to an individual with SCI/severe physical impairments to recruit, train, and supervise own caregivers
- ▶ **Day Activity:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a licensed day program funded by DDSN
- ▶ **Career Preparation:** preparation for paid or unpaid employment (but not job-specific training) in a licensed day program funded by DDSN
- ▶ **Employment Services:** intensive/extended supports in a licensed employment program funded by DDSN
- ▶ **Residential Habilitation:** care, skills training, and supervision in a licensed residential program funded by DDSN
- ▶ **Waiver Case Management:** assistance in obtaining needed services through HASCI Waiver, Medicaid State Plan, and other agencies/programs/funding

HASCI Division Information and Referral

1-866-867-3864 (toll free)

Applying to DDSN

If you have severe impairments as a result of traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD), you or a family member should:

- ▶ Contact HASCI Division Information and Referral at the phone number above to be screened for referral to the DDSN Head and Spinal Cord Injury (HASCI) Division and referral to the HASCI Waiver, if requested.
- ▶ If screened as appropriate for consideration of eligibility, you will be given opportunity to choose a DSN Board or other qualified provider which offers HASCI Case Management (CM) for your locality. You will be notified by mail that referral was made to your chosen CM provider.
- ▶ The DDSN eligibility determination process includes review of medical records and other information, including the applicant's current functional status. The process is usually completed within 90 days.
- ▶ An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Eligibility Criteria

S.C. Code Ann. § 44-38-370 defines eligibility for services through the DDSN Head and Spinal Cord Injury Division:

"A person is **eligible for case management services** under this article when at the time of determining eligibility the person has a severe chronic limitation that:

- (1) Is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset, but not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging;
- (2) Is likely to continue without intervention;
- (3) Results in substantial functional limitations in at least two of these life activities: **(a)** self-care; **(b)** receptive and expressive communication; **(c)** learning; **(d)** mobility; **(e)** self-direction; **(f)** capacity for independent living; **(g)** economic self-sufficiency; and
- (4) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are lifelong or extended duration and are individually planned or coordinated."

Level of Care Criteria for HASCI Waiver

In order to be eligible for HASCI Waiver services, an individual must meet Level of Care criteria for a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). The individual must be evaluated to meet Level of Care criteria within 30 days prior to enrollment in the HASCI Waiver. Level of Care is re-evaluated at least every 365 days.

NF Level of Care is determined by a licensed nurse who conducts a comprehensive evaluation of an individual's medical, psychobehavioral, and functional needs. An individual may meet NF Level of Care at the skilled or intermediate level. Both levels focus on an individual's need for extensive assistance from another person with personal care and activities of daily living.

To be eligible for the HASCI Waiver under the ICF/IID Level of Care, an individual must be determined to meet DDSN criteria for a Related Disability (onset prior to age 22 years) with substantial impairments in adaptive functioning and require ongoing supervision and services to acquire skills or prevent regression.

DDSN Reconsideration and Medicaid Appeal

If an applicant or participant is notified of an adverse decision/action affecting eligibility for or receipt of HASCI Waiver services, within 30 days the individual (or representative) may request that DDSN reconsider and reverse the decision/action. Information on the DDSN Reconsideration process and how to make a request will be provided by the HASCI Case Manager.

If the individual (or representative) fully completes the DDSN Reconsideration process and is dissatisfied with the results, an appeal of the adverse decision/action may be filed with the SC Department of Health and Human Services (State Medicaid Agency) within 30 days. Information on how to file a Medicaid appeal will be provided by the HASCI Case Manager.

You may be eligible to receive continued Medicaid benefits pending a hearing decision. If you are interested in continued benefits, you must contact your SCDDSN Service Coordinator within ten (10) calendar days of the effective date of the action. If the hearing decision is not in your favor, you may be required to repay Medicaid benefits received during the appeals process.

HASCI Waiver Termination

HASCI Waiver services are terminated when an individual...

- ✓ is no longer eligible for Medicaid in South Carolina
- ✓ is no longer meets Level of Care criteria
- ✓ does not receive any Waiver services for 30 days
- ✓ is admitted to an acute care hospital for 30 days
- ✓ is admitted to a nursing facility or ICF/IID
- ✓ refuses to comply with requirements or commits Medicaid fraud
- ✓ voluntarily withdraws from receiving services
- ✓ moves out of South Carolina



Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables South Carolina Department of Health and Human Services (SCDHHS) to contract with South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based (HCB) Waiver program for a limited number of people with severe physical/cognitive disabilities. It is one of several HCB Waiver programs in South Carolina that can provide some level of services to people with traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD).

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and other community settings instead of in a hospital, nursing facility, or institution.

The aggregate cost of Medicaid HCB Waiver services must be equal to or no more than the aggregate cost if the same people received institutional care funded by Medicaid.

HASCI Waiver services are provided based on the identified needs of a participant and within limits and available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, a person must:

- ✓ meet diagnostic criteria (TBI, SCI, SD) as established by determination of eligibility for the SCDDSN Head and Spinal Cord Injury Division (see back)
- ✓ receive Medicaid in South Carolina or become eligible prior to enrollment
- ✓ meet Level of Care criteria (see back)
- ✓ have urgent circumstances affecting his or her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living, or require daily monitoring or supervision to avoid institutionalization
- ✓ require services not available from existing resources (family, private means, other agencies or programs) or current resources are inadequate to meet the basic needs of the individual to allow him or her to remain in the home
- ✓ have sufficient independence and/or adequate natural supports to live safely in a private residence or other community setting with the type and amount of services available from the HASCI Waiver

The HASCI Waiver does **not** provide income support, emergency funds, housing, room and board, general supervision, or 24-hour care in a private residence.

Initial enrollment in the HASCI Waiver is limited to people prior to their **65th birthday**. Persons already enrolled continue to be eligible after their **65th birthday**, if all other eligibility factors are met.

A person must be offered choice between institutional services or home and community-based services, must choose to receive HASCI Waiver services, must be informed of all the alternatives available in the HASCI Waiver, and must choose from among qualified service providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance:** direct assistance with personal care and activities of daily living and/or supervision to assure health and safety
- ▶ **Respite Care:** short-term care and/or supervision in the absence of people normally providing care/supervision
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** 3 prescriptions per month in addition to drugs available through Medicaid State Plan (MSP)
- ▶ **Incontinence Supplies:** diapers, briefs, underpads, liners, wipes and gloves in addition to IS available through MSP
- ▶ **Supplies, Equipment and Assistive Technology:** specialized medical supplies and equipment and AT devices to better perform activities of daily living
- ▶ **Personal Emergency Response System:** electronic device to enable an individual to secure help in an emergency
- ▶ **Private Vehicle Modifications:** modifications to a vehicle driven by or routinely used to transport the person
- ▶ **Environmental Modifications:** adaptations to a person's private home to ensure safety/enable independence
- ▶ **Occupational Therapy:** treatment to restore or improve fine motor functioning
- ▶ **Physical Therapy:** treatment to improve or compensate for mobility and movement dysfunction
- ▶ **Speech and Hearing Services:** speech therapy, audiology services, and augmentative communication
- ▶ **Psychological Services:** treatment to address affective, cognitive, and substance abuse issues
- ▶ **Behavior Support:** validated practices to identify causes of specific problem behaviors and appropriate interventions to reduce or eliminate them
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist a person to manage own personal care provided by another person
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement provided by a peer to a person with SCI/severe physical impairments to recruit, train, and supervise own caregivers
- ▶ **Day Activity:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a licensed day program funded by SCDDSN
- ▶ **Career Preparation:** preparation for paid or unpaid employment (but not job-specific training) in a licensed day program funded by SCDDSN
- ▶ **Employment Services:** intensive/extended supports in a licensed employment program funded by SCDDSN
- ▶ **Residential Habilitation:** care, skills training, and supervision in a licensed residential program funded by SCDDSN
- ▶ **Waiver Case Management:** assistance in obtaining needed services through HASCI Waiver, Medicaid State Plan, and other agencies/programs/funding



Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables the South Carolina Department of Health and Human Services (SCDHHS) to collaborate with the SCDDSN Head and Spinal Cord Injury (HASCI) Division to operate a Home and Community-Based (HCB) Waiver program for a limited number of people with severe physical/cognitive disabilities. It is one of four HCB Waivers in South Carolina that provides some level of services to people with head and spinal cord injuries or similar disabilities.

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and in community settings instead of in a hospital, nursing facility, or institution.

The cost of Medicaid Waiver services must be equal to or no more than the costs of institutional care.

HASCI Waiver services are provided based on the identified needs of a participant and within limits related to available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, a person must:

- ✓ receive Service Coordination through the SCDDSN Head and Spinal Cord Injury (HASCI) Division (*see back*)
- ✓ request HASCI Waiver services through his/her HASCI Service Coordinator
- ✓ become eligible for Medicaid or already qualify for Medicaid
- ✓ meet Level of Care criteria (*see back*)
- ✓ have urgent circumstances affecting his/her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living or require daily monitoring or supervision to avoid institutionalization
- ✓ need services not available from existing resources, including family, private means and other agencies/programs, or current resources are inadequate to meet the basic needs of the individual to allow him/her to remain in the home
- ✓ have adequate natural supports to live safely in a private home or other community setting

The HASCI Waiver does not provide housing, room and board, general supervision or 24-hour care.

Initial enrollment in the HASCI Waiver is limited to people prior to their **65th birthday**. Persons already enrolled continue to be eligible after their **65th birthday**, if all other eligibility factors are met.

A person must be informed of all the alternatives available in the HASCI Waiver, offered choice between institutional services or home and community-based services, choose to receive HASCI Waiver services, and choose among qualified providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance Services:** assistance with personal care and activities of daily living
- ▶ **Respite Care:** short-term care provided in the absence of or for the relief of persons normally providing care
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** allows an additional three prescriptions in addition to the Medicaid State Plan limit of four
- ▶ **Medical Supplies, Equipment and Assistive technology:** specialized medical supplies and equipment that enable an individual to better perform activities of daily living
- ▶ **Communication Services:** speech therapy, audiological and augmentative communication services
- ▶ **Occupational Therapy Services:** treatment prescribed by a physician to develop, restore or improve functional abilities
- ▶ **Physical Therapy Services:** treatment prescribed by a physician to prevent, alleviate, or compensate for movement dysfunction and related functional problems
- ▶ **Psychological Services:** Services that address affective, cognitive and substance abuse issues
- ▶ **Behavioral Support Services:** use of validated practices to identify causes of specific problem behaviors and appropriate interventions
- ▶ **Personal Emergency Response System:** electronic device that enables an individual to secure help in an emergency
- ▶ **Residential Habilitation:** services include care, skills training and supervision in a non-institutional setting
- ▶ **Day Habilitation:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a non-residential DDSN licensed facility
- ▶ **Prevocational Services:** preparation for paid or unpaid employment, but not directed at teaching job-specific skills
- ▶ **Supported Employment Services:** intensive/extended employment supports to individuals for whom employment at or above the minimum wage is unlikely
- ▶ **Private Vehicle Modifications:** modifications to a vehicle to be driven by or routinely used to transport the individual
- ▶ **Environmental Modifications:** adaptations to ensure the health, welfare, and safety of the individual or that afford the individual greater independence in the home
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist individuals who desire to manage their own personal care. For individuals not capable of self-management, family members may be instructed
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement for individuals with SCI/severe physical impairment to recruit, train and supervise attendant care/personal assistance providers

HASCI Division Information and Referral

1-866-867-3864 (toll-free)

Applying for DDSN Services

If you have a severe impairment as a result of traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD), you or a family member should:

- ▶ Contact HASCI Division Information and Referral at the phone number above to be screened for referral to SCDDSN Head and Spinal Cord Injury (HASCI) Division.
- ▶ If you are screened as appropriate for formal consideration of eligibility, you will be referred to the relevant local DSN Board or other qualified provider which provides HASCI Service Coordination. You will be notified by mail that this referral has been made.
- ▶ The local DSN Board or other qualified provider will initiate formal intake and SCDDSN eligibility determination. The applicant will be contacted by staff from the DSN Board to begin this process.
- ▶ The SCDDSN eligibility determination process includes review of medical records and other information, including the applicant's current functional status. The process is usually completed within 90 days.
- ▶ An applicant found ineligible for SCDDSN will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Eligibility Criteria

SC Code of Laws Section 44-38-370 defines eligibility for services through the DDSN Head and Spinal Cord Injury Division:

"A person is **eligible for case management services** under this article when at the time of determining eligibility the person has a severe chronic limitation that:

- (1) is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset but not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging;
- (2) is likely to continue without intervention;
- (3) results in substantial functional limitations in at least two of these life activities: (a) self-care; (b) receptive and expressive communication; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; and
- (4) reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are lifelong or extended duration and are individually planned or coordinated."

Level of Care Criteria for HASCI Waiver

In order to be eligible for HASCI Waiver Services, an individual must meet Level of Care criteria for a Nursing Facility (NF) or Intermediate Care Facility for the Mentally Retarded (ICF/MR). The individual must be evaluated to meet Level of Care criteria within thirty (30) days prior to his/her enrollment in the HASCI Waiver. Level of Care is re-evaluated as often as indicated, but at least every 365 days.

NF Level of Care is determined through a comprehensive screening process of an individual's medical, psychobehavioral and functional needs. An individual may meet NF Level of Care at the skilled or intermediate level. Both levels focus on an individual's need for extensive assistance from another person with personal care and activities of daily living.

To be eligible for the HASCI Waiver under the ICF/MR Level of Care, an individual must be determined to meet SCDDSN criteria for a Related Disability (onset prior to age 22 years) with substantial impairments and require ongoing supervision and services to acquire skills or prevent regression.

DDSN Reconsideration and Medicaid Appeal Process

If an applicant or participant is notified of an adverse decision/action affecting eligibility for or receipt of HASCI Waiver services, within 30 days the individual (or representative) may request that SC Department of Disabilities and Special Needs reconsider and reverse the decision/action. Information on the SCDDSN Reconsideration process and how to make a request will be provided by the HASCI Service Coordinator.

If the individual (or representative) fully completes the SCDDSN Reconsideration process and is dissatisfied with the results, an appeal of the adverse decision/action may be filed with the SC Department of Health and Human Services (State Medicaid Agency) within 30 days. Information on how to file a Medicaid appeal will be provided by the HASCI Service Coordinator.

You may be eligible to receive continued Medicaid benefits pending a hearing decision. If you are interested in continued benefits, you must contact your SCDDSN Service Coordinator within ten (10) calendar days of the effective date of the action. If the hearing decision is not in your favor, you may be required to repay Medicaid benefits received during the appeals process.

HASCI Waiver Termination

HASCI Waiver services are terminated when a person...

- ✓ is no longer eligible for Medicaid in South Carolina
- ✓ no longer meets Level of Care criteria
- ✓ is admitted to a nursing facility or ICF/MR
- ✓ voluntarily withdraws from receiving services
- ✓ moves out of South Carolina
- ✓ is admitted to an acute care hospital for more than 30 days
- ✓ does not receive any Waiver services for 30 days.

Intellectual Disability/Related Disability (ID/RD) Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to South Carolina Department of Disabilities and Special Needs (DDSN) consumers only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with DDSN to operate a Home and Community-Based Waiver program for individuals with Intellectual Disabilities or Related Disabilities (ID/RD).

ID/RD Waiver Participation

To participate in the ID/RD Waiver, a person must:

- ✓ be diagnosed with Intellectual Disability or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID and choose to receive services in his/her home and community.
- ✓ have needs that can be met by the ID/RD Waiver.
- ✓ be allocated a waiver slot.
- ✓ be informed of the alternatives covered by the ID/RD Waiver, choose to receive ID/RD Waiver services, and choose among qualified providers.

ID/RD Waiver Termination

ID/RD Waiver Enrollment is terminated when the participant:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid, as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the ID/RD Waiver.
- ✓ does not receive a ID/RD Waiver service for 30 consecutive days.
- ✓ moves out of state.

Applying for ID/RD Waiver Services

- Contact your assigned Case Manager/Early Interventionist (CM/EI). If you are not receiving Case Management or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting DDSN at (803) 898-9671 or at www.state.sc.us/ddsn/.
- Inform your CM/EI or local DSN Board that you wish to apply for the ID/RD Waiver. They will work with you to gather the information needed to complete the application.
- You will receive a written response from DDSN regarding your ID/RD Waiver application.

Applying for DDSN Services

- For individuals under age three (3), application must be made through BabyNet. Contact information can be obtained by calling the BabyNet Care Line at 1-800-868-0404. BabyNet eligibility/services do not have to be obtained in order to apply for the ID/RD Waiver.
- For individuals age three (3) and older, contact the University of South Carolina, Center for Disability Resources at 1-800-289-7012.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Management/Early Intervention (CM/EI) provider, who will assist you with completing the eligibility process. Application for ID/RD Waiver services can be made at this time.
- An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed within 365 days of the previous plan. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Case Manager or Early Interventionist to make sure that your plan is completed at least once every year.

Intellectual Disabilities/Related Disabilities Waiver Services

ID/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services may be limited due to provider availability. A list of enrolled and qualified providers of ID/RD Waiver services can be located at the DDSN website (<http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>) or by contacting the local Disabilities and Special Needs Board in the county in which the participant lives or the participant's Case Management/Early Intervention provider. The following services are available through the ID/RD Waiver:

- **Adult Attendant Care Services:** assistance with activities of daily living and personal care for those adult participants (age 21 or older) who are able to self-direct their care; limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Day Health Care:** care furnished to someone 18 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care Nursing:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care Transportation:** prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within 15 miles of the ADHC center.
- **Adult Dental Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Adult Vision:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Audiology Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Behavior Support Services:** services to assist individuals who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Career Preparation Services:** services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy.
- **Community Services:** services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Day Activity:** activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills.
- **Employment Services:** intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Environmental Modifications:** physical adaptations to the participant's home which are necessary to ensure the health, welfare and safety of the participant (e.g., installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.); lifetime cap of \$7,500.
- **Nursing Services:** services provided within the scope of the South Carolina Nurse Practice Act, as ordered by a physician; cannot exceed 56 hours/week of LPN services or 42 hours/week of RN services; Nursing Services are available through State Plan Medicaid for those under 21.
- **Personal Care (I and II):** assistance with personal care and activities of daily living for consumers 21 or older; limited to 6 hours per week of Personal Care 1 and 28 hours per week of Personal Care 2 (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2); Personal Care Services are available through State Plan Medicaid for those under 21.
- **Personal Emergency Response System (PERS):** an electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision.
- **Prescribed Drugs:** two (2) prescriptions in addition to the State Plan Medicaid limit of four (4) for adult participants (21 or older).
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the participant (e.g., installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.); limit of \$7,500 per vehicle with a lifetime cap of two (2) vehicles.
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting.
- **Respite Care:** care provided on a short-term basis because of the absence or need for relief of those individuals normally providing the care; limited to 68 hours per month unless approved for an exception by DDSN.
- **Specialized Medical Equipment, Supplies and Assistive Technology:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available through State Plan Medicaid that provides medical or remedial benefit to the participant; liquid nutrition limited to two (2) cases per month; limit of one (1) wheelchair every five (5) years, limited to a cost of \$8,000 per wheelchair; diapers and under pads are available for participants three (3) years old and older, limited to three (3) cases of diapers/month and three (3) cases of under pads/month.
- **Support Center:** non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to individuals who, because of their disability, are unable to care for and supervise themselves.

Intellectual Disability/Related Disability (ID/RD) Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to South Carolina Department of Disabilities and Special Needs (DDSN) consumers only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with DDSN to operate a Home and Community-Based Waiver program for individuals with Intellectual Disabilities or Related Disabilities (ID/RD).

ID/RD Waiver Participation

To participate in the ID/RD Waiver, a person must:

- ✓ be diagnosed with Intellectual Disability or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID and choose to receive services in his/her home and community.
- ✓ have needs that can be met by the ID/RD Waiver.
- ✓ be allocated a waiver slot.
- ✓ be informed of the alternatives covered by the ID/RD Waiver, choose to receive ID/RD Waiver services, and choose among qualified providers.

ID/RD Waiver Termination

ID/RD Waiver Enrollment is terminated when the participant:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid, as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the ID/RD Waiver.
- ✓ does not receive a ID/RD Waiver service for 30 consecutive days.
- ✓ moves out of state.

Applying for ID/RD Waiver Services

- Contact your assigned Case Manager/Early Interventionist (CM/EI). If you are not receiving Case Management or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting DDSN at (803) 898-9671 or at www.state.sc.us/ddsn/.
- Inform your CM/EI or local DSN Board that you wish to apply for the ID/RD Waiver. They will work with you to gather the information needed to complete the application.
- You will receive a written response from DDSN regarding your ID/RD Waiver application.

Applying for DDSN Services

- For individuals under age three (3), application must be made through BabyNet. Contact information can be obtained by calling the BabyNet Care Line at 1-800-868-0404. BabyNet eligibility/services do not have to be obtained in order to apply for the ID/RD Waiver.
- For individuals age three (3) and older, contact the University of South Carolina, Center for Disability Resources at 1-800-289-7012.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Management/Early Intervention (CM/EI) provider, who will assist you with completing the eligibility process. Application for ID/RD Waiver services can be made at this time.
- An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed within 365 days of the previous plan. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Case Manager or Early Interventionist to make sure that your plan is completed at least once every year.

Intellectual Disabilities/Related Disabilities Waiver Services

ID/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services may be limited due to provider availability. A list of enrolled and qualified providers of ID/RD Waiver services can be located at the DDSN website (<http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>) or by contacting the local Disabilities and Special Needs Board in the county in which the participant lives or the participant's Case Management/Early Intervention provider. The following services are available through the ID/RD Waiver:

- **Adult Attendant Care Services:** assistance with activities of daily living and personal care for those adult participants (age 21 or older) who are able to self-direct their care; limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Day Health Care:** care furnished to someone 21 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care Nursing:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care Transportation:** prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within 15 miles of the ADHC center.
- **Adult Dental Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Adult Vision:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Audiology Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Behavior Support Services:** services to assist individuals who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Career Preparation Services:** services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy.
- **Community Services:** services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Day Activity:** activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills.
- **Employment Services:** intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Environmental Modifications:** physical adaptations to the participant's home which are necessary to ensure the health, welfare and safety of the participant (e.g., installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.); lifetime cap of \$7,500.
- **Nursing Services:** services provided within the scope of the South Carolina Nurse Practice Act, as ordered by a physician; cannot exceed 56 hours/week of LPN services or 42 hours/week of RN services; Nursing Services are available through State Plan Medicaid for those under 21.
- **Personal Care (I and II):** assistance with personal care and activities of daily living for consumers 21 or older; limited to 6 hours per week of Personal Care 1 and 28 hours per week of Personal Care 2 (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2); Personal Care Services are available through State Plan Medicaid for those under 21.
- **Personal Emergency Response System (PERS):** an electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision.
- **Prescribed Drugs:** two (2) prescriptions in addition to the State Plan Medicaid limit of four (4) for adult participants (21 or older).
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the participant (e.g., installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.); limit of \$7,500 per vehicle with a lifetime cap of two (2) vehicles.
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting.
- **Respite Care:** care provided on a short-term basis because of the absence or need for relief of those individuals normally providing the care; limited to 68 hours per month unless approved for an exception by DDSN.
- **Specialized Medical Equipment, Supplies and Assistive Technology:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available through State Plan Medicaid that provides medical or remedial benefit to the participant; liquid nutrition limited to two (2) cases per month; limit of one (1) wheelchair every five (5) years, limited to a cost of \$8,000 per wheelchair; diapers and under pads are available for participants three (3) years old and older, limited to three (3) cases of diapers/month and three (3) cases of under pads/month.
- **Support Center:** non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to individuals who, because of their disability, are unable to care for and supervise themselves.

Mental Retardation/Related Disabilities (MR/RD) Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to SCDDSN consumers only if that person lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services to collaborate with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based Waiver program for people with Mental Retardation or Related Disabilities (MR/RD).

MR/RD Waiver Participation

To participate in the MR/RD Waiver, a person must:

- ✓ be diagnosed with Mental Retardation or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/MR and choose to receive services in his/her home and community.
- ✓ have needs that can be met by the MR/RD Waiver.
- ✓ be allocated a waiver slot.
- ✓ be informed of the alternatives covered by the MR/RD Waiver, choose to receive MR/RD Waiver services, and choose among qualified providers.

MR/RD Waiver Termination

MR/RD Waiver Enrollment is terminated when the participant:

- ✓ is admitted to an ICF/MR or nursing facility.
- ✓ no longer meets ICF/MR Level of Care.
- ✓ is no longer eligible for Medicaid, as determined by SCDHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the MR/RD Waiver.
- ✓ does not receive a MR/RD Waiver service for 30 consecutive days.

Applying for MR/RD Waiver Services

- Contact your assigned Service Coordinator/Early Interventionist (SC/EI). If you are not receiving Service Coordination or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting the SCDDSN Office of Community Education at (803) 898-9692 or at www.state.sc.us/ddsn/.
- Inform your SC/EI or local DSN Board that you wish to apply for the MR/RD Waiver. They will work with you to gather the information needed to complete the application.
- You will receive a written response from SCDDSN regarding your MR/RD Waiver application.

Applying for DDSN Services

- For persons under age 3, application must be made through BabyNet. Contact information can be obtained by calling the BabyNet Care Line at 1-800-868-0404. BabyNet eligibility/services do not have to be obtained in order to apply for the MR/RD Waiver.
- For persons age 3 and older, contact the University of South Carolina, Center for Disability Resources at 1-800-289-7012.
- If you are screened appropriate for consideration of eligibility, you will choose a Service Coordination/Early Intervention (SC/EI) provider, who will assist you with completing the eligibility process. Application for MR/RD Waiver services can be made at this time.
- An applicant found ineligible for SCDDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed within 365 days of the previous plan. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Service Coordinator or Early Interventionist to make sure that your plan is completed at least once every year.

Mental Retardation/Related Disabilities Waiver Services

MR/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services may be limited due to provider availability. A list of enrolled and qualified providers of MR/RD Waiver services can be located at the SCDDSN website (www.state.sc.us/ddsn/) or by contacting the local Disabilities and Special Needs Board in the county in which the participant lives or the participant's Service Coordination/Early Intervention provider. The following services are available through the MR/RD Waiver:

- **Adult Attendant Care Services:** assistance with activities of daily living and personal care for those adult participants (age 21 or older) who are able to self-direct their care; limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2)
- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2)
- **Adult Day Health Care:** care furnished to someone 21 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services
- **Adult Day Health Care Nursing:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment
- **Adult Day Health Care Transportation:** prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within fifteen (15) miles of the ADHC center
- **Adult Dental Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Adult Vision:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Audiology Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Behavior Support Services:** services to assist people who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life
- **Career Preparation Services:** services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy
- **Community Services:** services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital
- **Day Activity:** activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills
- **Employment Services:** intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting
- **Environmental Modifications:** physical adaptations to the participant's home which are necessary to ensure the health, welfare and safety of the participant (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.); lifetime cap of \$7,500
- **Nursing Services:** services provided within the scope of the South Carolina Nurse Practice Act, as ordered by a physician; cannot exceed 56 hours/week of LPN services or 42 hours/week of RN services; Nursing Services are available through State Plan Medicaid for those under 21
- **Personal Care (I and II):** assistance with personal care and activities of daily living for consumers 21 or older; limited to 6 hours per week of Personal Care I and 28 hours per week of Personal Care 2 (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2); Personal Care Services are available through State Plan Medicaid for those under 21
- **Personal Emergency Response System (PERS):** an electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision
- **Prescribed Drugs:** two (2) prescriptions in addition to the State Plan Medicaid limit of four (4) for adult participants (21 or older)
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the participant (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.); limit of \$7,500 per vehicle with a lifetime cap of 2 vehicles
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting
- **Respite Care:** care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care; limited to 68 hours per month unless approved for an exception by SCDDSN
- **Specialized Medical Equipment, Supplies and Assistive Technology:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available through State Plan Medicaid that provides medical or remedial benefit to the participant; liquid nutrition limited to 2 cases per month; limit of one (1) wheelchair every five (5) years, limited to a cost of \$8,000 per wheelchair; diapers and under pads are available for participants 3 years old and older, limited to 3 cases of diapers/month and 3 cases of under pads/month
- **Support Center:** non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves

SOUTH CAROLINA Department of Disabilities and Special Needs

Pervasive Developmental Disorder (PDD) Waiver Information Sheet

Prior to 1991, the Federal Medicaid program paid for services to DDSN consumers only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based Waiver program for people with Autism Spectrum Disorder. This waiver was approved in January 2007.

PDD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services can be limited due to provider availability in the recipient's county. A list of approved qualified providers of PDD Waiver services can be located at the DDSN website (www.state.sc.us/ddsn/).

PDD Waiver Participation

To participate in the PDD Waiver, a person must:

- ✓ be age three (3) through ten (10).
- ✓ be diagnosed with Autism Spectrum Disorder by age eight (8).
- ✓ be eligible to receive Medicaid or already qualified for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID.
- ✓ have needs that can be met by the PDD Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the PDD Waiver, choose to receive PDD Waiver services, and choose among qualified providers.

PDD Waiver Termination

PDD Waiver Enrollment is terminated when the recipient:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the PDD Waiver.
- ✓ does not receive a PDD waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ turns eleven or upon three (3) years of enrollment.

Applying for PDD Waiver Services

- If your child does not currently receive, contact the PDD Intake and Referral Call Center at 1-888-576-4658.
- Inform the screener that you wish to apply for the PDD Waiver. The screener will complete the initial paper work, help to obtain basic information and offer the choice of Case Management providers.
- You will receive written response from DDSN regarding your PDD Waiver application once the Freedom of Choice and Level of Care have been completed.
- If your child is age three (3) through ten (10) and currently receiving services from DDSN, contact your child's Case Manager concerning PDD services.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 365 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Case Manager to make sure that your plan is completed timely every year.

PDD State Funded Program

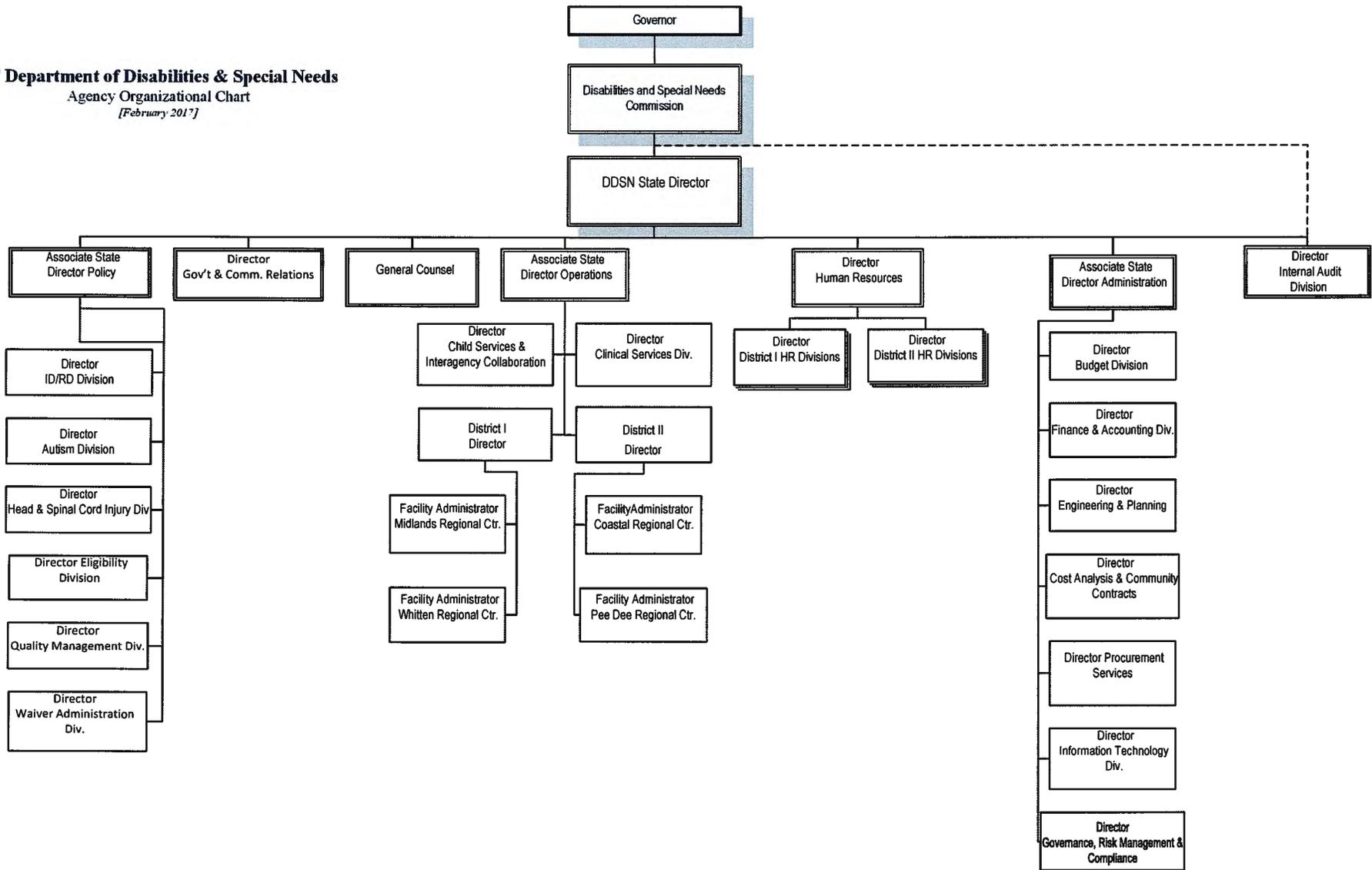
Children who do not meet ICF/IID Level of Care, but meet all other eligibility requirements may receive services outside the waiver through the PDD State Funded Program if funding is available.



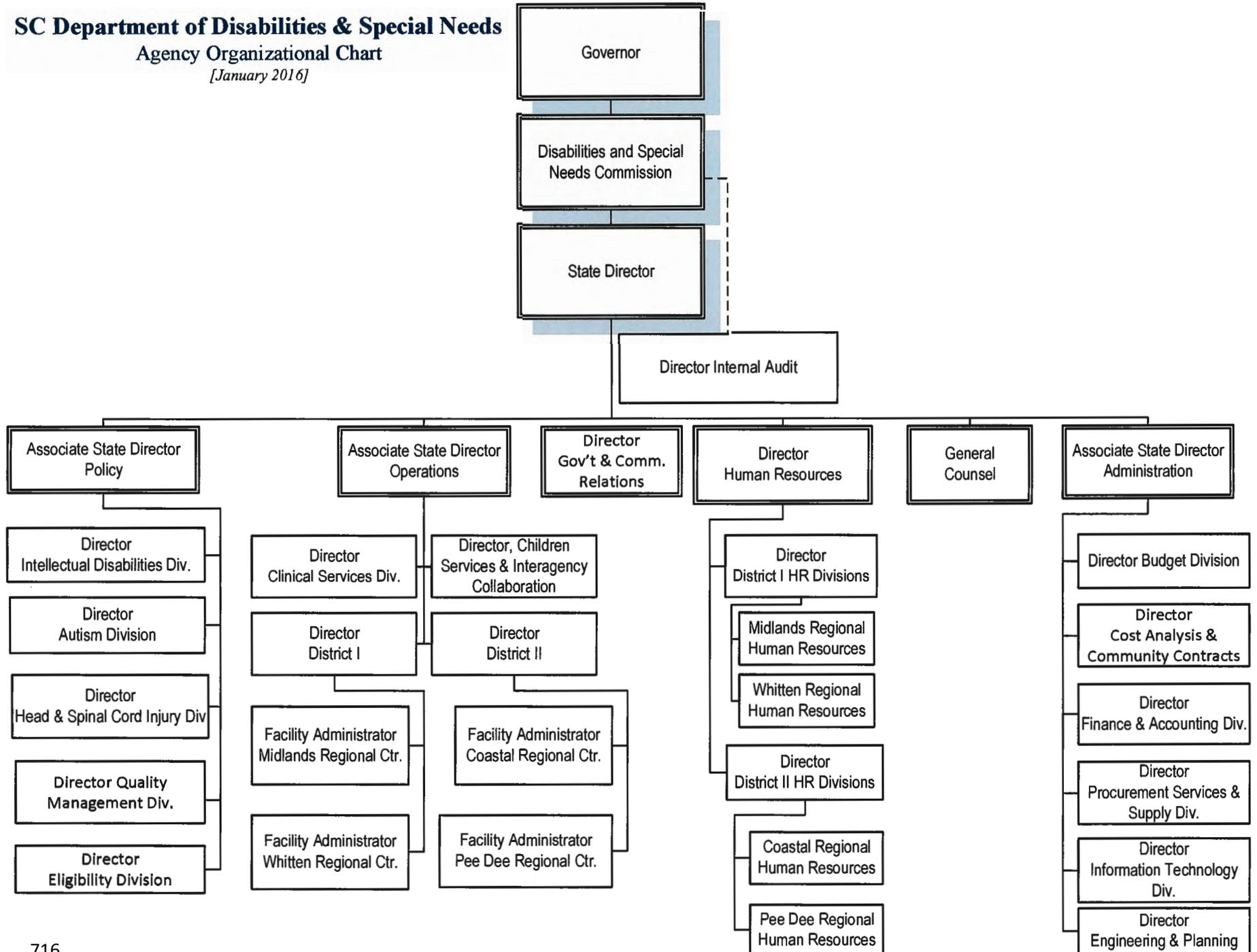
Intellectual Disability/Related Disability Waiver South Carolina Department of Disabilities and Special Needs Private Vehicle Modifications Fact Sheet

- Private Vehicle Modifications for people served through the Intellectual Disability/Related Disabilities (ID/RD) Waiver depend upon the individual's assessed needs and whether funding is available under the monetary cap of \$7,500.00 per vehicle with a lifetime cap of two (2) vehicles. Procurement law and regulations apply along with specific restrictions and limits since federal Medicaid funding is being used.
- Private Vehicle Modifications must be completed by a licensed provider and the provider must comply with all equipment warranty requirements.
- Three (3) written bids must be obtained and the lowest bid used.
- Examples of appropriate requests for private vehicle modifications include wheelchair lift, tie down system, lowered floor or raised roof when necessary, and other modifications that facilitate entry/exit and interior movement, and to safely restrain a wheelchair during transit. Private Vehicle Modifications may include consultation and assessment to determine the specific modifications/equipment needed, follow-up inspection after modifications are completed, training in use of equipment, repairs not covered by warranty, and replacement of parts or equipment. Private Vehicle modifications may not be used for general repair of the vehicle.
- Resources are not sufficient to provide high-tech driving equipment and luxurious interior customizing, such as sound systems, VHS/DVD players, oak or teak trim work, extravagant seating, recreational accessories, etc.
- Routine maintenance and general repairs to the vehicle such tune-ups, engine/transmission servicing and parts replacement, air conditioning repair and replacement maintenance, tire care and replacement, painting, body work and batteries are the responsibility of the vehicle owner.

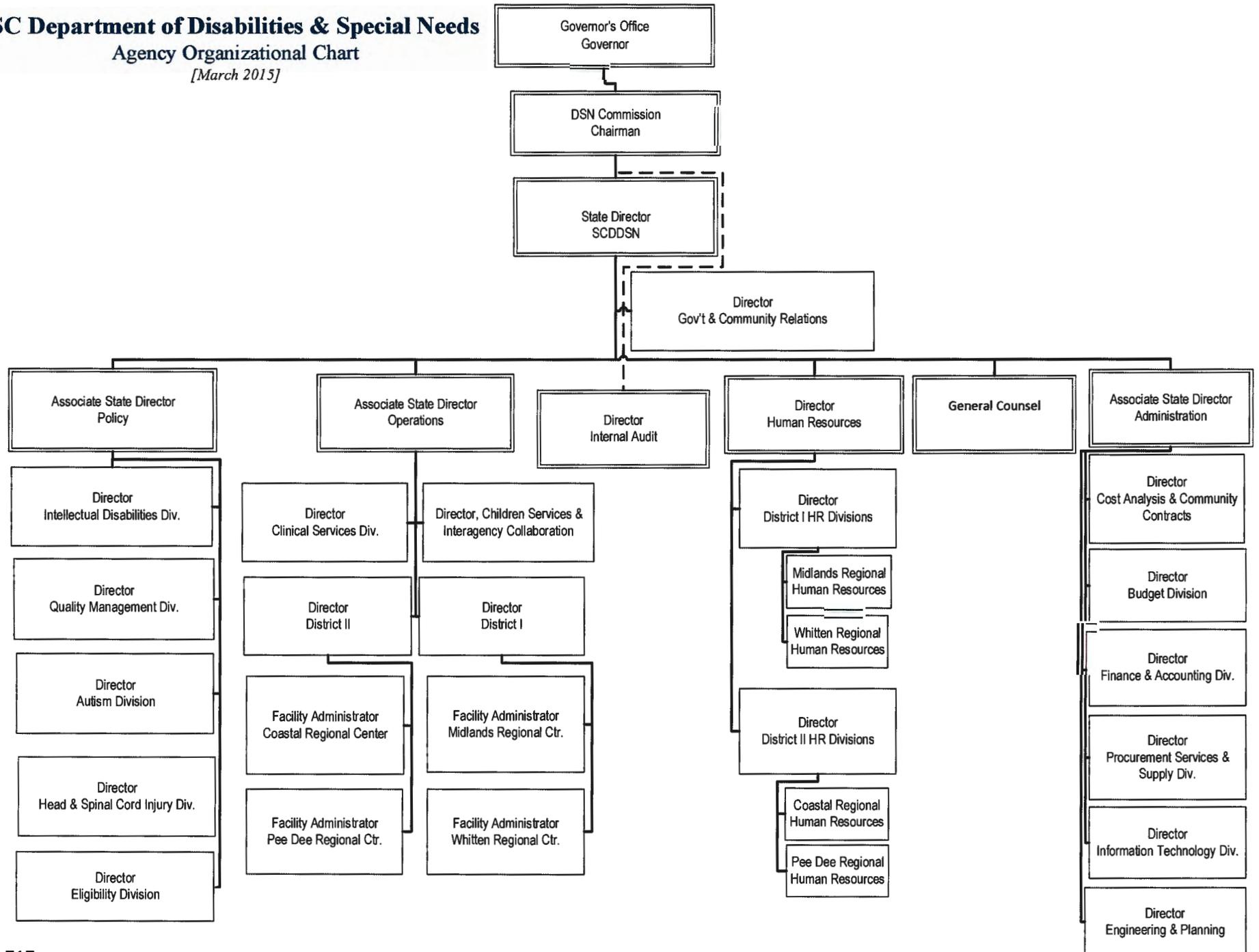
SC Department of Disabilities & Special Needs
 Agency Organizational Chart
 [February 2017]



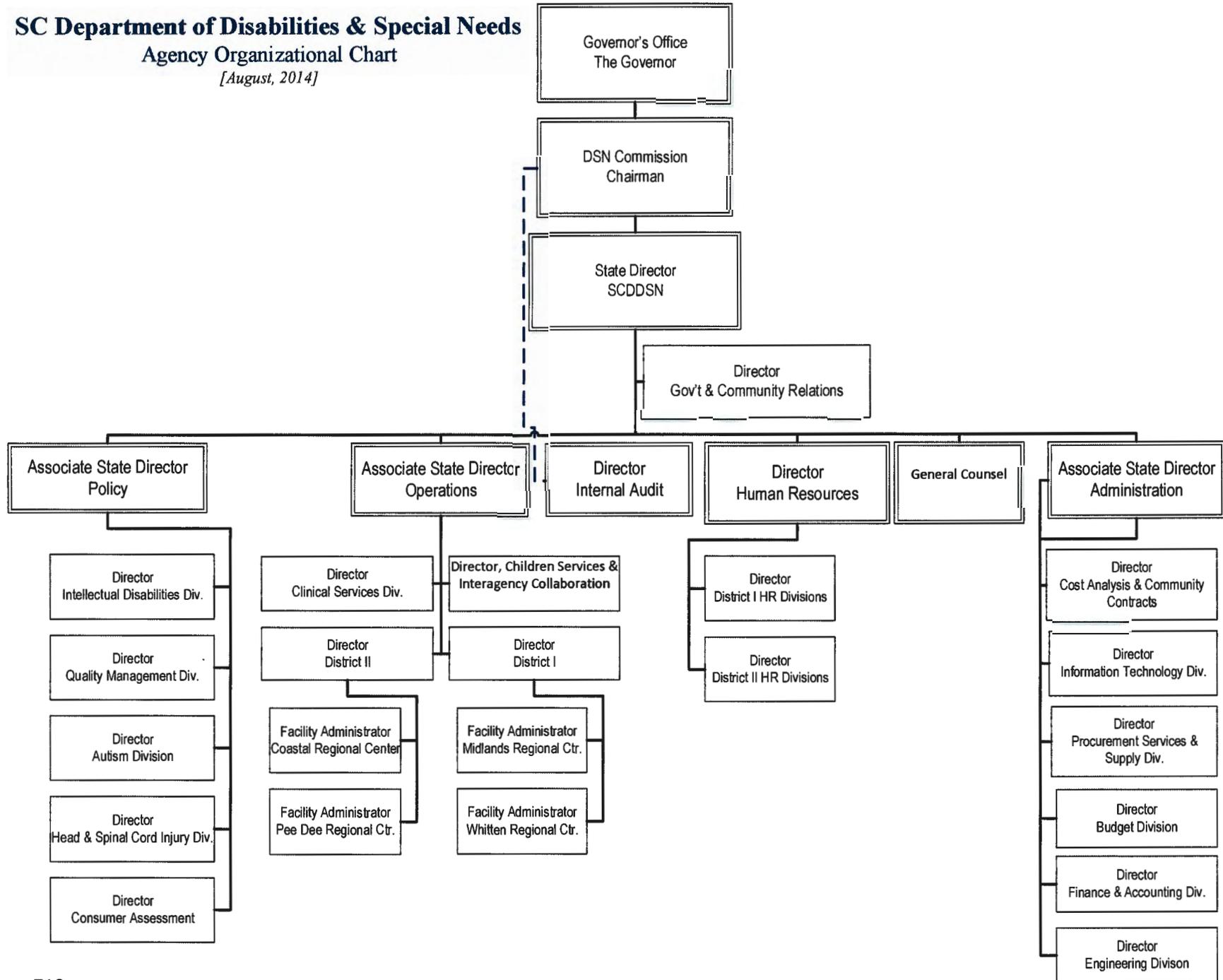
SC Department of Disabilities & Special Needs
Agency Organizational Chart
[January 2016]



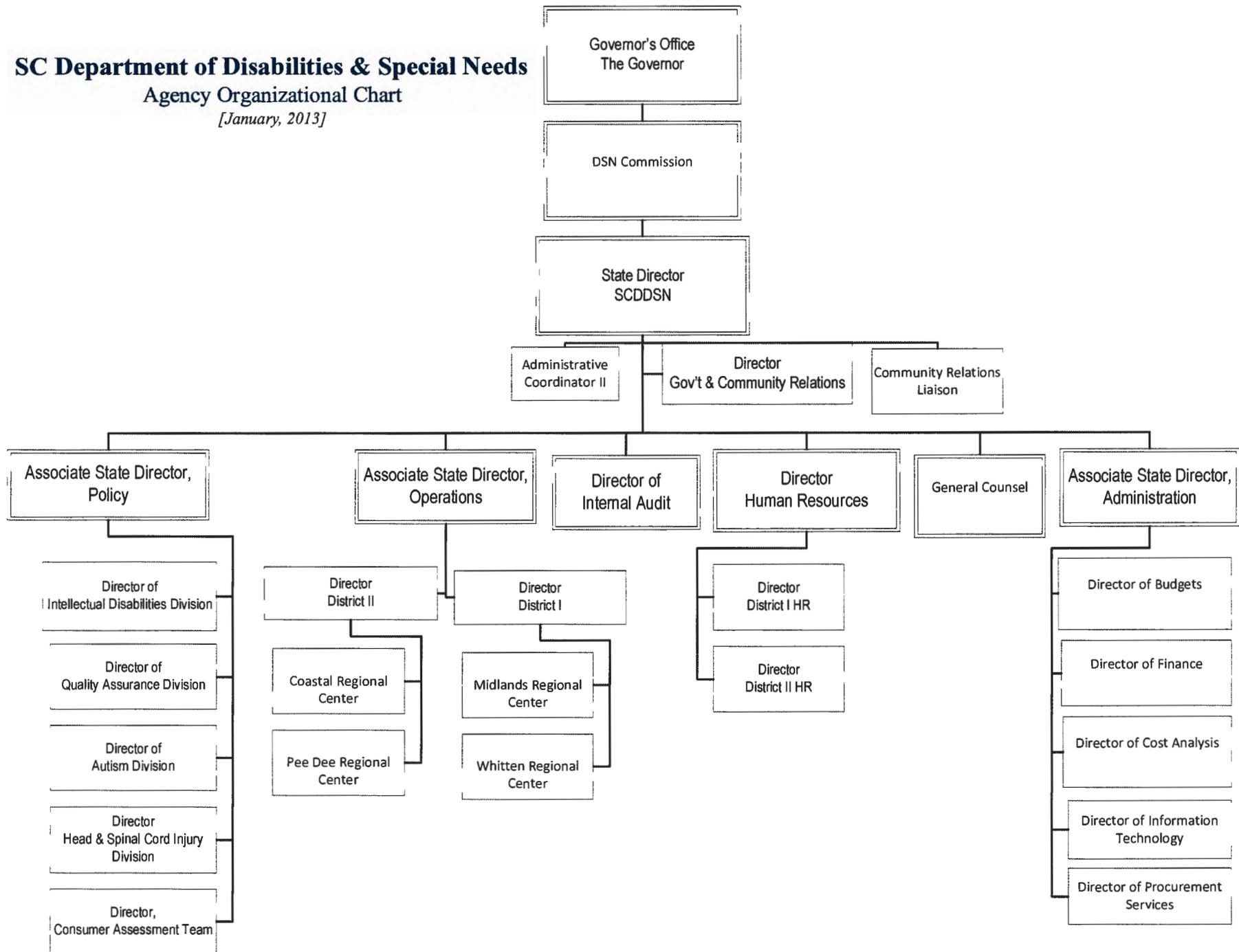
SC Department of Disabilities & Special Needs
Agency Organizational Chart
[March 2015]



SC Department of Disabilities & Special Needs
Agency Organizational Chart
[August, 2014]



SC Department of Disabilities & Special Needs
 Agency Organizational Chart
 [January, 2013]



❖ **Agency Organizational Structure**

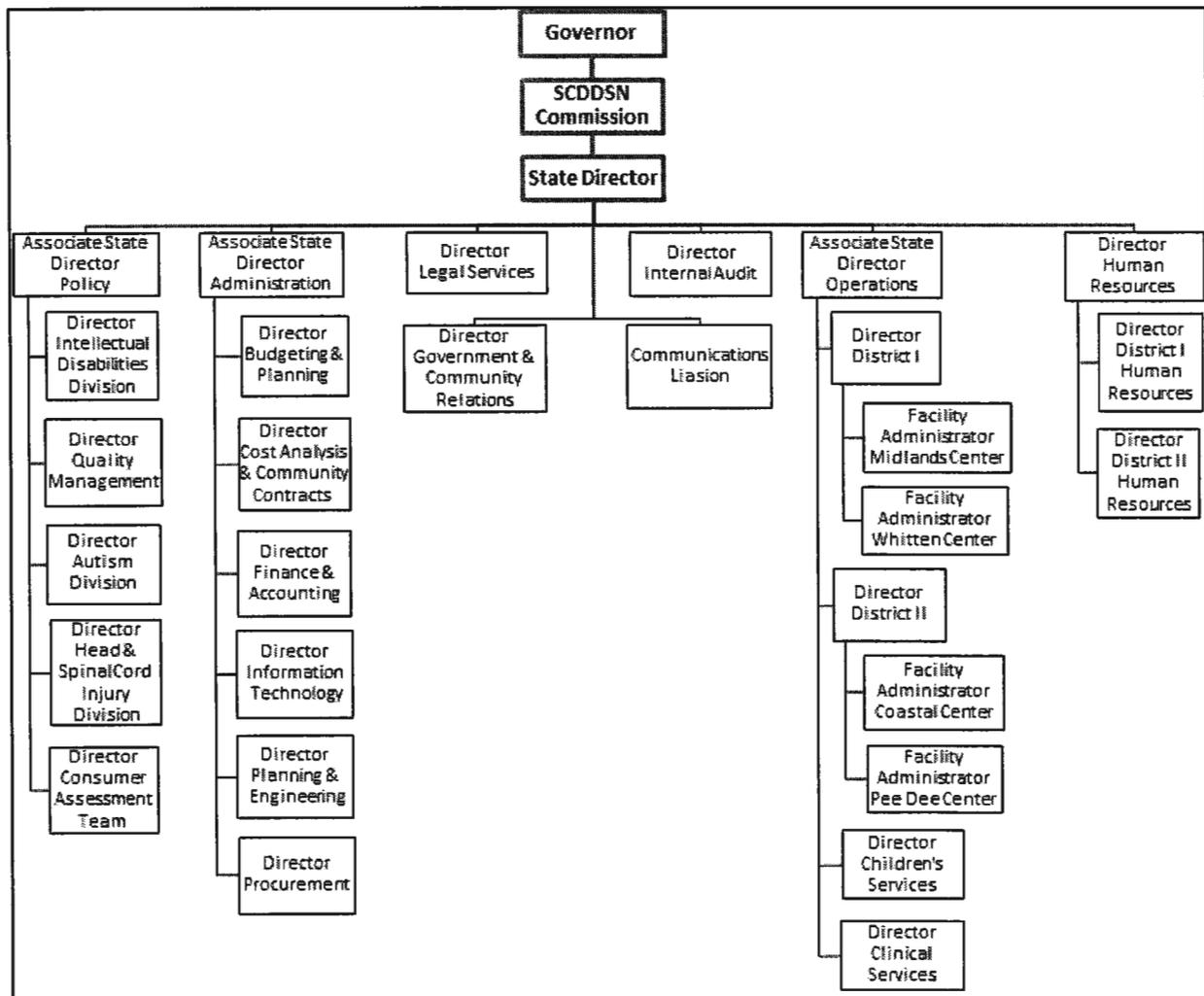
State law establishes the South Carolina Department of Disabilities and Special Needs (DDSN) as the state agency responsible to plan, develop, coordinate and fund services for South Carolinians with severe lifelong disabilities including:

- Intellectual Disabilities and Related Disabilities
- Autism
- Traumatic Brain Injury
- Spinal Cord Injury and Similar Disability

DDSN is governed by a seven member commission appointed by the Governor with the advice and consent of the Senate. Commission membership is transitioning to the new requirement of members being appointed from each of the state’s new seven Congressional districts. The commission is the agency’s governing body and provides general policy direction and guidance. The state director is the agency’s chief executive officer who has jurisdiction over all programs and services operated directly by the department and through contracts with providers and other agencies.

DDSN provides 24-hr special care for individuals with the most complex severe disabilities in the regional centers in Columbia, Charleston, Greenville, and Hartsville. DDSN also provides services through contracts with its statewide network of providers. The Department of Disabilities and Special Needs board of community providers oversees the services provided by the community providers.

**DDSN Annual Accountability Report
Fiscal Year 2012-2013**



❖ **Agency Organizational Structure**

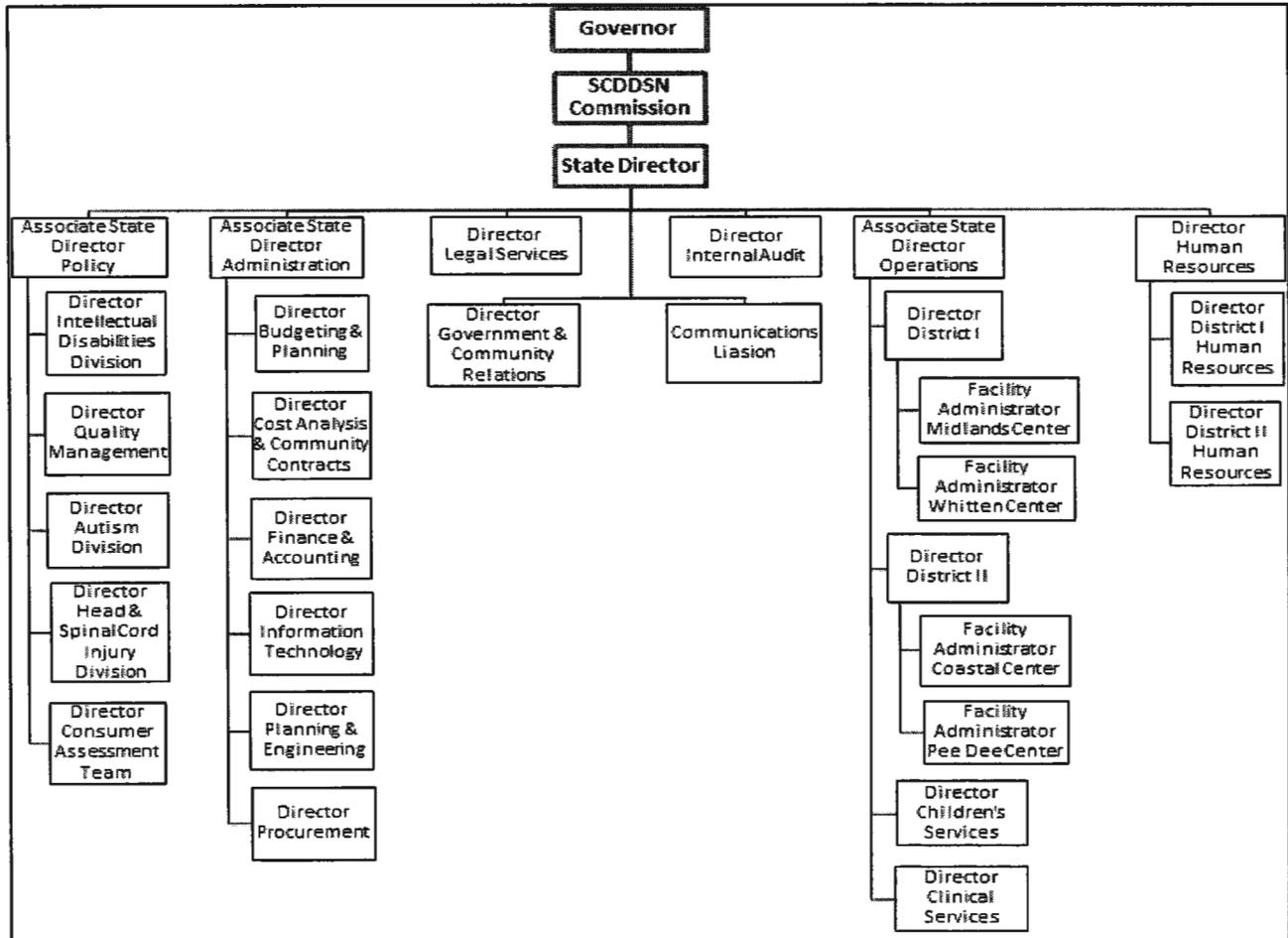
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- Intellectual Disabilities and Related Disabilities
- Autism
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- Spinal Cord Injury and Similar Disability

DDSN is governed by a seven member commission appointed by the Governor with the advice and consent of the Senate. Currently a commission member is appointed from each of the state's six Congressional districts, and one member is appointed from the state at-large. However, this will change to a seven member commission with a member appointed from each of the state's new seven Congressional districts. The commission is the agency's governing body and provides general policy direction and guidance. The state director is the agency's chief executive officer who has jurisdiction over all programs and services operated directly by the department and through contracts with providers and other agencies.

DDSN provides 24-hour residential care for individuals with the most complex severe disabilities in the regional centers in Charleston, Columbia, Florence, Greenville, Myrtle Beach, and Hartsville. DDSN also provides services through contracts with its statewide network of providers. Services are provided through contracts with providers in Disabilities and Special Needs board areas. Other qualified community providers.

**DDSN Annual Accountability Report
Fiscal Year 2011-2012**



❖ **Agency Organizational Structure**

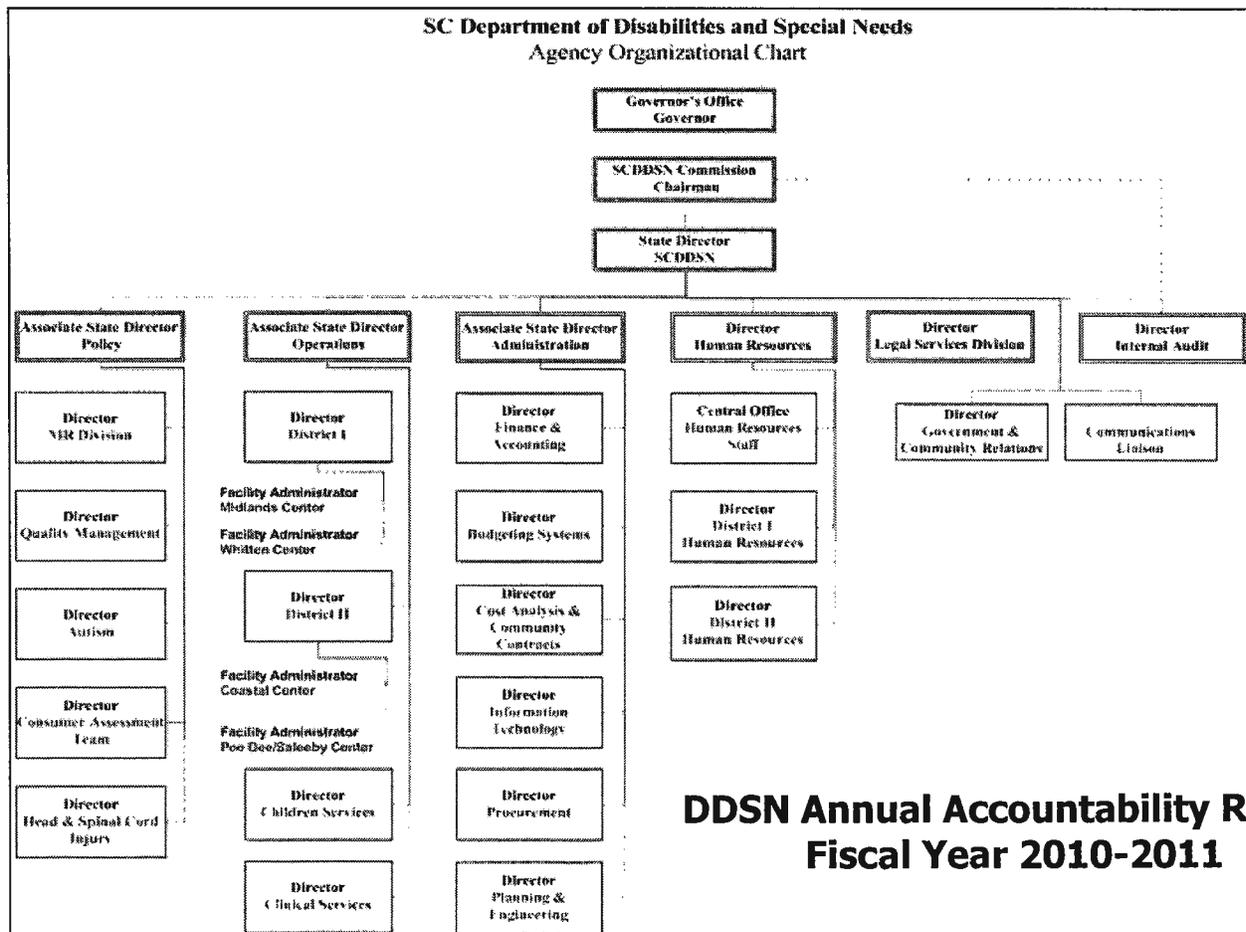
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DDSN provides 24-hour residential care for individuals with more complex, severe disabilities in regional centers, located in Columbia, Florence, Clinton, Summerville, and Hartsville. DDSN directly oversees the operations of these facilities, each of which is managed by a facility administrator.

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs boards, serve every county in South Carolina and are the local, single point of entry into the state’s organized disability service delivery system. Local DSN boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are public entities, governmental bodies in nature and combine the best aspects of public and private organizations. DSN boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide.



**DDSN Annual Accountability Report
Fiscal Year 2010-2011**

contractual compliance, personal outcome measures, consumer/family satisfaction measures, quality management, and other quality enhancement activities.

❖ **Agency Organizational Structure**

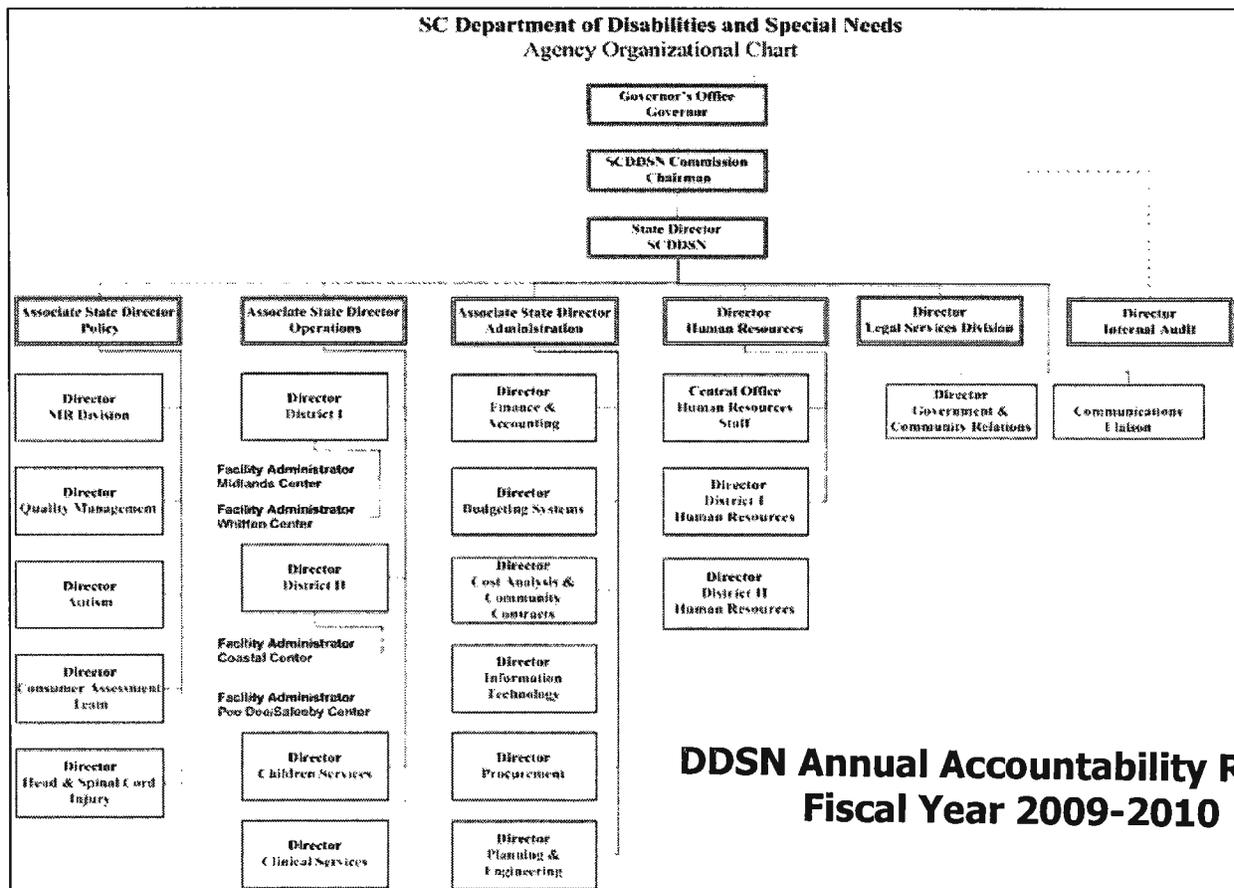
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**DDSN Annual Accountability Report
Fiscal Year 2009-2010**

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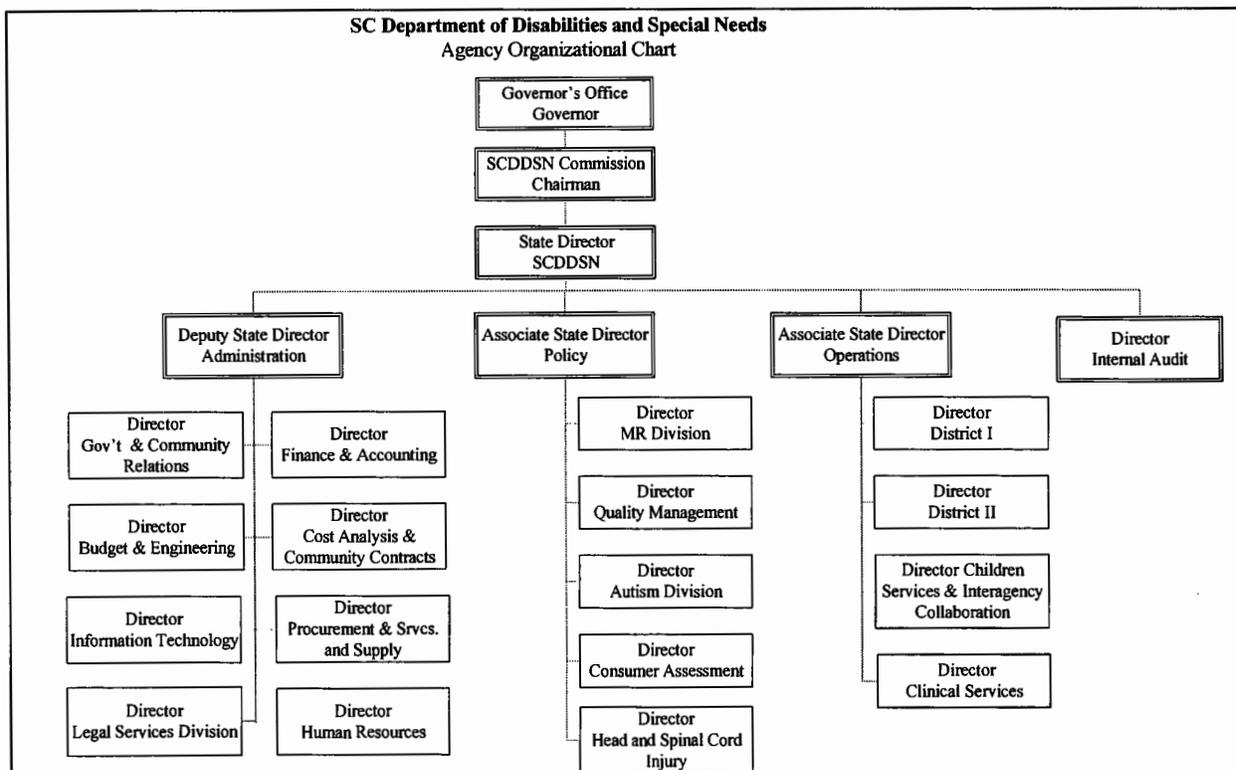
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**DDSN Annual Accountability Report
Fiscal Year 2008-2009**



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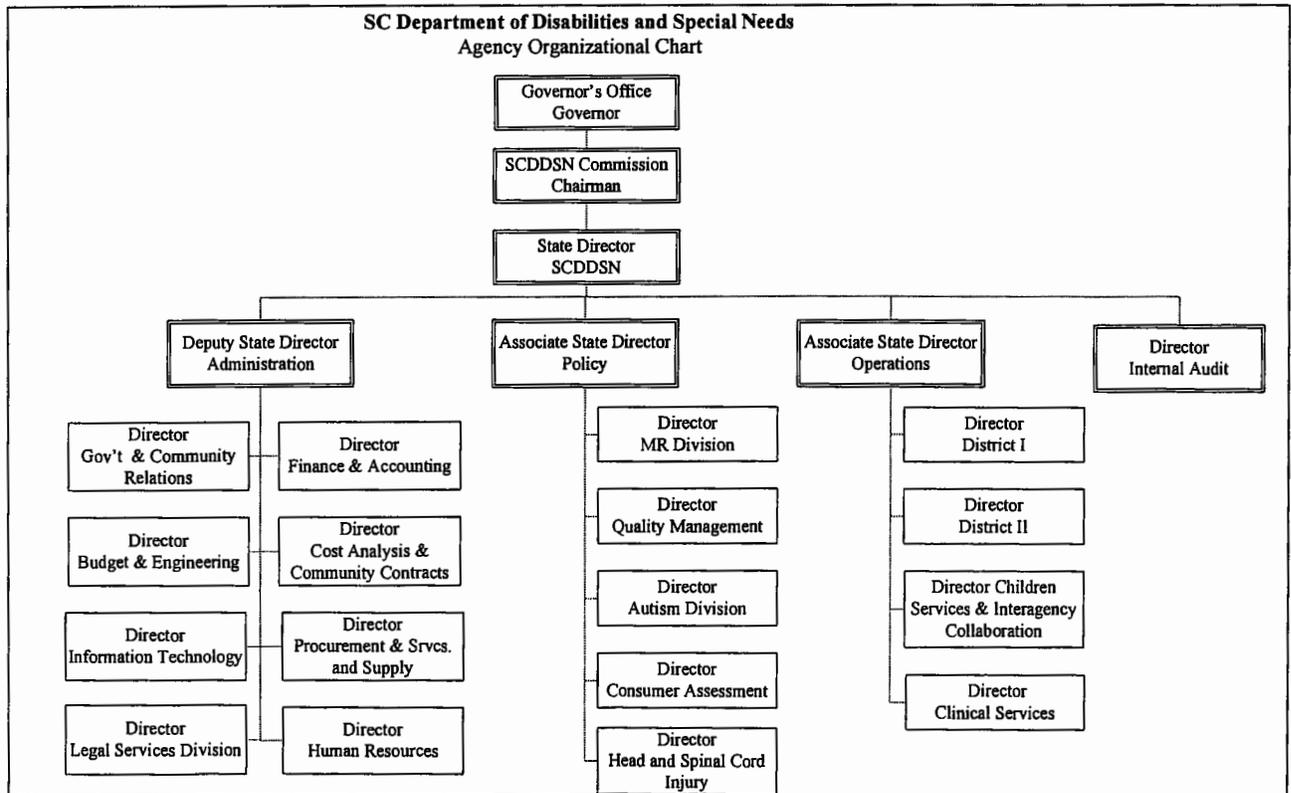
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**DDSN Annual Accountability Report
Fiscal Year 2007-2008**

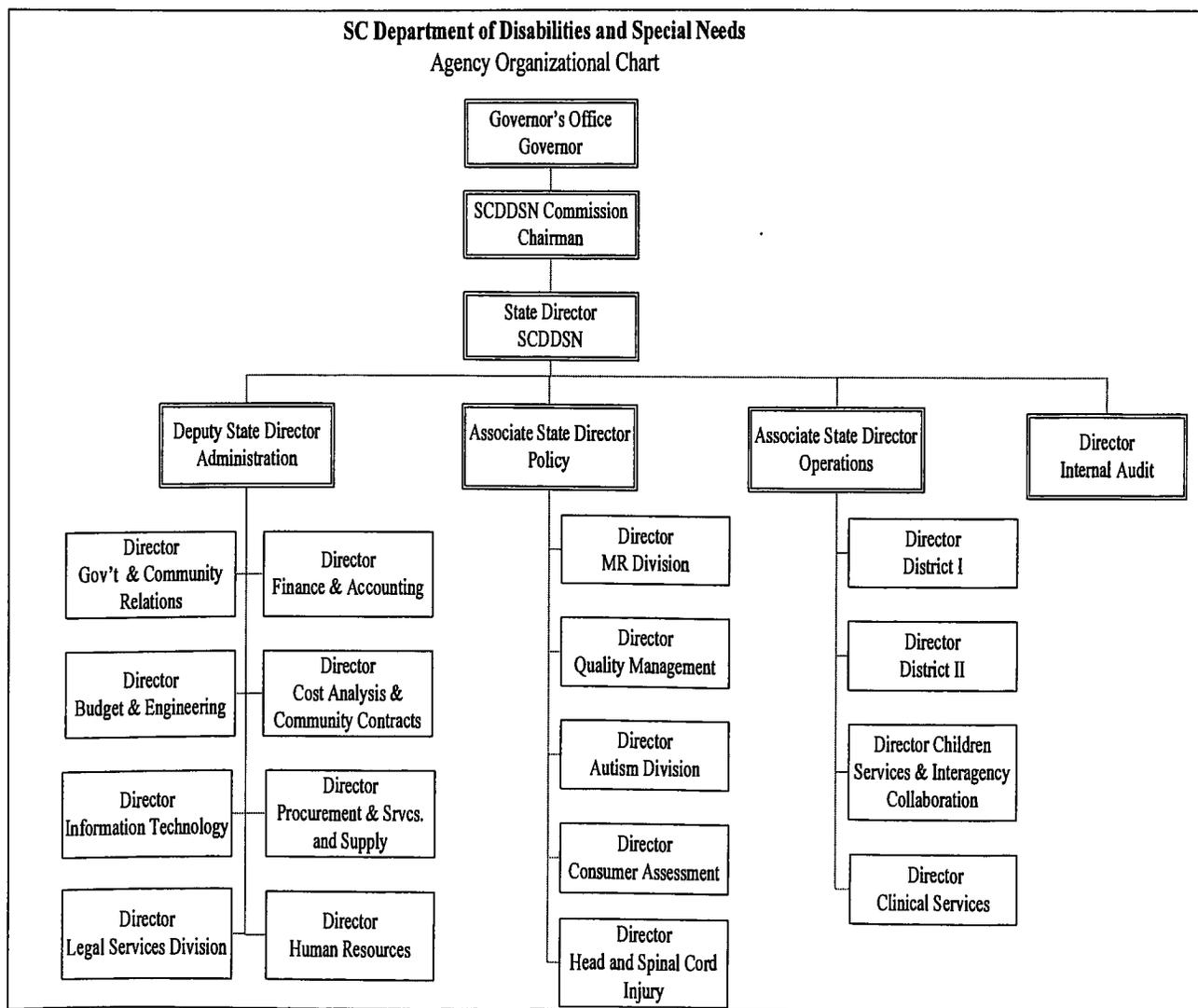


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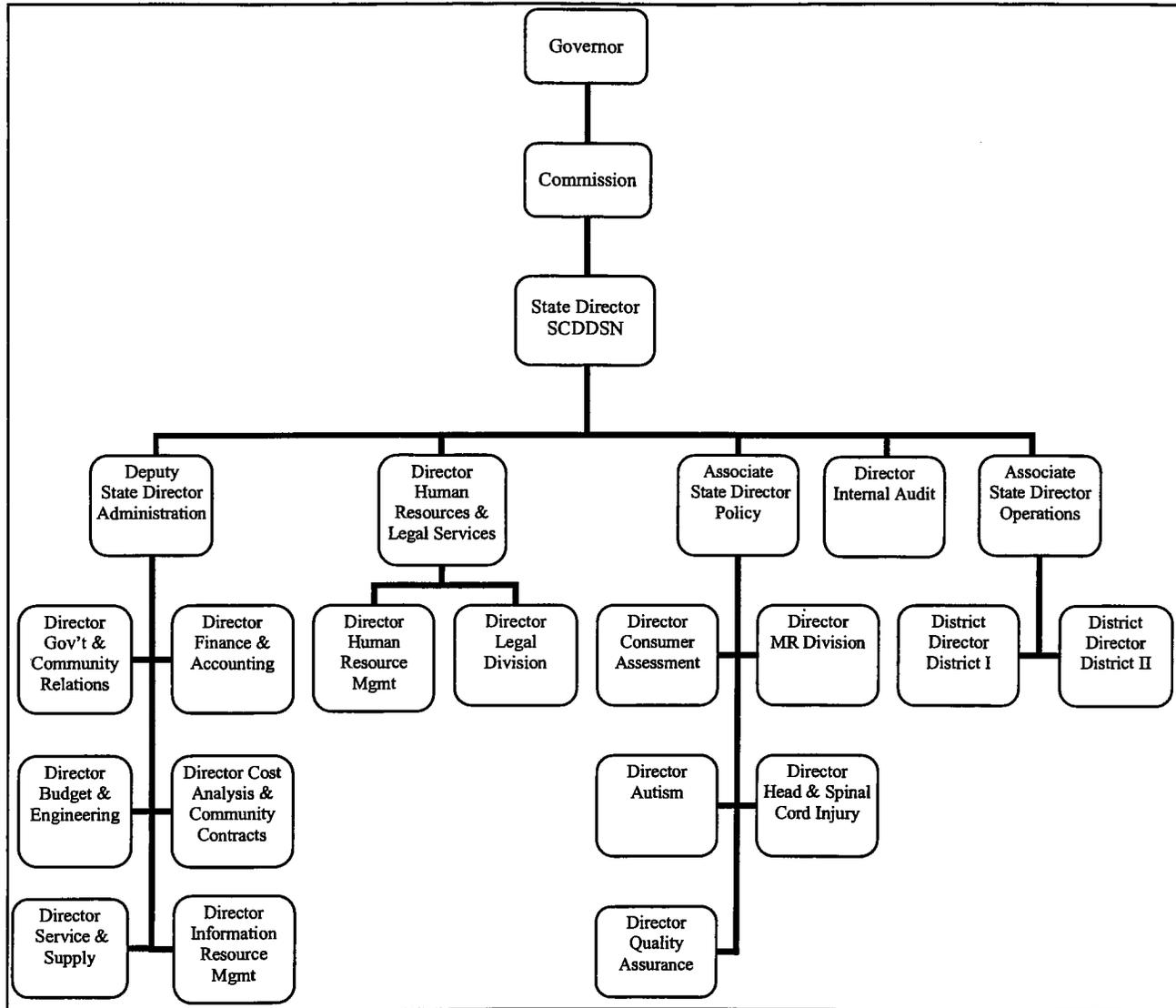
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DDSN Annual Accountability Report Fiscal Year 2006-2007



service recipients and to review and monitor services that are rendered. Consumers and family members participate in customer satisfaction surveys and face-to-face interviews to measure quality and responsiveness of services. This information is utilized in policy development and planning of service delivery.

SC Department of Disabilities & Special Needs Organizational Chart



DDSN Annual Accountability Report Fiscal Year 2005-2006

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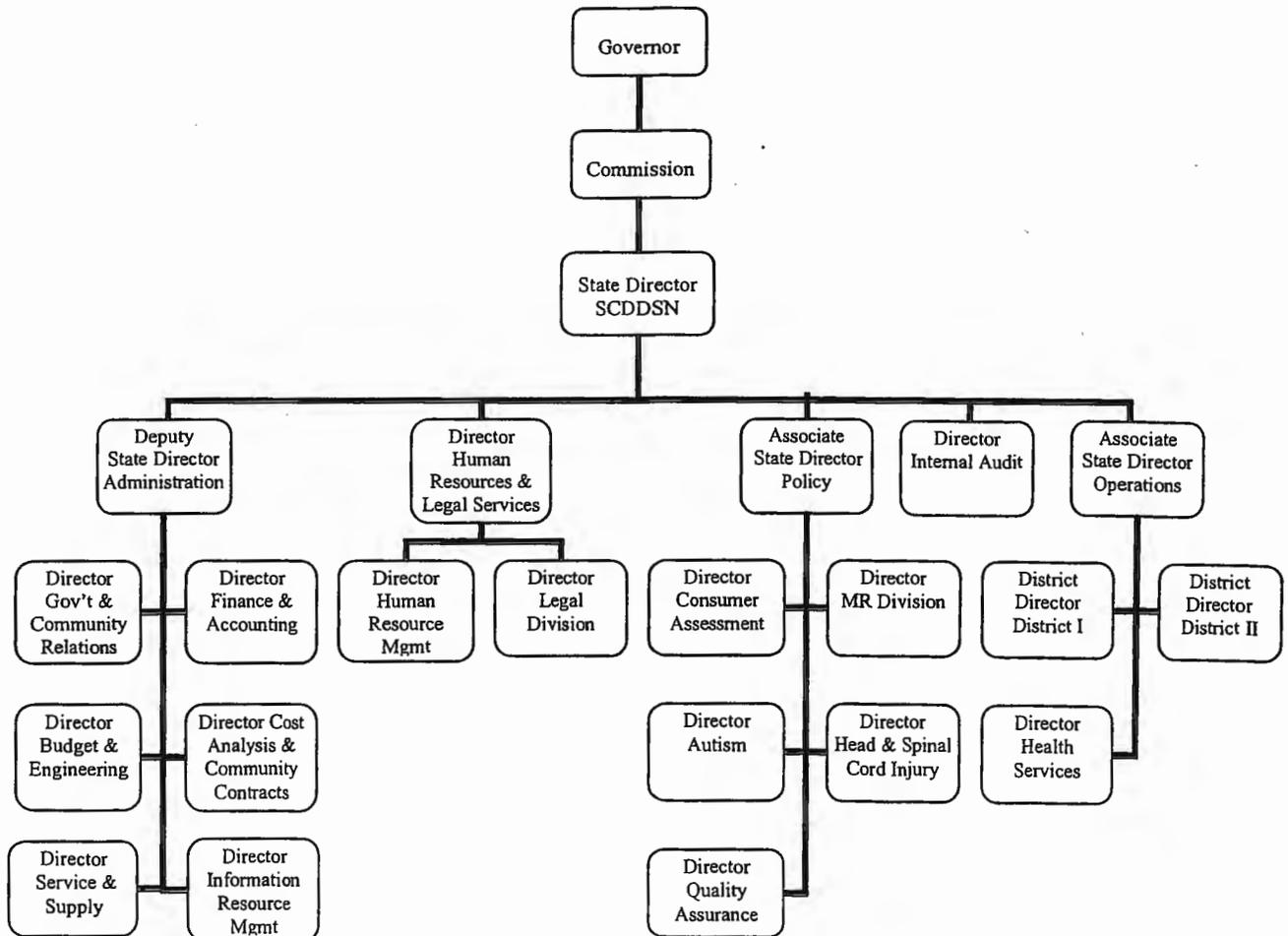
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Consumers and family members play a critical role in the service delivery system and in evaluating the effectiveness of services. Each DSN Board and regional residential center is required to have a consumer and family member participate as advocates for service recipients. Consumers and family members participate in quality and responsiveness reviews, interviews to measure service quality and development and planning of services.

DDSN Annual Accountability Report Fiscal Year 2004-2005

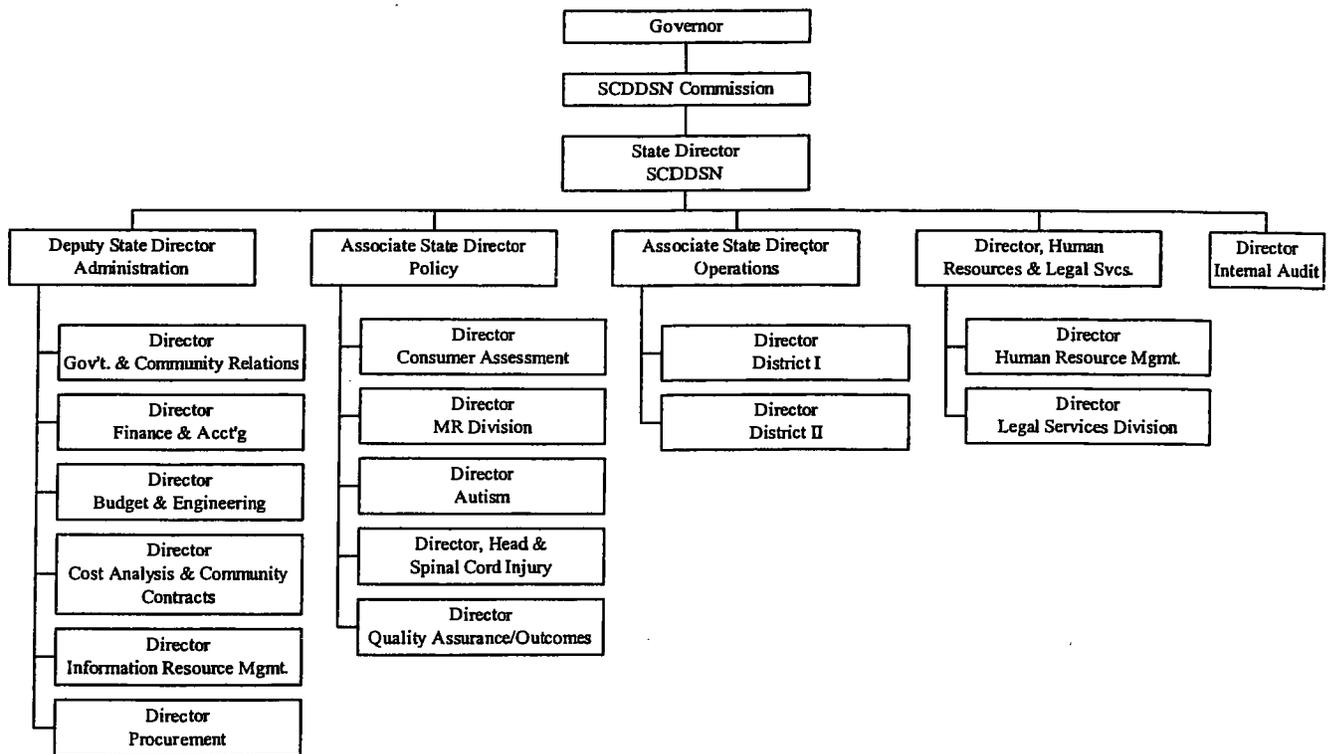
SC Department of Disabilities & Special Needs Organizational Chart



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SC Department of Disabilities & Special Needs Agency Organizational Chart



SCDDSN - June 2, 2003

DDSN Annual Accountability Report Fiscal Year 2003-2004

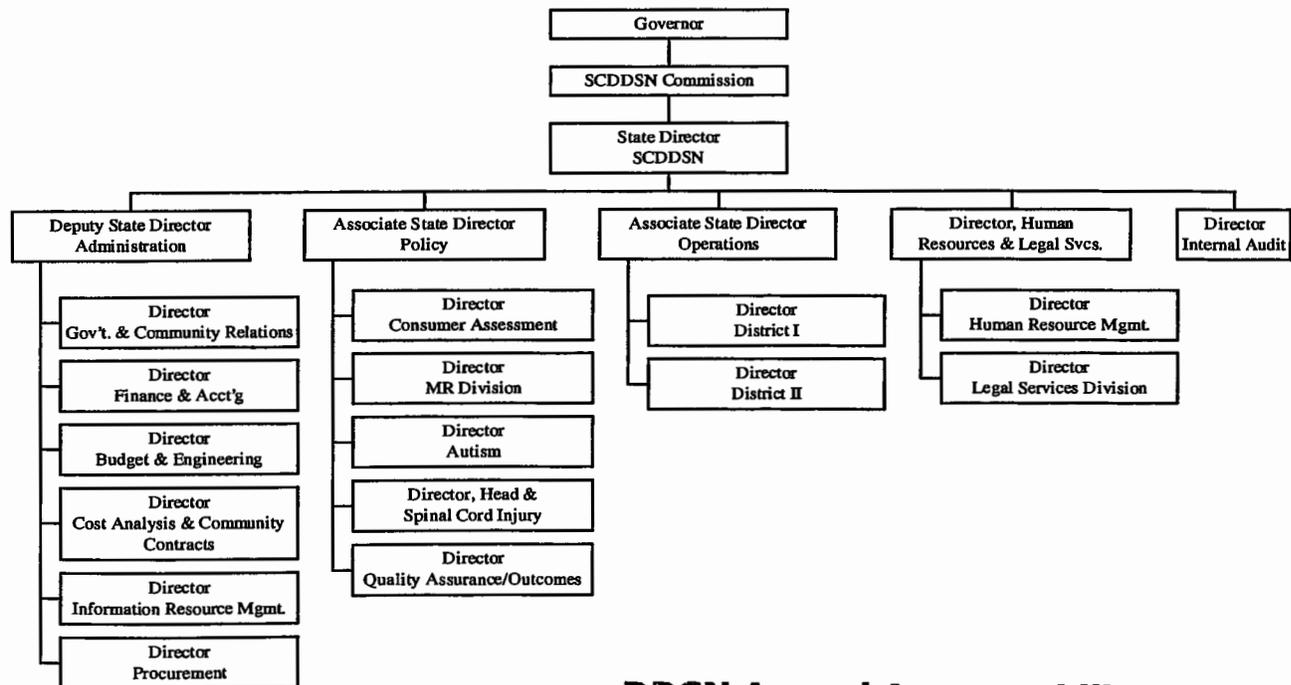
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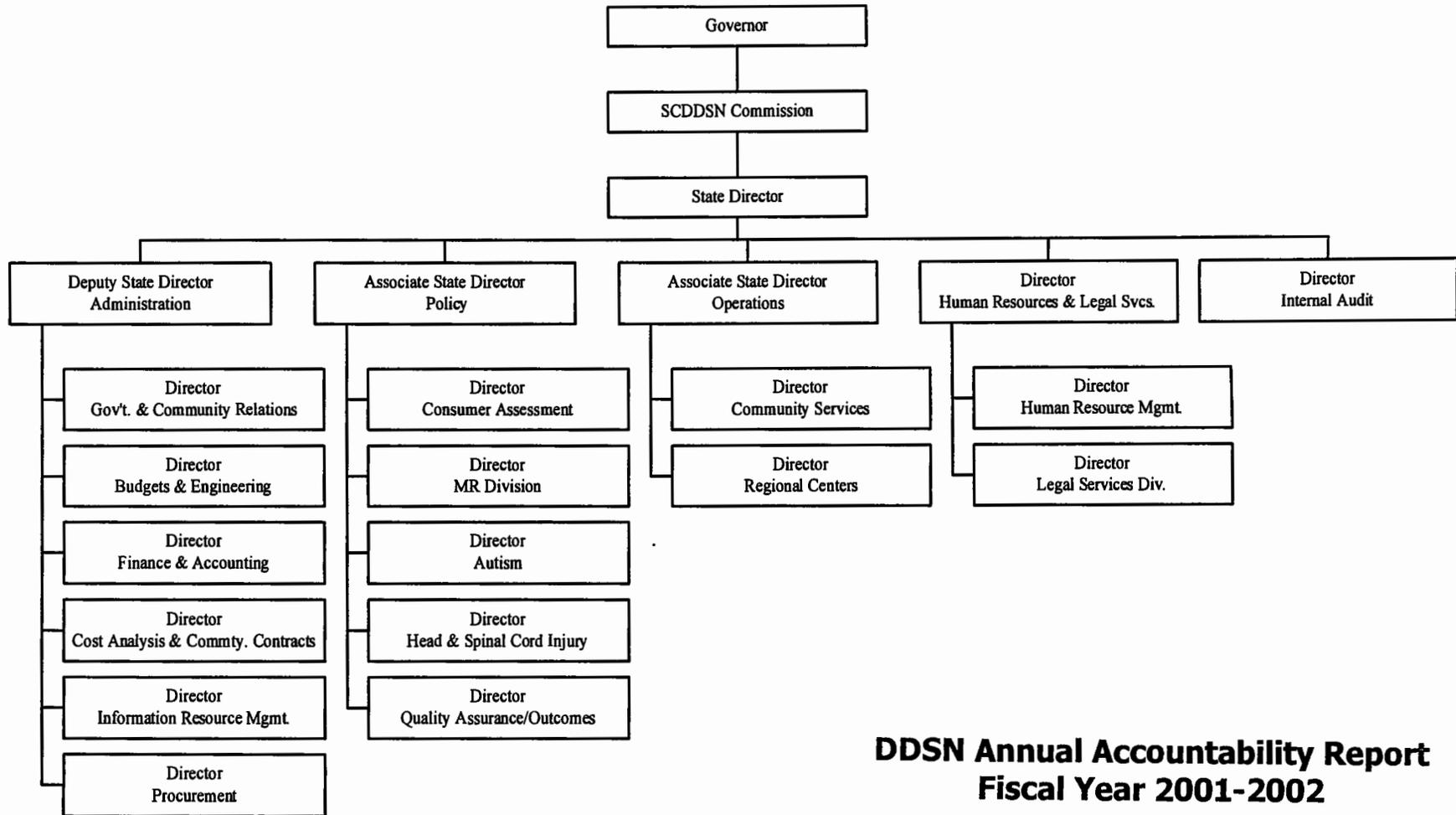
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**SC Department of Disabilities & Special Needs
Agency Organizational Chart**



**DDSN Annual Accountability Report
Fiscal Year 2002-2003**

**SC Department of Disabilities and Special Needs
Agency Organizational Chart**



**DDSN Annual Accountability Report
Fiscal Year 2001-2002**

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS GLOSSARY OF FREQUENTLY USED TERMS

► **ABLE ACT (Achieving a Better Life Experience Act):** The ABLE Act amends Section 529 of the Internal Revenue Service Code of 1986 to create tax-advantaged savings accounts for individuals with disabilities. These tax-advantaged savings accounts can be used to cover qualified disability expenses such as, but not limited to, education, housing and transportation. The bill supplements, but does not replace, benefits provided through private insurances, the Medicaid program, the Supplemental Security Income program, the beneficiary's employment and other sources.

► **Accessible:** Activity or place capable of being reached by individuals with disabilities.

► **Accommodation:** A change or adjustment to the home, work or community environment which permits an individual with a disability to have access and fully participate in daily living and community activities.

► **Activities of Daily Living (ADL):** Tasks essential to performance of routine self-care functions, such as dressing, bathing, eating, toileting, and transferring.

► **Adaptive Behavior:** Ability of an individual to meet the standards of maturation, learning and personal independence that are expected based on normative standards for age, cultural background, and experience through skills or the ability to adjust ones behavior necessary to compensate for health, motor or sensory deficits.

► **Advance Directives:** A written document stating how a person wants medical decisions to be made if he/she loses the ability to make them for themselves. It may include a Living Will and a Durable Power of Attorney for health care.

► **Advocate:** Person who has been designated by an individual or an individual's legal representative to speak on the individual's behalf and help the individual understand and make informed choices in matters related to identification of needs and choices of supports and services.

► **Americans with Disabilities Act of 1990 (ADA):** Federal legislation which guarantees equal opportunity for individuals with disabilities in public accommodations, employment, services and telecommunications.

► **Appeal:** An appeal is a request for a review of a decision to a person or institution with the authority to judge, adjudicate on, or determine claims or disputes.

► **Assisted Living:** A type of living arrangement in which personal care services such as meals, housekeeping, transportation, and assistance with activities of daily living are available as needed to people who still live on their own in a licensed setting. In most cases, the "assisted living" residents pay a regular monthly rent. Then, they typically pay additional fees for the services they get.

► **Assistive Technology (AT):** Any item, piece of equipment or product that is used to assist, maintain or improve functional capabilities of an individual.

► **At-Risk Child (ARC):** An eligibility category which includes children from age three (3) (36 months) to age six (6) whose diagnosis of an intellectual disability or a related disability remains unclear. It may still be too early to confirm a diagnosis of an intellectual disability at this age range since developmental delays evidenced during the preschool years may still not be good predictors of later cognitive and adaptive functioning.

► **Authorization to Release/Obtain Information:** The form which consumer/legal guardians must sign to give permission for Case Managers or providers to release/obtain confidential information about them to/from other agencies or professionals.

► **Autism Spectrum Disorder:** Abnormal or impaired development in social interaction and communication, as well as markedly restricted, repetitive and stereotyped patterns of behavior, interests and activities.

► **Baby Net:** South Carolina's IDEA Part C interagency early intervention program for infants and toddlers under three (3) years of age with developmental delays or conditions associated with developmental delays. SC First Steps to School Readiness is the Baby Net lead agency until July 2017 when it moves to the South Carolina Department of Health and Human Services (DHHS). Children may be eligible for Baby Net if they are learning or developing slowly. Early Intervention services are based upon the child's needs and may include physical therapy, occupational therapy, speech therapy, assistive technology, special instruction and/or case management.

► **Behavioral Health:** The mental/emotional well-being and/or actions that affect emotional wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.

► **Caregiver:** A person who helps care for someone who is ill, disabled, or aged. Some caregivers are relatives or friends who volunteer their help. Some people provide care giving services for a cost.

► **Case Management:** A service provided by a case manager including the assessment, planning, referral and linkage to community services and supports.

► **Case Record:** The file in which providers keep all relevant information concerning a consumer. The Case Management case record is considered to be the primary record for consumers served by DDSN. All information as required by the Case Management Standards must be maintained in this record. Other records are also maintained by each service provider. When the primary case record becomes too big or contains massive information, it can be purged and a back-up file started to retain the information.

► **Case Open Date:** The date an applicant is screened in for DDSN services and first chooses a Case Management provider. Once the case is “opened”, as signified by the case open date, the process to establish eligibility for DDSN services begins.

► **Centers for Medicaid and Medicare Services (CMS):** Federal agency within the U.S. Department of Health and Human Services responsible for administering the Medicare and Medicaid programs. CMS assures that states properly administer national health care programs, establish policies for paying health care providers, conduct research on the effectiveness of various methods of health care management, assess the quality of health care facilities/services and take enforcement actions as appropriate.

► **Certificate of Medical Necessity:** A form required by Medicaid/Medicare authorizing the use of certain durable medical items/equipment (DME) prescribed by a physician. This form is to be completed by a doctor or the doctor's employee. The provider of the DME will coordinate with the person's doctor to see that all the necessary information is submitted to Medicare. A change in prescription and/or a change in the person's condition require that an updated certificate be completed and submitted.

► **Choice:** Having the power, right, and liberty to make a decision. Choice will be offered to all individuals/legal guardians when being served by DDSN. Choice will be given when selecting services, providers, residential setting, place of employment, and in any other area of an individual's life. Choices are offered regarding DDSN services within available resources and from a list of qualified providers. The qualified provider list consists of organizations or agencies that are qualified to provide DDSN-funded services to service recipients. This Qualified Provider List includes names of providers, types of services offered, types of disabilities served, ages served and counties in which the services are provided. All providers listed may not offer services for all ages or in all counties. Each organization on this list must meet the federal, state, and DDSN requirements for quality and safety to become a provider of DDSN supports and services.

► **Circle of Support:** A group of people chosen by the consumer and/or family, who assist the consumer to develop, implement and monitor the Plan. Members of a Circle of Support usually include family, friends, co-workers, neighbors, church members, teachers, the Case Manager and others who know or work closely with the consumer. The Circle members agree to meet on a regular basis to help the consumer identify and achieve personal aspirations and goals. Members of the Circle participate because they care about the individual and want to work together to help overcome obstacles and open doors to new opportunities.

► **Civil Rights:** The protections and privileges of personal liberty given to all citizens by law (i.e., rights that are specifically guaranteed by federal and state laws and that are equally available to each individual).

► **Claim:** A claim is a request for payment for services rendered to an eligible program participant or beneficiary.

► **Community Inclusive Residential Supports (CIRS):** The CIRS residential service model promotes development and independence in people with disabilities by working with staff members, the individuals, and families to create a customized plan to transition from a 24-hour

supervised setting to a semi-independent living arrangement. Persons with disability are the focus – they choose where they live, with whom they live, and which support staff work with them in their new home.

► **Community Residential Care Facilities (CRCF):** A facility licensed by DHEC which offers room and board and provides/coordinates a degree of personal assistance for two (2) or more individuals, who are at least 18 years old, and who are not related to the licensee. It is designed to accommodate individual residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence and safety, and encourage family and community involvement. It offers a beneficial and protected environment specifically for individuals who have mental illness or intellectual disabilities. A CRCF offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. There are private CRCFs (“Boarding Homes”) in many communities. DDSN also contracts with qualified providers to operate CRCFs.

► **Community Training Home I Model (CTH I):** A licensed residential setting offered by DDSN where personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a private home. Caregivers are employed by or independently contracted with contracted qualified providers.

► **Community Training Home II Model (CTH II):** A residential setting offered by DDSN which offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision, and skills training are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each licensed residence.

► **Competency:** Has to do with an individual’s ability to understand critical information and to make decisions for himself or herself. The following describes different categories or competency:

- **Competent to stand trial:** This type of competency is determined through Criminal Court and implies that an individual understands charges that are made against them, has an understanding of right and wrong, and is able to assist in their own defense.
- **Legally Competent:** This type of competency implies that an individual is qualified and able to make decisions on their own regarding their well-being in areas such as residential placement, financial, medical, etc. All individuals, including those with intellectual disabilities, automatically become legally competent at the age of 18, unless declared legally incompetent through Probate Court.
- **Legally Incompetent:** This type of competency is determined through Probate Court and implies that an individual is not qualified or able to make important decisions regarding their well-being on their own. Individuals who are declared legally incompetent must have a legal guardian appointed to oversee their wellbeing and make decisions on their behalf.

► **Competitive Employment:** Employment in which an individual is compensated at or above the minimum wage and is employed on a full-time or part-time basis in an integrated and competitive labor market.

► **Confidentiality:** A guarantee that personally identifiable information about an individual or family remains private and may only be shared among agencies with the written permission of the individual/legal guardian.

► **Conflict Free Case Management (CFCM):** Medicaid providers of home and community based services (HCBS), which include waiver services, or those who have an interest in, or are employed by a provider of HCBS must not provide case management or develop the person centered service plan. A potential conflict of interest exists in assuring and honoring free choice, overseeing quality and outcomes, and the fiduciary relationship when the same entity helps individuals access services and provides those services.

► **Conflict of Interest:** A real or seeming incompatibility between one's private interest and one's public or fiduciary duties.

► **Conservator:** A person appointed by a judge to look after the money of an individual who cannot look after it himself/herself. The conservator might handle the Social Security Income and checking account of an individual, as well as any money the individual might earn or inherit. The same person can be both a guardian and conservator.

► **Consumer:** The individual with an intellectual disability or related disability, Autism Spectrum Disorder or Head and Spinal Cord Injury who is served through DDSN. Other terms are also used to refer to the consumer such as: person, individual, primary customer, client, etc.

► **Consumer Choice:** Right of the consumer, legal guardian, or responsible party to choose supports and services from a range of service options to meet the diverse and personalized needs of an individual. The degree to which individuals have choice must go beyond the range of service choices and include opportunities for individuals to decide when, where, how and who will provide supports and services.

► **Continuing Care Retirement Community (CCRC):** A private housing community that provides different levels of care based on what each resident needs over time. This is sometimes called "life care" and can range from independent living in an apartment to assisted living to full-time care in a nursing home. Residents move from one setting to another based on their needs but continue to live as part of the community. Care in CCRCs is usually expensive. Generally, CCRCs require a large down payment and charge monthly fees.

► **Direct Services:** Active services provided to the individuals.

► **Dual Eligible:** An individual meeting eligibility criteria for both Medicaid and Medicare programs.

► **Due Process:** The idea or principle that all laws and legal proceedings as well as agency policies and procedures must be fair and fairly enforced. Specifically, the right of all persons to receive the guarantees and safeguards of the law and judicial process. In the DDSN service

delivery system, this means that people receiving services have the right to receive guarantees and safeguards concerning services funded by the State and Federal government. Examples of DDSNs internal mechanisms for due process are Human Rights Committees, service level and eligibility determination appeals and employee grievance rights.

► **Durable Medical Equipment:** Purchased or rented items such as hospital beds, ventilators, oxygen equipment, seat lift equipment, wheelchairs, and other medically necessary equipment prescribed by a health care provider that is suitable and appropriate to be used in a person's home.

► **Early Intervention (EI):** Provides an array of family-focused, in-home services for children with an intellectual disability or related disability from birth to age six. Early Interventionists help families understand their child's development and assist in providing therapeutic intervention and special instruction services. Early Intervention services are provided in the child's own home or in the child's natural environment.

► **Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** A comprehensive child health program funded by the Department of Health and Human Services (DHHS) through the Medicaid State Plan to children under the age of 21 years to reduce the impact of childhood health problems by identifying, diagnosing and treating health problems early.

► **Education of All Handicapped Children Act (EHA):** Landmark 1975 legislation that required education for all students with disabilities and introduced the terms Individualized Education Program (IEP), Least Restrictive Environment, Free Appropriate Public Education, and the multi-factored Evaluation to Education.

► **Employment First:** Assumes that individual integrated employment at or above minimum wage is the preferred outcome for working age adults, regardless of disability. This assumption should be the foundation for assessment and planning for individuals receiving services through DDSN.

► **Empowerment:** Education and practices aimed at transferring power to or strengthening individuals and groups.

► **Family Support Plan (FSP):** Plan of care form used for children age three (3) to their sixth (6th) birthday receiving Early Intervention services.

► **Fee for Service Medicaid:** Referred to often as "regular Medicaid" where a beneficiary can go to any provider that takes Medicaid. The provider charges a fee for each service and, in turn, bills Medicaid directly for each service rendered.

►

► **Financial Manager:** The agency in each county that is responsible to manage and disseminate all funds for consumers.

► **Free Appropriate Public Education (FAPE):** The requirement, introduced by EHA of 1975, which requires schools to provide an education relevant to the needs of students with disabilities at no cost to families. The courts have generally stated that appropriateness does not mean optimal, only that the student is progressing at a reasonable rate.

► **Funding Bands:** The funding system used by DDSN to finance most services provided to individuals.

► **Guardian Ad Litem:** A Guardian Ad Litem is a person that is the guardian for an individual who is involved in a trial or hearing. The way the law works, the judge has to assume that a child, an individual with an intellectual disability or a related disability, or a person in jail needs a temporary guardian to speak for them. The Guardian Ad Litem may not actually be needed, but the individual is entitled to one. The Guardian Ad Litem can be very useful for making phone calls and checking on court schedules. The Guardian Ad Litem's job ends when the trial or hearing is over.

► **Habilitation:** Maintaining and/or increasing an individual's skills.

► **HASCI:** The acronym for **Head and Spinal Cord Injury**, as in the DDSN HASCI Division and HASCI Waiver.

► **High-Risk Infant (HRI):** A DDSN eligibility category which includes children from birth to 36 months of age who are at a substantially greater risk for a developmental disability than the general population due to their genetic, medical or environmental history.

► **Health Insurance Portability & Accountability Act (HIPAA):** A law passed in 1996 which is also sometimes called the "Kassebaum-Kennedy" law. This law expands your health care coverage if you have lost your job, or if you move from one job to another. HIPAA also protects you and your family if you have: pre-existing medical conditions, and/or problems getting health coverage, and you think it is based on past or present health. The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. The HIPAA Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.

HIPAA also:

- limits how companies can use your pre-existing medical conditions to keep you from getting health insurance coverage;
- usually gives you credit for health coverage you have had in the past;
- may give you special help with group health coverage when you lose coverage or have a new dependent; and
- generally guarantees your right to renew your health coverage.

HIPAA does not replace the states' roles as primary regulators of insurance.

► **Health Maintenance Organizations (HMO):** A type of Medicaid/Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to give health care to Medicaid/Medicare beneficiaries for a set amount of money from Medicaid/Medicare every month. Beneficiaries must get his/her care from the providers in the plan.

► **Home and Community-Based Service (HCBS) Waiver Programs:** Home and Community Based Service Waiver programs are the Medicaid alternative to providing long-term care services in institutional settings. If a person qualifies, each person chooses whether services are provided in their homes and communities versus in an institutional setting. States may offer a variety of services to people under a Home and Community Based Service Waiver program. These programs may provide a combination of both traditional medical services (i.e. dental services, skilled nursing services) as well as non-medical services (i.e. respite, case management, and environmental modifications). DDSN operates four Home and Community Based Service Waiver programs: The Intellectual Disability/Related Disabilities (ID/RD) Waiver, Community Supports (CS) Waiver, Head and Spinal Cord Injury (HASCI) Waiver, and the Pervasive Developmental Disorder (PDD) Waiver.

► **Home and Community Based Settings Final Rule (Commonly Referred to as the Final Rule):** In January 2014, the Centers for Medicare/Medicaid Services (CMS) issued the new Final Rule for Home and Community Based Settings which more clearly defines the definition of community inclusion. This rule, which went into effect in March 2014, requires states to transform their service delivery systems to be more community inclusive and rely less on segregated service settings. The rule applies across all populations served in CMS Home and Community Based Service systems, including the elderly, those with physical disabilities, mental illness, intellectual and related disabilities, and people with Autism Spectrum Disorder.

► **Hospice Care:** A special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. Hospice care is covered by Medicaid or under Medicare Part A (Hospital Insurance).

► **Human Rights:** Human rights are international moral and legal norms that aspire to protect all people everywhere from severe political, legal, and social abuses. Examples of human rights are the right to freedom of religion, right to freedom of speech, the right to be treated with dignity and respect, etc.

► **Human Rights Committee:** The role of a Human Rights Committee is to safeguard and protect the rights of people receiving services and to ensure that they are treated with dignity and respect in full recognition of their rights. S.C. Code Ann. §44-26-70 (Supp. 2010) relating to the rights of people receiving services from DDSN requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. DDSN Autism Division operated programs, may utilize an existing Human Rights Committee of a DSN Board or of a Regional Center or it may establish its own Committee. The regulations governing Intermediate Care Facilities for Persons with Intellectual Disabilities require the establishment of a specially constituted committee which functions as a Human Rights Committee to review, approve, and monitor programs to manage inappropriate behavior and other programs that involve risk to protection and rights. Policies and procedures of this directive are applicable to

these specially constituted Committees. (DDSN Directive 535-02-DD: Human Rights Committee)

► **Impairment Related Work Expense (IRWE):** Certain expenses for things an individual with a disability needs because of his/her impairment in order to work which may be deducted from gross earnings when determining eligibility for SSDI or SSI.

► **Inclusion:** The process of including individuals with disabilities in the activities and environments of other people without disabilities.

► **Independent Living:** Living in one's own home or apartment in the community. Independent living does not mean that an individual is completely independent in all Activities of Daily Living and/or community living skills. Supports and services may need to be in place for some individuals in order to live independently in the community.

► **Individual Family Support Plan (IFSP):** The service plan process/completed service document for a child aged birth to three (3) years and his/her family when receiving Early Intervention services. The planning process involves a joint effort between parents and specialists. The written document lists the early intervention services a child needs in order to grow and develop and services the family needs to help the child grow and develop.

► **Individual with Disabilities Education Act (IDEA):** An updated version of the Education of All Handicapped Children's Act (EHA) which required the statement of needed transition services as part of the IEP in 1990.

► **Individualized Education Program (IEP):** The written plan documenting eligibility, programs and services for special education students.

► **Integration:** In the disability context, the process of including individuals with disabilities in the environments, activities and social networks of other people. Sometimes used interchangeably with the term "inclusion".

► **Intellectual Disability:** A condition with an onset during the developmental period in which an individual demonstrates significantly below-average intellectual functioning (a valid IQ of 70 or below), and has concurrent deficits in adaptive functioning in at least two areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.

► **Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID):** An institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or habilitation of people with intellectual disabilities or with related conditions; and provides, in protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help each individual function at his/her greatest ability. (Note: An institution is defined as an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more individuals unrelated to the proprietor). An ICF/IID primarily provides health-related care and services

above the level of custodial care to people with an intellectual disability or a related disability but does not provide the level of care available in a hospital or skilled nursing facility.

► **Life Planner:** The role of a Life Planner is to help identify a person's life expectations, set goals, and develop a plan of action to achieve those goals. All Life Planners must undergo specialized training, demonstrate competency in a variety of skills and meet other DDSN qualifications to be placed on an approved list of providers. A Life Planner may be independent (contract with DDSN) or agency-based (work for a local board or provider organization). Individuals and/or family members choose a Life Planner from a list of options and there is no cost to the individual or family for the service.

► **Least Restrictive Environment (LRE), also referred to as Least Restrictive Setting:** An environment in which services are delivered with minimum limitation, intrusion, disruption or departure from typical patterns of living available to individuals without disabilities; which do not subject an individual or others to unnecessary risks to health or safety; and which maximize the individual's level of independence, productivity and inclusion in the community.

► **Legal Guardian:** A person appointed by a judge to look after an individual who cannot look after himself/herself (i.e., who is legally incompetent). The guardian makes all decisions and signs all documents for the individual concerning any medical treatment or placement. If an individual has a legal guardian, documentation from the court should be obtained, if available, for the individual's file. For children under age 18, their parent(s) are considered to be the legal guardian unless the parents' rights have been terminated or the parents are deceased.

► **Level of Care (LOC):** An assessment of an individual's disability and treatment needs required for Medicaid reimbursement. The Level of Care assessment must demonstrate that an individual requires the degree of care provided in an institution.

► **Long-Term Care:** A variety of services that help people with health or personal needs and activities of daily living over a period of time. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. DDSN offers long term care services through four different Home and Community Based Waiver programs (for example, services provided in the home/community such as residential habilitation, day program services, personal care, nursing services, respite, etc.) and in facilities (Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)).

► **Mainstreaming:** A term that was used widely in the 1970's to refer to the practice of placing students with disabilities in the regular education curriculum. This term lost favor when it was found that many students were being placed in regular classes without needed supports.

► **Medicaid:** A federal health care program generally serving eligible low income individuals whose income and assets are below specific levels. In South Carolina, DHHS determines eligibility for Medicaid. An individual applying for Medicaid as a Social Security Income (SSI) recipient in South Carolina must apply at their local Social Security office. Generally, an individual who is approved for SSI in South Carolina will automatically receive Medicaid. Applications for all other coverage groups may be filed in person or by mail. Applications may be filed at out-stationed locations such as the county health departments, community health

centers, most hospitals and the county Department of Social Service offices. The South Carolina Medicaid program offers different ways for its members to receive healthcare services. The choices are either managed care or fee-for-service.

► **Medicaid Managed Care Organizations (MCO):** A Medicaid MCO operates much the same as a Health Maintenance Organization (HMO), as care is furnished through a network of providers (primary and specialty), hospitals, pharmacies, etc. Services rendered are authorized by the MCO to ensure appropriate care management, disease management, and care coordination. MCOs require members to choose a Primary Care Physician (PCP) who serves as the primary point of contact. Members are expected to contact their PCP first before seeking treatment elsewhere. The PCP may diagnose and treat the problem, or refer the member to a specialist within the MCO network. The process for authorizing services within the MCOs may be different for each plan.

► **Medicaid Targeted Case Management (MTCM):** An available Medicaid covered service that helps individuals in gaining access to doctors, social services, educational resources, jobs and other services. Anyone who is Medicaid eligible and meets one of the following categories may qualify for MTCM: individuals with intellectual and related disabilities, at-risk children, adults with serious and persistent mental illness; at-risk pregnant women and infants; individuals with Psychoactive Substance Disorder; individuals at-risk for genetic disorders; individuals with Head and Spinal Cord Injuries and similar disorders; individuals with sensory impairment, and adults with functional impairments. A Case Manager provides these services.

► **Medicare:** A federal insurance program serving most individuals 65 and older and individuals with disabilities regardless of income if they are eligible for Social Security Disability Income.

► **Medical Homes Network Programs (MHN):** The Medical Homes Network (MHN) health care delivery model is a primary care case management program. A MHN is comprised of a Care Coordination Services Organization (CSO) and enrolled primary care physicians (PCPs). Only PCPs may contract within the MHN as all services are coordinated through the CSO and PCP, and claims for the services rendered are paid by DHHS. A MHN, like a Managed Care Organization (MCO), offers enhanced benefits beyond what is offered under traditional fee-for-service Medicaid.

► **Mental Health Services:** Services provided to individuals with serious mental illness. Public mental health services are provided through the South Carolina Department of Mental Health (DMH) and local Mental Health Centers and private practitioners.

► **Natural Supports:** Supports that are non-paid which will help an individual to achieve personal goals or needs as identified on the Plan. Natural supports may include people such as family members, friends, church members, neighbors or community organizations. Natural supports may also be any location or event in the natural environment from which an individual may benefit or participate in such as community parks, civic events, etc.

► **Needs Assessment:** Activities to obtain and review information for the purpose of determining a person's personal goals and needs in order to develop an accurate and effective

Support Plan. Needs assessment is based upon a systematic evaluation of the relative strengths and weaknesses of the person/legal guardian's environmental, economic, psycho-social, medical and other circumstances. Needs assessment is an ongoing process and should incorporate both formal and informal assessment. Formal assessment is a specific standardized assessment tool which is completed with a person at least annually. Informal assessment is an ongoing assessment of a person's personal goals, needs and satisfaction through observation, site visits and personal interviews with the person/legal guardian and direct care professionals throughout the year.

► **Non-reportable:** Any activities of the Case Manager which do not fall within the core job functions as defined in the Case Management Standards, but are still important, relevant activities in providing quality person-centered services for individuals and families.

► **Nursing Home:** A residence that provides a room, meals, and help with activities of daily living and recreation. Generally, nursing home residents have physical or mental problems that keep them from living on their own. They usually require daily assistance.

► **Nursing Facility:** A facility which primarily provides to residents' skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health related care services above the level of custodial care to those other than intellectually disabled or a related disability individuals.

► **Old-Age, Survivors, and Disability Insurance:** The Social Security programs that pay for:

- (1) monthly cash benefits to retired-worker (old-age) beneficiaries, their spouses and children, and survivors of deceased insured workers (OASI); and
- (2) monthly cash benefits to disabled-worker beneficiaries and their spouses and children, and for providing rehabilitation services to the disabled (DI).

► **Olmstead Decision:** A 1999 decision by the U.S. Supreme Court concerning two women from Georgia who played a major role in the expansion of consumer-directed services in South Carolina as well as other states. Because of this decision, all public entities are required to administer their programs "in the most integrated setting appropriate to the needs of qualified persons with disabilities."

► **Ombudsman:** An independent governmental official who receives complaints against government (and government-regulated) agencies and/or its officials from aggrieved individuals; who investigates these complaints; and who, if the complaints are justified, makes recommendations to remedy the complaints.

► **Person Centered Planning:** In Person-Centered Planning, the gifts and positive abilities instead of the weaknesses and inabilities of an individual are the focus. Person-Centered Planning focuses on developing connections within the community to provide supports for the person. Services and supports are developed for the person based on their needs, wants, and desires instead of "fitting" the person into current services and programs. Supports developed during Person-Centered Planning help the person to:

- Set their personal goals
- Meet new people
- Try new things
- Contribute to and be supported by their community
- Have who and what is important to them in their everyday life
- Stay healthy and safe

A Life Plan is developed as a result of the person centered planning process. Life Plans are shared with all service providers at the consumer's discretion and providers are expected to assist in meeting the identified goals in the Life Plan.

► **Personal Outcomes:** Life priorities, personal preferences, goals and desires as defined by individuals for themselves in all areas of life. The Council on Quality and Leadership (CQL) developed the Personal Outcome Measures assessment tool to help identify what individuals' personal outcomes are and if their outcomes are being met by the agencies and individuals supporting them.

► **Plan for Achieving Self-Support (PASS):** A Plan for Achieving Self-Support (PASS) allows a person with a disability to set aside otherwise countable income and/or resources for a specific period of time in order to achieve a work goal. Any person who receives SSI benefits, or who might qualify for SSI or any person receives SSDI (or a similar benefit) and could qualify for SSI, may be able to have a PASS. There is no limit to the number of successful PASS plans a person may use in a lifetime.

► **Power of Attorney (POA):** An important legal document which gives a designated person broad powers to make legal decisions for an individual in a variety of situations. There are many different types of Power of Attorney to include the following:

- **Durable General Power of Attorney:** A legal document which gives a designated person broad powers to handle another's property during his/her lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice or approval. Other subjects discussed in a Durable General Power of Attorney are: stock and bond transactions, commodity and options transactions, banking, estate and trusts, claims and litigation, personal and family maintenance, division of social security and other governmental benefits, retirement plan transactions, tax matters, etc. A Durable General Power of Attorney does not authorize anyone to make medical or other health care decisions.
- **General Springing Power of Attorney (upon disability):** A legal document which gives a designated person broad powers to handle property, tangible or intangible, without prior notice or approval if an individual becomes disabled or incompetent.
- **Medical Power of Attorney:** This legal document gives a designated person the authority to make any and all health care decisions for an individual in accordance with his/her wishes, including religious and moral beliefs, when the individual is

no longer capable of making decisions for himself/herself. Because "health care" means any treatment, service, or procedures to maintain, diagnose, or treat physical or mental conditions, the medical power of attorney has the authority to make a broad range of health care decisions. This person may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. This person may not consent to voluntary in-patient mental health services, convulsive treatment, or abortion. A physician must comply with a medical power of attorney's instructions or allow the individual to be transferred to another physician.

► **Protection and Advocacy (P & A) for People with Disabilities:** Established in 1977 as the protection and advocacy system for the State of South Carolina, P&A is a member of the National Disability Rights Network (NDRN) and is mandated by state and federal law to protect the rights of people with disabilities in South Carolina. NDRN is the nonprofit membership organization for the federally mandated P&A Systems and Client Assistance Programs (CAP) for individuals with disabilities. Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States. P&A is a private, non-profit South Carolina corporation governed by a volunteer board of directors. As required by federal law, P&A is independent of all agencies which provide treatment or other services to people with disabilities. P&A offers a variety of programs to assist people with disabilities.

► **Provider:** An organization or agency paid to provide a service for a consumer. In the DDSN service delivery system, providers are approved and placed on the Qualified Provider List (QPL) from which consumers choose. Services may also be provided to consumers by agencies and funding outside the DDSN service delivery system.

► **Psychological Evaluation:** An evaluation of an individual's intellectual functioning and adaptive behavior.

► **Qualified Provider List (QPL):** A list of agencies which are approved to provide services within the DDSN system. The current procedures for how to become a qualified provider and a current list of qualified providers is available on the DDSN website.

► **Reasonable Accommodation:** Adaptations or modifications of the environment, equipment or materials to be in compliance with ADA and IDEA which make it possible for an individual with a disability to fully participate in an activity.

► **Rehabilitation:** Restoration of an individual's functional status to a former state or condition.

► **Related Disability:** Severe, chronic conditions which are found to be closely related to an intellectual disability or which requires treatment similar to that required for individuals with an intellectual disability (e.g. cerebral palsy, epilepsy, etc.). Onset of a related disability must be before the age of 22.

► **Reportable:** Any activities of Case Managers which fall within one of the core job functions as defined in the Case Management Standards. These core job functions are the only activities

that, when reported to DDSN via service notes, may be reimbursed by Medicaid for provision of targeted case management services.

► **Section 504:** A section to the Rehabilitation Act of 1973. A federal civil rights statute designed to eliminate discrimination on the basis of a disability in any program or activity receiving federal financial assistance.

► **Section 8 Housing:** Refers to housing subsidized to low-income individuals by Housing and Urban Development (HUD).

► **Self-Advocacy:** The ability and opportunity to speak on behalf of one's own interests.

► **Self-Determination:** The ability and opportunity for individuals to make choices and to act on the basis of their personal choices.

► **Self Direction:** A different way of supporting people with disabilities where the voice of the person with a disability is the most important one for us to listen to and to respect when it comes to that person making choices about his/her life. Self-direction gives a person with a disability more control in planning for and running his/her own life. This can be hard work because more control means more responsibility. A person is responsible when he or she makes good decisions that keep him or her happy, healthy, and safe. This may take the help of family and/or friends. The choices a person makes are often based on the things that are most important to him or her. Self-direction helps a person find a comfortable place in the community where he/she can live, work, and play in ways that he/she chooses as right. Directing one's own services, such as in consumer-directed services, is an important piece of self-direction.

► **Service Agreement:** A form that consumers/legal guardians sign during the intake process which signifies their request for services and their agreement to have DDSN obtain and review any relevant records for the purpose of determining eligibility for services. By signing this form, consumers/legal guardians consent to have additional evaluations completed if necessary to determine eligibility.

► **Service Authorization:** In FY17, a form which Case Managers give to chosen providers as a way of informing that they have permission or 'authorization' to begin providing a service for an individual. Authorizations also inform providers of the frequency and duration of services they are approved to provide. In FY18, the approval/authorization of services included in service plans will be transitioned to a DDSN centralized group of staff in the Waiver Administration Division.

► **Service Note (SN):** Narrative, chronological documentation in a case record that describes activities provided by a Case Manager.

► **Similar Disability (SD):** South Carolina Code of Law does not define a similar disability, but does stipulate that a similar disability is not limited by early age of onset, is not a condition that culminates in death or worsens over time, is not dementia resulting from chronic disease or alcohol/drug use, and is not a neurological disorder related to aging. Muscular dystrophy, Multiple Sclerosis, Cancer, Parkinson's disease and other similar disabilities.

► **Skilled Nursing Care:** A level of care that includes skilled tasks that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse).

► **Social Security Administration (SSA):** The agency that oversees the provision of Social Security Disability Insurance and Supplemental Security Income and related work incentives.

► **Social Security Disability Insurance (SSDI):** An income support payment administered by the Social Security Administration that is provided to adults with disabilities or to children of parents who have retired or become disabled and have paid into Social Security. SSDI is only paid to individuals whose income falls below Substantial Gainful Activity (SGA) after accounting for work incentives.

► **Special Needs Trust:** A legal and financial arrangement to safeguard resources for individuals with intellectual disabilities or a related disability. This trust allows individuals to maintain resources without impacting their Medicaid eligibility.

► **Spinal Cord Injury:** An acute traumatic lesion of neural elements in the spinal canal, resulting in any degree of deficit in sensory, motor and life functions. The deficit may be temporary or permanent.

► **State Funded Community Supports (SFCS):** Is an array of services offered and funded by DDSN to those who are eligible for DDSN services but are not currently eligible for a DDSN-operated Home and Community Based Waiver.

► **Substantial Gainful Employment:** The amount of income an individual can earn after a trial work period and still receive SSDI payments.

► **Supported Living Model I (SLP-I):** Certified residential settings with services offered by DDSN which is similar to the Supervised Living Model II; however, people generally require only occasional support. Staff is available 24 hours a day by phone. SLP-I settings must be assessed by the provider and determined to be functional and safe prior to the individual's entry and annually thereafter.

► **Supervised Living Program II (SLP-II):** Residential settings with services offered by DDSN which are appropriate for people who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support, and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily.

► **Supplemental Security Income (SSI):** An income support payment administered by the Social Security Administration that is provided to children with disabilities and adults who are disabled and whose income and assets fall below a prescribed level after accounting for Social Security work incentives.

► **Support Plan:** A form which is completed annually with a consumer to document the personal goals and needs that have been identified by the person/legal guardian through a formal assessment process. The Support Plan identifies a person's priority goals and needs, the services

and supports necessary to address the needs, the frequency and duration of services, who will be responsible for carrying out specific aspects of each goal or need, and the timeframe identified by which a goal or need should be met. Support Plans are completed by the Case Manager and are considered the primary plan for a person receiving services. Some service areas, such as Residential and Day Program, also complete a plan with each consumer; however, these plans are specific to the program area and must complement and support the overall goals as identified on the Support Plan written by the Case Manager.

► **Supported Employment (SE):** Supported Employment services consist of paid employment for persons for whom employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are provided in a variety of settings, particularly work sites, in which persons without disabilities are employed. Supported employment includes activities to sustain paid work including training and supervision. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by the recipient as a result of their disabilities, and will not include payment for those supervisory activities rendered as a normal part of the business setting. Supported Employment services are generally provided by or through the South Carolina Vocational Rehabilitation Department. DDSN also provides individual and group employment service options.

► **TTY:** A teletypewriter (TTY) is a communication device used by people who are deaf, hard of hearing, or have severe-speech impairment. A TTY consists of a keyboard, display screen, and modem. Messages travel over regular telephone lines. People who do not have a TTY can communicate with a TTY user through a message relay center (MRC). An MRC has TTY operators available to send and interpret TTY messages. MRCs can be located in local telephone directories.

► **Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA):** Enacted to increase opportunities for individuals with disabilities to work. Title I of the act provides access to employment training and placement services, and Title II of the act provides health care supports for working individuals with disabilities.

► **Time-Limited Eligibility:** A short-term eligibility status that is given to individuals (usually young children) for whom a diagnosis of an intellectual disability or a related disability is suspected, but cannot be confirmed. Time-limited eligibility is assigned to individuals who test within the range of an intellectual disability or a related disability, but who may experience factors which confound test results, calling into question the validity of the results. If the potential exists for these factors to abate or resolve in the future so that more valid test results can be obtained, a time-limited eligibility status will be assigned. Time-limited eligibility prevents the potential of assigning a premature or incorrect diagnosis of an intellectual disability or a related disability to an individual, but it also allows an individual with suspected intellectual disabilities or a related disability to receive appropriate services until a firm diagnosis can be made. Time-limited eligibility may also be assigned to an applicant to the HASCI Division whose condition may be improving such that long-term eligibility cannot be determined.

► **Transitioning:** The process of moving from adolescence to adult roles in which a child reconciles their needs, interests, and preferences with adult norms and roles.

► **Transition Planning:** The process of helping students and their families plan services to help them reach career goals and adult living objectives related to their needs, interests and preferences. The IDEA requires transition planning activities documented in the IEP for students aged 14 and older. The Individual Transition Plan (ITP) is also known as the “Statement of Needed Transition Services.”

► **Traumatic Brain Injury (TBI):** An injury to the skull or brain caused by an external physical force. The injury may produce a diminished or altered state of consciousness resulting in impairment in cognitive abilities or physical functioning, as well as behavioral and/or emotional functioning. It does not include strokes or aneurysms.

► **Vocational Rehabilitation (VR) Services:** A federal and state program that provides a range of services to individuals with disabilities, typically to achieve a particular career goal and competitive employment. VR services are administered by the South Carolina Department of Vocational Rehabilitation.

► **Work Incentives:** A number of Social Security Work Incentives that allow an individual to exclude part of their income to maintain eligibility for SSI or SSDI. Includes PASS, IRWE’s, Student Earned Income Exclusion, and extended eligibility for Medicaid.

► **Workers Compensation:** Insurance that employers are required to have to cover employees who get sick or injured on the job.

ABA	Applied Behavioral Analysis
ADA	Americans with Disabilities Act of 1990
ADL	Activities of Daily Living
ANE	Abuse, Neglect and Exploitation
APS	Adult Protective Services (DSS)
ARC	At-Risk Child
ASD	Autism Spectrum Disorder
AT	Assistive Technology
BCB	Budget and Control Board
BCBA	Board Certified Behavioral Analyst
BSP	Behavior Support Plan
CAT	Consumer Assessment Team
CBA	Curriculum Based Assessment
CCR	Contract Compliance Review
CDC	Centers for Disease Control
CDR	Center for Disability Resources
CDSS	Consumer Data Support System
CI	Critical Incident
CIRS	Community Inclusive Residential Supports
CLTC	Community Long Term Care
CM	Case Manager
CMS	Case Management Supervisor
CMS	Centers for Medicare and Medicaid Services
CP	Cerebral Palsy
CPIP	Comprehensive Permanent Improvement Plan
CPS	Child Protective Services (DSS)
CRCF	Community Residential Care Facility
CRIPA	Civil Rights of Institutionalized Persons Act
CSW	Community Supports Waiver
CTH	Community Training Home
DD Council	Developmental Disabilities Council
DDSN	Department of Disabilities and Special Needs
DHEC	Department of Health and Environmental Control
DHHS	Department of Health and Human Services
DMH	Department of Mental Health
DOL	Department of Labor
DSAL	Day Services Attendance Log
DSHR	Division of State Human Resources
DSS	Department of Social Services
EAP	Employee Assistance Program
EHA	Education of All Handicapped Children Act
EI	Early Intervention
EIBI	Early Intensive Behavioral Intervention
EPMS	Employee Performance Management System
EPSDT	Early and Periodic Screening, Diagnosis and Treatment

FAPE	Free Appropriate Public Education
FOIA	Freedom of Information Act
FSP	Family Support Plan
FT	Family Training
FY	Fiscal Year
GAL	Guardian Ad Litem
GGC	Greenwood Genetic Center
HAP	Housing Assistance Program
HASCI	Head and Spinal Cord Injury
HCB	Home and Community Based
HCBS	Home and Community Based Services
HSA	Human Service Assistant
HIPPA	Health Insurance Portability and Accountability
HMO	Health Maintenance Organization
HR	Human Resources
HRM	Human Resources Management
HUD	Housing and Urban Development
HVAC	Heating, Ventilation and Air Conditioning
IA	Internal Audit
ICAP	Inventory for Client and Agency Planning
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
ID/RD	Intellectual Disability/Related Disabilities
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFSP/FSP	Individual Family Support Plan/Family Service Plan
IRWE	Impaired Related Work Expense
ISR	Individual Service Report
IT	Information Technology
LOC	Level of Care
LRE	Least Restrictive Environment
MCO	Medicaid Managed Care Organization
MHN	Medical Homes Network Programs
MI	Mental Illness
MMIS	Medicaid Management Information System
MTCM	Medicaid Targeted Case Management
NTD	Neural Tube Defect
OHR	Office of Human Resources
OT	Occupational Therapy
OT	Overtime
PASS	Plan for Achieving Self-Support
PCA	Personal Care Aide
PCP	Person-Centered Planning
PDD	Pervasive Developmental Disorders
PERS	Personal Emergency Response System
PKU	Phenylketonuria

POA	Power of Attorney
PT	Physical Therapy
P & A	S. C. Protection and Advocacy Organization
QIDP	Qualified Intellectual Disabilities Professional
QPL	Qualified Provider List
RC	Regional Center
RD	Related Disabilities
Regions	Midlands, Piedmont, Pee Dee, Coastal
RESLOG	Residential Service Log (Roll Book)
RFP	Request for Proposal
SCS	Service Coordination Supervisor
SCI	Spinal Cord Injury
SD	Similar Disability
SE	Supported Employment
SECF	Service Error Correction Form
SFCS	State Funded Community Supports
SIG	State Inspector General
SIS	Support Intensity Scale
SLED	State Law Enforcement Division
SLP	Supervised Living Program
SN	Service Note
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Supplemental Security Disability Income
SSI	Supplemental Security Income
STS	Service Tracking System
SURB	Service Units Reporting and Billing
TBI	Traumatic Brain Injury
TEFRA	Tax Equity and Fiscal Responsibility Act
TERI	Teacher/Employee Retention Incentive
TTY	Teletypewriter
TWIIA	Ticket to Work and Work Incentives Improvement Act of 1999
UR	Utilization Review
VR	Vocational Rehabilitation Services
VSP	Voluntary Separation Program
WCM	Waiver Case Management

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	1-May-17

Laws Chart

Note: Delete any rows not needed; Add any additional rows needed

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
Title 44 20 South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act						
1	§ 44-20-10	State	Statute	This chapter may be cited as the "South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act"		
	§ 44-20-20	State	Statute	Purpose of chapter	No	No
	§ 44-20-30	State	Statute	Definitions	No	No
	§ 44-20-210	State	Statute	Creation of South Carolina Commission on Disabilities and Special Needs; membership; terms of office; removal; vacancies	No	No
	§ 44-20-220	State	Statute	Duties of Commission; per diem; appointment of Director of Disabilities and Special Needs; advisory committees	No	No
	§ 44-20-230	State	Statute	Powers and duties of director	No	No
	§ 44-20-240	State	Statute	Creation of Department of Disabilities and Special Needs; divisions	No	No
	§ 44-20-250	State	Statute	Powers and duties of Department	Yes	No
	§ 44-20-255	State	Statute	Ownership of property confirmed in Department of Disabilities and Special Needs; retention of subsequent sales proceeds	No	No
	§ 44-20-260	State	Statute	Research programs	No	No
	§ 44-20-270	State	Statute	Administration of federal funds	Yes	No
	§ 44-20-280	State	Statute	Contracts for expansion of service	Yes	No
	§ 44-20-290	State	Statute	Security guards; powers; bonds	No	No
	§ 44-20-300	State	Statute	Motor vehicle liability insurance for employees of Department	No	No
	§ 44-20-310	State	Statute	Sale of timber from forest lands; disposition of funds	No	No
	§ 44-20-320	State	Statute	Acceptance of gifts, etc. by Department; policies and regulations	No	No
	§ 44-20-330	State	Statute	Granting of easements, permits, or rights-of-way by Department	No	No
	§ 44-20-340	State	Statute	Records and reports pertaining to client; confidentiality of information; waiver	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-20-350	State	Statute	Reimbursement to State for its fiscal outlay on behalf of Department; charge for services; hearing and review procedures; collection of claims	Yes	No
	§ 44-20-355	State	Statute	Fee for Intermediate Care Facilities for persons with intellectual disability; proceeds to general fund	Yes	Yes
	§ 44-20-360	State	Statute	Midlands Center, Coastal Center, Pee Dee Center, and Whitten Center designated as independent school districts	No	No
	§ 44-20-365	State	Statute	Closing regional centers to be authorized by law	No	No
	§ 44-20-370	State	Statute	Notification of applicant qualifying for services; county programs; training programs	Yes	Yes
	§ 44-20-375	State	Statute	County boards of disabilities and special needs; establishment; recognition	Yes	Yes
	§ 44-20-378	State	Statute	Composition of board; tenure	No	No
	§ 44-20-380	State	Statute	Funds for county boards of disabilities and special needs	Yes	Yes
	§ 44-20-385	State	Statute	Additional powers and duties of county boards of disabilities and special needs	Yes	No
	§ 44-20-390	State	Statute	Initial intake and assessment service for person believed to be in need of services; service plans; residency requirements	Yes	Yes
	§ 44-20-400	State	Statute	Admission of person to services of Department for evaluation and diagnosis; form for application	Yes	No
	§ 44-20-410	State	Statute	Requirement for admission to services	Yes	No
	§ 44-20-420	State	Statute	Designation of service or program in which client is placed	Yes	Yes
	§ 44-20-430	State	Statute	Final authority over applicant eligibility, etc	Yes	No
	§ 44-20-440	State	Statute	Admission of client upon request of parent, spouse, lawful custodian or legal guardian, or upon request of applicant	Yes	Yes
	§ 44-20-450	State	Statute	Proceedings for involuntary admission; petition; hearing; service of notice; guardian ad litem; right to counsel; report; termination of proceedings; order of admission; appeal; confinement in jail prohibited	Yes	Yes
	§ 44-20-460	State	Statute	Discharge of client; detention of voluntarily admitted client; venue for judicial admission; protective custody for client	Yes	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-20-470	State	Statute	Return of nonresident person with intellectual disability or related disability to agency of state of his residency; reciprocal agreements with other states; detention of person returned by out-of-state agency; expenses	Yes	No
	§ 44-20-480	State	Statute	Placement of client out of home; payment for services	Yes	No
	§ 44-20-490	State	Statute	Placement of client in employment situation; sheltered employment and training programs; compensation of clients	Yes	Yes
	§ 44-20-500	State	Statute	Order of confinement for client	Yes	No
	§ 44-20-510	State	Statute	Attendance of client in community based public school classes	Yes	No
	§ 44-20-710	State	Statute	Licensing of facilities and programs	No	No
	§ 44-20-720	State	Statute	Minimum standards of operation and license programs	No	Yes
	§ 44-20-730	State	Statute	Criteria for issuance of license	No	Yes
	§ 44-20-740	State	Statute	Restrictions as to services; number of clients; form of application for license; term of license; license as not transferrable	Yes	No
	§ 44-20-750	State	Statute	Inspection of facilities; filing copy of bylaws, regulations, and rates of charges; inspection of records	No	Yes
	§ 44-20-760	State	Statute	Disclosure of inspections; protection of names of clients	No	No
	§ 44-20-770	State	Statute	Denial, suspension or revocation of license; grounds	No	Yes
	§ 44-20-780	State	Statute	Notifying operator of program of deficiencies; time for correction; notice of impending denial, suspension or revocation of license; exception for immediate threat	No	Yes
	§ 44-20-790	State	Statute	Promulgation of regulations governing hearings	No	No
	§ 44-20-800	State	Statute	Appeal of decision concerning deficiencies, licenses, etc	No	No
	§ 44-20-900	State	Statute	Injunctions; sufficiency of complaint; fines and penalties	Yes	No
	§ 44-20-1000	State	Statute	Licensing by department to be done in conjunction with licensing by agency having responsibility outside the department's jurisdiction; cooperative agreements	No	Yes
	§ 44-20-1110	State	Statute	Department's authority as to State's disabilities and special needs services and programs	Yes	No
	§ 44-20-1120	State	Statute	Raising of money for construction of improvements	No	No
	§ 44-20-1130	State	Statute	Limitation on amount of state capital improvement bonds	No	No
	§ 44-20-1140	State	Statute	Improvements for residential regional center or community facility; application	No	No
	§ 44-20-1150	State	Statute	Powers and duties concerning application for improvements	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-20-1160	State	Statute	Use of monies derived from revenues	No	No
	§ 44-20-1170	State	Statute	Special funds; disposition of revenues; withdrawal of funds	No	Yes
Title 44 Chapter 38 Head and Spinal Cord Injuries						
2	§ 44-38-10	State	Statute	Head and Spinal Cord Injury Information System created; purpose	No	No
	§ 44-38-20	State	Statute	Definitions	No	No
	§ 44-38-30	State	Statute	Head and Spinal Cord Injury Information System Council; establishment and purpose; composition; election of chairman; appointment of advisors; compensation and expenses	No	No
	§ 44-38-40	State	Statute	Duties of council	No	No
	§ 44-38-50	State	Statute	Reporting of required information; follow up to persons entered in registry; gathering information from other states; approval of and participation in research activities	No	No
	§ 44-38-60	State	Statute	Confidentiality of reports and records; nondisclosure under Freedom of Information Act	No	No
	§ 44-38-70	State	Statute	Council to submit annual report	No	No
	§ 44-38-80	State	Statute	Qualified immunity from liability for release of information in accordance with article	No	No
	§ 44-38-90	State	Statute	Penalty for intentional noncompliance with article	No	No
	§ 44-38-310	State	Statute	Service Delivery System established	Yes	Yes
	§ 44-38-320	State	Statute	Definitions	Yes	No
	§ 44-38-330	State	Statute	Primary functions of system	Yes	Yes
	§ 44-38-340	State	Statute	Duties of department	Yes	Yes
	§ 44-38-370	State	Statute	Eligibility criteria for case management services	Yes	No
	§ 44-38-380	State	Statute	Advisory Council to System	No	Yes
	§ 44-38-390	State	Statute	Article does not establish entitlement program or benefit	No	No
	§ 44-38-510	State	Statute	Spinal Cord Injury Research Board	No	No
	§ 44-38-610	State	Statute	South Carolina Brain Injury Leadership Council	Yes	No
	§ 44-38-620	State	Statute	Duties of the Council	No	No
	§ 44-38-630	State	Statute	Membership of Council; officers of council; compensation	Yes	Yes
	§ 44-38-640	State	Statute	Authority to apply for grants	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
Title 44 Chapter 21 Department of Disabilities and Special Needs Family Support Services						
3	§ 44-21-10	State	Statute	Legislative intent; intent of program; guiding principles	Yes	No
	§ 44-21-20	State	Statute	Definitions	Yes	No
	§ 44 21 30	State	Statute	Authority to contract or make grants	No	No
	§ 44 21 40	State	Statute	Focus of Family Support Program	Yes	No
	§ 44 21 50	State	Statute	Contracted agency to assist families in assessing needs and preparing plan	No	No
	§ 44 21 60	State	Statute	Services included in Family Support Program	Yes	Yes
	§ 44 21 70	State	Statute	Implementation contingent upon annual appropriations	No	No
	§ 44 21 80	State	Statute	Regional tertiary level developmental evaluation centers	Yes	No
Title 44 Chapter 23 Provisions Applicable to Both Mentally Ill Persons and Persons with Intellectual Disability						
4	§ 44-23-10	State	Statute	Definitions	No	No
	§ 44-23-20	State	Statute	Inapplicability to Whitten Center	No	No
	§ 44-23-40	State	Statute	Appeal to court from rules and regulations	No	No
	§ 44-23-210	State	Statute	Transfer of confined persons to or between mental health or intellectual disability facility	No	No
	§ 44-23-220	State	Statute	Admission of persons in jail	No	No
	§ 44-23-410	State	Statute	Determining fitness to stand trial; time for conducting examination; extension; independent examination; competency distinguished	No	Yes
	§ 44-23-420	State	Statute	Designated examiners' report	No	Yes
	§ 44-23-430	State	Statute	Hearing on fitness to stand trial; effect of outcome	No	No
	§ 44-23-460	State	Statute	Procedure when superintendent believes person charged with crime no longer requires hospitalization	Yes	No
Title 44 Chapter 26 Rights of Clients with Intellectual Disability						
5	§ 44-26-10	State	Statute	Definitions	Yes	No
	§ 44-26-40	State	Statute	Determination of competency to consent to or refuse major medical treatment	Yes	Yes
	§ 44-26-50	State	Statute	Health care decisions of client found incompetent to consent to or refuse major medical treatment	Yes	No
	§ 44-26-60	State	Statute	Health care decisions of minor clients	Yes	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-26-70	State	Statute	Human rights committees	Yes	Yes
	§ 44-26-80	State	Statute	Appeal of decisions concerning services or treatment provided	Yes	Yes
	§ 44-26-90	State	Statute	Rights of client not to be denied	Yes	Yes
	§ 44-26-100	State	Statute	General rights of clients; limitations on rights	Yes	No
	§ 44-26-110	State	Statute	Right to daily physical exercise	Yes	No
	§ 44-26-120	State	Statute	Access to medical and habilitative records; grounds for denial of access; appeal of denial of access; disclosure form	Yes	No
	§ 44-26-130	State	Statute	Confidentiality of communications with, and records of clients; disclosure	Yes	No
	§ 44-26-140	State	Statute	Clients to receive least restrictive appropriate care and habilitation available; exceptions	Yes	Yes
	§ 44-26-150	State	Statute	Clients to be informed of rights upon admission; written individualized plan of habilitation; review of plan; revision of, or changes in, plan	Yes	Yes
	§ 44-26-16	State	Statute	Mechanical, physical or chemical restraint of clients	Yes	Yes
	§ 44-26-170	State	Statute	Use of certain types of behavior modification	Yes	Yes
	§ 44-26-180	State	Statute	Informed consent required for participation in research; promulgation of regulations	Yes	Yes
	§ 44-26-200	State	Statute	State Employment Services Division and State Agency of Vocational Rehabilitation to find employment for citizens with intellectual disability	No	No
	§ 44-26-210	State	Statute	Penalties for denying client rights accorded under this chapter	No	No
	§ 44-26-220	State	Statute	Person making health care decision not subject to civil or criminal liability, nor liable for cost of care; health care provider not subject to civil or criminal liability or disciplinary penalty for relying on decision	No	No
Title 44 Health Chapter 28 Self-Sufficiency Trust Fund; Disability Trust Fund; Aid For Developmentally Disabled, Mentally Ill, and Physically						
6	§ 44-28-10	State	Statute	Establishment of Fund; purpose	No	No
	§ 44-28-20	State	Statute	Definition of "self-sufficiency trust."	No	No
	§ 44-28-40	State	Statute	Departments and Agency required to provide care or treatment using monies in Fund account; vouchers	No	Yes
	§ 44-28-60	State	Statute	Money not usable for supplemental care and treatment to be returned to depositing trust; interest	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 44-28-80	State	Statute	Departments and Agency to promulgate regulations for implementation and administration of Fund	No	Yes
	§ 44-28-310	State	Statute	Establishment of Fund; purpose	No	No
	§ 44-28-360	State	Statute	Departments and Agency required to provide care or treatment to eligible beneficiaries using monies from Fund	No	Yes
	§ 44-28-370	State	Statute	Departments and Agency to promulgate regulations for implementation and administration of Fund	No	Yes
Health Chapter 44 "South Carolina Birth Defects Act"						
7	§ 44-44-40	State	Statute	Birth Defects Advisory Council established; membership; subject areas for recommendations; compensation	No	No
Title 44 Chapter 66 Adult Health Care Consent Act						
8	§ 44-66-10	State	Statute	Short title	No	No
	§ 44-66-20	State	Statute	Definitions	No	No
	§ 44-66-30	State	Statute	Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions	No	No
	§ 44-66-40	State	Statute	Provision of health care without consent where there is serious threat to health of patient, or to relieve suffering; person having highest priority to make health care decision	No	No
	§ 44-66-50	State	Statute	Provision of health care without consent to relieve suffering, restore bodily function, or to preserve life, health or bodily integrity of patient	No	No
	§ 44-66-60	State	Statute	No authority to provide health care to patient who is unable to consent where health care is against religious beliefs of patient, or patients prior instructions	No	No
	§ 44-66-70	State	Statute	Person who makes health care decision for another not subject to civil or criminal liability, nor liable for costs of care; health care provider not subject to civil or criminal liability	No	No
	§ 44-66-75	State	Statute	Designating a family member with whom provider may discuss medical condition; exemptions	No	Yes
	§ 44-66-80	State	Statute	Other laws mandating or allowing testing or treatment without consent unaffected	No	No

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
Title 44. Health Chapter 25 Interstate Compact on Mental Health						
9	§ 44-25-10	State	Statute	Compact enacted into law	No	No
	§ 44-25-30	State	Statute	Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators	No	Yes
Title 44 Chapter 7 Hospitals, Tuberculosis Camps and Health Service Districts						
10	§ 44-7-260	State	Statute	Requirements for licensure	No	No
	§ 44-7-264	State	Statute	Nursing home or community residential care facility licensure; fingerprint-based criminal records check; prohibition of issuance of license or requirement of revocation for certain crimes	No	No
	§ 44-7-2910	State	Statute	Criminal record check for direct caregivers; definitions	No	Yes
	§ 44-7-2920	State	Statute	Criminal record check procedures	No	No
Title 6 Local Government Chapter 29 South Carolina Local Government Comprehensive Planning Enabling Act of 1994						
11	§ 6-29-770	State	Statute	Governmental entities subject to zoning ordinances; exceptions	No	Yes
Title 40 Professions And Occupations Chapter 35 Long Term Health Care Administrators						
	§ 40-35-20	State	Statute	Definitions	No	No
	§ 40-35-30	State	Statute	Supervision of facilities and centers by licensed administrators	Yes	Yes
Title 43 Social Services Chapter 35 Adult Protection (This chapter may be cited as the Omnibus Adult Protection Act)						
13	§ 43-35-5	State	Statute	Short title	No	No
	§ 43-35-10	State	Statute	Definitions	No	No
	§ 43-35-13	State	Statute	Nonmedical remedial treatment by spiritual means is not abuse or neglect of vulnerable adult	No	No
	§ 43-35-15	State	Statute	Vulnerable Adults Investigations Unit; Long Term Care Ombudsman Program; Adult Protective Services Program; responsibilities; referral of reports	No	No
	§ 43-35-20	State	Statute	Additional powers of investigative entities	No	No
	§ 43-35-25	State	Statute	Persons required to report abuse, neglect, or exploitation of adult; reporting methods	No	Yes
	§ 43-35-30	State	Statute	Photographing of visible trauma on abused adult	No	Yes
	§ 43-35-35	State	Statute	Reporting deaths where abuse or neglect suspected	No	Yes

Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Does this law specify who the agency must serve? (Y/N)	Does this law specify a deliverable the agency must or may provide? (Y/N)
	§ 43-35-60	State	Statute	Sharing of report information by investigative entities; public confidentiality	No	No
	§ 43-35-65	State	Statute	Notices to be displayed at facilities	No	Yes
	§ 43-35-75	State	Statute	Immunity of person making report or participating in investigation in good faith	No	No
	§ 43-35-310	State	Statute	Council created; membership; filling vacancies (APCC)	No	No
	§ 43-35-520	State	Statute	Investigations of deaths in facilities operated by the Department of Mental Health or the Department of Disabilities and Special Needs; death by natural causes in a veterans' nursing home	No	No
	§ 43-35-540	State	Statute	Access to medical information	No	Yes
	§ 43-35-560	State	Statute	Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support	No	No
	Title 63 Chapter 7 Child Protection and Permanency					
14	§ 63-7-310	State	Statute	Persons required to report	No	Yes
	§ 63-7-315	State	Statute	Civil action created for wrongful termination based on employee having reported child abuse or neglect	No	No
	§ 63-7-360	State	Statute	Mandatory reporting to coroner	No	Yes
	§ 63-7-380	State	Statute	Photos and x-rays without parental consent; release of medical records	No	No
	§ 63-7-390	State	Statute	Reporter immunity from liability	No	No
	§ 63-7-410	State	Statute	Failure to report; penalties	No	No
	Regulations CHAPTER 88 DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS					
	<i>License Requirements for Facilities and Programs</i>					
15	§ 88-105	State	Regulation	Scope	No	Yes
	§ 88-110	State	Regulation	Licenses Issued	Yes	No
	§ 88-115	State	Regulation	Effective Date and Term of License	No	No
	§ 88-120	State	Regulation	Applications for License	No	No
	§ 88-125	State	Regulation	Denial, Suspension, or Revocation of License	No	Yes
	§ 88-130	State	Regulation	Waivers	No	No
	§ 88-135	State	Regulation	Validity of License	No	No
	§ 88-140	State	Regulation	Separate Licenses	No	No
	§ 88-210	State	Regulation	Definitions	Yes	No

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Recreational Camps For Persons With Intellectual Disability (No longer done)						
	§ 88-310	State	Regulation	Definitions	No	No
	§ 88-320	State	Regulation	Supervision	No	No
	§ 88-325	State	Regulation	Personnel	No	No
	§ 88-330	State	Regulation	Size of Staff	No	No
	§ 88-335	State	Regulation	Personnel Records	No	No
	§ 88-340	State	Regulation	General Health	No	No
	§ 88-345	State	Regulation	General Safety	No	No
	§ 88-350	State	Regulation	Emergency Procedures	No	No
	§ 88-355	State	Regulation	General Sanitation Requirements	No	No
	§ 88-360	State	Regulation	Housing in Residential Camps	No	No
	§ 88-365	State	Regulation	Nutrition and Food Service	No	No
	§ 88-370	State	Regulation	Transportation	No	No
	§ 88-375	State	Regulation	Program	No	No
	§ 88-380	State	Regulation	Waterfront Activity	No	No
	§ 88-385	State	Regulation	General Care of Campers	No	No
	§ 88-390	State	Regulation	Confidentiality	No	No
	§ 88-395	State	Regulation	Reserve Clause	No	No
Day Programs For Persons With Intellectual Disability						
	§ 88-405	State	Regulation	Definitions	No	No
	§ 88-410	State	Regulation	Personnel	No	No
	§ 88-415	State	Regulation	Facility	No	No
	§ 88-420	State	Regulation	Transportation	No	No
	§ 88-425	State	Regulation	Medical Care	No	No
	§ 88-430	State	Regulation	Evaluations	No	No
	§ 88-435	State	Regulation	Program	No	No
	§ 88-440	State	Regulation	Records	No	No
Unclassified Facilities And Programs						
	§ 88-910	State	Regulation	Unclassified Facilities and Programs	No	No
	§ 88-915	State	Regulation	Application for License of an Unclassified Program	No	No
	§ 88-920	State	Regulation	Determination by the Department	No	No

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Federal Statutes						
16	Fair Housing Act 42 U.S. C. §3601	Federal	Statute		No	No
17	American with Disabilities Act 42 U.S.C. 126 §12101 et seq	Federal	Statute		No	No
18	Rehabilitation Act 29 U.S.C. § 701	Federal	Statute		No	No
19	Medicaid 42 U.S.C 1936n §1915 et seq	Federal	Statute		Yes	No
20	Health Insurance Portability and Accounting Act (HIPPA) 42 U.S.C. 1320-d	Federal	Statute		No	No
21	IDEA 20 U.S. C. 33 §1400 et seq	Federal	Statute		No	No
Appropriations						
22	Appropriations Act 2016-2017	State	Proviso	36.1 Work Activity Programs	No	No
23	Appropriations Act 2016-2017	State	Proviso	36.2 Sale of Excess Real Property	No	No
24	Appropriations Act 2016-2017	State	Proviso	36.3 Prenatal Diagnosis	No	No
25	Appropriations Act 2016-2017	State	Proviso	36.4 Medicaid-Funded Contract Settlements	No	No
26	Appropriations Act 2016-2017	State	Proviso	36.5 Departmental Generated Revenue	No	No
27	Appropriations Act 2016-2017	State	Proviso	36.6 Transfer of Capital/Property	No	No
28	Appropriations Act 2016-2017	State	Proviso	36.7 Unlicensed Medication Providers	No	Yes
29	Appropriations Act 2016-2017	State	Proviso	36.8 Pervasive Developmental Disorder	Yes	Yes
30	Appropriations Act 2016-2017	State	Proviso	36.9 Child Daycare Centers	No	Yes
31	Appropriations Act 2016-2017	State	Proviso	36.10 Debt Service Account	No	Yes
32	Appropriations Act 2016-2017	State	Proviso	36.11 Traumatic Brain Injury	Yes	Yes
33	Appropriations Act 2016-2017	State	Proviso	36.12 Greenwood Genetic Center Autism Research	No	No
34	Appropriations Act 2016-2017	State	Proviso	36.13 Medicaid Direct Billing	No	Yes
35	Appropriations Act 2016-2017	State	Proviso	36.14 Carry Forward Authorization	No	Yes
36	Appropriations Act 2016-2017	State	Proviso	36.15 Service Providers Expenditure Requirement	No	No
37	Appropriations Act 2016-2017	State	Proviso	117.24 TEFRA	Yes	Yes
38	Appropriations Act 2016-2017	State	Proviso	117.54 ISCEDC Funding Transfer	Yes	Yes
39	Appropriations Act 2016-2017	State	Proviso	117.73 IMD Operations	Yes	Yes

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40	Appropriations Act 2016-2017	State	Proviso	117.91 Means Test	No	Yes
41	Appropriations Act 2016-2017	State	Proviso	117.98 First Steps - BabyNet	No	Yes
42	Appropriations Act 2016-2017	State	Proviso	117.118 Employee Compensation	No	Yes
43	Appropriations Act 2016-2017	State	Proviso	118.16 Nonrecurring Revenue	No	Yes

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	1-May-17

Deliverables Chart

When adding laws under, Applicable Laws, please cite them as follows:

State Constitution: Article # . Title of Article . Section # . Title of Section (Example - Article IV. Executive Department. Section 12. Disability of Governor)

State Statute: ## - ## - ## . Name of Provision . (Example - 1-1-110. What officers constitute executive department.)

Federal Statute: Title # . U.S.C. Section # (Any common name for the statute)

State Regulation: Chapter # - Section # (Any common name for the regulation)

Federal Regulation: Title # C.F.R. Section # (Any common name for the regulation)

State Proviso: Proviso ## .# (Proviso Description) , 2015-16 (or whichever year is applicable) Appropriations Act Part 1B (Example - 117.9 (GP: Transfers of Appropriations), 2014-15 Appropriations Act, Part 1B.)

Note: Delete any rows not needed; Add any additional rows needed

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										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
1	When out-of-home placement is required, quality care and treatment is provided in the least restrictive environment practical.	§ 44-20-20	Require		Yes	Increased cost; lower quality of life; risk of non-compliance; litigation.	Consider updating zoning laws to comply with Federal Fair Housing Act- recommendation pending approval by DSN Commission.	DHHS	Yes	Yes	Yes	Yes
2	Shall establish a hearing and review procedure so that a client or his parent or guardian may appeal charges made for services.	§ 44-20-350	Require		No	Lack of due process.			No	No	Yes	Yes
3	Shall assess and collect a fee. Shall pay all proceeds from the fee into the general fund of the State.	§ 44-20-355	Require		No	Loss of Revenue to General Funds.			Yes	Yes	Yes	Yes
4a	Shall notify applicants when they have qualified;	§ 44-20-370	Require		No	Lack of communication and understanding of service availability.		DHHS	No	Yes	Yes	Yes
4b	Establish standards of operation and service for county disabilities and special needs programs;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non compliance with Federal and State requirements.		DHHS	No	No	Yes	Yes

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4c	Review service plans;	§ 44-20-370 continued	Require		No	Incorrect amount or level of service provision.		DHHS	No	No	Yes	Yes
4d	Review county programs;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.	Consider updating this statute to include language reflective of DDSN's entire provider network-including private service providers - recommendation pending approval by the DSN Commission.	DHHS	No	No	Yes	Yes
4e	Offer consultation and direction to county boards;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.	Consider updating statute to include language reflective of DDSN's entire provider network-including private service providers- recommendation pending approval by the DSN Commission.	DHHS	No	No	Yes	Yes
4f	Promote a high quality of services to persons;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.		DHHS	No	No	Yes	Yes
4g	Shall seek to develop and utilize the most current and promising methods for training;	§ 44-20-370 continued	Require		Yes	Potential reduction in quality of services; non-compliance with Federal and State requirement.		DHHS	No	No	Yes	Yes
4h	Disseminate methods to County Boards and Programs.	§ 44-20-370 continued	Require		No		Consider changing language in statute to reflect DDSN's entire provider network, including private providers - recommendation pending approval by the DSN Commission.		Yes	No	Yes	Yes

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5	Shall recognize only county boards of disabilities and special needs that plan, administer, or provide services within a county or combination of counties which are created or established pursuant to this section.	§ 44-20-375	Require		No	Less accountability.			No	No	Yes	Yes
6	Shall review the applications from the county board.	§ 44-20-380	Require		No	Potential decrease in access to services statewide.			No	No	Yes	Yes
7a	Shall provide an initial intake and assessment service;	§ 44-20-390	Require		No	Would not be able to establish target population; violate statutory duties of the agency within the limited appropriations of the state.			Yes	Yes	Yes	Yes
7b	Must provide clients with the delivery or coordination of services.	§ 44-20-390 continued	Require		Yes	No services for individuals and families.			Yes	Yes	Yes	Yes
7c	Service plan must be designated for each person assessed.	§ 44-20-390 continued	Require		Yes	Generic, non-individualized and potentially inappropriate services resulting in over or under utilization of services and funding.	DHHS		Yes	Yes	Yes	Yes
7d	Determine the least restrictive environment and may contract to provide the service.	§ 44-20-390 continued	Require		Yes	Increased cost; lower quality of life; risk of non-compliance with Federal requirements; litigation.	DHHS		Yes	Yes	Yes	Yes
8	Appropriate services and programs must be determined by the evaluation and assessment of the needs, interests, and goals of the client.	§ 44-20-420	Require		Yes	Generic, non-individualized and potentially inappropriate services resulting in over or under utilization of services and funding.	DHHS		Yes	Yes	Yes	Yes

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9	Shall prescribe the form of the application for services.	§ 44-20-440	Require		Yes	Lack of uniformity and risk of inconsistency in the determination of service needs.			No	No	Yes	Yes
10a	A report of the person in charge of the examination of the person alleged to have intellectual disability or a related disability at the diagnostic center referred to in "Requirement for Admission" must be submitted to the court at the hearing in probate or family court.	§ 44-20-450	Require		No	Violation of state law, court orders and the defendant's due process rights. Hinder the court's ability to render an informed finding.		Judicial System DMH DJJ	No	No	Yes	Yes
10b	The department shall inform the court as soon after the date of the order as practical that suitable accommodations and services are available to meet the needs of the person with intellectual disability or a related disability.	§ 44-20-450 continued	Require		No	Violation of state law, court orders and the defendant's due process rights. Hinder the court's ability to render an informed finding.		Judicial System DMH DJJ	No	Yes	Yes	Yes
11	Shall establish minimum standards of operation and license programs provided for in "Facilities and Programs must be Licensed."	§ 44-20-720	Require		No	Reduced quality of services provided.			No	Yes	Yes	Yes

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12	In determining whether a license may be issued, the department shall consider if the program for which the license is applied conforms with the local and state service plans and if the proposed location conforms to use.	§ 44-20-730	Require		No	Reduced quality of services.			No	Yes	Yes	Yes
13	Shall make day program inspections as it may prescribe by regulation.	§ 44-20-750	Require		No	Reduced quality of services.			No	Yes	Yes	Yes
14	The department shall deny, suspend, or revoke a license on any of the following grounds: failure to establish or maintain proper standards of care and service as prescribed by the department; conduct or practices detrimental to the health or safety of residents or employees of the day program; violation of the provisions of this article or regulations promulgated under it.	§ 44-20-770	Require		No	Reduced quality of services.			No	No	Yes	Yes
15	The department shall give written notification to the governing board or if none, the operator of a program of deficiencies.	§ 44-20-780	Require		No	Reduced transparency.			No	No	Yes	Yes

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16	Licensing by the department must be done in conjunction with and not in place of licensing by an agency having responsibilities outside the department's jurisdiction.	§ 44-20-1000	Require		No	Wasted resources and increased redundancy.			No	No	Yes	Yes
17	Shall remit to the State Treasurer all its revenues, including accumulated revenues not applicable to prior obligations, for credit to a special fund.	§ 44-20-1170	Require		No	Agency would not pay incurred debit if it had any.			No	No	No	No
18	The department must develop, coordinate, and enhance the delivery of services to persons with head and spinal cord injuries; must coordinate case management services provided pursuant to this article with the Department of Vocational Rehabilitation.	§ 44-38-310	Require		No	Unnecessary duplication of services; waste of resources.		Vocational Rehabilitation	Yes	Yes	Yes	Yes
19	Responsible for these functions of the system are planning, intake and referral, case management, and education and prevention.	§ 44-38-330	Require		No	Lack of coordination and government waste.			Yes	Yes	Yes	Yes

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20a	Develop a state plan for a comprehensive system of services for persons with head and spinal cord injuries, including short-term and long-term goals and objectives for implementing the plan;	§ 44-38-340	Require		No	Lack of coordination of services and government waste.			No	No	Yes	Yes
20b	Receive surveillance data from the South Carolina Head and Spinal Cord Injury Information System to use in developing and revising the state plan to meet the changing needs of this population;	§ 44-38-340 continued	Require		No	Lack of evidence for decision making and anticipated funding allocation.			No	No	No	No
20c	Identify gaps in services for head and spinal cord injured persons and spearhead development of those services needed for the comprehensive system of service delivery;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste; lack of provision of services.		Vocational Rehabilitation	No	Yes	Yes	Yes
20d	Develop licensing, program, and contract guidelines to be used by case managers in working with service delivery agencies;	§ 44-38-340 continued	Require		No	Potential reduction in quality of services.			No	Yes	Yes	Yes
20e	In conjunction with other state agencies, prepare, coordinate, and advocate for state appropriations needed to fund and to develop services needed to implement the state plan;	§ 44-38-340 continued	Require		No	Lack of funding for service provision.		Vocational Rehabilitation DHHS	No	No	No	No

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20f	Seek funding from other sources, private and federal, including, but not limited to, medicaid waivers and expansion of the medicaid program, to provide services outlined in the state plan;	§ 44-38-340 continued	Require		No	Lack of funding for service provision; significantly less people receiving services.		DHHS	No	Yes	Yes	Yes
20g	Evaluate the state plan including, but not limited to, how well head and spinal cord injured persons are identified, referred, and served by the system and its impact on their quality of life, including reintegration and productivity in the community;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste.			No	Yes	Yes	Yes
20h	Promote public awareness through programs relating to head and spinal cord injury prevention, treatment, and rehabilitation;	§ 44-38-340 continued	Require		No	Lack of public awareness; potential increase for injury and therefore increased service cost needs.		Vocational Rehabilitation	No	Yes	No	No
20i	Promote research on the causes, effects, prevention, treatment, and rehabilitation of head and spinal cord injuries;	§ 44-38-340 continued	Require		No	Decrease in effectiveness of treatment; lack of public awareness; potential increase for injury and therefore increased service cost needs.			No	Yes	No	No

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20j	Serve as the central and initial point for receiving referrals for case management services from the South Carolina Head and Spinal Cord Injury Information System and all other sources;	§ 44-38-340 continued	Require		No	Lack of service coordination; lack of Medicaid participation; increased cost of services; less people served; more institutional placements.			No	Yes	Yes	Yes
20k	Determine a person's eligibility for case management services based on criteria provided in Section 44-38-370, conduct an assessment of services needed, and provide appropriate case management based on an individualized treatment plan designed to meet the specific needs of the person;	§ 44-38-340 continued	Require		No	Would not be able to establish target population; violate statutory duties of the agency within the limited appropriations of the state.			No	Yes	Yes	Yes
20l	Develop policies and procedures to be used by the case managers to ensure, among other things, that a person with a head or spinal cord injury receives equal access to available services and that case management services maximize the person's self-determination and self-advocacy;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste; inappropriate service levels.			No	No	Yes	Yes

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20m	Develop training programs for case managers and other professionals to prepare and assist them in working with persons with head and spinal cord injuries;	§ 44-38-340 continued	Require		No	Reduction in quality of services.			No	No	Yes	Yes
20n	Coordinate the delivery of services and ensure that services are appropriate and delivered in a timely manner;	§ 44-38-340 continued	Require		No	Lack of coordination of services; government waste.			No	Yes	Yes	Yes
20o	Advocate for persons with head and spinal cord injuries to assist them in receiving equal access to services and services which promote independence and productivity.	§ 44-38-340 continued	Require		No	Lack of quality care in appropriate settings; most efficient use of tax dollars.			No	No	No	No

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21	The director or designee shall serve ex officio on the Advisory Council to the South Carolina Head and Spinal Cord Service Delivery System.	§ 44-38-380	Require		No	Lack of representation and advocacy on behalf of this population.		The chairman, Developmental Disabilities Council, Office of the Governor, the chairman of the Joint Committee to Study the Problems of Persons with Disabilities, the State Director of the State Department of Mental Health, the Commissioner of the Department of Vocational Rehabilitation, the Director of the State Department of Disabilities and Special Needs, the Director of the South Carolina Department of Health and Environmental Control, the Director of the South Carolina Department of Health and Human Services, Dean of the University of South Carolina School of Medicine, the Dean of the Medical University of South Carolina, the Executive Director of the South Carolina Hospital Association, one representative from each of the head injury advocacy organizations, and one individual with a spinal cord	No	No	No	No

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22	Agency shall have appointee to serve ex officio on South Carolina Brain Injury Leadership Council.	§ 44-38-630	Require		No	Lack of representation and advocacy on behalf of this population.		The chairman, Developmental Disabilities Council, Office of the Governor, the chairman of the Joint Committee to Study the Problems of Persons with Disabilities, the State Director of the State Department of Mental Health, the Commissioner of the Department of Vocational Rehabilitation, the Director of the State Department of Disabilities and Special Needs, the Director of the South Carolina Department of Health and Environmental Control, the Director of the South Carolina Department of Health and Human Services, Dean of the University of South Carolina School of Medicine, the Dean of the Medical University of South Carolina, the Executive Director of the South Carolina Hospital Association, one representative from each of the head injury advocacy organizations, and one individual with a spinal cord	No	No	No	No

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23	Services in the Family Support Program include, but are not limited to, family support services coordination, information, referral, advocacy, educational materials, emergency and outreach services, and other individual and family-centered assistance services such as: (1) respite care; (2) personal assistance services; (3) child care; (4) homemaker services; (5) minor home and work site modifications and vehicular modifications; (6) specialized equipment and maintenance and repair; (7) specialized nutrition and clothing and supplies; (8) transportation services; (9) health-related costs not otherwise covered; (10) licensed nursing and nurses' aid services; (11) family counseling, training, and support groups; (12) financial assistance; (13) emergency services; (14) recreation and leisure needs.	§ 44-21-60	Require		Yes	Reduction in services to families; greater likelihood of increased service needs; greater likelihood of out-of-home placement needs resulting in increased costs.			No	Yes	Yes	Yes
24	Evaluate defendants for competency to stand trial; do report ,File report with court .	§ 44-23-410	Require		No	Lack of due process; violation of court orders.		Judicial System DMH	No	No	Yes	Yes
25	Health care decision are made by using Adult Healthcare consent act .	§ 44-26-40	Require		No	Increased guardianship of people supported; lack of medical care when needed.			No	No	No	No

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26	Human rights committees must be established for each regional center and for each county/multicounty program. Human rights committees must be appointed by the director or his designee. The department shall establish policy and procedures for the operations of the committees.	§ 44-26-70	Require		No	Potential violation of individual rights; potential for adverse treatment.			No	No	Yes	No
27	The department shall establish policies and procedures for the review of grievances and the appeal of decisions.	§ 44-26-80	Require		No	Potential violation of due process rights; potential for inappropriate reduction or denial of service.			No	No	Yes	Yes
28	Protect the rights of clients	§ 44-26-90	Require		No	Potential violation of human rights.		All/multiple	No	No	Yes	Yes
29	Clients receiving services for intellectual disability shall receive care and habilitation suited to their needs and in the least restrictive appropriate care and habilitation available. The department shall make every effort, based on available resources, to develop services necessary to meet the needs of its clients.	§ 44-26-140	Require		No	Generic, non-individualized and potentially inappropriate services, resulting in over or under utilization of services and funding.			Yes	Yes	Yes	Yes

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30	Within thirty days of admission a client or his representative must be provided with a written individualized plan of habilitation formulated by an interdisciplinary team and the client's attending physician. An intellectual disability professional shall review each client's individual records quarterly in relation to goals and objectives established in the habilitation plan. Review must be documented and entered into the client's record.	§ 44-26-150	Require		No	Generic, non-individualized and potentially inappropriate services, resulting in over or under utilization of services and funding.			Yes	Yes	Yes	Yes
31	No client residing in an intellectual disability facility may be subjected to chemical or mechanical restraint or a form of physical coercion or restraint unless the action is authorized in writing by an intellectual disability professional or attending physician as being required by the habilitation or medical needs of the client and it is the least restrictive alternative possible to meet the needs of the client.	§ 44-26-160	Require		No	Violation of human rights; violation of federal regulations; litigation; physical and psychological harm.		DHHS DHEC	No	No	Yes	Yes (for DDSN directly operated facilities)

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32	Behavior modification programs involving the use of aversive stimuli are discouraged and may be used only in extraordinary cases where all other efforts have proven ineffective.	§ 44-26-170	Require		No	Violation of human rights; violation of federal regulations; litigation; physical and psychological harm.		DHHS DHEC	No	No	Yes	Yes (for DDSN directly operated facilities)
33	The department shall promulgate regulations to obtain informed consent and to protect the dignity of the individual for participation in research.	§ 44-26-180	Require		No	None. This is achieved through DDSN directives.	This is achieved through DDSN directives, not regulations. DSN Commission to discuss possible recommendation for repeal.		No	No	No	No
34	The South Carolina Department of Disabilities and Special Needs must provide care or treatment for a beneficiary from monies available from the beneficiary's account maintained in the Self-Sufficiency Trust Fund.	§ 44-28-40	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office; DMH; Vocational Rehabilitation.	No	No	No	No
35	The South Carolina Department of Disabilities and Special Needs, the State Department of Mental Health, and the State Agency of Vocational Rehabilitation shall promulgate regulations necessary for the implementation and administration of the Self-Sufficiency Trust Fund.	§ 44-28-80	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office; DMH; Vocational Rehabilitation.	No	No	No	No

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36	The South Carolina Department of Disabilities and Special Needs must provide care or treatment for the beneficiary from monies available from the Disability Trust Fund.	§ 44-28-360	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office; DMH; Vocational Rehabilitation.	No	No	No	No
37	The South Carolina Department of Disabilities and Special Needs, the State Department of Mental Health, and the State Department of Vocational Rehabilitation shall promulgate regulations necessary for the implementation and administration of the Disability Trust Fund.	§ 44-28-370	Require		No	This was never established and therefore there is no negative impact.	New ABLE Act serves same purpose. DSN Commission to discuss possible recommendation for repeal.	State Treasurer's Office DMH Vocational Rehabilitation.	No	No	No	No
38	The State Directors of the Departments of Mental Health and Disabilities and Special Needs shall be the compact administrators for the mentally ill and persons with intellectual disability, or those with a related disability, respectively, and, acting jointly with like officers of other party states.	§ 44-25-30	Require		No	Minimal. Is very rarely used now that services are not institutionally based and are more community based.		DMH DHHS	No	No	Yes	Yes

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39	A direct care entity such as a residential program operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs; employing or contracting with a direct caregiver shall conduct a criminal record check as provided in this section prior to employing or contracting with the direct caregiver.	§ 44-7-2910	Require		No	Inappropriate individuals serving as caregivers to vulnerable adults; therefore, increased risk of negative outcomes.	Consider changing language to reflect background checks prior to contact with vulnerable individuals (not pre-employment) to continue to protect individuals and allow providers to hire employees more timely and start new employee orientation, thus reducing the delay in hiring; assisting with employee recruitment - recommendation pending approval by the DSN Commission.	DSS DMH DHEC LLR SLED	Yes	Yes	Yes	Yes
40	Prior to locating the home for the handicapped persons, the appropriate state agency or department or the private entity operating the home under contract must first give prior notice to the local governing body administering the pertinent zoning laws, advising of the exact site of any proposed home.	§ 6-29-770 (section E)	Require		No	None. Negative impact if remains due to non-compliance with federal statutes and CMS expectations.	Consider modifying subsection E to remove requirement that notice must be given if a home is for persons with disability as it violates the Federal Fair Housing Law - recommendation pending approval by the DSN Commission. Positive impact on community inclusion and compliance with Federal statutes if removed.		No	No	No	No

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41	A physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or intellectual disability specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer having reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited shall report the incident in accordance with this section. the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for incidents occurring in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.	§ 43-35-25	Require		No	Risk of harm to vulnerable individuals; lack of investigation and/or possible prosecution of perpetrators.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes
42	A person required to report under this chapter as a member of the staff of a medical facility, public or private institution, school, facility, or agency immediately shall notify the person in charge or the designated agent of the person in charge who shall take or cause to be taken color photographs of visible trauma.	§ 43-35-30	Require		No	Risk of harm to vulnerable individuals; lack of investigation and/or possible prosecution of perpetrators.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

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43	All deaths involving a vulnerable adult in a facility operated or contracted for operation by the Department of Mental Health, the Department of Disabilities and Special Needs, or their contractors must be referred to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for investigation.	§ 43-35-35	Require		No	Lack of investigation and/or possible prosecution of perpetrators; risk of harm to others.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes
44	A facility as defined in Section 43-35-10 shall prominently display notices stating the duties of its personnel under this chapter and contact information.	§ 43-35-65	Require		No	Lack of knowledge on behalf of employees and visitors of reporting requirements; therefore, increased risk of harm.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

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45	Upon request of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and as necessary to carry out the unit's duties, the unit immediately must be provided: access to information and records regarding a vulnerable adult whose death is being investigated by the unit or reviewed by the committee; and information and records of social services and health agencies that provided services to the vulnerable adult or family.	§ 43-35-540	Require		No	Inability for investigative entity to complete a proper investigation as required by law.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

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46	A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, school attendance officer, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, foster parent, police or law enforcement officer, juvenile justice worker, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, judge, or a volunteer non-attorney guardian ad litem serving on behalf of the South Carolina Guardian Ad Litem Program or on behalf of Richland County CASA must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20.	§ 63-7-310	Require		No	Risk of harm to vulnerable individuals; lack of investigation and/or possible prosecution of perpetrators.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes
47	A person required under Section 63-7-310 to report cases of suspected child abuse or neglect, including workers of the department, who has reason to believe a child has died as the result of child abuse or neglect, shall report this information to the appropriate medical examiner or coroner.	§ 63-7-360	Require		No	Lack of investigation and/or possible prosecution of perpetrators; risk of harm to others.		DMH DSS SLED Local Law Enforcement DHEC LLR Dept. of Education DHHS	No	No	Yes	Yes

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48	Shall provide the opportunity for the patient to designate a family member or other individual they choose as a person with whom the provider may discuss the patients medical condition and treatment plan.	§ 44-66-75	Require		No	Inability to discuss care and treatment with family or appropriate individuals; lack of compliance with federal statutes.		DHEC DHHS DSS any health care provider	No	No	Yes	No
49	No program shall be operated in part or in full for the care, maintenance, education, training or treatment of more than two persons with intellectual disability unless a license is first obtained from the South Carolina Department of Mental Retardation.	Reg. 88-105	Require		No	Potentially negative; potential reduction in quality of services	Consider changing language to reflect current name of agency; designation of two or more persons is overly restrictive and is out of compliance with other federal regulations requiring community inclusion and best practices for services for people with Intellectual Disability - recommendation pending approval from the DSN Commission.	Administrative Law Court and the court system.	No	Yes	No	Yes
50	The Department may, suspend or revoke a license. The Department shall notify the licensee by registered mail, stating the reasons for the suspension or revocation of the license, and shall advise the licensee of his rights to hearings and appeals.	Reg. 88-125	Require		No	Lack of due process.		Administrative Law Court and the court system.	No	No	No	No

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Appropriations												
51	Establish curriculum and standards for training.	Proviso 36.7 Unlicensed Medication Providers	Require		No	Lack of uniformity in training.			No	No	No	No
52	Report semi-annually to the General Assembly and Governor and develop plan to transition children in PDD program to the Medicaid State Plan.	Proviso 36.8 Pervasive Developmental Disorder	Require			Lack of Early Intervention.		DHHS	Yes	Yes	No	Yes
53	Provide reimbursement for services to department eligible children.	Proviso 36.9 Child Daycare Centers	Require		No	Reduction in revenue to Anderson County DSN Board.		DSS	No	No	No	Yes
54	Utilize uncommitted dollars in debt service account for operations and services not funded by the appropriations bill. Report on remaining balance amounts and purposes for which account was used in prior fiscal year.	Proviso 36.10 Debt Service Account	Require		No	Lack of reporting.			No	No	No	No
55	Use appropriated funds for only TBI/Spinal Cord Injury Post Acute Rehabilitation.	Proviso 36.11 Traumatic Brain Injury	Require		No	Lack of services post rehab.			No	Yes	No	Yes
56	Facilitate Medicaid direct billing.	Proviso 36.13 Medicaid Direct Billing	Require		No	Lack of provider choice.		DHHS	No	No	No	Yes
57	Report balance carried forward of any General funds.	Proviso 36.14 Carry Forward Authorization	Require		No	Reduction in service funds.			No	No	No	No
58	Review and identify existing state appropriations within budget that can be used as state match to serve children.	Proviso 117.24 TEFRA	Require		No	Reduction in service funds.		DHHS DSS DHEC DMH COC	No	No	No	No
59	Transfer funds to Department of Social Services for the Interagency System for Caring for Emotionally Disturbed Children.	Proviso 117.54 ISCEDC Funding Transfer	Require		No	Reduction in service funds.		DMH DJJ DSS	No	No	No	No

Item #	Deliverable	Applicable Laws	Does the law(s)... A) Specifically REQUIRE the agency provide it (must or shall)? B) Specifically ALLOW the agency to provide it (may)? C) Not specifically address it?	Optional - Service/Product (If deliverable is too broad to complete the remaining columns, list each product/service associated with the deliverable, and complete the remaining columns)	Does the agency evaluate customer satisfaction? (Y/N)	Greatest potential negative impact on the public if not provided	1-3 recommendations to the General Assembly, other than \$ and providing the deliverable, for how the General Assembly can help avoid the greatest potential negative impact	Other state agencies whose mission the deliverable may fit within	Is the agency permitted by statute, regulation, or proviso to charge for it? (Y/N)	Does the agency know the...		
										cost per unit? (Y/N)	annual # of potential customers? (Y/N)	annual # of customers served? (Y/N)
60	Report on funds received as child placing agency and applied for out of home placement by providers licensed by DSS or DHEC.	Proviso 117.73 IMD Operations	Require		No	Lack of reporting.		DSS DOE DJJ DMH DHEC COC	No	No	No	No
61	Report all criteria and fiscal data established as standards on criteria if means testing where allowed in federal guidelines.	Proviso 117.91 Means Test	Require		No	Lack of reporting.		All agencies providing healthcare services.	No	No	No	Yes
62	Report outlining all programs provided for BabyNet and all state and federal funds expended on BabyNet.	Proviso 117.98 First Steps - BabyNet	Require		No	Lack of reporting.		First Steps DHHS	No	Yes	No	Yes
63	Pay increase of 3.25%.	Proviso 117.118 Employee Compensation	Require		No	Local healthcare providers do not receive funding for pay increases.		Department of Administration	No	Yes	Yes	Yes
64	Pay Lander Equestrian Center \$300,000.	Proviso 118.16 Nonrecurring Revenue	Require		No	Reduction in revenue to Lander Equestrian Center.		Lander University	No	No	No	Yes

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Did the agency have an exit interview and/or survey, evaluation, etc. when employees left the agency in 2013-14; 2014-15; or 2015-16? (Y/N)	Yes
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Organizational Units Chart

Note: Delete any rows not needed; Add any additional rows needed

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
AGENCY HEAD - EXECUTIVE SUITE	Division of the State Director of DDSN, and the key leadership positions of organizational units created to deliver the established mission of the agency.	2013-14: 0% 2014-15: 0% 2015-16: 0%	2013-14: N 2014-15: N 2015-16: Y	2013-14: Y 2014-15: Y 2015-16: Y	2013-14: N 2014-15: N 2015-16: N	
GENERAL COUNSEL	The Office of General Counsel is legal counsel for the agency. Duties include representing the agency in state courts, monitoring cases handled by outside counsel, and offering legal advice on varied agency issues.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: Y 2014-15: Y 2015-16: Y	Some
GOVERNMENT AND COMMUNITY RELATIONS	Is the agency's liaison and representative before the Governor's Office, General Assembly, legislative staff, media, stakeholders and the general public. Responsible for managing constituent concerns, FOIA requests and general inquiries. Advises the State Director and Executive Staff with regard to policies, regulations, legislation, media communication, and community education.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
ADMINISTRATION OFFICE	The division of the chief financial officer, the division directors of the units created to ensure fiscal accountability of the agency.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
BUDGET OFFICE	Responsible for the oversight, planning, development, organization and maintenance of the agency's complete budgetary system, totaling approximately \$740M. The division evaluates policies, plans and programs for cost effectiveness and overall fiscal impact. Budget division conducts research and analyses to support decision making and monitors agency expenditures and revenues. The division is responsible for external budgetary policy interpretation and participation in development of internal procedures. The division coordinates with staff outside the agency concerning budgetary and planning requirements.	2013-14: 0% 2014-15: 0% 2015-16: 14.3%			2013-14: N 2014-15: N 2015-16: N	
FINANCE AND ACCOUNTING	Ensures that all revenues and expenditures for the agency are properly processed and accounted for according to generally accepted accounting principles and SC state laws and regulations. The division is also responsible for processing all Medicaid claims for eligible services provided to consumers in our network.	2013-14: 0% 2014-15: 14.3% 2015-16: 50%			2013-14: N 2014-15: N 2015-16: N	
COST ANALYSIS	Responsible for developing and maintaining rates paid to Providers; developing and reconciling contracts with Providers; filing Cost Reports for the Department; and ensuring that Providers are paid timely. The Division also performs a variety of analyses to track expenditures, trends, and contract compliance.	2013-14: 40% 2014-15: 16.7% 2015-16: 33.3%			2013-14: N 2014-15: N 2015-16: N	
ENGINEERING & PLANNING	Ensures that buildings owned by the Department are constructed, renovated, and life cycle maintained in good condition for the health and safety of clients, staff, and others, and in accordance with SC state laws and regulations. The division is also responsible for procurement of professional design services, procurement and contract administration for construction contracts, and procurement of inspection services related to building systems. The division assists other DDSN divisions and provider organizations with various capital and construction projects related to DDSN's mission.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: Y 2014-15: Y 2015-16: Y	Some

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
INFORMATION TECHNOLOGY	Directs and manages the agency's information technology program. This including planning, policy development, technology procurement, program management, systems development, design and operation of the agencies information technology systems. The Information technology division is also responsible for the agencies office automation , information technology architecture, information technology infrastructure, and records management systems. All of these systems have significant impact upon the agency's ability to successfully carry out its mission.	2013-14: 0% 2014-15: 13.3% 2015-16: 8.9%			2013-14: N 2014-15: N 2015-16: N	
PROCUREMENT	Responsibility to oversee the following functions agency wide: Procurement Services, Fixed Assets, Vehicle Management, Nutrition Services, Mail Services, Laundry Services, Housekeeping Services, Ground Maintenance, Regional Inventories, Drug & Alcohol Testing for CDL Drivers, Surplus Property, Contract Administration, Copier Management, SCEMIS (State Fleet) Coordinator, Building Card Access System, Recycle Program, Building Maintenance & Services, State Contracts, P-Card Administration, and Gas Card Security.	2013-14: 91.7% 2014-15: 0% 2015-16: 50%			2013-14: Y 2014-15: Y 2015-16: Y	
POLICY OFFICE	The Office of Policy develops and maintains policies to provide guidance to and requirements of the Agency. The following Divisions are contained within the supervision of the Office of Policy: Autism Division, Eligibility Division, Head and Spinal Cord Injury Division, Intellectual Disability/Related Disabilities Division, Quality Management Division and Waiver Administration Division.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
INTELLECTUAL DISABILITIES & RELATED	Develop policies, procedures and standards that govern the delivery of services provided through the agency; operate two (2) Medicaid Home and Community Based Waivers; facilitate the coordination of Agency services with services provided by other state agencies; assist in the qualification of providers of Agency services; provide training, assistance and support to the Agency's qualified providers.	2013-14: 0% 2014-15: 0% 2015-16: 15.4%			2013-14: N 2014-15: N 2015-16: N	

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
AUTISM DIVISION	Responsible for providing training and consultation to parents and professionals on matters pertinent to Autism Spectrum Disorder (ASD), and for conducting evaluations to determine the presence of ASD.	2013-14: 22.05% 2014-15: 5.06% 2015-16: 16.34%			2013-14: N 2014-15: N 2015-16: N	
HEAD & SPINAL CORD INJURY DIVISION	Oversee the delivery of services provided through DDSN, operate the Head and Spinal Cord Injury Waiver, provide training and technical support to DDSN qualified providers, and to support and implement prevention and awareness initiatives.	2013-14: 50% 2014-15: 0% 2015-16: 66.7%			2013-14: N 2014-15: N 2015-16: N	
QUALITY MANAGEMENT DIVISION	Works to improve the health, safety and welfare of DDSN's service recipients and monitors compliance with State and Federal Regulations and Medicaid requirements.	2013-14: 0% 2014-15: 0% 2015-16: 16.7%			2013-14: N 2014-15: N 2015-16: N	
ELIGIBILITY DIVISION	Determines DDSN Eligibility based on set criteria and completes administrative duties such as determining Level of Care for Medicaid Waivers and TEFRA eligibility.	2013-14: 20% 2014-15: 8.3% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
OPERATIONS OFFICE	Provides oversight and leadership to the District I and District II Offices, four ICF/IID Residential Regional Centers, the Office of Clinical Services and the Office of Children's Services. Most areas are directly involved in serving individuals directly or training and monitoring DSN Boards and private providers serving eligible individuals.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
CHILDREN'S SERVICES	Responsible for monitoring and training the DSN Board and private Early Intervention providers delivering early intervention services to children birth to six years old. Staff also serve on numerous interagency committees.	2013-14: 0% 2014-15: 25% 2015-16: 25%			2013-14: N 2014-15: N 2015-16: N	
CLINICAL SERVICES	Responsible for conducting psychological evaluations of individuals charged with a crime who are thought to be unable to competently stand trial. Staff in this unit are responsible for arranging in-home and residential services for judicially admitted individuals; arranging in-home and residential services for children with dual developmental and psychiatric disabilities; and are also involved in numerous interagency initiatives.	2013-14: 45% 2014-15: 0% 2015-16: 58.3%			2013-14: Y 2014-15: Y 2015-16: Y	None

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
DISTRICT OFFICES: I & II	Provide training to the DSN Boards and private providers delivering community services to individuals residing in the western (District I) and eastern (District II) halves of the state. These staff also review and respond to individuals who are in crisis. The District I Director supervises Midlands Regional Center's and Whitten Regional Center's facility administrators. The District I Office is located on the grounds of Whitten Center. The District II Director supervises Coastal Regional Center's and Pee Dee/Saleeby Regional Center's facility administrators. The District II Office is located on the grounds of Coastal Center.	2013-14: 0% 2014-15: 6.7% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
MIDLANDS REGIONAL CENTER	Residential ICF/IID facility located in Columbia. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 25.11% 2014-15: 26.91% 2015-16: 32.72%			2013-14: Y 2014-15: Y 2015-16: Y	NONE
PIEDMONT (WHITTEN) REGIONAL CENTER	Residential ICF/IID facility located in Clinton. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 43.86% 2014-15: 39.16% 2015-16: 36.14%			2013-14: Y 2014-15: Y 2015-16: Y	None
COASTAL REGIONAL CENTER	Residential ICF/IID facility located in Summerville. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 20.79% 2014-15: 27.59% 2015-16: 29.45%			2013-14: Y 2014-15: Y 2015-16: Y	None

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
PEE DEE/SALEEBY REGIONAL CENTER	Residential ICF/IID facilities located in Florence and Hartsville. Staff at this unit are responsible for providing a broad array of medical, therapy, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 16.65% 2014-15: 26.11% 2015-16: 27.15%			2013-14: Y 2014-15: Y 2015-16: Y	None
INTERNAL AUDIT	Audit of the agency's and its contractors' processes and business practices; reporting to the DSN Commission.	2013-14: 14.29% 2014-15: 14.29% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
HUMAN RESOURCES	Designs, implements, and monitors the administration and coordination of the agency's human resources programs. Anticipates and plans for long-term HR needs and trends.	2013-14: 20.03% 2014-15: 9.76% 2015-16: 4.55%			2013-14: N 2014-15: N 2015-16: N	

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Note: The details are requested to avoid agencies "arbitrarily" assigning numbers.

Does the agency have any money that is not tracked through SCEIS? (Y/N) (If yes, please outline further by responding to Line 15 under Part B1)	Yes
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2015-16 Strategic Spending Chart

PART A1 - Cash Balances and Revenue Generated
 --> The amounts below relate to the agency's cash.
 --> The Committee understands the (a) agency is only permitted to spend amounts appropriated or authorized, which is addressed in Part A2; and (b) agency may have more cash than it is permitted to spend.

Funding Source	Total	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Funds	General Fund Appropriations Non-Recurring
Funding Source (if funding sources are combined, do not combine recurring with one-time)	n/a	n/a						
2014-15 Total revenue generated	\$367,726,628	n/a	\$0	\$364,058,775	\$3,131,563	\$257,915	\$278,375	\$0
2015-16 Total revenue generated	\$387,983,650	n/a	\$0	\$385,234,319	\$2,543,340	\$31,891	\$174,100	\$0
Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payable	Other Earmarked Funds (3000)	49730000 Educ Improvement	Federal Funds (5000) (FEMA & IDEA Grant)	10010000 General Fund

Cash Balances	Total	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Funds	General Fund Appropriations Non-Recurring
Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payments	30000000 Other Earmarked Funds	49730000 Educ Improvement	50000000 Federal Funds (FEMA & IDEA Grant)	10010000 General Fund
Cash balance as of June 30, 2015 (end of FY 2014-15)	\$3,349,739	n/a	\$0	\$1,830,962	\$1,383,722	\$268,788	-\$133,733	\$0
Cash balance as of June 30, 2016 (end of FY 2015-16)	\$6,421,636	n/a	\$0	\$3,527,877	\$2,877,569	\$0	\$16,190	\$0

PART A2 - Funds Appropriated and Authorized for 2015-16 (i.e. Allowed to spend)
 --> The Committee understands the agency may be appropriated or authorized to spend additional money during the year.

Funding Source	n/a	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Funds	General Fund Appropriations Non-Recurring
Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	Recurring	Non-Recurring

Appropriation and Authorization Details	Totals - Start of year	Totals - End of year	End of Year	End of Year	End of Year	End of Year	End of Year	End of Year
Amounts appropriated, and amounts authorized, to the agency for 2014-15 that were not spent AND the agency can spend in 2015-16	\$1,030,471	\$1,030,471	\$1,030,471	\$0	\$0	\$0	\$0	\$0
Amounts appropriated, and amounts authorized, to the agency for 2015-16	\$678,517,212	\$678,517,212	\$224,552,876	\$449,693,900	\$2,216,782	\$613,653	\$340,000	\$1,100,001
Total Appropriated and Authorized (i.e. allowed to spend)	\$679,547,683	\$679,547,683	\$225,583,347	\$449,693,900	\$2,216,782	\$613,653	\$340,000	\$1,100,001

PART B1 - Utilization of Funds in 2015-16
 --> The Committee understands amount the agency budgeted and spent per objective are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which the Committee may ask the agency to explain, as to how it reached the numbers it provided.

Funding Source	Totals	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations Non-Recurring
Databases(s) through which expenditures are tracked (See instructions for further details)	n/a	n/a	SCEIS (State)	SCEIS (state); ADL (agency)	SCEIS (State)	SCEIS (State)	SCEIS (State)	SCEIS (State)
Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	One-time	One-time
External restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency can use the money from each funding source	n/a	n/a	Per Proviso 36.14: For the current fiscal year, the department is authorized to carry forward any balance of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year and must utilize these funds for the same purpose in the current fiscal year. All other expenditures are limited to those authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget. Per Proviso 36.1: Funds are to be used for other operating expenses and/or permanent improvements of these Work Activity Programs.	EIA (Restricted to program items allowable under State Education Improvement Act.)	Restricted to program items allowable per federal grant provisions	Per Proviso 118.14 (SR: Nonrecurring Revenue) (24 a,b,c) Autism Services, Special Family Resources, Savannah's Playground
State Funded Program # and Description	n/a	n/a	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	400* - Program Services

Current Strategies	Totals Planned to Utilize - Start of year	Totals Utilized - End of year	End of Year	End of Year	End of Year	End of Year	End of Year	End of Year
			General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations Non-Recurring
Strategy 1.1: Greenwood Genetics Center Services to Prevent & Mitigate Birth Defects	\$10,432,176	\$10,366,281	\$3,434,300	\$6,931,981	\$0	\$0	\$0	\$0
Strategy 1.2: Early Childhood Developmental Delay Services	\$30,978,087	\$23,336,768	\$6,892,188	\$16,196,108	\$0	\$0	\$148,472	\$100,000
Strategy 1.3: Post Acute Traumatic Brain or Spinal Cord Injury Rehabilitation Services	\$2,726,828	\$2,692,717	\$2,692,717	\$0	\$0	\$0	\$0	\$0
Strategy 1.4: Pervasive Developmental Disorder (Autism) Services	\$10,378,398	\$8,111,577	\$7,082,254	\$1,029,323	\$0	\$0	\$0	\$0
Strategy 2.1: In-Home Support Services (least restrictive community setting)	\$97,799,040	\$66,851,682	\$46,640,124	\$19,180,823	\$30,735	\$0	\$0	\$1,000,000
Strategy 2.2: Community Residential Services (residential services while still in a community setting)	\$322,630,197	\$314,137,241	\$65,245,061	\$248,340,330	\$409,279	\$142,571	\$0	\$0
Strategy 2.3: Regional Center Residential Services (severe or profound disabilities)	\$95,451,750	\$86,111,572	\$54,372,535	\$31,148,197	\$422,108	\$158,108	\$10,624	\$0
Strategy 2.4: Adult Development & Employment Services	\$74,262,075	\$71,934,699	\$24,709,698	\$46,253,353	\$971,648	\$0	\$0	\$0
Strategy 2.5: Service Coordination	\$23,939,774	\$18,542,692	\$7,719,319	\$10,823,373	\$0	\$0	\$0	\$0

Strategy 3.1: Quality Assurance Monitoring of Provider Contract & Licensing Compliance	\$1,827,922	\$1,827,922	\$277,092	\$1,550,830	\$0	\$0	\$0	\$0
Strategy 3.2: Monitor Provider Financial Management & Operational Requirements	\$585,352	\$585,352	\$567,690	\$17,662	\$0	\$0	\$0	\$0
Strategy 4.1: Monitor Organizational Effectiveness through Benchmarks	\$8,536,084	\$7,169,393	\$5,010,809	\$2,156,373	\$2,211	\$0	\$0	\$0
Strategy 4.2: Organizational Initiatives to Improve Effectiveness	embedded in 4.1	embedded in 4.1						
Total utilized on Agency Strategies in 2015-16	\$679,547,683	\$611,667,896	\$224,643,787	\$383,628,353	\$1,835,981	\$300,679	\$159,096	\$1,100,000

Unrelated Purpose (pass through or other purpose unrelated to agency's strategic plan)	Totals Planned to Utilize -	Totals Utilized -	End of Year	
	Start of year	End of year		
Unrelated Purpose #1 - insert description:	n/a	n/a		
Unrelated Purpose #2 - insert description:				
Insert any additional unrelated purposes				
Total utilized on purposes unrelated to Agency Strategies in 2015-16				

PART B2 - Appropriations and authorizations remaining at the end of 2015-16

Totals	Start of Year	End of Year	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations Non-Recurring
Funding Source	n/a	n/a						
Appropriated and authorized	\$679,547,683	\$679,547,683	\$225,583,347	\$449,693,900	\$2,216,782	\$613,653	\$340,000	\$1,100,001
(minus) Utilized on Agency Strategies in 2015-16	\$679,547,683	\$611,667,896	\$224,643,787	\$383,628,353	\$1,835,981	\$300,679	\$159,096	\$1,100,000
(minus) Utilized on purposes unrelated to Agency Strategies in 2015-16	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Amount of appropriations and authorizations remaining	\$0	\$67,879,787	\$939,560	\$66,065,547	\$380,801	\$312,974	\$180,904	\$1
Amount remaining as % of total appropriations and authorizations	0.00%	9.99%	0.42%	14.69%	17.18%	53.21%	53.21%	0.00%

Explanation for Amount Remaining:
Excess authorization in Other Funds account for the \$67.8M remaining. Funds could only be expended if State Funds were available and expended to generate Medicaid revenue. Other Funds authorization may be lower or higher than actual revenue. Agencies may spend the lesser of actual revenue or the amount of authorization in the budget. To spend Other Funds an agency must have cash (revenue) and authorization. The agency's spending plan for FY 16 was approximately \$620M. The agency expended approximately \$612M leaving a difference of \$8M or 1.29% between projected expenditures and actual expenditures.

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Note: The details are requested to avoid agencies "arbitrarily" assigning numbers.

Line #	1	Does the agency have any money that is not tracked through SCEIS? (Y/N) (If yes, please outline further by responding to Line 15 under Part B1)	Yes
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2016-17 Strategic Budgeting Chart

PART A1 - Cash Balances and Revenue Generated
 --> The amounts below relate to the agency's cash.
 --> The Committee understands the (a) agency is only permitted to spend amounts appropriated or authorized, which is addressed in Part A2; and (b) agency may have more cash than it is permitted to spend.

Funding Source		Total		General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Funds	General Fund Appropriations Non-Recurring
2	Funding Source (if funding sources are combined, do not combine recurring with one-time)	n/a	n/a						
3	2015-16 Total revenue generated	\$387,983,650	n/a	\$0	\$385,234,319	\$2,543,340	\$31,891	\$174,100	\$0
4	2016-17 Total estimated revenue	\$390,571,874	n/a	\$0	\$385,234,320	\$3,743,414	\$548,653	\$1,045,487	\$0
5	Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payable	Other Earmarked Funds (3000)	49730000 Educ Improvement	Federal Funds (5000) (FEMA & IDEA Grant)	10010000 General Fund
Cash Balances		Total	n/a						
6	Fund # and Description (Expendable Level - 8 digit) (full set of financials available for each through SCEIS)	n/a	n/a	10010000 General Fund	37640000 Medicaid Asst Payments	30000000 Other Earmarked Funds	49730000 Educ Improvement	Federal Funds (FEMA & IDEA Grant)	General Fund Appropriations Non-Recurring
8	Cash balance as of June 30, 2016 (end of FY 2015-16)	\$6,421,636	n/a	\$0	\$3,527,877	\$2,877,569	\$0	\$16,190	\$0

PART A2 - Funds Appropriated and Authorized for 2016-17 (i.e. Allowed to spend)
 --> The Committee understands the agency may be appropriated or authorized to spend additional money during the year.

Funding Source		Total		General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant	General Fund Appropriations Non-Recurring
9	Funding Source	n/a	n/a						
10	Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	Recurring	Non-Recurring

Appropriation and Authorization Details		Totals - Start of year	Totals - End of year	End of Year	End of Year				
11	Amounts appropriated, and amounts authorized, to the agency for 2015-16 that were not spent AND the agency can spend in 2016-17	\$939,561	n/a	\$939,561	\$0	\$0	\$0	\$0	\$0
12	Amounts appropriated, and amounts authorized, to the agency for 2016-17	\$738,485,796	n/a	\$240,153,324	\$494,201,528	\$2,236,804	\$548,653	\$1,045,487	\$300,000
13	Total Appropriated and Authorized (i.e. allowed to spend)	\$739,425,357	n/a	\$241,092,885	\$494,201,528	\$2,236,804	\$548,653	\$1,045,487	\$300,000

PART B1 - Utilization of Funds in 2016-17
 --> The Committee understands amount the agency budgeted and spent per objective are estimates from the agency. The information is acceptable as long as the agency has a logical basis, which the Committee may ask the agency to explain, as to how it reached the numbers it provided.

Line #	Funding Source	Totals							
14	Funding Source	n/a	n/a	General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations - Non-Recurring
15	Database(s) through which expenditures are tracked (See instructions for further details)	n/a	n/a	SCEIS (State)	SCEIS (state); ADL (agency)	SCEIS (State)	SCEIS (State)	SCEIS (State)	SCEIS (State)
16	Recurring or one-time?	n/a	n/a	Recurring	Recurring	Recurring	Recurring	One-time	Non-Recurring
17	External restrictions (from state or federal government, grant issuer, etc.), if any, on how the agency can use the money from each funding source	n/a	n/a	Per Proviso 36.14: For the current fiscal year, the department is authorized to carry forward any balance of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year and must utilize these funds for the same purpose in the current fiscal year. All other expenditures are limited to those authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget.	Per Proviso 36.5: The department is authorized to continue to expend departmental generated revenues that are authorized in the budget. Per Proviso 36.1: Funds are to be used for other operating expenses and/or permanent improvements of these Work Activity Programs.	EIA (Restricted to program items allowable under State Education Improvement Act.)	Restricted to program items allowable per federal grant provisions	Per Proviso 118.16 (SR: Nonrecurring Revenue) (26) Lander Equestrian Center
18	State Funded Program # and Description	n/a	n/a	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 9500 - Fringe Benefits 400* - Program Services	0100 - Administration 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	9500 - Fringe Benefits 400* - Program Services	400* - Program Services

19	Current Objectives	Totals Planned to Utilize - Start of year	Totals Utilized - End of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year
				General Fund Appropriations	Medicaid Reimbursements	Other Earmarked Funds	Restricted Funds Education Improvement Act	Federal Grant Revenue & FEMA Grant Revenue	General Fund Appropriations - Non-Recurring
	Strategy 1.1: Greenwood Genetics Center Services to Prevent & Mitigate Birth Defects	\$11,811,376	n/a	\$3,934,300	\$7,877,076	\$0	\$0	\$0	\$0
	Strategy 1.2: Early Childhood Developmental Delay Services	\$31,479,472	n/a	\$6,835,563	\$24,420,909	\$0	\$0	\$223,000	\$0
	Strategy 1.3: Post Acute Traumatic Brain or Spinal Cord Injury Rehabilitation Services	\$3,100,000	n/a	\$3,100,000	\$0	\$0	\$0	\$0	\$0
	Strategy 1.4: Pervasive Developmental Disorder (Autism) Services	\$10,323,590	n/a	\$7,023,590	\$3,300,000	\$0	\$0	\$0	\$0
	Strategy 2.1: In-Home Support Services (least restrictive community setting)	\$128,148,699	n/a	\$57,477,479	\$70,566,220	\$90,000	\$0	\$15,000	\$0
	Strategy 2.2: Community Residential Services (residential services while still in a community setting)	\$339,047,125	n/a	\$77,841,008	\$259,273,570	\$1,006,588	\$220,472	\$705,487	\$0
	Strategy 2.3: Regional Center Residential Services (severe or profound disabilities)	\$100,833,502	n/a	\$56,499,910	\$43,406,945	\$496,466	\$328,181	\$102,000	\$0
	Strategy 2.4: Adult Development & Employment Services	\$80,338,186	n/a	\$15,342,935	\$64,060,251	\$635,000	\$0	\$0	\$300,000
	Strategy 2.5: Service Coordination	\$22,893,752	n/a	\$6,675,217	\$16,218,535	\$0	\$0	\$0	\$0
	Strategy 3.1: Quality Assurance Monitoring of Provider Contract & Licensing Compliance	\$1,883,953	n/a	\$283,704	\$1,600,249	\$0	\$0	\$0	\$0
	Strategy 3.2: Monitor Provider Financial Management & Operational Requirements	\$658,546	n/a	\$621,302	\$37,244	\$0	\$0	\$0	\$0
	Strategy 4.1: Monitor Organizational Effectiveness through Benchmarks	\$8,907,156	n/a	\$5,457,877	\$3,440,529	\$8,750	\$0	\$0	\$0
	Strategy 4.2: Organizational Initiatives to Improve Effectiveness	embedded in 4.1	n/a	\$0	\$0	\$0	\$0	\$0	\$0
	Total planned to utilize on Agency Strategies in 2016-17	\$739,425,357	n/a	\$241,092,885	\$494,201,528	\$2,236,804	\$548,653	\$1,045,487	\$300,000
	Unrelated Purpose (pass through or other purpose unrelated to agency's strategic plan)	Totals Planned to Utilize - Start of year	Totals Utilized - End of year	Budgeted to utilize - Start of year	Budgeted to utilize - Start of year				
	Unrelated Purpose #1 - insert description:	n/a	n/a						
	Unrelated Purpose #2 - insert description:	n/a	n/a						

<i>Insert any additional unrelated purposes</i>	n/a	n/a
Total planned to utilize on purposes unrelated to Agency Objectives in 2016-17	n/a	n/a

PART B2 - Appropriations and authorizations remaining at the end of 2015-16

Totals		Start of Year	End of Year		
Funding Source		n/a	n/a		
Appropriated and authorized		\$739,425,357	n/a		
Line #					
20	(minus) Planned to utilize on Agency Objectives in 2016-17	\$739,425,357	n/a		
	(minus) Planned to utilize on purposes unrelated to Agency Objectives in 2016-17	\$0	n/a		
	Amount of appropriations and authorizations remaining	\$0	n/a		
	Amount remaining as % of total appropriations and authorizations	0.00%	n/a		

Explanation for Amount Remaining:
The agency spending plan outlines \$670.4M in expected expenditures for FY 17. This would leave approximately \$69m in excess authorization at the end of FY 17. Funds could only be expended if State Funds were available and expended to generate Medicaid revenue. Other Funds authorization may be lower or higher than actual revenue. Agencies may spend the lesser of actual revenue or the amount of authorization in the budget. To spend Other Funds an agency must have cash (revenue) and authorization.

Agency Responding	Department of Disabilities and Special Needs
Date of Submission: May 1, 2017	

Performance Measures Chart

<p>Types of Performance Measures:</p> <p>Outcome Measure - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.</p> <p>Efficiency Measure - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection</p> <p>Output Measure - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.</p> <p>Input/Activity Measure - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received</p>	Note: Delete any rows not needed; Add any additional rows needed
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Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Who performs the best in the country on this measure?	Time Applicable	Actual Results (& Target Results) Time Period #1	Actual Results (& Target Results) Time Period #2	Actual Results (& Target Results) Time Period #3	Actual Results (& Target Results) Time Period #4	Actual Results (& Target Results)			Target Results Time Period #6 (current time period)
									actual	target	national bench- mark	
Annual Rate of Neural Tube Birth Defects Per 10,000 Live Births & Compare to National Benchmark	Outcome	Agency selected		July 1 - June 30	7.1	6.6	7.2 (7.0)	8.5 (8.0)	6.9	8.0	7.0	6.9
Annual # of Children with Metabolic Disorders Receiving Curative Treatment	Output	Agency selected		July 1 - June 30	204	106	118 (125)	174 (190)	208	190		208
Average % Gain in Standardized Adaptive Behavior Domain Scores for Children in the Pervasive Developmental Disorder (PDD) Waiver after Two Years of Service	Outcome	Agency selected		July 1 - June 30	11.8%	10.4%	10.4% (11.0%)	10.4% (11.0%)	10.4%	11.0%		10.4%
% of Children Receiving Early Intervention Services Prior to Third Birthday	Outcome	Agency selected		July 1	80.6%	74.6%	75.6% (77.0%)	84.4% (87.5%)	86.2%	87.5%		86.2%
United Cerebral Palsy Community Inclusion Ranking (National Benchmark)	Outcome	Agency selected	Arizona	Annual Report	13th	12th	6th (6th)	9th (6th)	14th	6th	25th	14th
# Children Served in PRTFs	Outcome	Agency selected		July 1	18	61	75 (70)	62 (70)	64	55		64
# Children Served in Regional Centers	Outcome	Agency selected		July 1	9	8	6 (4)	6 (4)	5	5		5
Ratio of Persons Served In HCB Waivers Versus ICF/IID	Efficiency	Agency selected	Arizona	July 1	6.39	7	7.4 (8.0)	8 (8.5)	9.6	8.5		9.6
# of Persons Served in Nursing Facilities Per 100,000 General Population & Compare to National Benchmark	Outcome	Agency selected	Ohio	July 1	4.4	4	3.9 (3.8)	4.4 (4.0)	4.6	4	8.9	4.6
# of Persons Served in 16 + Bed Institutions Per 100,000 General Population & Compare to National Benchmark	Outcome	Agency selected	Hawaii	July 1	20.1	20.5	20.3 (20.1)	20.2 (20.1)	19.7	20.1	25.0	19.7
% of Individuals Receiving Day Services in an Integrated Employment Setting & Compare to National Benchmark	Outcome	Agency selected	Washington	July 1	29%	30%	29% (30%)	29% (30%)	29%	30%	19%	29%
Average Length of Wait for Individuals Removed from the Critical Needs List	Outcome	Agency selected		July 1 - June 30	61 days	62 days (45 days)	51 days (45 days)	56 days (50 days)	88 days	50 days		60 days
Average Annual Overall Contract Compliance Review (CCR) Score (%)	Outcome	Agency selected		July 1 - June 30	88.8%	93.1%	92.7% (93.3%)	93.6% (94.0%)	91.8%	94.0%		91.5%
Annual # of Community Service Providers with less than 70% Contract Compliance Review Key Indicator in One Review Area (Total Six Possible Review Areas)	Outcome	Agency selected		July 1 - June 30	10	8	10 (7)	6 (7)	20	5		19

Average Annual Overall Licensing Survey Compliance Score (%)	Outcome	Agency selected		July 1 - June 30	93.6%	93.6%	94.5% (95%)	92.4% (95%)	91.7%	95.0%		91.8%
Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Who performs the best in the country on this measure?	Time Applicable	Actual Results (& Target Results) Time Period #1	Actual Results (& Target Results) Time Period #2	Actual Results (& Target Results) Time Period #3	Actual Results (& Target Results) Time Period #4	Actual Results (& Target Results)			Target Results Time Period #6 (current time period)
									actual	target	national bench- mark	
Annual # of Community Residential or Day Facilities with less than 70% Licensure Compliance	Outcome	Agency selected		July 1 - June 30		1	0 (0)	0 (0)	1	0		0
Average # of Deficiencies in Annual Compliance Review of Community ICF/IID Facilities	Outcome	Agency selected		July 1 - June 30	14.5	13.1	10 (9)	8.4 (9)	7.5	8.0		7.5
Average # of Deficiencies in Annual Compliance Review of Regional Center ICF/IID Facilities	Outcome	Agency selected		July 1 - June 30	26.1	17.3	12 (12.0)	12.9 (12.0)	9.6	12.0		9.6
Annual # of Community ICF/IID Immediate Jeopardy Findings	Outcome	Agency selected		July 1 - June 30	1	0	0 (0)	0 (0)	0	0		0
Annual # of Regional Center Immediate Jeopardy Findings	Outcome	Agency selected		July 1 - June 30	0	0	0 (0)	0 (0)	0	0		0
Annual Rate of Substantiated Allegations of Abuse/Neglect/Exploitation Per 100 Served in Community Residential Settings	Outcome	Agency selected		July 1 - June 30	0.2	0	0.3 (quarterly trend analysis)	0.1 (quarterly trend analysis)	0.07	0		0.07 & quarterly trend analysis
Annual Rate of Substantiated Allegations of Abuse/Neglect/Exploitation Per 100 Served in Regional Centers	Outcome	Agency selected		July 1 - June 30	0	0	0 (quarterly trend analysis)	0 (quarterly trend analysis)	0.3	0		0.25 & quarterly trend analysis
Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings	Output	Agency selected		July 1 - June 30	16.81	16.91	15.61 (15)	16.53 (15)	19.14	15		19
Annual Rate of Critical Incidents Per 100 Served in Regional Centers	Output	Agency selected		July 1 - June 30	26.5	31.2	29.6 (29)	31.9 (29)	40.1	29.0		39.0
Annual Rate of Fall Related Critical Incidents Per 100 Served in Community Residential Settings	Outcome	Agency selected		July 1 - June 30	1.4	1.54	1.38 (1.25)	1.56 (1.30)	1.12	1.3		1.12
Annual Rate of Fall Related Critical Incidents Per 100 Served in Regional Centers	Outcome	Agency selected		July 1 - June 30	0.98	0.88	0.53 (.45)	0.93 (.75)	1.54	0.75		1.12
% of Total Served Supported In Home & Compare to National Benchmark	Output	Agency selected	Arizona	July 1	71%	72%	72% (73.0%)	71.0% (73.0%)	71%	73%	56%	71%
# of Persons Served Per 100,000 General Population & Compare to National Benchmark	Output	Agency selected	Ohio	July 1	369.5	368.8	368.6 (369.0)	370.4 (371.5)	365.9	371.5	358.8	365.9
% of Individuals Served in Regional Centers w/ Severe or Profound ID & Compare to National Benchmark	Efficiency	Agency selected	Kentucky	July 1	81.7%	81.7%	84.5% (86%)	84.5% (86%)	84.5%	86.0%	76.0%	84.5%
Administrative Expenses as a % of Total Expenses	Efficiency	Agency selected		July 1 - June 30	1.58%	1.51%	1.34% (1.25%)	1.3% (1.25%)	1.29%	1.25%		1.29%
Average Annual Per Person HCB Waiver Cost & Compare to National Benchmark	Efficiency	Agency selected	Mississippi	July 1 - June 30	\$39,286	\$33,603	\$29,966 (\$30,000)	\$36,260 (\$37,500)	\$29,689	\$37,500	\$44,160	\$29,689
Average Annual Per Person Community ICF/IID Cost & Compare to National Benchmark	Efficiency	Agency selected	Alabama	July 1 - June 30	\$87,179	\$70,018	\$76,661 (\$80,000)	\$89,487 (\$92,500)	\$98,957	\$92,500	\$100,552	\$98,957
Average Annual Per Person Regional Center Cost & Compare to National Benchmark	Efficiency	Agency selected	Mississippi	July 1 - June 30	\$122,275	\$122,275	\$114,245 (\$120,000)	\$126,655 (\$130,000)	\$126,655	\$130,000	\$237,250	\$126,655
% of DDSN consumers served by only DDSN	Efficiency	Agency selected		July 1	91.0%	91.5%	93.0% (93.5%)	92.5% (93.5%)	93.0%	93.5%		93.0%
# Individuals on DDSN Managed HCB Waiver Waiting Lists	Outcome	Agency selected		July 1	7778	9436	11,212 (10,500)	10,660 (10,000)	10,464	10,000		10,300
Average Time of Wait (in years) for Individuals Enrolled in ID/RD Waiver	Outcome	Agency selected		July 1 - June 30	5.5	5.9	6.7 (5.0)	6.0 (5.5)	3.5	5.5		3.4

Average Time of Wait (in years) for Individuals Enrolled in CS Waiver	Outcome	Agency selected		July 1 - June 30	2.6	3.1	4.1 (3.5)	3.4 (3.0)	1.5	3		1.4
Performance Measure	Type of Measure	Agency selected; Required by State; or Required by Federal	Who performs the best in the country on this measure?	Time Applicable	Actual Results (& Target Results) Time Period #1	Actual Results (& Target Results) Time Period #2	Actual Results (& Target Results) Time Period #3	Actual Results (& Target Results) Time Period #4	Actual Results (& Target Results)			Target Results Time Period #6 (current time period)
									actual	target	national bench- mark	
Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver	Outcome	Agency selected		July 1 - June 30	3.8	3.1	2.2 (1.0)	0 (0)	0	0		0
NEW in FY 16/17: # of Transfers from Regional Centers to Community Residential Settings	Outcome	Agency selected		July 1 - June 30								24 by 6/30/2017
NEW in FY 16/17: Complete Re-examination of Post Acute Rehabilitation Service Contracts	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: # of New Residential Settings Developed	Outcome	Agency selected		July 1 - June 30								50 by 6/30/2017
NEW in FY 16/17: # of DDSN Directly Operated Community Homes Developed	Outcome	Agency selected		July 1 - June 30								6 by 6/30/2018
NEW in FY 16/17: Begin Centralization of Annual Service Authorization by DDSN	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Complete the Modification of the Licensing and Contract Compliance Review Requirements and Submit RFP	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Begin the Modification of the Critical Incident Reporting Program	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Complete the Re-examination of the Distribution of Audit Report Policy	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Complete Assessment if a Policy is Needed Requiring Private Health Care Providers Furnish an Annual Certified Financial Statement to DDSN	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Assess if a Policy is Needed Establishing Monetary Penalties on Providers with Repeat Audit Findings of Substantial Non-compliance	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017
NEW in FY 16/17: Carryforward Will Be Less Than 1% Net of Estimated Medicaid Settlement Cost Needs	Outcome	Agency selected		July 1 - June 30								1 percent
NEW in FY 16/17: Establish Budget Priority Request to Increase Direct Care Workers' Wages and Proactively Advocate in all Appropriate Forums	Outcome	Agency selected		July 1 - June 30								complete by 6/30/2017

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	5/1/2017

Strategic Plan Summary Chart

Mission: Assist people with disabilities and their families through choice in meeting needs; pursuing
Legal Basis: SC State Code, Section 44-20-20
Vision: To provide the very best services to all persons with disabilities and their families in South Carolina
Legal Basis: SC State Code, Sections 44-20-20, 44-20-220 & 44-20-240

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	2015-16		2016-17		Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
			# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted					
			authorized-2122 available-1987 utilized-1697	\$679,547,683	authorized-2122 available-1987 utilized-1685	\$739,425,357					
Goal 1: Prevent Disabilities and Ameliorate Impact of Disabilities							See below				
Strategy 1.1: Greenwood Genetic Center Birth Defect Services	prevent and mitigate birth defects	1669	<1	\$ 10,366,281	<1	\$ 11,811,376	n/a	n/a	n/a		n/a
Objective 1.1.1: Annual neural tube birth defect rate in SC will remain at or below national average (7.0 per 10,000 live births)	minimize incidents of neural tube defects and associated long-term medical costs						annual rate of neural tube defect births per 10,000 live births in SC	Policy; and Administrative	Beck; more than 3 years Waring; more than 3 years	Yes	SCDHHS; Greenwood Genetics; and community organizations
Objective 1.1.2: Provide curative treatment to all children with metabolic disorders	mitigate health impact of metabolic disorders and associated long-term medical costs						# of children receiving metabolic treatment at the Greenwood Genetic Center	Policy; and Administrative	Beck; more than 3 years Waring; more than 3 years		SCDHHS; Greenwood Genetics; community organizations; and school districts
Objective 1.1.3: Provide prevention education and awareness with specific contract deliverables	mitigate risk of future birth defects and associated long-term medical costs						compare Greenwood Genetics' annual contract deliverables with its end of the year results reporting	Policy; and Administrative	Beck; new in FY 16/17 Waring; new in FY 16/17		SCDHHS; Greenwood Genetics; community organizations; and school districts
Strategy 1.2: Early Childhood Developmental Delay Services (BabyNet & Early Intervention)	mitigate developmental delays (ages 0-6)	9,098	2	\$ 23,336,768	2	\$ 31,479,472	n/a	n/a	n/a		n/a
Objective 1.2.1: At least 86% of at-risk children served should receive early intervention services prior to third birthday	the earlier a child receives intervention services, the more likely higher developmental outcomes achieved						percentage of total children receiving early intervention services prior to third birthday during the FY	Operations	Goodell; more than 3 years	Yes	First Steps; SCDHHS; DDSN qualified providers; and SCDOE
Strategy 1.3: Post Acute Traumatic Brain or Spinal Cord Injury Rehabilitation Services	ameliorate impact of traumatic brain and spinal cord injuries	54	<1	\$ 2,692,717	<1	\$ 3,100,000	n/a	n/a	n/a		n/a
Objective 1.3.1: Re-examine post acute rehabilitation service contracts with four providers to better individualize services and serve more individuals	serve more individuals						complete contract re-examination by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	private health care providers
Strategy 1.4: Pervasive Developmental Disorder (Autism) Services	mitigate developmental disorders and associated long-term medical costs	1,255 -waiver 6000-other	2	\$ 8,111,577	2	\$ 10,323,590	n/a	n/a	n/a		n/a
Objective 1.4.1: Children completing PDD Program will experience average gain of 10% in standardized adaptive behavior scores after two years of service	mitigation of developmental disorders						average gain in standardized adaptive behavior domain scores for children in PDD Program after two years of service	Policy	Beck; more than 3 years	Yes	private health care providers; and SCDHHS

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence							See below				
Strategy 2.1: In-Home Family Support Services (least restrictive community setting)	serves consumers at home, which is the least restrictive community based setting; promotes community integration, higher quality of life, consumer choice, lower costs, and individual independence	37,330	24	\$ 66,851,682	25	\$ 128,148,699	n/a	n/a	n/a		n/a
<u>Objective 2.1.1:</u> The % of total individuals with ID/DD receiving services in home will be at or above the national average (56%)	maximize use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						% of total served supported in-home divided by the total population served in-home, residential, and regional centers	Operations; Administrative; and Policy	Goodell; more than 3 years Waring; more then 3 years Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
<u>Objective 2.1.2:</u> Monitor community support waiver list (average wait time; total individuals) as a critical factor in budget requests and budget allocation decisions	increasing use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						formerly monitor on no less than a quarterly basis	Operations; and Policy	Goodell; more than 3 years Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
<u>Objective 2.1.3:</u> Maintain Head and Spinal Cord Injury (HАСI) waiting list at zero	maximize use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						# of people on the HASCI waiting list	Policy	Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
<u>Objective 2.1.4:</u> : Maintain a ratio of at least 9.6 to 1 of persons served in HCB waivers (ID/RD) compared to ICF/IID waiver	indicative of consumers being provided choice to live in the community or at home which improves quality of life and lowers costs						ratio of persons served In HCB waivers versus ICF/IID waiver	Operations	Goodell; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families
Strategy 2.2: Community Residential Services (residential habilitation services while still in the community)	serves consumers requiring residential habilitation services while still in a community based setting; promotes community integration, higher quality of life, consumer choice, lower costs, and individual independence	4,639	91	\$ 314,137,241	99	\$ 339,047,125	n/a	n/a	n/a		n/a
<u>Objective 2.2.1:</u> South Carolina will rank in the top 10 in the annual United Cerebral Palsy (UCP) Community Inclusion Report	indicative of consumers being provided choice to live in the community or at home which improves quality of life and lower costs						The annual United Cerebral Palsy Inclusion Report	Operations	Goodell; more than 3 years	Yes	United Cerebral Palsy Association
<u>Objective 2.2.2:</u> Develop an additional 50 less restrictive residential settings	increasing use of less restrictive community residential services enables individuals to live in the community promoting a higher quality of life, consumer choice, and lower costs						# of residential development of less restrictive settings during FY 16/17	Operations	Goodell; new in FY 16/17	Yes	SCDHHS; DDSN qualified provides; and private health care providers
<u>Objective 2.2.3:</u> Average length of wait for individuals placed on Critical Needs List will be less than 60 days	decrease time to receive consumer services						average of all consumer's wait time on the Critical Needs List during the FY	Operations	Goodell; more than 3 years	Yes	SCDHHS; DDSN qualified provides; and private health care providers
<u>Objective 2.2.4:</u> Develop 6 DDSN directly operated community homes	expand capacity to serve individuals on the Critical Waiting List						6 DDSN directly operated community homes will be operational by end of FY 17/18	Operations	Goodell; new in FY 16/17	Yes	DDSN qualified providers; and SCDHHS
<u>Objective 2.2.5:</u> Psychiatric Residential Treatment Facilities will serve less than 65 children during the FY	promotes children living with their families and in the community for a higher quality of life						# of children served in Psychiatric Residential Treatment Facilities during the FY	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
<u>Objective 2.2.6:</u> Average annual per person HCB waiver cost will be less the national average (\$44,160)	maximize resources available to serve additional individuals						average annual per person HCB waiver cost compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
<u>Objective 2.2.7:</u> Monitor ID/RD waiver list (average wait time; total individuals) as a critical factor in budget requests and budget allocation decisions	increasing use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						formerly monitor on no less than a quarterly basis	Operations; and Policy	Goodell; more than 3 years Beck; more than 3 years	Yes	SCDHHS; DDSN qualified provider network; private health care providers; and families

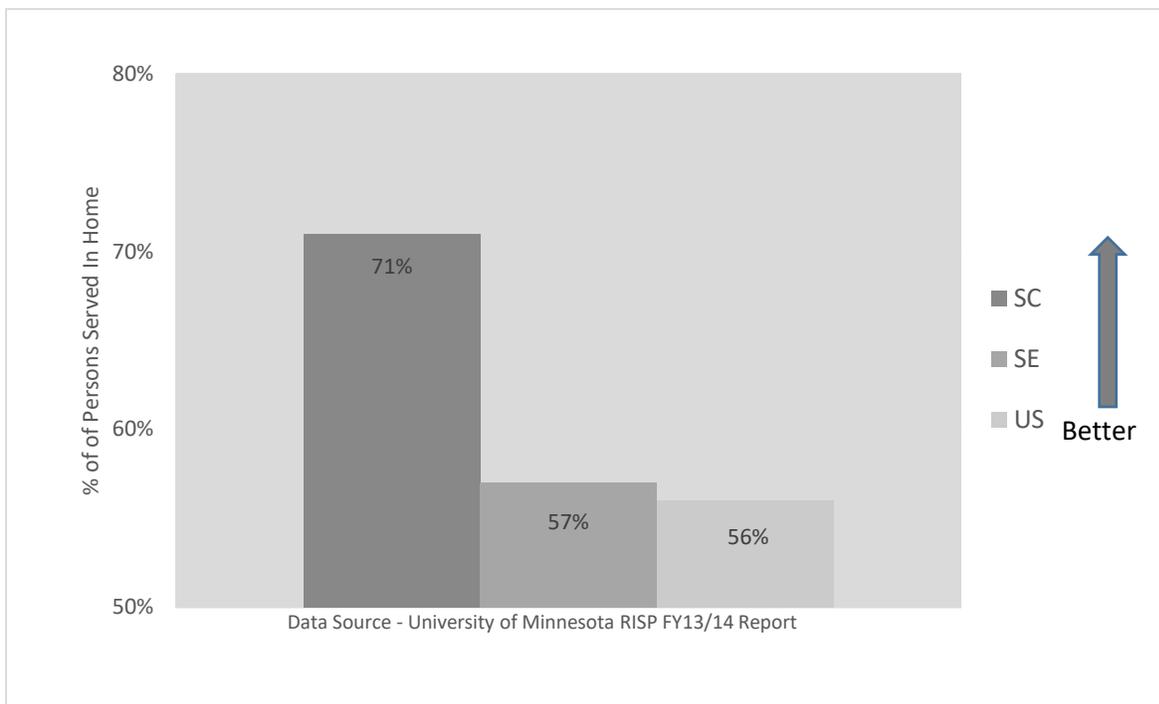
Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Strategy 2.3: Regional Center Residential Services (severe or profound disabilities)	serves fragile consumers with severe or profound disabilities where community based services are not appropriate	666	1,495	\$ 86,111,572	1,765	\$ 100,833,502	n/a	n/a	n/a		n/a
Objective 2.3.1: South Carolina will serve fewer individuals per 100K population in 16 + bed institutions than the national average (25.0 per 100K)	indicative of consumers being provided choice to live in the community or at home, rather than a Regional Center ICF/IID, which improves quality of life and lowers costs						# of individuals served in 16 + bed institutions per 100K general population compared to a national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; and DDSN qualified providers
Objective 2.3.2: The % of individuals served at the Regional Center ICF/IIDs with severe or profound disabilities will be at or above the national average (76.0%)	indicative of Regional Center ICF/IID facilities being properly used to serve only the most severe ID/RD consumers						% of individuals served in Regional Center ICF/IIDs with severe or profound ID compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS
Objective 2.3.3: South Carolina will serve fewer individuals with ID in nursing facilities than the national average (8.9 per 100K)	promotes consumer placement in facilities better suited for ID support						# of individuals served in nursing facilities Per 100K general population compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; DDSN qualified providers; and private health care providers
Objective 2.3.4: Have less than 6 children in Regional Centers	promotes children living with their families and in the community for a higher quality of life						# of children served in Regional Centers	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 2.3.5: Average annual per person ICF/IID waiver cost will be less than national average (community ICF - \$100,556; Regional Center - \$237,250)	maximize resources available to serve additional individuals						average annual per person ICF/IID waiver cost compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; and DDSN qualified providers
Objective 2.3.6: Identify opportunities to support Regional Center consumers transfer to community residential settings with a projection of 24 transfers	indicative of consumers being provided a choice to live in the community, which improves quality of life and lowers costs						# of transfers of Regional Center consumers to community residential settings in FY 16/17	Operations	Goodell; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Strategy 2.4: Adult Development & Employment Support Services	promotes independence, community involvement, and quality of life	6,399 day 2,359 employ	1	\$ 71,934,699	1	\$ 80,338,186	n/a	n/a	n/a		n/a
Objective 2.4.1: The % of individuals receiving day services in integrated employment settings will be at or above the national average (19%)	employment correlates with increased quality of life						% of Individuals receiving day services in integrated employment settings compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Strategy 2.5: Service Coordination (Case Management)	provides consumer advocate and logistical support to ensure consumer needs met	17,237	5	\$ 18,542,692	5	\$ 22,893,752	n/a	n/a	n/a		n/a
Objective 2.5.1: Centralize annual consumer service authorization at DDSN	promotes conflict free case management						DDSN's centralized system to authorized annual consumer service plans will begin by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Goal 3: Protect Health, Safety & Welfare of Individuals Served							See below				
Strategy 3.1: Quality assurance monitoring of providers' compliance with contract operational performance; consumer health, safety & welfare; and facility licensing standards	ensure quality outcomes consistent with contract requirements with emphasis on consumer health, safety & welfare	All Eligible Consumers	5	\$ 1,827,922	6	\$ 1,883,953	n/a	n/a	n/a		n/a
Objective 3.1.1: The average annual provider contract compliance review score will be 91.5% or above	assurance of substantial contract compliance						average of all providers contract compliance review scores during the FY	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.2: The average number of provider contract compliance reviews with at least one section (six sections measured) scoring below 70% (substantial non-compliance) will be 6% or lower	assurance of substantial contract compliance						average of number of provider contract compliance reviews during FY with at least one section (six sections measured) scoring below 70% (substantial non-compliance)	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.3: The average annual provider licensing compliance review score will be 91.8% or above; and there will be no individual provider with less than a 70% score	assurance providers meet licensing standards to operate facilities serving consumers						average of all providers licensing compliance review scores during the FY	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.4: Modify the licensing and contract compliance review requirements and techniques emphasizing outcomes; establishing thresholds for proactive inquiry; and establish thresholds for contract non-compliance penalties	enhance assurance of contract performance and enhanced DDSN response for non-compliance						develop requirements, issue, and submit RFP by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Objective 3.1.5: The community and Regional Center ICFs/IIDs will average less than 2% (8) and 3% (12) compliance deficiencies (388 DHEC compliance requirements), respectively, and neither will have an immediate jeopardy finding	assurance of substantial compliance with DHEC certification standards for community and Regional Center ICFs/IIDs						average of compliance deficiencies for the FY for community and Regional Center ICFs/IIDs compared to standards, as well as determine if any immediate jeopardy finding issued	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.6: Annual rate of falls leading to injury per 100 consumers served in community residential and Regional Centers will be less than 1.12	indicator of DDSN policies and provider preventative efforts to protect consumers' health, safety & welfare						total annual falls in residential settings or Regional Centers with injuries normalized to incidents per 100 consumers	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.7: Annual rate of critical incident reports per 100 consumers should not exceed 19 in residential settings and 39 in Regional Centers	indicator of critical incident reporting activity for trend analysis						# of critical incidents reported in residential settings and Regional Centers normalized per 100 consumers	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.8: Modify the critical incident reporting program to focus collection on relevant incidents and eliminate benign incidents; establish criteria for proactive inquiry; and establish performance benchmarks within 90 days after initiating modified process	enhance assurance of consumer health, safety & welfare through increased quality of incident reporting and enhanced DDSN response to trends or suspicious individual incidents						develop plan, obtain Commission approval, and begin implementing by 6/30/2017	Policy	Beck; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 3.1.9: The annual rate of substantiated ANE per 100 served will be less than 0.07% in community residential settings and 0.25% in Regional Centers	indicative of DDSN policies and provider preventative efforts to protect consumers' health, safety & welfare						total annual ANE substantiated allegations (arrests) normalized per 100 consumers for the community residential and Regional Center populations	Policy	Beck; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Strategy 3.2: Monitor providers' financial management and operational requirements	provide assurance of providers compliance with DDSN contract and policy fiscal requirements	All Eligible Consumers	8	\$ 585,352	8	\$ 658,546	n/a	n/a	n/a		n/a
Objective 3.2.1: Re-examine distribution of audit report policy to consider expanding distribution to stakeholders having a level of provider oversight	ensures key stakeholders with a level of provider oversight are fully informed of audit results						propose policy on audit report distributions to the Commission for approval by 6/30/2017	Internal Audit	Yacobi; new in FY 16/17	Yes	private health care providers; and DDSN qualified providers
Objective 3.2.2: Determine if a policy is needed requiring private health care providers furnish an annual certified financial statement to DDSN	facilitates DDSN contract monitoring by comparing contract budget with actual costs						propose, if warranted, new policy to Commission for approval by 6/30/2017	Internal Audit	Yacobi; new in FY 16/17	Yes	DDSN qualified providers; and private health care providers
Objective 3.2.3: Determine if a policy is needed establishing monetary penalties on providers for having repeat substantial non-compliance audit findings on an initial and follow-up audit.	create financial incentive/deterrents for proper fiscal compliance						propose, if warranted, new policy to Commission for approval	Internal Audit	Yacobi; new in FY 16/17	Yes	DDSN qualified providers; and private health care providers
Goal 4: Meet the Needs of the Maximum Number of Eligible Individuals Through Efficient & Effective Use of Available Resources							See below				
Strategy 4.1: Monitor organizational effectiveness through benchmarks	provides indicators of organizational effectiveness to executive management, oversight, and the public	All Eligible Consumers	64	\$ 7,169,393	74	\$ 8,907,156	n/a	n/a	n/a		n/a
Objective 4.1.1: The % of total individuals with ID/DD served who are receiving services in home will be at or above the national average (56%)	maximize use of in-home supports & services enables individuals to live at home promoting higher quality of life, consumer choice, and lower costs						% of total served supported in-home divided to total population served in-home, residential, and regional centers compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.2: Maintain a ratio of at least 9.6 to 1 of persons served in HCB waivers compared to ICF/IID	Indicative of consumers being provided choice to live in the community or at home which improves quality of life and lowers costs						ratio of persons served in HCB waivers versus ICF/IID waivers	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.3: Administrative expenses will be less than 2% of total expenses	maximize resources available for consumer services						total FY administrative costs/total actual costs	Administration	Waring; more than 3 years	Yes	SCDHHS
Objective 4.1.4: Average annual per person HCB waiver cost and ICF/IID waiver cost will be less than corresponding national average (HCB - \$44,160; Community ICF - \$100,556; Regional Center - \$237,250)	maximize resources available to serve additional individuals						average annual per person HCB and ICF/IID waiver cost compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.5: Carryforward will be less than 1% net of estimated Medicaid settlement cost needs	maximize resources to consumers along with obtaining available matching federal funds						end of FY carryforward less estimated Medicaid settlement costs/FY total actual costs	Administration	Waring; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers

Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted	Associated Performance Measures	Associated Organizational Unit(s)	Responsible Employee Name & Time staff member has been responsible for the goal or objective	Does this person have input into strategy? (Y/N)	Partner(s), by segment, the agency works with to achieve the objective
Objective 4.1.6: Greater than 90% of DDSN consumers will not receive services by multiple state agencies	indicative of avoiding redundant services with sister state agencies delivering human services						% of total consumers who are not receiving services from another state agency	Operations	Goodell; more than 3 years	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.7: # of individuals served per 100K general population compared to national average (358.8)	degree which state is efficiently responding to service needs						total individuals served/SC population compared to national benchmark (Residential Information Systems Project Annual Report, University of Minnesota)	n/a	n/a	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Objective 4.1.8: Decrease turnover and increase candidate pool for direct care workers through a priority budget request to increase pay of direct care workers	improve systemwide operations, employee turnover, and excessive overtime costs						include as budget priority budget request and proactively advocate in all appropriate forums	State Director	Buscemi; new in FY 16/17	Yes	SCDHHS; private health care providers; and DDSN qualified providers
Total			1,697	\$ 611,667,896	1,987	\$ 739,425,357					

SCDDSN Performance Measure

Living Arrangements for Persons with Intellectual Disability/Related Disabilities (ID/RD) Receiving Services Comparing South Carolina with the Southeastern Region and United States



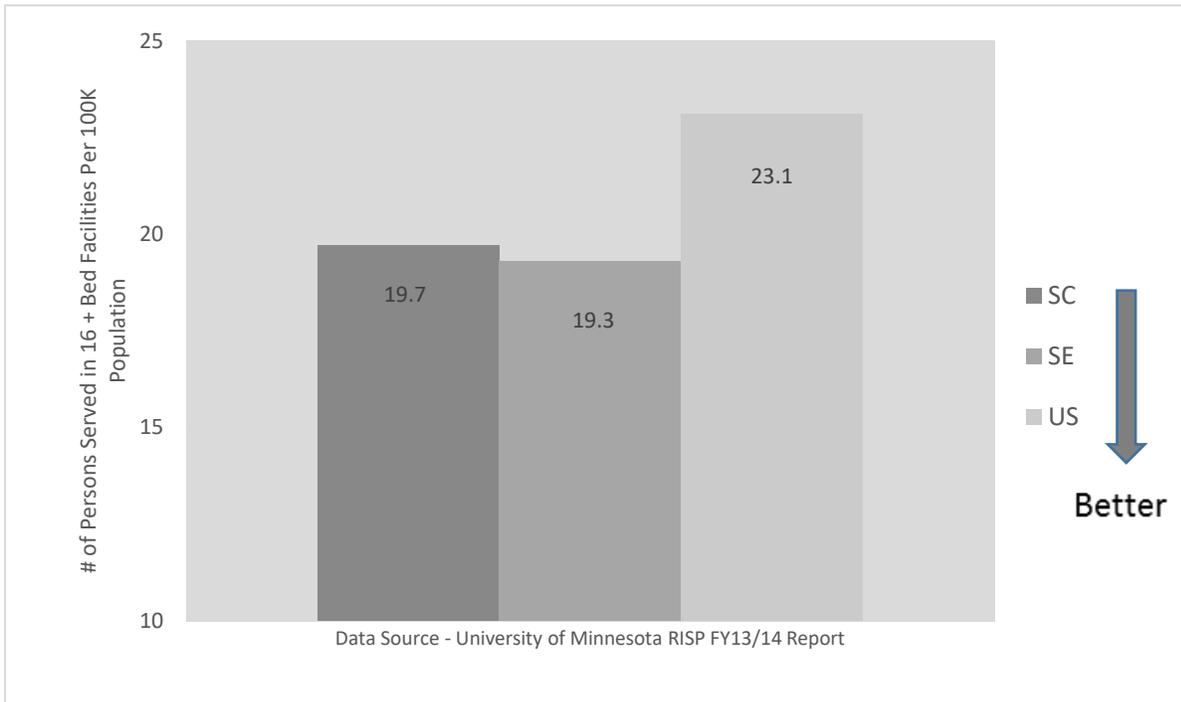
Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers. Of the thousands of persons with intellectual disability and related disabilities (ID/RD) and Autism Spectrum Disorder receiving services from DDSN, 71% live with family caregivers compared to 56% nationally. DDSN is doing a better job of keeping families together utilizing day services, respite, personal care, and other needed supports than the Southeastern region and United States.

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

SCDDSN Performance Measure

Large Residential Settings and Resource Utilization

Comparing South Carolina with the Southeastern Region and United States

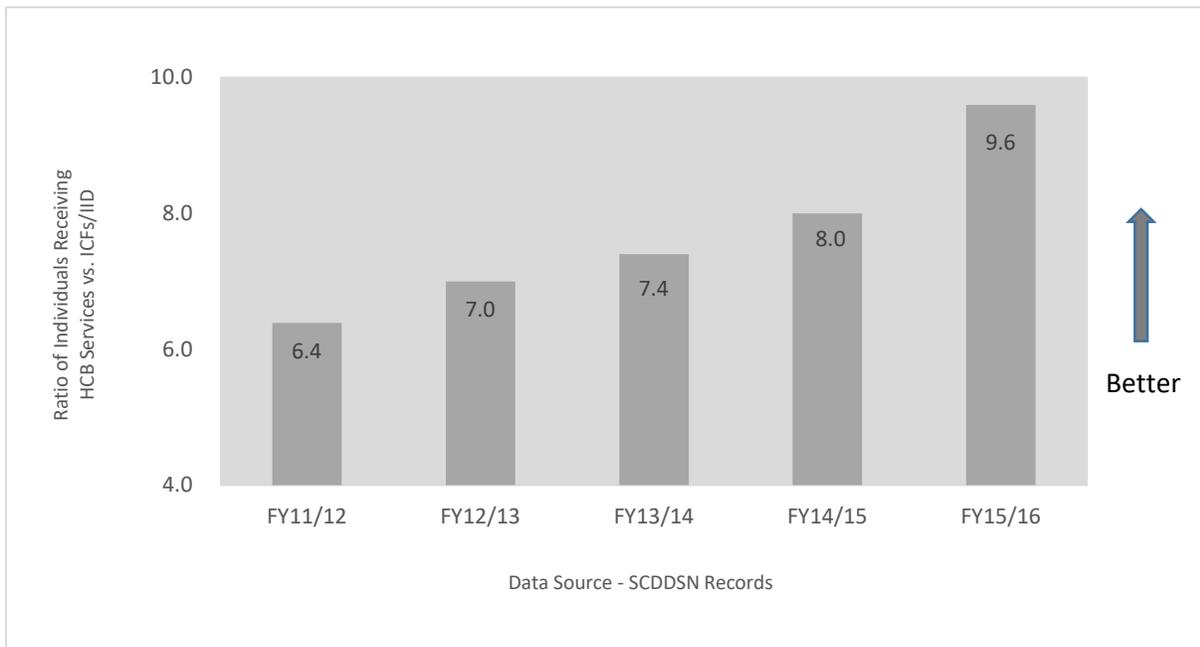


DDSN serves 15% fewer person that the national average of persons per 100,000 population living in large (16 + beds) institutions. Federal and South Carolina state laws require that people with intellectual disability and related disabilities (ID/RD) live in the least restrictive environment. Receiving services in a smaller, family-like setting is preferred by individuals and families and is a more cost-efficient service alternative for taxpayers.

SCDDSN Performance Measure

Delivery of Services per Consumer Need and Choice

Home and Community Based Settings (Waiver) Versus Institutional (ICF/IID)

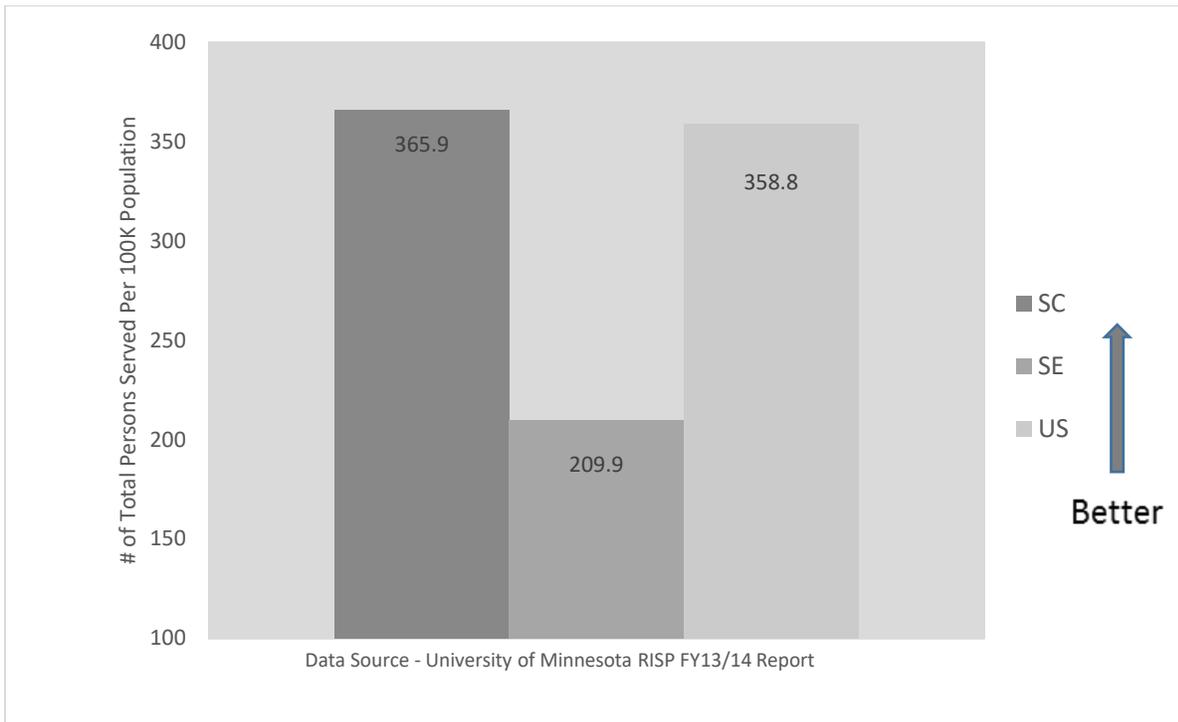


DDSN provides services to consumers based on their level of need and choice of either institutional (Intermediate Care Facility for Individuals with Intellectual Disability - ICFs/IID) or home and community based waiver services. DDSN designed and implemented home and community based options to facilitate people moving out of ICFs/IID and prevent people from having to move into ICFs/IID when determined to need out of home placement.

SCDDSN Performance Measure

Number of Persons with Intellectual Disabilities/Related Disability (ID/RD) Served (Consumers)

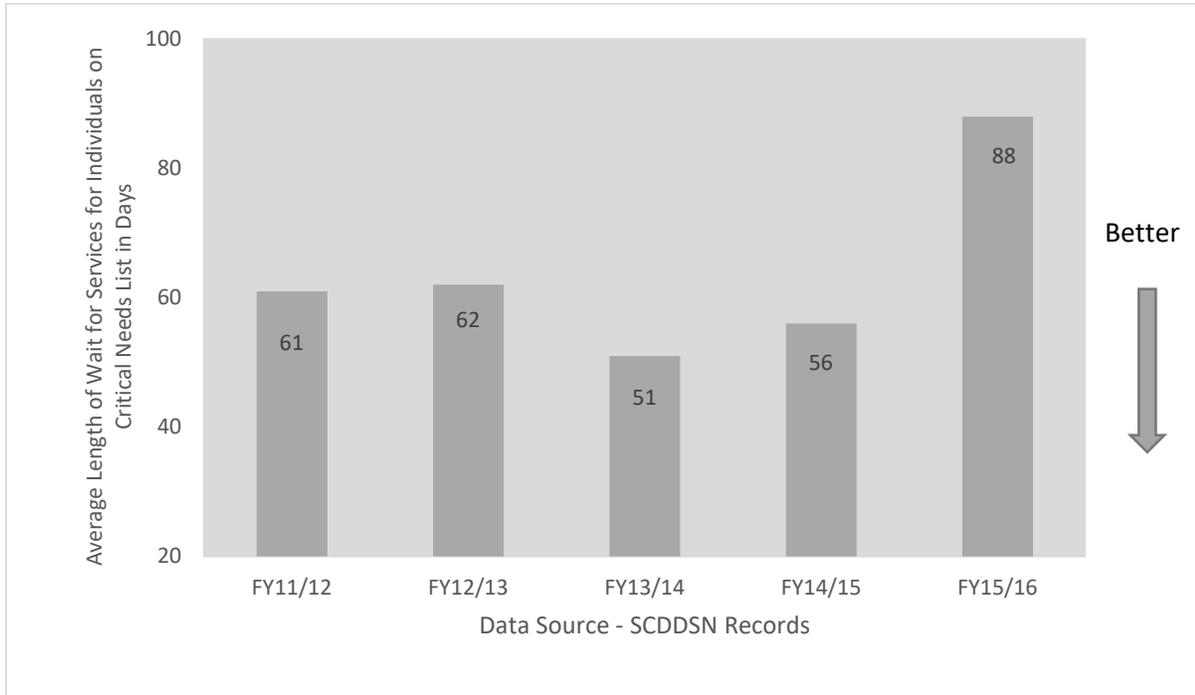
Comparing South Carolina with the Southeastern Region and United States



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 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.

SCDDSN Performance Measure

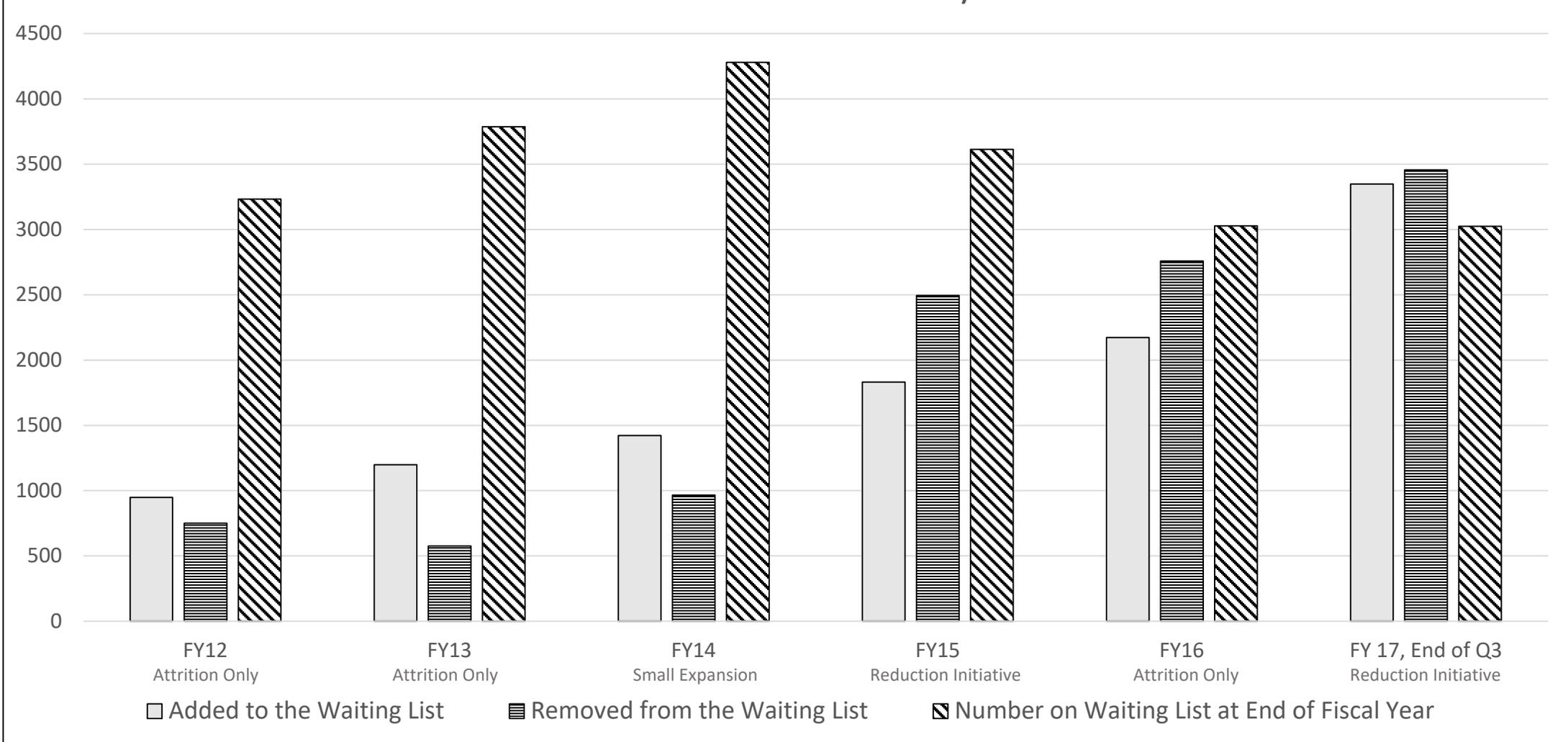
Length of Time Individuals on Critical Needs List Wait for Services



DDSN prioritizes services to those persons with lifelong disabilities who have the greatest need. Individuals whose health and safety are at risk, who cannot care for him/herself and who meet critical criteria are served first. DDSN has experienced difficulty finding appropriate placement for individuals identified as having Critical Needs as a result of significant behavioral needs or legal considerations. DDSN provider network has been less willing to serve high management individuals and therefore individuals are waiting for services longer.

SCDDSN Performance Measure

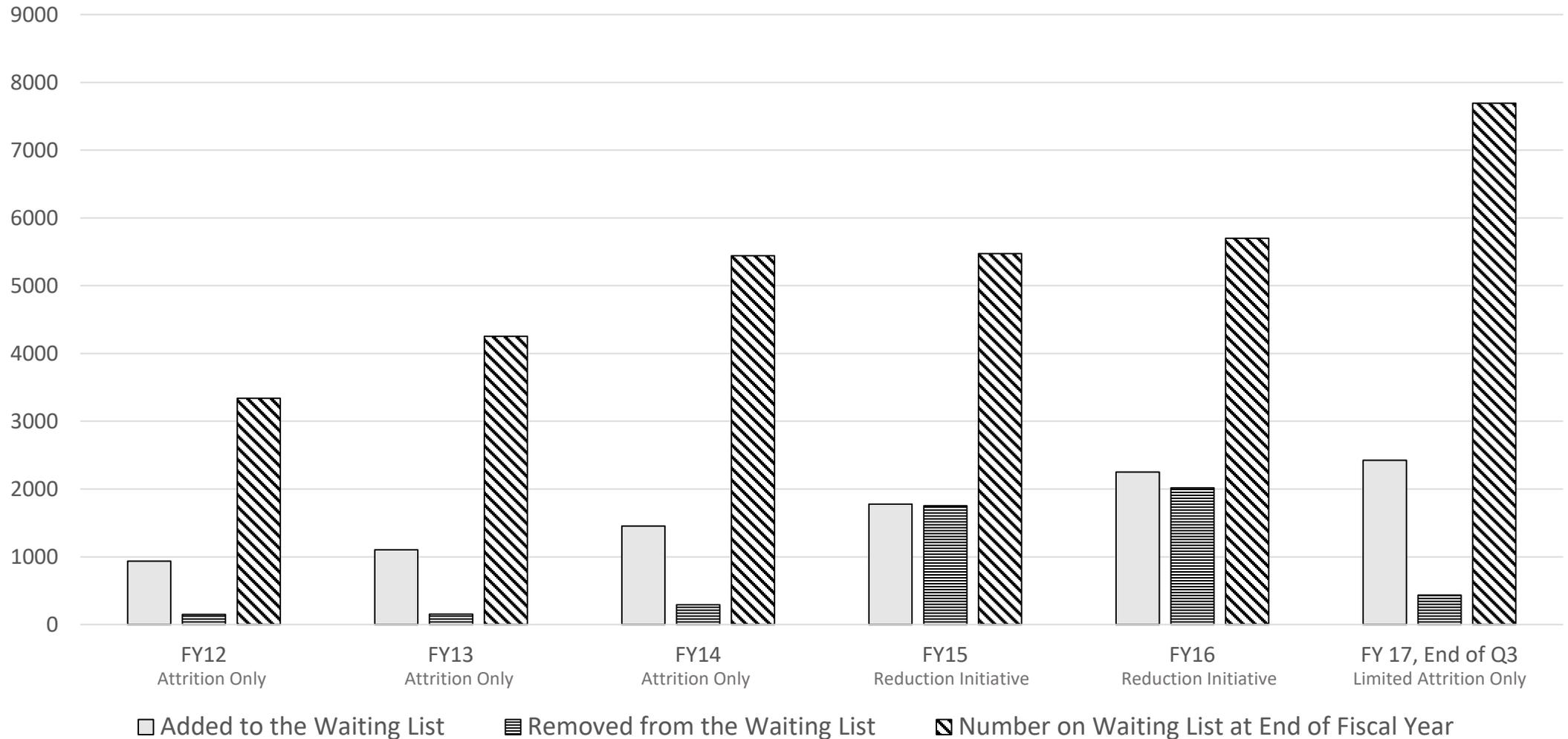
Community Supports Waiver Waiting List Individuals Added and Removed by Fiscal Year



*As of April 11, 2017

SCDDSN Performance Measure

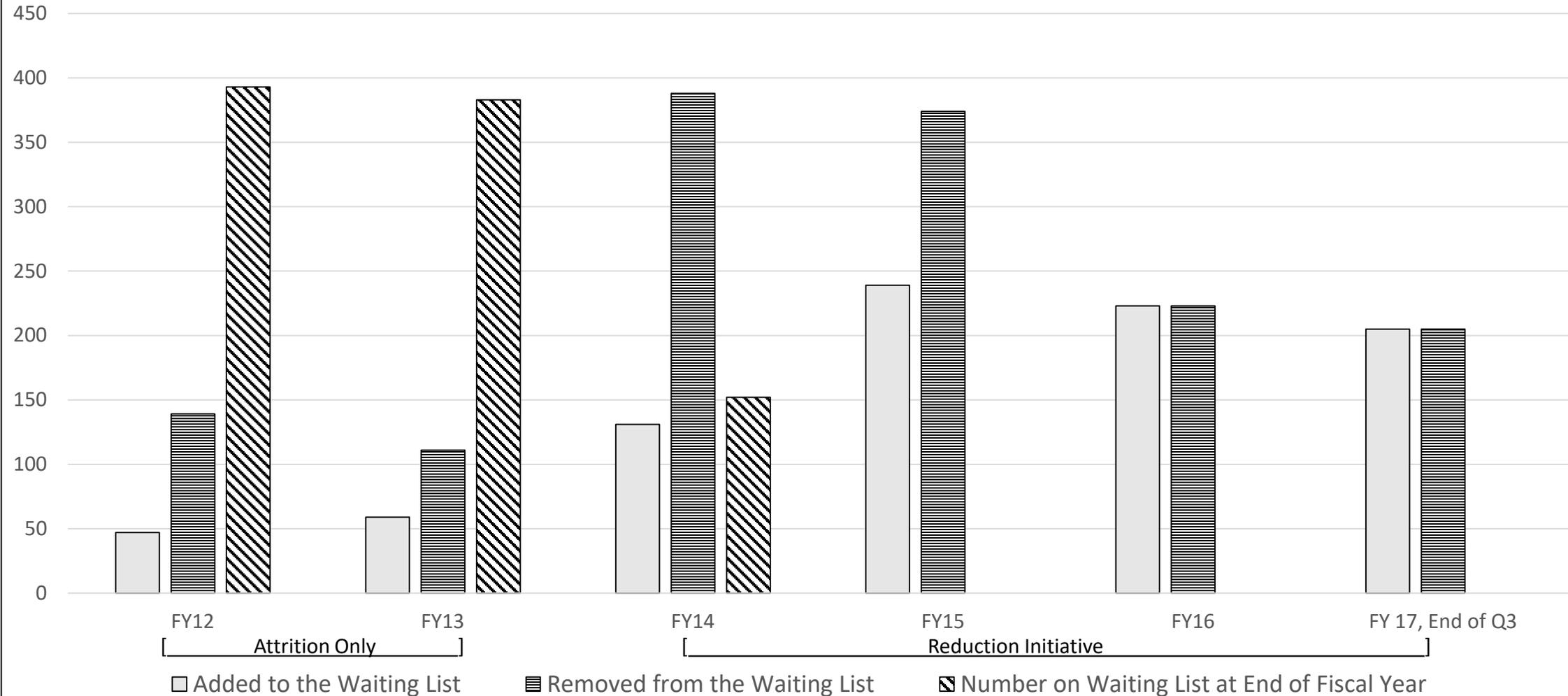
Intellectual Disability/Related Disabilities Waiver Waiting List
Individuals Added and Removed by Fiscal Year



*As of April 15, 2017

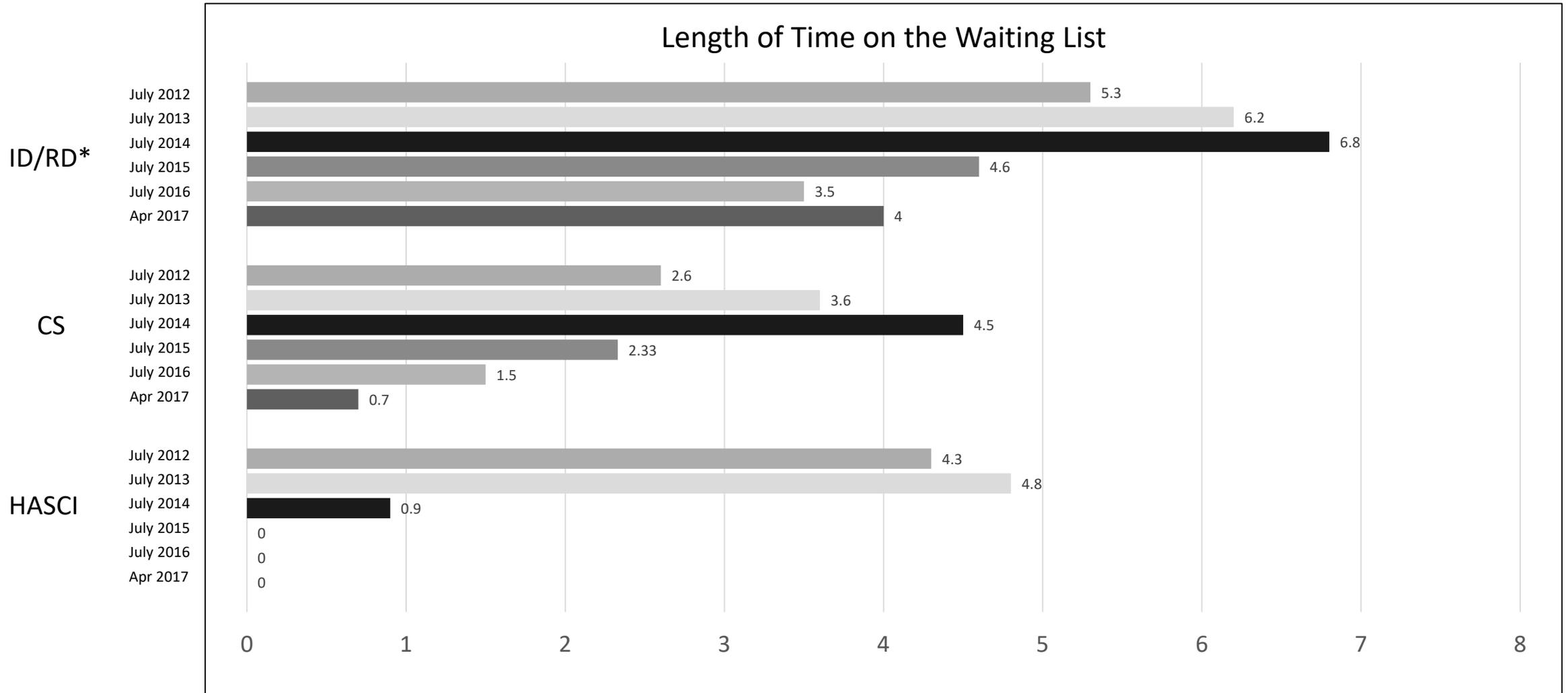
SCDDSN Performance Measure

Head and Spinal Cord Injury Waiver Waiting List
Individuals Added and Removed by Fiscal Year



*As of April 1, 2017

SCDDSN Performance Measure

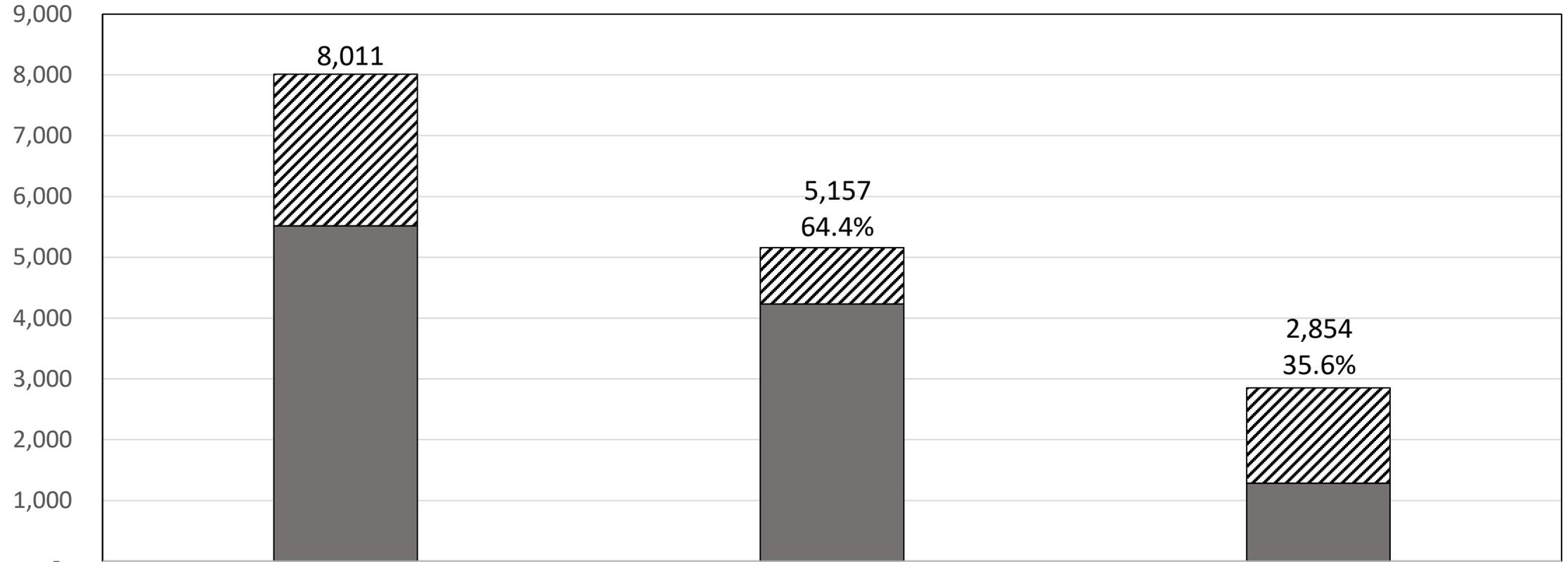


ID/RD – Intellectual Disability/Related Disabilities Waiver
 CS – Community Supports Waiver
 HASCI – Head and Spinal Cord Injury Waiver

*As of April 11, 2017

SCDDSN Performance Measure

Additional Analysis of the Number of Individuals Waiting for DDSN Services



*These services may include: DDSN Family Support Funding, DDSN Family Arranged Respite Funding, and/or Medicaid Services such as prescriptions, personal care, nursing, incontinence supplies, dental, vision, medically necessary Durable Medical Equipment services, etc.

■ Under 21 Years of Age ▨ Age 21 and older

DDSN External Audits and Reviews

2017

DDSN Internal Audit Activity's Self-Assessment - Independent Validator Statement (March 16, 2017) - Attached

In accordance with the Institute of Internal Auditor's (IIA's) Standards, DDSN engaged an independent Certified Internal Auditor in July 2016 to conduct an independent validation of the agency's internal audit activity's self- assessment. The Independent Validator Statement, issued March 2017, fully concurred with the internal audit activity conclusions and implementation of recommendations.

2016

Review of SCDDSN 2015 Financial Position - Greene, Finney & Horton Audit Report Year Ended June 30, 2015 (June 8, 2016) - Attached

Greene, Finney & Horton performed a full financial statement audit for the year ending June 30, 2015. In the review, the financial statements were found to present fairly the financial position of the Department in accordance with accounting principles generally accepted in the United States. One deficiency in internal control was identified. The Department has implemented corrective actions to address the finding.

Audit of DDSN Classification Delegation Authority for FY 2014-2015 (SCDA) (May 6, 2016) - Attached

SC Department of Administration engaged an audit of DDSN Human Resources delegated transaction from July 1, 2014 to June 30, 2015. Findings revealed no recommendations and stated all reclassification actions were sound and in compliance with the classification delegation agreement, an excellent audit result.

Review of Allegations Involving SC Mentor-a Private Provider for DDSN (OIG) (September 2016)

The State Office of the Inspector General reviewed allegations of abuse, neglect, and exploitation (ANE) at SC Mentor (Mentor), a private provider of residential services for DDSN consumers. The review determined Mentor had proportionately higher ANE allegations and sustained criminal incidents than peer facilities. However, the analysis did not indicate systemic abuse towards consumers inasmuch as the majority of the ANE reporting contained allegations more akin to staff/facility performance issues and the vast majority of all allegations were unsustainable by independent investigations. The report had seven findings and nine recommendations, which are being addressed by DDSN.

2015

SC Claimed Some Unallowable Room-and-Board Costs Under the ID/RD Waiver for State FY 2010 - OIG (April 2015) - Attached

Office of the Inspector General - Review of Room and Board Costs Under the Intellectual and Related Disabilities Waiver for State Fiscal Year 2010. Report issued in 2015. Found unallowable costs were included in the room and board calculations. A percentage of the administrative costs should have been included in the room and board calculations, and was not. Thus, Medicaid was overcharged for these costs and the consumers were undercharged. DDSN paid back \$1.4 M for FY 10. This is the same issue that was found in the previous OIG audit for FYs 07-09 and the calculations were corrected with the issuance of that report starting with cost reports for FY 11. This review was to catch the single year in between the scope of the first review and the year the corrected calculations went into effect.

SC Claimed Some Unallowable Room-and-Board Costs under ID/RD Waiver – OIG (September 2012)

State Office of the Inspector General - Review of Room and Board for individuals receiving Housing Assistance Payments (HAP). Found 9 providers inappropriately overcharged by misapplication of the HAP payment for consumers' room and board payments. These 9 providers overcharged consumers by \$1.26 M for FYs 2013 and 2014. Two additional providers also had paybacks to consumers for miscalculations of room and board not related to HAP payments totaling \$200 K. Another provider is currently being reviewed for Room and Board related to HAP who was not included in the original review. Potential payback amounts for 2015 are still under review.

DDSN Employees & Residents with Disabilities Employed at Minimum Wages – US Department of Labor Wage and Hour Division (9/16-2015) - Attached

In September, 2015, the US Department of Labor Wage and Hour Division audited employees and residents with disabilities employed at subminimum wages by the DDSN Pee Dee Regional Center. The investigation period was February 2, 2013 through February 1, 2015. The investigation report shows that no FLSA violations were found.

SCDHHS' Program Integrity Audit of DDSN Service Delivery System (Began October 2014)

SCDHHS has completed on-going reviews of DDSN's Service Provider network with a focus on Waiver-Specific service authorization and case management. Four providers have completed the review cycle, while another 5 provider reports are pending. The first review took place in October 2014. The reviews have focused on the case management functions and residential habilitation and day services related to the ID/RD Waiver, Community Supports Waiver, and the Head & Spinal Cord Injury Waivers. In three of the four completed audits, financial recoupments were ultimately completed. *(These reports are not included as attachments as they have a vast amount of protected health information of consumers supported by DDSN and the statewide provider network.)*

2014

State of SC Info Security Vulnerability & Security Risk Assessment - Deloitte&Touche LLP (March 31, 2014)

Budget and Control Board hired Deloitte to conduct a statewide agency security assessment and audit. Deloitte performed a Risk and Vulnerability assessment of DDSN Information Technology systems and network including 15 security domains. DDSN has taken the findings from those assessments and created a list of items to remediate. Many improvements have been made, and other continue to be implemented. The recommendations continue to be reviewed with the DDSN Information Technology Steering Committee periodically. *(Due to the security risk to the agency, this report is not subject to FOIA and is not included as an attachment.)*

State of South Carolina DDSN Review of Current Business - Public Consultant Group (July 2014) - Attached

Public Consultant Group 2014 - Review of DDSN's Funding and Reimbursement of Services and DDSN's program oversight. 9 recommendations were identified in the report. DDSN has instituted 4 of the recommendations. DDSN will need to work with other entities to accomplish other recommendations or work with its governing body to fully develop processes identified.

Legislative Audit Council 2014 Review of DDSN Service Delivery System

Legislative Audit Council Reviews of Department's services delivery systems and use of state appropriations in 2014. 49 recommendations were identified. DDSN has implemented 22 of the recommendations, 6 are partially implemented or in the process of being fully implemented, 10 need legislative authority to implement, 6 are the responsibility of another entity to implement or cannot be implemented due to rules or regulations preventing implementation, and 5 have not been implemented.

SCDHHS' Review of DDSN Cost Report Methodologies – (No Finalized Report)

SCDHHS retained Myers and Stauffer in 2014 to conduct a comprehensive review of Medicaid funding and cost methodologies for all DDSN Medicaid services. This report was never released by DHHS because the report was never finalized.

Statewide PEBA Review - Elliott Davis Decosimo (December 2014) - Attached

In November, 2014, DDSN participated as part of a statewide audit of PEBA Retirement Services SC Deferred Compensation Program. DDSN was not the primary focus of the audit, but no concerns were shared with the agency.

2013

State Auditor's 2013 Agreed on Procedures Audit

State Auditor Office agreed on procedures audit for FY 2013. 9 areas were reviewed and no exceptions were identified.

SCDDSN Procurement Audit Report 4/1/08-12/31/11- SC Budget and Control Board (April 19, 2013) - Attached

Material Management Office conducted a procurement audit of DDSN. Issued in May 2013. Some findings were identified; none was of a material nature. DDSN's certification limits were granted at or above previous levels. DDSN procurement levels are set at \$250,000.

Audit of DDSN Delegated Transactions 7/1/2011 to 6/30/2013 - SC Budget and Control Board (November 8, 2013) - Attached

The State Office of Human Resources (now Division of State Human Resources) has delegated DDSN's HR the authority to hire employees above the minimum salary, provide temporary salary adjustments of up to 15 percent for no longer than one year, and appropriately classify its positions. In October, 2013, OHR audited DDSN's delegation authority and found no significant exceptions. The next such audit by DSHR will be scheduled this quarter.

2012

State Auditor's 2012 Agreed on Procedures Audit

State Auditor Office conducted an agreed on procedures audit for FY2012. 9 areas were reviewed and no exceptions were identified.

2011

Legislative Audit Council Statewide Procurement Card Review

Legislative Audit Council Review of procurement cards performed in 2011, which was part of review of all state agencies that use procurement cards. Minor findings related to use of procurement cards by DDSN were noted. DDSN implemented procedures to correct the findings identified.

Administrative Percentage Determination SCDDSN Position Paper - DHHS (March 30, 2010) - Attached

SCDHHS retained Clifton and Gunderson to conduct a review of administrative overhead costs for DDSN in regards to the four Medicaid waivers that DDSN administers on behalf of Medicaid beneficiaries. The review concluded an administrative rate to be included in the waivers of 0.40 %. This 0.40 percent represents a change in FFP from 70 % match to 50 % match. The attachment says DRAFT, but this is the version that was submitted to CMS from SCDHHS.

List of Attachments
To
DDSN External Audits and Reviews

DDSN Internal Audit Activity's Self-Assessment – Independent Validator Statement (March 16, 2017)

Review of SCDDSN 2015 Financial Position – Greene, Finney & Horton Audit Report Year Ended 6/30/2015 (June 8, 2016)

Audit of DDSN Classification Delegation Authority for FY 2014-2015 - SCDA (May 6, 2016)

SC Claimed Unallowable Room-and-Board Costs Under the ID-RD Waiver for State FY 2010 – OIG (4-2015)

DDSN Empl & Res with Disabilities at Min Wages Pee Dee Reg Ctr – USDLW&HD (9/16/2015)

State of SCDDSN Review of Current Business – Public Consultant Group (July 2014)

Statewide PEBA Review – Elliott Davis Decosimo (December 2014)

SCDDSN Procurement Audit Report – SCBCB (April 19, 2013)

Audit of DDSN Delegated Transactions Jul 1, 2011 to Jun 30, 2013 – SCBCB (November 8, 2013)

Administrative Percentage Determination DDSN Position Paper – SCDHHS (March 30, 2016)

Independent Validator Statement

The validator was engaged to conduct an independent validation of the Department of Disabilities and Special Needs internal audit activity's self-assessment. The primary objective of the validation was to verify the assertions made in the attached self-assessment report concerning adequate fulfillment of the organization's basic expectations of the internal audit activity and its conformity to The Institute of Internal Auditors' (IIA's) *International Standards for the Professional Practice of Internal Auditing (Standards)*. Other matters that might have been covered in a full external assessment, such as an in-depth analysis of successful practices, governance, consulting services, and use of advanced technology, were excluded from the scope of this independent validation by agreement with the chief audit executive.

In acting as validator, I am fully independent of the organization and have the necessary knowledge and skills to undertake this engagement. The validation, conducted during the period of Fiscal Year 2016 and 2017, consisted primarily of a review and test of the procedures and results of the self-assessment. In addition, surveys were conducted with the president and CEO, the chief financial officer, the audit committee chair, other senior members of management, and the external auditors.

I concur fully with the internal audit activity's conclusions in the self-assessment report attached. Implementation of the recommendations contained in the self-assessment report will improve the effectiveness and enhance the value of the internal audit activity and support conformity to the *Standards*.

Name *Kelvin Washington, CIA*

Independent Validator

Kelvin Washington 3/16/17 Date

South Carolina Department of Disabilities and Special Needs

Financial Statements

For the Year Ended June 30, 2015

(with Independent Auditor's Report thereon)



**South Carolina
Office of the State Auditor**

**George L. Kennedy, III, CPA
State Auditor**

June 8, 2016

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

This report on the audit of the basic financial statements of the South Carolina Department of Disabilities and Special Needs for the fiscal year ended June 30, 2015, was issued by Greene, Finney & Horton, LLP, Certified Public Accountants, under contract with the South Carolina Office of the State Auditor.

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

Respectfully submitted,

A handwritten signature in blue ink that reads "George L. Kennedy, III".

George L. Kennedy, III, CPA
State Auditor

GLKIII/trb

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INDEPENDENT AUDITOR'S REPORT

Mr. George L. Kennedy, CPA
State Auditor
Office of the State Auditor
Columbia, South Carolina

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the South Carolina Department of Disabilities and Special Needs (the "Department"), as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Department's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the South Carolina Department of Disabilities and Special Needs, as of June 30, 2015, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 1, the accompanying financial statements of the South Carolina Department of Disabilities and Special Needs reporting entity are intended to present the financial position and the results of operations of only that portion of the financial reporting entity of the State of South Carolina that is attributable to the transactions of those divisions of the State that comprise the South Carolina Department of Disabilities and Special Needs reporting entity. They do not purport to, and do not, present fairly the financial position of the State of South Carolina as of June 30, 2015 and the changes in its financial position for the year then ended in conformity with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in the year ended June 30, 2015 the South Carolina Department of Disabilities and Special Needs adopted the provisions of Governmental Accounting Standards Board Statement No. 68 *Accounting and Financial Reporting for Pensions – an amendment of GASB Statement No. 27* and Governmental Accounting Standards Board Statement No. 71 *Pension Transition for Contributions Made Subsequent to the Measurement Date – an amendment of GASB Statement No. 68*. Our opinion is not modified with respect to these matters.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, the budgetary comparison schedules, and the pension schedules, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Department's basic financial statements. The supplementary information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The supplementary information is the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 8, 2016 on our consideration of the Department's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Department's internal control over financial reporting and compliance.



Greene, Finney & Horton, LLP
Mauldin, South Carolina
June 8, 2016

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Management's Discussion and Analysis ("MD&A") of the South Carolina Department of Disabilities and Special Needs (the "Department") provides an overview of the Department's financial activities for the fiscal year ended June 30, 2015.

FINANCIAL HIGHLIGHTS

The Department prepared its financial statements on the Generally Accepted Accounting Principles ("GAAP") basis and follows pronouncements from the Governmental Accounting Standards Board ("GASB").

Additionally, this is the first year of implementation of GASB Statement 34 – *Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments* ("GASB Statement 34") for the Department. GASB Statement 34 provides that in the first year of implementation, only one year of government-wide data is required to be presented, however, since there is no previous fund level information for the Department, only one year of both government-wide and fund level information is presented in this MD&A.

As of and for the fiscal year ended June 30, 2015:

- The Department's total net position decreased by \$2,358,840 and its liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources (net position) by \$70,357,217. This includes \$109,496,400 in Net Pension Liability that is required to be reported according to GASB Statement 68.
- The Department's total net position decreased by \$2,358,840 and its liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources (net position) by \$70,357,217.
- The Department received \$217,602,751 in appropriations from the State and received \$371,135,227 in Medicaid reimbursements and patient fees.
- The Department held \$2,446,087 of cash and cash equivalents in an agency capacity for its clients.

USING THESE AUDITED FINANCIAL STATEMENTS

The audited basic financial statements presented in this document include both government-wide and fund financial statements.

Government-wide Statements:

Government-wide statements include a Statement of Net Position and a Statement of Activities. These statements display information about the Department as a whole. The government-wide financial statements of the Department are presented on the accrual basis of accounting and provide short-term and long-term information about the Department. The Department has adopted the provisions of GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources and Deferred Inflows of Resources and Net Position*. The statement incorporated deferred inflows and outflows as required components of the residual measure of the government and renaming that measure as net position, rather than net assets.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Fund Statements:

The fund financial statements include the Governmental Funds Balance Sheet, Statement of Revenues, Expenditures, and Changes in Fund Balances, and a Statement of Fiduciary Net Position – Agency Funds. The governmental fund financial statements are presented on the modified accrual basis of accounting which focuses on the near term inflows and outflows of resources available for expenditure for the current fiscal year. The Statement of Fiduciary Net Position – Agency Funds is presented on the accrual basis of accounting. These amounts are excluded from the Department's government-wide financial statements because the Department is not to use these assets to benefit its operations.

Notes to the Financial Statements:

Immediately following the financial statements are notes that provide additional and pertinent information to the financial statement amounts. The notes are necessary to fully understand the financial statements.

Required Supplementary Information:

This section addresses budgetary matters and provides certain required reporting information that supplements the basic financial statements. Included in this section is a schedule that compares the Department's legally adopted General Fund and Other Budgeted Funds budgets with actual expenditures paid for the year on the budgetary basis of accounting. Additionally, the required supplementary information section includes information on the Department's pension programs: The South Carolina Retirement System and the Police Officers Retirement System

Supplementary Information:

Combining schedules for the nonmajor governmental funds are presented immediately following the required supplementary information.

GOVERNMENT-WIDE FINANCIAL ANALYSIS

Statement of Net Position and Statement of Activities – The Statement of Net Position provides a summary of the Department's financial condition at the end of the 2015 fiscal year; and reports all assets and deferred outflows of resources and liabilities and deferred inflows of resources using the accrual basis of accounting. The Statement of Activities reports the revenues and expenses during the time period indicated.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIALS NEEDS
STATEMENT OF NET POSITION

	2015
Assets:	
Current and Other Assets	\$ 71,468,460
Capital Assets, Net	20,185,003
Total Assets	91,653,463
Deferred Outflows of Resources	9,565,619
Liabilities:	
Current liabilities	48,301,696
Noncurrent Liabilities	114,042,204
Total Liabilities	162,343,900
Deferred Inflows of Resources	9,232,399

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Statement of Net Position and Statement of Activities (continued)

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIALS NEEDS
STATEMENT OF NET POSITION (CONTINUED)

Net Position:	
Net Investment in Capital Assets	\$ 20,185,003
Restricted	15,828,671
Unrestricted	<u>(106,370,891)</u>
Total Net Position	<u>\$ (70,357,217)</u>

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIALS NEEDS
STATEMENT OF ACTIVITIES

	<u>2015</u>
Program Expenses	
Administration	\$ 10,578,826
Prevention	9,866,376
Intellectual Disabilities	428,613,197
Autism	39,536,842
Head and Spinal Cord	17,497,483
Regional Centers - Residential	85,993,992
Total Expenses	<u>592,086,716</u>
Program Revenues	
Charges for Services	370,567,964
Operating Grants and Contributions	151,375
Capital Grants and Contributions	127,000
Total Program Revenues	<u>370,846,339</u>
General Revenues	
State Appropriations	217,602,751
Education Improvement Act Funds	359,937
Donations	238,183
Investment Income	217,731
Fines	82,061
Other Revenues	380,874
Total General Revenues	<u>218,881,537</u>
Change in Net Position	(2,358,840)
Net Position, July 1	<u>(67,998,377)</u>
Net Position, June 30	<u>\$ (70,357,217)</u>

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

Statement of Net Position and Statement of Activities (continued)

Program revenues of the Department are largely dependent upon billable services provided to our consumers and reported by our Provider Network. State dollars are leveraged to earn Medicaid revenue based on these reported services.

The Department received \$217,602,751 in appropriations from the State legislature. These appropriations were expended for employee salaries, related fringe benefits, and other operating expenditures to include services to consumers.

GOVERNMENTAL FUNDS FINANCIAL ANALYSIS:

The focus of the Department's governmental funds is to provide information regarding actual inflows and outflows of spendable resources.

General Fund

The General Fund is the chief operating fund of the Department. The General Fund's operating revenues are provided through appropriations from the State legislature as well as Medicaid reimbursements and fees for services. Revenues are not budgeted by the Department; therefore, expenditures are typically matched with appropriations so long as expenditures do not exceed budgeted appropriations. This resulted in revenues exceeding expenditures by \$1,182,132 for the fiscal year ended June 30, 2015, which resulted in an ending fund balance of \$7,286,653 for the General Fund.

Capital Projects Fund

The Capital Projects Fund accounts for revenues earmarked for the purchase of, improvements to or repairs and maintenance to real property, including the equipment in buildings. Expenditures for these assets are recorded in this fund and subsequently capitalized at cost in the government-wide financial statements if capitalization criteria are met. The Capital Projects Fund expended and capitalized \$2,837,557 on capital outlay out of total expenditures of \$3,289,962. The balance of expenditures was spent on repairs and maintenance. Total revenues received by the Capital Projects Fund were \$2,274,997 which resulted in a decrease in fund balance of \$1,014,965 to \$13,443,787 as of June 30, 2015.

Non-major Governmental Funds

The non-major governmental funds include special revenue funds to account for financial activity for grants received from various Federal agencies and work activity programs in which clients perform work for various companies which contract with the Department. Revenues are typically matched to expenditures based on the grant agreements. Total revenues were \$638,312 and total expenditures were \$637,126 resulting in an increase in fund balance of \$1,186.

Budget Highlights:

The State's Annual Appropriations Act, its legally adopted budget, does not present budgets by GAAP fund. Instead, it presents program-level budgets for the following two funds:

General Funds – These funds are general operating funds. The resources in the funds are primarily taxes. The State expends General Funds to provide traditional State government services.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MANAGEMENT'S DISCUSSION AND ANALYSIS
JUNE 30, 2015

GOVERNMENTAL FUNDS FINANCIAL ANALYSIS (continued):

Budget Highlights (continued):

Total Funds – The Total Funds column in the Appropriations Act includes all budgeted resources. Amounts in this column include General Funds as well as most, but not all, federal and department-generated resources. Total Funds include portions of certain proprietary and capital project fund activities as well as most special revenue activities, but exclude the pension trust funds and some other fiduciary fund activities.

Amounts obtained by subtracting the General Funds column in the Appropriations Act from the Total Funds column in the Appropriations Act are referred as to *Other Budgeted Funds*.

The Department's budget for J16 General Funds was originally \$202,751,437 for the fiscal year ended June 30, 2015. This compares to a final budgeted amount of \$216,572,272. The primary increase was due to increased appropriations for other operating expenses and services to include General Assembly appropriated pay increases and matching employee benefits, an increase in employer health insurance costs, the Lander Equestrian Center, Savannah's Playground Autism project, and the Charles Lea Adult Day Program Initiative. Actual expenditures, on the budgetary basis, totaled \$216,572,272 (\$1,030,479 was carried forward to FY 2016). These actual expenditures in addition to the carry forward amount were in line with the final budgeted amount.

The Department's budget for J16 Other Budgetary Funds was originally \$429,935,617 for the fiscal year ended June 30, 2015. This compares to a final budgeted amount of \$429,935,617. Actual expenditures, on the budgetary basis, totaled \$371,245,070. The final budgeted amount exceeded actual expenditures by \$58,690,547. This amount is excess authority that has to be earned through leveraging State dollars with Medicaid through services rendered.

Current Conditions that are Expected to have a Significant Effect on the Department's Financial Position:

Currently, there are no known conditions that are expected to have a significant effect on the Department's financial position.

This MD&A is designed to provide a general overview of the Department's finances for all of the State's citizens, taxpayers, customers, investors and creditors. This financial report seeks to demonstrate the Department's accountability for the funds it receives. Questions concerning any of the information provided in this report or requests for additional information should be addressed to:

South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina 29203

South Carolina Department of Disabilities and Special Needs
Statement of Net Position
June 30, 2015

	Primary Government
	Governmental Activities
CURRENT ASSETS	
Cash and Cash Equivalents	\$ 60,706,184
Investments	408,336
Receivables, net	10,136,463
Inventories	217,477
Total Current Assets	<u>71,468,460</u>
NONCURRENT ASSETS	
Non-Depreciable Capital Assets	1,857,813
Depreciable Capital Assets, Net	18,327,190
Total Noncurrent Assets	<u>20,185,003</u>
DEFERRED OUTFLOWS OF RESOURCES	
Contributions to Retirement Plan after Measurement Date	6,463,007
Difference Between Expected and Actual Retirement Plan Experience	3,102,612
Total Deferred Outflows of Resources	<u>9,565,619</u>
Total Assets and Deferred Outflows of Resources	<u>101,219,082</u>
CURRENT LIABILITIES	
Accounts Payable	34,806,574
Accrued Payroll and Employee Benefits	6,786,173
Due to General Fund of the State	3,658,370
Settlements Payable	1,964,191
Compensated Absences, Current	1,086,388
Total Current Liabilities	<u>48,301,696</u>
NONCURRENT LIABILITIES	
Compensated Absences	4,345,553
Settlements Payable	200,251
Net Pension Liability	109,496,400
Total Noncurrent Liabilities	<u>114,042,204</u>
DEFERRED INFLOW OF RESOURCES	
Difference Between Projected and Actual Investment Earnings	9,232,399
Total Deferred Inflows of Resources	<u>9,232,399</u>
Total Liabilities and Deferred inflows of Resources	<u>171,576,299</u>
NET POSITION	
Net Investment in Capital Assets	20,185,003
Restricted	15,828,671
Unrestricted	(106,370,891)
Total Net Position	<u>\$ (70,357,217)</u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Statement of Activities
June 30, 2015

	Primary Government
	Governmental Activities
PROGRAM EXPENSES	
Administration	\$ 10,578,826
Prevention	9,866,376
Intellectual Disabilities	428,613,197
Autism	39,536,842
Head and Spinal Cord	17,497,483
Regional Centers - Residential	85,993,992
Total Program Expenses	592,086,716
PROGRAM REVENUES	
Charges for Services	370,567,964
Operating Grants and Contributions	151,375
Capital Grants and Contributions	127,000
Total Program Revenues	370,846,339
Net (Expenses)	(221,240,377)
GENERAL REVENUES	
State Appropriations	217,602,751
Education Improvement Act Funds	359,937
Donations	238,183
Investment Income	217,731
Fines	82,061
Other Revenues	380,874
Total General Revenues	218,881,537
Change in Net Position	(2,358,840)
Net Position - Beginning of year	(67,998,377)
Net Position - End of Year	\$ (70,357,217)

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs

Balance Sheet

Governmental Funds

June 30, 2015

	General Fund	Capital Projects Fund	Nonmajor Governmental Funds	Total Governmental
ASSETS				
Cash and Cash Equivalents	\$ 49,465,967	\$ 11,226,159	\$ 14,058	\$ 60,706,184
Investments	408,336	-	-	408,336
Receivables, net	9,720,523	112,828	303,112	10,136,463
Due from Other Funds	-	2,200,000	-	2,200,000
Inventories	217,477	-	-	217,477
Total Assets	\$ 59,812,303	\$ 13,538,987	\$ 317,170	\$ 73,668,460
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND FUND BALANCES				
Liabilities:				
Accounts Payable	\$ 34,436,583	\$ 95,200	\$ 274,791	\$ 34,806,574
Accrued Payroll and Employee Benefits	6,744,980	-	41,193	6,786,173
Due to General Fund of the State	3,658,370	-	-	3,658,370
Due to Other Funds	2,200,000	-	-	2,200,000
Settlements Payable	1,964,191	-	-	1,964,191
Total liabilities	49,004,124	95,200	315,984	49,415,308
Deferred Inflows of Resources:				
Unavailable Revenue	3,521,526	-	-	3,521,526
Fund balance:				
Nonspendable	217,477	-	-	217,477
Restricted	2,383,698	13,443,787	1,186	15,828,671
Assigned	3,862,510	-	-	3,862,510
Unassigned	822,968	-	-	822,968
Total fund balances	7,286,653	13,443,787	1,186	20,731,626
Total Liabilities, Deferred inflows of Resources, and Fund Balances	\$ 59,812,303	\$ 13,538,987	\$ 317,170	\$ 73,668,460

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Reconciliation of the Balance Sheet of Governmental Funds to the Statement of Net Position
June 30, 2015

Amounts reported for governmental activities in the statement of net position are different because:

Ending fund balance - governmental funds	\$	20,731,626
Capital assets, net of accumulated depreciation, used in governmental activities are not financial resources and, therefore, are not reported in the funds.		20,185,003
Accounts receivable expected to be received after one year following year end, are not considered available resources are are therefore not recorded in the governmental funds.		3,521,526
Differences between expected and actual retirement plan experience are not a current financial resource, therefore the changes are not reported in the governmental funds.		3,102,612
Contributions to the retirement plan after the measurement date are deferred outflows on the statement of net position, however this represents a use of current financial resources.		6,463,007
Long-term liabilities, including compensated absences and the long-term portion of settlements payable, and net pension liability are not due and payable in the current period and, therefore, are not reported in the funds.		(115,128,592)
Deferred inflows from the retirement plan are not a use of current financial resources.		<u>(9,232,399)</u>
Net position of governmental activities	\$	<u><u>(70,357,217)</u></u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Statement of Revenues, Expenditures, and Changes in Fund Balances
Governmental Funds
For the Year Ended June 30, 2015

	General Fund	Capital Projects Fund	Nonmajor Governmental Funds	Total Governmental
REVENUES				
Patient Service Fees	\$ 2,818,578	\$ 2,200,000	\$ -	\$ 5,018,578
State Appropriations	217,602,751	-	-	217,602,751
Medicaid Reimbursements	367,925,990	-	-	367,925,990
Investment Income	142,734	74,997	-	217,731
Federal Grant Revenue	-	-	278,375	278,375
Education Improvement Act	-	-	359,937	359,937
Other Revenues	701,118	-	-	701,118
Total revenues	<u>589,191,171</u>	<u>2,274,997</u>	<u>638,312</u>	<u>592,104,480</u>
EXPENDITURES				
Current:				
Personnel Services	84,930,442	-	359,937	85,290,379
Communication and Other Services	2,136,980	-	-	2,136,980
Medical and Health Services	483,888,819	-	133,733	484,022,552
Leases and Rent	571,301	-	-	571,301
Travel	97,428	-	-	97,428
Utilities	2,172,422	-	-	2,172,422
Fees and Fines	127,372	-	-	127,372
Insurance	436,086	-	-	436,086
Contractual Services	2,563,945	-	-	2,563,945
Repairs and Maintenance	1,787,323	452,405	-	2,239,728
Supplies	5,294,872	-	16,456	5,311,328
Capital Outlay	136,052	2,837,557	127,000	3,100,609
Other Expenditures	207,627	-	-	207,627
Total Expenditures	<u>584,350,669</u>	<u>3,289,962</u>	<u>637,126</u>	<u>588,277,757</u>
Excess (Deficiency) of Revenues Over Expenditures	<u>4,840,502</u>	<u>(1,014,965)</u>	<u>1,186</u>	<u>3,826,723</u>
OTHER FINANCING SOURCES (USES)				
Intermediate Care Fees Remitted to the State	<u>(3,658,370)</u>	<u>-</u>	<u>-</u>	<u>(3,658,370)</u>
Total Other Financing Sources (Uses)	<u>(3,658,370)</u>	<u>-</u>	<u>-</u>	<u>(3,658,370)</u>
Net Change in Fund Balance	1,182,132	(1,014,965)	1,186	168,353
Fund Balance -- Beginning	<u>6,104,521</u>	<u>14,458,752</u>	<u>-</u>	<u>20,563,273</u>
Fund Balances -- Ending	<u>\$ 7,286,653</u>	<u>\$ 13,443,787</u>	<u>\$ 1,186</u>	<u>\$ 20,731,626</u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balance to the Statement of Activities
For the Year Ended June 30, 2015

Amounts reported for governmental activities in the statement of activities are different because:

Net change in fund balances - total governmental funds	\$	168,353
<p>Governmental funds report capital outlays as expenditures. However, in the statement of activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense.</p>		
Expenditures for capital assets		3,100,609
Less current year depreciation		(2,314,819)
		785,790
Revenues that were recognized in the statement of activities in a prior year were available in the governmental funds in the current year and recognized as revenue.		(2,176,353)
Costs of capital assets, less accumulated depreciation, that are disposed of are reported as expenses in the statement of activities.		(14,139)
Adjustments to compensated absences reported in the statement of activities does not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds.		289,649
Amortization of the pension plan actuarial deferred inflows does not require the use of current financial resources and, therefore, is not reported as an expenditure in the governmental funds.		2,307,128
Amortization of the pension plan actuarial deferred outflows does not require the use of current financial resources and, therefore, is not reported as an expenditure in the governmental funds.		(959,392)
Pension plan contributions after the measurement date is a use of current resources for the governmental funds. However this is classified as a deferred outflow and therefore is not included in the statement of activities.		6,463,007
The difference between the actuarial deferred outflow and inflows of resources is not a use of current resources, however it is presented as an expense in the statement of activities.		(9,022,632)
Accrual of the long-term portion of settlements payable does not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds.		(200,251)
Change in net position of governmental activities	\$	(2,358,840)

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Statement of Fiduciary Net Position
Fiduciary Fund
June 30, 2015

	<u>Agency</u>
ASSETS	
Cash and Cash Equivalents	\$ 2,446,087
Total Assets	<u>\$ 2,446,087</u>
LIABILITIES	
Due to Clients	\$ 2,446,087
Total Liabilities	<u>\$ 2,446,087</u>

The notes to the financial statements are an integral part of these financial statements. See accompanying independent auditor's report.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of all funds of the South Carolina Department of Disabilities and Special Needs (the "Department") were prepared in conformity with generally accepted accounting principles ("GAAP") as applied to governmental entities. The Governmental Accounting Standards Board ("GASB") is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. A summary of significant accounting policies follows.

A. Reporting Entity

The core of the financial reporting entity is the primary government which has a separately elected governing body. As required by generally accepted accounting principles, the financial reporting entity includes both the primary government and all of its component units. Component units are legally separate organizations for which the elected officials of the primary government are financially accountable. The primary government is the State of South Carolina. The State has determined that the Department is a part of the primary government, but is not legally separate.

An organization other than a primary government may serve as a nucleus for a reporting entity when it issues separate financial statements. That organization is identified herein as a primary entity. The funds and account groups of the Department are included in the Comprehensive Annual Financial Report of the State of South Carolina.

The primary entity is financially accountable if it appoints a voting majority of the organization's governing body including situations in which the voting majority consists of the primary entity's officials serving as required by law (e.g., employees who serve in an ex officio capacity on the component unit's board are considered appointment by the primary entity) and (1) it is able to impose its will on that organization or (2) there is a potential for the organization to provide specific financial benefits to, or impose specific financial burdens on, the primary entity. The primary entity also may be financially accountable if an organization is fiscally dependent on it even if it does not appoint a voting majority of the board. An organization is fiscally independent if it holds all three of the following powers:

1. Determine its budget without another government's having the authority to approve and modify that budget.
2. Levy taxes or set rates or charges without approval by another government.
3. Issue bonded debt without approval by another government.

Otherwise, the organization is fiscally dependent on the primary entity that holds one or more of these powers.

The Department of Disabilities and Special Needs is an agency of the State of South Carolina established pursuant to Section 44-20-10 et seq. of the 1976 Code of Laws of the State of South Carolina, as Amended. The laws of the State and the policies and procedures specified by the State for State agencies are applicable to the activities of the Department.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

A. Reporting Entity (continued)

The mission of the Department of Disabilities and Special Needs is to improve services for citizens with mental retardation, autism, head and spinal cord injuries, and related disabilities. The Department advocates for people with mental retardation, autism, head and spinal cord injuries or related disabilities both as groups and as individuals to achieve access to appropriate services from all public agencies in South Carolina. When needed services cannot be achieved through such public agencies, the Department seeks resources to provide such services. The Department coordinates through local service coordination those services provided by other agencies with those provided directly by the Department and county disabilities and special needs boards.

The Commission of the Department of Disabilities and Special Needs, whose seven members are appointed by the Governor with the advice and consent of the Senate, is the governing body of the South Carolina Department of Disabilities and Special Needs. The Commission administers the programs of the Department by setting policy, which is implemented and carried out by the State Director and staff. The accompanying financial statements present the financial position and revenues, expenditures and changes in fund balances solely of the Department of Disabilities and Special Needs and do not include any other agencies, funds or account groups or units of the primary government of the State of South Carolina.

B. Basis of Presentation

Government – Wide Financial Statements

The government-wide financial statements are prepared on the accrual basis of accounting and include a “Statement of Net Position” which discloses the financial position of the Department; and a “Statement of Activities” which demonstrates the degree to which the direct expenses by function of the Department’s programs are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function or segment. Program revenues include 1) charges to customers or applicants who purchase, use or directly benefit from goods, services, or privileges provided by a given function or segment and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function or segment. Other items not properly included among program revenues are reported instead as general revenues. The government-wide financial statements (i.e., the Statement of Net Position and the Statement of Activities) report information on all of the non-fiduciary activities of the primary government.

Fund Financial Statements

The Department uses funds to report its financial position and results of operations. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain government functions or activities.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

B. Basis of Presentation (continued)

Governmental Funds

Governmental funds are those through which most governmental functions typically are financed and are used to account for all or most of a government's general activities, including the collection and disbursement of earmarked monies. Expendable assets are assigned to the various governmental funds according to the purposes for which they may or must be used; current liabilities are assigned to the fund from which they are to be paid; and, the difference between the assets and liabilities is fund balance. Governmental funds include the general, capital projects and nonmajor governmental funds.

The General Fund accounts for State appropriations which are approved by the General Assembly to fund operations of the Department, Medicaid reimbursements, other revenues designated for Departmental operations, and discretionary contributions, as well as expenditures for carrying out the related objectives. Additionally, revenues which arise from collection of Intermediate Care Facilities for the Intellectually Disabled patient day fee, rental property, sale of surplus supplies and equipment and other miscellaneous transactions which are remitted to the General Fund of the State as required by statute are accounted for in the General Fund.

The Capital Projects Fund accounts for revenues earmarked for the purchase of, improvements to or repairs and maintenance to real property, including the initial equipment in new buildings. Expenditures for these assets are recorded in this fund and subsequently capitalized at cost in the government-wide financial statements if capitalization criteria are met.

The nonmajor governmental funds include special revenue funds to account for financial activity for grants received from various Federal agencies and work activity programs in which clients perform work for various companies which contract with the Department.

Fiduciary Funds

Fiduciary funds account for resources the Department holds as trustee or agent for individuals. Fiduciary funds include both trust and agency funds. Currently, the Department has only an agency fund.

The Agency Fund is custodial in nature and does not involve measurement of results of operations. Funds received by clients for their care and benefit are recorded in the Agency Fund. Each residential center serves in a fiduciary capacity with respect to receiving and disbursing these funds on behalf of the clients. The fund does not have any revenues or expenditures and therefore, does not have a fund balance. Transactions consist solely of receiving and disbursing funds belonging to clients. The Department is at all times liable to clients for the cash balances held as custodian.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

C. Basis of Accounting

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the Department considers revenues to be available if they are collected within one year of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting.

D. Budget Policy

The Department is granted an annual appropriation for operating purposes by the South Carolina General Assembly. The appropriation as enacted becomes the legal operating budget for the Department. The Appropriation Act authorizes expenditures from funds appropriated from the General Fund of the state and authorizes expenditures of total funds. The "Total Funds" column in the Appropriation Act for each individual budgetary unit authorizes expenditures from all budgeted resources. A revenue budget is not adopted for individual budgetary units. The General Assembly enacts the budget through passage of line-item appropriations by program within budgetary unit within budgetary fund category, state General Fund or other budgeted funds. Budgetary control is maintained at the line-item level of the budgetary entity. Agencies may process disbursement vouchers in the state's budgetary accounting system only if enough cash and appropriation authorization exist.

Transfers of funds may be approved by the State Budget and Control Board under its authority or by the agency as set forth in Appropriation Act Proviso 117.9 as follows: Agencies and institutions shall be authorized to transfer appropriations within programs and within the agency with notification to the Executive Budget Office and Comptroller General. No such transfer may exceed twenty percent of the program budget. Upon request, details of such transfers may be provided to members of the General Assembly on an agency by agency basis.

Transfers of appropriations from personal service accounts to other operating accounts or from other operating accounts to personal service accounts may be restricted to any established standard level set by the Budget and Control Board upon formal approval by a majority of the members of the Budget and Control Board. During the fiscal year-end closeout period in July, agencies may continue to charge vendor, interagency, and interfund payments for the fiscal year to that fiscal year's appropriations. Any unexpended State General Fund monies as of June 30 automatically lapse to the General Fund of the State on July 1 unless authorization is received from the General Assembly to carry over the funds to the ensuing fiscal year.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

E. Cash and Cash Equivalents

The amounts shown in the financial statements as "cash and cash equivalents" represent petty cash, cash on hand with the State Treasurer, and cash invested in various instruments by the State Treasurer as part of the State's internal cash management pool and cash on deposit in banks.

Most State agencies, including the Department, participate in the State's internal cash management pool. Because the cash management pool operates as a demand deposit account, amounts invested in the pool are classified as cash and cash equivalents. The State Treasurer administers the cash management pool. The pool includes some long-term investments such as obligations of the United States and certain agencies of the United States, obligations of the State of South Carolina and certain of its political subdivisions, certificates of deposit, collateralized repurchase agreements, and certain corporate bonds.

The State's internal cash management pool consists of a general deposit account and several special deposit accounts. The State records each fund's equity interest in the general deposit account; however, all earnings on that account are credited to the General Fund of the State. The Department records and reports its deposits in the general deposit account at cost, but it reports its monies in the special deposit accounts at fair value. Investments held by the pool are recorded at fair value. Interest earned by the Department's special deposit accounts is posted to the Department's account at the end of each month and is retained by the Department.

Interest/investment earnings are allocated based on the percentage of the Department's accumulated daily interest receivable to the income receivable of the pool. Realized gains and losses are allocated daily. Unrealized gains and losses are allocated at year-end based on the percentage ownership in the pool. Investment income includes interest and dividend earnings, realized gains/losses, and unrealized gains/losses arising from changes in the fair value of investments.

Some State Treasurer accounts are not included in the State's internal cash management pool because of restrictions on the use of the funds. For those accounts, cash equivalents include investments in short-term highly liquid securities having an initial maturity of three months or less.

F. Investments

The Department accounts for its investments at fair value in accordance with GASB Codification Section 150, *Investments*. Changes in unrealized gain (loss) on the carrying value of investments are reported as a component of investment income in the statement of activities.

G. Inventories

Inventories of food, medical supplies and drugs, and maintenance materials and parts are accounted for using the "purchase" method whereby inventories are recorded as expenditures on acquisition and inventories on hand at year end are reflected at the lower of cost or market value in the assets section of the statement of net position and governmental funds balance sheet.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

H. Capital Assets

Capital assets are recorded at cost on the date of acquisition. The Department follows capitalization guidelines established by the State. All land is capitalized, regardless of cost. The Department capitalizes movable personal property with a unit value in excess of \$5,000 and a useful life in excess of two years. Routine repairs and maintenance are charged to operating expenses in the year in which the expense was incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the assets as summarized below:

Asset Category	Capitalization	Useful Life
Land	All, regardless of cost	Indefinite
Non-depreciable land improvements	All, regardless of cost	Indefinite
Depreciable land improvements	Cost greater than \$100,000	30
Buildings and building improvements	Cost greater than \$100,000	30
Vehicles, equipment, and furniture	Cost greater than \$5,000	5-12

I. Compensated Absences

Generally, all permanent full-time employees and certain part-time employees scheduled to work at least one-half of the agency's work week are entitled to accrue and carry forward at calendar year-end maximums of 180 days sick leave and 45 days annual vacation leave. Upon termination of State employment, employees are entitled to be paid for accumulated unused annual vacation leave up to the maximum, but are not entitled to any payment for unused sick leave. The compensated absences liability includes accrued annual leave earned for which the employees are entitled to paid time off or payment at termination. The Department calculates the gross compensated absences liability based on recorded balances of unused leave. The entire unpaid liability for which the employer expects to compensate employees through paid time off or cash payments, inventoried at fiscal year-end current salary costs and the cost of the salary-related benefit payments, is recorded as a liability.

J. Deferred Inflows and Outflows of Resources

A deferred outflow or inflow of resources is a consumption or acquisition of net position that is applicable to a future reporting period. The Department has recorded deferred outflows of resources for retirement plan experience and contributions subsequent to net pension liability measurement date related to its retirement plans. The Department has recorded deferred inflows of resources for investment experience related to its retirement plans. See the "Implementation of Recently Issued Accounting Pronouncements" section of this note for more information on the net pension liability.

The Department has also recorded deferred inflows of resources in its governmental funds balance sheets for revenue that is not considered available under the terms of its revenue recognition policy discussed previously in this note.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

K. Net Position

GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position* was effective for the Department for the year ended June 30, 2013. However, the Department implemented the standard in the year ended June 30, 2015, the first year it was required to do so as the Department had not previously issued financial statements. The statement incorporated deferred inflows and outflows as required components of the residual measure of the government and renaming that measure as net position, rather than net assets.

The following categories of net position are now being used in the Statement of Net Position:

Net investment in capital assets

The net investment in capital assets component of net position consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.

Restricted net position

Restricted net position consists of assets with constraints placed on the use either by external groups such as creditors, grantors, contributors, or laws or regulations of other governments; or law through constitutional provisions or enabling legislation. As of June 30, 2015, approximately \$15.8 million of restricted net position was restricted by legislation. In all cases, if individual restricted net position categories are negative, the negative balance is eliminated and reclassified against unrestricted net position.

Unrestricted net position

The unrestricted component of net position is the net amount of assets, deferred outflows of resources, liabilities, and deferred inflows of resources that are not included in the determination of net investment in capital assets or the restricted component of net position.

The Department's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position is available.

L. Fund Balance

The following categories of fund balance are used in the fund level financial statements of the governmental funds:

Nonspendable fund balance

The nonspendable fund balance classification includes amounts that cannot be spent because they are either not in spendable form or legally or contractually required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash, for example, inventories and prepaid amounts.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

L. Fund Balance (continued)

Restricted fund balance

The restricted fund balance classification includes amounts that are either restricted externally by creditors, grantors, contributors, or laws or regulations of other governments or restricted by law through constitutional provisions or enabling legislation.

Committed fund balance

The committed fund balance classification includes amounts that can only be used for specific purposes pursuant to constraints imposed by formal action of the Department's highest level of decision-making authority, which is the Department's Board of Commissioners. The Board of Commissioners would have to pass a formal resolution to commit fund balance. Those committed amounts cannot be used for any other purpose unless the Department removes or changes the specified use by taking the same type of action it employed to previously commit those amounts. Committed fund balances also incorporate contractual obligations to the extent that existing resources in the fund have been specifically committed for use in satisfying those contractual requirements. The Department recognizes committed fund balances that have been approved for specific purposes by the Department's Board of Commissioners before the fiscal year end. The Department did not have any committed fund balance at June 30, 2015.

Assigned fund balance

The assigned fund balance classification includes amounts that are constrained by the Department's intent to be used for specific purposes but are not restricted or committed. The authority for making an assignment is not required to be the Department's highest level of decision-making authority and as such, the nature of the actions necessary to remove or modify an assignment does not require the Department's highest level of authority. The Department's Director can choose to assign fund balance for a specific purpose. Assigned fund balance amounts in the Department's financial statements represent amounts approved by the Department's Director to be transferred and spent after year end.

Unassigned fund balance

The unassigned fund balance classification includes amounts that have not been assigned to other funds and has not been restricted, committed, or assigned for specific purposes within the general fund.

Based on the Department's policies regarding fund balance classifications as noted above, the Department considers amounts that are restricted, committed, or assigned to be spent when the corresponding expenditure that has been designated by the Department's Board of Commissioners or donors has been made. After these fund balances have been depleted, unassigned fund balance will be considered to have been spent.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

M. Indirect Costs Recoveries

The Department's indirect cost recoveries are calculated based on fixed rates negotiated annually. The Department records indirect cost recoveries paid under federal grants as revenues in the appropriate special revenue fund. The Department records indirect cost recoveries paid under non-federal grants and through Medicaid fees as revenues in the General Fund. Indirect cost recoveries must be remitted to the State General Fund except those received under research grants which may be retained by the Department. Federal grants and contracts whose annual award is two hundred thousand dollars or less are exempted from the requirement to remit recoveries to the State General Fund.

N. Pensions

In government-wide financial statements, pensions are required to be recognized and disclosed using the accrual basis of accounting (see note 9 and the required supplementary information immediately following the notes to the financial statements for more information), regardless of the amount recognized as pension expenditures on the modified accrual basis of accounting. The Department recognizes a net pension liability for each qualified pension plan in which it participates, which represents the Department's proportionate share of the excess of the total pension liability over the fiduciary net position of the qualified pension plan, measured as of the Department's fiscal year-end. Changes in the net pension liability during the period are recorded as pension expense, or as deferred outflows or inflows of resources depending on the nature of the change, in the period incurred. Those changes in net pension liability that are recorded as deferred outflows or inflows of resources that arise from changes in actuarial assumptions or other inputs and differences between expected or actual experience are amortized over the weighted average remaining service life of all participants in the respective qualified pension plan and recorded as a component of pension expense beginning with the period in which they are incurred. Projected earnings on qualified pension plan investments are recognized as a component of pension expense. Differences between projected and actual investment earnings are reported as deferred outflows or inflows of resources and amortized as a component of pension expense on a closed basis over a five-year period beginning with the period in which the difference occurred.

O. Other Postemployment Benefits

Other Postemployment Benefits ("OPEB") cost for retiree healthcare and similar, non-pension retiree benefits, is required to be measured and disclosed using the accrual basis of accounting, regardless of the amount recognized as OPEB expense on the modified accrual basis of accounting. Annual OPEB cost is equal to the annual required contributions to the OPEB Plan, calculated in accordance with GAAP.

P. Interfund Receivables and Payables

The Department's General Fund recorded amounts payable to the Capital Projects Fund in the amount of \$2,200,000 as of June 30, 2015. These amounts relate to revenues earned by the Department but are required to be deposited for future use on capital related projects.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Q. Implementation of Recently Issued Accounting Pronouncements

The Department implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions – An Amendment of GASB Statement No. 27* (“GASB No. 68”) and GASB Statement No. 71, *Pension Transition for Contributions made Subsequent to the Measurement Date – An Amendment of GASB Statement No. 68* (“GASB No. 71”) in the year ended June 30, 2015 and has adjusted its beginning net position for its implementation accordingly.

The primary objective of GASB No. 68 is to improve accounting and financial reporting by state and local governments for pensions. It also improves information provided by state and local governmental employers about financial support for pensions that is provided by other entities. GASB No. 68 establishes standards for measuring and recognizing liabilities, deferred outflows of resources, deferred inflows of resources, and expense/expenditures. For defined benefit pensions, it identifies the methods and assumptions that should be used to project benefit payments, discount projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service.

The objective of GASB No. 71 is to address an issue regarding application of the transition provisions of GASB No. 68, *Accounting and Financial Reporting for Pensions*. The issue relates to amounts associated with contributions, if any, made by a state or local government employer or nonemployer contributing entity to a defined benefit pension plan after the measurement date of the government’s beginning net pension liability. GASB No. 71 requires that, at transition, a government recognize a beginning deferred outflow of resources for its pension contributions, if any, made subsequent to the measurement date of the beginning net pension liability. The provisions of GASB No. 71 are required to be applied simultaneously with the provisions of GASB No. 68.

R. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenditures and affect disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 2. STATE APPROPRIATIONS

The Department is granted an annual appropriation for operating purposes as authorized by the General Assembly of the State of South Carolina. State appropriations are recognized as revenue when received and available. Amounts that are not expended by fiscal year-end are required to be returned to the General Fund of the State unless the Department receives authorization from the General Assembly to carry the funds over to the next year.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 3. DEPOSITS AND INVESTMENTS

Substantially all deposits and investments of the Department are under control of the State Treasurer who, by law, has sole authority for investing State funds.

DEPOSITS:

With respect to investments in the state's internal cash management pool, all of the State Treasurer's investments are required to be insured or registered or are investments for which the securities are held by the state or its agent in the state's name.

OTHER DEPOSITS:

Funds not on deposit with the State Treasurer as of June 30, 2015 are Agency Funds with a carrying amount of \$289,927 and a bank balance of \$292,961. These funds are fully insured or collateralized with securities held by the Department's agent in the Department's name.

INVESTMENTS:

The accounts classified as "Investments" in the General Fund are comprised of donated corporate stocks held by the State Treasurer in the Department's name and mutual funds, which are held by the State Treasurer. Investments are carried at fair value.

Custodial credit risk for investments is the risk that, in the event of a failure of the counterparty, the Pool will not be able to recover the value of the investments or collateral securities that are in the possession of an outside party. At June 30, 2015, all of the Department's investments were insured and registered.

Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. This risk is managed within the portfolio using effective duration. Effective duration is a measure of the price sensitivity of a bond or a portfolio of bonds to interest rate movements given a 50 basis point change in interest rates. It takes into account that expected cash flows will fluctuate as interest rates change and provides a measure of risk that changes proportionately with market rates. None of the Departments investments are exposed to interest rate risk as there is not a maturity on the stocks and mutual funds.

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations to the Pool. The investment policy for credit quality of debt securities states that securities must bear an investment grade rating from at least two of the national rating agencies. Credit quality of cash reserves must carry a rating of A1/P1/F1 or D1 from at least one nationally recognized rating services. In the event that the rating of a security falls below investment grade, that security may continue to be held contingent upon an evaluation of the longer term investment merits of the security. Credit risk ratings are not required for obligations of the U.S. government or those obligations explicitly guaranteed by the U.S. government.

Foreign currency risk is the risk that changes in exchange rates will adversely impact the fair value of an investment. At June 30, 2015, the Department did not have any investments denominated in foreign currencies.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 3. DEPOSITS AND INVESTMENTS (continued)

INVESTMENTS (continued):

The Department's investments other than mutual funds are categorized to give an indication of the level of risk assumed by the entity at year-end. Category 1 includes investments that are insured or registered or for which the securities are held by the entity or its agent in the Department's name. Category 2 includes uninsured and unregistered investments for which the securities are held by the broker's or dealer's trust department or agent in the Department's name. Category 3 includes uninsured and unregistered investments for which the securities are held by the broker or dealer or by its trust department or agent but not in the Department's name. The Department has investments in Category 1.

<u>Investment Type</u>	<u>Fair Value</u>	<u>Credit Rating</u>
Stocks:		
Louisiana - Pacific Corporation	\$ 6,982	Ba2
Bank of America Corporation	49,562	Baa1
Plum Creek Timber Company	<u>11,116</u>	Baa2
Total Stocks	<u>67,660</u>	
Mutual Funds:		
Franklin U.S. Government Securities	109,016	A1
Massachusetts Investor Trust	<u>231,660</u>	Aa2
Total Mutual Funds	<u>340,676</u>	
Total Investments	<u><u>\$ 408,336</u></u>	

NOTE 4. RECEIVABLES

An analysis of significant receivables is as follows:

Patient Receivables	\$ 5,163,162
Other State Agencies	10,691,834
Payments from County Disabilities Boards	274,246
Other Receivables	370,383
Allowance for Doubtful Accounts	<u>(6,363,162)</u>
	<u><u>\$ 10,136,463</u></u>

The Department's significant amount of receivables from other State agencies is due primarily from the Department of Health and Human Services ("DHHS") under various memorandums of agreement and fee reimbursement agreements. The allowance for doubtful accounts is primarily related to receivables from patients and other State Agencies the Department has determined that will likely not be collected.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 4. RECEIVABLES (continued)

In accordance with the Department's revenue recognition policy as outlined in Note 1, the receivables presented on the governmental funds balance sheet are available to meet the current financial obligations which assume collection in less than one year. Of the amounts presented above, \$3,521,526 of receivables from DHHS are estimated to not be collected in one year and therefore considered unavailable revenue in the governmental funds balance sheet. Allowances for doubtful accounts are based on historical analysis. See further details on receivables from other State agencies at Note 16.

NOTE 5. INVENTORIES

Inventories at June 30, 2015 consist of the following:

Food Inventories	\$ 53,776
Medical Inventories	55,477
Maintenance Inventories	<u>108,224</u>
	<u>\$ 217,477</u>

NOTE 6. CAPITAL ASSETS

	Beginning Balance July 1, 2014	Additions	Disposals	Transfers	Ending Balance June 30, 2015
Governmental activities:					
Capital assets not being depreciated:					
Land	\$ 1,557,040	\$ -	\$ -	\$ -	\$ 1,557,040
Construction in progress	<u>1,144,518</u>	<u>127,423</u>	<u>-</u>	<u>(971,168)</u>	<u>300,773</u>
Total capital assets not being depreciated:	<u>2,701,558</u>	<u>127,423</u>	<u>-</u>	<u>(971,168)</u>	<u>1,857,813</u>
Capital assets being depreciated:					
Land and building improvements	100,574,299	2,589,042	(260,051)	971,168	103,874,458
Vehicles	2,753,093	232,291	(154,644)	-	2,830,740
Equipment	<u>7,235,389</u>	<u>151,853</u>	<u>(139,140)</u>	<u>-</u>	<u>7,248,102</u>
Total capital assets being depreciated	<u>110,562,781</u>	<u>2,973,186</u>	<u>(553,835)</u>	<u>971,168</u>	<u>113,953,300</u>
Less accumulated depreciation for:					
Land and building improvements	(85,202,399)	(1,994,135)	249,954	-	(86,946,580)
Vehicles	(2,670,924)	(32,059)	154,644	-	(2,548,339)
Equipment	<u>(5,977,664)</u>	<u>(288,625)</u>	<u>135,098</u>	<u>-</u>	<u>(6,131,191)</u>
Total accumulated depreciation	<u>(93,850,987)</u>	<u>(2,314,819)</u>	<u>539,696</u>	<u>-</u>	<u>(95,626,110)</u>
Total capital assets being depreciated, net	<u>16,711,794</u>	<u>658,367</u>	<u>(14,139)</u>	<u>971,168</u>	<u>18,327,190</u>
Capital assets for governmental activities, net	<u>\$ 19,413,352</u>	<u>\$ 785,790</u>	<u>\$ (14,139)</u>	<u>\$ -</u>	<u>\$ 20,185,003</u>

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 6. CAPITAL ASSETS (continued)

Depreciation expense for the year ended June 30, 2015, was \$2,314,819. Depreciation expense was allocated among the program expenses as follows:

Administration	\$	74,221
Intellectual Disabilities		2,162,342
Autism		11,516
Regional Centers		66,740
Total	\$	2,314,819

As of June 30, 2015 the Department has commitments of approximately \$125,000 with certain property owners, engineering firms, construction contractors, and vendors.

NOTE 7. ACCOUNTS PAYABLE

An analysis of significant accounts payables is as follows:

Payables to County Disabilities Boards and Other Nonprofit Organizations	\$	26,500,819
Medical and Health Services Payables		7,352,039
Vendor Payables for Nonmedical Products and Services		628,294
Other State Agencies		325,422
	\$	34,806,574

NOTE 8. AMOUNTS DUE TO GENERAL FUND OF THE STATE

The amount due to the General Fund of the State from the General Fund at June 30, 2015 of \$3,658,370 represents primarily nursing home bed fees required to be remitted by Code of Laws Section 40-20-355. The nursing home bed fees were remitted in August 2015.

NOTE 9. PENSION PLANS

The South Carolina Public Employee Benefit Authority (“PEBA”), which was created July 1, 2012, administers the various retirement systems and retirement programs managed by its Retirement Division. PEBA has an 11-member Board of Directors, appointed by the Governor and General Assembly leadership, which serves as co-trustee and co-fiduciary of the systems and the trust funds. By law, the Budget and Control Board (restructured into the Department of Administration on July 1, 2015), which consists of five elected officials, also reviews certain PEBA Board decisions regarding the funding of the South Carolina Retirement Systems (“Systems”) and serves as a co-trustee of the Systems in conducting that review.

PEBA issues a Comprehensive Annual Financial Report (“CAFR”) containing financial statements and required supplementary information for the Systems' Pension Trust Funds. The CAFR is publicly available through the Retirement Benefits' link on PEBA's website at www.peba.sc.gov, or a copy may be obtained by submitting a request to PEBA, PO Box 11960, Columbia, SC 29211-1960. PEBA is considered a division of the primary government of the state of South Carolina and therefore, retirement trust fund financial information is also included in the comprehensive annual financial report of the state.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Plan Descriptions

- The South Carolina Retirement System (“SCRS”), a cost-sharing multiple-employer defined benefit pension plan, was established effective July 1, 1945, pursuant to the provisions of Section 9-1-20 of the South Carolina Code of Laws for the purpose of providing retirement allowances and other benefits for employees of the state, its public school districts, and political subdivisions.
- The State Optional Retirement Program (“State ORP”) is a defined contribution plan that is offered as an alternative to certain newly hired state, public school, and higher education employees. State ORP participants direct the investment of their funds into a plan administered by one of four investment providers.
- The South Carolina Police Officers Retirement System (“PORS”), a cost-sharing multiple-employer defined benefit pension plan, was established effective July 1, 1962, pursuant to the provisions of Section 9-11-20 of the South Carolina Code of Laws for the purpose of providing retirement allowances and other benefits for police officers and firemen of the state and its political subdivisions.

Membership

Membership requirements are prescribed in Title 9 of the South Carolina Code of Laws. A brief summary of the requirements under each system is presented below.

- SCRS - Generally, all employees of covered employers are required to participate in and contribute to the system as a condition of employment. This plan covers general employees and teachers and individuals newly elected to the South Carolina General Assembly beginning with the November 2012 general election. An employee member of the system with an effective date of membership prior to July 1, 2012, is a Class Two member. An employee member of the system with an effective date of membership on or after July 1, 2012, is a Class Three member.
- State ORP - As an alternative to membership in SCRS, newly hired state, public school, and higher education employees and individuals newly elected to the S.C. General Assembly beginning with the November 2012 general election have the option to participate in the State ORP, which is a defined contribution plan. State ORP participants direct the investment of their funds into a plan administered by one of four investment providers. PEBA assumes no liability for State ORP benefits. Rather, the benefits are the liability of the investment providers. For this reason, State ORP programs are not considered part of the retirement systems for financial statement purposes. Employee and Employer contributions to the State ORP are at the same rates as SCRS. A direct remittance is required from the employers to the member's account with investment providers for the employee contribution (8 percent) and a portion of the employer contribution (5 percent). A direct remittance is also required by SCRS for the remaining portion of the employer contribution (5.75 percent) and an incidental death benefit contribution (.15 percent), if applicable, which is retained by SCRS.

NOTE 9. PENSION PLANS (continued)

Plan Descriptions (continued)

Membership (continued)

- PORS - To be eligible for PORS membership, an employee must be required by the terms of his employment, by election or appointment, to preserve public order, protect life and property, and detect crimes in the state; to prevent and control property destruction by fire; or to serve as a peace officer employed by the Department of Corrections, the Department of Juvenile Justice, or the Department of Mental Health. Probate judges and coroners may elect membership in PORS. Magistrates are required to participate in PORS for service as a magistrate. PORS members, other than magistrates and probate judges, must also earn at least \$2,000 per year and devote at least 1,600 hours per year to this work, unless exempted by statute. An employee member of the system with an effective date of membership prior to July 1, 2012, is a Class Two member. An employee member of the system with an effective date of membership on or after July 1, 2012, is a Class Three member.

Benefits

Benefit terms are prescribed in Title 9 of the South Carolina Code of Laws. PEBA does not have the authority to establish or amend benefit terms without a legislative change in the code of laws. Key elements of the benefit calculation include the benefit multiplier, years of service, and average final compensation. A brief summary of the benefit terms for each system is presented below.

- SCRS - A Class Two member who has separated from service with at least five or more years of earned service is eligible for a monthly pension at age 65 or with 28 years credited service regardless of age. A member may elect early retirement with reduced pension benefits payable at age 55 with 25 years of service credit. A Class Three member who has separated from service with at least eight or more years of earned service is eligible for a monthly pension upon satisfying the Rule of 90 requirement that the total of the member's age and the member's creditable service equals at least 90 years. Both Class Two and Class Three members are eligible to receive a reduced deferred annuity at age 60 if they satisfy the five- or eight-year earned service requirement, respectively. An incidental death benefit is also available to beneficiaries of active and retired members of employers who participate in the death benefit program.

The annual retirement allowance of eligible retirees or their surviving annuitants is increased by the lesser of one percent or five hundred dollars every July 1. Only those annuitants in receipt of a benefit on July 1 of the preceding year are eligible to receive the increase. Members who retire under the early retirement provisions at age 55 with 25 years of service are not eligible for the benefit adjustment until the second July 1 after reaching age 60 or the second July 1 after the date they would have had 28 years of service credit had they not retired.

- PORS - A Class Two member who has separated from service with at least five or more years of earned service is eligible for a monthly pension at age 55 or with 25 years of service regardless of age. A Class Three member who has separated from service with at least eight or more years of earned service is eligible for a monthly pension at age 55 or with 27 years of service regardless of age. Both Class Two and Class Three members are eligible to receive a deferred annuity at age 55 with five or eight years of earned service, respectively. An incidental death benefit is also available to beneficiaries of active and retired members of employers who participate in the death benefit program. Accidental death benefits are also provided upon the death of an active member working for a covered employer whose death was a natural and proximate result of an injury incurred while in the performance of duty.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Plan Descriptions (continued)

Benefits (continued)

The retirement allowance of eligible retirees or their surviving annuitants is increased by the lesser of one percent or five hundred dollars every July 1. Only those annuitants in receipt of a benefit on July 1 of the preceding year are eligible to receive the increase.

Contributions

Contributions are prescribed in Title 9 of the South Carolina Code of Laws. The PEBA Board may increase the SCRS and PORS employer and employee contribution rates on the basis of the actuarial valuations, but any such increase may not result in a differential between the employee and employer contribution rate that exceeds 2.9 percent of earnable compensation for SCRS and 5 percent for PORS. An increase in the contribution rates adopted by the board may not provide for an increase of more than one-half of one percent in any one year. If the scheduled employee and employer contributions provided in statute or the rates last adopted by the board are insufficient to maintain a thirty year amortization schedule of the unfunded liabilities of the plans, the board shall increase the contribution rates in equal percentage amounts for the employer and employee as necessary to maintain the thirty-year amortization period; and, this increase is not limited to one-half of one percent per year.

Required employee contribution rates for fiscal year 2014-2015 are as follows:

SCRS

Employee Class Two	8.00% of earnable compensation
Employee Class Three	8.00% of earnable compensation

State ORP Employee

8.00% of earnable compensation

PORS

Employee Class Two	8.41% of earnable compensation
Employee Class Three	8.41% of earnable compensation

Required employer contribution rates for fiscal year 2014-2015 are as follows:

SCRS

Employer Class Two	10.75% of earnable compensation
Employer Class Three	10.75% of earnable compensation
Employer Incidental Death Benefit	0.15% of earnable compensation

State ORP Employee

Employer Contribution	10.75% of earnable compensation ¹
Employer Incidental Death Benefit	0.15% of earnable compensation

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Plan Descriptions (continued)

Contributions (continued)

PORS	
Employer Class Two	13.01% of earnable compensation
Employer Class Three	13.01% of earnable compensation
Employer Incidental Death Benefit	0.20% of earnable compensation
Employer Accidental Death Program	0.20% of earnable compensation
<p>¹ Of this employer contribution of 10.75% of earnable compensation, 5% of earnable compensation must be remitted by the employer directly to the ORP vendor to be allocated to the member's account with the remainder of the employer contribution remitted to SCRS.</p>	

Actuarial Assumptions and Methods

Actuarial valuations involve estimates of the reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and future salary increases. Amounts determined during the valuation process are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. South Carolina state statute requires that an actuarial experience study be completed at least once in each five-year period. The last experience study was performed on data through June 30, 2010, and the next experience study is scheduled to be conducted after the June 30, 2015 annual valuation is complete.

The most recent annual actuarial valuation reports adopted by the PEBA Board are as of July 1, 2013. The net pension liability of each defined benefit pension plan was therefore determined by the consulting actuary, Gabriel, Roeder, Smith and Company ("GRS"), based on the July 1, 2013 actuarial valuations, using membership data as of July 1, 2013, projected forward to the end of the fiscal year, and financial information of the pension trust funds as of June 30, 2014, using generally accepted actuarial procedures. Information included in the following schedules is based on the certification provided by GRS.

The following provides a summary of the actuarial assumptions and methods used in the July 1, 2013, valuations for SCRS and PORS.

	SCRS	PORS
Actuarial cost method	Entry age	Entry age
Actuarial assumptions:		
Investment rate of return	7.5%	7.5%
Projected salary increases	levels off at 3.5%	levels off at 4.0%
Includes inflation at	2.75%	2.75%
Benefit adjustments	lesser of 1% or \$500	lesser of 1% or \$500

The post-retiree mortality assumption is dependent upon the member's job category and gender. This assumption includes base rates which are automatically adjusted for future improvement in mortality using published Scale AA projected from the year 2000.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Actuarial Assumptions and Methods (continued)

Former Job Class	Males	Females
Educators and Judges	RP-2000 Males (with White Collar adjustment) multiplied by 110%	RP-2000 Females (with White Collar adjustment) multiplied by 95%
General Employees and Members of the General Assembly	RP-2000 Males multiplied by 100%	RP-2000 Females multiplied by 90%
Public Safety, Firefighters and members of the South Carolina National Guard	RP-2000 Males (with Blue Collar adjustment) multiplied by 115%	RP-2000 Females (with Blue Collar adjustment) multiplied by 115%

Net Pension Liability

The net pension liability (NPL) is calculated separately for each system and represents that particular system's total pension liability determined in accordance with GASB Statement No. 67 less that System's fiduciary net position. As of June 30, 2014, the Department's proportional share of the NPL amounts for SCRS and PORS are presented below:

System	Proportional Share of Net Pension Liability
SCRS	\$ 109,462,821
PORS	\$ 33,579

The total pension liability is calculated by the Systems' actuary, and each plan's fiduciary net position is reported in the Systems' financial statements. The Department's proportionate share of the net pension liability was calculated on the basis of historical employer contributions. Although GASB 68 encourages the use of the employer's projected long-term contribution effort to the retirement plan, allocating on the basis of historical employer contributions is considered acceptable. For the year ending June 30, 2014, the Department's percentage of the SCRS and PORS net pension liability were 0.635795% and 0.00175%, respectively.

Discount Rate

The discount rate used to measure the total pension liability was 7.50 percent. The projection of cash flows used to determine the discount rate assumed that contributions from participating employers in SCRS and PORS will be made based on the actuarially determined rates based on provisions in the South Carolina State Code of Laws. Based on those assumptions, each System's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Net Pension Liability (continued)

Long-term Expected Rate of Return

The long-term expected rate of return on pension plan investments for actuarial purposes is based upon the 30 year capital market outlook at the end of the third quarter 2012. The actuarial long-term expected rates of return represent best estimates of arithmetic real rates of return for each major asset class and were developed in coordination with the investment consultant for the Retirement System Investment Commission (“RSIC”) using a building block approach, reflecting observable inflation and interest rate information available in the fixed income markets as well as Consensus Economic forecasts. The actuarial long-term assumptions for other asset classes are based on historical results, current market characteristics and professional judgment.

The RSIC has exclusive authority to invest and manage the retirement trust funds' assets. As co-fiduciary of the Systems, statutory provisions and governance policies allow the RSIC to operate in a manner consistent with a long-term investment time horizon. The expected real rates of investment return, along with the expected inflation rate, form the basis for the target asset allocation adopted annually by the RSIC. For actuarial purposes, the long-term expected rate of return is calculated by weighting the expected future real rates of return by the target allocation percentage and then adding the actuarial expected inflation which is summarized in the table on the following page. For actuarial purposes, the 7.50 percent assumed annual investment rate of return used in the calculation of the total pension liability includes a 4.75 percent real rate of return and a 2.75 percent inflation component.

Asset Class	Target Asset Allocation	Expected Arithmetic Real Rate of Return	Long Term Expected Portfolio Real Rate of Return
Short Term	5.0%		
Cash	2.0	0.3%	0.01%
Short Duration	3.0	0.6	0.02
Domestic Fixed Income	13.0		
Core Fixed Income	7.0	1.1	0.08
High Yield	2.0	3.5	0.07
Bank Loans	4.0	2.8	0.11
Global Fixed Income	9.0		
Global Fixed Income	3.0	0.8	0.02
Emerging Markets Debt	6.0	4.1	0.25
Global Public Equity	31.0	7.8	2.42
Global Tactical Asset Allocation	10.0	5.1	0.51
Alternatives	32.0		
Hedge Funds (Low Beta)	8.0	4.0	0.32
Private Debt	7.0	10.2	0.71
Private Equity	9.0	10.2	0.92
Real Estate (Broad Market)	5.0	5.9	0.29
Commodities	3.0	5.1	0.15
Total Expected Real Return	100.0%		5.88
Inflation for Actuarial Purposes			2.75
Total Expected Nominal Return			8.63%

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 9. PENSION PLANS (continued)

Net Pension Liability (continued)

Sensitivity Analysis

The following table presents the collective net pension liability of the participating employers calculated using the discount rate of 7.50 percent, as well as what the employers' net pension liability would be if it were calculated using a discount rate that is 1.00 percent lower (6.50 percent) or 1.00 percent higher (8.50 percent) than the current rate.

Sensitivity of the Proportional Share of Net Pension Liability to Changes in the Discount Rate			
System	1.00% Decrease (6.50%)	Current Discount Rate (7.50%)	1.00% Increase (8.50%)
SCRS	\$ 141,651,663	\$ 109,462,821	\$ 82,608,093
PORS	46,926	33,579	22,536

Deferred Outflows (Inflows) of Resources

For the year ended June 30, 2015, the Department recognized pension expense of approximately \$7,675,000. At June 30, 2015, the Department reported deferred outflows (inflows) of resources related to pensions from the following sources:

	<u>SCRS</u>		<u>PORS</u>	
	Deferred Outflows of Resources	Deferred Inflows of Resources	Deferred Outflows of Resources	Deferred Inflows of Resources
Pension contributions subsequent to measurement date	\$6,460,093	\$ -	\$ 2,914	\$ -
Differences in actual and expected experience	3,101,716	-	896	-
Net differences between projected and actual earnings on plan investments	-	9,228,514	-	3,885
	<u>\$9,561,809</u>	<u>\$ 9,228,514</u>	<u>\$ 3,810</u>	<u>\$ 3,885</u>

The Department reported \$6,463,007 as deferred outflows of resources related to contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ended June 30, 2016. Other amounts reported as deferred outflows (inflows) of resources will be recognized in pension expense in future years. The following schedule reflects the amortization of the Department's proportional share of the net balance of remaining deferred outflows (inflows) of resources at June 30, 2015. Average remaining service lives of all employees provided with pensions through the pension plans at June 30, 2014 was 4.233 years for SCRS and 4.856 years for PORS.

Measurement Period Ending June 30,	Fiscal Year Ending June 30,	SCRS	PORS
2015	2016	\$ (1,347,736)	\$ (739)
2016	2017	(1,347,736)	(739)
2017	2018	(1,347,736)	(739)
2018	2019	(2,083,590)	(772)
Net Balance of Deferred Inflows of Resources		<u>\$ (6,126,798)</u>	<u>\$ (2,989)</u>

NOTE 10. POST RETIREMENT AND OTHER EMPLOYEE BENEFITS

Plan Description

In accordance with the South Carolina Code of Laws and the annual Appropriations Act, the State provides post-employment health and dental and long-term disability benefits to retired State and school district employees and their covered dependents. The Department contributes to the South Carolina Retiree Health Insurance Trust Fund (“SCRHITF”) and the South Carolina Long-Term Disability Insurance Trust Fund (“SCLTDITF”), cost-sharing multiple employer defined benefit postemployment healthcare and long-term disability plans administered by the Insurance Benefits Division of PEBA.

Generally, retirees are eligible for the health and dental benefits if they have established at least ten years of retirement service credit. For new hires beginning employment May 2, 2008 and after, retirees are eligible for benefits if they have established 25 years of service for 100% employer funding and 15 through 24 years of service for 50% employer funding. Benefits become effective when the former employee retires under a State retirement system. Basic Long-Term Disability (“BLTD”) benefits are provided to active state, public school district, and participating local government employees approved for disability.

Funding Policies

Section 1-11-710 of the South Carolina Code of Laws of 1976, as amended, requires these postemployment and long-term disability benefits be funded through annual appropriations by the General Assembly for active employees to the Insurance Benefits Division and participating retirees to the PEBA, except for the portion funded through the pension surcharge and provided from the other applicable sources of the Insurance Benefits Division, for its active employees who are not funded by State General Fund appropriations. Employers are mandated by State statute to contribute at a rate assessed each year by the Office of the State Budget, 5.00% of annual covered payroll for 2015 and 4.92% of annual covered payroll for 2014. The Insurance Benefits Division sets the employer contribution rate based on a pay-as-you-go basis. The Department paid approximately \$2,935,000 and \$2,799,000 to the trust fund for the fiscal years ended June 30, 2015 and 2014, respectively. BLTD benefits are funded through a person’s premium charged to State agencies, public school districts, and other participating local governments. The monthly premium per active employee paid to Insurance Benefits Division was \$3.22 for the fiscal years ended June 30, 2015 and 2014.

Effective May 1, 2008 the State established two trust funds through Act 195 for the purpose of funding and accounting for the employer costs of retiree health and dental insurance benefits and long-term disability insurance benefits. The SCRHITF is primarily funded through the payroll surcharge. Other sources of funding include additional State appropriated dollars, accumulated IB reserves, and income generated from investments. The SCLTDITF is primarily funded through investment income and employer contributions.

A copy of the separately issued financial statements for the benefit plans and the trust funds may be obtained by writing to the South Carolina Public Employee Benefit Authority – Insurance Benefits Division, P.O. Box 11960, Columbia, South Carolina 29211-1960.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 11. CHANGES IN GENERAL LONG-TERM OBLIGATIONS

Long-term liabilities consist of compensated absences and settlements payable. Compensated absence and settlements payable activity for the fiscal year ended June 30, 2015, was as follows:

	Beginning Balance June 30, 2014	Increases	Decreases	Ending Balance June 30, 2015	Current Portion
Compensated absences	\$ 5,721,590	\$ 5,431,941	\$ (5,721,590)	\$ 5,431,941	\$ 1,086,388
Settlements payable	-	2,164,442	-	2,164,442	1,964,191
Total	<u>\$ 5,721,590</u>	<u>\$ 7,596,383</u>	<u>\$ (5,721,590)</u>	<u>\$ 7,596,383</u>	<u>\$ 3,050,579</u>

See Note 14 for further details on the settlements payable.

NOTE 12. DEFERRED COMPENSATION PLANS

Several optional deferred compensation plans are available to State employees. The multiple-employer plans, created under Internal Revenue Code Sections 457, 401(k), and 403(b), are administered by third parties and are not included in the Department's financial statements. Compensation deferred under the plans is placed in trust for the contributing employee. The Department has no liability for losses under the plans. Employees may withdraw the current value of their contributions when they terminate State employment. Employees may also withdraw contributions prior to termination if they meet requirements specified by the applicable plan. The Department made no contributions for the fiscal year ended June 30, 2015.

NOTE 13. OPERATING LEASES

Lease payments for real property during the year ended June 30, 2015 were approximately \$32,000. Lease payments for equipment, including contingent rental payments, were approximately \$259,000. The Department also leases State owned vehicles and incurred approximately \$311,000 of expense related to vehicle use. There are no future obligations with a remaining term in excess of one year.

NOTE 14. CONTINGENCIES AND SETTLEMENTS PAYABLE

The Department is involved in a number of legal proceedings and claims with various parties arising in the normal course of business. These proceedings and claims cover a wide range of matters including personal injury, medical malpractice, and negligence. In some of these cases, the remedies that may be sought or damages claimed are substantial. Because, in the opinion of management and counsel, the risk of material loss in excess of insurance coverage for these events is remote, the outcome of the legal proceedings and claims is not expected to have a material adverse effect on the financial position of the Department. Therefore, an estimated liability has not been recorded. The outcome of any litigation has an element of uncertainty.

During the year ended June 30, 2015 two settlements were reached by the Department. The first related to miscalculations in establishing room and board charges to consumers residing in HUD financed properties. Providers were instructed to repay consumers for overcharges related to fiscal years 2013 and 2014 and the Department's Commission agreed to share in these reimbursements at a rate up to 50%. The Department's 50% share amounted to \$764,914. This amount will be paid over fiscal years 2016, 2017, and 2018 in the amount of \$564,663, \$147,797, and \$52,454, respectively.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 14. CONTINGENCIES AND SETTLEMENTS PAYABLE (continued)

The second settlement was the result of an audit performed during fiscal year 2015 by the Office of Inspector General of the United States Department of Health and Human Services over the Department's fiscal year 2010 Medicaid waiver cost report. The audit was performed as a follow-up to the 2007 through 2009 fiscal year audit that covered the allocation of administrative cost to unallowable room and board cost. The 2015 audit disallowed \$1,599,525 claimed in the Department's costs reports. The Department's share of the disallowed costs is \$1,399,528. The Department expects to pay this amount during fiscal year 2016.

NOTE 15. FUND BALANCE CLASSIFICATIONS

	Nonspendable	Restricted	Assigned	Total
General Fund	\$ 217,477	\$ 2,383,698	\$ 3,862,510	\$ 6,463,685
Capital Projects Fund	—	13,443,787	—	13,443,787
Nonmajor Governmental Funds	—	1,186	—	1,186
Total	<u>\$ 217,477</u>	<u>\$ 15,828,671</u>	<u>\$ 3,862,510</u>	<u>\$ 19,908,658</u>

Nonspendable

This portion of fund balance is not available for expenditure because it is either in a form that cannot be spent, such as inventories, or is legally or contractually required to be maintained intact.

Restricted

General Fund

The General Fund receives contributions for its Regional Centers. These contributions are restricted to use at the Regional Center that received the donation.

Additionally, the Department holds fund balances related to donations restricted to support the operations, maintenance, and facilities of the Whitten Center. These amounts are restricted due to the terms of the donation.

Capital Projects Fund

Proviso 36.2 of the 2014-2015 Appropriations Act authorizes the Department to retain proceeds from the sale of excess real property in the capital projects fund and to use the funds for the purchase of land and the construction of community residences.

The Department receives approval at various intervals to use excess debt service funds from client fees revenues for capital projects. The funds when collected remain in the debt service fund until they are transferred by the State Treasurer to excess debt service reserve account when capital projects are approved. Funds are transferred by the State Treasurer from the excess debt service reserve account to specific capital project accounts when needed to meet expenditures incurred. The amount of excess debt service funds transferred from the debt service fund to excess debt service reserve in the capital projects fund during the year ended June 30, 2015 was approximately \$3,344,000.

Nonmajor Governmental Funds

The Department receives funds from various Federal and State sources that are restricted as to use of those funds as provided for under the grant or funding agreement.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 15. FUND BALANCE CLASSIFICATIONS (continued)

Assigned

General Fund

The amount of assigned fund balance in the general fund is assigned by the Department primarily for the acquisition and construction of capital assets. These amounts have not been formally restricted or committed for this purpose; however, the Department's director has assigned the funds future use.

NOTE 16. TRANSACTIONS WITH STATE ENTITIES

The Department has significant transactions with the State of South Carolina and various State agencies. As required by Section 44-20-355 of the 1976 Code of Laws of South Carolina, as Amended, the Department collected a \$8.50 per day Patient Day Fee from all State Intermediate Care Facilities for the Mentally Retarded and remitted the fees to the General Fund of the State. The amount collected and remitted in the fiscal year end June 30, 2015 was \$3,658,370.

The Department also has significant transactions with the South Carolina Department of Health and Human Services ("HHS"). Under various memorandums of agreement ("MOA"), HHS reimburses the Department for services provided by the Department or to reimburse administrative costs incurred during the year. At June 30, 2015, \$9,739,252 was due from HHS under the MOAs and approximately \$3.5 million of the amount due related to current year transactions with HHS.

The Department had an additional approximate \$1,352,000 of accounts receivable due from other State agencies. These receivables were related to services provided by the Department, Department expenditures that were reimbursable from other State agencies, or insurance related claims.

Services received at no cost from State agencies include maintenance of certain accounting records and payroll and disbursement processing from the Comptroller General; check preparation, banking, and investment functions from the State Treasurer; legal services from the Attorney General; and records storage from the Department of Archives and History. Other services received at no cost from the various divisions of the South Carolina State Public Employee Benefit Authority include retirement plan administration and insurance plans administration.

The Department had financial transactions with various other State agencies during the fiscal year. Significant payments were made to divisions of the South Carolina State Public Employee Benefit Authority for retirement and insurance plans contributions. Payments were made to the South Carolina Budget and Control Board for telephone services, interagency mail and supplies. Significant payments were also made for unemployment and worker's compensation coverage for employees. The amounts of 2015 expenditures applicable to related party transactions were approximately \$67,500,000.

The Department provided no significant services to any other State agencies during the fiscal year ended June 30, 2015.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 17. RISK MANAGEMENT

The Department is exposed to various risks of loss and maintains State or commercial insurance coverage for certain of those risks. Management believes such coverage is sufficient to preclude any significant uninsured losses for the covered risks. There were no significant reductions in insurance coverage from coverage in the prior year.

Settled claims have not exceeded this coverage in any of the past three years. The Department pays insurance premiums to certain other State agencies and commercial insurers to cover risks that may occur in normal operations.

The insurers promise to pay to or on behalf of the insured for covered economic losses sustained during the policy period in accord with insurance policy and benefit program limits except for the deductibles.

State management believes it is more economical to manage certain risks internally and to set aside assets for claim settlement. Several State funds accumulate assets and the State itself assumes substantially all risks for the following:

1. Claims of State employees for unemployment compensation benefits (Department of Employment and Workforce);
2. Claims of covered employees for workers' compensation benefits for job-related illnesses or injuries (State Accident Fund);
3. Claims of covered public employees for health and dental insurance benefits (Public Employee Benefit Authority); and
4. Claims of covered public employees for long-term disability and group-life insurance benefits (Public Employee Benefit Authority).

Employees elect health coverage through either a health maintenance organization or through the State's self-insured plan. All of the other coverages listed above are through the applicable State self-insurance plan except dependent and optional life premiums which are remitted to commercial carriers.

The Department and other entities pay premiums to the State's Insurance Reserve Fund ("IRF") which issues policies, accumulates assets to cover the risks of loss, and pays claims incurred for covered losses related to the following assets, activities, and/or events:

1. Theft of, damage to, or destruction of assets;
2. Real property, its contents, and other equipment;
3. Motor vehicles;
4. Torts;
5. Natural disasters; and
6. Medical malpractice claims against covered hospitals and employees.

The IRF is a self-insurer and purchases reinsurance to obtain certain services and specialized coverage and to limit losses in the areas of property, boiler and machinery, automobile liability, and medical professional liability insurance. The IRF's rates are determined actuarially.

The Department self-insures for collision damage to Department owned vehicles because it estimates the cost of repairs will be less than the cost of insurance. No material payments for collision damage to Department owned vehicles were made in the fiscal year ended June 30, 2015.

South Carolina Department of Disabilities and Special Needs
Notes to the Financial Statements
June 30, 2015

NOTE 17. RISK MANAGEMENT (continued)

The Department obtains up to \$200,000 per occurrence coverage through a commercial insurer for employee fidelity bond insurance for all employees for losses arising from theft or misappropriation. The Department self-insures above this amount because it feels the likelihood of loss is remote. No payments for uninsured losses were made during the fiscal year ended June 30, 2015.

The Department has recorded insurance premium expenditures in the applicable programmatic expenditure.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – BUDGETARY GENERAL FUNDS
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

	Budgeted Amounts		Actual	Variance
	Original Budget	Final Budget		Positive (Negative)
Administration				
Commissioner	\$ 155,000	\$ 155,000	\$ 155,000	\$ -
Classified Positions	3,679,729	3,712,989	3,712,989	-
Other Personal Services	20,000	198,435	198,435	-
Special Item - Waiting List	13,293,825	-	-	-
Program and Services				
Prevention Program				
Special Item - Greenwood Genetic Center	2,934,300	2,934,300	2,934,300	-
Intellectual Disabilities - Family Support				
Children's Services				
Classified Positions	116,542	119,546	119,546	-
Other Operating Expenses	2,935,037	3,204,454	3,204,454	-
Special Item - BabyNet	3,725,000	3,725,000	3,725,000	-
In-Home Family Support				
Classified Positions	128,120	199,246	199,246	-
Other Operating Expenses	24,882,226	20,687,190	20,687,190	-
Adult Development and Support				
Classified Positions	40,286	44,632	44,632	-
Other Operating Expenses	15,139,344	22,445,237	22,445,237	-
Service Coordination				
Classified Positions	325,749	218,713	218,713	-
Other Operating Expenses	6,239,098	5,180,626	5,180,626	-
Case Services	2,000	-	-	-
Autism Family Support				
Autism Family Support Services				
Classified Positions	509,706	522,616	522,616	-
Other Personal Services	200	10,522	10,522	-
Other Operating Expenses	3,272,233	2,812,997	2,812,997	-
Pervasive Development Disorder				
Classified Positions	90,000	84,494	84,494	-
Other Operating Expenses	6,885,000	7,099,785	7,099,785	-
Head and Spinal Cord Injury				
Classified Positions	158,990	164,577	164,577	-
Other Operating Expenses	5,784,000	6,691,275	6,691,275	-
Other Personal Services	-	2,617	2,617	-
Case Services	12,000	-	-	-
Intellectual Disabilities Residential				
Classified Positions	1,829,977	2,176,612	2,176,612	-
Other Personal Services	50,000	140,027	140,027	-
Other Operating Expenses	46,507,981	69,100,559	69,100,559	-
Case Services	900,800	549,200	549,200	-

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – BUDGETARY GENERAL FUNDS (CONTINUED)
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

Autism Community Residential Program				
Classified Positions	1,209,713	1,148,749	1,148,749	-
Other Personal Services	166,312	277,714	277,714	-
Other Operating Expenses	3,927,592	3,479,918	3,479,918	-
Head and Spinal Cord Injury Residential				
Other Operating Expenses	958,763	940,024	940,024	-
Regional Center Residential Program				
Classified Positions	34,109,291	31,594,399	31,594,399	-
Other Personal Services	1,836,989	6,308,560	6,308,560	-
Lander University - Autism Services				
Other Operating Services	-	300,000	300,000	-
Autism Services	-	1,150,000	1,150,000	-
Special Needs Park	-	200,000	200,000	-
Charles Lea Center	-	100,000	100,000	-
Employee Benefits				
Employer Contributions	20,925,634	18,892,259	18,892,259	-
Total Expenditures	<u>\$ 202,751,437</u>	<u>\$ 216,572,272</u>	<u>\$ 216,572,272</u>	<u>\$ -</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – OTHER BUDGETED FUNDS
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

	Budgeted Amounts		Actual	Variance
	Original Budget	Final Budget		Positive (Negative)
Administration				
Classified Positions	\$ 166,137	\$ 271,961	\$ 271,961	\$ -
Other Personal Services	137,637	137,637	66,927	70,710
Other Operating Expenses	2,781,871	2,677,157	1,802,885	874,272
Program and Services				
Prevention Program				
Other Operating Expenses	257,098	257,098	198,000	59,098
Special Item - Greenwood Genetic Center	6,534,076	6,534,076	6,534,076	-
Intellectual Disabilities - Family Support				
Children's Services				
Other Operating Expenses	11,805,226	11,550,142	8,768,787	2,781,355
Special Item - BabyNet	5,587,500	5,587,500	5,587,500	-
In-Home Family Support				
Classified Positions	-	41,603	41,603	-
Other Operating Expenses	32,843,261	18,311,342	17,410,293	901,049
Case Services	10,000	10,000	-	10,000
Adult Development and Support				
Other Operating Expenses	49,215,777	65,543,484	53,600,430	11,943,054
Service Coordination				
Classified Positions	-	27,417	27,417	-
Other Operating Expenses	16,090,763	17,090,916	11,304,998	5,785,918
Case Services	50,000	50,000	8,100	41,900
Autism Family Support				
Autism Family Support Services				
Other Operating Expenses	8,921,170	8,304,070	4,438,001	3,866,069
Case Services	17,000	17,000	-	17,000
Pervasive Development Disorder				
Other Operating Expenses	3,300,000	3,300,000	1,394,191	1,905,809
Head and Spinal Cord Injury				
Classified Positions	-	79,467	72,605	6,862
Other Operating Expenses	15,799,720	16,804,016	7,675,690	9,128,326
Intellectual Disabilities Residential				
Classified Positions	184,516	180,475	162,018	18,457
Other Personal Services	160,000	160,000	72,487	87,513
Other Operating Expenses	200,076,532	193,867,176	184,224,312	9,642,864
Case Services	13,962,263	16,399,830	16,338,908	60,922
Autism Community Residential Program				
Classified Positions	174,611	174,611	144,214	30,397
Other Personal Services	133,384	133,384	11,650	121,734
Other Operating Expenses	17,892,592	18,199,198	16,124,790	2,074,408
Case Services	33,025	28,624	22,188	6,436

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULE – OTHER BUDGETED FUNDS (CONTINUED)
(NON-GAAP BUDGETARY BASIS – UNAUDITED)
FOR THE YEAR ENDED JUNE 30, 2015**

Head and Spinal Cord Injury Residential				
Other Operating Expenses	2,081,769	2,706,769	1,878,137	828,632
Regional Center Residential Program				
Classified Positions	13,973,747	13,723,477	11,344,118	2,379,359
Other Personal Services	2,621,784	2,621,784	1,058,358	1,563,426
Other Operating Expenses	17,873,449	17,909,801	14,429,168	3,480,633
Case Services	441,222	426,115	360,561	65,554
Employee Benefits				
Employer Contributions	6,809,487	6,809,487	5,870,697	938,790
Total Expenditures	<u>\$ 429,935,617</u>	<u>\$ 429,935,617</u>	<u>\$ 371,245,070</u>	<u>\$ 58,690,547</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULES
FOR THE YEAR ENDED JUNE 30, 2015**

1. Budgetary Funds

South Carolina's Annual Appropriation Act, the State's legally adopted budget, does not present budgets by GAAP fund. Instead, it presents program-level budgets for the following two funds:

General Funds – These funds are general operating funds. The resources in the funds are primarily taxes. The State expends General Funds to provide traditional State government services.

Total Funds – The Total Funds column in the Appropriations Act includes all budgeted resources. Amounts in this column include General Funds as well as most, but not all, federal and department-generated resources. Total funds include portions of certain proprietary and capital project fund activities as well as most special revenue activities but exclude the pension trust funds and some other fiduciary fund activities.

Amounts presented as *Other Budgeted Funds* are obtained by subtracting the General Funds column in the Appropriations Act from the Total Funds columns. Revenue is not presented in the budgetary schedule because it is budgeted at the Statewide level.

As operating conditions change, the Department may transfer appropriations between programs and classifications within programs. However, limits are placed on increasing/decreasing authorizations for personal services without Budget and Control Board approval. Also, a revision of budgeted amounts over and above the total revenues appropriated requires approval of the Budget and Control Board.

Substantially all the funds appropriated by the State and other budgeted funds are included within the General Fund for financial statement presentation under GAAP.

2. Original and Final Budgeted Amounts; Basis of Presentation

The original appropriations presented in the accompanying schedule for the General Funds include amounts in the Appropriations Act as well as any appropriation reductions specifically authorized by law to prevent duplicate appropriations. The terminology, classification, and format of the appropriations section of the accompanying schedules are substantively the same as the legally adopted budget. The State allows the Department to transfer its appropriated funds to restricted accounts to allow for the opportunity for interest to be earned on these appropriated amounts. However, expenditures have been presented in accordance with the classifications provided for in the legally adopted budget.

The State's General Assembly does not approve estimated revenue or fund balance amounts for Other Budgeted Funds which include the Department's General Fund. However, Section 115 (*Recapitulations*) of the Appropriation Act includes net source of funds amounts (i.e. estimated cash brought forward from the previous fiscal year plus estimated revenue for the current fiscal year minus estimated cash to be carried forward to the following fiscal year) for three categories of Other Budgeted Funds: Federal, Earmarked, and Restricted. A budget versus actual comparison for the Department's General Funds and Other Budgeted Funds are presented as supplementary information.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULES
FOR THE YEAR ENDED JUNE 30, 2015**

3. Legal Level of Budgetary Control

The Department maintains budgetary control at the level of summary objective category of expenditure within each program of each department or agency which is the level of detail presented in the accompanying schedules.

4. Basis of Budgeting

Current legislation states that the General Assembly intends to appropriate all monies to operate State government for the current fiscal year. Unexpended appropriations lapse on July 31 unless the department or agency is given specific authorization to carry them forward to the next fiscal year. Cash-basis accounting for payroll expenditures is used, while the accrual basis is used for other expenditures.

State law does not precisely define the State's budgetary basis of budgeting. In practice, however, it is the cash basis with the following exceptions:

- Departments and agencies shall charge certain vendor and interfund payments against the preceding fiscal year's appropriations through July 13.
- All revenues are recorded only when the State receives the related cash with the exception of certain tax amounts, such as motor fuel taxes and gas taxes, which are not received by the Department's General Fund.

5. Budget to GAAP Reporting Differences

Budgetary accounting principles differ significantly from GAAP accounting principles. Basis differences arise because the basis of budgeting differs from the GAAP basis used to prepare the statement of revenues, expenditures, and changes in fund balance. The differences between the budgetary comparison schedules for the General Funds and Other Budgeted Funds as compared to the Statement of Revenues, Expenditures, and Changes in Fund Balance are related to the modified accrual basis of accounting which include accounts receivable and accounts payable as revenues and expenditures in the current year while the budgetary basis would include those amounts in the year that payments were actually received or paid. A reconciliation of the budgetary basis expenditures to the GAAP basis expenditures is below.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
NOTES TO REQUIRED SUPPLEMENTARY INFORMATION -
BUDGETARY COMPARISON SCHEDULES
FOR THE YEAR ENDED JUNE 30, 2015**

5. Budget to GAAP Reporting Differences (continued)

Reconciliation of Budget Basis to GAAP Basis Expenditures
For the Year Ended June 30, 2015

	General Fund	Other Budgeted Funds	Total
Total expenditures, budgetary basis	\$ 216,572,272	\$ 371,245,070	\$ 587,817,342
Perspective difference:			
Other budgeted funds attributable to the General Fund for GAAP	371,245,070	(371,245,070)	—
Basis of accounting differences:			
Change in accrued salaries	(185,326)	—	(185,326)
Change in accounts payable	62,339	—	62,339
Administrative fees on reimbursement are considered an expenditure for GAAP but not for budget	560,000		560,000
Intermediate care fees remitted not considered an expenditure for GAAP	(3,658,370)	—	(3,658,370)
Other basis differences	(245,316)	—	(245,316)
Total expenditures, GAAP basis	<u>\$ 584,350,669</u>	<u>\$ —</u>	<u>\$ 584,350,669</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF THE PROPORTIONATE SHARE OF THE NET
PENSION LIABILITY – SOUTH CAROLINA RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST TWO FISCAL YEARS**

	<u>2015</u>	<u>2014</u>
Department's proportion of the net pension liability	0.635795%	0.635795%
Department's proportionate share of the net pension liability	\$ 109,462,821	\$ 114,038,943
Department's covered – employee payroll	\$ 58,036,747	\$ 57,944,213
Department's proportionate share of the net pension liability as percentage of covered-employee payroll	188.6%	196.8%
Plan fiduciary net position as a percentage of the total pension liability	59.9%	56.4%

Note: The amounts presented above were determined as of June 30th of the preceding year. The Department implemented GASB #68 and GASB #71 during the year ended June 30, 2015. Information prior to 2014 is not available.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF CONTRIBUTIONS – SOUTH CAROLINA RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST THREE FISCAL YEARS**

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Contractually required contribution	\$ 6,460,093	\$ 6,118,522	\$ 6,142,087
Contributions in relation to the contractually required contribution	<u>6,460,093</u>	<u>6,118,522</u>	<u>6,142,087</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
 Department covered-employee payroll	 \$ 59,266,908	 \$ 57,721,905	 \$ 57,944,213
Contributions as a percentage of covered-employee payroll	10.90%	10.60%	10.60%

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF THE PROPORTIONATE SHARE OF THE NET
PENSION LIABILITY – POLICE OFFICERS RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST TWO FISCAL YEARS**

	<u>2015</u>	<u>2014</u>
Department’s proportion of the net pension liability	0.00175%	0.00175%
Department’s proportionate share of the net pension liability	\$ 33,579	\$ 36,360
Department’s covered – employee payroll	\$ 21,105	\$ 21,105
Department’s proportionate share of the net pension liability as percentage of covered-employee payroll	159.1%	172.3%
Plan fiduciary net position as a percentage of the total pension liability	67.5%	63.0%

Note: The amounts presented above were determined as of June 30th of the preceding year. The Department implemented GASB #68 and GASB #71 during the year ended June 30, 2015. Information prior to 2014 is not available.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
REQUIRED SUPPLEMENTARY INFORMATION -
SCHEDULE OF CONTRIBUTIONS – POLICE OFFICERS RETIREMENT SYSTEM
AS OF JUNE 30, 2015
LAST THREE FISCAL YEARS**

	<u>2015</u>	<u>2014</u>	<u>2013</u>
Contractually required contribution	\$ 2,914	\$ 2,710	\$ 2,596
Contributions in relation to the contractually required contribution	<u>2,914</u>	<u>2,710</u>	<u>2,596</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Department covered-employee payroll	\$ 21,100	\$ 21,105	\$ 21,105
Contributions as a percentage of covered-employee payroll	13.81%	12.84%	12.3%

South Carolina Department of Disabilities and Special Needs
Combining Balance Sheet
Nonmajor Governmental Funds
June 30, 2015

	Federal Grant Fund	Education Improvement Act Fund	Total Governmental
ASSETS			
Cash and Cash Equivalents	\$ -	\$ 268,788	\$ 268,788
Receivables, net	261,919	41,193	303,112
Total Assets	<u>\$ 261,919</u>	<u>\$ 309,981</u>	<u>\$ 571,900</u>
LIABILITIES AND FUND BALANCES			
Liabilities:			
Accounts Payable	\$ 6,003	\$ 268,788	\$ 274,791
Checks Written in Excess of Cash Balances	254,730	-	254,730
Accrued Payroll and Employee Benefits	-	41,193	41,193
Total Liabilities	<u>260,733</u>	<u>309,981</u>	<u>570,714</u>
Fund balance:			
Restricted	<u>1,186</u>	<u>-</u>	<u>1,186</u>
Total Fund Balances	<u>1,186</u>	<u>-</u>	<u>1,186</u>
Total Liabilities and Fund Balances	<u>\$ 261,919</u>	<u>\$ 309,981</u>	<u>\$ 571,900</u>

South Carolina Department of Disabilities and Special Needs
Combining Statement of Revenues, Expenditures, and Changes in Fund Balance
Nonmajor Governmental Funds
For the Year Ended June 30, 2015

	Federal Grant Fund	Education Improvement Act Fund	Total Governmental
REVENUES			
Federal Grant Revenue	\$ 278,375	\$ -	\$ 278,375
Education Improvement Act	-	359,937	359,937
Total Revenues	<u>278,375</u>	<u>359,937</u>	<u>638,312</u>
EXPENDITURES			
Current:			
Personnel Services	-	359,937	359,937
Medical and Health Services	133,733	-	133,733
Supplies	16,456	-	16,456
Capital Outlay	127,000	-	127,000
Total Expenditures	<u>277,189</u>	<u>359,937</u>	<u>637,126</u>
Exceeds (Deficiency) of Revenues Over Expenditures	<u>1,186</u>	-	<u>1,186</u>
Net Change in Fund Balance	1,186	-	1,186
Fund Balance -- Beginning	-	-	-
Fund Balances -- Ending	<u>\$ 1,186</u>	<u>-</u>	<u>\$ 1,186</u>

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

INDEPENDENT AUDITOR'S REPORT

Mr. George L. Kennedy, CPA
State Auditor
Office of the State Auditor
Columbia, South Carolina

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the South Carolina Department of Disabilities and Special Needs (the "Department"), as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Department's basic financial statements, and have issued our report thereon dated June 8, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Department's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control. Accordingly, we do not express an opinion on the effectiveness of the Department's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified a deficiency in internal control that we consider to be a material weakness.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described in the accompanying schedule of findings and questioned costs as item 2015-001 to be a material weakness.

Compliance and Other Matters

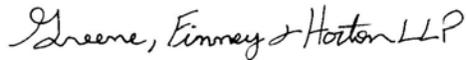
As part of obtaining reasonable assurance about whether the Department's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Department's Response to Finding

The Department's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. The Department's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Greene, Finney & Horton, LLP
Mauldin, South Carolina
June 8, 2016

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SCHEDULE OF FINDINGS AND RESPONSES

YEAR ENDED JUNE 30, 2015

2015-001: VALUATION OF RECEIVABLES AND REVENUE RECOGNITION

Condition & Effect: The Department recorded approximately \$5.1 million in patient receivables and \$1.2 million due from another state entity that were ultimately determined to be uncollectible. In addition, the Department did not record at the fund level approximately \$3.4 million in unavailable revenues that were not collected within the availability period. Correcting adjustments were recorded by the Department once the information was brought to their attention. Due to a portion of the adjustments impacting prior years, revenues for the year ended June 30, 2015 were ultimately reduced by approximately \$3.7 million.

Repayments of the Department’s unexpended Education Improvement Act (“EIA”) funds to the South Carolina Department of Education were not recorded in the correct year. The repayment of approximately \$356,000 in unexpended funds related to the prior fiscal year’s funding was incorrectly recorded in the current fiscal year as a reduction in EIA revenues, and the repayment of approximately \$269,000 related to current fiscal year’s funding was not recorded in the current year, but was instead recorded in the following fiscal year when the repayment was made. Correcting adjustments were recorded by the Department once the information was brought to their attention. The impact of the adjustments increased EIA revenues by approximately \$87,000 for the year ended June 30, 2015.

Criteria: The Department should record revenues only when they are both measureable and available.

Cause: In estimating the reserves for the patient receivables, the Department applied a collection rate to patient receivables based on historical collection rates; however, patient receivables outstanding as of June 30, 2015 were comprised of unpaid balances that had accumulated over a number of years and thus, the collection rate on those receivables was much lower than the overall historical collection rate. It was estimated that most of the receivables were uncollectible.

The amount due from another state entity was written off when no written documentation was available to substantiate the amount due. Negotiations surrounding this amount were held, but ultimately the other state agency declined to pay due to the lack of written documentation. Ultimately, the Department decided that this receivable was uncollectible.

The EIA revenues were initially recorded on a cash basis rather than a modified accrual basis due to historical treatment (i.e., the repayments of unexpended funds were recorded in the fiscal year in which the repayments were made).

Recommendation: The Department has a process for reviewing patient receivables that includes evaluating those receivables for collectability; however, we recommend that the Department consider modifying its calculation of the allowance for doubtful accounts in order to apply a collection rate that is appropriate for the uncollected balances instead of one based on the overall collection rate for all billings.

We recommend that the Department have written contracts or agreements with other state agencies to ensure collection of payments for services rendered. In addition, we recommend that the Department investigate any amounts due from other state agencies that are over 90 days old and determine if those balances will be collected.

We recommend that the Department record the repayment of unexpended EIA funds as a payable and reduction in EIA revenues in the year of allocation or include the repayment on the payables closing package remitted to the Office of the Comptroller General.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SCHEDULE OF FINDINGS AND RESPONSES

YEAR ENDED JUNE 30, 2015

2015-001: VALUATION OF RECEIVABLES AND REVENUE RECOGNITION (CONTINUED)

Response: The Department of Disabilities and Special Needs has reviewed and concurs with the findings and recommendations as stated in item “2015-001: Valuation of Receivables and Revenue Recognition.” Accordingly, the Department will implement the following corrective actions effective immediately:

1. The Department will modify its current methodology of calculating the allowance for doubtful accounts for patient receivables from one based on the aggregate collection rate for all accounts to a method based on an analysis of pertinent historical data for collection of each age category or class of accounts receivable. The Department will continue to pursue patient receivables that are outstanding.
 2. The Department will implement the necessary procedures and safeguards prior to the provision of services for other state entities in order to enhance collection of payment for services rendered.
 3. The Department will analyze all unexpended EIA fund balances at each fiscal year-end and make all necessary accounting entries to record unused balances as deferred revenue in the book of record.
-

May 6, 2016

RECEIVED

MAY 13 2016

Ms. Deirdre Blake-Sayers, Director
Human Resources
SC Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina 29203

SCDDSN
HUMAN RESOURCES
CENTRAL OFFICE

Dear Ms. Blake-Sayers:

The results of the audit of your delegated transactions from July 1, 2014 to June 30, 2015 are attached. Thank you for your assistance during the audit

Should you have any questions regarding your agency's audit results, please feel free to contact me at 803-896-5064.

Sincerely,

Susan S. Hance

Susan S. Hance
Senior HR Consultant

Enclosure

cc: Dr. Beverly A. H. Buscemi

*Deirdre,
I will scan you
the copies of our
internal audit forms
and notes next
week as promised.
Susan*



CLASSIFICATION DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period: July 1, 2014 thru June 30, 2015
- II. Auditors: Susan Hance and Kelly Watkins
- III. Delegated Reclassification Actions: Printouts on file with DSHR
7/1/14 - 6/30/15
Total Number of Reclassifications: 81
Total Number of Actions Audited: 26
- IV. Sampling Size: 32.10%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and processing of delegated classification actions.
 - 2. To determine if the agency maintains an approved copy of the classification delegation agreement and all other correspondence related to its classification delegation program.
 - 3. To determine whether delegated position descriptions are filed for ease of retrieval and review.
 - 4. To determine whether the job duties on the position description are appropriate to the classification of the position.
 - 5. To determine whether the position descriptions include: internal titles (if used), essential and marginal functions, percentages of time spent on each job duty, and appropriate coding and signatures.
 - 6. To determine whether the class code and position number is correct on each position description.
 - 7. To determine if authorized or effective dates on position descriptions fall on or after the approval date.
- VI. Findings:
 - 1. The agency was able to produce a copy of the classification delegation agreement.

2. The agency had 100% or 26 out of the 26 actions that were appropriately classified.
3. Out of the position descriptions audited the following was noted:
 - **Appropriate coding and signatures**
 - 88.46% or 23 out of the 26 had the appropriate coding and signatures
 - **Appropriate class code and position number**
 - 92.31% or 24 out of the 26 had the class code and position number.
 - **FLSA designation**
 - 100% or 26 out of the 26 actions audited had the FLSA designation
 - **State minimum training and experience**
 - 100% or 26 out of the 26 actions audited had minimum training and experience that at least met the State minimum classification specification
 - **Essential and marginal functions**
 - 88.46% or 23 out of the 26 actions audited had essential and marginal functions designated.
 - **Percentages of time spent on each job duty**
 - 96.15% or 25 out of the 26 actions audited had percentages of time that equaled 100%.
4. The agency had 100% or 26 out of the 26 actions audited that were approved before or on the effective date.
5. Zero percent or 0 out of the 26 classification actions audited were missing position descriptions.

VII.

Recommendation(s):

- **PD/State Specification Comparison**
 - No Recommendations.
- **Minimum Training and Experience**
 - No Recommendations.
- **Essential & Marginal Functions**
 - No Recommendations.
- **Job Functions**
 - No Recommendations.
- **Coding & Signatures**
 - No Recommendations.
- **FLSA**
 - No Recommendations.

- **Class Code & Position #**
 - No Recommendations.
- **Approval Dates & Effective Dates**
 - No Recommendations.
- **Missing Delegated Position Descriptions**
 - No Recommendations.
- **Agency maintain copy of classification delegation agreement**
 - No Recommendations.

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. The agency is in compliance with the classification delegation agreement. Excellent audit results.

HIRE ABOVE MINIMUM DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period Covered: July 1, 2014 – June 30, 2015
- II. Auditors: Susan Hance and Kelly Watkins
- III. Delegated Hire Above Minimum Actions: Printouts on file with DSHR
7/1/14 - 6/30/15
Number Hired Above Minimum: 386
Number of Actions Audited: 58
- IV. Sampling Size: 15.03 %
- V. Purpose of Audit:
 1. To determine if internal procedures are established for the review and documentation of delegated hire above minimum actions.
 2. To determine if the agency maintains an approved copy of the hire above minimum delegation agreement and all other correspondence related to its hire above minimum delegation program.
 3. To determine whether hire above minimum documentation is filed for ease of retrieval and review.
 4. To determine whether proper documentation exists for each hire above minimum action, to include:
 - A completed employment application with salary history and dates of employment
 - Position title, class code and slot to include internal title, if used
 - Pay band and salary range
 - Proposed salary above minimum
 - Agency average salary, internal title average salary
 - Statewide average salary, if applicable
 - Justification statement to include not only that the applicant exceeds the minimum requirements, but also a description of why the salary is needed to hire the individual (e.g., market, recruiting/retention difficulties, most qualified and little time needed for training, etc.)
 - Hire date
 - Authorized signature and date of approval

5. To determine whether actions are approved prior to the hire date of the applicant.
6. To determine whether actions are true new hires, or whether another action code, such as promotion, demotion, or transfer is appropriate.
7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency was able to produce its copy of the hire above minimum delegation agreement.
2. This section summarizes the documentation for each hire above minimum action. There were a total of 58 hire above minimum actions audited.
 - **Completed Application Including Employment Dates** –94.83% or 55 out of the 58 actions audited had a completed application including employment dates.
 - **Title/Class (including internal title)** – 100% or 58 out of the 58 actions audited had the title/class.
 - **Pay Band/Salary Range** -98.28% or 57 out of the 58 actions audited had the pay band and salary range.
 - **Proposed Salary Above Minimum** - 98.28% or 57 out of the 58 actions audited had the proposed salary and percentage above minimum.
 - **Average Salary Data** – 86.21% or 50 out of the 58 actions audited had average salary data.
 - **Justification Statement of HAM** – 82.76% or 48 out of the 58 actions audited had an adequate justification statement.
 - **Approval Date on or Prior to Hire Date** - 100% or 58 out of the 58 actions audited had the approval date on or prior to the hire date.
 - **Authorized Signature & Approval Date** – 89.66% or 52 out of the 58 actions audited had an authorized signature and/or approval date.
 - **New hires coded appropriately** - 100% or 58 out of the 58 actions audited were coded correctly as a new hires.

VII. Recommendations:

- ^ **Completed Application including Employment Dates** - No Recommendations.
- ^ **Title/Class (including internal title)** - No Recommendations.
- ^ **Pay Band/Salary Range** -No Recommendations.
- ^ **Proposed Salary Above Minimum** - No Recommendations.
- ^ **Average Salary Data** No Recommendations.

- ^ **Justification Statement of HAM** - Ensure that an internal approval form is included with each action. This will ensure that a justification statement is present for each hire above minimum action. The justification statement should include reasons above and beyond the fact that the applicant has training and experience which exceeds the minimum requirements. Justification statements need to be job related, factual, and non-discriminatory.
- ^ **Approval Date on or prior to Hire Date** No Recommendations.
- ^ **Authorized Signature & Approval Date** - Ensure the authorized signature and approval dates are included on your internal approval form.
- ^ **Did Employee Come from Other State Agency** - No Recommendations.
- ^ **Delegation Contract on File** - No Recommendations.

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. The agency is in compliance with the classification delegation agreement. Ensure that an internal hire above minimum form is attached with each action. For hiring actions that are using the internal hiring rate, this statement can be used as the justification for the hire above minimum.

TEMPORARY SALARY ADJUSTMENT DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
February 11, 2016

- I. Audit Period Covered: July 1, 2014 – June 30, 2015
- II. Auditor: Susan Hance and Kelly Watkins
- III. Delegated Temporary Salary Adjustment Actions: Printouts on file with DSHR
7/1/14 - 6/30/15
Number of Temporary Salary Adjustments: 4
Number of Actions Audited: 4
- IV. Sampling Size: 100%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and documentation of delegated temporary salary adjustment actions.
 - 2. To determine if the agency maintains an approved copy of the temporary salary adjustment delegation agreement and all other correspondence related to its temporary salary adjustment delegation program.
 - 3. To determine whether temporary salary adjustment documentation is filed for ease of retrieval and review.
 - 4. To determine whether proper documentation exists for each temporary salary adjustment, to include:
 - ^ Employee Name
 - ^ Current Class Title
 - ^ Current Salary
 - ^ Amount or % increase of the temporary salary adjustment
 - ^ Justification of additional responsibilities
 - ^ Effective Date
 - ^ Duration (* Not to exceed one year)
 - ^ Approval Signature and Date
 - 5. To determine whether actions are approved prior to the employee receiving a temporary salary adjustment.
 - 6. To determine whether an extension of the temporary salary adjustment beyond one year has DSHR approval prior to the expiration date of the adjustment.

VI. Findings:

1. The agency was able to produce its copy of the temporary salary adjustment delegation agreement.
2. This section summarizes the documentation for each temporary salary adjustment action. There were a total of 4 temporary salary adjustment actions audited.
 - **Employee Name** – 100% or 4 out of the 4 actions audited had completed documentation including employee’s name.
 - **Title/Class (including internal title)** – 100% or 4 out of the 4 actions audited had the title/class.
 - **Employee’s Current Salary** – 100% or 4 out of the 4 actions audited had the employee’s current salary.
 - **Proposed Salary & Percentage** – 100% or 4 out of the 4 actions audited had the proposed salary and percentage.
 - **Justification of Additional Responsibilities** – 75% or 3 out of the 4 actions audited had an adequate justification statement of additional responsibilities.
 - **Effective Date** - 100% or 4 out of the 4 actions audited had the effective date of the temporary salary adjustment.
 - **Duration** – 75% or 3 out of the 4 actions audited had the duration of not to exceed one year.
 - **Authorized Signature & Approval Date** – 100% or 4 out of the 4 actions audited had an authorized signature and/or approval date.
3. 75% or 3 out of the 4 actions audited had the duration of not to exceed one year.
4. 100% or 4 out of the 4 actions audited had an authorized signature and/or approval date.

VII. Recommendations:

- ^ **Employee Name** - No Recommendations
- ^ **Title/Class (including internal title)** - No Recommendations
- ^ **Employee’s Current Salary** - No Recommendations
- ^ **Proposed Salary & %** - No Recommendations
- ^ **Justification Statement of TSA** - No Recommendations
- ^ **Effective Date** - No Recommendations
- ^ **Duration** – The duration should not exceed one year. A request for an extension of the TSA should be submitted to the Division of State Human Resources prior to the end date, if necessary.
- ^ **Authorized Signature & Approval Date** – No Recommendations

VIII. Summary:

It appears that the decisions made by the agency during this audit period regarding temporary salary adjustment actions are sound. The agency is in compliance with the temporary salary adjustment delegation agreement. Excellent audit results.

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**SOUTH CAROLINA CLAIMED
SOME UNALLOWABLE ROOM-
AND-BOARD COSTS UNDER THE
INTELLECTUAL AND RELATED
DISABILITIES WAIVER FOR
STATE FISCAL YEAR 2010**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



**Gloria L. Jarmon
Deputy Inspector General
for Audit Services**

**April 2015
A-04-14-04019**

Office of Inspector General

<http://oig.hhs.gov>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

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The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

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THIS REPORT IS AVAILABLE TO THE PUBLIC
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Section 8M of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG Web site.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

The South Carolina Department of Health and Human Services claimed Federal Medicaid reimbursement of \$1.6 million during State fiscal year 2010 for unallowable room-and-board costs under the Intellectual and Related Disabilities waiver program and did not reduce its Federal reimbursement by \$7.9 million for an overpayment settlement.

WHY WE DID THIS REVIEW

In a previous audit of the South Carolina Department of Health and Human Services (State agency) for State fiscal years (SFYs) 2007 through 2009, we reported that the State agency claimed Medicaid reimbursement of approximately \$6.7 million (\$4.8 million Federal share) in direct room-and-board expenses and related administrative and general costs. Such expenses are not eligible for reimbursement. We performed this audit of SFY 2010 to determine whether the issue we identified for SFYs 2007 through 2009 continued to exist.

The objective of this review was to determine whether the State agency claimed Medicaid reimbursement for unallowable room-and-board costs under the Intellectual and Related Disabilities (IRD) waiver program operated by the South Carolina Department of Disabilities and Special Needs (the Department) for SFY 2010.

BACKGROUND

Intellectual and Related Disabilities Waiver Services

Under a Title XIX section 1915(c) waiver approved by the Centers for Medicare & Medicaid Services (CMS), the State agency operates an IRD waiver program that provides long-term care and support for individuals with intellectual or related disabilities. Payments are allowable for the cost (other than room and board) of home or community-based services that are provided under a written plan of care to individuals in need of the services. The State agency provides administrative oversight and monitoring of the IRD waiver program but contracts with the Department to provide IRD waiver services. The Department provides these IRD waiver services through contractual arrangements with a network of 39 local Disabilities and Special Needs (DSN) boards.

Reimbursement Methodology

Throughout the year, the Department makes prospective “band” payments to the local DSN boards. The local DSN boards submit monthly service reports to the Department that reflect actual services provided to clients during the month.

On the basis of monthly service reports that the DSN boards submit, the Department submits claims to the State agency for payment. The payment of these claims, subject to settlement based on the Department’s annual cost reports, is the basis for the expenditure of Federal funds for IRD waiver program services. The State agency submits quarterly reports to CMS covering IRD waiver program expenditures, including any settlement payments, on the Quarterly

Medicaid Statement of Expenditures for the Medical Assistance Program, Form CMS-64 (CMS-64), which summarizes actual Medicaid expenses for each quarter.

CMS reimburses to the State agency the Federal share of the State agency's claimed costs. From July 1, 2009, through June 30, 2010, the State agency claimed costs for the IRD waiver program totaling \$216,370,314. Under the contract between the Department and the State agency, the Department was responsible for all unallowable costs.

Cost Reporting Process

Each of the 39 local DSN boards submits to the Department annual cost reports for each of its various service areas.

Annually, the Department submits a consolidated IRD waiver program cost report to the State agency, which includes the IRD waiver program costs of all of the local DSN boards combined, as well as the administrative and general costs that are allocable to the IRD waiver program. Each year, the State agency compares the costs included on the annual consolidated IRD waiver program cost report to previous payments made to the Department for IRD waiver program services for the fiscal year and settles with the Department for the difference.

WHAT WE FOUND

The State agency claimed Medicaid reimbursement of \$2,011,222 (\$1,599,525 Federal share) for unallowable room-and-board costs under the IRD waiver program that the Department operated. The unallowable costs were:

- \$717,329 (\$570,492 Federal share) of direct room-and-board costs and
- \$1,293,893 (\$1,029,033 Federal share) of administrative and general costs related to room and board.

In addition, the State agency did not reduce its reimbursement on its CMS-64 for a \$9,962,995 (\$7,923,570 Federal share) overpayment settlement for SFY 2010, which the Department identified in July 2010.

The State agency claimed unallowable room-and-board costs because neither the State agency nor the Department had adequate controls to (1) ensure that the Department followed either applicable Federal law and guidance or its own guidance or (2) detect errors or misstatements on the local DSN boards' cost reports (e.g., prescribe a uniform format for the local DSN boards to follow when preparing the cost reports).

The State agency did not reduce its reimbursement on its CMS-64 because it did not have controls in place to ensure that it refunded the Federal share of all overpayments on its CMS-64 within the required time after it was notified of overpayments.

WHAT WE RECOMMEND

We recommend that the State agency:

- refund to the Federal Government \$1,599,525, which is the Federal share of the room-and-board costs that the Department improperly claimed on its IRD waiver costs reports;
- ensure that it removes room-and-board-related administrative costs from the cost reports in accordance with Federal regulations;
- implement the use of a uniform cost reporting process;
- strengthen the Department's and the State agency's cost report review processes to detect errors and to ensure compliance with Federal regulations;
- report as a credit on the CMS-64 the overpayment of \$9,962,995 (\$7,923,570 Federal share) that the Department identified in July 2010; and
- develop and implement controls to ensure that, after being notified of an overpayment, it reports the overpayment as a credit on the CMS-64 in a timely manner.

STATE AGENCY COMMENTS

In comments on our draft report, the State agency concurred with our findings. The State agency also agreed with our recommendations and described corrective actions it has taken or plans to take to address them.

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INTRODUCTION

WHY WE DID THIS REVIEW

In a previous audit of the South Carolina Department of Health and Human Services (State agency) for State fiscal years¹ (SFYs) 2007 through 2009, we reported that the State agency claimed Medicaid reimbursement of approximately \$6.7 million (\$4.8 million Federal share) in direct room-and-board expenses and related administrative and general costs.² Such expenses are not eligible for reimbursement. We performed this audit of SFY 2010 to determine whether the issue we identified for SFYs 2007 through 2009 continued to exist.

OBJECTIVE

Our objective was to determine whether the State agency claimed Medicaid reimbursement for unallowable room-and-board costs under the Intellectual and Related Disabilities (IRD) waiver program operated by the South Carolina Department of Disabilities and Special Needs (the Department) for SFY 2010.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements. In South Carolina, the State agency administers the Medicaid program.

Intellectual and Related Disabilities Waiver Services

Under a Title XIX section 1915(c) waiver approved by CMS, the State agency operates an IRD waiver program that provides long-term care and support for individuals with intellectual or related disabilities. Section 1915(c) allows for payment of the cost of home or community-based services that are provided under a written plan of care to individuals in need of the services. Costs that are not related to the provision of this care, as well as room-and-board costs, are not allowable under such a waiver. The State agency provides administrative oversight and monitoring of the IRD waiver program but contracts with the Department to provide IRD waiver services. The Department provides these IRD waiver services through contractual arrangements

¹ The State fiscal year begins on July 1 and ends on June 30.

² See report number A-04-11-04012. Also see Appendix A for a list of other related Office of Inspector General reports.

with a network of 39 local Disabilities and Special Needs (DSN) boards. These local DSN boards are divided into four regions: Piedmont, Pee Dee, Coastal, and Midlands.

Reimbursement Methodology

Throughout the year, the Department makes prospective “band”³ payments to the local DSN boards. The band payments are advance payments for IRD waiver services based on the number of clients within each band at a particular local DSN board. The local DSN boards submit monthly service reports to the Department that reflect actual services provided to clients during the month. There is no provision for the Department to reimburse a local DSN board’s costs that exceed its band payments. However, if a local DSN board spends less than 98 percent of its band payments in a contract period, it must refund the excess payments to the Department.

On the basis of the monthly service reports from the local DSN boards, the Department submits claims to the State agency for payment. The payment of these claims, subject to settlement based on the Department’s annual cost reports,⁴ is the basis for the expenditure of Federal funds for IRD waiver program services. The State agency submits quarterly reports covering IRD waiver program expenditures, including any settlement payments, on the Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Form CMS-64 (CMS-64), which summarizes actual Medicaid expenses for each quarter. CMS uses information on the CMS-64 to reimburse States for the Federal share of Medicaid expenditures.

CMS reimburses to the State agency the Federal share of the State agency’s claimed costs, using the Federal medical assistance percentage (FMAP). South Carolina’s FMAP for the period was approximately 79.53 percent.⁵ Under the contract between the Department and the State agency, the Department was responsible for the cost of any unallowable services provided under the IRD waiver.

Cost Reporting Process

Each of the 39 local DSN boards submits to the Department annual cost reports for each of its various service areas. These cost reports include both direct costs for the various service areas and administrative and general costs that each local DSN board allocates.

Annually, the Department submits a consolidated IRD waiver program cost report to the State agency. It includes the IRD waiver program costs of all of the local DSN boards combined, as well as the Department central and regional offices’ administrative and general costs that are

³ The band payment system is a budgeting system that assigns nine different funding levels, known as bands, to service users on the basis of their needs. The amount of funding assigned to each band depends on the level of residential care and intensity of services that the clients in each band are expected to need.

⁴ The State agency compares the Department’s actual costs incurred to previous band payments that the State agency has paid to the Department. This comparison results in a settlement payment due to or from the State agency.

⁵ This percentage is a weighted average of FMAPs during our audit period. See Appendix B for details of our methodology.

allocable to the IRD waiver program. Each year, the State agency compares the costs included on the annual consolidated IRD waiver program cost report to previous payments made to the Department for IRD waiver program services for the fiscal year and settles with the Department for the difference.

HOW WE CONDUCTED THIS REVIEW

Our audit covered the period July 1, 2009, through June 30, 2010, which was SFY 2010. For this period, the State agency claimed costs for the IRD waiver program totaling \$216,370,314. We calculated the direct room-and-board costs that the local DSN boards claimed on their cost reports. Additionally, we calculated the portion of administrative and general costs attributable to room and board.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

See Appendix B for the details of our scope and methodology and Appendix C for applicable Federal and State requirements.

FINDINGS

The State agency claimed Medicaid reimbursement of \$2,011,222 (\$1,599,525 Federal share) for unallowable room-and-board costs under the IRD waiver program that the Department operated. The unallowable costs were:

- \$717,329 (\$570,492 Federal share) of direct room-and-board costs and
- \$1,293,893 (\$1,029,033 Federal share) of administrative and general costs related to room and board.

In addition, the State agency did not reduce its reimbursement on its CMS-64 for a \$9,962,995 (\$7,923,570 Federal share) overpayment settlement for SFY 2010.

The State agency claimed unallowable room-and-board costs because neither the State agency nor the Department had adequate controls to (1) ensure that the Department followed either applicable Federal law and guidance or its own guidance or (2) detect errors or misstatements on the local DSN boards' cost reports.

The State agency did not reduce its reimbursement on its CMS-64 because it did not have controls in place to ensure that it refunded the Federal share of all overpayments on its CMS-64 within the required time after it was notified of overpayments.

THE STATE AGENCY CLAIMED MEDICAID REIMBURSEMENT FOR DIRECT ROOM-AND-BOARD COSTS

Under a Title XIX section 1915(c) waiver, payments are allowable for the cost of home or community-based services that are provided under a written plan of care to individuals in need of services. However, costs that are not related to the provision of this care, as well as room-and-board costs, are not allowable (Social Security Act (the Act), § 1915 (c)(1)).

The State agency claimed Medicaid reimbursement totaling \$717,329 (\$570,492 Federal share) for unallowable direct room-and-board costs that were incurred at the local DSN board level.

Some local DSN boards included maintenance costs related to residential service programs (a direct room-and-board cost) in a pool of costs to be allocated to the various residential locations rather than directly assigning those costs to the specific residential program locations. Generally, the local DSN boards properly made adjustments to remove these costs from the cost reports. However, 13 of the 39 local DSN boards did not remove the allocated maintenance costs. As a result, the Department improperly claimed for reimbursement \$717,329 (\$570,492 Federal share) for direct room-and-board costs. (See Appendix D for a list of direct room-and-board costs claimed by the 13 local DSN boards.)

THE STATE AGENCY CLAIMED MEDICAID REIMBURSEMENT FOR ADMINISTRATIVE AND GENERAL ROOM-AND-BOARD COSTS

Under a Title XIX section 1915(c) waiver, payments are allowable for the cost of home or community-based services that are provided under a written plan of care to individuals in need of services. However, costs that are not related to the provision of this care or to room-and-board costs are not allowable (the Act, § 1915(c)(1)).

Federal regulations (42 CFR § 441.310(a)(2)) state that Federal financial participation (FFP) “for home and community-based services is not available for the cost of room and board except when (1) provided as part of respite care services in a facility approved by the State that is not a private residence; (2) a portion of rent and food is attributable to an unrelated personal caregiver who resides in the same household with a waiver recipient; or (3) meals are provided as part of a program of adult day health services as long as the meals do not constitute a full nutritional regimen.”

The *State Medicaid Manual* (CMS Pub. 45) states that room includes “related administrative services” (§ 4442.3 B.12). A Department guidance document, *Calculation of Room and Board for Non-ICF/ID Programs*, which was directed to all local DSN boards and contractors that provide residential services, referenced that section of the *State Medicaid Manual* to provide instructions for removal of room-and-board costs from allowable costs.

The State agency claimed Medicaid reimbursement totaling \$1,293,893 (\$1,029,033 Federal share) for unallowable administrative and general costs related to room and board that the local DSN boards had allocated to residential service programs. Of the \$10,721,832 in administrative and general costs that the local DSN boards allocated to the residential service programs,

\$1,293,893, or 12.07 percent, was related to room and board and therefore not allowable for reimbursement. (See Appendix E for our estimate of indirect room-and-board costs that each local DSN board claimed.)

Most local DSN boards removed the unallowable direct room-and-board costs from allowable costs but did not remove unallowable indirect costs associated with the direct room-and-board costs. To determine the unallowable indirect costs for each local DSN board residential service program, we divided the total direct room-and-board costs by the total direct costs and multiplied the result by the administrative and general costs that the local DSN board allocated to the residential service program.

THE STATE AGENCY DID NOT INCLUDE AN OVERPAYMENT SETTLEMENT AS A CREDIT ON ITS CMS-64

The State has 1 year from the date of discovery to recover or attempt to recover overpayments made by a State to a person or other entity (the Act, §1903(d)(2)(C) and 42 CFR § 433.316(a)). Regardless of whether recovery was made, the State must make an adjustment to its Federal payments at the end of the 1-year period.

Other than fraud and abuse situations, an overpayment is considered discovered on the earliest of (1) the date on which any Medicaid agency official or other State official first notifies a provider in writing of an overpayment and specifies a dollar amount that is subject to recovery or (2) the date on which a provider initially acknowledges a specific overpaid amount in writing to the Medicaid agency (42 CFR § 433.316(c)(2)).

The State agency must refund the Federal share of overpayments that are subject to recovery to CMS through a credit on its CMS-64 submitted for the quarter in which the 1-year period following discovery ends. The State must report a credit on the CMS-64 whether or not the State has recovered the overpayment from the provider (42 CFR § 433.320(a)).

The State agency did not reduce its reimbursement on its CMS-64 for a \$9,962,995 (\$7,923,570 Federal share) overpayment settlement that the Department reported for SFY 2010. The Department identified this estimated overpayment in a July 9, 2010, letter to the State agency. In South Carolina, the Department is the provider of IRD waiver services, and, therefore, July 9, 2010, meets the CFR § 433.316(c)(2) definition as “the date on which a provider initially acknowledges a specific overpaid amount in writing to the State Medicaid agency.”

The 1-year period following discovery of the overpayment ended on July 9, 2011. Thus, the State agency was obligated to report the overpayment as a credit on its CMS-64 no later than for the quarter ended September 30, 2011.

INADEQUATE CONTROLS

The State agency claimed unallowable room-and-board costs because neither the State agency nor the Department had adequate controls to (1) ensure that the Department followed applicable

Federal law and guidance or the Department's own guidance or (2) detect errors or misstatements on the local DSN board cost reports. Specifically:

- The Department did not follow the Federal guidance in the *State Medicaid Manual* that it cited in its instructions to residential providers regarding the calculation of room-and-board costs.
- The Department did not prescribe a uniform format for the local DSN boards to follow when preparing the cost reports. Because each local DSN board prepared its own cost report in its own format, it was difficult for the Department to identify when direct room-and-board costs were included in a pool of costs to be allocated by a local DSN board. While most local DSN boards removed direct room-and-board costs, neither the State agency's nor the Department's controls were sufficient to prevent room-and-board costs from being claimed for reimbursement.

In its comments on our previous audit report, the State agency indicated that, beginning July 1, 2012, it would ensure that room-and-board-related administrative and general costs were removed from the cost reports and begin using uniform cost reports. It also indicated that the Department would strengthen its cost report review process to detect errors or misstatements on the local boards' cost reports and that the State agency would also strengthen its cost report review process. However, because these proposed changes were not in effect until after our audit period, we did not test to determine whether the State agency and the Department had properly implemented them.

The State agency did not reduce its reimbursement on its CMS-64 because it did not have controls in place to ensure that it refunded the Federal share of all overpayments on its CMS-64 within the required time after it was notified of overpayments.

RECOMMENDATIONS

We recommend that the State agency:

- refund to the Federal Government \$1,599,525, which is the Federal share of the room-and-board costs that the Department improperly claimed on its IRD waiver costs reports;
- ensure that it removes room-and-board-related administrative costs from the cost reports in accordance with Federal regulations;
- implement the use of a uniform cost reporting process;
- strengthen the Department's and the State agency's cost report review processes to detect errors and to ensure compliance with Federal regulations;
- report as a credit on the CMS-64 the overpayment of \$9,962,995 (\$7,923,570 Federal share) that the Department identified in July 2010; and

- develop and implement controls to ensure, after being notified of an overpayment, it reports the overpayment as a credit on the CMS-64 in a timely manner.

STATE AGENCY COMMENTS

In comments on our draft report, the State agency concurred with our findings. The State agency also agreed with our recommendations and described corrective actions it has taken or plans to take to address them.

The State agency's comments are included in their entirety as Appendix F.

APPENDIX A: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>New York Claimed Unallowable Room-and-Board Costs Under Its Developmental Disabilities Waiver Program</i>	<u>A-02-12-01031</u>	5/6/2014
<i>Maryland Claimed Costs for Unallowable Room and Board and Other Residential Habilitation Costs Under Its Community Pathways Waiver Program</i>	<u>A-03-12-00203</u>	9/9/2013
<i>South Carolina Claimed Some Unallowable Room-and-Board Costs Under the Intellectual and Related Disabilities Waiver</i>	<u>A-04-11-04012</u>	9/12/2012

APPENDIX B: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our audit covered the period July 1, 2009, through June 30, 2010, which was South Carolina's SFY 2010. For this period, the State agency claimed costs for the IRD waiver program totaling \$216,370,314.

In planning and performing our audit, we limited our review of the State agency's and the Department's internal controls to those controls related to ensuring that room-and-board costs were not claimed for Federal reimbursement.

We conducted fieldwork at the State agency's office in Columbia, South Carolina, from October 2013 through June 2014.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable laws and regulations;
- identified direct room-and-board costs that the Department claimed on its consolidated IRD waiver program cost reports;
- determined the ratio of unallowable direct room-and-board costs to total direct costs (room-and-board ratio) for each local DSN board's residential service programs;
- determined the room-and-board portion of administrative and general costs for each local DSN board by applying the room-and-board ratio for each residential service program to the local DSN board administrative and general costs that were allocated to the residential service program;
- excluded from our calculations of unallowable costs all costs related to respite care, personal caregivers, or meals associated with adult day health services that the Department separately identifies on the waiver cost report or supporting schedules;
- reviewed the CMS-64s to verify that the State agency included the IRD waiver program claims payments on its CMS-64 and therefore claimed them for Federal reimbursement;
- reviewed the CMS-64s to determine whether the State agency included credits for any SFY 2010 overpayment settlements;

- determined the Federal share of the unallowable costs by applying the weighted average FMAP for the audit period;⁶ and
- discussed the results of our review with State agency officials.

We conducted our review in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁶ The overpayments related to costs that the Department incurred throughout the course of the entire SFY. However, we could not determine the quarter in which the costs claimed occurred. Therefore, it was appropriate to use a weighted average FMAP for the entire SFY. The FMAP was 79.36 percent for the first 3 months of the SFY and 79.58 percent for the last 9 months of the SFY.

APPENDIX C: FEDERAL AND STATE REQUIREMENTS

SOCIAL SECURITY ACT

Section 1915 (c)(1) of the Act allows for payment of the cost of a home or community-based services (other than room and board) that are provided under a written plan of care to individuals in need of services. Costs that are not related to the provision of this care, as well as room-and-board costs, are not allowable under such a waiver.

Section 1903(d)(2)(C) of the Act states that “when an overpayment is discovered, which was made by a State to a person or other entity, the State shall have a period of 1 year in which to recover or attempt to recover such overpayment.... [T]he adjustment in the Federal payment shall be made at the end of the 1-year period whether or not recovery was made.”

FEDERAL REGULATIONS

Section 433.316(a) of 42 CFR states: “The date on which an overpayment is discovered is the beginning date of the 1-year period allowed a State to recover or seek to recover an overpayment before a refund of the Federal share of an overpayment must be made to CMS.”

Section 433.316(c)(2) of 42 CFR states:

An overpayment resulting from a situation other than fraud and abuse is discovered on the earliest of –

- 1) The date on which any Medicaid agency official or other State official first notifies a provider in writing of an overpayment and specifies a dollar amount that is subject to recovery;
- 2) The date on which a provider initially acknowledges a specific overpaid amount in writing to the Medicaid agency;

Section 433.320(a) of 42 CFR states:

(1) The agency must refund the Federal share of overpayments that are subject to recovery to CMS through a credit on its Quarterly Statement of Expenditures (Form CMS-64).

(2) The Federal share of overpayments subject to recovery must be credited on the CMS-64 submitted for the quarter in which the 1-year period following discovery, established in accordance with § 433.316, ends.

(3) A credit on the Form CMS-64 must be made whether or not the overpayment has been recovered by the State from the provider.

Section 441.310(a)(2) of 42 CFR states that FFP for home and community-based services is not available for the cost of room and board except when (1) provided as part of respite care services

in a facility approved by the State that is not a private residence; (2) a portion of rent and food is attributable to an unrelated personal caregiver who resides in the same household with a waiver recipient; or (3) meals are provided as part of a program of adult day health services as long as the meals do not constitute a full nutritional regimen.

STATE MEDICAID MANUAL

The *State Medicaid Manual* in defining services states that room includes “related administrative services” (§ 4442.3 B.12). A Department guidance document, *Calculation of Room-and-Board for Non-ICF/ID Programs*, which was directed to all local DSN boards and contracted residential service providers, referred to this section of the *State Medicaid Manual* to provide instructions for removal of room-and-board costs from allowable costs.

**APPENDIX D: DIRECT ROOM-AND-BOARD COSTS
CLAIMED FOR REIMBURSEMENT
FOR STATE FISCAL YEAR 2010**

Local Board⁷	Total Claimed
Aiken	\$41,625
Allendale-Barnwell	8,844
Anderson	35,487
Charles Lea	291,584
Chesco	146,942
Chester-Lancaster	21,739
Colleton	2,059
Dorchester	7,851
Fairfield	36,262
Horry	24,814
Marion-Dillon	51,152
Marlboro	10,191
Pickens	38,779
Total	<u>\$717,329</u>
Federal Share Percentage⁸	<u>79.53%</u>
Federal Share	<u><u>\$570,492</u></u>

⁷ South Carolina has 39 local DSN boards. However, we have listed only those that claimed direct room-and-board costs during our audit period.

⁸ The Federal share percentage is a weighted average for the SFY.

**APPENDIX E: ESTIMATE OF INDIRECT ROOM-AND-BOARD COSTS CLAIMED
FOR REIMBURSEMENT FOR STATE FISCAL YEAR 2010**

Local Board	Total Claimed
Aiken	\$10,974
Allendale-Barnwell	27,812
Anderson	37,931
Babcock	131,135
Bamberg	43,785
Beaufort	19,798
Berkeley	37,258
Burton	42,830
Calhoun	21,568
Charles Lea	108,553
Charleston	44,191
Cherokee	12,286
Chesco	53,482
Chester-Lancaster	23,564
Clarendon	52,222
Colleton	13,597
Darlington	18,524
Dorchester	11,047
Fairfield	33,756
Florence	51,103
Georgetown	28,674
Greenville	36,450
Hampton	17,541
Horry	36,001
Jasper	18,716
Kershaw	10,478
Laurens	19,999
Lee	24,885
Marion-Dillon	35,067
Marlboro	11,443
Newberry	26,554
Oconee	40,401
Orangeburg	38,404
Pickens	35,285
Richland-Lexington ⁹	0
Sumter	23,006
Union	14,084
Williamsburg	9,317
York	72,172
Total	\$1,293,893
Federal Share Percentage ¹⁰	79.53%
Federal Share	\$1,029,033

⁹ Richland-Lexington had no direct room-and-board costs, so we calculated no indirect room-and-board costs.

¹⁰ The Federal share percentage is a weighted average for the SFY.

APPENDIX F: STATE AGENCY COMMENTS



Nikki Haley GOVERNOR
Christian L. Sours INTERIM DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

February 20, 2015

Lori S. Pilcher
Regional Inspector General for Audit Services
US Department of Health & Human Services
Office of Audit Services, Region IV
61 Forsyth Street, SW Suite 3T41
Atlanta, Ga 30303

Re: A-04-14-04019

Dear Ms. Pilcher,

The South Carolina Department of Health & Human Services (SCDHHS) has reviewed the audit findings identified in the draft OIG report entitled: *South Carolina Claimed Some Unallowable Room-and-Board Costs Under the Intellectual and Related Disabilities Waiver for State Fiscal Year 2010*. We offer the following response for your consideration.

OIG Recommendations:

- Refund the Federal Government \$1,599,525 representing the federal share of the room-and-board costs that the South Carolina Department of Disabilities and Special Needs (SCDDSN) improperly claimed on its IRD waiver cost report;
- Ensure that South Carolina removes room-and-board related administrative costs from its cost reports in accordance with Federal regulations;
- Implement the use of a uniform cost reporting process;
- Strengthen SCDDSN's and SCDHHS' cost report review processes to detect errors and to ensure compliance with Federal regulation;
- Report as a credit on the CMS 64 the overpayment of \$9,962,995 (\$7,923,570 Federal share) that SCDDSN identified in July 2010; and
- Develop and implement controls to ensure that, after being notified of an overpayment, it reports the overpayment as a credit on the CMS 64 in a timely manner.

South Carolina Response:

SCDHHS concurs with the finding(s) and agrees to refund \$1,599,525 to the Federal Government and report the overpayment of \$9,962,995 (\$7,923,570 Federal Share) identified in July 2010 via a corresponding entry on the CMS 64 Medicaid Expenditure Report prior to June 30, 2015.

In regard to ensuring the removal of room-and-board costs from cost reports, the enforcement of uniform cost reporting processes, and strengthening cost report review procedures; SCDHHS, in conjunction with SCDDSN, is in agreement that the local DDSN Board and SCDDSN Central Office administrative and general costs will be allocated to direct room and board costs beginning with the July 1, 2011 through June 30, 2012 reporting period via the step-down cost allocation process in accordance with federal regulations. Additionally, SCDHHS and SCDDSN will ensure that such costs will be removed from the state fiscal year June 30, 2011 cost report for consideration of any retrospective cost settlement calculations. SCDHHS will continue to strengthen its review and approval process in relation to any changes to the SCDDSN uniform cost reporting process beginning with the July 1, 2011 cost reporting period to include the prescribed uniform cost report instructions, detailed cost reporting format, and any future policy guidance as it pertains to the reporting of allowable Medicaid reimbursable costs for waiver cost report purposes. This effort should increase our ability to detect errors for compliance with Federal regulations.

SCDHHS has also increased its control measures to ensure all overpayments are correctly identified and will be reported on the appropriate CMS 64 Expenditures Report for the quarter in which the overpayment was received.

Sincerely,



Christian L. Soura
Interim Director

U.S. Department of Labor

**Wage & Hour Division District Office
Federal Building, Room 1072
1835 Assembly Street
Columbia, SC 29201-9863
Phone 803-765-5981 Fax 803-253-3003**



Delivered via Mail

September 16, 2015

South Carolina Department of Disabilities & Special Needs
Pee Dee Regional Center
714 E. National Cemetery Road
Florence, SC 29506
Attn: Mrs. Cynthia D. McKeever, Human Resources Manager

RECEIVED
SEP 20 2015
HUMAN RESOURCES

Dear Mrs. McKeever,

Thank you for the courtesy and consideration extended to our Investigators Jason Husband and George Gagne in their recent investigation of your work center. The investigation covered both staff members and workers with disabilities employed at subminimum wages by the South Carolina Department of Disabilities and Special Needs—Pee Dee Regional Center (firm) at 714 E. National Cemetery Road, Florence, SC 29506. The investigation period was February 2, 2013 to February 1, 2015.

The investigation was to determine your compliance with the Fair Labor Standards Act (FLSA) and particularly with the terms and conditions of your subminimum wage certificate(s) issued under the FLSA. These terms and conditions are described in Regulations 29 CFR Part 525, a copy of which was previously provided to you.

The investigation report shows that no FLSA violations were found. The report also indicates that on September 4, 2015, you spoke with Investigator Jason Husband. During this call, it is my understanding that you agreed to maintain full compliance with the FLSA and the terms and conditions of your certificate(s).

In consideration of your agreement to ensure future compliance, I plan to administratively close the file.

We would also like to direct your attention to Section 16(e) of the FLSA and Regulations 29 CFR Part 578. As you will note, Section 16(e) provides for the assessment of a civil money penalty for any repeated or willful violations of Section 6 or 7, in an amount not to exceed \$1,000 for each such violation. No penalty is being assessed as a result of this investigation. If at any time in the future your firm is found to have violated the monetary provisions of the FLSA, it will be subject to such penalties. Copies of the FLSA and Regulation Part 578 were previously provided to you by Investigator Jason Husband.

If you have any questions about the investigation or any aspect of the FLSA, please feel free to contact Investigator Jason Husband at 704-816-7357, or myself at 803-343-6867.

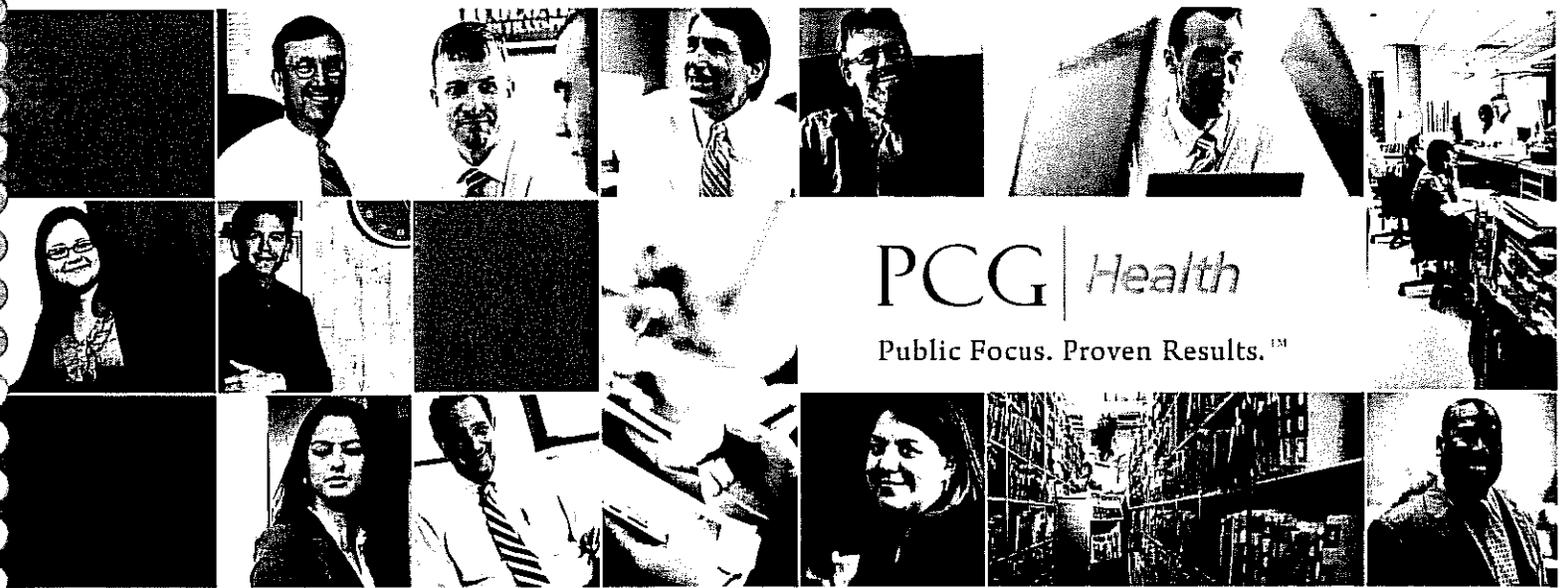
Sincerely,

A handwritten signature in cursive script that reads "Jason L. Coker".

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State of South Carolina Department of Disabilities and Special Needs Review of Current Business Practices

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I. Executive Summary

Background

The South Carolina Department of Disabilities and Special Needs (SC DDSN) was established under South Carolina Code of Laws §44-20-240 and given authority over all of the state's services and programs for the treatment and training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries.¹ South Carolina Code of Laws §44-20-250 further establishes the powers and duties of SC DDSN to include the coordination of services and programs with other state agencies and local agencies, contracting and negotiating with local agencies, county DSN boards, and private organizations to provide a full range of services to those individuals for whom the Department is responsible.²

In May 2013, SC DDSN engaged Public Consulting Group (PCG) to conduct a review of their business practices with a focus on their practices related to the funding and reimbursement of services and in providing program oversight. As part of this engagement PCG met with the leadership of SC DDSN to gain an understanding of the current practices as well as those areas that have been identified as the core functions of the Department. PCG also reviewed prior reviews and audits of SC DDSN including those conducted by the SC Legislative Audit Council (LAC), the SC Department of Health and Human Services (SC DHHS), and the US Department of Health and Human Services, Office of the Inspector General (OIG) to identify those areas within SC DDSN that have been subject to the scrutiny of external entities and how SC DDSN has responded to those reviews. Lastly PCG interviewed some of the numerous stakeholders in the SC DDSN system including staff at four providers representing a cross-section of the SC DDSN provider network, staff at one DDSN regional center, representatives from Alliant, the vendor contracted by SC DDSN, and CMS approved QIO, to provide quality assurance and licensing support, and staff from SC DHHS.

Overview of the Report

PCG's report focused on two of the core functions and responsibilities of SC DDSN; the funding and reimbursement for services provided to consumers in the SC DDSN system and program oversight, including SC DDSN data and systems integrity and SC DDSN oversight and assurances with regards to quality of direct care staffing, particularly in the residential setting(s). Through the review of these core functions of SC DDSN, PCG also reviewed the structure within which SC DDSN and their provider network operate, the Organized Health Care Delivery System (OHCDs).

Analysis of Current SC DDSN Funding and Reimbursement Practices

The responsibilities of SC DDSN related to the funding of and payment for services provided to SC DDSN consumers encompass a wide range of activities from the funding of the DSN Boards to ensure access to services across the state to serving as a clearinghouse for all provider reporting of activities and Medicaid cost reporting. PCG reviewed three of the core activities of SC DDSN

¹ South Carolina Code of Laws §44-20-240. <http://www.scstatehouse.gov/code/t44c020.php>

² South Carolina Code of Laws §44-20-250. <http://www.scstatehouse.gov/code/t44c020.php>



related to funding and reimbursement practices; funding for services, provider billing, and Medicaid cost reporting. In reviewing SC DDSN's practices related to the funding of services, PCG looked specifically at the funding band approach used to ensure all available funds, including state general revenue funds and Medicaid funds, are allocated to the DSN Boards across the state in a consistent and equitable manner. Through the review of the funding bands, which is furnished prior to the services being rendered, and the fee-for-service reimbursement approach, which occurs following the provision of the services, PCG found that while there is some inconsistency in the manner in which the DSN Boards and the private, QPL providers are reimbursed, it is driven by the need for SC DDSN to ensure that the DSN Boards have the necessary funding to provide the full continuum of services in all parts of the state. Conversely the QPL providers, who as contractors have the ability to determine which populations they serve, what services they provide, and where they provide those services, receive their reimbursement only for the actual services they provide. PCG also found that one of the main points of confusion surrounding the funding bands is that they are commonly cited as a reimbursement mechanism when in fact they are truly a funding mechanism, similar to those used by state agencies operating state hospitals or intermediate care facilities.

In the review of the provider payment processes, in which the providers report their service activity to SC DDSN and SC DDSN submits the claims for the Medicaid eligible clients, PCG found that the DSN Boards and the QPL providers benefit from SC DDSN's role in the system. In serving as a 'clearinghouse' through which all service activity is submitted and claims generated for submission to Medicaid, SC DDSN is performing many functions on behalf of the providers that help to minimize the amount of overhead costs incurred by the providers while also minimizing the risk of improper claiming by ensuring that the claims submitted to SC DHHS are compliant with Medicaid regulations. Further, in the event of an audit by SC DHHS, SC DDSN assumes responsibility for responding to the audit and any findings. Lastly, PCG's review of the Department's Medicaid cost reporting process was found to be compliant with state and federal reporting requirements. PCG did however, note that the current process requires significant manual effort for the providers and the state staff. This is a process that PCG believes would be significantly enhanced through the development of a web-based, automated cost reporting tool that more clearly leads staff through the cost reporting process while also building in many of the audit checks, accumulation of data, and calculations that are currently done manually.

Analysis of Current SC DDSN Program Oversight

PCG's review of SC DDSN's current efforts related to program oversight similarly focused on some of the core functions performed by the Department. The review first looked at the existing data resources used by the Department in managing their system. This included the systems in place for critical incident reporting, abuse and neglect (ANE) reporting, and finally other provider reporting requirements. PCG's review then focused on the Department's efforts related to licensing and quality control; two activities where SC DDSN has partnered with external entities in the Department of Health and Environmental Control (DHEC) and Alliant. Lastly, PCG reviewed the Department's policies for and oversight of the direct care staff across the various provider settings.



PCG also reviewed South Carolina's performance relative to other states based on the 2014 United Cerebral Palsy's (UCP) annual scorecard called the "Case for Inclusion". This annual UCP publication ranks how well state Medicaid programs serve persons with intellectual and developmental disabilities across five main indicators and summarizes the score into one overall ranking. South Carolina's ranked sixth best in the nation. It is hard for states to rank high on these state scorecard projects and it means that South Carolina has a better program than other states.³ In comparing South Carolina's performance relative to its peers in the southeast, only Georgia ranked higher at number four with Louisiana being the next highest at number twelve. Notable rankings for other southeastern states include North Carolina ranking 24th, Virginia 49th and Mississippi ranking last at 51st. South Carolina's performance is even more impressive relative to its southeastern peers given the unique features of South Carolina's system when compared to others. For example, Georgia's rise to number four was driven largely by its closure of three, large state institutions, an option not readily available to South Carolina given the number of individuals served in the state's four regional centers that could not reasonably be served in a community based setting.

Through the review of SC DDSN's current practices and of national indicators, PCG found that SC DDSN has undertaken considerable effort in establishing processes, data systems, and relationships with external entities to provide quality care for the state's most vulnerable citizens.

Recommendations for SC DDSN Business Practices

Following the completion of PCG's review of the current funding and reimbursement and program oversight practices of SC DDSN PCG developed a set of recommendations for the Department to consider in their effort to continually improve their system. The following list of recommendations do not cite any major areas of concern for the SC DDSN system but rather highlight those areas and processes within the current system that could be enhanced to further improve the care provided to those individuals for whom SC DDSN is responsible.

1) *SC DDSN should consider a move from the OHCDS model to a more current model*

While PCG did not uncover any major concerns with the OHCDS model under which SC DDSN currently operates, the Department has been the target of recent criticism of the OHCDS model. In conducting a scan of the health care industry there are few systems operating under a similar OHCDS model. With a trend away from the historical OHCDS model towards new, integrated health care models encompassing multiple disciplines like physical and behavioral health care as evidenced by the growth in medical or health homes and other like models, PCG believes SC DDSN could benefit from a more in depth review of the existing OHCDS model and some of the more current models available to the Department. In addition to the considerations for the integrated care models like the medical or health homes, SC DDSN

³ See <http://cfi2014.ucp.org/wp-content/uploads/2014/03/Case-for-Inclusion-2014.pdf>



could consider models that include increased integrated employment opportunities or housing initiatives with state and/or federal housing authorities. In recommending that SC DDSN consider a shift from the OHCD model to a more current model, PCG is not recommending that SC DDSN change its role in many of the vital functions it currently fills today including, but not limited to, setting program policy and establishing funding mechanisms for community based providers.

- 2) *SC DDSN should continue to pilot the use of a national needs assessment tool and consider a future alignment of the Funding Bands with the national needs assessment tool*
SC DDSN has already begun a limited pilot program to utilize the American Association on Intellectual and Developmental Disabilities (AAIDD) Supports Intensity Scale (SIS) as part of its needs assessment process. PCG believes the use of this tool is an important step for SC DDSN and encourages the Department to continue its plan to expand its use statewide. While this tool is not currently linked to funding resources, PCG recommends that SC DDSN consider aligning funding resources with the SIS in the future. PCG believes that SC DDSN, by aligning the funding bands with the SIS tool, could more accurately align funding with the individual needs of the consumers. PCG recommends that SC DDSN continue to expand its use of the SIS as an assessment tool statewide before considering the recommendation to align funding resources with this tool.
- 3) *SC DDSN should enhance the documentation for Cost Reporting Policies and Procedures*
SC DDSN's documentation of the policies and procedures for cost reporting, and in particular, the process for collecting and auditing the individual cost reports of the community providers and for subsequently compiling this data in to the single cost report for the Department could be enhanced to improve the transparency of this process for both internal and external stakeholders. SC DDSN has greatly improved its documentation and transparency around many of its processes, including its cost report processes as evidenced by the development of Department Directives such as 250-10-DD, Funding for Services; 250-05-DD, Cost Principles for Contracts and Grants with Community Providers; 275-04-DD, Procedures for Implementation of SCDDSN Provider Audit Policy; and 250-09-DD, Calculation of Room and Board for Non-ICF/ID Programs. PCG believes SC DDSN could further enhance its documentation and transparency by developing similar documents that clearly explain the processes completed by SC DDSN staff in reviewing and aggregating the cost report data from each of the individual providers as well as the process to incorporate this data in to the Department's cost report that is ultimately submitted to SC DHHS.
- 4) *SC DDSN should move towards automating the Medicaid Cost Reporting process*
The current Medicaid cost reporting process is largely based on Microsoft Excel based cost reporting forms with Department staff responsible for compiling all of the individual provider reports and transferring the aggregate data to the single Department cost report. An automated cost report process would allow for a more efficient process through built in audit checks and the ability to aggregate the multiple provider cost reports in to the single cost report. SC DDSN

would have many options to consider in moving to an automated cost report solution and would be able to work with a vendor to develop a system that is designed to address the unique needs of SC DDSN as opposed to trying to adapt an off the shelf solution.

5) *SC DDSN should separate service coordination and service delivery*

The current system in which providers can serve as both the service coordination and the service provider raises concerns over the conflict of the service coordinator referring services to be the benefit of the provider and not in the best interest of the consumer. This recommendation would see a phased-in move towards the separation of service coordination from service delivery. This recommendation would also serve to bring SC DDSN closer to the current preferences of CMS.

6) *SC DDSN should continue moving towards more frequent licensing visits and changes in visit protocol*

PCG's recommendation for moving towards more frequent licensing visits for all residential settings is a continuation of the recent changes by SC DDSN from licensing visits every three years to every two years. The Department is currently conducting annual licensing visits for day programs, respite and child residential settings and PCG believes annual licensing visits would help to further improve the quality of care for the SC DDSN consumers. In the 2008 review of SC DDSN the LAC cites a study by the University of South Carolina, School of Public Health that found that no other state conducted licensing reviews of facilities on a less than annual basis. It should however be noted that the study did not discuss the level of detail in which these reviews were conducted and whether they were inclusive of both licensure and quality assurance or just licensure reviews, making it difficult to truly compare the practices of SC DDSN with those of other states.

Additionally, PCG believes that changes to site visit protocols such as requiring provider management to not be present during the visit would help to increase the independence of the reviews. It is PCG's opinion that the presence of management during the entirety of the site visits inhibits the freedom of expression of the staff and as a result excludes information that may be pertinent to the evaluation of quality.

7) *SC DDSN should continue to educate stakeholders and prepare for changes in federal quality standards*

PCG recommends that SC DDSN staff continue to monitor, educate stakeholders and prepare the potential changes in quality management coming from the federal government, including changes in how quality is addressed in 1915(c) applications for federal waivers. CMS has been actively working with representatives from a number of national associations, including NAMD, NASDDDS, and NASUAD to review the Continuous Quality Improvement System process that states must incorporate in their 1915(c) HCBS waiver applications. PCG notes that SC DDSN State Director is a member of the National Board of Directors of NASDDDS which has helped keep SC DDSN abreast of upcoming national changes and trends. It will be



important for SC DDSN to continue to monitor these changes to ensure that they remain compliant with the new requirements.

8) *SC DDSN should implement a 1915(k) Community First Choice program*

This recommendation encourages SC DDSN, in conjunction with SC DHHS, to take advantage of a 2012 final rule promulgated by CMS that implemented section 2401 of the Affordable Care Act, which added a new section, 1915(k), to the Social Security Act. This rule implemented a new State option for home and community-based attendant services and supports, known as Community First Choice (CFC). The CFC option has several benefits for states including a six percent higher federal match for program expenditures, the ability to invest savings in the implementation of the program and the reduction of waiting lists, the encouragement of the use of self-direction and promotion of attendant care services, the ability to permanently waive the annual recertification requirement for individuals based on certain criteria, the enhanced controls of utilization, and the authorization of expenditures for items like rent and utility costs to assist persons in an institution to transition to the community. In considering this recommendation, SC DDSN would need to weigh the benefits this waiver could provide against the additional financial liability for the State created through the additional funding requirements of the waiver. SC DDSN would also need to consider its current efforts in working with SC DHHS in implementing a 1915(i) waiver when determining the feasibility of also implementing this 1915(k) waiver.

9) *SC DDSN should continue to review the National Core Indicators with providers and consumers*

The National Core Indicator results are significant measurements of the experiences of program beneficiaries and can be a useful tool in helping to guide in promoting system improvements. SC DDSN has a history of successfully engaging stakeholders in meaningful discussions on a range of topics including quality related data and would benefit from continued discussion with all stakeholders. SC DDSN has engaged provider organization with summary information and discussion of the NCI data. Inclusion of additional stakeholders would allow for a greater sense of ownership across all levels of the system while promoting transparency in the decision making of the Department.

As evidenced in our recommendations and in the narrative on the current business practices of SC DDSN, PCG believes that the Department takes great pride in ensuring that appropriate and quality care is available to the most vulnerable individuals in South Carolina and has made great improvements in their own practices in an effort to improve the availability and quality of care provided through their network of providers, both public and private. PCG's recommendations are indicative of a system that could be further enhanced not through complete overhaul but rather through efforts to modernize the system, such as the automation of the annual cost report process or the consideration of a newer, more current service delivery system model that retains the core functions and benefits of the OHCDs. In some cases, SC DDSN has already begun efforts in the areas of piloting a national assessment tool and reviewing the National Core Indicators with



providers and consumers and PCG's recommendations are intended to encourage the Department to continue those efforts. Other recommendations are targeted at helping to keep SC DDSN in line with national trends and best practices.



II. Background and Introduction

Public Consulting Group, Inc. (PCG) was contracted by the South Carolina Department of Disabilities and Special Needs (The Department, or SC DDSN) to conduct a review of its current business practices including its Organized Health Care Delivery System, data and systems integrity, and related processes associated with Medicaid billing and Medicaid cost reporting and administrative cost allocation. SC DDSN has recently been the subject of audits and program reviews by the Legislative Audit Council (LAC), the South Carolina Department of Health and Human Services (SC DHHS), and the US Health and Human Services Office of the Inspector General (OIG) and that as a result of these audits/reviews the Department has undertaken an internal effort to review its policies and practices to ensure compliance and make program improvements.

Background on South Carolina Department of Disabilities and Special Needs

The South Carolina Department of Disabilities and Special Needs (SC DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with intellectual disability, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities, as per South Carolina Code of Laws §44-20-250. SC DDSN serves approximately 30,000 consumers with lifelong disabilities through an Organized Health Care Delivery System with a network of its Regional Centers, 39 local Disabilities and Special Needs (DSN) Boards and 33 Qualified Providers (QPLs).

While SC DDSN provides services that address these specific disabilities, SC DDSN also works with other state agencies to coordinate, arrange for, and deliver services to eligible persons, such as education, public health, mental health, housing, and social services. SC DDSN's specialized services supplement and enhance, not replace, services provided by other state agencies. SC DDSN also advocates on behalf of all citizens with severe, lifelong disabilities and special needs to ensure that their needs are addressed by the appropriate state, federal and local agencies.

In a contractual relationship with the South Carolina Department of Health and Human Services (SC DHHS), SC DDSN provides Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services as well as various waiver services. Programs operated by SC DDSN account for approximately \$560 million of SC DHHS's Medicaid spending annually, or roughly 9.4 percent of the state's total Medicaid budget⁴.

Eligibility for services furnished through SC DDSN is determined, as defined within SC Code of Laws, Title 44, Chapter 20, based on an individual's need for services identified through the defined assessment process and not by the individual's financial status or ability to pay. As such, services are furnished, when sufficient funding is available, to those individuals that have identified needs based on their diagnosis and not as an entitlement driven by financial status.

⁴ Letter from Anthony E. Keck to Beverly A.H. Buscemi, Ph.D., State Director of South Carolina Department of Disabilities and Special Needs, Dated February 26, 2013.



Individuals that are determined to be eligible based on their diagnosis have access to services within the five major areas / primary services offered through SC DDSN includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and the four waiver programs operated by SC DDSN under Title XIX section 1915(c) of the Social Security Act (the Act). These are waivers approved by CMS that cover long-term services and supports for individuals with intellectual or related disabilities, and includes home or community-based services. SC DHHS provides administrative oversight and monitoring of the waiver programs and contracts with DDSN to provide the following four 1915(c) waivers:

- Community Supports (CS) Waiver
- Head and Spinal Cord Injury (HASCI) Waiver
- Intellectual Disability and Related Disabilities (ID/RD) Waiver
- Pervasive Developmental Disorder (PDD) Waiver

In addition to the ICF/IID and waiver services, SC DDSN provides Early Intervention services to children who are eligible for Part C (BabyNet) services under the Individuals with Disabilities Education Act (IDEA) and for those children who are eligible or are in the process of pursuing eligibility for services through SC DDSN. First Steps is the State's lead agency for Part C (BabyNet) services under IDEA, and contracts with SC DDSN to provide services to children birth to three in accordance with Part C requirements.

In order to ensure sufficient availability and choice of service providers across the state for individuals, SC DDSN offers services through public, SC DDSN funded, DSN Boards and through qualified, private contract providers known as QPLs. SC DDSN, with the DSN Boards and the QPLs function under a model known as an organized health care delivery system (OHCDS).

The term "organized health care delivery system" comes from federal regulation, 42 C.F.R. ' 447.10(b), which defines OHCDS as a "public or private organization for delivering health services." An Organized Health Care Delivery System (OHCDS), such as SC DDSN, is commonly described as a clinically integrated care setting in which individuals typically receive health care from more than one health care provider⁵. In a 1993 State Medicaid Director Letter (SMDL), the Centers for Medicare & Medicaid Services (CMS) (then HCFA) offered guidance to states regarding alternative payment options that would allow intermediary organizations to pay providers and presented the OHCDS as an option. The South Carolina legislature customized this OHCDS option to benefit South Carolinians with intellectual disability, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities, and formalized SC DDSN as an OHCDS in 1993.

Scope

⁵ See retrieved on 8-7-2013 from http://www.integration.samhsa.gov/operations-administration/organized_health_care_delivery_system.pdf



For this engagement, PCG provided the following services:

- Reviewed and analyzed prior audits conducted by various state and federal entities as well as recent requests for audits from state entities and SC DDSN's response to the prior audits and findings. The audits reviewed include:
 - South Carolina Legislative Audit Council, *Review of the Department of Disabilities and Special Needs by Legislative Audit Council (LAC), December 2008;*
 - South Carolina Department of Health and Human Services (SC DHHS), *Review of the MR/DD Waiver by the Division of Audits, February 2006;*
 - South Carolina Department of Health and Human Services (SC DHHS), *Limited scope review of the Medicaid Service Coordination (Targeted Case Management) by the Division of Audits, August 2007;*
 - South Carolina Department of Health and Human Services (SC DHHS), *Review of Greenville Board by the Division of Audits, June 2013;*
 - United States Department of Health and Human Services (US DHHS) Centers for Medicare and Medicaid Services (CMS), *Letter denying Medicaid program match for claimed OHCDS administrative expenses by Centers for Medicare and Medicaid Services (CMS), July 2010;*
 - United States Department of Health and Human Services (US DHHS), Office of the Inspector General (OIG), *Report on unallowable room-and-board costs under the intellectual and related disabilities waiver by the US Health and Human Services Office of the Inspector General (OIG), September 2012;*
- Reviewed and analyzed the SC DDSN processes associated with Medicaid cost reporting and reimbursement methods. Analyzed current models for best practices and to address concerns raised by the LAC (*ex. Finding #44*). Made recommendations for strengthening internal controls and overall improvements including comparing current models to other State's approaches;
- Reviewed and analyzed SC DDSN business processes, including the Organized Healthcare Delivery System and assess the strengths and weaknesses of a centralized model (i.e. Public Provider) for provider billing and oversight versus direct billing by providers for Medicaid services;
- Reviewed SC DDSN data and systems integrity to provide feedback as to controls and effectiveness with regard to data integrity (CDSS – Client Data; ANE – Abuse Neglect Exploitation; Provider reported statistical and financial data, etc.). This includes a review of the CMS approved QIO, QA contractor, Alliant, and their controls and integrity measures, as well as a review of SC DDSN oversight and assurances with regards to Quality of Direct Care Staffing, particularly in the residential setting(s);
- Provided independent analysis of SC DDSN overall business practices and systems and make recommendations to improve agency efficiency and effectiveness in meeting the needs of the specialized populations served; and



- Developed a final report detailing PCG's review of SC DDSN including analysis and recommendations for improvement.

It is important for the Department to receive an independent, unbiased review of their current operations to identify strengths of the current system as well as weaknesses that could be improved upon to ensure that SC DDSN is operating in the most efficient and effective manner. In our professional opinion, PCG has no conflicts of interest with this review that would disqualify us from providing un-biased observations and recommendations.

The following report presents PCG's review of SC DDSN on each of the components outlined above. The first section presents a summary of each recent audit and review of SC DDSN and its operations. The second section then assesses the current reimbursement practices of the Department and its OHCDS. The third section reviews the current oversight practices. In assessing the strengths and weaknesses of SC DDSN's operations, PCG presents recommendations to gain efficiencies and effectiveness in its current environment.

PCG conducted on-site visits at SC DDSN's offices in Columbia, South Carolina, from May through July 2013. In June, PCG staff also visited four providers contracted with the Department and one Department operated provider, specifically:

- Whitten Center (DSN Regional Center; DDSN operated)
- Laurens DSN Board (DSN Board)
- Babcock Center (DSN Board)
- Richland-Lexington DSN Board (DSN Board)
- Community Options (Qualified Provider Listing (QPL))

PCG independently selected these providers based upon their representation of SC DDSN expenditures, region, and number of recipients served.

Methodology

To obtain a thorough understanding of SC DDSN's business processes, PCG used the following methods of data gathering:

- Met with Department officials to discuss the quality and risk management; central office and district office role and operations; information systems and data transfers; as well as cost reporting and Medicaid billing;
- Met with four providers contracted with SC DDSN and one SC DDSN operated facility;
- Collected and analyzed available SC DDSN data, including past audits conducted on SC DDSN, cost reports and overhead allocation schedules, waiver application and renewal materials supplied to SC DHHS, as well as the final application submitted to CMS;
- Talked with Alliant staff to discuss the quality assurance and licensing practices; and



- Met with SC DHHS agency officials to discuss the status of the Targeted Case Management and waiver programs.



III. Analysis of Current SC DDSN Funding and Reimbursement Practices

The funding for services provided through SC DDSN is driven by appropriations from the South Carolina General Assembly and Medicaid revenues generated through the provision of services to Medicaid eligible individuals. On an annual basis SC DDSN is required to develop a budget request that is submitted to the State Budget Division with the General Assembly responsible for approving the final appropriations made to the Department. The SC DDSN appropriation includes funds for both administrative expenditures and direct service expenditures including the state matching funds for Medicaid covered services, funds for services not reimbursable by Medicaid, and funds for the operation of the four regional centers. The following table provides a three year comparison of the appropriations from the SC General Assembly for SC DDSN and SC DHHS.

Table III-1: SC DDSN and SC DHHS Appropriations (All Funds) for Three Year Period

	FY 2012 – 2013	FY 2011 – 2012	FY 2010 – 2011
SC DDSN	\$568,448,265 ⁶	\$574,821,518 ⁷	\$525,976,312 ⁸
SC DHHS	\$5,938,305,336 ⁹	\$5,796,543,317 ¹⁰	\$5,766,840,751 ¹¹

Source: SC General Assembly Ratified Appropriations Bills

SC DDSN must ensure that these funds are used in the most efficient and effective manner to ensure that the greatest number of South Carolinians can access the services they need. The following sections provide additional details on core functions of SC DDSN that ensure the funds are used appropriately and accounted for in a transparent fashion. The core functions performed by SC DDSN including Medicaid cost reporting, rate setting, and provider billing are vital to ensure that the necessary funding for services is available to reimburse the service providers and allow the consumers to receive the necessary services in the most appropriate and least restrictive setting.

A. Funding for Services

One of the core responsibilities of SC DDSN is to ensure that the greatest number and most in need South Carolinians with intellectual and related disabilities, autism, traumatic brain injuries, or spinal cord injuries have access to services. In meeting this responsibility SC DDSN must

⁶ SC Ratified Appropriations Bill for FY 2012 – 2013, Section 24 – Department of Disabilities and Special Needs, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2012/tas24.htm

⁷ SC Ratified Appropriations Bill for FY 2011 – 2012, Section 24 – Department of Disabilities and Special Needs, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2011/tas24.htm

⁸ SC Ratified Appropriations Bill for FY 2010 – 2011, Section 24 – Department of Disabilities and Special Needs, http://www.scstatehouse.gov/sess118_2009-2010/appropriations2010/tas24.htm

⁹ SC Ratified Appropriations Bill for FY 2012 – 2013, Section 21 – Department of Health and Human Services, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2012/tas21.htm

¹⁰ SC Ratified Appropriations Bill for FY 2011 – 2012, Section 21 – Department of Health and Human Services, http://www.scstatehouse.gov/sess119_2011-2012/appropriations2011/tas21.htm

¹¹ SC Ratified Appropriations Bill for FY 2010 – 2011, Section 21 – Department of Health and Human Services, http://www.scstatehouse.gov/sess118_2009-2010/appropriations2010/tas21.htm



apportion the funds appropriated from the South Carolina General Assembly and Medicaid revenues generated through service provision to the clients and services most in need. SC DDSN is assisted by Financial Managers in ensuring that funds for the community based services get to consumers and ultimately to the service providers. The Financial Manager role is generally filled by the DSN Boards as part of their administrative functions but may also be filled by entities that have been grandfathered as DSN Boards or by entities selected through a Request for Proposal (RFP) process known as Self-Directed Support Corporation (SDSC). A DSN Board may provide the service itself or subcontract with a qualified provider for the provision of the services while the SDSC must contract with a qualified provider for the provision of services.

In the current SC DDSN system there are two types of providers for community based services; DSN Boards and QPL providers. The DSN Boards were established in SC State Statute as the safety net for the developmentally disabled and special needs populations, are required to provide all services to any eligible individuals. The QPL providers are contracted with SC DDSN through an open procurement process and have the ability, unlike the DSN Boards, to choose what services they want to provide and who they want to serve. In addition to the differences in statutory requirements and service provision requirements between DSN Boards and QPL providers, a key distinguishing characteristic between the two provider types is that SC DDSN must provide funding to the DSN Boards. The QPL providers by contrast are not entitled to funding from SC DDSN beyond that agreed to in their contract for the provision of services.

While established in statute, the DSN Boards do not receive funding directly from the General Assembly. As a result, SC DDSN is responsible for ensuring that the necessary funding to keep the DSN Boards in operation are appropriately allocated. In order to facilitate this allocation of funds to the DSN Boards, SC DDSN developed a methodology known as the funding bands. The funding bands are commonly cited as a capitation system in that they apportion a finite amount of funds across an established provider base. The identification of the funding bands as a capitation system however has led to a general misunderstanding of the purpose and use of the funding bands. The funding bands are a mechanism developed by SC DDSN to ensure that the finite amount of state general fund dollars are appropriated in a consistent manner across the state. The funding bands are not a reimbursement methodology for Medicaid services.

From a reimbursement perspective the DSN Boards and the QPL providers are paid at the same rates and through a similar process. The DSN Boards and the QPL providers both submit the necessary service documentation and logs to SC DDSN to be used in generating Medicaid claims. The Medicaid reimbursement subsequently flows from SC DHHS back through SC DDSN and out to the DSN Boards and QPL providers.

The following sections provide additional details on the funding and reimbursement practices.

Capitated Funding Band Approach



The capitated approach known as the funding bands provides funding for a continuum of services provided to a consumer based on that consumer's identified needs. This approach to funding services is more appropriately defined as a budgeting system in that it allows for SC DDSN to manage the number of consumers served and the services provided within the confines of a finite amount of available funding resources. The funding bands are determined based on the average costs of services as identified from annual cost reports completed by the providers. SC DDSN has the ability to recalculate the bands annually based on updated provider costs however any changes to the funding bands are contingent upon the availability of new funds from the General Assembly. The funding bands were most recently updated in 2013 to reflect increased funding from the General Assembly to account for increases in health insurance and retirement costs.

As part of the process through which a consumer becomes eligible for services through the SC DDSN system an assessment is completed to determine the level of needs of that individual. Once the consumer is active in the SC DDSN system they can be placed in one of nine funding bands based on their service needs as identified through the assessment. These nine funding bands, broken out between six residential and three non-residential bands, are each based on the average cost of services in each level. Consumers within each of the funding bands can receive a core set of services with the potential to receive enhanced supports associated with each band. The following section highlights the nine funding bands and some of the services and enhanced supports covered under each band¹².

Residential funding bands include:

- 1) Residential Higher Needs: consumers in ICFs/ID, Community Residential Care Facility – Higher Needs, and Community Training Home II – Higher Needs;
- 2) Residential Lower Needs: consumers in Community Residential Care Facility – Lower Needs and Community Training Home II – Lower Needs;
- 3) Supported Residential – Enhanced Community Training: consumers living in Enhanced Community Training Home I;
- 4) Supported Residential: consumers living in Community Training Home I;
- 5) Supported Residential – Supervised Living Program I: consumers in Supervised Living Program I; and
- 6) Supported Residential – Supervised Living II: consumers in Supervised Living Program II

All residential funding bands cover residential habilitation, day services, employment services and enhanced supports. Psychological services are enhanced supports that are considered part of the residential habilitation service. Enhanced supports within the residential funding bands but outside of the residential habilitation service definition include adult companion services, adult dental, adult vision, audiology, assistive technology, and prescription drugs.

Non-Residential funding bands include:

¹² Funding band details can be found in SC DDSN Departmental Directive 250-10-DD: Funding for Services. <http://ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>



- 7) Family Supports – Home Supports – Intellectual Disabilities/Related Disabilities Home and Community Based Waiver
- 8) Family Supports – Home Supports – Community Supports Home and Community Based Waiver
- 9) Family Supports – Day Services or Employment Services only

Unlike the residential funding bands, the services available to consumers in the non-residential funding bands vary across the three bands.

While the funding bands are defined based on setting, the funds are flexibly driven by the specific needs of each consumer. An additional consideration within the funding band methodology is that two consumers within the same funding band may receive different services resulting in an excess of funding for one consumer and a shortage of funding for the other. It is expected that the Financial Managers use all available funds to meet the needs of consumers and that in this situation that the excess funding from the one consumer would be used to cover the shortage for the other consumer. The funding band approach also allows for requests for additional funding through an outlier request system when a consumer's circumstances and needs are substantially greater than the average.

Non-Capitated Fee for Service Approach

The non-capitated fee for service approach differs from the capitated approach in that reimbursement is made only for specific services as opposed to the group of services covered under the capitated funding band approach. The available services under this approach are defined by the disability or condition of the individual as outlined below.

- Individuals with Intellectual Disabilities – Related Disabilities or autism may receive service coordination and early intervention. Respite services are also available for individuals not enrolled in a Home and Community Based Waiver.
- Individuals with head and spinal cord injuries may receive service coordination, supported employment, individual rehabilitation supports, residential habilitation, day habilitation, prevocational services and respite.

While the two groups of providers receive their funding through different approaches, the rates between the two approaches are based on the same average cost data. The following two tables illustrate the rates for each of the funding bands and the associated services under the fee for service approach¹³.

¹³ Funding Band and QPL Rates are based on SC DDSN documentation issued November 28, 2012 to document adjusted rates for increases in health insurance and retirement funding.



Table III-2: SC DDSN Funding Bands effective January 1, 2013

Band	Band Definition	Funding Band Rate
Band A	Day Supports Only – Non Waiver Funded	\$ 8,592
Band B	At Home – MRDD Waiver	\$ 10,185
Band C	Supported Residential – SLP II	\$ 27,304
Band D	Supported Residential – SLP I	\$ 16,630
Band E	Supported Residential – CTH I	\$ 20,669
Band F	Supported Residential – Enhanced CTH I	\$ 34,368
Band G	Residential Low Needs	\$ 53,937
Band H	Residential High Needs	\$ 74,253
Band I	At Home – Community Supports Waiver	\$ 10,278

Source: SC DDSN service rate documentation, issued November 28, 2012

Table III-3: SC DDSN QPL Rates effective January 1, 2013

Service Description	Unit	QPL Rate
Residential High Needs – CRCF/CTH II	Daily	\$ 182.11
Day Rolled into Residential	Daily	\$ 205.65
Residential Low Needs – CRCF/CTH II	Daily	\$ 126.00
Day Rolled into Residential	Daily	\$ 149.54
Residential – HASCI CTH II	Daily	\$ 212.86
Supported Residential – SLP II	Daily	\$ 74.88
Supported Residential – SLP I	Monthly	\$ 1,381.23
Supported Residential – Enhanced CTH I	Monthly	\$ 2,319.24
Day Supports	Half Day	\$ 16.52
Supported Employment – Individual	Hour	\$ 50.37
Service Coordination – Annualized	Monthly	\$ 109.58
Service Coordination – 1/1/13 – 6/30/13	Monthly (2 nd half of FY13 only)	\$ 110.35
Early Intervention – Family Training	15 minutes	\$ 22.05
Early Intervention – Targeted Case Management	15 minutes	\$ 20.38
Respite	Hour	\$ 8.30 - \$ 15.00
Personal Care I	15 minutes	\$ 2.93
Adult Companion	Hour	\$ 10.26

Source: SC DDSN service rate documentation, issued November 28, 2012

In their 2008 audit of SC DDSN, the LAC provided two recommendations specific to the funding bands. The first, item #37, recommended that SC DDSN develop a formal policy on the funding bands and make that policy available to the public. The second item, #38, recommended that SC DDSN develop a plan to update the band calculations annually to account for cost of living adjustments. In response to item #37, SC DDSN currently publishes Departmental Directive 250-



10-DD which outlines the funding bands and the Department's policy regarding the determination of the funding bands. This Directive also provides additional information regarding the outlier funding request process and the mechanisms in place to ensure consumer freedom of choice within the system. The recommendation calling for the development of a plan to update the band calculations on an annual basis presents a different challenge for SC DDSN. While the Department is able to review and monitor the provider costs and funding bands on an annual basis, updates to the rates are contingent upon the General Assembly increasing the funding to SC DDSN.

B. Provider Service Reporting and Billing

Within the construct of the Organized Health Care Delivery System SC DDSN serves as the central Medicaid billing entity for all Medicaid services provided through the DSN Boards. The QPL providers may also use SC DDSN as their Medicaid billing entity however they also have the ability to bill Medicaid directly. Currently, every QPL provider and DSN Board uses SC DDSN as the central billing entity for Medicaid services. In this capacity, SC DDSN collects all of the service data from the DSN Boards and the QPL providers and submits all appropriate claims to SC DHHS for Medicaid reimbursement.

For the DSN Board providers, funding is disbursed by SC DDSN twice per month regardless of the documentation of a Medicaid billable service. That is, the DSN Boards receive their funding from SC DDSN in advance of submitting the service documentation to SC DDSN to generate the Medicaid claims. The QPL providers can receive reimbursement from SC DDSN twice per month however unlike the DSN Boards they must submit the service documentation to SC DDSN prior to receiving payment. The DSN Boards and the QPL providers must both submit service documentation through the SC DDSN CDSS system in order for SC DDSN to generate claims for submission to SC DHHS.

Once the necessary service logs have been certified by the provider and submitted to SC DDSN through CDSS, the Department begins the process of generating claims for submission to SC DHHS. The service log data from CDSS is matched to Medicaid eligibility files and the resulting Medicaid service details are extracted to Medical Manager which allows for the creation and submission of the claims to SC DHHS. Services not reimbursable under Medicaid are funded through the SC DDSN appropriations from the General Assembly.

As previously noted, the DSN Boards receive funds from the Department twice per month based on the budgeted funds aligned with their consumers through the funding bands which may result in the DSN Board receiving funding for a service without having provided that service during that period. SC DDSN will only reimburse the QPL providers once they receive the necessary documentation, however the Department will pay the providers prior to receiving the Medicaid reimbursement from SC DHHS. In the event that a claim is rejected by SC DHHS, SC DDSN does not recoup funds from the provider but rather funds the payment with general revenue funds in the Department's appropriation.



There have been recent efforts outside of SC DDSN to move DSN Boards and QPL providers from the current billing process through SC DDSN to a direct billing process through SC DHHS similar to that of other Medicaid providers. There have been DSN Boards and QPL providers that have considered this option however all providers continue to bill through SC DDSN. For the DSN Boards, the direct billing option would eliminate the ability for these providers to receive advance payments as they currently receive under the capitated funding band approach. Under the direct billing approach the DSN Boards would need to generate their own claims for submission to SC DHHS, conduct their own follow up efforts on rejected claims, and return payments to SC DHHS for any claims that were improperly paid, all of which would be a significant change from their current process under which these functions are all provided by SC DDSN. The QPL providers would still be reimbursed only after providing the service however, like the DSN Boards, under a direct billing arrangement these providers would need to generate their own claims for submission to SC DHHS, conduct follow up on any rejected claims, and refund any amounts claimed inappropriately to SC DHHS. Based on our meetings with providers, the prospects of increased and timelier reimbursement through direct billing have not been viewed as enough of a benefit to move from the current billing process through SC DDSN.

Bundled Rate versus Fee-for-Service Billing

One item that has been part of an ongoing discussion in South Carolina but also nationally is that of bundled rate versus fee-for-service (FFS). Under a bundled rate methodology, providers receive a single payment that covers an array of services furnished within an established period of time, generally in the form of a per diem or monthly rate. The FFS methodology provides reimbursement for every individual unit of a discrete service provided. A bundled rate methodology provides an incentive for the provider to furnish services in an efficient manner and to provide only those services that are needed to meet the needs of the consumer. The bundled methodology however limits the amount of transparency on the volume of each individual service provided within the bundle. In contrast, under the FFS methodology, a provider is incentivized to furnish as many units of service as possible in order to maximize their reimbursement. While the FFS methodology allows the payor to more discretely track the exact number of each service provided it doesn't incentive providers to furnish services in the most efficient manner.

In recent years with the expansion of Medicaid managed care there has been a move towards a bundled, capitated methodology in which a the provider assumes the risk for providing services within the established rate for the set of services. This movement towards managed care and bundled payments has been driven by the desire of states to contain spending on healthcare services and in particular on unnecessary and excessive utilization more commonly found under a FFS methodology. In states like North Carolina and Virginia, for the non-managed care populations, reimbursement for Medicaid services covered under their respective waiver programs is based on FFS rates as opposed to bundled rates. While these two states have chosen to utilize a FFS methodology for their waiver services, SC DHHS and SC DDSN have the ability to maintain a bundled rate methodology for the waiver services as long as the rates meet the appropriate state and federal requirements.



C. Medicaid Cost Reporting

According to the Medicaid State Plan language covering the services provided through SC DDSN, the reimbursement for Medicaid services is cost based. This methodology utilizes an interim rate, established by SC DHHS and based on historical cost data from SC DDSN, to reimburse SC DDSN for claims submitted throughout the fiscal year. At the end of the fiscal year, SC DDSN as the Medicaid billing provider for all services provided through the DSN Boards and QPLs is responsible for submitting a cost report to SC DHHS. The SC DDSN cost report is used to conduct a cost settlement process in which the Medicaid allowable costs, as determined in the cost report, are compared to the interim payments made for services rendered during the fiscal year.

As part of our review of the current Medicaid Cost Reporting processes PCG interviewed key staff members of SC DDSN regarding business practices undertaken by the Department and to review cost reporting policies and procedures. Our analysis was based on a high level review and focused on the policies and procedures employed by SC DDSN in completing the cost reporting process. PCG was not tasked to audit actual cost reports or validate/attest to any of the information provided by the provider agencies or SC DDSN. Our work included taking an in depth look at the current cost reporting tool along with provider instructions and SC DDSN staff desk review procedures.

PCG reviewed the following documents in performance of this engagement:

- 250-05-DD - Medicaid Cost Principles
- 250-10-DD - Funding for Services
- 250-09-DD Calculation of Room and Board for Non-ICF Programs
- 275-04-DD - Audit Policy
- DSN Board Cost Report Forms and Instructions
- Cost Analysis Cost Report Desk Review Procedures
- Residential Fiscal Training - May 28, 2013
- SC DDSN Letter 2-26-13
- Clifton Gunderson Report
- LAC 2008 Audit Report SC DDSN
- SC DDSN Response to LAC 2008 Audit
- LAC 2013 Audit Current Questions
- Example of a Region's Cost Report Documents, Supporting Backup, and SC DDSN worksheets

The SC DDSN Medicaid cost reporting process begins with information reporting templates that include a series of cost reporting schedules to be completed by each Board contracted with SC DDSN to provide consumer services. The cost reporting templates include the following forms:

- Financial and Statistical Report for Nursing Homes



- Schedule A: Financial and Statistical Report for MR/RD HCB Waiver Program
- Schedule D: Financial and Statistical Report for Adult/Child Day Habilitation
- Schedule E: Financial and Statistical Report for Supported Employment
- Schedule R: Financial and Statistical Report for Residential Habilitation
- Schedule S: Financial and Statistical Report for Board Billed Enhanced Services
 - MR/RD Home and Community Based Waiver Program
- Schedule A/Schedule S: Financial and Statistical Report for Head and Spinal Cord Injury Waiver Program (HASCI)
- Financial Report for Service Coordination
 - Includes Attachments I – IV
- Financial Report for Early Intervention
 - Includes Attachments I
- Schedule A/Schedule B: Financial and Statistical Report for the Rehabilitation and Support Services Program – Phase II

The SC DDSN cost reporting process is an intensely manual process. Providers complete the schedules manually and submit them to the SC DDSN staff that transfer the data to Excel workbooks, perform a series of cost allocation adjustments to the data, and transfer the information to an Excel based template of a CMS-2552 cost reporting form which is submitted to the SC DHHS.

The CMS-2552 cost reporting form submitted by SC DDSN to SC DHHS is actually a hospital cost report form. SC DDSN was previously required to use this form as they formerly operated hospitals; however, as of 1994 this practice has ceased. According to SC DDSN staff there had been discussions to move away from the CMS-2552 cost reporting form but actions were delayed due to department budget cuts.

The SC DDSN staff performs extensive work on the providers' cost reports received to prepare the data to be transferred to the CMS-2552 cost reporting form. The SC DDSN staff use expansive Excel work books for each provider. The provider's reported costs along with service statistics are used to break down allowable costs for the various programs including determining waiver and enhanced services related costs. There are expense reclassification adjustments, such as salaries and grants, along with cost allocations for general and administrative expenses made in the final CMS-2552 preparation process. In addition to the cost reporting forms the providers must submit a documented reconciliation between the cost reports and their financial statements completed by a certified public accountant (CPA). In preparing the final CMS-2552 cost reporting form the SC DDSN staff complete a number of supporting spreadsheets that are ultimately linked to the summary spreadsheet.

The provider cost reporting information is used to form SC DDSN rate schedules and serves to establish a basis for interim rates that are retrospectively cost settled. Further, this information is



used to develop funding bands, which are a budgetary system for the DSN Boards as previously described.

SC DDSN staff also work closely with the 39 DSN Boards and review financial statements presented to the DSN Boards on a monthly basis. An objective of this review process is to identify trends in fiscal performance and question unusual financial outcomes as compared to the prior periods' financial reports.

There are instructions which accompany the various cost reporting forms; however, the guidance is general in nature and appears to lack the detail needed for someone less experienced in completing the SC DDSN cost reporting forms. For example, there is not a glossary section in the instructions that defines abbreviations or common terms. In addition, the instructions lack reference to SC state directives, such as 250-05-DD, 250-09-DD, and 275-04-DD and federal cost principles.

SC DDSN does have written procedures guide to instruct staff on how to perform a desk review on the provider cost reports. The guide provides an overview regarding what schedules should be completed by the providers for various programs. In addition, the guide primarily serves as a check list to document that particular tasks have been completed for the various cost report forms. The desk review procedures guide does not contain a detailed narrative regarding how to perform the tasks listed in the checklist. Further, the guide does not include procedures regarding quality assurance reviews or identifying risk areas pertaining to errors or misreporting. Additionally, the desk review process does not include a review of the Medicaid service units reported on the cost reports as compared to the actual Medicaid service units paid. SC DDSN instead relies on an electronic data collection system for the accumulation of census data for day and residential services. This electronic data system serves as the official census data for all statistical reporting and eliminates the need for SC DDSN to rely on the service units included in the cost reports.

When performing desk reviews there is no formal process to identify audit risks, however the SC DDSN staff, based on their experience with the Department and having an understanding of the DSN Boards from a historical perspective, look at trends and the fiscal health of the providers when summarizing the CMS-2552 reports. In performing the desk review procedures the SC DDSN staff communicates with the provider and preparer of the cost reports on an open basis. Beyond the efforts of SC DDSN in conducting cost report reviews, external auditors are required to reconcile the cost reports to the audited financial statements, a process that provides assurances to the accuracy of the data in the cost reports.

SC DDSN provides occasional training to providers on an as-needed basis. Usually the DSN Board will contact SC DDSN and request training for new fiscal staff. There is not a lot of turnover in finance directors and there is a network of providers who work with each other regarding questions in completing the SC DDSN cost reports. Most of the DSN Boards have Certified Public Accountants (CPA) prepare their cost reports with only a small number of DSN Boards choosing



to complete their own cost reports. The majority of the Boards, over 80%, have their financial statements audited and cost reports prepared by one of two CPA firms. The advantage of this is that these CPA firms are more likely to have specialized, knowledge in SC DDSN program services and completing Medicaid cost reports. However, this may pose some risk with only two CPA firms handling these functions, year after year, further adding merit to periodic independent audits of the final cost reports and supporting documentation.

SC DDSN Audit Policy, 275-04-DD, does require Boards' financial statement audits to be completed by a CPA. Also, the audit policy requires providers to engage in agreed-upon procedures with the CPA. As of June 30, 2013, entities receiving funding in an amount of \$250,000 or more are required to have a CPA audit for agreed upon procedures in regard to the provider's controls in place and procedures pertaining to Medicaid billings. The audit policy provides good detail in the narrative and audit expectations, including provider corrective plans of action. The SC DDSN desk review procedures regarding the review and use of the cost reporting forms is heavily dependent on this audit policy in providing assurance in regards to the accuracy and validity of the DSN Boards financial figures used to prepare the CMS-2552 cost reporting form.

Certified Public Expenditures (CPE) vs. Inter-Governmental Transfers (IGT)

The annual cost reporting process documented in the previous pages is a requirement of SC DDSN due to the cost based reimbursement methodology used by SC DHHS for these services, known as Certified Public Expenditures (CPEs). This methodology is driven by the ability of SC DDSN, as a public entity and provider of services, to certify the amount of public funds used in providing the services to Medicaid eligible consumers. In this situation, SC DDSN receives, as part of their annual appropriation from the SC General Assembly, the state funds that will be used to draw down the matching Federal funds for Medicaid covered services and consumers. SC DDSN then allocates these funds out through the funding bands and fee for service (FFS) payments to the DSN Boards and QPL providers.

At the end of the fiscal year SC DDSN must identify, through the Medicaid cost report submitted to SC DHHS, how much in state and local funding was used to provide the Medicaid covered services to Medicaid eligible consumers. This Medicaid cost is then compared to the Medicaid payments made by SC DHHS to SC DDSN to determine the annual cost settlement. SC DHHS then has the ability to use the public expenditures as certified by SC DDSN to request additional Federal matching funds if the Medicaid allowable costs were in excess of the Medicaid payments made by SC DHHS. Conversely, if the Medicaid allowable costs identified in the SC DDSN cost report were less than the Medicaid payments received by SC DDSN, SC DHHS would be required to recoup the overpayments from SC DDSN and return the Federal portion of that overpayment to CMS. This CPE process allows SC DDSN to maintain a greater level of oversight on how the funding is used and ensure that the greatest number of South Carolinians with disabilities and special needs receive appropriate care. The CPE methodology also allows for the possibility that additional Federal funds can be claimed if SC DDSN's costs for providing Medicaid services exceed the amount of reimbursement received for the same services throughout the year.



An alternative mechanism that is available to states for the funding of Medicaid services and that has been discussed recently by SC DHHS in regards to the SC DDSN system would be through an inter-governmental transfer (IGT) process. In an IGT process, SC DDSN would continue to receive the “state share” funds as part of their appropriation from the SC General Assembly. SC DDSN would then “transfer” these funds to SC DHHS who would then have control of the funds similar to the “state share” funds they receive in their appropriation for all other Medicaid services. A shift to an IGT process from the current CPE process could result in significant changes in the SC DDSN system. Under the IGT methodology SC DDSN no longer has the ability to manage the “state share” funds as they currently do under the CPE methodology as SC DHHS would be responsible for leveraging these funds to capture the Federal matching funds for the Medicaid services. Additionally, under an IGT approach, the funding bands and the advanced reimbursement to the DSN Boards may be dissolved as SC DHHS would not fund providers in advance of receiving the necessary service documentation and claims data to support that a service has been rendered. Lastly, under the IGT approach, the State’s ability to claim for the actual costs of services above the interim reimbursement for those services would be minimized as the “state share” funds would be transferred to SC DHHS and directly used for the Federal matching funds.

Regional Center Cost Reporting

PCG reviewed the cost reporting processes for the four SC DDSN regional centers including the individual regional center cost reporting workbooks in an effort to better understand approach used by SC DDSN to ensure that all costs are appropriately included and identified within the cost reports. As part of this review, PCG focused specifically on the SC DDSN Central Office expenses allocated to each facility in order to determine if the regional center cost reports included a representative amount of SC DDSN Central Office allocations for items such as administrative and employee benefit expenses.

In conducting this review, PCG reviewed the cost report workbooks for fiscal year 2011 for each of the four regional centers. PCG worked to track the flow of all expenses throughout the cost report, from the original trial balance on Worksheet A through the reclassifications and adjustments to the step-down of overhead expenses to patient service cost centers.

While PCG considered the results of the Clifton Gunderson study of the administrative costs associated with the four Medicaid waivers during this review, it is important to note that PCG’s review of the regional center cost reports was focused on the costs included for the purpose of calculating the per diem for each of the regional centers. To that end, PCG reviewed many of the same data points as the Clifton Gunderson review but with an emphasis on ensuring that the appropriate SC DDSN Central Office costs were being captured in the cost report as opposed to what costs were ultimately attributed to the four waivers.

Based on our review of the regional center cost reports, PCG has made the following observations regarding SC DDSN Central Office allocations in the regional center cost reports:



- SC DDSN does have a mechanism for capturing SC DDSN Central Office administrative costs and allocating these expenses to each region by cost center.
- Each of the four regions did receive a share of SC DDSN Central Office Administrative Costs allocation for the 2011 fiscal year.
- Each of the four regions received a share of administration and/or overhead allocations for the following categories of expenditures:
 - Central Office Administration Allocation
 - Central Office Capital Expense
 - Central Office Other Expense Allocation
 - Statewide Cost Allocation
 - District Expenditures Allocation
- The General Services Cost Centers section does include cost allocations for the Employee Health and Welfare cost center which was an area of concern in the prior fiscal year during the Clifton Gunderson review.
- Expenditures reported in the cost report workbooks do include reclassifications and adjustments with specific descriptions of the type of cost and/or why the transaction occurred.
- Expenditures reported in the cost report workbooks are broken down by a detailed listing of cost centers
- The Employee Health and Welfare cost center amounts for FY2011 presents some material differences as compared to the Clifton Gunderson reported amounts from the prior year.
- Further, the General Services Cost Centers section presents some significant variances regarding expenses allocated to particular cost centers when compared to the Clifton Gunderson reported amounts for the prior fiscal year 2010.
- The cost reporting workbook does contain inter-related worksheets that use the adjusted costs to step down these costs to particular units and then to calculate a per diem based on the adjusted allowable costs and facility patient bed days.

In order to determine if the appropriate and proportionate share of SC DDSN Central Office expenses were allocated to these four regions across the various cost centers further in-depth review of the SC DDSN's Central Office FY 2011 expenditure statements and internal cost allocation plan along with the regions FY2011 cost reporting workbooks would need to occur.

Process for administrative cost analysis

PCG reviewed the Clifton Gunderson Report to gain an understanding of the issue surrounding how SC DDSN operational expenditures incurred in administering four Medicaid Waiver programs were allocated as administrative costs and what measures were being taken to become compliant with CMS policy regarding the allocation of administrative costs on the Medicaid CMS 64 form. The study explains the methodology for allocating SC DDSN operational costs which incorporates the use of the SC DDSN provider cost reporting tool in recording these expenses to the Administrative and General cost centers on each regional Intermediate Care Facilities for



Mental Retarded services (ICF/MR) cost report for allocation to the program services provided by SC DDSN.

In reviewing the documents and spreadsheets used in the SC DDSN Medicaid cost reporting process we identified that there is a mechanism for capturing administrative costs and allocating these expenses to appropriate cost centers based on the provider's cost allocation plan.

Concern raised by the LAC (ex. Finding #44)

The SC General Assembly Legislative Audit Council (LAC) performed a review of SC DDSN fiscal practices and issued a report dated December 2008. As a result of this review the LAC addressed two recommendations that specifically pertained to the cost reporting process as follows:

- #43) The Department of Disabilities and Special Needs should arrange for independent audits of all of its most recent fiscal year Medicaid-filed cost reports.
 - SC DDSN addressed this item through an independent audit conducted by the Burkett CPA firm.
- #44) The Department of Disabilities and Special Needs should arrange for independent audits of all of its Medicaid-filed cost reports periodically as is appropriate based upon initial audit results.
 - Cost reports have not been filed due to a CMS administrative issue. SC DHHS has also already conducted two separate reviews of SC DDSN cost reports using external consultants.

The premise of these recommendations is that by not having a periodic, independent audit of SC DDSN's submitted Medicaid cost reports a significant gap in accountability for millions of dollars is incurred. It should be noted that subsequent to the LAC report, SC DHHS has hired multiple audit firms to conduct reviews of SC DDSN cost reports.

Although SC DDSN does have a specific audit policy in regards to provider's financial statements and the majority of providers engage certified public accountants (CPA) to complete the SC DDSN cost reporting tool there are not specific policies or procedures in place to periodically audit completed and filed Medicaid cost reports. This would entail a review of the annual regional reports that are completed and submitted to SC DHHS by the SC DDSN staff. Currently, there is not a formal SC DDSN internal quality assurance (QA) process in place to review completed Medicaid cost reports that are submitted to SC DHHS, however SC DDSN conduct an informal QA process on the cost reports. According to the SC DDSN staff, such formal QA reviews are not practical due to the small staff responsible for completing the Medicaid cost reports.

Although, the current SC DDSN staff who are responsible to complete the Medicaid cost reports have longevity and experience with the department; and, there is some level of quality assurance regarding the financial data received from the providers, due to SC DDSN's audit policy, there is



merit in employing a practice of having an independent audit as the Medicaid cost report is the basis used to claim Medicaid-allowable costs and establishing provider interim rates.

Analysis of SC DDSN Reimbursement Practices

The reimbursement practices of SC DDSN have come under scrutiny in recent years from state entities like SC DDHS and the Legislative Audit Council (LAC) as well as federal entities like the US Health and Human Services Office of the Inspector General (OIG). The issues raised by these entities have been focused primarily on the funding bands and the cost reporting practices of SC DDSN. The OIG audit, which was completed in 2012, focused on the inclusion of unallowable room and board costs in claims submitted for federal reimbursement under the SC DDSN operated waiver program. SC DHHS and the LAC have each raised concerns related to the calculation and application of the funding bands across providers.

The following sections details PCG's observations in regards to the reimbursement policies and practices of SC DDSN.

The funding bands are compliant with state Medicaid and Federal regulations

In our review of the funding bands PCG found that the methodology for calculating the rates was consistent with Federal regulations and state Medicaid rules. The rate calculation includes actual costs based on cost reports submitted by the DSN Boards to SC DDSN and are based on the average costs for the services within each band. As SC DDSN is the Medicaid provider responsible for the certification of the public expenditures under the CPE reimbursement methodology, it is reasonable for the Department to subcontract through the DSN Boards and the QPL providers for the provision of services under agreed upon reimbursement structures. Any expenses incurred by SC DDSN through these subcontracts and paid for using state or local funding sources would be eligible for inclusion in the determination of the Medicaid costs under the CPE methodology. It should be further noted that as a funding approach to apportion State General Fund dollars appropriated to SC DDSN out to the DSN Boards and not a methodology for Medicaid reimbursement, SC DDSN has the ability to set the funding bands in a manner that best meets the goals and needs to the Department, regardless of Medicaid regulations.

Misunderstanding of the funding band approach could be minimized with increased communications from SC DDSN

PCG did not interview any consumers or families as part of our analysis however our research and meetings with providers indicated that there still exists some misunderstandings of the funding band approach. The big misunderstanding around this approach is centered on the belief that the money follows the person regardless of the setting for which they are funded. For example, if a consumer moves from one of the residential settings to an at home setting, there exists a belief that the same level of funding would be available for the consumer in the at home setting as was available in the residential setting. This is however, not the case as the funding available for a consumer is based on their service needs, which factors in the setting in which they are being served. While SC DDSN has provided details on the funding for service through Departmental



Directive 250-10-DD to improve the general understanding of the funding process, additional educational efforts by the Department could help to reduce confusion on this process.

DSN Boards and QPL Providers Benefit from SC DDSN's role in Medicaid Billing

In the current system, SC DDSN serves as the Medicaid billing provider for all services provided by the DSN Boards and all QPL providers. In this role, SC DDSN has helped to minimize the administrative burdens and reduce the amount of overhead costs for their service providers as they do not have to hire additional staff to perform the claiming activities nor do they have to perform the burdensome activities associated with denied claims. The providers also have the benefit of receiving payment from SC DDSN in a consistent manner. That is, the DSN Boards receive their twice a month band payments and the QPL providers receive their payments once they have submitted the necessary service documentation to SC DDSN. Lastly, in the event of any audits, SC DDSN as the Medicaid billing provider assumes the responsibility for responding to any audits, findings or disallowances, further reducing the administrative burdens on the provider community.

The Medicaid Cost Reporting Process Requires Significant Manual Effort

The current process for the Medicaid cost reporting is a manual process with a number of intermediate steps needed to transfer the individual cost reports from the 39 DSN Boards to the one cost report for SC DDSN that is ultimately submitted to SC DHHS. The SC DDSN staff receive the cost reports from the DSN Boards as "hard copies" or paper based reports and then review and enter the data in to Excel templates that ultimately roll up in to a summary report. That summary report is then transferred in to an Excel based version of the CMS-2552 hospital cost reporting form. The manual nature of the process, while not cited by prior audits as an area for concern, is one that lends itself to increased possibilities of errors such as the inclusion of incorrect costs in the determination of rates or an over/understatement of costs on the SC DDSN cost report submitted to SC DHHS.

IV. Analysis of Current SC DDSN Program Oversight

SC DDSN oversight of programs is accomplished through a mosaic of efforts occurring at different organizational levels. South Carolina Code of Law Title 44 Chapter 20 at 44-20-240 and 44-20-250 establishes and describes the duties of SC DDSN.¹⁴ The language of 44-20-240 simply reads that the Department "...has authority over all of the state's services and programs for the treatment and training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries". The duties enumerated include the coordination, negotiation, and contracting for services, as well as developing service standards for programs, and reviewing and evaluating these programs on a periodic basis.

SC DDSN exercises quality management leadership and accountability at three levels: *the program participant, the provider level, and the Department level*. In varying capacities, each level of accountability participates in interrelated quality management activities: licensing, contract compliance review, risk management, personal outcome measures, customer satisfaction, and evaluating other quality indicators. The Department level can gather information from any of these six activity areas to assess performance.

Program participants are impacted by incident management and reporting follow up, and by case reviews and personal interviews completed as part of licensing and quality assurance. In addition, customer satisfaction assessments are performed by all service providers throughout the state on a regular basis.

Providers are impacted by SC DDSN directives, service standards, and guidance affecting providers, which suggest and support quality assurance efforts. These numerous directives and standards are available online for all service areas rendered within the statewide service delivery system. Specifically this guidance includes:

- The SC DDSN Early Intervention Manual, Procedural Bulletin 12 Monitoring and Quality Assurance¹⁵, and
- The Administrative Indicators & Guidance Review Year July 2012 through June 2013.¹⁶

Within this regulatory context, providers have developed a range of management practices that impact quality. These include:

- The use of Quality Assurance (QA) coordinators;
- Encouraging peer review of houses in residential programs;

¹⁴ See SC Code of Laws at, retrieved on 7-24-2013 from <http://www.scstatehouse.gov/code/t44c020.php>

¹⁵ See retrieved on 7-25-2013 from <http://www.ddsn.sc.gov/providers/early-intervention/Pages/SCDDSNEarlyInterventionManual.aspx>

¹⁶ See retrieved on 7-25-2013 from <http://www.ddsn.sc.gov/providers/qualitymgmt/Documents/2012-2013%20Indicators%20and%20Guidance%20REVISED%20FINAL%20AUG%202012.pdf>



- Requiring local residential program managers to submit monthly checklists;
- Assigning staff to monitor and report on quality, critical incident, and risk management data;
- Encouraging weekly or monthly unannounced visits by lead staff and or managers,¹⁷ and
- Ensuring that staff receive needed training, such as 16 hours of medication administration.

At the Department level, SC DDSN has a Division of Quality Management, which performs four main activities:

- Critical Incident Reporting;
- Licensing and Surveys;
- Quality Assurance reviews of providers, and
- Risk Management

The Division also holds a Quality Management workgroup to review and guide the Department's quality management activity areas. For example, this workgroup reviews and uses previously met departmental quality assurance goals as benchmarks to measure progress against.

The SC DDSN licensing and quality assurance contracting is the most significant means of exercising oversight. However, SC DDSN also has a Division of Quality Improvement, which provides technical assistance and training to providers as well as hosting quality initiatives such as the "Reinventing Quality" Project.

SC DDSN has also periodically had reviews of its programs by third parties including a 2008 report conducted by the National Association of State Directors of Developmental Disabilities Services (NASDDDS), and the 2010 report conducted by Kerr.

A review of the quality assurance work shows that SC DDSN undertakes a large systematic quality assurance effort impacting persons in its programs and its provider staffs. SC DDSN derives its comprehensive approach to quality from relevant local ordinances, state statutes and regulations, federal statutes and regulations, applicable case law and court orders, funding source standards/requirements, and professional practice board standards. In addition, SC DDSN also looks to consumer goals, consumer satisfaction surveys, national accreditation boards (i.e. The Council, CARF, Malcolm Baldrige Award criteria), "best practices" that are emerging from educational and research organizations to establish its performance benchmarks. There is nothing about the regulations and organization of quality management that would prevent good care from being provided.

¹⁷ SC DDSN in its Residential Habilitation Standards requires "upper-level management" to make quarterly unannounced visits to the residential setting See Standard RH 1.3. retrieved on 7-25-2013 from <http://ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNStandards.aspx>



A. Existing Data Resources

Critical Incident Reporting

PCG discussed critical incident reporting with SC DDSN and provider staff, heard descriptions of how the reporting software operated, looked at report formats and the data reported.

There are nearly 30 critical incidents that are required to be reported along with an injunction that anything else that seems important should be also reported. Persons who have access to the SC DDSN Portal can use its web-based Incident Management System (IMS) to submit abuse, neglect and exploitation (ANE), Critical Incidents, and Death reports. SC DDSN has a full-time Incident Management Coordinator who reviews all incidents and supporting documentation submitted.

An examination of the types of critical incidents reported shows that in 2013 the four most reported types were major medical, aggression/assault, falls, and injuries. The reporting statistics show substantive changes over the 2008-2013 period in the numbers of reported types, e.g. reported accidents went from 188 in 2008 to 41 in 2013, and law enforcement went from 203 to 75. It is likely that policy changes influence how particular types are reported, but do not appear to affect the total number of incidents reported.

The table shows the number and rate of critical incidents reported for persons in residential and day services. The reported rate of critical incidents is approximately flat over the 2008-2013 period. The number of persons served and the number of critical incidents declined while the rate of reporting per person was effectively flat.

Table IV-1: Number of Persons in Residential and Day Services, Number and rate of Critical Incident Reporting, 2008-2013.

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
# Served-Unduplicated # served in Community Residential or Day Services:	8,251	8,186	8,103	7,907	7,881	7,880
Total # Cases Reported:	1,303	1,252	1,221	1,319	1,324	1,228
Rate Per 100 -CI Cases Reported Statewide	15.8	15.3	15.1	16.7	16.8	15.6

Source: SC DDSN CDSS system

Abuse Neglect Exploitation (ANE) Reporting

PCG discussed abuse, neglect, and exploitation reporting with SC DDSN and provider staff, heard descriptions of how the reporting software operated, looked at report formats, and looked at the data reported.



Reports of alleged abuse, neglect or exploitation are referred to state investigative agencies. The most prominent of which is the State Law Enforcement Division's (SLED) Vulnerable Adult Investigations Unit. Only SLED, other law enforcement, or state legal staff can make a determination of "founded" or "unfounded" on an abuse, neglect or exploitation report. This designation is not determinable by SC DDSN.

PCG examined report formats used within SC DDSN for the abuse, neglect and exploitation reporting. These formats included:

- ANE Allegation Detail Log;
- ANE Allegation Summary;
- ANE Reference and Consumer Listings;
- ANE Reinstatement Request Listing;
- ANE Reported Abuse Types;
- Audit Report for SC DDSN Review;
- Late Reporting Lists;
- Listing of Persons Involved in the Incident;
- Monthly and annual Case summaries, and
- Reports by Provider and Center of Final Disposition

The range and depth of reports are reflective of a mature system that has over time produced the numerous sub reports that system users request. The ANE reporting system appears capable of doing the tracking and counting it is intended to do.

The table below shows the number of allegations and substantiated allegations over the 2008-2013 period. The number of persons served went up, while the number of reported allegations dropped as did the number of substantiated allegations.

Table IV-2: Number of Persons in Residential Placement and the Number of Abuse, Neglect or Exploitation Allegations and the Number of Substantiated Allegations 2008-2013.

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
# Served in Residential Placement (excluding Regional Centers):	4,099	4,288	4,226	4,241	4,248	4,289
# Allegations Reported	526	510	426	420	413	452
# Allegations Reported (Substantiated):	50	17	18	10	8	0

Source: SC DDSN CDSS system



The table below considers persons in the SC DDSN Regional Centers. The table shows the number of allegations was basically flat over the five-year period from 2008 to 2012 despite a substantive dip in 2011. There are few substantiated allegations and the numbers did not vary much by year.

Table IV-3: Number of Persons in Regional Centers and the Number of Abuse, Neglect or Exploitation Allegations and the Number of Substantiated Allegations 2008-2012

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Consumer Residing in Regional Centers	1,099	873	838	812	816
# Allegations Reported	142	140	107	75	136
# Allegations Reported (Substantiated):	1	5	4	1	0

Source: SC DDSN CDSS system

There are consequences to an allegation. The 2013 DHHS audit of the Greenville Board shows reassurance that SC DDSN and the Greenville were exercising proper oversight because employees against whom allegations were made were immediately put on leave without pay and terminated if warranted.

The data systems used by SC DDSN appear capable of meeting the federal 1915(c) waiver assurance reporting requirements. These assurances require states to have quality performance measures and these measures entail mandatory reporting of abuse, neglect and exploitation data as well as their remediation.

Other Provider Reporting

PCG staff visited the Babcock Center and were provided the agenda and attachments of its April 24, 2013 Risk Management meeting. The meeting is a review of all recent significant events. These events span:

- Admissions/Discharges/Vacancies;
- Agency financial position;
- Allegations of abuse, neglect and exploitation;
- Clinical service report (four types);
- Employee drug testing;
- Employee injuries;
- Falls;
- Licensing and DHEC reviews;
- Medication error reports;
- Numbers of program participants;
- Psychotropic medications;



- Restraints;
- Staff Development and Training;
- Staff Turnover;
- Vehicle safety, and
- Worker's compensation claims.

A review of the material shows that considerable information was presented at the meeting. The minutes of the April 24, 2013 meeting show the Center's financial situation was first discussed in light of the negative impact of the Affordable Care Act (ACA) on the Center.¹⁸ The meeting next discussed data by topic. The data tables typically contained multi-year or multi-month data permitting readers to ask questions about trends and compare time periods. One report listed all medication-related errors and provided brief comment on each one.¹⁹ Summaries of types of medication errors by month were presented in a table and the table had a section called "Red Flag" events covering serious medication errors.

Similarly, all accidents and injuries were listed and each was described. Tables were presented showing monthly summaries by type of accident and injury. Similar descriptions and tables were presented for worker's compensation claims. The minutes of the April 24, 2013 meeting show that during the discussion of employee injuries, a suggestion was made regarding Hoyer Lift training. Other tables and graphs were presented covering the topics mentioned above.

The Center's staff appear to have ample data and discuss the data and trends. The documents examined were from the largest Center in the state and may not be representative of the scope and depth of data available at all providers. However, PCG's discussions with other providers indicate that similar data are available for them as well. At the provider level, there appears to be sufficient data to monitor the health of program users and the quality of care provided in programs.

B. Licensing and Quality Control

SC DDSN has two main contracts: one for licensing and one for quality assurance of providers.

Licensing Contract

A significant business practice is the licensing and surveying of programs. In the context of SC DDSN programs, the Department of Health and Environmental Control (DHEC) conducts the licensing and inspection of private residential treatment facilities (PRTFs), Community

¹⁸ The negative financial impact of the Affordable Care Act occurs because of the employer mandate to provide insurance. Babcock Center discussion estimated this impact to be \$250,000 in health insurance costs and additional unspecified cost in workers compensation payments.

¹⁹ Medication error reporting covers a broad range of medication-related events including finding medication on the floor, losing and then finding a medication packet, running out of medications, and not providing medications. None of the 13 medication errors described in the April 24, 2013 material actually involved a person being given the wrong medication or the wrong amount of medication.



Residential Care Facilities (CRCFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

The licensing and inspection of Community Training Homes, Supervised Living Programs, respite, and facility day services are contracted out by SC DDSN through a competitive procurement process.²⁰ When the Request for Proposals (RFP) was issued, SC DDSN had residential services offered within:

- 648 Community Training Homes – Level II;
- 147 Community Training Homes – Level I, and
- 226 Supervised Living – Level II programs.

Under the contract, the Licensing Contractor is responsible for:

- Initial, and Annual or Bi-annual Licensing Reviews for Residential services, Respite, and all Facility-based Day Supports programs;
- Special circumstances reviews at SC DDSN request, and
- Reviews Providers' Plans of Correction and does follow-up reviews as necessary

The scope of reviews includes basic health, safety, and welfare standards. The Contractor has the authority to enforce any and all of the guidelines within their purview. SC DDSN requires the Contractor to provide 24-hour notice before conducting a review. Interviews with providers indicated that agency management staff are present when reviews occur.

After reviews have been completed, if necessary, the provider has 15 days to prepare a “plan of correction” stating what remediation will be completed in regard to each low-scoring indicator. The Licensing Contractor does follow up reviews to see if plan of correction items are in fact completed and the initial concerns are corrected.

SC DDSN has established “thresholds” in both its licensing and quality assurance programs. When certain levels of specified deficiencies are reached, “consultation” is provided. In licensing there are eight thresholds, or triggers, that would result in a consultation. For example, one is being cited for a total number of Conditions and Standard level deficiencies that is 15% higher than the statewide average for three consecutive years.

PCG staff were given a demonstration of the licensing Contractor’s portal, called MedGuard. The Contractor uses a similar software management in other states and customizes the product for each state. The system shows, by provider, the scoring of the residential setting on each SC DDSN indicator, and provides summaries by type of indicator. The set of report formats also document

²⁰ The current holder of this contract is Alliant Health Solutions (the Contractor).



the plan of correction and track the completion of the plan of correction. Work statistics of the Contractor in regard to that provider are also shown.

SC DDSN, through its reliance on an outside contractor, does appear to have a reasonable methodology for ensuring its most difficult licensing surveys are taken care of. The scope of work required in its most recent licensing RFP appears to have been implemented. For example, the 2008 LAC audit studied 26 licensing reviews and found only two of them had follow up reviews and concluded that SC DDSN should institute more rigorous follow up of issues raised during quality assurance reviews of providers. The current licensing contract requires the Contractor to perform follow up reviews and the Contractor reports doing all of them.

SC DDSN has published summary reports by provider type and provider score based on the work done under the licensing contract.

Quality Assurance Contract

In July 2012, SC DDSN signed a five-year contract to provide quality assurance activities.²¹ The RFP created a Compliance Contractor to conduct quality assurance reviews of the Boards and other providers. The language in the RFP describes the scope of work of the compliance vendor.

“The Agency conducts or contracts 12-18 month assessments service providers by making on-site visits in its Contract Compliance Review (CCR) process. During this process, records are reviewed, consumers, and staff, and observations are made to make sure that services are being implemented as planned and based on the consumer’s need, that the consumer/family still wants and needs them, and that they comply with contract and/or funding requirements and best practices. In addition, provider’s administrative capabilities are reviewed on a 12 to 18 month cycle to ensure compliance with Agency standards, contracts, policies, and procedures. The Agency will impose sanctions including financial recoupments on providers which fail to comply with certain performance requirements.”

SC DDSN supplied PCG staff with documents describing the process. Providers are notified about two weeks prior to the visit. A cover letter is sent by the Compliance Contractor outlining the procedure and listing the documents that will be reviewed. Providers are asked to have appropriate staff and records available. The Contractor conducts the review, has an exit interview and follows-up with an official notification of the results. If necessary, providers have a 30-day period to respond with a plan of correction.

The review is complex. It covers the administrative capability of the provider including:

- Hiring of qualified employees;

²¹ The current contract is with Alliant (the Contractor).

- Reporting of abuse, neglect and other incidents;
- Handling consumer records and funds adequately;
- Making routine financial reports available to its Board or other authorities, and
- Complying with SC DDSN policies and procedures.

The review also establishes requirements for conducting an approximate 5% sample of persons and reviewing their case. If a review of the individual's case involves clinical decisions, then the Compliance Contractor is responsible for staffing the review team accordingly.

The review covers:

- The assessment data and process used to develop case plans;
- The degree to which the consumer's needs and preferences were listened to;
- Assurances that consumers actually received the services in their plan;
- That Federal 1915(c) regulations and Medicaid State Plan language were complied with;
- Assurances that any instances of abuse or neglect or other issues were dealt with, and
- Assurances that the plan protects the health and safety of the person.

In PCG's opinion this is a reasonable review procedure since it tracks the assessment data and how that fits with the consumer's needs and preferences. The plan developed for the person should reflect both the assessment information and the consumer's intent. The process used by SC DDSN checks to see if this occurred and goes on to check that the right services were provided the client.

If deficiencies are raised during the review, then a plan of correction is required within 30 days. All correspondence around the report of findings and plan of correction are done within the MedGuard system used by the contractor. The system tracks each deficiency cited in the Report of Findings and requires the provider to identify actions that will be taken to correct the deficiency, say when the deficiency will be corrected and who will be responsible for ensuring it has been corrected.

SC DDSN has published documents summarizing how much work has been done under the quality assurance contract.

Quality Assurance Contractor conducts 400 plus interviews using National Core Indicator questions

As part of its reviews, the Compliance Contractor conducts interviews with at least 400 consumers and administers the questions used in the National Core Indicators program.²² This permits the comparison of the state's answers with those of approximately thirty-eight other states. While state staff review the core indicator results, no report or broader discussion of the results with providers

²² See, retrieved on 7-23-2013 from <http://www.nationalcoreindicators.org/>



or contractors appears to take place. It is not clear how the indicator results are used to positively impact quality changes.

C. Direct Care Staffing

The quality of direct care staffing is multi-dimensional consisting of the:

- Design of duties and requirements of staff for positions, e.g. years of experience or education;
- Amount and kind of background checks on potential employees;
- Amount and depth of initial training required;
- Yearly educational requirements to maintain the position;
- Amount and kind of oversight of the employee's activities, and
- Level of payment for the position and the rate of turnover in the position.

A significant method of encouraging the component of quality in direct staffing is the setting of standards and their enforcement.

SC DDSN issues standards describing qualifications for potential employees within its programs and the nature and kind of criminal background checks made in relation to their prospective employment. For example the residential habilitation standards specify the age, experience and educational requirements for the person responsible for monitoring the residential care plan, and for the Support Provider that works directly with the person in the residential setting.²³ Yearly educational requirements are also specified by SC DDSN in its Directive 567-01-DD.²⁴

Criminal records checks for Support Providers are specified in SC DDSN Directive 406-04-DD.²⁵ Three of the Legislative Audit Council's 2008 review recommendations concerned criminal record checks. Two of them regarding Federal Bureau of Investigation checks for all direct care givers regardless of length of residency were contingent upon legislative action. Work on the practicality of the third resulting in a pricing of \$92,000 to implement and awareness that all results would come back through DHEC to process and have a workload impact on DHEC.

The enforcement of standards and directives occurs at the provider level through the SC DDSN Administrative Indicators & Guidance.²⁶ The list of indicators, their descriptions, and the

²³ See SC DDSN Residential Habilitation Standards, retrieved on 7-26-2013 from <http://ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNStandards.aspx>

²⁴ See DDSN Directive 567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements retrieved on 7-26-2013 from <http://www.ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>

²⁵ See retrieved on 7-26-2013 from <http://www.ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>

²⁶ See Administrative Indicators & Guidance Review Year July 2012 through June 2013, retrieved on 7-26-2013 from <http://www.ddsn.sc.gov/providers/qualitymgmt/Documents/2012-2013%20Indicators%20and%20Guidance%20REVISED%20FINAL%20AUG%202012.pdf>



assessment tool runs 79 pages. In 2012-2013, there were approximately 230 indicators subdivided into categories covering all aspects of program operations. Additionally there were another 93 indicators covering early intervention programs. With the exception of payment, the indicators cover quality issues usually associated with direct care staffing.

Ten of the 26 indicators in the A1 Administrative category refer to ensuring that staff hired had the right qualifications and that staff received the required number of hours of annual training. Samples of quality assurance deficiencies provided to PCG shows that quality assurance reviewers do observe and enforce these standards by sampling provider records. For example, to review if residential staff received their required 10 hours of training, a sample of ten percent or five residential staff hired during the review period is used.

PCG was provided samples of 114 deficiency descriptions. Two of the 114 involved a finding of a staff person that did not have their annual 10 hours of required training. These deficiencies may have been resolved differently. The deficiency information contains a statement of what the desired outcome is. The first agency wrote the stated improvement outcome of the deficiency was "Staff will receive training as required". The second agency wrote the stated outcome of their deficiency was "... all staff present and future will have the required training and ongoing trainings set forth by SC DDSN directives." These sound like different resolutions.

A deficiency can be resolved by solving the specific instance, e.g. the person is told to complete their 10 hours of training. A deficiency can also be resolved by seeking a general solution. For example, if a reviewer can find a direct care worker who did not complete the annual required training, then the provider clearly has no system that detects such events and needs to develop a system to monitor when their employees meet required training hours. Reviewers sample records and if a reviewer finds one person that did not meet training requirements, then it is likely that there are others in the workforce that were not sampled. Clearly, it is desirable to identify all instances of problems rather than claim the deficiency was resolved because one person fixed their training hours.

The larger issue is what is accomplished with the findings and what improvements in personnel hiring and training have resulted. What appears to be missing is a standardized method of identifying which person's qualifications were consistent with position requirements and which persons are current in training requirements and which are not. For example, annual training requirements and continuing education credits in some state programs are processed through a single office that keeps track of who met their annual requirements.



D. Ranking of South Carolina's Program compared to Other States

United Cerebral Palsy (UCP) publishes an annual "scorecard" called the "Case for Inclusion" ranking the states on how well their state Medicaid programs serve persons with intellectual and developmental disabilities (ID/DD). In the 2014 report, South Carolina placed a respectable sixth highest in the nation having steadily improved its score over the last years from its rank of 16 in 2011.

The Inclusion scorecard ranks states on five main indicators and also provides an overall rank with the highest ranking state getting 1 on the indicator. On the 2014 report for the indicators:

- Promoting Independence. South Carolina ranked 33;
- Tracking Quality and Safety. South Carolina ranked 16;
- Keeping Families Together. South Carolina ranked 3;
- Promoting Productivity. South Carolina ranked 22;
- Reaching Those in Need. South Carolina ranked 13;
- Overall. South Carolina ranked 6.

As judged by the indicator scores, South Carolina ranks well overall compared to other states since it is in the first quartile of states. Consistent with other scorecard efforts such as Commonwealth's Health Scorecard and AARPs long-term services and supports scorecard, states vary on their indicator scores which is useful because low ranks point out where a state can do better. South Carolina does best, ranking 3th, on Keeping Families Together and worst, ranking 33, on Promoting Independence.

The Keeping Families Together indicator has two outcome measures: family support per 100,000 persons in the population and % in a family home. Compared to other states, South Carolina ranks high on these two indicator measures.

The overall ranking in the UCP scoring system is based on 100 possible points. Fifty of these points are associated with the Promoting Independence indicator. It is a complex indicator containing eight separate parts. An examination of the interplay and reasoning behind these parts is best left to state staff to review and understand how performance on this complex indicator could be improved.

Summary Comment on the Analysis of Current SC DDSN Program Oversight

Program oversight activities are intended to promote good, quality care and PCG's review has found that the Department has placed a significant emphasis on their program oversight efforts. A review of the activities undertaken by SC DDSN and its providers shows considerable effort has been made to set up data systems to collect quality related facts and that the facts are discussed by SC DDSN and provider staff. The role of the outside contractor has been expanded and is especially important as it provides objective information and third-party verification of provider practices.



V. Recommendations for SC DDSN

Based on our review and analysis of the current reimbursement and program oversight practices of SC DDSN, PCG has developed recommendations for the Department to consider in improving their current reimbursement and program oversight practices.

Recommendations for SC DDSN Funding and Reimbursement Practices

PCG's analysis found that the Department's reimbursement practices are compliant with Federal regulations for Medicaid reimbursement. The recommendations below are therefore focused on increasing efficiency within the current practices and more importantly on improving current practices in a manner that is more clearly understood by consumers, providers, and other entities outside the SC DDSN system.

SC DDSN should consider a move from the OHCDS model to a more current model

While PCG did not uncover any major concerns with the OHCDS model under which SC DDSN currently operates, the Department has been the target of recent criticism of the OHCDS model. In conducting a scan of the health care industry there are few systems operating under a similar OHCDS model. With a trend away from the historical OHCDS model towards new, integrated health care models encompassing multiple disciplines like physical and behavioral health care as evidenced by the growth in medical or health homes and other like models, PCG believes SC DDSN could benefit from a more in depth review of the existing OHCDS model and some of the more current models available to the Department. In addition to the considerations for the integrated care models like the medical or health homes, SC DDSN could consider models that include increased integrated employment opportunities or housing initiatives with state and/or federal housing authorities. In recommending that SC DDSN consider a shift from the OHCDS model to a more current model, PCG is not recommending that SC DDSN change its role in many of the vital functions it currently fills today including, but not limited to, setting program policy and establishing funding mechanisms for community based providers.

SC DDSN should continue its role in setting service rates for Medicaid and non-Medicaid services

In the event that SC DDSN transitions from the OHCDS to another model, PCG recommends that SC DDSN continue its role in developing service rates. PCG believes that SC DDSN possess a unique understanding of the services provided, the populations served, and the provider network that can be used to ensure that service rates are set in a manner that is appropriately aligned with the needs of the consumers and the system. Given the significant institutional knowledge at SC DDSN PCG recommends that SC DDSN retain responsibility for rate setting efforts for both Medicaid and non-Medicaid services. In this capacity, it will be imperative that SC DDSN work closely with SC DHHS to ensure that the rates established for Medicaid reimbursable services are done so in accordance with all federal and state rules and regulations.

SC DDSN should allow Medicaid payments to flow directly from SC DHHS to the QPL providers



One of the areas within the SC DDSN reimbursement structure that created the greatest confusion among providers and with SC DHHS was the process by which Medicaid reimbursement would flow from SC DHHS through SC DDSN and out to the providers. Adding to the confusion is the misunderstanding that the funding bands represent the Medicaid reimbursement for the services provided by the DSN Boards.

Given the relationship between SC DDSN and the DSN Boards it does not make sense to fundamentally change the processes currently in place for the funding of the DSN Boards and for the Medicaid claiming and reimbursement for the Boards. PCG recommends however that SC DDSN consider a change to the relationship with the QPL providers in regards to the Medicaid reimbursement process. This change would not impact SC DDSN's role as a clearinghouse for service logs that support claims for all Medicaid services provided by the QPL providers but would instead see SC DDSN removed from the Medicaid payment process with the payments flowing directly from SC DHHS to the QPL providers. PCG believes that SC DDSN's role in collecting all of the service documentation data and generating claims on behalf of the providers is an essential function and one that serves to ensure the integrity of the Medicaid claims.

SC DDSN should continue to pilot the use of a national needs assessment tool and consider a future alignment of the Funding Bands with the national needs assessment tool

SC DDSN has already begun a limited pilot program to utilize the American Association on Intellectual and Developmental Disabilities (AAIDD) Supports Intensity Scale (SIS) as part of its needs assessment process. PCG believes the use of this tool is an important step for SC DDSN and encourages the Department to continue its plan to expand its use statewide. While this tool is not currently linked to funding resources, PCG recommends that SC DDSN consider aligning funding resources with the SIS in the future. PCG believes that SC DDSN, by aligning the funding bands with the SIS tool, could more accurately align funding with the individual needs of the consumers. PCG recommends that SC DDSN continue to expand its use of the SIS as an assessment tool statewide before considering the recommendation to align funding resources with this tool.

The SIS is a tool that is designed to “measure the individual’s support needs in personal, work-related, and social activities in order to identify and describe the types and intensity of the supports an individual requires.”²⁷ Through the use of the SIS or similar tools, SC DDSN could more discretely identify the needs of the consumers and more closely align funding with those specific needs. Given that this pilot is in its early stages, there are no definitive results at this point, however PCG supports SC DDSN’s continued efforts through this pilot.

We noted during our reviews that there is the perception in the community that the use of the SIS in aligning funds with individual needs will result in consumers losing funding and access to services. While the possibility of a redistribution of funds exists through the use of SIS in determining the appropriate needs and funding, it will be done in order to more accurately align

²⁷ http://aaidd.org/publications/supports-intensity-scale#.UhpP47DD_Dc



funding with individual consumer needs so that those with the greatest needs receive appropriate levels of funding and that consumers requiring lower supports receive funding that is appropriate to their needs.

Lastly, it was also noted that the current process for determining eligibility and funding for services could be influenced by the ability of the service coordinators to present the case for their individual consumers. Through the use of a national tool such as SIS for determining needs and the associated funding levels, the ability of service coordinators to influence the determinations is minimized resulting in a more fair process for the consumers.

SC DDSN should enhance the documentation for Cost Reporting Policies and Procedures

Interviews with SC DDSN staff illustrated the significant wealth of knowledge and experience of the staff in regards to the Department's practices for Medicaid cost reporting. These staff possess an intricate understanding of each of the providers from which they receive cost reports, the items that require additional review, and the mechanism for rolling the data up to the Department cost report to be submitted to SC DHHS. PCG noted, however, that this knowledge was not documented but rather held by the staff responsible for the cost report process. The lack of clear policy and procedure documentation for all of the tasks required as part of the cost reporting process is a potential risk factor for the Department as external entities like SC DHHS have started to focus on the costs included in the cost reports and the rates generated from cost report data. While SC DDSN has taken steps to improve the documentation of the Department's practices regarding cost reports through the Department Directives, PCG recommends that SC DDSN develop a comprehensive policy and procedure document that describes all of the core functions and roles and responsibilities related to the cost reporting process. This document should at a minimum detail:

- Entities involved in the cost reporting process, i.e. SC DHHS, SC DDSN, DSN Boards, SC DDSN Regional Centers
- Roles and Responsibilities of each entity
- Instructions for completing the cost report
- SC DDSN audit procedures
- SC DDSN procedures for compiling the Department cost report

PCG believes that the development of a comprehensive cost reporting policy and procedure document will help to provide increased guidance to the providers required to complete the cost reports, provide increased transparency on the entire cost reporting process, and ensure the process is compliant with all state and federal regulations for cost reporting.

SC DDSN should move towards automating the Medicaid Cost Reporting Process

Given the highly manual process currently used for completing the Medicaid cost reporting for SC DDSN, PCG believes that there are efficiencies to be gained through an investment in the automation of the annual cost reports. Automated cost reports are a normal practice in states for



submitting cost report information. Through an automated cost reporting process, the DSN Boards would be able to complete and submit their cost reports through a web-based cost reporting system. SC DDSN would be able to leverage an automated solution to minimize manual review processes by developing custom edit checks within the system to identify possible cost report errors prior to the providers submitting the reports to the department. SC DDSN could also use the system to provide management reports that compares provider costs or that compile provider costs in a manner that allows for a more streamlined process to transfer the data to the Department cost report that is submitted to SC DHHS. In automating the cost reporting process, SC DDSN would also reduce the amount of time Department staff currently dedicates to the cost reporting process, allowing those staff to provide increased support and training to the providers in an effort to further reduce potential cost reporting errors.

Recommendations for SC DDSN Program Oversight Practices

PCG's review of the SC DDSN program oversight practices found many areas where the Department has taken great steps to improve upon their practices and specifically address items raised by outside entities like the LAC. The following recommendations have been developed to provide the Department with a set of items that can be used to further enhance their program oversight practices.

SC DDSN should separate service coordination and service delivery

SC DDSN should announce that conflict-free service coordination is an appropriate policy for the Department and begin discussions with stakeholders as to how best to implement this. A likely outcome of these conversations would be and should be a phased-in plan to have SC DDSN providers become either service coordination providers or service delivery providers. The separation of service coordination from service delivery was discussed at length in the 2008 LAC audit and PCG supports its recommendation that different entities should provide these services.

South Carolina has experience with this separation and the concept has been discussed for years. Additionally, the state has required new providers to choose to provide either service coordination or service delivery.

The LAC audit research shows that nearby states had this separation. This recommendation is also consistent with Federal Medicaid policy.

Section 10202 of the Affordable Care Act created the Balancing Incentive Program (BIP) in which states with higher institutional spending would receive a higher federal match if the balance of their funding shifted from institutional to home and community based services. One of the three requirements for states to participate was to have "conflict-free case management services" in their home and community-based programs.²⁸ As of August 2013, sixteen states had signed balancing incentive agreements with Medicaid.

²⁸ Affordable Care Act at 10202(c)(5)(B). See text of H.R. 3590 retrieved on 8-5-2013 from <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>



In May 2012, CMS issued final regulations for the 1915(k) program Community First Choice. As promulgated in federal code, section 42 CFR 441.555(c) identifies who should not take part in the assessment. 42 CFR 441.555(c)(4) clearly states that "...assessments of functional need and the person-centered service plan development process..." shall not be done by "(4) Individuals who would benefit financially from the provision of assessed needs and services." As of August 2013, eleven states have approved 1915(k) programs.

In May 2013, CMS issued guidance for managed care organizations (MCOs) that are capitated for long-term services and supports. In a section titled "Individual Conflict-Free Choice Counseling and Independent Enrollment/Disenrollment", the guidance emphasizes the service delivery role of the MCO. "MCOs may not be involved in any eligibility determination or functional assessment processes for a potential participant prior to that participant enrolling in the MCO. Further, all MLTSS program enrollments must be processed through an independent, conflict-free entity."²⁹

Integral to this recommendation, is the implementation of the 2008 LAC recommendation that SC DDSN authorize existing providers to provide the same services in other parts of the state that they can provide in their own jurisdictions. Current restrictions on providers reduce the freedom of choice of persons seeking state services.

In 2014, CMS issued new rules for Home and Community Based Services.³⁰ These are broad sweeping rules which will impact multiple parts of state HCBS programs. Among other changes, these rules formalized the CMS emphasis on conflict free case management and required states to develop transition plans to bring their waivers into compliance with them. The prohibition on providers doing the assessment, developing the service plan, and providing the services has moved from policy guidance to what is now a federal requirement spanning all HCBS waiver programs and state plan authorities such as 1915(i).

In terms of planning for implementing the separation of service coordination from service delivery, SC DDSN might find it of use to discuss with Maine staff how that state went about its planning for it Independent HCBS DD/LTC Waiver Management Initiative.³¹

SC DDSN should consider annual licensing visit and changes in visit protocol

At the time of the 2008 LAC audit, SC DDSN programs were visited by licensing surveyors once every three years which was less frequently than the other four states that LAC studied. The 2008 audit recommended that annual licensing reviews be made. Since the 2008 report, SC DDSN

²⁹ See, retrieved on 8-2-2013 from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf> p. 10

³⁰ See <https://www.federalregister.gov/articles/2014/01/16> retrieved on 2-13-2014

³¹ See <http://www.stephengroupinc.com/pdfs/MECare-Redesign-Policy-Paper.pdf> Retrieved on 2-13-2014



changed its contracting practice and now currently contracts for biannual licensing reviews, that is, surveyors visit the homes every two years. SC DDSN also currently conducts annual licensing visits for day programs, respite and child residential settings.

PCG believes that the change from a three-year period to a two-year period was good and thinks that additional improvement can be achieved by moving to a one-year review period. All the states that the LAC reviewed performed annual reviews and PCG believes that customary state procedures are for annual reviews.

As a subsidiary recommendation, SC DDSN might consider requiring that provider management staff not be present during the surveyors' visit to the homes. The hovering presence of management staff potentially acts as an impediment to data collections and on-site observation.

SC DDSN should continue to educate stakeholders and prepare for changes in federal quality standards

PCG recommends that SC DDSN staff continue to monitor, educate stakeholders and acquaint itself with the potential federal changes in quality management and review what changes it might make in how quality management is presented in future 1915(c) waiver applications.

There are potentially significant changes coming in how quality is dealt with in 1915(c) applications for federal waivers. The Centers for Medicare and Medicaid Services (CMS) has worked with the National Association of Medicaid Directors (NAMd), the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the National Association of States United for Aging and Disabilities (NASUAD) along with 14 representatives from 10 states to review and evaluate the current Continuous Quality Improvement System process states must incorporate in their 1915(c) Home and Community-Based (HCBS) waiver applications. PCG notes that SC DDSN Director is a member of the National Board of Directors of NASDDDS which has helped keep SC DDSN abreast of upcoming national changes and trends. This effort is coming to fruition with a series of recommendation and will be released in the Fall of 2013 as a CMS informational bulletin.

These recommendations include the following changes to the 1915(c) assurances and sub-assurances:³²

In the level of care assurance, sub-assurance b. "The LOC of enrolled members is reevaluated at least annually or as specified in the approved waiver" will no longer be required. States, per statutory requirement will still be required to conduct annual reevaluations, but states will no longer be required to provide evidence that the reevaluations were done;

³² These descriptions are taken from CMS approved, but currently unpublished documents that are circulating among persons interested in 1915(c) quality matters.



In the service plan assurance, sub-assurance b. “The state monitors service plan development in accordance with its policies and procedures” will no longer be required. States must still develop service plans in accordance with their policies but will no longer have to present evidence that this is done.

In the service plan assurance, sub-assurance e. was changed to eliminate references to providing choices between institutional and waiver services. States still must provide choices but do not have to provide evidence that such choices were provided.

In the health and welfare assurance, four new sub-assurances were added to specify the general language in the assurance. This assurance must be accompanied by an aggregated report on individual remediation for substantiated instances or abuse, neglect and exploitation. Otherwise, CMS will consider that the assurance has not been met. CMS has proposed performance measures for each new sub-assurance.

In the financial accountability assurance, the assurance itself was rewritten and a new sub-assurance was added that evidence would be required to show that payments made would be in accordance with the reimbursement methodology specified in the waiver.

The administrative authority assurance and sub-assurances were unchanged but three performance measures are made explicit. The remediation reporting assurance was changed to only require reporting of abuse, neglect and exploitation, but CMS explicitly says states may be audited if performance falls below 86%. Since CMS requires a performance measure for each sub-assurance, a review of existing and new sub-assurances would be useful in determining what performance measures should continue to be reported; mindful that a score of less than 86% on any performance measure requires a Quality Improvement (QI) project.

These changes will take effect this Fall and can be implemented by amendments to current waivers or when waivers are renewed.

SC DDSN should implement a 1915(k) Community First Choice program

This recommendation encourages SC DDSN, in conjunction with SC DHHS, to take advantage of a 2012 final rule promulgated by CMS that implemented section 2401 of the Affordable Care Act, which added a new section, 1915(k), to the Social Security Act. On May 7, 2012, CMS promulgated a final rule for the Community First Choice program.³³ This final rule implements section 2401 of the Affordable Care Act, which added a new section, 1915(k), to the Social Security Act. The rule implemented the new State option which provides home and community-based attendant services and supports. These services and supports are known as Community First Choice (CFC). As of August 2013 eleven states have received approval from CMS to add this type of state plan amendment to their Medicaid program. Among states in the southeast, Arkansas and Louisiana have received permission to add this option to their Medicaid state plan.

³³ See, retrieved on 8-4-2013 from <http://www.gpo.gov/fdsys/pkg/FR-2012-05-07/pdf/2012-10294.pdf>



The new state Medicaid plan option has considerable advantages to states that adopt it:

1. Adopting the program is fiscally conservative since a six percent higher federal Medicaid match is available for program expenditures. Federal policy behind the program is to expand home and community-based services and deemphasize institutional spending. It is not surprising that large states such as California and New York have enacted a CFC program since the savings to their intellectual and developmental disabilities programs are considerable. PCG has not projected the savings, but a maximum, rough ball-park estimate would be six percent of current waiver expenditures for persons served by SC DDSN.
2. Savings from implementing CFC can be used both to pay for its implementation and to reduce the waiting lists for SC DDSN services.
3. The CFC program encourages the use of self-direction and promotes the use of attendant care services. The self-direction service delivery model emphasized in the federal rules is a key component of the CFC program. Although SC DDSN has self-direction policies, few persons use them. With exceptions, South Carolina has traditional institutional policies that are not supportive of self-direction. The 2012-2013 National Core Indicator study contained a question reporting on the percentage of persons in a state that reported using a self-directed option. The study found that 3% of the respondents in South Carolina reported using a self-directed option and the study ranked South Carolina in the group of states that were “significantly below average.”
4. The CFC rules also provided States with the option to permanently waive the annual recertification requirement for individuals if it is determined that there is no reasonable expectation of improvement or significant change in the participant’s condition because of the severity of a chronic condition or the degree of impairment of functional capacity. This means that thousands of functional eligibility redeterminations that are done each year would no longer be necessary. The flexibility to waive this classic Medicaid requirement means substantial administrative savings each year and is one of the few administrative simplifications that CMS has provided states in recent years. The ability to waive this requirement is a federal acknowledgement that persons that have intellectual and developmental disabilities will continue to have them for the duration of their lives and the mindless requirement of annual determinations is unnecessary.
5. The CFC rules are helpful in controlling utilization under the new program since only persons that meet institutional level of care requirements are eligible for the program.
6. There is no loss of state flexibility since a state electing to use the CFC program can continue to offer all its current Medicaid waiver and state plan programs. Moreover,

persons using CFC services can also receive waiver and other state plan services so administrative oversight and controls are not needed to ensure a person only used one program

7. For persons who are in institutions, the CFC program authorizes expenditures to help them leave the institution. For example, CFC covers expenditures for transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities linked to an assessed need for an individual to transition from an institution such as a state regional center or an Intermediate Care Facility for persons with Intellectual and Developmental Disabilities (ICFs/IDDD).

SC DDSN should continue to review the National Core Indicators with providers and consumers

The National Core Indicator results are significant measurements of the experiences of program beneficiaries. The data are collected by an outside contractor and not filtered through the perceptions of provider staff. SC DDSN has a history of successfully engaging stakeholders in meaningful discussions on a range of topics including quality related data and would benefit from continued discussion with all stakeholders. SC DDSN has engaged provider organization with summary information and discussion of the NCI data. Inclusion of additional stakeholders would allow for a greater sense of ownership across all levels of the system while promoting transparency in the decision making of the Department.

SC DDSN has done an excellent job in other quality areas of promoting a widespread discussion of quality-related data and would benefit by implementing similar processes to discuss the core indicators. For example, a workgroup consisting of SC DDSN staff, provider representatives and consumers could be charged with reviewing the results and providing recommendations for changes in agency activities.

User experience surveys such as the National Core Indicators obtain feedback from individuals on their experience with a healthcare system and its providers. CMS currently uses experience surveys across multiple service delivery systems including hospitals, managed care organizations, home health services, and clinician groups, and is developing an experience survey for use with Medicaid waivers. Indicative of this emphasis, is the recent Federal Medicaid Planning and Demonstration Grant for Testing Experience and Functional Tools in Community-Based Long Term Services and Supports (TEFT).

CMS will distribute some \$40 million to states for four activities. One of these activities is the collection of data on a Consumer Experience Survey. This survey is designed to span all populations of persons using HCBS waiver programs. The survey is designed to be like surveys in the family of surveys known collectively as the Consumer Assessment of Healthcare Providers and Systems (CAHPS)³⁴ The focus of these surveys is on the consumer's experience care, asking

³⁴ See, retrieved on 11-3-2013 from <https://cahps.ahrq.gov/index.html>



questions such as how did the doctor's office staff treat you and when you left the hospital did someone explain your medications to you.

The TEFT demonstration will collect thousands of interviews using the Consumer Experience Survey. At the end of the four-year demonstration, there is a probability that CMS will require its use by state Medicaid programs.

South Carolina has the opportunity to create a workgroup that can begin with the National Core Indicator results and systematically consider how consumers can improve their experience of care. Such a workgroup could consist of persons receiving services and their families, the quality contractor, e.g. Alliant or whoever holds the quality oversight contract currently, and state quality staff. The workgroup could study states that do well on the core indicator questions and recommend potential quality changes to promote meaningful residential, employment, and social experiences.

The workgroup could be a standing workgroup since it highly likely that CMS will require states to use consumer experience surveys and this group could provide planning leadership for responding to these changing federal requirements.



VI. Appendices

Appendix A: Subject Matter of Recommendations made in 2008 Legislative Audit Council Review

Subject Matter of Recommendation	Count
add misdemeanor charge to statutes	1
Administrative	3
aging caregivers	1
auditing SC DDSN	2
caregiver criminal background checks	3
changes in how licensing is done	4
compliance with laws and rules	2
SC DDSN spending its budgeted funds	3
employee job referrals	3
encouraging new providers	8
expanding scope of current providers	1
financial	7
improvement of SC DDSN websites	2
money follows the person	1
need for follow up in quality assurance	4
private non-profit funding and payment equity	3
provider compliance with local zoning	1
separate service coordination from delivery	1
strengthening internal auditing	6
support and publicize pilot programs	2
training	3
use of "bands" in reimbursement	2
Total	63



Appendix B: South Carolina Department of Disabilities and Special Needs Critical Incident reporting

Report any of the following involving consumers:

- injuries requiring treatment (not required for steri-strips, derma-bond or less than 3 sutures);
- suicidal threats or gestures;
- staff cursing at consumers or using disrespectful language;
- any time LLE is involved and takes a report;
- contracting life threatening communicable disease;
- possession of weapons, knives, firearms or explosives;
- consumer elopement of one hour or more;
- possession of illegal substances;
- medical treatment not followed as prescribed;
- medication errors resulting in adverse reaction/poisoning
- criminal arrest;
- unplanned hospital admissions/3 overnight stays or more;
- major medical or other emergency medical procedures;
- admission to a Critical Care Unit, and
- date consumer meets 3 ER visits within 30 day period.

Report any of the following which occur involving staff only:

- Staff injury (requiring treatment) caused by consumer;
- Possession of illegal substances while on duty;
- Substance abuse while on duty, and
- Intentional reporting of services not provided/ not delivered.

Report any of the following that involve staff or consumers:

- Property damage/vandalism of \$2500.00 or more
- Vehicular accidents:
 - a) if injuries occur requiring treatment, submit Initial Report within 24 hours of Date of Incident.
 - b) if there are no injuries, wait until estimate for repair is received; if estimate meets or exceeds \$2500.00, meets criteria/Date of incident is date accident occurred; Discovery Date is date the estimate is received.

Report any of the following that involve facility or program operations:

- epidemic outbreaks;
- facility fires regardless of size;
- natural disasters;
- hazardous contamination in excess of \$2500.00;



- known or suspected misuse of agency funds;
- highly unusual incidents, and
- incidents of high public interest.

Source: Material taken from SC DDHS websites

See:

[http://ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/100-09-DD%20-%20Revised%20\(092011\).pdf](http://ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/100-09-DD%20-%20Revised%20(092011).pdf)

<http://www.ddsn.sc.gov/providers/qualitymgmt/Documents/Critical%20Incident%20Reporting%20Process-%20Training.pdf>

**State of South Carolina
457 Deferred Compensation Plan and Trust**

Report on Financial Statements

For the years ended December 31, 2014 and 2013

State of South Carolina 457 Deferred Compensation Plan and Trust
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Independent Auditor's Report

To the Members of the
South Carolina Public Employee Benefit Authority
Columbia, South Carolina

We have audited the accompanying financial statements of the State of South Carolina 457 Deferred Compensation Plan and Trust (the Plan) which comprise the statements of net position available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net position available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America. This includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the State of South Carolina 457 Deferred Compensation Plan and Trust as of December 31, 2014 and 2013, and the respective changes in financial position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters*Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that management's discussion and analysis on pages 3 through 4 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.



Columbia, South Carolina
June 19, 2015

State of South Carolina 457 Deferred Compensation Plan and Trust

Management's Discussion and Analysis

As of and for the years ended December 31, 2014 and 2013

This discussion and analysis of the financial performance of the State of South Carolina 457 Deferred Compensation Plan and Trust (the Plan) provides an overview of the Plan's financial activities as of and for the years ended December 31, 2014 and 2013. It is intended to be a narrative supplement to the Plan's financial statements.

Using this Financial Report

Because of the long-term nature of a deferred compensation plan, financial statements alone cannot provide sufficient information to properly reflect the Plan's ongoing plan perspective. This financial report consists of two financial statements and the notes to the financial statements.

The Statement of Net Position Available for Benefits reports the Plan's assets, liabilities and resulting net position where $\text{Assets} - \text{Liabilities} = \text{Net Position Available for Benefits}$ at the end of the Plan's year. It can be thought of as a snapshot of the financial position of the Plan at that specific point in time.

The Statement of Changes in Net Position Available for Benefits reports the Plan's transactions that occurred during the year where $\text{Additions} - \text{Deductions} = \text{Change in Net Position Available for Benefits}$. It can be thought of as a recording of events that occurred over the specified time period of a year and supports the changes that have occurred to the prior year's Plan net position value on the Statement of Net Position Available for Benefits.

The notes to the financial statements are an integral part of the financial statements and include additional information not readily evident in the statements themselves.

Plan Highlights

The following Plan highlights occurred during the years ended December 31, 2014 and 2013:

- There were 23,774 and 24,431 participant accounts at the end of the 2014 and 2013 fiscal years, respectively, which is a decrease of 657 and 735 participant accounts, respectively.
- Net position available for benefits increased by approximately \$14 million during 2014 as compared to an increase of approximately \$59 million during 2013. This decrease in the change in net position available for benefits was primarily attributable to lower net investment earnings during 2014 than during 2013.
- Net investment earnings decreased by approximately \$36 million, or 43.25 percent, during 2014 as compared to net investment earnings during 2013. This decrease was primarily due to the decrease in market gains from 2013 to 2014. The S&P 500 and Dow Jones Industrial Average gained 29.6 percent and 26.5 percent during 2013, respectively, compared to gains of 11.4 percent and 7.5 percent during 2014, respectively. In addition, the majority of the Plan's mutual funds distributed more share dividends during 2014 than 2013. These distributions increased the participant's number of shares owned while decreasing the share price subsequent to the dividend date. Dividend distributions are required by the IRS when the mutual fund incurs a realized gain on their investment. Since the Plan is a tax deferred plan, this did not represent a taxable event to its participants.
- Administrative expenses totaled just over \$1.3 million during 2014, which represented an increase of approximately 1.91 percent from 2013. This increase was primarily due to investment management and Plan administration fees, which generally increase proportionally with the total net position available for benefits. During 2014 and 2013, Plan management elected to reimburse revenue sharing income of approximately \$232,000 and \$256,000, respectively, to participants in order to help offset their Plan administrative fees.
- Benefit payments increased by approximately \$5.8 million, or 8.95 percent, during 2014. This increase is likely due, in part, to the maturing population of the Plan.

State of South Carolina 457 Deferred Compensation Plan and Trust

Management's Discussion and Analysis

As of and for the years ended December 31, 2014 and 2013

Summary comparative statements

Plan net position

	December 31,		Increase/ (Decrease) Amount	Increase/ (Decrease) Percent
	2014	2013		
Assets				
Fixed income investments	\$ 525,818,373	\$ 542,615,909	\$ (16,797,536)	(3.10)%
Other investments	405,889,357	375,292,192	30,597,165	8.15 %
Receivables, net of allowance	6,438,642	6,253,743	184,899	2.96 %
Total assets	938,146,372	924,161,844	13,984,528	1.51 %
Total Plan net position	\$ 938,146,372	\$ 924,161,844	\$ 13,984,528	1.51 %

Changes in Plan net position

	For the years ended December 31,		Increase/ (Decrease) Amount	Increase/ (Decrease) Percent
	2014	2013		
Additions				
Net investment earnings	\$ 47,519,732	\$ 83,733,631	\$ (36,213,899)	(43.25)%
Contributions	37,933,763	40,541,195	(2,607,432)	(6.43)%
Revenue sharing income	231,858	255,675	(23,817)	(9.32)%
Miscellaneous income	94,300	108,129	(13,829)	(12.79)%
Total additions	85,779,653	124,638,630	(38,858,977)	(31.18)%
Deductions				
Benefit payments	70,476,082	64,684,411	5,791,671	8.95 %
Increase (decrease) in allowance for notes receivable losses	(7,547)	140,369	(147,916)	(105.38)%
Administrative expenses	1,326,590	1,301,671	24,919	1.91 %
Total deductions	71,795,125	66,126,451	5,668,674	8.57 %
Increase in Plan net position	13,984,528	58,512,179	(44,527,651)	(76.10)%
Beginning Plan net position	924,161,844	865,649,665	58,512,179	6.76 %
Ending Plan net position	\$ 938,146,372	\$ 924,161,844	\$ 13,984,528	1.51 %

State of South Carolina 457 Deferred Compensation Plan and Trust

Statements of Net Position Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Fixed income investments, at fair value		
Stable value fund	\$ 281,386,469	\$ 275,677,817
84-month guaranteed investment contracts	244,431,904	266,938,092
Other investments, at fair value		
Mutual funds	342,475,920	319,052,855
Target retirement funds	57,762,721	52,093,196
Schwab self-directed brokerage account	5,650,716	4,146,141
Notes receivable from participants, net of allowance of \$5,020,476 and \$5,028,023, respectively	<u>6,438,642</u>	<u>6,253,743</u>
Total assets	<u>938,146,372</u>	<u>924,161,844</u>
Net position available for benefits	<u>\$ 938,146,372</u>	<u>\$ 924,161,844</u>

See Notes to Financial Statements

State of South Carolina 457 Deferred Compensation Plan and Trust

Statements of Changes in Net Position Available for Benefits

For the years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions		
Investment income	\$ 34,691,579	\$ 25,520,925
Net appreciation in fair value of investments	12,828,153	58,212,706
Contributions from participants	37,933,763	40,541,195
Revenue sharing income	231,858	255,675
Miscellaneous income	94,300	108,129
Total additions	<u>85,779,653</u>	<u>124,638,630</u>
Deductions		
Benefit payments	70,476,082	64,684,411
Increase (decrease) in allowance for notes receivable losses	(7,547)	140,369
Administrative expenses	1,326,590	1,301,671
Total deductions	<u>71,795,125</u>	<u>66,126,451</u>
Net increase	13,984,528	58,512,179
Net position available for benefits,		
Beginning of year	924,161,844	865,649,665
End of year	<u>\$ 938,146,372</u>	<u>\$ 924,161,844</u>

See Notes to Financial Statements

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 1. General Description of the Plan

The following description of the State of South Carolina 457 Deferred Compensation Plan and Trust (the Plan) is provided for general information only. Users of the financial statements should refer to the Plan Document for complete information.

General:

The Plan is a defined contribution plan which was established by the South Carolina General Assembly on May 11, 1977 through Act 97. Enrollment in the Plan began in August 1980, and the first contributions were made in September 1980. The South Carolina Deferred Compensation Commission (the Commission), established in Chapter 23 of Title 8 of the State of South Carolina (the State) Code of Laws, was the trustee of the Plan through December 31, 2013. Effective after December 31, 2013, the Commission was abolished and all of the functions and duties of the Commission were devolved upon the Board of Directors of the South Carolina Public Employee Benefit Authority (PEBA).

In September 2009, the Commission selected Great-West Retirement Services (Great-West) as the third party administrator for the Plan effective January 1, 2010.

Approximately 482 South Carolina public sector entities (the employers) have employees who participate in the Plan. These entities include state agencies, counties, municipalities, colleges and universities, and special purpose districts.

Eligibility:

Under Plan provisions, any employee who elects to participate in the Plan is eligible. Contributions to the Plan are made through payroll deductions from their total compensation subject to certain limits. At December 31, 2014 and 2013, there were 23,774 and 24,431 participant accounts in the Plan, respectively.

Contributions:

For the years ended December 31, 2014 and 2013, participants could elect salary deferral contributions to reduce their compensation by not less than \$10 per pay period and not more than 100% of their compensation; not to exceed the maximum contribution allowed by the IRS, which was \$17,500 for 2014 and 2013. An election must be made in dollar increments per pay period. For participants age 50 or older, the IRS allows a catch-up contribution of \$5,500 per year for a maximum contribution of \$23,000 for 2014 and 2013. A separate catch-up contribution is allowed in the last three years preceding a participant's year of retirement, not to exceed twice the annual limit (\$35,000 for 2014 and 2013). Participants are not allowed to make both catch-up contributions in the same year. Amounts contributed on a pre-tax basis by participants are deferred, subject to the limitations above, for federal and state income tax purposes until benefits are paid to the participants.

Effective January 1, 2009, the Plan was amended to provide for matching contributions at the discretion of the employer. This amendment permits employers to make contributions to the Plan on behalf of each employee who is a participant and who is active during the Plan year at an amount to be determined by the employer. Contribution limits are the same whether the contribution is made by the employee or by the employer.

Effective January 1, 2011, the Plan was amended to provide for Roth contributions. This amendment permits employees to contribute to the Plan with after-tax dollars.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 1. General Description of the Plan, Continued

Participant accounts:

Each participant's account is credited with the participant's salary deferral contributions, employer discretionary contributions and Plan earnings or losses, and charged with an allocation of third party administrator fees. The third party administrator fee allocations are based on participant account balances.

Vesting:

Participants are vested immediately in both their employee and employer contributions plus actual earnings thereon.

Notes receivable from participants:

Participants may borrow from their retirement plan accounts provided the note is at least \$2,500 and not more than the greater of 50% of their vested account balance or \$50,000. The notes are repayable in one to five years except for notes for the purchase of a primary residence which may be paid back over twenty years. Interest is charged at a fixed rate over the term of the note. The note's interest rate is established based upon a prime interest rate plus an additional 2%, as listed in the Wall Street Journal on the last business day of the month prior to origination. Interest rates charged on participant notes ranged from 5.25% to 10.25% for the years ended December 31, 2014 and 2013. The participant is charged a \$50 issuance fee at the initiation of the note and a quarterly maintenance fee of \$6.25 throughout the year.

If a participant fails to repay a note at maturity or fails to make a scheduled payment by the end of the quarter following the quarter in which the payment was due, the note plus accrued interest is considered to be in default. If a defaulted note was issued prior to January 1, 2002, or if the participant is no longer active, the note is written off of the Plan's books. Due to Internal Revenue Service (IRS) recordkeeping regulations, if the defaulted note was issued after January 1, 2002, and the participant is still active, the note remains on the Plan's books. Management believes it is unlikely that such notes will be repaid since they have been reported to the participant and the IRS as withdrawals from the Plan. Therefore, management has recorded a 100% reserve for such notes.

Payment of benefits:

Participants may withdraw the present value of funds contributed to the Plan upon severance of employment from a participating employer, attainment of age 59½, or due to financial hardship, which requires approval of Great-West on behalf of PEBA. In the event of a participant's death, the participant's beneficiary would be entitled to the present value of funds contributed to the Plan. Participants may take a rollover from the Plan in order to purchase service credit in a defined benefit governmental plan such as the South Carolina Retirement System.

Participants may select various payout options including lump-sum payments or installment payments for the following: a fixed period of time, a fixed dollar amount until the account is exhausted, or payments throughout the participants' life expectancy or joint life expectancy with a spouse.

Reclassifications:

Certain items in the 2013 financial statements have been reclassified to be consistent with the 2014 presentation. Such reclassifications had no effect on the Statements of Net Position Available for Benefits or the Statements of Changes in Net Position Available for Benefits.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 2. Summary of Significant Accounting Policies

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles. The following are the significant accounting policies used in preparing the accompanying financial statements of the Plan.

Basis of accounting:

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, including all applicable effective statements of the GASB and the accrual basis of accounting.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires PEBA to make estimates and assumptions that affect the reported amounts of assets, liabilities, and the changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition:

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Mutual funds and the Schwab self-directed brokerage account are valued at the net position value of shares held by the Plan at year end. Notes receivable from participants are valued at their unpaid balances plus accrued interest less an allowance for amounts deemed uncollectible by management. Units of target retirement funds are stated at fair value as provided by their issuer, State Street Global Advisors, based on quoted market prices of the investments held in the collective trust fund.

The fair value of the Stable Value Fund is determined as of the close of trading on each valuation date. Short-term securities with a maturity of 60 days or less are valued on the basis of amortized cost, due to their relatively short reset. Fixed income securities in the underlying account are normally valued on the basis of quotations from brokers or dealers or pricing services, which take into account appropriate factors such as institutional-size trading similar groups of securities, yield, quality, coupon rate, maturity, type of issue, trading characteristics and other market data.

Management considers all 84-month guaranteed investment contracts (GICs) to be "nonparticipating contracts" as defined in the GASB Codification Sec. 150, *Investments*. 84-month GICs are nonnegotiable and have redemption terms that do not consider future market rates. Management has reported the 84-month GICs using a cost-based measure, under the assumption that the fair value of those contracts is not significantly affected by the impairment of the credit standing of the issuer or other factors. The reported balance at December 31, 2014 and 2013 represents contributions received, plus interest credited less applicable charges and amounts withdrawn.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 2. Summary of Significant Accounting Policies, Continued

Investment valuation and income recognition (continued):

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized gains and losses on investments are included in the net appreciation in fair value of investments as reported on the statement of changes in net position available for benefits.

Administrative expenses:

All direct expenses of maintaining the Plan are paid from the Plan's net position.

New accounting pronouncements - adopted:

Effective for the fiscal year ended December 31, 2014, the Plan adopted GASB Statement No. 65, Items Previously Reported as Assets and Liabilities. This statement establishes accounting and financial reporting standards that reclassify, as deferred outflows of resources or deferred inflows of resources, certain items that were previously reported as assets and liabilities and recognizes, as outflows of resources or inflows of resources, certain items that were previously reported as assets and liabilities.

Subsequent events:

These financial statements have not been updated for subsequent events occurring after June 19, 2015, which is the date these financial statements were available to be issued.

Note 3. Investments

The Plan's investments are subject to various risks. Among these risks are custodial credit risk, credit risk, concentration of credit risk and interest rate risk. Each one of these risks is discussed in more detail below.

Custodial credit risk - Custodial credit risk, as it relates to investments, is the risk that in the event of the failure of the custodian, the Plan will not be able to recover the value of investments or collateral securities that are in the possession of the third-party. The Plan's investment securities are exposed to a minimal level of custodial credit risk as they are held in segregated trust accounts with the custodian but in the name of the Plan.

Credit risk - Credit risk is the risk that an issuer or the counterparty to an investment will not fulfill its obligations. The credit risk of a debt instrument is measured by nationally recognized statistical rating agencies such as Moody's Investor Services (Moody's), Standard & Poor's (S&P), and Fitch Ratings (Fitch). The Plan manages the overall credit risk of its fixed income investments by requiring the Stable Value Fund and 84-month GIC's manager, Great-West Life & Annuity Insurance Company (the Company), to invest in accordance with PEBA's approved Statement of Investment Policy (the Policy).

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 3. Investments, Continued

The Policy lists the primary objective of the Stable Value Fund to preserve principal and provide a stable, competitive rate of return. The Company is permitted to invest Plan assets in investment grade fixed income instruments, including those of the U.S. Government and its agencies, corporate bonds, and mortgage and asset-backed securities. According to the Company's contract with the Plan (the Contract), the Company must maintain or exceed an overall weighted average credit quality rating by Moody's of "Aa2" (or equivalent of Aa2) within the Stable Value Fund at all times. At the time of issuance, investments must meet or exceed the following Moody's credit ratings; Commercial paper - P, Corporate bonds - A3, and Asset backed securities, agency-mortgage backed securities, agency-collateralized mortgage obligations, and commercial mortgage backed securities - Aaa.

The primary objective for the 84-month GICs is to preserve principal while maintaining a rate of return comparable to other similar fixed income investments without market fluctuations. Each 84-month GIC is backed by the financial strength of the issuing company, whose crediting must exceed an "A2" rating (or equivalent of A2) as measured by Moody's at the time of issuance. The Company is expected to exercise due care and diligence in making investment decisions.

Concentration of credit risk - Concentration of credit risk is the risk of loss attributed to the magnitude of an investment in a single issuer. PEBA places no limit on the amount the Plan may invest in any one 84-month GIC issuer.

The Contract dictates that amounts in the Stable Value Fund must be invested in accordance with the following concentration limits:

- A minimum of 50% of the account assets must be invested in U.S. Treasury debt, agency-mortgage backed securities or collateralized mortgage obligations.
- A maximum of 35% of the account assets may be invested in corporate bonds or asset-backed securities.
- A maximum of 20% of the account assets may be invested individually in either corporate bonds or asset-backed securities.
- No more than 15% of the account assets may be invested in corporate securities rated "A2" (or equivalent of A2) as measured by Moody's.
- No more than 5% of the account assets may be invested in any one corporate issuer (including asset-backed securities). For purposes of diversification, each asset-backed or non-agency mortgage-backed securities will be treated as a separate issuer.

Interest rate risk - Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. The Contract limits the Stable Value Fund's average duration to not exceed 5 years. Duration is a theoretical measurement that gauges the sensitivity of a particular bond to changes in interest rates based on current prepayment speeds and scheduled interest payments. The average duration at December 31, 2014 and 2013 was 3.20 years and 4.00 years, respectively. The investment in guaranteed investment contracts and funding agreements is limited to a term of 84 months or less.

Refer to Footnote 4, Stable Value Fund, and Footnote 5, 84-month Guaranteed Investment Contracts for tables summarizing the fixed income investments by their credit rating and future maturities.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 4. Stable Value Fund

The Stable Value Fund (the Fund) is an investment option of the Plan in which bond securities are held as underlying investments in a segregated trust for participants. The Company is the Fund manager for the Plan. All monies invested in the Fund are maintained and held separate and apart from the Company's general account and any other investment account the Company may have. In addition, the Company has assumed sole responsibility of providing wrap coverage in order to guarantee return of the participants' principal and accrued interest.

This investment seeks to preserve principal value and provide a relatively stable rate of interest income. The objective of the Fund is to achieve returns, which over time exceed the returns on bank savings accounts and money market funds. The Fund invests in securities issued by the U.S. Government or one of its agencies, as well as high-grade corporate bonds, and mortgage and asset-backed securities.

Quarterly interest rates are declared by the Company prior to each calendar quarter for participant accounts based upon factors such as the current yield of the investments held by the Fund and Fund expenses. Once declared, the effective interest rates are guaranteed for the calendar quarter. The quarterly effective interest rate declared each calendar quarter applies to all assets in the Fund regardless of the date of deposit. Interest is credited to the participants' accounts in the Fund daily, at a rate which compounds to the effective rate for the quarter.

The total of all participant and unallocated Plan account balances in the Fund as of December 31, 2014 and 2013 was \$276,905,373 and \$274,388,282, respectively. The fair value of the Fund as of December 31, 2014 and 2013 included interest and gains or losses on investments which had not been allocated to participant accounts as of the plan year-end.

The following represents the Fund's annual interest rate credited to participants for the quarters during the years ended December 31, 2014 and 2013:

1Q 2014	2.70%	1Q 2013	3.00%
2Q 2014	2.65%	2Q 2013	2.85%
3Q 2014	2.65%	3Q 2013	2.85%
4Q 2014	2.65%	4Q 2013	2.80%

The following represents the fair value of the Fund's underlying investments by fixed income sector:

	<u>2014</u>	<u>2013</u> (Reclassified)
Fixed Income Sector		
Agency - Mortgage Backed Securities	\$ 150,638,004	\$ 156,253,781
Agency - Collateralized Mortgage Obligations	11,717,679	7,904,906
Agency - Commercial Mortgage Backed Securities	17,795,156	11,230,382
Agency Securities	7,240,222	5,411,214
Asset Backed Securities	15,843,651	11,793,926
Non-Agency – Mortgage Backed Securities	19,928,073	18,916,338
Corporate Bonds	49,931,878	55,680,571
Cash and Equivalents	8,291,806	8,486,699
	<u>\$ 281,386,469</u>	<u>\$ 275,677,817</u>

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 4. Stable Value Fund, Continued

The following represents the fair value of the Fund's underlying investments by their Moody's Credit Rating:

	<u>2014</u>	<u>2013</u>
Moody's Credit Rating		
Aaa	\$ 211,226,631	\$ 204,203,728
Aa1	3,935,497	2,612,582
Aa2	2,858,348	3,695,813
Aa3	8,628,099	8,659,334
A1	10,860,298	12,467,204
A2	13,008,136	13,617,988
A3	7,854,731	11,249,495
Baa1	3,443,119	3,074,063
Baa2	826,197	132,127
P-1	8,291,806	8,486,699
Not Rated	10,453,607	7,478,784
	<u>\$ 281,386,469</u>	<u>\$ 275,677,817</u>

The following represents the fair value of the Fund's underlying investments by their future maturities:

	<u>2014</u>	<u>2013</u>
Maturities in Years		
Less than 1	\$ 11,337,867	\$ 9,458,189
1 - 5	63,146,222	42,577,966
5 - 10	47,229,536	59,457,087
10 - 15	37,664,734	36,242,972
15 - 20	38,701,566	40,064,990
20 - 25	12,871,667	3,266,228
25 - 30	61,582,102	78,100,580
More than 30	8,852,775	6,509,805
	<u>\$ 281,386,469</u>	<u>\$ 275,677,817</u>

Mortgage backed securities and collateralized mortgage obligations make up the majority of investments with maturities exceeding 10 years. The fair values of these securities are based on cash flows from principal and interest payments of the underlying mortgages and are subject to the credit worthiness of the individual mortgagors. These securities are sensitive to prepayments, which are likely in an environment of declining interest rates, and thereby reduce the value of the security.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 5. 84-Month Guaranteed Investment Contracts

84-month GICs are deposited quarterly with insurance companies who invest the funds in their general asset account. The insurance companies provide a guarantee of principal and a guaranteed quarterly interest rate. As such, the 84-month GICs are subject to credit risk associated with the individual insurance company issuer. Each participant does not have access to or the ability to reinvest in the 84-month GIC until the 84-month maturity period is over.

The following are the interest rate ranges by year for 84-month GICs based on the date purchased:

Rates in effect during year purchased						
2008	2009	2010	2011	2012	2013	2014
4.74-5.43%	4.26-5.00%	2.90-3.95%	2.00-3.00%	1.65-2.25%	1.30-2.05%	1.75-1.85%

The following represents a summary of each 84-month GIC issuer, Moody's credit rating, and future maturities:

	Moody's Credit Rating	December 31, 2014				
		Maturities in years				
		Less than 1	1 - 3	3 - 5	5 - 7	Total
Metropolitan Life Insurance Company	Aa3	\$ 11,608,922	\$ 35,166,053	\$ -	\$ -	\$ 46,774,975
New York Life Insurance Company	Aaa	6,732,865	-	-	-	6,732,865
Hartford Life Insurance Company	Baa2*	6,213,321	-	-	-	6,213,321
Great-West Life & Annuity Insurance Company	Aa3	<u>1,716,636</u>	<u>34,256,370</u>	<u>98,072,316</u>	<u>50,665,421</u>	<u>184,710,743</u>
		<u>\$ 26,271,744</u>	<u>\$ 69,422,423</u>	<u>\$ 98,072,316</u>	<u>\$ 50,665,421</u>	<u>\$ 244,431,904</u>

	Moody's Credit Rating	December 31, 2013				
		Maturities in years				
		Less than 1	1 - 3	3 - 5	5 - 7	Total
Metropolitan Life Insurance Company	Aa3	\$ 26,634,094	\$ 48,491,792	\$ -	\$ -	\$ 75,125,886
New York Life Insurance Company	Aaa	-	6,942,541	-	-	6,942,541
Principal Life Insurance Company	A1	5,021,321	-	-	-	5,021,321
Hartford Life Insurance Company	A3*	-	6,485,678	-	-	6,485,678
Great-West Life & Annuity Insurance Company	Aa3	<u>2,411,807</u>	<u>-</u>	<u>116,948,172</u>	<u>54,002,687</u>	<u>173,362,666</u>
		<u>\$ 34,067,222</u>	<u>\$ 61,920,011</u>	<u>\$ 116,948,172</u>	<u>\$ 54,002,687</u>	<u>\$ 266,938,092</u>

* The Hartford Life Insurance Company maintained a Moody's credit rating of Aa3 upon issuance of the 84-month GICs with the Plan. As of December 31, 2014 and 2013, its credit rating had been downgraded to Baa2 and A3, respectively.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 6. Mutual Funds and Target Retirement Funds

The Plan's other investments are held by the custodian in pooled separate accounts. The following represents the fair value of the Plan's units of participation:

	<u>2014</u>	<u>2013</u>
Mutual funds		
American Funds Europacific Growth Fund R6	\$ 19,507,920	\$ 18,197,516
American Funds New Perspective Fund R6	6,555,979	7,101,401
Fidelity Diversified International Fund	20,652,096	22,832,824
AllianceBern Small Cap Growth I	10,071,283	10,554,470
American Beacon Small CP Val Inst	7,484,265	8,362,740
TIAA-CREF Small Cap Blend IDX Inst	3,645,241	2,710,788
Munder Mid Cap Growth Fund Class R6	19,719,680	17,233,098
T. Rowe Price Mid Cap Value	41,979,924	35,868,550
Dodge & Cox Stock Fund	61,964,884**	55,874,399**
T. Rowe Price Growth Stock Fund	29,482,584	27,024,152
Vanguard Institutional Index Fund Plus	86,128,566**	78,953,156**
Pimco Funds - Institutional All Assets	469,998	60,210
Blackrock Inflation Protected Bond Institutional	4,271,373	3,796,766
Pimco Total Return-Institutional	30,542,127	30,482,785
	<u>\$ 342,475,920</u>	<u>\$ 319,052,855</u>
Target retirement funds		
State Street Global Advisors Aged Based Income	\$ 7,176,316	\$ 7,451,869
State Street Global Advisors Aged Based 2010	8,526,354	9,577,230
State Street Global Advisors Aged Based 2020	21,489,702	18,487,969
State Street Global Advisors Aged Based 2030	13,209,105	10,858,470
State Street Global Advisors Aged Based 2040	6,723,455	5,563,172
State Street Global Advisors Aged Based 2050	637,789	154,486
	<u>\$ 57,762,721</u>	<u>\$ 52,093,196</u>

**Denotes investment that exceeds 5% of the Plan's total assets at December 31.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 6. Mutual Funds and Target Retirement Funds, Continued

The following represents units of shares and share prices of other investments:

	2014		2013	
	Shares	Share Price	Shares	Share Price
Mutual funds				
American Funds Europacific Growth Fund R6	414,268.8469	\$ 47.09	371,150.6425	\$ 49.03
American Funds New Perspective Fund R6	180,655.2494	36.29	189,017.8600	37.57
Fidelity Diversified International Fund	599,480.2903	34.45	618,608.0737	36.91
AllianceBern Small Cap Growth I	213,873.0728	47.09	197,169.2509	53.53
American Beacon Small CP Val Inst	298,534.7028	25.07	307,566.7525	27.19
TIAA-CREF Small Cap Blend IDX Inst	195,036.9716	18.69	144,037.6196	18.82
Munder Mid Cap Growth Fund Class R6	460,632.5625	42.81	399,747.1120	43.11
T. Rowe Price Mid Cap Value	1,456,624.7051	28.82	1,193,628.9517	30.05
Dodge & Cox Stock Fund	342,460.9484	180.94	330,872.2627	168.87
T. Rowe Price Growth Stock Fund	567,518.4601	51.95	514,060.3386	52.57
Vanguard Institutional Index Fund Plus	456,479.5739	188.68	466,405.6947	169.28
Pimco Funds - Institutional All Assets	40,517.0690	11.60	4,984.2715	12.08
Blackrock Inflation Protected Bond Institutional	396,967.7509	10.76	352,204.6382	10.78
Pimco Total Return-Institutional	2,867,805.3521	10.65	2,851,523.3863	10.69
Target retirement funds				
State Street Global Advisors Aged Based Income	449,643.8596	\$ 15.96	483,887.5974	\$ 15.40
State Street Global Advisors Aged Based 2010	515,187.5529	16.55	601,962.9164	15.91
State Street Global Advisors Aged Based 2020	1,162,233.7480	18.49	1,059,482.4642	17.45
State Street Global Advisors Aged Based 2030	690,852.7720	19.12	604,591.8708	17.96
State Street Global Advisors Aged Based 2040	346,569.8454	19.40	304,664.4031	18.26
State Street Global Advisors Aged Based 2050	42,098.2838	15.15	10,833.5203	14.26

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 7. Investment Income

During the years ended December 31, 2014 and 2013, the Plan held the following investments which generated investment income as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds		
American Funds Europacific Growth Fund R6	\$ 334,417	\$ 224,632
American Funds New Perspective Fund R6	440,783	380,287
Fidelity Diversified International Fund	772,126	337,709
AllianceBern Small Cap Growth I	1,061,102	601,187
American Beacon Small CP Val Inst	905,817	721,754
TIAA-CREF Small Cap Blend IDX Inst	181,705	118,061
Munder Mid Cap Growth Fund Class R6	2,009,332	313,958
T. Rowe Price Mid Cap Value	5,343,678	1,713,584
Dodge & Cox Stock Fund	1,803,675	702,778
T. Rowe Price Growth Stock Fund	2,665,273	10,234
Vanguard Institutional Index Fund Plus	1,649,273	1,456,927
Pimco Funds - Institutional All Assets	21,492	1,453
Blackrock Inflation Protected Bond Institutional	116,499	108,769
Pimco Total Return-Institutional	1,489,056	980,989
	<u>18,794,228</u>	<u>7,672,322</u>
Stable value fund	<u>7,271,084</u>	<u>7,654,889</u>
84-month guaranteed investment contracts	<u>8,259,648</u>	<u>9,818,265</u>
Notes receivable from participants	<u>366,619</u>	<u>375,449</u>
	<u>\$ 34,691,579</u>	<u>\$ 25,520,925</u>

Note 8. Net Appreciation in Fair Value

During the years ended December 31, 2014 and 2013, the Plan held the following investments which generated a net appreciation (depreciation) in fair value as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds		
American Funds Europacific Growth Fund R6	\$ (834,790)	\$ 1,012,989
American Funds New Perspective Fund R6	(168,850)	1,686,799
Fidelity Diversified International Fund	(1,448,243)	1,271,496
AllianceBern Small Cap Growth I	(1,243,462)	4,207,159
American Beacon Small CP Val Inst	(544,227)	2,495,963
Jacob Micro GAP Growth I	-	1,134,076
TIAA-CREF Small Cap Blend IDX Inst	(19,504)	559,831
Munder Mid Cap Growth Fund Class R6	(174,940)	1,499,330
Munder Mid Cap Growth	-	2,504,051
T. Rowe Price Mid Cap Value	(1,508,412)	7,185,149
Dodge & Cox Stock Fund	4,081,060	15,781,497
T. Rowe Price Growth Stock Fund	(302,269)	7,402,759

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 8. Net Appreciation in Fair Value, Continued

	<u>2014</u>	<u>2013</u>
Vanguard Institutional Index Fund Plus	8,979,862	17,922,694
Pimco Funds - Institutional All Assets	(42,855)	(1,099)
Blackrock Inflation Protected Bond Institutional	(27,289)	(439,204)
Pimco Total Return-Institutional	<u>(65,524)</u>	<u>(1,643,015)</u>
	<u>6,680,557</u>	<u>62,580,475</u>
Target retirement funds		
State Street Global Advisors Aged Based Income	273,118	367,614
State Street Global Advisors Aged Based 2010	375,203	532,794
State Street Global Advisors Aged Based 2020	1,128,501	2,118,524
State Street Global Advisors Aged Based 2030	759,362	1,600,150
State Street Global Advisors Aged Based 2040	367,183	1,020,061
State Street Global Advisors Aged Based 2050	<u>26,328</u>	<u>25,682</u>
	<u>2,929,695</u>	<u>5,664,825</u>
Stable value fund	<u>3,230,795</u>	<u>(10,420,497)</u>
Schwab self-directed brokerage account	<u>(12,894)</u>	<u>387,903</u>
	<u>\$ 12,828,153</u>	<u>\$ 58,212,706</u>

Note 9. Schwab Self-Directed Brokerage Account

Effective January 1, 2010, participants have the option to invest in a self-directed brokerage account. The self-directed brokerage account is offered through Charles Schwab & Co., Inc. and allows participants to select from numerous mutual funds and other types of securities, such as stocks and bonds, for an additional fee or fees. As of December 31, 2014 and 2013, the balances invested in the Schwab self-directed brokerage account were \$5,650,716 and \$4,146,141, respectively.

Note 10. Plan Termination

Currently, there are no intentions to terminate the Plan. However, the State reserves the right to terminate, suspend, withdraw or amend the Plan at anytime.

Note 11. Tax Status

The Plan is a deferred compensation plan and trust under Section 457 of the IRC, and as such, is exempt from federal and state income taxes. Amounts of compensation deferred by employees participating in the Plan are not subject to federal income tax withholding, and the compensation is not includable in taxable income until actually paid or otherwise made available to the participant, his beneficiary or his estate.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

State of South Carolina 457 Deferred Compensation Plan and Trust

Notes to Financial Statements

December 31, 2014 and 2013

Note 12. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net position available for benefits.

Note 13. Commitments

Effective November 1, 2014, PEBA entered into a new agreement with the investment advisor that runs through October 31, 2015, which requires an annual fee of \$85,000, payable in twelve equal monthly installments. The Plan will share the cost pro-rata with the State of South Carolina Salary Deferral [401(k)] and Savings Profit Plan and Trust, based upon Plan assets under management.

Effective January 1, 2015, PEBA entered into a new agreement with the Plan administrator that runs through December 31, 2017, which requires an annual fee of 0.10 percent of total Plan assets, assessed to participant accounts on a quarterly basis.

NIKKI R. HALEY, CHAIR
GOVERNOR

CURTIS M. LOFTIS, JR.
STATE TREASURER

RICHARD ECKSTROM, CPA
COMPTROLLER GENERAL



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CHAIRMAN, HOUSE WAYS AND MEANS
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MARCIA S. ADAMS
EXECUTIVE DIRECTOR

April 19, 2013

Mr. R. Voight Shealy
Materials Management Officer
Division of Procurement Services
1201 Main Street, Suite 600
Columbia, South Carolina 29201

Dear Voight:

We have reviewed the response from the South Carolina Department of Disabilities and Special Needs to our audit report for the period of April 1, 2008 through December 31, 2011. We have followed-up on DDSN's corrective action during and subsequent to our fieldwork.

Therefore, we recommend the Budget and Control Board grant DDSN the certification limits noted in our report for a period of three years.

Sincerely,

Robert J. Aycock, IV, Manager
Audit and Certification

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MARCIA S. ADAMS
EXECUTIVE DIRECTOR

February 20, 2013

Mr. R. Voight Shealy
Materials Management Officer
Procurement Services Division
1201 Main Street, Suite 600
Columbia, South Carolina 29201

Dear Voight:

We have examined the procurement policies and procedures of the South Carolina Department of Disabilities and Special Needs for the period April 1, 2008 through December 31, 2011. As part of our examination, we studied and evaluated the system of internal control over procurement transactions to the extent we considered necessary.

The evaluation was used to establish a basis for reliance upon the system of internal controls to assure adherence to the South Carolina Consolidated Procurement Code, State regulations, and the Agency's procurement policies. Additionally, the evaluation was used in determining the nature, timing and extent of other auditing procedures necessary for developing an opinion on the adequacy, efficiency and effectiveness of the procurement system.

The administration of the South Carolina Department of Disabilities and Special Needs is responsible for establishing and maintaining a system of internal controls over procurement transactions. In fulfilling this responsibility, estimates and judgments by management are

required to assess the expected benefits and related costs of control procedures. The objectives of a system are to provide management with reasonable, but not absolute, assurance of the integrity of the procurement process, that affected assets are safeguarded against loss from unauthorized use or disposition and that transactions are executed in accordance with management's authorization and recorded properly.

Because of inherent limitations in any system of internal controls, errors or irregularities may occur and not be detected. Also, projection of any evaluation of the system to future periods is subject to the risk that procedures may become inadequate because of changes in conditions or that the degree of compliance with the procedures may deteriorate.

Our study and evaluation of the system of internal controls over procurement transactions, as well as our overall examination of procurement policies and procedures, were conducted with professional care. However, because of the nature of audit testing, they would not necessarily disclose all weaknesses in the system.

The examination did, however, disclose conditions enumerated in this report which we believe need correction or improvement. Corrective action based on the recommendations described in these findings will in all material respects place the South Carolina Department of Disabilities and Special Needs in compliance with the South Carolina Consolidated Procurement Code and ensuing regulations.

Sincerely,



Robert J. Aycock, IV, Manager
Audit and Certification

TABLE OF CONTENTS

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SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PROCUREMENT AUDIT REPORT
APRIL 1, 2008 – DECEMBER 31, 2011

SOUTH CAROLINA
BUDGET AND CONTROL BOARD
DIVISION OF PROCUREMENT SERVICES

B*CB

Certifies

DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

454

Agency

Certificate Number

To make direct procurements subject to compliance with
the Consolidated Procurement Code and Regulations not to exceed
for each procurement transaction the dollar amounts
for the general area of specific commodities and services listed herein

PHARMACEUTICAL DRUGS	*\$1,000,000 PER COMMITMENT
PHARMACEUTICAL SERVICES	*\$1,000,000 PER COMMITMENT
SUPPLIES AND SERVICES	*\$ 250,000 PER COMMITMENT
CONSULTANT SERVICES	*\$ 250,000 PER COMMITMENT
INFORMATION TECHNOLOGY	*\$ 100,000 PER COMMITMENT
CONSTRUCTION CONTRACT AWARD	\$ 500,000 PER COMMITMENT
CONSTRUCTION CONTRACT CHANGE ORDER	\$ 250,000 PER CHANGE ORDER
ARCHITECT/ENGINEER CONTRACT AMENDMENT	\$ 25,000 PER AMENDMENT
*TOTAL POTENTIAL PURCHASE COMMITMENT WHETHER SINGLE YEAR OR MULTI-TERM CONTRACTS ARE USED	

Given this 8TH day of MAY, 2013


Director,
Division of Procurement Services


Director,
Materials Management Office

This certification expires MAY 8, 2016 but may be withdrawn at any time by the Budget and Control Board.

INTRODUCTION

We conducted an examination of the internal procurement operating policies and procedures of the South Carolina Department of Disabilities and Special Needs. Our review was performed January 23, 2012 through March 9, 2012 and was made under Section 11-35-1230(1) of the South Carolina Consolidated Procurement Code and Section 19-445.2020 of the accompanying regulations.

The examination was directed principally to determine whether, in all material respects, the internal controls of the procurement system were adequate and the procurement procedures, as outlined in the Internal Procurement Policies and Procedures Manual, were in compliance with the South Carolina Consolidated Procurement Code and ensuing regulations.

On November 6, 2008 the State Budget and Control Board granted the South Carolina Department of Disabilities and Special Needs the following procurement certifications:

<u>PROCUREMENT AREAS</u>	<u>CERTIFICATION LIMITS</u>
Pharmaceutical Drugs	\$1,000,000 total annual contracts
Pharmaceutical Services	\$1,000,000 total annual contracts
Supplies and Services	\$ 250,000 per commitment
Consultant Services	\$ 250,000 per commitment
Information Technology	\$ 100,000 per commitment
Construction Contract Award	\$ 250,000 per commitment
Construction Contract Change Order	\$ 250,000 per change order
Architect/Engineer Contract Amendment	\$ 25,000 per amendment

Our audit was performed primarily to determine if recertification is warranted. Additionally, the Department of Disabilities and Special Needs requested an increase in construction contract award with all other certification levels remaining the same.

<u>PROCUREMENT AREAS</u>	<u>REQUESTED CERTIFICATION LIMITS</u>
Pharmaceutical Drugs	\$1,000,000 total annual contracts
Pharmaceutical Services	\$1,000,000 total annual contracts
Supplies and Services	\$ 250,000 per commitment
Consultant Services	\$ 250,000 per commitment
Information Technology	\$ 100,000 per commitment
Construction Contract Award	\$ 500,000 per commitment
Construction Contract Change Order	\$ 250,000 per change order
Architect/Engineer Contract Amendment	\$ 25,000 per amendment

SCOPE

We conducted our examination in accordance with Generally Accepted Auditing Standards as they apply to compliance audits. Our examination encompassed a detailed analysis of the internal procurement operating procedures of the South Carolina Department of Disabilities and Special Needs, hereinafter referred to as DDSN, and its related policies and procedures manual to the extent we deemed necessary to formulate an opinion on the adequacy of the system to properly handle procurement transactions.

We selected judgmental samples for the period November 1, 2009 through December 31, 2011 of procurement transactions for compliance testing and performed other audit procedures that we considered necessary to formulate this opinion. The scope of our audit included, but was not limited to, a review of the following:

- (1) All sole source, emergency and trade-in sale procurements for the period April 1, 2008 through December 31, 2011 with no exceptions
- (2) Procurement transactions for the period November 1, 2009 through December 31, 2011 as follows:
 - a) One hundred payments each exceeding \$2,500 with exceptions noted in Section I
 - b) A block sample of six hundred and fifteen purchase orders from FY 2012 reviewed against the use of order splitting and favored vendors with no exceptions
 - c) Procurement card purchases for September, October and November, 2011 with exceptions noted in Section II of the report
- (3) Six construction contracts and three Architect/Engineer and Related Professional Service Contracts including five professional service indefinite delivery contracts for compliance with the Manual for Planning and Execution of State Permanent Improvements, Part II with no exceptions

- (4) Minority Business Enterprise Plans and reports with no exceptions noted with the following activity reported to the Governor's Office of Small and Minority Business Assistance:

<u>Fiscal Year</u>	<u>Goal</u>	<u>Actual</u>
FY08-09	\$ 1,169,520	\$46,431
FY09-10	\$ 936,820	\$80,455
FY10-11	\$ 982,374	\$162,119
FY11-12	\$1,253,287	N/A

- (5) Approval of the most recent Information Technology Plan with no exceptions
- (6) Internal procurement procedures manual with no exceptions
- (7) Surplus property disposition procedures with no exceptions
- (8) Ratification of unauthorized procurements with no exceptions
- (9) File documentation and evidence of competition with no exceptions
- (10) Other tests performed as deemed necessary with no exceptions

SUMMARY OF AUDIT FINDINGS

	<u>PAGE</u>
I. <u>Supplies and Services</u>	
A. <u>Unauthorized Procurements</u>	8
<p>In one case, DDSN issued a RFP resulting in a contract award with a total potential value of \$1,250,000 vastly exceeding its \$250,000 procurement authority. Further, DDSN was unable to provide conflict of interest and confidentiality statements, a signed bid document from the vendor and a written determination authorizing the use of a RFP.</p> <p>In another case, payments totaling \$304,501.07 for linen services continued to be made to a vendor who was no longer under contract.</p>	
B. <u>No Competition</u>	9
<p>DDSN paid \$3,500 for catering services with no evidence of solicitations of competition. On another unrelated procurement, DDSN was unable to locate any supporting documentation for a biomedical waste removal contract in the amount of \$5,309.</p>	
II. <u>Procurement Cards Receipts Not Signed by Cardholder</u>	10
<p>Purchases by three cardholders included receipts which had not been signed by the cardholder.</p>	

RESULTS OF EXAMINATION

I. Supplies and Services

A. Unauthorized Procurements

DDSN issued a RFP on solicitation 80410082710 dated August 4, 2010 resulting in a contract award with a total potential value of \$1,250,000 over a five-year period to provide Medical Supplies and Billing Services for Eligible Medicare Part B Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) to Eligible Medicare Part B consumers. Since DDSN's authority to award such contracts was limited to its Supplies and Services certification of \$250,000, DDSN vastly exceeded its procurement authority.

Section 11-35-1210, Certification, provides in part, (1) Authority, The board may assign differential dollar limits below which individual governmental bodies may make direct procurements not under term contracts. The Board certified DDSN in supplies and services procurements up to \$250,000. Procurements above the certification limits must be submitted to the chief procurement officer for processing.

Further, DDSN was unable to provide: (1) conflict of interest and confidentiality statements from the evaluators, (2) a signed offer from the awarded offeror, and (3) a written determination authorizing the use of a RFP over a competitive sealed bid.

Section 11-35-2430 of the Code requires in part, "All procurement records of governmental bodies shall be retained and disposed of in accordance with records retention guidelines and schedules approved by the Department of Archives and History after consultation with the Attorney General. All retained documents shall be made available to the Attorney General or a designee upon request and proper receipt therefor (sic)." Regulation 19-445.2005 (B) states, "Each governmental body must maintain procurement files sufficient to satisfy the requirements of external audit."

We recommend DDSN submit this contract for ratification to the Chief Procurement Officer in accordance with Regulation 19-445.2015. Further, DDSN must comply with the Code relating to the award of contracts and retention of procurement files.

Payments for linen services continued to be made to a vendor who was no longer under contract. DDSN awarded solicitation 4-1007-07 for linen services for the period February 1, 2007 through January 31, 2008 with the option to extend for two, one year periods finally expiring on January 31, 2010. However, DDSN continued paying this vendor under the expired contract until a new solicitation was issued in January, 2012. DDSN issued PO 4600103041 in the amount of \$163,000 for the period July 1, 2011 through June 30, 2012 against the expired contract. Expenditures for the period March 2010 through January 2012, under this expired contract totaled \$304,501.07 without any competition being obtained.

We recommend to prevent the purchase of services from expired contracts, that the statement of award include enough information for anyone to determine the total potential contract value. Ratification for the expenditures made after the contract expired will have to be requested in accordance with Regulation 19-445.2015 from the chief procurement officer.

B. No Competition

A procurement for catering services at the Coastal Center was not supported by evidence of solicitations of competition. DDSN paid \$3,500 on March 29, 2011 through a direct expenditure voucher (DEV). This type of direct expenditure is not one of the approved categories listed for DEV's in Chapter 3. 1. A. of DDSN's policies and procedures manual.

On another unrelated procurement, DDSN procured a biomedical waste removal contract authorized on PO4600108776 dated July 21, 2011 in the amount of \$5,309 at the Pee Dee Center without competition.

Section 11-35-1550 (2) of the Code requires solicitations of written quotes from a minimum of three qualified sources of supply for a small purchase over two thousand five hundred dollars but not in excess of ten thousand dollars.

We recommend DDSN comply with the competition requirements of the Procurement Code. DEVs must comply with DEV procedures in DDSN's policies and procedures manual.

II. Procurement Card Receipts Not Signed by Cardholder

We reviewed procurement card activity for September, October, and November, 2011. Purchases by three cardholders included receipts which had not been signed by the cardholder. Page 16 of the DDSN Purchasing Card Policy and Cardholders' Guide, Reconciliation Process-Item 1, states in part, "Cardholder will turn-in the signed Visa receipt and their (sic) State Visa Purchasing Card Form to their (sic) local purchasing department daily."

We recommend that all procurement card receipts be signed by cardholders prior to submission to the Purchasing Department as required by DDSN's Internal Purchasing Card Policy and Cardholders' Guide.

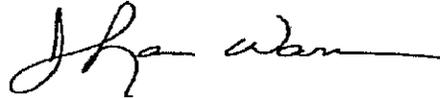
CERTIFICATION RECOMMENDATIONS

As enumerated in our transmittal letter, corrective action based on the recommendations described in this report, we believe, will in all material respects place DDSN in compliance with the South Carolina Consolidated Procurement Code.

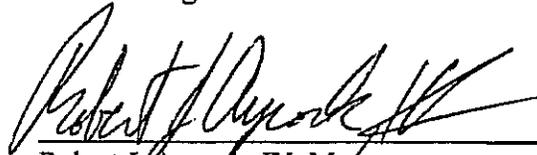
Under the authority described in Section 11-35-1210 of the Procurement Code, subject to this corrective action, we will recommend that DDSN be certified to make direct agency procurements for three years up to the following limits.

<u>PROCUREMENT AREAS</u>	<u>CERTIFICATION LIMITS</u>
Pharmaceutical Drugs	*\$1,000,000 per commitment
Pharmaceutical Services	*\$1,000,000 per commitment
Supplies and Services	*\$ 250,000 per commitment
Consultant Services	*\$ 250,000 per commitment
Information Technology	*\$ 100,000 per commitment
Construction Contract Award	\$ 500,000 per commitment
Construction Contract Change Order	\$ 250,000 per change order
Architect/Engineer Contract Amendment	\$ 25,000 per amendment

*Total potential purchase commitment whether single year or multi-term contracts are used.



J. Lane Warren, CFE, CBM
Audit Manager



Robert J. Aycock, IV, Manager
Audit and Certification

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State Director
David A. Goodell
Associate State Director
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April 11, 2013

Mr. Jimmy Aycock, IV
Manager Audit and Certification
Procurement Services Division
1201 Main Street Suite 600
Columbia, SC 29201

Reference: Audit Acceptance

Mr. Aycock,

The South Carolina Department of Disabilities and Special Needs (DDSN) concur with all your points addressed in the audit report. The agency has learned from the audit and will move forward from here. We understand the need to be as accurate as possible and show accountability when spending taxpayer dollars. As always, thanks for the guidance and assistance in helping us to "procure it the right way".

Sincerely,

A handwritten signature in black ink, appearing to read "Allen Mance, Jr.".

Allen Mance, Jr., CPPB
Director Procurement Services

cc: Tom Waring
Latitia Trezevant

DISTRICT I

P.O. Box 239
Clinton, SC 29375-5328
Phone: (864) 938-1497

Midlands Center - Phone: 803/935 7500
Whitten Center - Phone: 864/833 2744

DISTRICT II

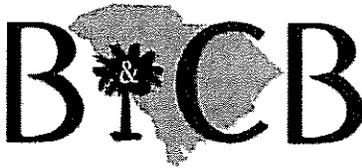
9995 Miles Janison Road
Summerville, SC 29485
Phone: 843/832-5576

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

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MARCIA S. ADAMS
EXECUTIVE DIRECTOR

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NOV 12 2013

SCDDSN
HUMAN RESOURCES
CENTRAL OFFICE

November 8, 2013

Ms. Deidre Blake-Sayers
Human Resources Director
Dept. of Disabilities & Special Needs
3440 Harden Street Ext.
Columbia, South Carolina 29203

Dear Ms. Blake-Sayers:

The results of the audit of your delegated transactions from July 1, 2011 to June 30, 2013 are attached. Thank you for your assistance during the audit.

Should you have any questions regarding your agency's audit results, please feel free to contact me at 803-896-5168.

Sincerely,

Kelly Watkins
Human Resources Division, Team Leader

Enclosure

c: Ms. Beverly Buscemi

CLASSIFICATION DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
November 8, 2013

I. Audit Period: July 1, 2011 thru June 30, 2013

II. Auditors: Kelly Watkins and Terra Ellerbe

III. Delegated Reclassification Actions: Printouts on file with OHR

7/1/11 - 6/30/13

Total Number of Reclassifications: 114

Total Number of Actions Audited: 29

IV. Sampling Size: 25.43%

V. Purpose of Audit:

1. To determine if internal procedures are established for the review and processing of delegated classification actions.
2. To determine if the agency maintains an approved copy of the classification delegation agreement and all other correspondence related to its classification delegation program.
3. To determine whether delegated position descriptions are filed for ease of retrieval and review.
4. To determine whether the job duties on the position description are appropriate to the classification of the position.
5. To determine whether the position descriptions include: internal titles (if used), essential and marginal functions, percentages of time spent on each job duty, and appropriate coding and signatures.
6. To determine whether the class code and position number is correct on each position description.
7. To determine if authorized or effective dates on position descriptions fall on or after the approval date.
8. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. Requests for classifications are reviewed and approved by the appropriate manager and human resources.
2. The agency was able to produce a copy of the classification delegation agreement.
3. The agency had 0% or 0 out of the 29 actions audited that were not appropriate to the classification.
4. Out of the position descriptions audited the following was noted:
 - Appropriate coding (class code, slot, position number) and signatures
 - 13.79% or 4 out of the 29 did not have the appropriate coding and signatures
 - 10.34% or 3 out of the 29 did not have the class code and position number.
 - FLSA designation
 - 3.44% or 1 out of the 29 actions audited did not have the FLSA designation
 - State minimum training and experience
 - 3.44% or 1 out of the 29 actions audited did not have minimum training and experience that at least met the State minimum classification specification
 - Essential and marginal functions
 - 0% or 0 out of the 29 actions audited did not have essential and marginal functions designated.
 - Percentages of time spent on each job duty
 - 0% or 0 out of the 29 actions audited did not have percentages of time that equaled 100%.
5. The agency had 17.24% or 5 out of the 29 actions audited that were approved after the effective date
6. The agency had 3.44% or 1 out of the 29 actions audited that had missing position descriptions.

VII. Recommendation(s):

- PD/Prototype Comparison
 - No Recommendations.
- Minimum Training and Experience
 - No Recommendations.
- Essential & Marginal Functions
 - No Recommendations.
- Job Functions
 - No Recommendations.
- Coding & Signatures

- No Recommendations.
- FLSA
 - No Recommendations.
- Class Code, Slot & Position #
 - No Recommendations.
- Approval Dates & Effective Dates
 - No Recommendations.
- Missing Delegated Position Descriptions
 - No Recommendations.
- Agency maintain copy of classification delegation agreement
 - No Recommendations.

VIX Summary:

It appears that the decisions made by the agency during this audit period regarding reclassification actions are sound. Overall, the agency is in compliance with the classification delegation agreement, but needs to be work on the recommendations listed in this report.

HIRE ABOVE MINIMUM DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
November 8, 2013

- I. Audit Period Covered: July 1, 2011 – June 30, 2013
- II. Auditors: Kelly Watkins and Terra Ellerbe
- III. Delegated Hire Above Minimum Actions: Printouts on file with OHR

7/1/11 - 6/30/13

Number of New Hires: 799

Number Hired Above Minimum: 792

Number of Actions Audited: 97

- IV. Sampling Size: 12.24%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and documentation of delegated hire above minimum actions.
 - 2. To determine if the agency maintains an approved copy of the hire above minimum delegation agreement and all other correspondence related to its hire above minimum delegation program.
 - 3. To determine whether hire above minimum documentation is filed for ease of retrieval and review.
 - 4. To determine whether proper documentation exists for each hire above minimum action, to include:
 - A completed employment application with salary history and dates of employment
 - Applicant's name and SSN
 - Position title, class code and slot to include internal title, if used
 - Pay band and salary range
 - Applicant's current salary
 - Proposed salary and % above minimum
 - Agency average salary, internal title average salary
 - Statewide average salary, if applicable
 - Justification statement to include not only that the applicant exceeds the minimum requirements, but also a description of why the salary is needed to hire the individual (e.g., market, recruiting/retention difficulties, most qualified and little time needed for training, etc.)
 - Hire date

- Authorized signature and date of approval
5. To determine whether actions are approved prior to the hire date of the applicant.
 6. To determine whether actions are true new hires, or whether another action code, such as promotion, demotion, or transfer is appropriate.
 7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency has a form that has all of the information required to hire an employee above the minimum of the pay band. Each employee that is hired above the minimum should have a form in the personnel file with all of the information completed in order to be compliant.
2. The agency was able to produce its copy of the hire above minimum delegation agreement.
3. This section summarizes the documentation for each hire above minimum action. There were a total of 97 hire above minimum actions audited.
 - **Completed Application Including Employment Dates** –14.43% or 14 out of the 97 actions audited did not have a completed application including employment dates.
 - **Applicant Name** - 0% or 0 out of the 97 actions audited did not have a completed application including applicant's name.
 - **Title/Class (including internal title)** – 0% or 0 out of the 97 actions audited did not have the title/class.
 - **Pay Band/Salary Range** -15.46% or 15 out of the 97 actions audited did not have the pay band and salary range.
 - **Applicant's Current Salary** - 14.43% or 14 out of the 97 actions audited did not have the applicant's current salary.
 - **Proposed Salary & % Above Minimum** - 21.64% or 21 out of the 97 actions audited did not have the proposed salary and percentage above minimum.
 - **Average Salary Data** - 25.77% or 25 out of the 97 actions audited did not have average salary data.
 - **Justification Statement of HAM** - 15.46% or 15 out of the 97 actions audited did not have an adequate justification statement.
 - **Approval Date on or Prior to Hire Date** - 16.49% or 16 out of the 97 actions audited did not have the approval date on or prior to the hire date.

- **Authorized Signature & Approval Date** - 16.49% or 16 out of the 97 actions audited did not have an authorized signature and/or approval date.
- **New hires coded appropriately** - 2.06% or 2 out of the 97 actions audited should not have been coded as a new hires.

VII. Recommendations:

- ^ **Completed Application including Employment Dates** - Ensure that the application or resume contains the employee's employment dates. Make certain that the application and other supporting documentation is kept on file.
- ^ **Applicant Name** - No Recommendations.
- ^ **Title/Class/Slot (including internal title)** - No Recommendations.
- ^ **Pay Band/Salary Range** -Ensure the correct pay band/salary range for the position is recorded on your internal approval form.
- ^ **Applicant's Current Salary** - Ensure the applicant's current salary is recorded on your internal approval form.
- ^ **Proposed Salary & % Above Minimum** - Ensure the proposed salary and the percentage above minimum are recorded on your internal approval form.
- ^ **Average Salary Data** Ensure the state average salary is recorded on your internal approval form. This will assist the agency in making equitable pay decisions on a statewide basis.
- ^ **Justification Statement of HAM** - Justification statements need to be strengthened. The justification statement should include reasons above and beyond the fact that the applicant has training and experience which exceeds the minimum requirements.
- ^ **Approval Date on or prior to Hire Date** Ensure the hire date is present on your internal approval form.
- ^ **Authorized Signature & Approval Date** - Ensure the authorized signature and approval dates are included on your internal approval form.
- ^ **Did Employee Come from Other State Agency** - No Recommendations.
- ^ **Delegation Contract on File** - No Recommendations.

VIII. Additional Comments

- ^ None

VIX. Summary:

Continued focus on the implementation of the recommendations made in this report will strengthen this agency's hire above minimum delegation in the future. Please remember that delegation audits are no longer scheduled on an annual basis, but your agency may be subject to a random delegation audit in the future.

TEMPORARY SALARY ADJUSTMENT DELEGATION AUTHORITY
Disabilities & Special Needs, Dept of
November 8, 2013

- I. Audit Period Covered: July 1, 2011 – June 30, 2013
- II. Auditors: Kelly Watkins and Terra Ellerbe
- III. Delegated Temporary Salary Adjustment Actions: Printouts on file with OHR
7/1/11 - 6/30/13
Number of Temporary Salary Adjustments: 5
Number of Actions Audited: 5
- IV. Sampling Size: 100%
- V. Purpose of Audit:
 - 1. To determine if internal procedures are established for the review and documentation of delegated temporary salary adjustment actions.
 - 2. To determine if the agency maintains an approved copy of the temporary salary adjustment delegation agreement and all other correspondence related to its temporary salary adjustment delegation program.
 - 3. To determine whether temporary salary adjustment documentation is filed for ease of retrieval and review.
 - 4. To determine whether proper documentation exists for each temporary salary adjustment, to include:
 - ^ Employee Name
 - ^ Current Class Title
 - ^ Current Salary
 - ^ Amount or % increase of the temporary salary adjustment
 - ^ Justification of additional responsibilities
 - ^ Effective Date
 - ^ Duration (* Not to exceed one year)
 - ^ Approval Signature and Date
 - 5. To determine whether actions are approved prior to the employee receiving a temporary salary adjustment.
 - 6. To determine whether an extension of the temporary salary adjustment beyond one year has OHR approval prior to the expiration date of the adjustment.

7. To determine whether recommendations from previous audits have been implemented.

VI. Findings:

1. The agency has a form that has all of the information required for temporary salary adjustments. Each employee receiving a temporary salary adjustment should have a form in the personnel file with all of the information completed in order to be compliant.
- 2.
3. The agency was able to produce its copy of the temporary salary adjustment delegation agreement.
4. This section summarizes the documentation for each temporary salary adjustment action. There were a total of 5 temporary salary adjustment actions audited.
 - **Employee Name** - 0% or 0 out of the 5 actions audited did not have completed documentation including employee's name.
 - **Title/Class (including internal title)** - 0% or 0 out of the 5 actions audited did not have the title/class.
 - **Employee's Current Salary** - 0% or 0 out of the 5 actions audited did not have the employee's current salary.
 - **Proposed Salary & Percentage** - 0% or 0 out of the 5 actions audited did not have the proposed salary and percentage.
 - **Justification of Additional Responsibilities** - 0% or 0 out of the 5 actions audited did not have an adequate justification statement of additional responsibilities.
 - **Effective Date** - 0% or 0 out of the 5 actions audited did not have the effective date of the temporary salary adjustment.
 - **Duration** - 0% or 0 out of the 5 actions audited did not have the duration of not to exceed one year.
 - **Authorized Signature & Approval Date** - 60% or 3 out of the 5 actions audited did not have an authorized signature and/or approval date.

VII. Recommendations:

- ^ **Employee Name**
 - ^ No Recommendations.
- ^ **Title/Class (including internal title)**
 - ^ No Recommendations.
- ^ **Employee's Current Salary**
 - ^ No Recommendations.
- ^ **Proposed Salary & %**
 - ^ No Recommendations.

- ^ **Justification Statement of TSA**
- ^ No Recommendations.
- ^ **Effective Date**
- ^ No Recommendations.
- ^ **Duration**
- ^ No Recommendations.
- ^ **Authorized Signature & Approval Date**
- ^ Recommendation – Ensure that the authorized signature and approval dates are included on your internal approval form.
- ^ **Delegation Contract on File**
- ^ No Recommendations.

VII. Summary:

It appears that the decisions made by the agency during this audit period regarding temporary salary adjustment actions are sound. The agency is in compliance with the classification delegation agreement.

**ADMINISTRATIVE PERCENTAGE DETERMINATION
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN)**

The Centers for Medicare & Medicaid Services (CMS) advised the South Carolina Department of Health and Human Services (DHHS) in a letter dated March 30, 2010, that the Department of Disabilities and Special Needs (DDSN) could not claim to be an Organized Health Care Delivery System (OHCDS) in relation to the four Medicaid waivers that DDSN had been assisting in the administering of for Medicaid beneficiaries.

DDSN had been incorporating administrative cost of its operations into the program cost DDSN was reporting to DHHS which was claimed as a total computable expenditure on the Medicaid CMS Form 64 and was matched against the Federal Medical Assistance Percentage (FMAP) in effect for the quarter filed. The March 30, 2010 letter notified DHHS that these administrative costs would have to be claimed on the Medicaid CMS Form 64 as administrative cost for the Medicaid agency. This position was reaffirmed in a letters from Jackie Glaze dated October 20, 2010, and June 2, 2011.

As stated in DHHS' letter dated March 30, 2010, to Jackie Glaze, DHHS does not have intent "to violate CMS policy regarding the claiming of administrative and service costs under the MR/DD waiver." This position paper is DHHS' attempt to become compliant with CMS policy.

Background Information

The Medicaid program is a program that is funded by both the State and Federal government. Expenditures for program services are funded at the FMAP that is specific to each State and changes on an annual basis. In addition to program service expenditures, the Federal and State governments share in the expenditures related to the administration of the program. The Federal percentage for administrative cost is defined by regulation with various different percentages for specific expenditures.

CMS has requested that DHHS supply a percentage of expenditures previously claimed by DHHS as program service cost that should be considered administrative cost for prior reporting and as a mean to adjust future expenditures. DHHS working with DDSN submitted two administrative percentages to the CMS Regional Office. The first percentage was on January 7, 2011, which indicated a 1.91% administrative percentage, and the second percentage, which indicated a 1.15% administrative percentage, was discussed with the on-site Funding Specialist in November 2011. Neither approach for determining the percentage was determined to be acceptable by the CMS Regional Office.

Based on DHHS desire to come into compliance with CMS's request to separate service cost and administration cost, DHHS contracted with PHBV Partners LLP to conduct an analysis of administrative cost for DDSN.

Approach Adopted to Determine Administrative Cost for DDSN

DDSN provides Intermediate Care Facilities for Mental Retarded (ICF/MR) services as well as various waiver services that include the following:

- Service Coordination (Targeted Case Management)
- Early Intervention
- Rehab Support
- Community Support Waiver
- Mental Retardation and Related Disabilities Waiver
- Head and Spinal Cord Injury (HASCI) Waiver
- Autism
- Pervasive Developmental Disorder (PDD) Waiver

For purposes of this analysis, the following waiver programs are being reviewed: Community Support, Mental Retardation and Related Disabilities, Head and Spinal Cord Injury, and PDD Waiver.

PHBV conducted on-site interviews and review of cost reports for the Central Office as well as the various regional offices. Based on the results of those activities, PHBV determined that the following cost identified as direct cost at the Central Office would be treated as program service costs:

- Expenses identified through the various local Disabilities and Special Needs (DSN) boards as costs related to the waiver program

Each local DSN board is required to submit a cost report to DDSN. The cost included on these cost reports is originally reported on the Central Office cost report and directly assigned the regional cost reports to the specific waiver program. These are costs associated with running the actual provider of the waiver services and not administrative cost incurred by DDSN in administering the waiver programs.

- Expenses related to services incurred by providers contracted with DDSN through DDSN's Qualified Provider Listing (QPL)

In addition to the services provided by the local DSN boards, DDSN contracts for waiver services with providers that are included on the Qualified Provider Listing maintained by DDSN. As with the local DSN Boards, the cost of services for these providers would be included as a provider cost.

- Direct training cost related to providing training services to Waiver providers or incurring the cost of training provided by others to Waiver providers

In order for providers to maintain the certifications necessary to qualify as a provider under the waiver services, these providers must receive training on an ongoing basis. Ongoing training

cost is a necessary part of providing care to the individuals in the various waiver programs. In order to ensure that the local DSN boards and the QPL providers receive the necessary training, DDSN incurs the cost of the training on behalf of the providers. Had the providers incurred the cost it would be a cost that would be incorporated into the calculation of direct patient care cost in rate setting. As such this cost will be considered a program service cost for determination of the administrative percentage.

- Fire Marshall and DHEC certification cost incurred by DDSN on behalf of the local DSN boards and QPL providers

DDSN incurs cost related to fire inspection and inspections done by the South Carolina Department of Health and Environmental Control (DHEC) on behalf of the providers of Waiver services. This expense would be a normal expense of operations for any provider and be able to be incorporated into its payment rates. Since DDSN is incurring the cost on behalf of the providers, it should be reported as a program cost for DDSN.

- General Community Operations and Community Residential costs at the Regional level allocated to the waiver programs.

Each Regional ICF/MR cost report contains expenses related to the operations of community operations and residential locations. These costs relate to the day-to-day activities for the various waiver programs and residential facilities. These costs should be treated as program costs for this exercise.

- Direct expenses for programs at Central Office

DDSN reports cost specifically related to case management, monitoring, technical assistance and appeals for various non-ICF/MR programs which relates to assisting the providers with providing patient care to the individuals in the waiver programs and has been included as program cost for this analysis.

In addition to the determination of program service cost, an analysis was performed on the remaining administrative cost to determine whether the administrative cost related specifically to waiver programs or related to the administration of all services for DDSN. The following costs were determined to relate specifically to the waiver programs and were identified as administrative cost of the waiver programs:

- Administrative component of UAP Attendant Care training program
- Depreciation expense for capital related cost – building at the Central Office

Any cost allocated from the general service cost centers on the ICF/MR cost report, except for the Community Operations and Community Residential described above, are allocated to an administrative cost center for each waiver program.

Finally, administrative cost was identified from the Central Office that will be allocated at each ICF/MR cost report allowing the ICF/MR and other programs to receive their proportion. These administrative costs are as follows:

- Human Resources
- Internal Audit
- Executive Staff Operations
- Finance
- Information Technology
- Budget
- Cost Analysis
- Quality Assurance
- Legal
- District Office Cost

These cost flow to the Administrative and General cost center of each regional ICF/MR cost report for allocation to the program services furnished by DDSN. When allocating the Administrative and General cost to the various cost centers, accumulated cost is the statistical method being employed. Because CMS has determined that the administrative cost should not be included in the program cost for the waiver programs, DHHS has elected to excluded the actual cost of providing services by outside entities from the accumulated cost statistic for the following reasons:

1. The outside entities have their own administrative function that is not impacted based on the administrative function of DDSN.
2. DDSN’s administrative function relates to the administering of provider services within its facilities and managing the providers under the waiver programs. The administrative cost should relate specifically to the costs incurred directly by DDSN to perform its functions.

Determination of Program and Administrative Cost

Based on review of the regional ICF/MR cost reports, the service cost for the waiver programs is as follows:

	Coastal	Midland	Pee Dee	Piedmont	Total
Community Supports Waiver	\$2,167,263	\$2,282,887	\$2,590,704	\$2,902,955	\$9,943,809
Mental Retardation and Related Disabilities	\$44,842,769	\$65,254,549	\$42,431,970	\$60,270,341	\$212,799,629
PDD Waiver	\$56,000	\$0	\$0	\$0	\$56,000
Head & spinal cord waiver	\$1,857,197	\$2,148,588	\$725,058	\$2,394,873	\$7,125,716
	<u>\$48,923,229</u>	<u>\$69,686,024</u>	<u>\$45,747,732</u>	<u>\$65,568,169</u>	<u>\$229,925,154</u>

The administrative cost for the waiver programs based on the regional ICF/MR cost reports is as follows:

	Coastal	Midland	Pee Dee	Piedmont	Total
Community Supports Waiver	\$787	\$544	\$915	\$862	\$3,108
Mental Retardation and Related Disabilities	\$116,978	\$306,460	\$52,830	\$159,461	\$635,729
PDD Waiver	\$4,411	\$0	\$0	\$0	\$4,411
Head & spinal cord waiver	\$82,986	\$68,151	\$32,873	\$94,974	\$278,984
	<u>\$205,162</u>	<u>\$375,155</u>	<u>\$86,618</u>	<u>\$255,297</u>	<u>\$922,232</u>

The cost reports for documenting the amounts are included in Exhibit A through Exhibit D.

Determination of Administrative Percentage

Based on the costs reported above the administrative percentage for the waiver programs has been calculated at 0.40% based on the fiscal year ended June 30, 2010 cost reports. At first glance this amount might seem to be low but it is due to the amount of cost being incurred by DDSN which not a part of the activities of DDSN as a department. To illustrate this point, the expense incurred for local DSN Boards and QPL providers is as follows:

Coastal Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Head & spinal cord waiver	Local DSN Board	\$736,251
Mental Retardation and Related Disabilities	QPL Providers	\$1,370,437
Mental Retardation and Related Disabilities	Local DSN Board	\$40,514,067
Community Supports Waiver	Local DSN Board	\$2,144,837
Total		<u>\$44,765,592</u>

Midlands Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Head & spinal cord waiver	QPL Providers	\$637,257
Head & spinal cord waiver	Local DSN Board	\$605,532
Mental Retardation and Related Disabilities	QPL Providers	\$10,078,858
Mental Retardation and Related Disabilities	Local DSN Board	\$47,436,798
Community Supports Waiver	Local DSN Board	\$2,265,936
Total		<u>\$61,024,381</u>

Pee Dee Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Head & spinal cord waiver	Local DSN Board	\$296,253
Mental Retardation and Related Disabilities	QPL Providers	\$438,783
Mental Retardation and Related Disabilities	Local DSN Board	\$40,697,242
Community Supports Waiver	Local DSN Board	\$2,565,371
Total		\$43,997,649

Piedmont Region Expenses for Local DSN Boards and QPL Providers

Waiver Program	Board or QPL	Amount
Mental Retardation and Related Disabilities	QPL Providers	\$1,965,118
Mental Retardation and Related Disabilities	Local DSN Board	\$53,864,337
Head & spinal cord waiver	QPL Providers	\$181,730
Head & spinal cord waiver	Local DSN Board	\$906,052
Community Supports Waiver	Local DSN Board	\$2,875,187
Total		\$59,792,424
Total All Regions		\$209,580,046

When removing the expenses incurred for the Local DSN and QPL providers, the total cost for all waiver programs in this analysis is \$21,267,340. For the total cost excluding the local DSN boards and QPL providers, the administrative percentage is 4.34%. Again the expenses incurred by DDSN from providers are the reason for the 0.40% administrative percentage.

To illustrate the DDSN administrative percentage is a reasonable estimate, we can do a comparison to Medicaid in South Carolina. Based on the Financial Management Report (FMR) from the CMS website for Federal Fiscal Year 2010 the State of South Carolina has an administrative percentage of 2.94% (\$151,178,598 Medicaid administrative cost ÷ \$5,143,329,582 [\$4,992,150,984 Medical Assistance Payments + administrative cost]). Because DDSN does not perform claims processing, we can remove \$40,010,977 of administrative cost from DHHS related to the MMIS system. The administrative percentage would decrease to 2.18%. In addition to MMIS, DHHS has additional administrative expenses that DDSN would not incur but is not readily identifiable from the FMR. These decreases would continue to decrease the administrative percentage of DHHS.

Based on the use of the cost reports to allocate administrative cost between waiver and non-waiver programs as well as the comparison to administrative cost within DHHS, the DDSN administrative rate should be accepted as reasonable. As previously agreed with CMS, the percentage should only be applied to expenditures claimed on the CMS Form 64 for the quarter beginning January 1, 2011 and forward.

Exhibit A
Coastal Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY - COASTAL REGION Intermediary Use Only	PROVIDER NO.:	PERIOD:	WORKSHEET S
	VARIOUS	FROM: July 1, 2009 TO: June 30, 2010	PARTS I AND II
<input type="checkbox"/> Audited <input type="checkbox"/> Desk Reviewed		Date Received	Intermediary Number

PART I - CERTIFICATION

Check applicable box Electronically filed cost report Date: _____ Time: _____
 Manually submitted cost report

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Coastal Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations:

(Signed) _____
 Officer or Administrator of Provider(s)

 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE XVIII				
	TITLE V	PART A	PART B	TITLE XIX	
	1	2	3	4	
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Coastal Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: Jamison Road P.O. Box: 1
1.01 City: Ladson State: SC Zip Code: 29456 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2	Hospital							2
3	Subprovider							3
4	Swing Beds - SNF							4
5	Swing Beds - NF							5
6	Hospital-Based SNF							6
7	Hospital-Based NF							7
8	Hospital-Based OLTC							8
9	Hospital-Based HHA							9
10	Hospital-Based CORF							10
11	Separately Certified ASC							11
12	Hospital-Based Hospice							12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions) 1 2 10 14

Type of Hospital/Subprovider (See Instructions)

15 Hospital 15
16 Subprovider 16

Other Information

17	If this is a Medicare Certified Kidney Transplant Center, enter the certification date.							17
18	If this is a Medicare Certified Heart Transplant Center, enter the certification date.							18
19	If this is a Medicare Certified Liver Transplant Center, enter the certification date.							19
20	If this is an Organ Procurement Organization (OPO), enter the OPO number.							20
21	Is this an Eye or Eye and Ear Specialty Hospital?			N				21
22	If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty			N				22
23	If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:							23
24	If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)							24
25	If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.							25
26	Does this hospital qualify as a rural primary care hospital?			N				26
27	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?			N				27
28	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?			N				28

Miscellaneous Cost Reporting Information

29	If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.			N				29
30	If this is an All-Inclusive Provider, enter the method used. (See Instructions)							30
31	Is the difference between total interim payments and the net cost of covered services included in the balance sheet?			N				31
32	Is this a new hospital under 42 CFR 412.300 PPS Capital?			N				32
33	Is this a new hospital under 42 CFR 413.40 (TEFRA)?			N				33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Coastal Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		633,013.59	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
38	If depreciation is funded, enter the balance as of the end of the period.			38
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
		1	2	3	
44	Are you filing under the fully prospective payment methodology for capital costs?				44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If This hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

South Carolina Department of Disabilities and Special Needs
Coastal Region
Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS- IFIED TRIAL BALANCE	ADJUSTMENTS TO EXPENSES INCREASE (DECREASE)	NET EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
02 Capital-related costs - build			0.00	0.00	0.00	28,748.00	28,748.00
02A Capital-related costs - equip			0.00	0.00	0.00	72,249.00	72,249.00
AB Employee health & welfare	233,653.92	14,824.23	248,478.00	0.00	248,478.00	5,332,521.00	5,580,999.00
AA Administrative & general	350,523.60	751,111.58	1,101,635.00	(461,018.00)	640,617.00	479,520.00	1,120,137.00
CP Physical therapy	151,327.82	64,282.48	215,610.00	0.00	215,610.00	1,594.00	217,204.00
CN Occupational therapy	88,381.82	4,913.83	93,296.00	0.00	93,296.00	1,593.00	94,889.00
ED Education	0.00	643.18	643.00	(643.00)	0.00	0.00	0.00
CS Speech & hearing	53,278.80	23,481.22	76,760.00	0.00	76,760.00	129.00	76,889.00
CL Cottage life allocable	3,727,108.76	2,112,178.24	5,839,287.00	(886,499.00)	4,952,788.00	243,916.00	5,196,704.00
CT Other Assistive Technology	84,212.18	7,213.80	91,426.00	0.00	91,426.00	778.00	92,204.00
XG General Community Operations			0.00	0.00	0.00	151,524.00	151,524.00
XR Community Residential	0.00	31,984.15	31,984.00	0.00	31,984.00	8,940.00	40,924.00
INPATIENT ROUTINE SERVICE COST CENTERS							
HA Highlands 510 (ICU)	761,980.61	120,764.72	882,745.00	80,167.00	962,912.00	280,809.00	1,243,721.00
HB Live Oak Village	294,677.06	0.00	294,677.00	(352,492.00)	(57,815.00)	57,815.00	0.00
HC Highlands (D Units)	3,379,146.84	442,466.58	3,821,613.00	658,047.00	4,479,660.00	1,438,736.00	5,918,396.00
HL Hillside (F Units)	2,335,365.29	310,267.00	2,645,632.00	782,235.00	3,427,867.00	960,037.00	4,387,904.00
JA Camp Road			0.00	0.00	0.00	0.00	0.00
JB Conifer Hall I	24,511.50		24,512.00	20.00	24,532.00	601,114.00	625,646.00
JC Conifer Hall II	28,362.92		28,363.00	20.00	28,383.00	598,287.00	626,670.00
JD Dehay			0.00	0.00	0.00	0.00	0.00
JE Dills Bluff	20,859.00		20,859.00	17.00	20,876.00	606,376.00	627,252.00
JG Farmington			0.00	0.00	0.00	0.00	0.00
JF Forest Circle	32,334.61		32,335.00	19.00	32,354.00	624,049.00	656,403.00
JH Hampton St.			0.00	0.00	0.00	0.00	0.00
JI Josie Drive	31,668.89		31,669.00	20.00	31,689.00	694,922.00	726,611.00
JJ Kings	25,263.63		25,264.00	20.00	25,284.00	526,296.00	551,580.00
JK Lenevar			0.00	0.00	0.00	0.00	0.00
JL Nance	25,243.52		25,244.00	20.00	25,264.00	527,290.00	552,554.00
JM Port Royal			0.00	0.00	0.00	0.00	0.00
JP Varnville			0.00	0.00	0.00	0.00	0.00
JQ Zeigler			0.00	0.00	0.00	0.00	0.00
KA Harley Road	24,701.00		24,701.00	20.00	24,721.00	622,866.00	647,587.00
KB Academy Street	24,820.00		24,820.00	20.00	24,840.00	616,266.00	641,106.00
KC Black's Drive	24,820.00		24,820.00	20.00	24,840.00	616,266.00	641,106.00
KD Lemon Park	24,820.00		24,820.00	20.00	24,840.00	616,266.00	641,106.00
KE Wannamaker Street	24,701.00		24,701.00	20.00	24,721.00	575,098.00	599,819.00
KF Sifty	24,845.50		24,846.00	20.00	24,866.00	575,098.00	599,964.00
KG Parsons I	24,820.00		24,820.00	20.00	24,840.00	644,766.00	669,606.00
KH Parsons II	23,375.00		23,375.00	19.00	23,394.00	644,766.00	668,160.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary			0.00	0.00	0.00	0.00	0.00
BK Outpatient clinic			0.00	0.00	0.00	0.00	0.00
BP Pharmacy			0.00	0.00	0.00	0.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination			0.00	0.00	0.00	4,572,970.00	4,572,970.00
AY Rehab Phase I			0.00	0.00	0.00	1,558,397.00	1,558,397.00
AZ Rehab Phase II			0.00	0.00	0.00	367,592.00	367,592.00
GA Cosair CTH II			0.00	0.00	0.00	0.00	0.00
XE Evaluation & planning			0.00	0.00	0.00	0.00	0.00
XI Early Intervention			0.00	0.00	0.00	3,299,303.00	3,299,303.00
CW Community Supports Waiver			0.00	0.00	0.00	2,153,916.00	2,153,916.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	88.00	88.00
XM Home & community based			0.00	680,721.00	680,721.00	43,692,224.00	44,372,945.00
XMA Home & community based - Admin			0.00	0.00	0.00	4,411.00	4,411.00
AW PDD Waiver			0.00	0.00	0.00	56,000.00	56,000.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	2,093.00	2,093.00
XA Autism	0.00	5,595.14	5,595.00	(558,411.00)	(552,816.00)	796,808.00	243,992.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	62,100.00	62,100.00	1,776,071.00	1,838,171.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	36,948.00	36,948.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified Units			0.00	0.00	0.00	0.00	0.00
FN Other non-covered costs	4,500.00	734.42	5,234.00	(4,500.00)	734.00	0.00	734.00
YF Federal projects			0.00	0.00	0.00	0.00	0.00
SUBTOTAL	11,464,156.70	4,275,607.14	15,739,764.00	(2.00)	15,739,766.00	76,465,456.00	92,205,222.00
TOTAL	11,464,156.70	4,275,607.14	15,739,764.00	(2.00)	15,739,766.00	76,465,456.00	92,205,222.00

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	002	Capital-related costs - build	-	-	
07	AA	Administrative & general	-	-	
09	AA	Administrative & general	-	8,330.00	
17	AA	Administrative & general		452,688.18	
18	XH	HASCI Wiaver	62,100.00	-	
05	XG	General Community Operations	-	-	
09	XG	General Community Operations	-	-	
01	CL	Cottage life allocable	-	778,921.12	
03	CL	Cottage life allocable	-	253,041.86	
05	CL	Cottage life allocable	-	-	
08	CL	Cottage life allocable	-	3,177.00	
10	CL	Cottage life allocable	643.18	-	
12	CL	Cottage life allocable	143,498.19	-	
16	CL	Cottage life allocable	4,500.00	-	
07	02A	New capital-related costs - equip	-	-	
01	HA	Highlands 510 (ICU)	61,533.42	-	
03	HA	Highlands 510 (ICU)	50,543.47	-	
08	HA	Highlands 510 (ICU)	276.67	-	
09	HA	Highlands 510 (ICU)	799.06	-	
17	HA	Highlands 510 (ICU)	43,424.29	-	
18	HA	Highlands 510 (ICU)		76,410.00	
05	XC	Service coordination	-	-	
05	XI	Early intervention	-	-	
02	XM	Home & community based	276,872.61	-	
05	XM	Home & community based	-	-	
06	XM	Home & community based	281,538.71	-	
11	XM	Home & community based	-	-	
14	XM	Home & community based	-	-	
18	XM	Home & community based	122,310.00	-	
02	XA	Autism	-	276,872.61	

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
06	XA	Autism	-	281,538.71	
09	XA	Autism	-	-	
05	XR	Community Residential	-	-	
03	HB	Live Oak Village	-	208,993.81	
12	HB	Live Oak Village	-	143,498.19	
01	HC	Highlands (D Units)	406,593.10	-	
03	HC	Highlands (D Units)	53,990.21	-	
08	HC	Highlands (D Units)	1,521.48	-	
09	HC	Highlands (D Units)	4,394.16	-	
17	HC	Highlands (D Units)	238,797.89	-	
18	HC	Highlands (D Units)	-	47,250.00	
01	HL	Hillside (F Units)	310,794.60	-	
03	HL	Hillside (F Units)	357,501.99	-	
08	HL	Hillside (F Units)	1,086.11	-	
09	HL	Hillside (F Units)	3,136.78	-	
17	HL	Hillside (F Units)	170,466.00	-	
18	HL	Hillside (F Units)	-	60,750.00	
03	HI	Lakeside	-	-	
05	HI	Lakeside	-	-	
08	JA	Camp Road	-	-	
13	JA	Camp Road	-	-	
17	JA	Camp Road	-	-	
08	JB	Conifer I	19.54	-	
13	JB	Conifer I	-	-	
17	JB	Conifer I	-	-	
08	JC	Conifer II	19.90	-	
13	JC	Conifer II	-	-	
17	JC	Conifer II	-	-	
14	JD	Dehay	-	-	

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	JE	Dills Bluff	16.72	-	
13	JE	Dills Bluff	-	-	
17	JE	Dills Bluff	-	-	
08	JG	Farmington	-	-	
13	JG	Farmington	-	-	
17	JG	Farmington	-	-	
08	JF	Forest Circle	19.18	-	
13	JF	Forest Circle	-	-	
17	JF	Forest Circle	-	-	
08	JH	Hampton Street	-	-	
13	JH	Hampton Street	-	-	
17	JH	Hampton Street	-	-	
08	JI	Josie Drive	19.69	-	
13	JI	Josie Drive	-	-	
17	JI	Josie Drive	-	-	
08	JJ	Kings	19.91	-	
13	JJ	Kings	-	-	
17	JJ	Kings	-	-	
18	JJ	Kings	-	-	
16	FN	Non-Covered	-	4,500.00	
08	JL	Nance	19.88	-	
13	JL	Nance	-	-	
17	JL	Nance	-	-	
14	JM	Port Royal		-	
14	JP	Varnville		-	
08	JQ	Zeigler Street	-	-	
13	JQ	Zeigler Street	-	-	
17	JQ	Zeigler Street	-	-	
08	KA	Harley Rd	19.81		

**South Carolina Department of Disabilities and Special Needs
Coastal Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
17	KA	Harley Rd	-		
08	KB	Academy St	19.91		
17	KB	Academy St	-		
08	KC	Blacks Drive	19.91		
17	KC	Blacks Drive	-		
08	KD	Lemon Park	19.91		
17	KD	Lemon Park	-		
08	KE	Wannamaker St	19.81		
17	KE	Wannamaker St	-		
18	KE	Wannamaker St	-	-	
08	KF	Sifly St	19.91		
17	KF	Sifly St	-		
08	KG	Parsons I	19.91		
17	KG	Parsons I	-		
08	KH	Parsons II	18.75		
17	KH	Parsons II	-		
18	KH	Parsons II	-	-	
11	GA	Cosair CTH II	-	-	
10	ED	Education	-	643.18	

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchased Services
1	02	Capital-related costs - build	17,550.00		17,550.00	To record depreciation expense for old capital-related costs - build.	No
15	02	Capital-related costs - build	-		-	To record uncaptured depreciation caused by deletions.	No
17	02	Capital-related costs - build	11,197.85		11,197.85	To record region's portion of allowable central office expenses.	No
5	02A	Capital related costs - equip		10,812.36	(10,812.36)	To record sale of surplus material and equipment.	No
14	02A	Capital related costs - equip	73,975.17		73,975.17	To record depreciation for equipment.	No
15	02A	Capital related costs - equip	-		-	To record uncaptured depreciation caused by deletions.	No
17	02A	Capital related costs - equip	9,085.99		9,085.99	To record region's portion of allowable central office expenses.	No
1	AA	Administrative & general	8,330.00		8,330.00	To record depreciation expense for old capital-related costs - build.	No
2	AA	Administration & general	207.98		207.98	To offset revenue for Cobra Premiums	No
16	AA	Administration & general	-		-	To record added depreciation.	No
17	AA	Administration & general	389,281.90		389,281.90	To record region's portion of allowable central office expenses.	No
18	AA	Administration & general	-		-	To record region's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administration & general	-		-	To record accounts payable accruals.	No
31	AA	Administrative & General	7,660.27		7,660.27	To expense repairs & renovations.	No
32	AA	Administrative & general	-		-	To record Data Management/Biostatistics Grant	No
41	AA	Administrative & general	-		-	To adjust for Hospice Services	Yes
43	AA	Administrative & general	-	648,947.00	(648,947.00)	To Record SCEIS Expenditure	No
57	AA	Administrative & general	-		-	To record Central Office UAP Training	No
70	AA	Administrative & general	-		-	To allocate costs for TBI Supported Employment	No
72	AA	Administrative & general	-		-	To allocate costs related to Special Olympics grant	No
73	AA	Administrative & general	-		-	To allocate costs related to Brain Injury grant	No
74	AA	Administrative & general	-		-	To allocate costs related to Family Connection grant	No
1	AB	Employees health & welfare	788.00		788.00	To record depreciation expense for old capital-related costs - build.	No
04	AB	Employees Health & Welfare	-		-	To record Refund Of Prior Year Expenditures	No
16	AB	Employees Health & Welfare	-		-	To record added depreciation.	No
17	AB	Employees health & welfare	5,388,620.02		5,388,620.02	To record region's portion of allowable central office expenses.	No
19	AB	Employees health & welfare	3,994.88		3,994.88	To record region's portion of accrued leave.	No
20	AB	Employees health & welfare	-	54,456.75	(54,456.75)	To record region's portion of accrued payroll.	No
21	AB	Employees Health & Welfare	-		-	To record accounts payable accruals.	No
31	AB	Employees Health & Welfare	-		-	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	6,425.23	(6,425.23)	To record region's portion of accrued fringes.	No
52	AY	Rehab Support Phase I	1,558,397.06		1,558,397.06	To record rehab phase I direct costs.	Yes
75	AY	Rehab Support Phase I	-		-	Adjustment Not Needed	No
53	AZ	Rehab Support Phase II	364,472.00		364,472.00	To record rehab phase II direct costs.	Yes
48	AA	Rehab Support Phase II	3,800.00		3,800.00	To record Central Office Costs	No
60	AZ	Rehab Support Phase II	-		-	To record central office Rehab Phase II costs.	No
63	AA	Rehab Support Phase II	1,135.07		1,135.07	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Rehab Support Phase II	1,241.35		1,241.35	To allocate District Expenditures	No
77	AZ	Rehab Support Phase II	3,119.89		3,119.89	To allocate salaries to regions	No
1	CL	Cottage life allocable	162,674.00		162,674.00	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCE NTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
2	CL	Cottage life allocable	-	-	-	To offset revenue for Cobra Premiums	No
6	CL	Cottage life allocable	-	-	-	To record USDA revenues.	No
10	CL	Cottage life allocable	-	600.00	(600.00)	To record WAC's revenues.	No
16	CL	Cottage life allocable	-	39.19	(39.19)	To record added depreciation.	No
21	CL	Cottage life allocable	-	-	-	To record accounts payable accruals.	No
28	CL	Cottage life allocable	15,200.00	-	15,200.00	To record day program costs for contracts with outside providers.	No
31	CL	Cottage life allocable	33,760.46	-	33,760.46	To expense repairs & renovations.	No
51	CL	Cottage life allocable	-	15,487.45	(15,487.45)	To remove Federal Grants	No
56	CL	Cottage life allocable	-	-	-	To record Central Office UAP Training	No
61	CL	Cottage life allocable	29,573.34	-	29,573.34	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage life allocable	18,835.07	-	18,835.07	To allocate costs related to Dr. Johnson's services.	No
1	CP	Physical Therapy	1,594.00	-	1,594.00	To record depreciation expense for old capital-related costs - build.	No
21	CP	Physical Therapy	-	-	-	To record accounts payable accruals.	No
31	CP	Physical Therapy	-	-	-	To expense repairs & renovations.	No
1	CS	Speech & hearing	129.00	-	129.00	To record depreciation expense for old capital-related costs - build.	No
31	CS	Speech & hearing	-	-	-	To expense repairs & renovations.	No
1	CN	Occupational Therapy	1,593.00	-	1,593.00	To record depreciation expense for old capital-related costs - build.	No
31	CN	Occupational Therapy	-	-	-	To expense repairs & renovations.	No
1	FN	Other non-covered Costs	-	-	-	To record depreciation expense for old capital-related costs - build.	No
3	FN	Other non-covered costs	-	-	-	To remove dual employment.	No
8	FN	Other non-covered costs	-	-	-	To adjust expenses for commissions.	No
11	FN	Other non-covered costs	-	-	-	To record insurance claims.	No
16	FN	Other Non covered costs	-	-	-	To record added depreciation.	No
21	FN	Other Non covered costs	-	-	-	To record accounts payable accruals.	No
31	FN	Other Non covered costs	-	-	-	To expense repairs & renovations.	No
1	HA	Highlands 510 (ICU)	9,763.00	-	9,763.00	To record depreciation expense for old capital-related costs - build.	No
13	HA	Highland 510	-	-	-	To Record Emergency Costs	No
16	HA	Highlands 510	-	-	-	To record added depreciation.	No
18	HA	Highlands 510	11,018.90	-	11,018.90	To record region's portion of the State Wide Cost Allocation Plan.	No
21	HA	Highland 510	-	-	-	To record accounts payable accruals.	No
31	HA	Highlands (510)	-	-	-	To expense repairs & renovations.	No
35	HA	Highlands (510)	102,869.00	-	102,869.00	To record central office costs.	No
43	HA	Highlands (510)	93,691.81	-	93,691.81	To Record SCEIS Expenditure	No
44	HA	Highlands 510 (ICU)	63,466.04	-	63,466.04	To record central office genetics services costs.	No
1	HB	Live Oak Village	-	-	-	To record depreciation expense for old capital-related costs - build.	No
18	HB	Live Oak Village	3,672.97	-	3,672.97	To record region's portion of the State Wide Cost Allocation Plan.	No
21	HB	Live Oak Village	-	-	-	To record accounts payable accruals.	No
35	HB	Live Oak Village	22,911.37	-	22,911.37	To record central office costs.	No
43	HB	Live Oak Village	31,230.60	-	31,230.60	To Record SCEIS Expenditure	No
44	HB	Live Oak Village	-	-	-	To record central office genetics services costs.	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
1	HC	Highlands (D-Units)	214,506.00		214,506.00	To record depreciation expense for old capital-related costs - build.	No
13	HC	Highlands (D-Units)	-		-	To Record Emergency Costs	No
16	HC	Highlands	-	397.39	(397.39)	To record added depreciation.	No
18	HC	Highlands	47,691.31		47,691.31	To record region's portion of the State Wide Cost Allocation Plan.	No
31	HC	Highlands	554.78		554.78	To expense repairs & renovations.	No
35	HC	Highlands	422,565.63		422,565.63	To record central office costs.	No
43	HC	Highlands	405,511.13		405,511.13	To Record SCEIS Expenditure	No
44	HC	Highlands (D Units)	348,304.08		348,304.08	To record central office genetics services costs.	No
1	HL	Hillside (F-Units)	103,909.00		103,909.00	To record depreciation expense for old capital-related costs - build.	No
13	HL	Hillside (F-Units)	-		-	To Record Emergency Costs	No
16	HL	Hillside	-		-	To record added depreciation.	No
18	HL	Hillside	33,018.53		33,018.53	To record region's portion of the State Wide Cost Allocation Plan.	No
21	HL	Hillside (F-Units)	-		-	To record accounts payable accruals.	No
31	HL	Hillside (F-Units)	-		-	To expense repairs & renovations.	No
35	HL	Hillside (F-Units)	293,655.70		293,655.70	To record central office costs.	No
43	HL	Hillside (F-Units)	280,750.96		280,750.96	To Record SCEIS Expenditure	No
41	HL	Hillside (F-Units)	-		-	To adjust for Hospice Services	Yes
44	HL	Hillside (F Units)	248,701.86		248,701.86	To record central office genetics services costs.	No
34	AW	PDD Waiver	56,000.00		56,000.00	To record posting error	No
83	AWA	PDD Waiver	2,092.50		2,092.50	To allocate UAP Attendant Care - Admin	No
86	AW	PDD Waiver	-		-	To allocate USC Attendant Care Training	No
1	JB	Conifer Hall I	9,375.00		9,375.00	To record depreciation expense for old capital-related costs - build.	No
16	JB	Conifer Hall I	-		-	To record added depreciation.	No
23	JB	Conifer Hall I	591,739.00		591,739.00	To record management providers direct costs per individual cost reports.	Yes
31	JB	Conifer I	-		-	To expense repairs & renovations.	No
43	JB	Conifer I	-		-	To Record SCEIS Expenditure	No
1	JC	Conifer Hall II	-		-	To record depreciation expense for old capital-related costs - build.	No
16	JC	Conifer Hall II	-		-	To record added depreciation.	No
23	JC	Conifer Hall II	598,287.00		598,287.00	To record management providers direct costs per individual cost reports.	Yes
31	JC	Conifer II	-		-	To expense repairs & renovations.	No
43	JC	Conifer II	-		-	To Record SCEIS Expenditure	No
1	CT	Other Assistive Technology	778.00		778.00	To record depreciation expense for old capital-related costs - build.	No
23	JE	Dills Bluff	606,850.00		606,850.00	To record management providers direct costs per individual cost reports.	Yes
41	JE	Dills Bluff	-	474.00	(474.00)	To adjust for Hospice Services	Yes
43	JE	Dills Bluff	-		-	To Record SCEIS Expenditure	No
1	JF	Forest Circle	3,134.00		3,134.00	To record depreciation expense for old capital-related costs - build.	No
16	JF	Forest Circle	-		-	To record added depreciation.	No
23	JF	Forest Circle	620,915.00		620,915.00	To record management providers direct costs per individual cost reports.	Yes
31	JF	Forest Circle	-		-	To expense repairs & renovations.	No
43	JF	Forest Circle	-		-	To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
23	JG	Farmington	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JG	Farmington	-	-	-	To Record SCEIS Expenditure	No
1	JH	Hampton St	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JH	Hampton St	-	-	-	To record added depreciation.	No
31	JH	Hampton St	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JH	Hampton St	-	-	-	To expense repairs & renovations.	No
1	JJ	Josie Drive	4,381.00	-	4,381.00	To Record SCEIS Expenditure	No
16	JJ	Josie Drive	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JJ	Josie Drive	690,541.00	-	690,541.00	To record added depreciation.	No
31	JJ	Josie Drive	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JJ	Josie Drive	-	-	-	To expense repairs & renovations.	No
1	JJ	Kings	8,350.00	-	8,350.00	To Record SCEIS Expenditure	No
16	JJ	Kings	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JJ	Kings	517,945.50	-	517,945.50	To record added depreciation.	No
31	JJ	Kings	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JJ	Kings	-	-	-	To expense repairs & renovations.	No
1	JK	Lenevar	-	-	-	To Record SCEIS Expenditure	No
68	JK	Lenevar	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	JL	Nance	9,344.00	-	9,344.00	To allocate direct costs	Yes
16	JL	Nance	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JL	Nance	517,945.50	-	517,945.50	To record added depreciation.	No
31	JL	Nance	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JL	Nance	-	-	-	To expense repairs & renovations.	No
1	JM	Port Royal	-	-	-	To Record SCEIS Expenditure	No
68	JM	Port Royal	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	JP	Varnville	-	-	-	To allocate direct costs	Yes
68	JP	Varnville	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	JQ	Zeigler	-	-	-	To allocate direct costs	Yes
16	JQ	Zeigler	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	JQ	Zeigler	-	-	-	To record added depreciation.	No
31	JQ	Zeigler	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	JQ	Zeigler	-	-	-	To expense repairs & renovations.	No
23	KA	Harley Road	622,865.00	-	622,865.00	To Record SCEIS Expenditure	No
29	KA	Harley Road	1.00	-	1.00	To record management providers direct costs per individual cost reports.	Yes
23	KB	Academy Street	616,264.66	-	616,264.66	To record rental agreement	No
29	KB	Academy Street	1.00	-	1.00	To record management providers direct costs per individual cost reports.	Yes
23	KC	Blacks Drive	616,264.67	-	616,264.67	To record rental agreement	No
29	KC	Blacks Drive	1.00	-	1.00	To record management providers direct costs per individual cost reports.	Yes
23	KD	Lemon Park	616,264.67	-	616,264.67	To record rental agreement	No
						To record management providers direct costs per individual cost reports.	Yes

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCE NTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
29	KD	Lemon Park	1.00	-	1.00	To record rental agreement	No
23	KE	Wannamaker	575,098.00		575,098.00	To record management providers direct costs per individual cost reports.	Yes
23	KF	Sifly	575,098.00		575,098.00	To record management providers direct costs per individual cost reports.	Yes
23	KG	Parsons I	644,766.00		644,766.00	To record management providers direct costs per individual cost reports.	Yes
23	KH	Parsons II	644,766.00		644,766.00	To record management providers direct costs per individual cost reports.	Yes
62	XA	Autism	780,726.68		780,726.68	To allocate Autism to Regions	No
69	XA	Autism	-	49,276.79	(49,276.79)	Adjustment Not Needed	No
77	XA	Autism	65,357.91		65,357.91	To allocate salaries to regions	No
1	XC	Service Coordination	2,903.00		2,903.00	To record depreciation expense for old capital-related costs - build.	No
22	XC	Service coordination	44,389.41		44,389.41	To record central office Service Coordination costs.	No
24	XC	Service coordination	3,998,280.54		3,998,280.54	To record Service Coordination direct costs.	Yes
39	XC	Service coordination	475,000.00		475,000.00	To record central office genetics services costs.	No
30	XC	Service coordination	4,832.76		4,832.76	To record costs for Third Party SC	Yes
31	XC	Service coordination	-		-	To expense repairs & renovations.	No
32	XC	Service coordination	-		-	To record Data Management/Biostatistics Grant	No
47	XC	Service Coordination	-		-	Allocation of Central Office Overhead	No
48	AA	Service Coordination	41,849.46		41,849.46	To record Central Office Costs	No
63	AA	Service Coordination	1,472.11		1,472.11	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Service Coordination	13,577.62		13,577.62	To allocate District Expenditures	No
71	XC	Service Coordination	1,836.75		1,836.75	Depreciation of SC Autism Society Grant	No
77	XC	Service Coordination	45,726.54		45,726.54	To allocate salaries to regions	No
1	XE	Evaluation & Planning	-		-	To record depreciation expense for old capital-related costs - build.	No
41	XE	Evaluation & Planning	-		-	To adjust for Hospice Services	Yes
45	AA	Evaluation and Planning	-		-	To Allocate Autism Costs	No
1	XG	General Community Operations	374.00		374.00	To record depreciation expense for old capital-related costs - build.	No
16	XG	General Community Operations	-		-	To record added depreciation.	No
31	XG	General Community Operations	-		-	To expense repairs & renovations.	No
45	AA	General Community Operations	-		-	To Allocate Autism Costs	No
55	XG	General Community Operations	-		-	To record computer services.	No
57	XG	General Community Operations	33,042.57		33,042.57	To record Central Office UAP Training	No
58	XG	General Community Operations	-		-	To record Central Office UAP Training	No
59	XG	General Community Operations	-		-	To Record Central Office Training Costs	No
70	XG	General Community Operations	35,659.00		35,659.00	To allocate costs for TBI Supported Employment	No
72	XG	General Community Operations	54,425.20		54,425.20	To allocate costs related to Special Olympics grant	No
73	XG	General Community Operations	12,186.67		12,186.67	To allocate costs related to Brain Injury grant	No
74	XG	General Community Operations	14,363.25		14,363.25	To allocate costs related to Family Connection grant	No
77	XG	General Community Operations	-		-	To allocate salaries to regions	No
78	XG	General Community Operations	1,473.18		1,473.18	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations	-		-	To allocate UAP Attendant Care - Admin	No
33	XH	HASCI	736,251.00		736,251.00	To record Waiver direct costs.	Yes

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCE NTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
36	XH	Head and spinal cord waiver	-		-	To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	7,700.98		7,700.98	To record Central Office Costs	No
63	AA	Head and spinal cord waiver	10,376.67		10,376.67	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Head and spinal cord waiver	2,500.53		2,500.53	To allocate District Expenditures	No
77	XH	Head and spinal cord waiver	28,521.52		28,521.52	To allocate salaries to regions	No
80	XH	Head and spinal cord waiver	296.79		296.79	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	822.44		822.44	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	987,780.08		987,780.08	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	36,947.55		36,947.55	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	22,399.26		22,399.26	To allocate USC Attendant Care Training	No
1	XI	Early Intervention	-		-	To record depreciation expense for old capital-related costs - build.	No
25	XI	Early intervention	2,417,648.00		2,417,648.00	To record Early Intervention direct costs.	Yes
27	XI	Early intervention	852,778.31		852,778.31	To record Early Intervention Third Party direct costs.	Yes
42	XI	Early intervention	-		-	To record central office EI costs.	No
48	AA	Early intervention	25,302.60		25,302.60	To record Central Office Costs	No
63	AA	Early intervention	-		-	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Early intervention	8,203.94		8,203.94	To allocate District Expenditures	No
77	XI	Early intervention	28,877.30		28,877.30	To allocate salaries to regions	No
1	XMA	Home & Community Based	-		-	To record depreciation expense for old capital-related costs - build.	No
26	XM	Home & Community Based	1,370,437.33		1,370,437.33	To allocate QPL costs to Waiver	Yes
32	XMA	Home & Community Based	3,337.89		3,337.89	To record Data Management/Biostatistics Grant	No
33	XM	Home and community based	40,514,067.28		40,514,067.28	To record Waiver direct costs.	Yes
36	XM	Home and community based	16,229.20		16,229.20	To record central office Waiver costs.	No
37	XM	Home and community based	-		-	To record central office Autism costs.	No
40	XM	Home and community based	55,833.31		55,833.31	To record Training Costs	No
45	AA	Home and community based	14,593.00		14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	423,995.36		423,995.36	To record Central Office Costs	No
49	XM	Home and community based	1,445,413.99		1,445,413.99	To Record All Placement Costs	No
50	XM	Home and Community Based	18,165.00		18,165.00	Startup Amortization of CTHI	No
54	XM	Home and Community Based	-		-	To record STEPS other costs.	No
66	AA	Home and Community Based	137,488.37		137,488.37	To allocate District Expenditures	No
75	XM	Home and Community Based	-		-	Adjustment Not Needed	No
77	XM	Home and Community Based	139,318.21		139,318.21	To allocate salaries to regions	No
80	XM	Home and Community Based	25,300.02		25,300.02	To allocate Fire Marshall Expenditure	No
81	XM	Home and Community Based	70,108.11		70,108.11	To allocate DHEC Expenditure	No
82	XM	Home and Community Based	28,682.40		28,682.40	To allocate UAP Attendant Care	No
83	XMA	Home and Community Based	1,072.93		1,072.93	To allocate UAP Attendant Care - Admin	No
85	XM	Home and Community Based	8,000.00		8,000.00	Adjustment Not Needed	No
86	XM	Home and Community Based	650.92		650.92	To allocate USC Attendant Care Training	No
1	CWA	Community Supports Waiver	-		-	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Coastal Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase of Services
12	CW	Community Supports Waiver	6,684.03	-	6,684.03	To allocate Goodwill Industries	No
48	AA	Community Supports Waiver	22,471.84	-	22,471.84	To record Central Office Costs	No
66	AA	Community Supports Waiver	7,277.56	-	7,277.56	To allocate District Expenditures	No
68	CW	Community Supports Waiver	2,144,836.98	-	2,144,836.98	To allocate direct costs	Yes
82	CW	Community Supports Waiver	2,394.70	-	2,394.70	To allocate UAP Attendant Care	No
83	CWA	Community Supports Waiver	88.17	-	88.17	To allocate UAP Attendant Care - Admin	No
86	CW	Community Supports Waiver	-	-	-	To allocate USC Attendant Care Training	No
1	XR	Community Residential	-	-	-	To record depreciation expense for old capital-related costs - build.	No
46	XR	Community Residential	-	-	-	To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	8,939.53	-	8,939.53	To allocate cost to regions	No
57	XS	Head & Spinal Cord	-	-	-	To record Central Office UAP Training	No
9	YF	Federal Projects	-	-	-	To Record Federal Grants Expenditures	No
51	YF	Federal Projects	-	-	-	To remove Federal Grants	No
			77,252,367	786,916	76,465,451		

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY	
	0	2	2A	AB	4a	AA	CP	
GENERAL SERVICE COST CENTERS								
02	New capital-related costs - build	28,748.00	28,748.00	-	-	-	-	
02A	New capital-related costs - equip	72,249.00	-	72,249.00	-	-	-	
AB	Employee health & welfare	5,580,999.00	316.00	957.00	5,582,272.00	-	-	
AA	Administrative & general	1,120,137.00	-	-	-	1,120,137.00	-	
CP	Physical therapy	217,204.00	194.00	588.00	64,234.00	11,263.00	293,483.00	
CN	Occupational therapy	94,889.00	194.00	587.00	37,515.00	5,315.00	-	
ED	Education	-	-	-	-	-	-	
CS	Speech & hearing	76,889.00	16.00	47.00	22,615.00	3,974.00	-	
CL	Cottage life allocable	5,196,704.00	14,674.00	23,631.00	1,195,466.00	256,628.00	-	
CT	Other Assistive Technology	92,204.00	519.00	1,573.00	35,746.00	5,190.00	-	
XG	General Community Operations	151,524.00	281.00	852.00	-	6,092.00	-	
XR	Community Residential	40,924.00	-	-	3,795.00	1,785.00	-	
INPATIENT ROUTINE SERVICE COST CENTERS								
HA	Highlands 510 (ICU)	1,243,721.00	1,489.00	4,962.00	410,282.00	66,265.00	68,843.00	
HB	Live Oak Village	-	-	-	(1,559.00)	(62.00)	-	
HC	Highlands (D Units)	5,918,396.00	6,713.00	22,811.00	1,818,872.00	309,958.00	145,503.00	
HL	Hillside (F Units)	4,387,904.00	4,001.00	13,885.00	1,407,312.00	231,990.00	79,136.00	
JA	Camp Road	-	-	-	-	-	-	
JB	Conifer Hall I	625,646.00	-	-	-	1,353.00	-	
JC	Conifer Hall II	626,670.00	-	-	-	1,133.00	-	
JD	Dehay	-	-	-	-	-	-	
JE	Dills Bluff	627,252.00	-	-	-	833.00	-	
JG	Farmington	-	-	-	-	-	-	
JF	Forest Circle	656,403.00	-	-	-	1,416.00	-	
JH	Hampton St.	-	-	-	-	-	-	
JI	Josie Drive	726,611.00	-	-	-	1,439.00	-	
JJ	Kings	551,580.00	-	1,283.00	-	1,393.00	-	
JK	Lenevar	-	-	-	-	-	-	
JL	Nance	552,554.00	-	-	-	1,381.00	-	
JM	Port Royal	-	-	-	-	-	-	
JP	Vamville	-	-	-	-	-	-	
JQ	Zeigler	-	-	-	-	-	-	
KA	Harley Road	647,587.00	-	-	-	987.00	-	
KB	Academy Street	641,106.00	-	-	-	991.00	-	
KC	Black's Drive	641,106.00	-	-	-	991.00	-	
KD	Lemon Park	641,106.00	-	-	-	991.00	-	
KE	Wannamaker Street	599,819.00	-	-	-	987.00	-	
KF	Sifly	599,964.00	-	-	-	992.00	-	
KG	Parsons I	669,606.00	-	-	-	991.00	-	
KH	Parsons II	668,160.00	-	-	-	934.00	-	
OUTPATIENT SERVICE COST CENTERS								
BI	Infirmary	-	-	-	-	-	-	
BK	Outpatient clinic	-	-	-	-	-	-	
BP	Pharmacy	-	-	-	-	-	-	
OTHER REIMBURSEABLE COST CENTERS								
XC	Service coordination	4,572,970.00	353.00	1,072.00	34,866.00	4,809,261.00	24,190.00	
AY	Rehab Phase I	1,558,397.00	-	-	-	1,558,397.00	-	
AZ	Rehab Phase II	367,592.00	-	-	2,713.00	370,305.00	233.00	
GA	Cosair CTH II	-	-	-	-	-	-	
XE	Evaluation & planning	-	-	-	-	-	-	
XI	Early intervention	3,299,303.00	-	-	21,648.00	3,320,951.00	2,016.00	
CW	Community Supports Waiver	2,153,916.00	-	-	8,337.00	2,162,253.00	-	
CWA	Community Supports Waiver - Waiver	88.00	-	-	-	88.00	699.00	
XM	Home & community based	44,372,945.00	-	-	327,801.00	44,700,746.00	-	
XMA	Home & community based - Admin	4,411.00	-	-	-	4,411.00	112,567.00	
AW	PDD Waiver	56,000.00	-	-	-	56,000.00	-	
AWA	PDD Waiver - Admin	2,093.00	-	-	-	2,093.00	2,318.00	
XA	Autism	243,992.00	-	-	177,896.00	421,888.00	16,837.00	
XS	Head & spinal cord	-	-	-	-	-	-	
XH	Head & spinal cord waiver	1,838,171.00	-	-	14,733.00	1,852,904.00	-	
XHA	Head & spinal cord waiver - Waiver	36,948.00	-	-	-	36,948.00	46,038.00	
NONREIMBURSEABLE COST CENTERS								
FC	Non-certified Units	-	-	-	-	-	-	
FN	Other non-covered costs	734.00	-	-	-	734.00	29.00	
YF	Federal projects	-	-	-	-	-	-	
90	SUBTOTAL	92,205,222.00	28,750.00	72,248.00	5,582,272.00	92,205,223.00	1,120,137.00	293,482.00
100	TOTAL EXPENSES	92,205,222.00	28,750.00	72,248.00	5,582,272.00	92,205,223.00	1,120,137.00	293,482.00

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS- BUILDINGS</u>	<u>CAPITAL RELATED COSTS- EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS							
<u>COST CENTER</u>		<u>(SQUARE FEET)</u>	<u>(SQUARE FEET)</u>	<u>(GROSS SALARIES)</u>		<u>(ACCUMULATED COSTS)</u>	<u>(OCCASIONS OF SERVICE)</u>
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	215,254	-	-	-	-
2A	New capital-related costs - equip	-	0	178,330	-	-	-
AB	Employee health & welfare	-	2,363	2,363	13,151,147.32	-	-
AA	Administrative & general	-	0	0	-	28,067,947.00	-
CP	Physical therapy	-	1,451	1,451	151,327.82	282,220.00	6,045.00
CN	Occupational therapy	-	1,450	1,450	88,381.82	133,185.00	0
ED	Education	-	0	0	-	-	0
CS	Speech & hearing	-	117	117	53,278.80	99,567.00	0
CL	Cottage life allocable	-	109,870	58,328	2,816,371.02	6,430,475.00	0
CT	Other Assistive Technology	-	3,883	3,883	84,212.18	130,042.00	0
XG	General Community Operations	-	2,102	2,102	-	152,657.00	0
XR	Community Residential	-	0	0	8,939.53	44,719.00	0
INPATIENT ROUTINE SERVICE COST CENTERS							
HA	Highlands 510 (ICU)	-	11,149	12,247	966,574.04	1,660,454.00	1,418
HB	Live Oak Village	-	0	0	(3,672.97)	(1,559.00)	0
HC	Highlands (D Units)	-	50,264	56,304	4,285,039.48	7,766,792.00	2,997
HL	Hillside (F Units)	-	29,959	34,271	3,315,454.17	5,813,102.00	1,630
JA	Camp Road	-	0	0	-	-	0
JB	Conifer Hall I	-	0	0	-	33,907.00	0
JC	Conifer Hall II	-	0	0	-	28,383.00	0
JD	Dehay	-	0	0	-	-	0
JE	Dills Bluff	-	0	0	-	20,876.00	0
JG	Farmington	-	0	0	-	-	0
JF	Forest Circle	-	0	0	-	35,488.00	0
JH	Hampton St.	-	0	0	-	-	0
JI	Josie Drive	-	0	0	-	36,070.00	0
JJ	Kings	-	0	3,168	-	34,917.00	0
JK	Lenevar	-	0	0	-	-	0
JL	Nance	-	0	0	-	34,608.00	0
JM	Port Royal	-	0	0	-	-	0
JP	Varnville	-	0	0	-	-	0
JQ	Zeigler	-	0	0	-	-	0
KA	Harley Road	-	0	0	-	24,722.00	0
KB	Academy Street	-	0	0	-	24,841.00	0
KC	Black's Drive	-	0	0	-	24,841.00	0
KD	Lemon Park	-	0	0	-	24,841.00	0
KE	Wannamaker Street	-	0	0	-	24,721.00	0
KF	Silly	-	0	0	-	24,866.00	0
KG	Parsons I	-	0	0	-	24,840.00	0
KH	Parsons II	-	0	0	-	23,394.00	0
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	-	0	0	-	-	0
BK	Outpatient clinic	-	0	0	-	-	0
BP	Pharmacy	-	0	0	-	-	0
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	-	2,646	2,646	82,141.19	606,147.00	0
AY	Rehab Phase I	-	0	0	-	-	0
AZ	Rehab Phase II	-	0	0	6,391.13	5,833.00	0
GA	Cosair CTH II	-	0	0	-	-	0
XE	Evaluation & planning	-	0	0	-	-	0
XI	Early intervention	-	0	0	51,000.60	50,525.00	0
CW	Community Supports Waiver	-	0	0	19,640.10	-	0
CWA	Community Supports Waiver - Waiver	-	0	0	-	17,504.00	0
XM	Home & community based	-	0	0	772,259.37	-	0
XMA	Home & community based - Admin	-	0	0	-	2,820,653.00	0
AW	PDD Waiver	-	0	0	-	-	0
AWA	PDD Waiver - Admin	-	0	0	-	58,093.00	0
XA	Autism	-	0	0	419,099.95	421,888.00	0
XS	Head & spinal cord	-	0	0	-	-	0
XH	Head & spinal cord waiver	-	0	0	34,709.09	-	0
XHA	Head & spinal cord waiver - Waiver	-	0	0	-	1,153,601.00	0
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	0	0	-	-	0
FN	Other non-covered costs	-	0	0	-	734.00	0

South Carolina Department of Disabilities Special Needs
 Coastal Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
YF Federal projects	-	0	0	-	-	-	0
90 SUBTOTAL	-	215,254	178,330	13,151,147.32	-	28,067,947.00	6,045.00
		215,254	178,330	13,151,147			6,045
Costs to be allocated (Worksheet B, Part I)	-	\$28,748	\$72,249	5,582,272.00	-	\$1,120,137	\$293,483
Unit cost multiplier	-	0.133554	0.405142	0.424470	0.000000	0.039908	48.549711

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted In lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	-	-	-	-	-	-
02A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational therapy	138,500.00	-	-	-	-	-
ED	Education	-	-	-	-	-	-
CS	Speech & hearing	-	-	103,541.00	-	-	-
CL	Cottage life allocable	-	-	-	6,687,103.00	-	-
CT	Other Assistive Technology	-	-	-	-	135,232.00	-
XG	General Community Operations	-	-	-	-	-	158,749.00
XR	Community Residential	-	-	-	-	104.00	46,608.00
INPATIENT ROUTINE SERVICE COST CENTERS							
HA	Highlands 510 (ICU)	22,327.00	-	10,764.00	618,298.00	12,504.00	-
HB	Live Oak Village	-	-	-	-	-	-
HC	Highlands (D Units)	70,990.00	-	47,890.00	3,547,254.00	71,735.00	-
HL	Hillside (F Units)	45,182.00	-	44,887.00	2,521,550.00	50,993.00	-
JA	Camp Road	-	-	-	-	-	-
JB	Conifer Hall I	-	-	-	-	-	1,450.00
JC	Conifer Hall II	-	-	-	-	-	1,452.00
JD	Dehay	-	-	-	-	-	-
JE	Dills Bluff	-	-	-	-	-	1,453.00
JG	Farmington	-	-	-	-	-	-
JF	Forest Circle	-	-	-	-	-	1,521.00
JH	Hampton St.	-	-	-	-	-	-
JI	Josie Drive	-	-	-	-	-	1,683.00
JJ	Kings	-	-	-	-	-	1,281.00
JK	Lenevar	-	-	-	-	-	-
JL	Nance	-	-	-	-	-	1,280.00
JM	Port Royal	-	-	-	-	-	-
JP	Vamville	-	-	-	-	-	-
JQ	Zeigler	-	-	-	-	-	-
KA	Harley Road	-	-	-	-	-	1,500.00
KB	Academy Street	-	-	-	-	-	1,485.00
KC	Black's Drive	-	-	-	-	-	1,485.00
KD	Lemon Park	-	-	-	-	-	1,485.00
KE	Wannamaker Street	-	-	-	-	-	1,390.00
KF	Silfy	-	-	-	-	-	1,390.00
KG	Parsons I	-	-	-	-	-	1,551.00
KH	Parsons II	-	-	-	-	-	1,548.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmiry	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	-	-	-	-	-	10,679.00
AY	Rehab Phase I	-	-	-	-	-	3,611.00
AZ	Rehab Phase II	-	-	-	-	-	858.00
GA	Cosair CTH II	-	-	-	-	-	-
XE	Evaluation & planning	-	-	-	-	-	-
XI	Early intervention	-	-	-	-	-	7,694.00
CW	Community Supports Waiver	-	-	-	-	-	5,010.00
CWA	Community Supports Waiver - Waiver	-	-	-	-	-	-
XM	Home & community based	-	-	-	-	-	103,567.00
XMA	Home & community based - Admin	-	-	-	-	-	38,456.00
AW	PDD Waiver	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	-	-	-	-	-	977.00
XS	Head & spinal cord	-	-	-	-	-	-
XH	Head & spinal cord waiver	-	-	-	-	-	4,293.00
XHA	Head & spinal cord waiver - Waiver	-	-	-	-	-	-
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	-	-	-	-	-
FN	Other non-covered costs	-	-	-	-	-	-
YF	Federal projects	-	-	-	-	-	-
90	SUBTOTAL	138,499.00	-	103,541.00	6,687,102.00	135,232.00	158,747.00
100	TOTAL EXPENSES	138,499.00	-	103,541.00	6,687,102.00	135,232.00	158,747.00

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	-	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	-	-	-	-	-
2A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational therapy	3,939.00	-	-	-	-	-
ED	Education	0	-	-	-	-	-
CS	Speech & hearing	0	0	353.50	-	-	-
CL	Cottage life allocable	0	0	0	62,783.00	-	-
CT	Other Assistive Technology	0	0	0	0	62,783.00	-
XG	General Community Operations	0	0	0	0	0	68,517,877.00
XR	Community Residential	0	0	0	0	44,719	54,177,199.00
INPATIENT ROUTINE SERVICE COST CENTERS							
HA	Highlands 510 (ICU)	635	0	37	5,805	5,805	0
HB	Live Oak Village	0	0	0	0	0	0
HC	Highlands (D Units)	2,019	0	164	33,304	33,304	0
HL	Hillside (F Units)	1,285	0	153	23,674	23,674	0
JA	Camp Road	0	0	0	0	0	0
JB	Conifer Hall I	0	0	0	0	0	625,646
JC	Conifer Hall II	0	0	0	0	0	626,670
JD	Dehay	0	0	0	0	0	0
JE	Dills Bluff	0	0	0	0	0	627,252
JG	Farmington	0	0	0	0	0	0
JF	Forest Circle	0	0	0	0	0	656,403
JH	Hampton St.	0	0	0	0	0	0
JI	Josie Drive	0	0	0	0	0	726,611
JJ	Kings	0	0	0	0	0	552,863
JK	Lenevar	0	0	0	0	0	0
JL	Nance	0	0	0	0	0	552,554
JM	Port Royal	0	0	0	0	0	0
JP	Vamville	0	0	0	0	0	0
JQ	Zeigler	0	0	0	0	0	0
KA	Harley Road	0	0	0	0	0	647,587
KB	Academy Street	0	0	0	0	0	641,106
KC	Black's Drive	0	0	0	0	0	641,106
KD	Lemont Park	0	0	0	0	0	641,106
KE	Wannamaker Street	0	0	0	0	0	599,819
KF	Silly	0	0	0	0	0	599,964
KG	Parsons I	0	0	0	0	0	669,606
KH	Parsons II	0	0	0	0	0	668,160
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmary	0	0	0	0	0	0
BK	Outpatient clinic	0	0	0	0	0	0
BP	Pharmacy	0	0	0	0	0	0
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	0	0	0	0	0	4,609,261
AY	Rehab Phase I	0	0	0	0	0	1,558,397
AZ	Rehab Phase II	0	0	0	0	0	370,305
GA	Cosair CTH II	0	0	0	0	0	0
XE	Evaluation & planning	0	0	0	0	0	0
XI	Early intervention	0	0	0	0	0	3,320,951
CW	Community Supports Waiver	0	0	0	0	0	2,162,253
CWA	Community Supports Waiver - Waiver	0	0	0	0	0	0
XM	Home & community based	0	0	0	0	0	44,700,746
XMA	Home & community based - Admin	0	0	0	0	0	0
AW	PDD Waiver	0	0	0	0	0	0
AWA	PDD Waiver - Admin	0	0	0	0	0	0
XA	Autism	0	0	0	0	0	421,888
XS	Head & spinal cord	0	0	0	0	0	0
XH	Head & spinal cord waiver	0	0	0	0	0	1,852,904
XHA	Head & spinal cord waiver - Waiver	0	0	0	0	0	0
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	0	0	0	0	0	0
FN	Other non-covered costs	0	0	0	0	0	0

South Carolina Department of Disabilities Special Needs
 Coastal Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>OCCUPATIONAL</u>	<u>EDUCATION</u>	<u>SPEECH &</u>	<u>COTTAGE</u>	<u>OTHER</u>	<u>GENERAL</u>	<u>COMMUNITY</u>
		<u>THERAPY</u>		<u>HEARING</u>	<u>LIFE</u>	<u>ASSISTIVE</u>	<u>COMMUNITY</u>	<u>RESIDENTIAL</u>
		CN	ED	CS	CL	CT	XG	XR
YF	Federal projects	0	0	0	0	0	0	0
90	SUBTOTAL	3,939.00 3,939	- 0	353.50 354	62,783.00 62,783	62,783.00 62,783	68,517,877.00 68,860,417	54,177,199.00 54,757,683
	Costs to be allocated (Worksheet B, Part I)	\$138,500	\$0	\$103,541	\$6,687,103	\$135,232	\$158,749	\$46,608
	Unit cost multiplier	35.161208	0.000000	292.902405	106.511365	2.153959	0.002317	0.000860

South Carolina Department of Disabilities Special Needs
 Coastal Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

	<u>COST CENTER</u>	<u>TOTAL</u>
		21
	GENERAL SERVICE COST CENTERS	
02	New capital-related costs - build	-
02A	New capital-related costs - equip	-
AB	Employee health & welfare	-
AA	Administrative & general	-
CP	Physical therapy	-
CN	Occupational therapy	-
ED	Education	-
CS	Speech & hearing	-
CL	Cottage life allocable	-
CT	Other Assistive Technology	-
XG	General Community Operations	-
XR	Community Residential	-
	INPATIENT ROUTINE SERVICE COST CENTERS	
HA	Highlands 510 (ICU)	2,459,455.00
HB	Live Oak Village	(1,621.00)
HC	Highlands (D Units)	11,960,122.00
HL	Hillside (F Units)	8,786,640.00
JA	Camp Road	-
JB	Conifer Hall I	628,987.00
JC	Conifer Hall II	629,794.00
JD	Dehay	-
JE	Dills Bluff	630,078.00
JG	Farmington	-
JF	Forest Circle	659,905.00
JH	Hampton St.	-
JI	Josie Drive	730,358.00
JJ	Kings	556,013.00
JK	Lenevar	-
JL	Nance	555,690.00
JM	Port Royal	-
JP	Vamville	-
JQ	Zeigler	-
KA	Harley Road	650,631.00
KB	Academy Street	644,134.00
KC	Black's Drive	644,134.00
KD	Lemon Park	644,134.00
KE	Wannamaker Street	602,712.00
KF	Sifty	602,862.00
KG	Parsons I	672,724.00
KH	Parsons II	671,217.00
	OUTPATIENT SERVICE COST CENTERS	
BI	Infirmery	-
BK	Outpatient clinic	-
BP	Pharmacy	-
	OTHER REIMBURSEABLE COST CENTERS	
XC	Service coordination	4,644,130.00
AY	Rehab Phase I	1,562,008.00
AZ	Rehab Phase II	371,396.00
GA	Cosair CTH II	-
XE	Evaluation & planning	-
XI	Early intervention	3,330,661.00
CW	Community Supports Waiver	2,167,263.00
CWA	Community Supports Waiver - Waiver	787.00
XM	Home & community based	44,842,769.00
XMA	Home & community based - Admin	116,978.00
AW	PDD Waiver	56,000.00
AWA	PDD Waiver - Admin	4,411.00
XA	Autism	439,702.00
XS	Head & spinal cord	-
XH	Head & spinal cord waiver	1,857,197.00
XHA	Head & spinal cord waiver - Waiver	82,986.00
	NONREIMBURSEABLE COST CENTERS	
FC	Non-certified Units	-
FN	Other non-covered costs	763.00
YF	Federal projects	1.05
90	SUBTOTAL	92,205,221.05
100	TOTAL EXPENSES	92,205,221.05

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	DIRECT CONTRACT COST	ADJUSTED ADMIN & GENERAL
AA				
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	282,220	0	282,220
CN	Occupational therapy	133,185	0	133,185
ED	Education	0	0	0
CS	Speech & hearing	99,567	0	99,567
CL	Cottage life allocable	6,430,475	0	6,430,475
CT	Other Assistive Technology	130,042	0	130,042
XG	General Community Operations	152,657	0	152,657
XR	Community Residential	44,719	0	44,719
INPATIENT ROUTINE SERVICE COST CENTERS				
HA	Highlands 510 (ICU)	1,660,454	0	1,660,454
HB	Live Oak Village	(1,559)	0	(1,559)
HC	Highlands (D Units)	7,766,792	0	7,766,792
HL	Hillside (F Units)	5,813,102	0	5,813,102
JA	Camp Road	0	0	0
JB	Conifer Hall I	625,646	(591,739)	33,907
JC	Conifer Hall II	628,670	(598,287)	28,383
JD	Dehay	0	0	0
JE	Dills Bluff	627,252	(606,376)	20,876
JG	Farmington	0	0	0
JF	Forest Circle	656,403	(620,915)	35,488
JH	Hampton St.	0	0	0
JI	Josie Drive	726,611	(690,541)	36,070
JJ	Kings	552,863	(517,946)	34,917
JK	Lenevar	0	0	0
JL	Nance	552,554	(517,946)	34,608
JM	Port Royal	0	0	0
JP	Varnville	0	0	0
JQ	Zeigler	0	0	0
KA	Harley Road	647,587	(622,865)	24,722
KB	Academy Street	641,106	(616,265)	24,841
KC	Black's Drive	641,106	(616,265)	24,841
KD	Lemon Park	641,106	(616,265)	24,841
KE	Wannamaker Street	599,819	(575,098)	24,721
KF	Sifly	599,964	(575,098)	24,866
KG	Parsons I	669,606	(644,766)	24,840
KH	Parsons II	668,160	(644,766)	23,394
OUTPATIENT SERVICE COST CENTERS				
BI	Infirmary	0	0	0
BK	Outpatient clinic	0	0	0
BP	Pharmacy	0	0	0
OTHER REIMBURSEABLE COST CENTERS				
XC	Service coordination	4,609,261	(4,003,114)	606,147
AY	Rehab Phase I	1,558,397	(1,558,397)	0
AZ	Rehab Phase II	370,305	(364,472)	5,833
GA	Cosair CTH II	0	0	0
XE	Evaluation & planning	0	0	0
XI	Early intervention	3,320,951	(3,270,426)	50,525
CW	Community Supports Waiver	2,162,253	(2,162,253)	0
CWA	Community Supports Waiver - Waiver	88	2,162,253	(2,144,837)
XM	Home & community based	44,700,746	(44,700,746)	0

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

		ADMINISTRA-	RECLASSIFY	DIRECT CONTRACT	ADJUSTED
XMA	Home & community based - Admin	4,411	44,700,746	(41,884,504)	2,820,653
AW	PDD Waiver	56,000	(56,000)	0	0
AWA	PDD Waiver - Admin	2,093	56,000	0	58,093
XA	Autism	421,888		0	421,888
XS	Head & spinal cord	0		0	0
XH	Head & spinal cord waiver	1,852,904	(1,852,904)	0	0
XHA	Head & spinal cord waiver - Waiver	36,948	1,852,904	(736,251)	1,153,601
NONREIMBURSEABLE COST CENTERS					
FC	Non-certified Units	0		0	0
FN	Other non-covered costs	734		0	734
YF	Federal projects	0		0	0
90	SUBTOTAL	91,085,086.00	-	(63,017,139.00)	28,067,947.00

South Carolina Department of Disabilities and Special Needs

Coastal Region

Fiscal Year Ended June 30, 2010

Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$787	\$2,167,263	\$2,168,050	0.04%
Home & community based	XM	\$116,978	\$44,842,769	\$44,959,747	0.26%
PDD Waiver	AW	\$4,411	\$56,000	\$60,411	7.30%
Head & spinal cord waiver	XH	\$82,986	\$1,857,197	\$1,940,183	4.28%
		\$205,162	\$48,923,229	\$49,128,391	0.42%

Exhibit B
Midlands Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY - MIDLANDS REGION	PROVIDER NO.: VARIOUS	PERIOD: FROM: July 1, 2009 TO: June 30, 2010	WORKSHEET S PARTS I AND II
Intermediary Use Only		Date Received	Intermediary Number

Audited Desk Reviewed

PART I - CERTIFICATION

Check applicable box Electronically filed cost report Date: _____ Time: _____
 Manually submitted cost report

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Midlands Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)
 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Midlands Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: Farrow Road P.O. Box: 1
1.01 City: Columbia State: SC Zip Code: 29203 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2	Hospital							2
3	Subprovider							3
4	Swing Beds - SNF							4
5	Swing Beds - NF							5
6	Hospital-Based SNF							6
7	Hospital-Based NF							7
8	Hospital-Based OLTC							8
9	Hospital-Based HHA							9
10	Hospital-Based CORF							10
11	Separately Certified ASC							11
12	Hospital-Based Hospice							12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions) 1 2 14

Type of Hospital/Subprovider (See Instructions)

15 Hospital 15
16 Subprovider 16

Other Information

17	If this is a Medicare Certified Kidney Transplant Center, enter the certification date.							17
18	If this is a Medicare Certified Heart Transplant Center, enter the certification date.							18
19	If this is a Medicare Certified Liver Transplant Center, enter the certification date.							19
20	If this is an Organ Procurement Organization (OPO), enter the OPO number.							20
21	Is this an Eye or Eye and Ear Specialty Hospital?				N			21
22	If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty				N			22
23	If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:							23
24	If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)							24
25	If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.							25
26	Does this hospital qualify as a rural primary care hospital?				N			26
27	Is this a rural hospital qualifying for an exception to the CRNA fee schedule?				N			27
28	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?				N			28

Miscellaneous Cost Reporting Information

29	If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.				N			29
30	If this is an All-Inclusive Provider, enter the method used. (See Instructions)							30
31	Is the difference between total interim payments and the net cost of covered services included in the balance sheet?				N			31
32	Is this a new hospital under 42 CFR 412.300 PPS Capital?				N			32
33	Is this a new hospital under 42 CFR 413.40 (TEFRA)?				N			33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Midlands Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		727,314.46	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
38	If depreciation is funded, enter the balance as of the end of the period.			38
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
		1	2	3	
44	Are you filing under the fully prospective payment methodology for capital costs?				44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If this hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

South Carolina Department of Disabilities and Special Needs
Midland Region
Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS- IFIED	ADJUSTMENTS	NET
					TRIAL BALANCE	TO EXPENSES INCREASE (DECREASE)	EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
02 Capital-related costs - build			0.00	0.00	0.00	32,054.00	32,054.00
02A Capital-related costs - equip			0.00	0.00	0.00	109,337.00	109,337.00
AB Employee health & welfare	204,156.81	2,969.95	207,127.00	0.00	207,127.00	5,672,359.00	5,879,486.00
AA Administrative & general	335,792.80	858,615.17	1,194,408.00	(592,305.00)	602,103.00	896,791.00	1,298,894.00
CP Physical therapy	149,477.64	12,913.98	162,392.00	0.00	162,392.00	27,959.00	190,351.00
CN Occupational Therapy	178,563.17		178,563.00	0.00	178,563.00	6,827.00	185,390.00
ED Education	391,189.96	3,523.59	394,714.00	(394,714.00)	0.00	0.00	0.00
CS Speech & hearing	87,659.76	490.00	88,150.00	0.00	88,150.00	8,290.00	96,440.00
CL Cottage Life Allocable	2,888,227.55	2,658,231.98	5,546,460.00	(89,225.00)	5,447,235.00	544,013.00	5,991,248.00
CT Other Assistive Technology			0.00	0.00	0.00	1,704.00	1,704.00
XG General Community Operations			0.00	0.00	0.00	198,427.00	198,427.00
XR Community Residential		10,300.48	10,300.00	0.00	10,300.00	20,427.00	30,727.00
INPATIENT ROUTINE SERVICE COST CENTERS							
LA First Midlands	2,647,363.48	250,187.02	2,897,551.00	313,799.00	3,211,350.00	961,314.00	4,172,664.00
LF Second Midlands			0.00	0.00	0.00	0.00	0.00
LK Third Midlands	5,301,108.53	412,473.84	5,713,580.00	680,110.00	6,393,690.00	1,691,261.00	8,084,951.00
NA Bird I			0.00	0.00	0.00	0.00	0.00
NB Bird II			0.00	0.00	0.00	0.00	0.00
NC Dupont I		24,163.03	24,163.00	318.00	24,481.00	585,444.00	609,925.00
ND Dupont II		24,820.00	24,820.00	330.00	25,150.00	634,898.00	660,048.00
NE Hunter			0.00	0.00	0.00	0.00	0.00
NF Mangum		24,820.00	24,820.00	330.00	25,150.00	561,390.00	586,540.00
NG McConnell		26,045.00	26,045.00	330.00	26,375.00	538,630.00	565,005.00
NH McCullough		35,878.50	35,879.00	(4,653.00)	31,226.00	810,018.00	841,244.00
NI Rudnick			0.00	0.00	0.00	0.00	0.00
NJ Sanders			0.00	0.00	0.00	0.00	0.00
MA Linden		24,199.50	24,200.00	322.00	24,522.00	629,517.00	654,039.00
MB Laurens		24,667.00	24,667.00	328.00	24,995.00	580,349.00	605,344.00
MC Rabbit Run		24,728.50	24,727.00	329.00	25,056.00	592,644.00	617,700.00
MD North Pines			0.00	0.00	0.00	0.00	0.00
ME Ida Lane II		22,448.50	22,449.00	299.00	22,748.00	557,099.00	579,847.00
MF Ida Lane I		23,910.50	23,911.00	318.00	24,229.00	557,098.00	581,327.00
MG Horrell Hill		24,573.50	24,574.00	327.00	24,901.00	543,093.00	567,994.00
MH Archie Drive		22,686.50	22,687.00	302.00	22,989.00	495,161.00	518,150.00
MI Carter Street		24,420.50	24,421.00	325.00	24,746.00	472,515.00	497,261.00
MJ Kensington I			0.00	0.00	0.00	0.00	0.00
MK Kensington II			0.00	0.00	0.00	0.00	0.00
ML Woodawn Avenue		23,120.00	23,120.00	307.00	23,427.00	495,160.00	518,587.00
MM Ruby Blair			0.00	0.00	0.00	0.00	0.00
MN Stuart Blair			0.00	0.00	0.00	0.00	0.00
MP Florence Gressette		24,820.00	24,820.00	330.00	25,150.00	687,542.00	712,692.00
MQ Wylie-Brunson		24,794.50	24,795.00	330.00	25,125.00	687,542.00	712,667.00
MR Batesburg		24,471.50	24,472.00	325.00	24,797.00	472,515.00	497,312.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary			0.00	0.00	0.00	0.00	0.00
BK Outpatient clinic		85,201.25	85,201.00	(87,486.00)	(2,285.00)	2,285.00	0.00
BP Pharmacy		39,073.70	39,074.00	(42,209.00)	(3,135.00)	3,135.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service Coordination			0.00	0.00	0.00	6,934,573.00	6,934,573.00
AY Rehab Support Phase I			0.00	0.00	0.00	658,179.00	658,179.00
AZ Rehab Support Phase II			0.00	0.00	0.00	461,560.00	461,560.00
XE Evaluation & Planning			0.00	0.00	0.00	0.00	0.00
XI Early Intervention			0.00	0.00	0.00	6,626,572.00	6,626,572.00
CW Community Supports Waiver			0.00	0.00	0.00	2,268,466.00	2,268,466.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	93.00	93.00
XM Home & community based			0.00	709,760.00	709,760.00	64,008,250.00	64,718,010.00
XMA Home & community based - Admin			0.00	0.00	0.00	16,879.00	16,879.00
AW PDD Waiver			0.00	0.00	0.00	0.00	0.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	0.00	0.00
XA Autism		166.10	166.00	(533,720.00)	(533,554.00)	586,322.00	52,768.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	0.00	0.00	2,131,595.00	2,131,595.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	31,767.00	31,767.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified Units			0.00	0.00	0.00	0.00	0.00
FN Other noncovered costs	7,120.00		7,120.00	45,492.00	52,612.00	16,846.00	69,458.00
YF Federal Projects			0.00	0.00	0.00	0.00	0.00
SUBTOTAL	12,190,657.70	4,758,712.09	16,949,376.00	1.00	16,949,375.00	103,617,900.00	120,567,275.00
TOTAL	12,190,657.70	4,758,712.09	16,949,376.00	1.00	16,949,375.00	103,617,900.00	120,567,275.00

**South Carolina Department of Disabilities and Special Needs
Midland Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	02	Capital-related costs - build	-	-	-
07	AA	Administrative & general	-	-	-
09	AA	Administrative & general	-	46,844.00	(46,844.00)
17	AA	Administrative & general	-	545,460.97	(545,460.97)
03	AB	Employee Health & Welfare	-	-	-
05	XG	General Community Operations	-	-	-
01	CL	Cottage life allocable	-	464,078.51	(464,078.51)
03	CL	Cottage life allocable	17,848.40	-	17,848.40
05	CL	Cottage life allocable	-	-	-
08	CL	Cottage life allocable	-	54,828.07	(54,828.07)
10	CL	Cottage life allocable	394,713.55	-	394,713.55
16	CL	Cottage life allocable	7,120.00	-	7,120.00
07	2A	Capital-related costs - equip	-	-	-
10	ED	Education	-	394,713.55	(394,713.55)
01	LA	First Midlands	108,386.08	-	108,386.08
03	LA	First Midlands	-	41,851.81	(41,851.81)
04	LA	First Midlands	41,627.82	-	41,627.82
08	LA	First Midlands	18,505.15	-	18,505.15
09	LA	First Midlands	17,618.52	-	17,618.52
15	LA	First Midlands	-	-	-
17	LA	First Midlands	205,153.62	-	205,153.62
18	LA	First Midlands	-	35,640.00	(35,640.00)
05	XC	Service coordination	-	-	-
01	FN	Non-Covered	52,612.23	-	52,612.23
16	FN	Non-Covered	-	7,120.00	(7,120.00)
05	XI	Early intervention	-	-	-
02	XM	Home & community based	228,675.90	-	228,675.90
05	XM	Home & community based	-	-	-
06	XM	Home & community based	305,043.71	-	305,043.71
11	XM	Home & community based	-	-	-
18	XM	Home & community based	176,040.00	-	176,040.00
05	XR	Community Residential	-	-	-
11	XR	Community Residential	-	-	-
02	XA	Autism	-	228,675.90	(228,675.90)
06	XA	Autism	-	305,043.71	(305,043.71)
03	BI	Infirmery	-	-	-
04	BI	Infirmery	-	-	-
15	LF	Second Midlands	-	-	-
01	LK	Third Midlands	303,080.20	-	303,080.20
03	LK	Third Midlands	24,003.41	-	24,003.41
04	LK	Third Midlands	88,067.11	-	88,067.11
08	LK	Third Midlands	30,696.21	-	30,696.21

**South Carolina Department of Disabilities and Special Needs
Midland Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
09	LK	Third Midlands	29,225.48	-	29,225.48
15	LK	Third Midlands	-	-	-
17	LK	Third Midlands	340,307.35		340,307.35
18	LK	Third Midlands		135,270.00	(135,270.00)
03	BK	Clinic	-	-	-
04	BK	Clinic	-	87,486.25	(87,486.25)
04	BP	Pharmacy	-	42,208.68	(42,208.68)
05	XH	HASCI Waiver	-	-	-
18	XH	HASCI Waiver	-	-	-
08	MA	Linden Street	321.84		321.84
17	MA	Linden Street	-		-
08	MB	Laurens Street	328.06		328.06
17	MB	Laurens Street	-		-
08	MC	Rabbit Run	328.85		328.85
17	MC	Rabbit Run	-		-
08	MD	North Pines	-		-
17	MD	North Pines	-		-
08	ME	Ida II	298.56		298.56
17	ME	Ida II	-		-
18	ME	Ida II	-	-	-
08	MF	Ida I	318.00		318.00
17	MF	Ida I	-		-
08	MG	Horrell Hill	326.82		326.82
17	MG	Horrell Hill	-		-
08	MH	Archie Drive	301.72		301.72
17	MH	Archie Drive	-		-
08	MI	Carter Street	324.79		324.79
17	MI	Carter Street	-		-
18	MI	Carter Street	-	-	-
08	MJ	Kensington I	-		-
17	MJ	Kensington I	-		-
08	MK	Kensington II	-		-
17	MK	Kensington II	-		-
08	ML	Woodlawn Ave	307.49		307.49
17	ML	Woodlawn Ave	-		-
08	MM	Ruby Blair	-		-
17	MM	Ruby Blair	-		-
08	MN	Stuart Blair	-		-
17	MN	Stuart Blair	-		-
08	MP	Florence Gresett	330.09		330.09
17	MP	Florence Gresett	-		-
08	MQ	Wylie Brunson	329.76		329.76

**South Carolina Department of Disabilities and Special Needs
Midland Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET
17	MQ	Wylie Brunson	-		-
08	MR	Batesburg Group	325.47		325.47
17	MR	Batesburg Group	-		-
08	NA	Bird I	-	-	-
17	NA	Bird I	-		-
08	NB	Bird II	-	-	-
17	NB	Bird II	-		-
08	NC	Dupont I	317.78	-	317.78
17	NC	Dupont I	-	-	-
18	NC	Dupont I	-	-	-
08	ND	Dupont II	330.11	-	330.11
17	ND	Dupont II	-		-
08	NE	Hunter	-	-	-
17	NE	Hunter	-		-
08	NF	Mangum	330.11	-	330.11
17	NF	Mangum	-		-
08	NG	McConnell	330.09	-	330.09
17	NG	McConnell	-		-
18	NG	McConnell	-	-	-
08	NH	McCullough	477.17	-	477.17
17	NH	McCullough	-		-
18	NH	McCullough		5,130.00	(5,130.00)
08	NI	Rudnick	-	-	-
17	NI	Rudnick	-		-
08	NJ	Sanders	-	-	-
17	NJ	Sanders	-		-
Midland Region Net Reclassifications			2,394,351.45	2,394,351.45	0.00

South Carolina Department of Disabilities and Special Needs
 Midland Region Adjustments by Cost Center
 For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
01	02	Capital Related Costs - Bldg	19,996.00	-	19,996.00	To record depreciation expense for capital-related costs - build.	No
15	02	Capital Related Costs - Bldg	-	-	-	To record uncaptured depreciation caused by deletions.	No
17	02	Capital Related Costs - Bldg	12,058.40	-	12,058.40	To record Midlands' portion of allowable central office expenses.	No
05	02A	Capital related costs - equip	-	2,040.00	(2,040.00)	To record sale of surplus material and equipment.	No
14	02A	Capital-related costs - equip	85,370.86	-	85,370.86	To record depreciation for equipment.	No
15	02A	Capital-related costs - equip	16,222.22	-	16,222.22	To record uncaptured depreciation caused by deletions.	No
17	02A	Capital-related costs - equip	9,784.25	-	9,784.25	To record Midlands' portion of allowable central office expenses.	No
01	AA	Administrative & general	46,844.00	-	46,844.00	To record depreciation expense for capital-related costs - build.	No
4	AA	Administrative & general	-	461.95	(461.95)	To Record Refund of Prior Year Expenditures	No
08	AA	Administrative & general	-	-	-	To adjust expenses for commissions.	No
12	AA	Administrative & general	-	-	-	To Record Central Office PIP Non Capital Expenditures	No
16	AA	Administrative & general	-	115.33	(115.33)	To record added depreciation.	No
17	AA	Administrative & general	419,198.34	-	419,198.34	To record Midlands' portion of allowable central office expenses.	No
18	AA	Administrative & general	-	-	-	To record Midland's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administrative & general	-	-	-	To record accounts payable accruals.	No
31	AA	Administrative & general	-	-	-	To expense repairs & renovations.	No
32	AA	Administrative & general	-	-	-	To record Data Management/Biostatistics Grant	No
41	AA	Administrative & general	-	-	-	To record hospice days	Yes
43	AA	Administrative & general	-	648,947.00	(648,947.00)	To Record SCEIS Expenditure to appropriate facilities	No
57	AA	Administrative & general	-	-	-	To Record Central Office Training Costs for Admin	No
70	AA	Administrative & general	-	-	-	To allocate costs for FBI-Supported Employment	No
72	AA	Administrative & general	-	-	-	To allocate costs for Special Olympics grant	No
73	AA	Administrative & general	-	-	-	To allocate costs related to Brain Injury grant	No
74	AA	Administrative & general	-	-	-	To allocate costs related to Family Connection grant	No
75	AA	Administrative & general	-	-	-	To allocate costs related to ARC of the Midlands grant	No
01	AB	Employees health & welfare	2,411.00	-	2,411.00	To record depreciation expense for capital-related costs - build.	No
02	AB	Employees health & welfare	335.06	-	335.06	To offset revenue for Cobra Premiums	No
16	AB	Employees health & welfare	-	-	-	To record added depreciation.	No
17	AB	Employees health & welfare	5,730,105.05	-	5,730,105.05	To record Midlands' portion of allowable central office expenses.	No
19	AB	Employees health & welfare	4,248.05	-	4,248.05	To record Midlands' portion of accrued leave.	No
20	AB	Employees health & welfare	-	57,907.76	(57,907.76)	To record Midland's portion of accrued payroll.	No
21	AB	Employees health & welfare	-	-	-	To record accounts payable accruals.	No
31	AB	Employees health & welfare	-	-	-	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	6,832.41	(6,832.41)	To record Midland's portion of accrued fringes.	No
52	AY	Rehab Support Phase I	658,178.83	-	658,178.83	To Record Central Office Rehab Support I Costs	Yes
48	AA	Rehab Support Phase II	4,771.39	-	4,771.39	To Record Central Office Costs	No
53	AZ	Rehab Support Phase II	457,643.00	-	457,643.00	To Record Central Office Rehab Support II Costs	Yes
60	AZ	Rehab Support Phase II	-	-	-	To record central office Rehab Phase II costs	No
63	AA	Rehab Support Phase II	1,425.24	-	1,425.24	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Rehab Support Phase II	1,875.21	-	1,875.21	To allocate District Costs to Regions	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
77	AZ	Rehab Support Phase II	3,917.43	-	3,917.43	To allocate salaries to regions	No
01	BI	Infirmiry	-	-	-	To record depreciation expense for capital-related costs - build.	No
01	BK	Clinic	2,285.00	-	2,285.00	To record depreciation expense for capital-related costs - build.	No
16	BK	Clinic	-	-	-	To record added depreciation.	No
31	BK	Clinic	-	-	-	To expense repairs & renovations.	No
01	BP	Pharmacy	3,202.00	-	3,202.00	To record depreciation expense for capital-related costs - build.	No
4	BP	Pharmacy	-	8.90	(8.90)	To Record Refund of Prior Year Expenditures	No
16	BP	Pharmacy	-	58.12	(58.12)	To record added depreciation.	No
31	BP	Pharmacy	-	-	-	To expense repairs & renovations.	No
56	BP	Pharmacy	-	-	-	To Record Central Office Drug Charges	No
01	CL	Cottage life allocable	218,377.00	-	218,377.00	To record depreciation expense for capital-related costs - build.	No
06	CL	Cottage Life	-	-	-	To record USDA revenues.	No
7	CL	Cottage Life	-	-	-	To record Employee Meals Revenues	No
10	CL	Cottage Life	-	73539.98	(73,539.98)	To record WAC's revenues.	No
16	CL	Cottage Life	-	4,591.17	(4,591.17)	To record added depreciation.	No
21	CL	Cottage Life	-	-	-	To record accounts payable accruals.	No
28	CL	Cottage Life	99,389.00	-	99,389.00	To record day program costs for contracts with outside providers.	No
31	CL	Cottage Life	261,541.96	-	261,541.96	To expense repairs & renovations.	No
51	CL	Cottage Life	-	6,959.40	(6,959.40)	Adjustment of Federal Grant Expenditures	No
61	CL	Cottage Life	30,420.48	-	30,420.48	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage Life	19,374.61	-	19,374.61	To allocate costs related to Dr. Johnson's services.	No
01	CN	Occupational Therapy	6,827.00	-	6,827.00	To record depreciation expense for capital-related costs - build.	No
16	CN	Occupational Therapy	-	-	-	To record added depreciation.	No
31	CN	Occupational Therapy	-	-	-	To expense repairs & renovations.	No
01	CP	Physical Therapy	27,959.00	-	27,959.00	To record depreciation expense for capital-related costs - build.	No
16	CP	Physical Therapy	-	-	-	To record added depreciation.	No
21	CP	Physical Therapy	-	-	-	To record accounts payable accruals.	No
31	CP	Physical Therapy	-	-	-	To expense repairs & renovations.	No
01	CS	Speech & hearing	8,290.00	-	8,290.00	To record depreciation expense for capital-related costs - build.	No
16	CS	Speech & hearing	-	-	-	To record added depreciation.	No
21	CS	Speech & hearing	-	-	-	To record accounts payable accruals.	No
31	CS	Speech & hearing	-	-	-	To expense repairs & renovations.	No
01	CT	Other Assistive Technology	1,779.00	-	1,779.00	To record depreciation expense for capital-related costs - build.	No
16	CT	Other Assistive Technology	-	74.56	(74.56)	To record added depreciation.	No
31	CT	Other Assistive Technology	-	-	-	To expense repairs & renovations.	No
01	ED	Education	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	ED	Education	-	-	-	To record added depreciation.	No
31	ED	Education	-	-	-	To expense repairs & renovations.	No
01	FN	Other Noncovered Costs	19,982.00	-	19,982.00	To record depreciation expense for capital-related costs - build.	No
02	FN	Other Noncovered Costs	-	-	-	To offset revenue for Cobra Premiums	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
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REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
03	FN	Other Noncovered Costs	-	-	-	Dual Employment	No
08	FN	Other Noncovered Costs	-	3,136.11	(3,136.11)	To adjust expenses for commissions.	No
11	FN	Other Noncovered Costs	-	-	-	To record insurance claims.	No
16	FN	Other Noncovered Costs	-	-	-	To record added depreciation.	No
31	FN	Other Noncovered Costs	-	-	-	To expense repairs & renovations.	No
01	LA	First Midlands	102,187.00	-	102,187.00	To record depreciation expense for capital-related costs - build.	No
13	LA	First Midlands	-	-	-	To record Emergency Expenditures to regions	No
16	LA	First Midlands	-	-	-	To record added depreciation.	No
18	LA	First Midlands	34,569.78	-	34,569.78	To record Midland's portion of the State Wide Cost Allocation Plan.	No
31	LA	First Midlands	-	-	-	To expense repairs & renovations.	No
35	LA	First Midlands	296,210.80	-	296,210.80	To record central office costs.	No
43	LA	First Midlands	272,963.58	-	272,963.58	To Record SCEIS Expenditure to appropriate facilities	No
44	LA	First Midlands	255,382.50	-	255,382.50	To record central office genetics services costs.	No
01	LK	Third Midlands	103,301.00	-	103,301.00	To record depreciation expense for capital-related costs - build.	No
13	LK	Third Midlands	-	-	-	To record Emergency Expenditures to regions	No
16	LK	Third Midlands	-	-	-	To record added depreciation.	No
18	LK	Third Midlands	68,163.59	3,203.02	(3,203.02)	To record Midland's portion of the State Wide Cost Allocation Plan.	No
21	LK	Third Midlands	-	-	-	To record accounts payable accruals.	No
31	LK	Third Midlands	-	-	-	To expense repairs & renovations.	No
35	LK	Third Midlands	561,165.01	-	561,165.01	To record central office costs.	No
43	LK	Third Midlands	538,220.92	-	538,220.92	To Record SCEIS Expenditure to appropriate facilities	No
44	LK	Third Midlands	423,613.07	-	423,613.07	To record central office genetics services costs.	No
23	MA	Linden Street	629,516.00	-	629,516.00	To record management providers direct costs per individual cost reports.	Yes
29	MA	Linden Street	1.00	-	1.00	To record rental agreement	No
23	MB	Laurens Street	580,348.00	-	580,348.00	To record management providers direct costs per individual cost reports.	Yes
29	MB	Laurens Street	1.00	-	1.00	To record rental agreement	No
23	MC	Rabbit Run	592,643.00	-	592,643.00	To record management providers direct costs per individual cost reports.	Yes
29	MC	Rabbit Run	1.00	-	1.00	To record rental agreement	No
23	MD	North Pines	-	-	-	To record management providers direct costs per individual cost reports.	Yes
23	ME	Ida II	557,098.00	-	557,098.00	To record management providers direct costs per individual cost reports.	Yes
29	ME	Ida II	1.00	-	1.00	To record rental agreement	No
23	MF	Ida I	557,097.00	-	557,097.00	To record management providers direct costs per individual cost reports.	Yes
29	MF	Ida I	1.00	-	1.00	To record rental agreement	No
23	MG	Horrell Hill	557,312.00	-	557,312.00	To record management providers direct costs per individual cost reports.	Yes
29	MG	Horrell Hill	1.00	-	1.00	To record rental agreement	No
41	MG	Horrell Hill	-	14,220.00	(14,220.00)	To record hospice days	Yes
23	MH	Archie	495,160.00	-	495,160.00	To record management providers direct costs per individual cost reports.	Yes
29	MH	Archie	1.00	-	1.00	To record rental agreement	No
23	MI	Carter Street	472,514.00	-	472,514.00	To record management providers direct costs per individual cost reports.	Yes
29	MI	Carter Street	1.00	-	1.00	To record rental agreement	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
23	MJ	Kensington I	-		-	To record management providers direct costs per individual cost reports.	Yes
23	MK	Kensington II	-		-	To record management providers direct costs per individual cost reports.	Yes
23	ML	Woodlawn	495,159.00		495,159.00	To record management providers direct costs per individual cost reports.	Yes
29	ML	Woodlawn	1.00		1.00	To record rental agreement	No
23	MM	Ruby Blair	-		-	To record management providers direct costs per individual cost reports.	Yes
23	MN	Stuart Blair	-		-	To record management providers direct costs per individual cost reports.	Yes
23	MP	Florence-Gresett	687,541.00		687,541.00	To record management providers direct costs per individual cost reports.	Yes
29	MP	Florence-Gresett	1.00		1.00	To record rental agreement	No
23	MQ	Wylie-Brunson	687,541.00		687,541.00	To record management providers direct costs per individual cost reports.	Yes
29	MQ	Wylie-Brunson	1.00		1.00	To record rental agreement	No
23	MR	Batesburg	472,514.00		472,514.00	To record management providers direct costs per individual cost reports.	Yes
29	MR	Batesburg	1.00		1.00	To record rental agreement	No
01	NA	Bird Street I	-		-	To record depreciation expense for capital-related costs - build.	No
16	NA	Bird Street I	-		-	To record added depreciation.	No
23	NA	Bird Street I	-		-	To record management providers direct costs per individual cost reports.	Yes
31	NA	Bird Street I	-		-	To expense repairs & renovations.	No
43	NA	Bird Street I	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NB	Bird Street II	-		-	To record depreciation expense for capital-related costs - build.	No
16	NB	Bird Street II	-		-	To record added depreciation.	No
23	NB	Bird Street II	-		-	To record management providers direct costs per individual cost reports.	Yes
31	NB	Bird Street II	-		-	To expense repairs & renovations.	No
43	NB	Bird Street II	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NC	Dupont I	10,664.00		10,664.00	To record depreciation expense for capital-related costs - build.	No
16	NC	Dupont I	-		-	To record added depreciation.	No
23	NC	Dupont I	574,780.00		574,780.00	To record management providers direct costs per individual cost reports.	Yes
31	NC	Dupont I	-		-	To expense repairs & renovations.	No
43	NC	Dupont I	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	ND	Dupont II	10,664.00		10,664.00	To record depreciation expense for capital-related costs - build.	No
16	ND	Dupont II	-		-	To record added depreciation.	No
23	ND	Dupont II	624,234.00		624,234.00	To record management providers direct costs per individual cost reports.	Yes
31	ND	Dupont II	-		-	To expense repairs & renovations.	No
43	ND	Dupont II	-		-	To Record SCEIS Expenditure to appropriate facilities	No
23	NE	Hunter	-		-	To record management providers direct costs per individual cost reports.	Yes
43	NE	Hunter	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NF	Mangum	55.00		55.00	To record depreciation expense for capital-related costs - build.	No
16	NF	Mangum	-		-	To record added depreciation.	No
23	NF	Mangum	561,335.00		561,335.00	To record management providers direct costs per individual cost reports.	Yes
31	NF	Mangum	-		-	To expense repairs & renovations.	No
43	NF	Mangum	-		-	To Record SCEIS Expenditure to appropriate facilities	No
01	NG	McConnell	55.00		55.00	To record depreciation expense for capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
16	NG	McConnell	-	-	-	To record added depreciation.	No
23	NG	McConnell	535,824.00	-	535,824.00	To record management providers direct costs per individual cost reports.	Yes
31	NG	McConnell	2,750.96	-	2,750.96	To expense repairs & renovations.	No
43	NG	McConnell	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
23	NH	McCullough	810,018.00	-	810,018.00	To record management providers direct costs per individual cost reports.	Yes
43	NH	McCullough	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
01	NI	Rudnick	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	NI	Rudnick	-	-	-	To record added depreciation.	No
23	NI	Rudnick	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	NI	Rudnick	-	-	-	To expense repairs & renovations.	No
43	NI	Rudnick	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
01	NJ	Sanders	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	NJ	Sanders	-	-	-	To record added depreciation.	No
23	NJ	Sanders	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	NJ	Sanders	-	-	-	To expense repairs & renovations.	No
43	NJ	Sanders	-	-	-	To Record SCEIS Expenditure to appropriate facilities	No
01	XA	Autism	5,587.00	-	5,587.00	To record depreciation expense for capital-related costs - build.	No
16	XA	Autism	-	19.39	(19.39)	To record added depreciation.	No
21	XA	Autism	-	-	-	To record accounts payable accruals.	No
31	XA	Autism	-	-	-	To expense repairs & renovations.	No
62	XA	Autism	561,852.34	-	561,852.34	To allocate Autism to Regions	No
69	XA	Autism	-	28,132.73	(28,132.73)	To allocate room & board costs	No
77	XA	Autism	47,035.03	-	47,035.03	To allocate salaries to regions	No
01	XC	Service coordination	15,947.00	-	15,947.00	To record depreciation expense for capital-related costs - build.	No
16	XC	Service coordination	-	-	-	To record added depreciation.	No
22	XC	Service coordination	61,862.53	-	61,862.53	To record central office Service Coordination costs.	No
24	XC	Service coordination	5,572,135.00	-	5,572,135.00	To record Service Coordination direct costs.	Yes
30	XC	Service coordination	743,343.18	-	743,343.18	To record costs for Third Party SC	Yes
31	XC	Service coordination	-	-	-	To expense repairs & renovations.	No
39	XC	Service coordination	475,000.00	-	475,000.00	To record central office genetics services costs.	No
47	XC	Service Coordination	-	-	-	Allocation of Central Office Overhead	No
48	AA	Service Coordination	58,322.79	-	58,322.79	To record Central Office Costs	No
63	AA	Service Coordination	2,051.58	-	2,051.58	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Service Coordination	22,916.12	-	22,916.12	To allocate District Costs to Regions	No
71	XC	Service Coordination	2,559.76	-	2,559.76	Depreciation of SC Autism Society Grant	No
77	XC	Service Coordination	63,725.99	-	63,725.99	To allocate salaries to regions	No
01	XG	General Community Operations	13,750.00	-	13,750.00	To record depreciation expense for capital-related costs - build.	No
16	XG	General Community Operations	-	217.03	(217.03)	To record added depreciation.	No
31	XG	General Community Operations	-	-	-	To expense repairs & renovations.	No
45	AA	General Community Operations	-	-	-	To Allocate Autism Costs	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
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REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
55	XG	General Community Operations	-	-	-	To Record Emerald Center Computer Service Division	No
57	XG	General Community Operations	35,581.90	-	35,581.90	To Record Central Office Training Costs for Admin	No
58	XG	General Community Operations	-	-	-	To Record Central Office Training Costs for General Community	No
59	XG	General Community Operations	-	-	-	To Record Central Office Training Costs	No
70	XG	General Community Operations	35,659.00	-	35,659.00	To allocate costs for TBI-Supported Employment	No
72	XG	General Community Operations	58,607.79	-	58,607.79	To allocate costs for Special Olympics grant	No
73	XG	General Community Operations	13,123.23	-	13,123.23	To allocate costs related to Brain Injury grant	No
74	XG	General Community Operations	15,467.06	-	15,467.06	To allocate costs related to Family Connection grant	No
75	XG	General Community Operations	24,868.00	-	24,868.00	To allocate costs related to ARC of the Midlands grant	No
77	XG	General Community Operations	-	-	-	To allocate salaries to regions	No
78	XG	General Community Operations	1,586.86	-	1,586.86	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations	-	-	-	To allocate UAP Attendant Care - Admin	No
01	XHA	HASCI	1,369.00	-	1,369.00	To record depreciation expense for capital-related costs - build.	No
16	XHA	HASCI	-	-	-	To record added depreciation.	No
26	XH	HASCI	637,257.48	-	637,257.48	To allocate QPL costs to Waiver	Yes
31	XHA	HASCI	-	-	-	To expense repairs & renovations.	No
33	XH	HASCI	605,532.14	-	605,532.14	To record Waiver direct costs.	Yes
36	XH	Head and spinal cord waiver	-	-	-	To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	6,333.69	-	6,333.69	To record Central Office Costs	No
50	XH	Head and spinal cord waiver	917.00	-	917.00	Startup Amortization of CTHII	No
63	AA	Head and spinal cord waiver	8,534.33	-	8,534.33	To allocate Statewide Spinal Cord Injury Grant	No
64	XH	Head and spinal cord waiver	32,399.00	-	32,399.00	To allocate HASCI Waiver Attendant Care Back-up	No
66	AA	Head and spinal cord waiver	2,485.41	-	2,485.41	To allocate District Costs to Regions	No
77	XH	Head and spinal cord waiver	23,457.62	-	23,457.62	To allocate salaries to regions.	No
80	XH	Head and spinal cord waiver	244.10	-	244.10	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	676.42	-	676.42	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	812,682.92	-	812,682.92	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	30,398.11	-	30,398.11	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	18,428.69	-	18,428.69	To allocate USC Attendant Care Training	No
01	XI	Early intervention	745.00	-	745.00	To record depreciation expense for capital-related costs - build.	No
16	XI	Early intervention	-	-	-	To record added depreciation.	No
25	XI	Early intervention	2,254,360.00	-	2,254,360.00	To record Early Intervention direct costs.	Yes
27	XI	Early intervention	4,344,539.67	-	4,344,539.67	To record Early Intervention Third Party direct costs.	Yes
31	XI	Early intervention	-	-	-	To expense repairs & renovations.	No
42	XI	Early intervention	-	-	-	To record central office EI costs.	No
48	AA	Early intervention	23,593.67	-	23,593.67	To record Central Office Costs	No
66	AA	Early intervention	9,263.00	-	9,263.00	To allocate District Costs to Regions	No
77	XI	Early intervention	26,926.93	-	26,926.93	To allocate salaries to regions	No
01	XMA	Home and community based	11,724.00	-	11,724.00	To record depreciation expense for capital-related costs - build.	No
16	XMA	Home and community based	-	-	-	To record added depreciation.	No

South Carolina Department of Disabilities and Special Needs
Midland Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase d Services
26	XM	Home and community based	10,078,858.25	-	10,078,858.25	To allocate QPL costs to Waiver	Yes
31	XMA	Home and community based	-	-	-	To expense repairs & renovations.	No
32	XMA	Home and community based	3,898.96	-	3,898.96	To record Data Management/Biostatistics Grant	No
33	XM	Home and community based	47,436,797.51	-	47,436,797.51	To record Waiver direct costs.	Yes
36	XM	Home and community based	19,002.33	-	19,002.33	To record central office Waiver costs.	No
37	XM	Home and community based	-	-	-	To record central office Autism costs.	No
40	XM	Home and community based	65,373.67	-	65,373.67	To Record Training Costs	No
45	AA	Home and community based	14,593.00	-	14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	496,444.40	-	496,444.40	To record Central Office Costs	No
49	XM	Home and Community Based	6,042,717.74	-	6,042,717.74	To Record Alt Placement Costs	No
50	XM	Home and Community Based	39,407.47	-	39,407.47	Startup Amortization of CTHH	No
54	XM	Home and Community Based	16,917.00	-	16,917.00	To Record Autism Grant	No
65	XM	Home and Community Based	-	-	-	To allocate William S. Hall grant to Waiver	No
66	AA	Home and Community Based	195,065.02	-	195,065.02	To allocate District Costs to Regions	No
77	XM	Home and Community Based	163,123.83	-	163,123.83	To allocate salaries to regions	No
80	XM	Home and Community Based	29,623.08	-	29,623.08	To allocate Fire Marshall Expenditure	No
81	XM	Home and Community Based	82,087.65	-	82,087.65	To allocate DHEC Expenditure	No
82	XM	Home and Community Based	33,579.08	-	33,579.08	To allocate UAP Attendant Care	No
83	XMA	Home and Community Based	1,256.09	-	1,256.09	To allocate UAP Attendant Care - Admin	No
86	XM	Home and Community Based	762.05	-	762.05	To allocate USC Attendant Care Training	No
34	CW	Community Supports Waiver	-	-	-	To record STEPS direct costs.	Yes
48	AA	Community Supports Waiver	23,405.45	-	23,405.45	To record Central Office Costs	No
66	AA	Community Supports Waiver	9,192.16	-	9,192.16	To allocate District Costs to Regions	No
68	CW	Community Supports Waiver	2,265,936.19	-	2,265,936.19	To allocate direct costs	Yes
82	CW	Community Supports Waiver	2,530.00	-	2,530.00	To allocate UAP Attendant Care	No
83	CWA	Community Supports Waiver	93.15	-	93.15	To allocate UAP Attendant Care - Admin	No
86	CW	Community Supports Waiver	-	-	-	To allocate USC Attendant Care Training	No
01	XR	Community Residential	-	-	-	To record depreciation expense for capital-related costs - build.	No
46	XR	Community Residential	-	-	-	To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	20,426.52	-	20,426.52	To allocate cost to regions	No
01	AW	PDD Autism Waiver	-	-	-	To record depreciation expense for capital-related costs - build.	No
58	XS	HASCI	-	-	-	To Record Central Office Training Costs for General Community	No
9	YF	Federal Grants	-	-	-	Adjustment of Federal Grant Expenditures	No
51	YF	Federal Grants	-	-	-	Adjustment of Federal Grant Expenditures	No

104,468,364.54 850,464.86 103,617,899.68

**South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY	
	0	2	2A	AB	4a	AA	CP	
GENERAL SERVICE COST CENTERS								
02	New capital-related costs - build	32,054.00	32,054.00	-	-	-	-	
02A	New capital-related costs - equip	109,337.00	-	109,337.00	-	-	-	
AB	Employee health & welfare	5,879,486.00	176.00	664.00	5,880,326.00	-	-	
AA	Administrative & general	1,298,894.00	-	-	1,298,894.00	1,298,894.00	-	
CP	Physical therapy	190,351.00	498.00	1,881.00	62,734.00	255,464.00	265,127.00	
CN	Occupational Therapy	185,390.00	122.00	459.00	74,940.00	260,911.00	-	
ED	Education	-	-	-	-	-	-	
CS	Speech & hearing	96,440.00	148.00	558.00	38,789.00	133,935.00	-	
CL	Cottage Life Allocable	5,991,248.00	12,514.00	50,679.00	1,178,780.00	7,233,221.00	-	
CT	Other Assistive Technology	1,704.00	92.00	349.00	-	2,145.00	-	
XG	General Community Operations	198,427.00	1,487.00	5,616.00	-	205,530.00	-	
XR	Community Residential	30,727.00	-	-	8,573.00	39,300.00	-	
INPATIENT ROUTINE SERVICE COST CENTERS								
LA	First Midlands	4,172,664.00	4,550.00	15,673.00	1,283,853.00	5,476,740.00	149,393.00	
LF	Second Midlands	-	-	-	-	-	-	
LK	Third Midlands	8,084,951.00	7,988.00	23,288.00	2,629,475.00	10,745,702.00	115,734.00	
NA	Bird I	-	-	-	-	-	-	
NB	Bird II	-	-	-	-	-	-	
NC	Dupont I	609,925.00	-	1,237.00	133.00	611,295.00	1,381.00	
ND	Dupont II	660,048.00	-	1,237.00	138.00	661,423.00	1,407.00	
NE	Hunter	-	-	-	-	-	-	
NF	Mangum	586,540.00	-	-	138.00	586,678.00	959.00	
NG	McConnell	565,005.00	-	-	138.00	565,143.00	1,109.00	
NH	McCullough	841,244.00	-	-	200.00	841,444.00	1,189.00	
NI	Rudnick	-	-	-	-	-	-	
NJ	Sanders	-	-	-	-	-	-	
MA	Linden	654,039.00	-	-	135.00	654,174.00	933.00	
MB	Laurens	605,344.00	-	-	138.00	605,482.00	951.00	
MC	Rabbit Run	617,700.00	-	-	-	617,700.00	948.00	
MD	North Pines	-	-	-	-	-	-	
ME	Ida Lane II	579,847.00	-	-	125.00	579,972.00	865.00	
MF	Ida Lane I	581,327.00	-	-	133.00	581,460.00	922.00	
MG	Horrell Hill	587,994.00	-	-	137.00	588,131.00	947.00	
MH	Archie Drive	518,150.00	-	-	126.00	518,276.00	874.00	
MI	Carter Street	497,281.00	-	-	136.00	497,397.00	941.00	
MJ	Kensington I	-	-	-	-	-	-	
MK	Kensington II	-	-	-	-	-	-	
ML	Woodlawn Avenue	518,587.00	-	-	129.00	518,716.00	891.00	
MM	Ruby Blair	-	-	-	-	-	-	
MN	Stuart Blair	-	-	-	-	-	-	
MP	Florence Gressette	712,692.00	-	-	138.00	712,830.00	957.00	
MQ	Wylie-Brunson	712,667.00	-	-	138.00	712,805.00	956.00	
MR	Batesburg	497,312.00	-	-	136.00	497,448.00	943.00	
OUTPATIENT SERVICE COST CENTERS								
BI	Infirmery	-	-	-	-	-	-	
BK	Outpatient clinic	-	-	-	-	-	-	
BP	Pharmacy	-	-	-	-	-	-	
OTHER REIMBURSEABLE COST CENTERS								
XC	Service Coordination	6,934,573.00	1,136.00	1,666.00	49,806.00	6,987,181.00	25,409.00	
AY	Rehab Support Phase I	658,179.00	-	-	-	658,179.00	-	
AZ	Rehab Support Phase II	461,560.00	-	-	3,508.00	465,068.00	281.00	
XE	Evaluation & Planning	-	-	-	-	-	-	
XI	Early Intervention	6,626,572.00	28.00	-	20,670.00	6,647,270.00	1,830.00	
CW	Community Supports Waiver	2,268,466.00	-	-	9,296.00	2,277,762.00	-	
CWA	Community Supports Waiver - Waiver	93.00	-	-	-	93.00	451.00	
XM	Home & community based	64,718,010.00	-	-	354,856.00	65,072,866.00	-	
XMA	Home & community based - Admin	16,879.00	1,165.00	1,799.00	-	19,843.00	286,617.00	
AW	PDD Waiver	-	-	-	-	-	-	
AWA	PDD Waiver - Admin	-	-	-	-	-	-	
XA	Autism	52,768.00	-	-	131,679.00	184,447.00	6,977.00	
XS	Head & spinal cord	-	-	-	-	-	-	
XH	Head & spinal cord waiver	2,131,595.00	-	-	12,170.00	2,143,765.00	-	
XHA	Head & spinal cord waiver - Waiver	31,767.00	222.00	839.00	-	32,828.00	35,323.00	
NONREIMBURSEABLE COST CENTERS								
FC	Non-certified Units	-	-	-	-	-	-	
FN	Other noncovered costs	69,458.00	1,928.00	3,391.00	20,977.00	95,754.00	3,622.00	
YF	Federal Projects	-	-	-	-	-	-	
90	SUBTOTAL	120,567,275.00	32,054.00	109,336.00	5,880,324.00	120,567,272.00	1,298,882.00	265,127.00
100	TOTAL EXPENSES	120,567,275.00	32,054.00	109,336.00	5,880,324.00	120,567,272.00	1,298,882.00	265,127.00

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS							
<u>COST CENTER</u>		<u>(SQUARE FEET)</u>	<u>(SQUARE FEET)</u>	<u>(GROSS SALARIES)</u>		<u>(ACCUMULATED COSTS)</u>	<u>(OCCASIONS OF SERVICE)</u>
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	309,939	-	-	-	-
2A	New capital-related costs - equip	-	0	279,927	-	-	-
AB	Employee health & welfare	-	1,701	1,701	14,011,322.00	-	-
AA	Administrative & general	-	0	0	-	34,337,382.75	-
CP	Physical therapy	-	4,816	4,816	149,478.00	255,464.00	8,444.00
CN	Occupational Therapy	-	1,176	1,176	178,563.00	260,911.00	0
ED	Education	-	0	0	-	-	0
CS	Speech & hearing	-	1,428	1,428	87,660.00	133,935.00	0
CL	Cottage Life Allocable	-	121,003	129,749	2,808,733.00	7,233,221.00	0
CT	Other Assistive Technology	-	893	893	-	2,145.00	0
XG	General Community Operations	-	14,379	14,379	-	205,530.00	0
XR	Community Residential	-	0	0	20,427.00	39,300.00	0
INPATIENT ROUTINE SERVICE COST CENTERS							
LA	First Midlands	-	43,994	40,126	3,059,095.00	5,476,740.00	4,758
LF	Second Midlands	-	0	0	-	-	0
LK	Third Midlands	-	77,239	59,623	6,265,369.00	10,745,702.00	3,686
NA	Bird I	-	0	0	-	-	0
NB	Bird II	-	0	0	-	-	0
NC	Dupont I	-	0	3,168	317.00	38,515.00	0
ND	Dupont II	-	0	3,168	330.00	37,189.00	0
NE	Hunter	-	0	0	-	-	0
NF	Mangum	-	0	0	330.00	25,343.00	0
NG	McConnell	-	0	0	330.00	29,319.00	0
NH	McCullough	-	0	0	477.00	31,426.00	0
NI	Rudrick	-	0	0	-	-	0
NJ	Sanders	-	0	0	-	-	0
MA	Linden	-	0	0	321.00	24,656.00	0
MB	Laurens	-	0	0	328.00	25,134.00	0
MC	Rabbit Run	-	0	0	-	25,057.00	0
MD	North Pines	-	0	0	-	-	0
ME	Ida Lane II	-	0	0	298.00	22,874.00	0
MF	Ida Lane I	-	0	0	318.00	24,363.00	0
MG	Horrell Hill	-	0	0	326.00	25,039.00	0
MH	Archie Drive	-	0	0	301.00	23,116.00	0
MI	Carter Street	-	0	0	324.00	24,883.00	0
MJ	Kensington I	-	0	0	-	-	0
MK	Kensington II	-	0	0	-	-	0
ML	Woodlawn Avenue	-	0	0	307.00	23,557.00	0
MM	Ruby Blair	-	0	0	-	-	0
MN	Stuart Blair	-	0	0	-	-	0
MP	Florence Gressette	-	0	0	330.00	25,289.00	0
MQ	Wylie-Brunson	-	0	0	329.00	25,264.00	0
MR	Batesburg	-	0	0	325.00	24,934.00	0
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	-	0	0	-	-	0
BK	Outpatient clinic	-	0	0	-	-	0
BP	Pharmacy	-	0	0	-	-	0
OTHER REIMBURSEABLE COST CENTERS							
XC	Service Coordination	-	10,988	4,265	118,674.00	671,702.82	0
AY	Rehab Support Phase I	-	0	0	-	0.17	0
AZ	Rehab Support Phase II	-	0	0	8,359.00	7,425.00	0
XE	Evaluation & Planning	-	0	0	-	-	0
XI	Early Intervention	-	266	0	49,252.00	48,370.33	0
CW	Community Supports Waiver	-	0	0	22,150.00	-	0
CWA	Community Supports Waiver - Waiver	-	0	0	-	11,918.81	0
XM	Home & community based	-	0	0	845,532.00	-	0
XMA	Home & community based - Admin	-	11,269	4,606	-	7,577,053.24	0
AW	PDD Waiver	-	0	0	-	-	0
AWA	PDD Waiver - Admin	-	0	0	-	-	0
XA	Autism	-	0	0	313,758.00	184,447.00	0
XS	Head & spinal cord	-	0	0	-	-	0
XH	Head & spinal cord waiver	-	0	0	28,998.00	-	0
XHA	Head & spinal cord waiver - Waiver	-	2,148	2,148	-	933,803.38	0
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	0	0	-	-	0
FN	Other noncovered costs	-	18,639	8,681	49,983.00	95,754.00	0

**South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

YF	COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
		0	2	2A	AB	4a	AA	CP
	Federal Projects	-	0	0	-	-	-	0
90	SUBTOTAL	-	309,939	279,927	14,011,322.00	-	34,337,382.75	6,444.00
	Costs to be allocated (Worksheet B, Part I)	-	\$32,054	\$109,337	5,880,326.00	-	\$1,298,894	\$265,127
	Unit cost multiplier	-	0.103420	0.390591	0.419684	0.000000	0.037827	31.398271

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	-	-	-	-	-	-
02A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational Therapy	270,780.00	-	-	-	-	-
ED	Education	-	-	-	-	-	-
CS	Speech & hearing	-	-	139,001.00	-	-	-
CL	Cottage Life Allocable	-	-	-	7,506,832.00	-	-
CT	Other Assistive Technology	-	-	-	-	2,226.00	-
XG	General Community Operations	-	-	-	-	-	213,305.00
XR	Community Residential	-	-	-	-	-	-
						88.00	40,875.00
INPATIENT ROUTINE SERVICE COST CENTERS							
LA	First Midlands	122,340.00	-	53,163.00	2,835,716.00	841.00	-
LF	Second Midlands	-	-	-	-	-	-
LK	Third Midlands	148,440.00	-	85,838.00	4,671,116.00	1,385.00	-
NA	Bird I	-	-	-	-	-	-
NB	Bird II	-	-	-	-	-	-
NC	Dupont I	-	-	-	-	-	-
ND	Dupont II	-	-	-	-	-	1,375.00
NE	Hunter	-	-	-	-	-	331.00
NF	Mangum	-	-	-	-	-	1,488.00
NG	McConnell	-	-	-	-	-	358.00
NH	McCullough	-	-	-	-	-	1,320.00
NI	Rudnick	-	-	-	-	-	1,272.00
NJ	Sanders	-	-	-	-	-	306.00
MA	Linden	-	-	-	-	-	1,893.00
MB	Laurens	-	-	-	-	-	456.00
MC	Rabbit Run	-	-	-	-	-	-
MD	North Pines	-	-	-	-	-	-
ME	Ida Lane II	-	-	-	-	-	1,472.00
MF	Ida Lane I	-	-	-	-	-	355.00
MG	Horrell Hill	-	-	-	-	-	1,362.00
MH	Archie Drive	-	-	-	-	-	328.00
MI	Carter Street	-	-	-	-	-	1,390.00
MJ	Kensington I	-	-	-	-	-	335.00
MK	Kensington II	-	-	-	-	-	1,305.00
ML	Woodlawn Avenue	-	-	-	-	-	328.00
MM	Ruby Blair	-	-	-	-	-	1,308.00
MN	Stuart Blair	-	-	-	-	-	315.00
MP	Florence Gressette	-	-	-	-	-	1,278.00
MQ	Wylie-Brunson	-	-	-	-	-	308.00
MR	Balesburg	-	-	-	-	-	1,166.00
							281.00
							1,119.00
							270.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service Coordination	-	-	-	-	15,721.00	-
AY	Rehab Support Phase I	-	-	-	-	1,481.00	-
AZ	Rehab Support Phase II	-	-	-	-	1,046.00	-
XE	Evaluation & Planning	-	-	-	-	-	-
XI	Early Intervention	-	-	-	-	14,956.00	-
CW	Community Supports Waiver	-	-	-	-	5,125.00	-
CWA	Community Supports Waiver - Waiver	-	-	-	-	-	-
XM	Home & community based	-	-	-	-	146,414.00	35,269.00
XMA	Home & community based - Admin	-	-	-	-	-	-
AW	PDD Waiver	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	-	-	-	-	415.00	-
XS	Head & spinal cord	-	-	-	-	-	-
XH	Head & spinal cord waiver	-	-	-	-	4,823.00	-
XHA	Head & spinal cord waiver - Waiver	-	-	-	-	-	-
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified Units	-	-	-	-	-	-
FN	Other noncovered costs	-	-	-	-	-	-
YF	Federal Projects	-	-	-	-	-	-
90	SUBTOTAL	270,780.00	-	139,001.00	7,506,832.00	2,226.00	213,311.00
100	TOTAL EXPENSES	270,780.00	-	139,001.00	7,506,832.00	2,226.00	213,311.00
							40,867.00

South Carolina Department of Disabilities Special Needs
Midland Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
COST CENTER	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01 Old capital-related costs - build	-	-	-	-	-	-	-
1A Old capital-related costs - equip	-	-	-	-	-	-	-
02 New capital-related costs - build	-	-	-	-	-	-	-
2A New capital-related costs - equip	-	-	-	-	-	-	-
AB Employee health & welfare	-	-	-	-	-	-	-
AA Administrative & general	-	-	-	-	-	-	-
CP Physical therapy	-	-	-	-	-	-	-
CN Occupational Therapy	1,660.00	-	-	-	-	-	-
ED Education	0	-	-	-	-	-	-
CS Speech & hearing	0	0	3,216.00	-	-	-	-
CL Cottage Life Allocable	0	0	0	64,651.00	-	-	-
CT Other Assistive Technology	0	0	0	0	64,651.00	-	-
XG General Community Operations	0	0	0	0	0	94,806,212.00	-
XR Community Residential	0	0	0	0	0	39,300	75,403,240.00
INPATIENT ROUTINE SERVICE COST CENTERS							
LA First Midlands	750	0	1,230	24,422	24,422	0	0
LF Second Midlands	0	0	0	0	0	0	0
LK Third Midlands	910	0	1,986	40,229	40,229	0	0
NA Bird I	0	0	0	0	0	0	0
NB Bird II	0	0	0	0	0	0	0
NC Dupont I	0	0	0	0	0	611,295	611,295
ND Dupont II	0	0	0	0	0	661,423	661,423
NE Hunter	0	0	0	0	0	0	0
NF Mangum	0	0	0	0	0	586,678	586,678
NG McConnell	0	0	0	0	0	565,143	565,143
NH McCullough	0	0	0	0	0	841,444	841,444
NI Rudnick	0	0	0	0	0	0	0
NJ Sanders	0	0	0	0	0	0	0
MA Linden	0	0	0	0	0	654,174	654,174
MB Laurens	0	0	0	0	0	605,482	605,482
MC Rabbit Run	0	0	0	0	0	617,700	617,700
MD North Pines	0	0	0	0	0	0	0
ME Ida Lane II	0	0	0	0	0	579,972	579,972
MF Ida Lane I	0	0	0	0	0	581,460	581,460
MG Horrell Hill	0	0	0	0	0	568,131	568,131
MH Archie Drive	0	0	0	0	0	518,276	518,276
MI Carter Street	0	0	0	0	0	497,397	497,397
MLJ Kensington I	0	0	0	0	0	0	0
MK Kensington II	0	0	0	0	0	0	0
ML Woodlawn Avenue	0	0	0	0	0	518,716	518,716
MM Ruby Blair	0	0	0	0	0	0	0
MN Stuart Blair	0	0	0	0	0	0	0
MP Florence Gressette	0	0	0	0	0	712,830	712,830
MQ Wylie-Brunson	0	0	0	0	0	712,805	712,805
MR Batesburg	0	0	0	0	0	497,448	497,448
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary	0	0	0	0	0	0	0
BK Outpatient clinic	0	0	0	0	0	0	0
BP Pharmacy	0	0	0	0	0	0	0
OTHER REIMBURSEABLE COST CENTERS							
XC Service Coordination	0	0	0	0	0	6,987,181	0
AY Rehab Support Phase I	0	0	0	0	0	658,179	0
AZ Rehab Support Phase II	0	0	0	0	0	465,068	0
XE Evaluation & Planning	0	0	0	0	0	0	0
XI Early Intervention	0	0	0	0	0	6,647,270	0
CW Community Supports Waiver	0	0	0	0	0	2,277,762	0
CWA Community Supports Waiver - Waiver	0	0	0	0	0	0	0
XM Home & community based	0	0	0	0	0	65,072,866	65,072,866
XMA Home & community based - Admin	0	0	0	0	0	0	0
AW PDD Waiver	0	0	0	0	0	0	0
AWA PDD Waiver - Admin	0	0	0	0	0	0	0
XA Autism	0	0	0	0	0	184,447	0
XS Head & spinal cord	0	0	0	0	0	0	0
XH Head & spinal cord waiver	0	0	0	0	0	2,143,765	0
XHA Head & spinal cord waiver - Waiver	0	0	0	0	0	0	0
NONREIMBURSEABLE COST CENTERS							
FC Non-certified Units	0	0	0	0	0	0	0
FN Other noncovered costs	0	0	0	0	0	0	0

South Carolina Department of Disabilities Special Needs
 Midland Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

<u>COST CENTER</u>		<u>OCCUPATIONAL THERAPY</u>	<u>EDUCATION</u>	<u>SPEECH & HEARING</u>	<u>COTTAGE LIFE ALLOCABLE</u>	<u>OTHER ASSISTIVE TECHNOLOGY</u>	<u>GENERAL COMMUNITY OPERATIONS</u>	<u>COMMUNITY RESIDENTIAL</u>
		CN	ED	CS	CL	CT	XG	XR
YF	Federal Projects	0	0	0	0	0	0	0
90	SUBTOTAL	1,660.00	-	3,216.00	64,651.00	64,851.00	94,806,212.00	75,403,240.00
Costs to be allocated (Worksheet B, Part I)		\$270,780	\$0	\$139,001	\$7,506,832	\$2,228	\$213,305	\$40,875
Unit cost multiplier		163.120482	0.000000	43.221704	116.113161	0.034431	0.002250	0.000542

South Carolina Department of Disabilities Special Needs
 Midland Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>TOTAL</u>
	21
GENERAL SERVICE COST CENTERS	
02 New capital-related costs - build	-
02A New capital-related costs - equip	-
AB Employee health & welfare	-
AA Administrative & general	-
CP Physical therapy	-
CN Occupational Therapy	-
ED Education	-
CS Speech & hearing	-
CL Cottage Life Allocable	-
CT Other Assistive Technology	-
XG General Community Operations	-
XR Community Residential	-
INPATIENT ROUTINE SERVICE COST CENTERS	
LA First Midlands	8,845,362.00
LF Second Midlands	-
LK Third Midlands	16,174,693.00
NA Bird I	-
NB Bird II	-
NC Dupont I	614,382.00
ND Dupont II	664,676.00
NE Hunter	-
NF Mangum	589,275.00
NG McConnell	567,830.00
NH McCullough	844,982.00
NI Rudnick	-
NJ Sanders	-
MA Linden	656,934.00
MB Laurens	608,123.00
MC Rabbit Run	620,373.00
MD North Pines	-
ME Ida Lane II	582,456.00
MF Ida Lane I	584,005.00
MG Horrell Hill	570,664.00
MH Archie Drive	520,597.00
MI Carter Street	499,727.00
MJ Kensington I	-
MK Kensington II	-
ML Woodlawn Avenue	521,055.00
MM Ruby Blair	-
MN Stuart Blair	-
MP Florence Gressette	715,777.00
MQ Wylie-Brunson	715,751.00
MR Batesburg	499,780.00
OUTPATIENT SERVICE COST CENTERS	
BI Infirmary	-
BK Outpatient clinic	-
BP Pharmacy	-
OTHER REIMBURSEABLE COST CENTERS	
XC Service Coordination	7,028,311.00
AY Rehab Support Phase I	659,660.00
AZ Rehab Support Phase II	466,395.00
XE Evaluation & Planning	-
XI Early Intervention	6,664,056.00
CW Community Supports Waiver	2,282,887.00
CWA Community Supports Waiver - Waiver	544.00
XM Home & community based	65,254,549.00
XMA Home & community based - Admin	306,460.00
AW PDD Waiver	-
AWA PDD Waiver - Admin	-
XA Autism	191,839.00
XS Head & spinal cord	-
XH Head & spinal cord waiver	2,148,588.00
XHA Head & spinal cord waiver - Waiver	68,151.00
NONREIMBURSEABLE COST CENTERS	
FC Non-certified Units	-
FN Other noncovered costs	99,376.00
YF Federal Projects	1.05
90 SUBTOTAL	120,567,259.05
100 TOTAL EXPENSES	120,567,259.05

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

Adjustments To Administrative General Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	CONTRACT PATIENT COST	ADJUSTED ADMIN & GENERAL
	AA			
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	255,464	0	255,464
CN	Occupational Therapy	260,911	0	260,911
ED	Education	0	0	0
CS	Speech & hearing	133,935	0	133,935
CL	Cottage Life Allocable	7,233,221	0	7,233,221
CT	Other Assistive Technology	2,145	0	2,145
XG	General Community Operations	205,530	0	205,530
XR	Community Residential	39,300	0	39,300
INPATIENT ROUTINE SERVICE COST CENTERS				
LA	First Midlands	5,476,740	0	5,476,740
LF	Second Midlands	0	0	0
LK	Third Midlands	10,745,702	0	10,745,702
NA	Bird I	0	0	0
NB	Bird II	0	0	0
NC	Dupont I	611,295	(574,780)	36,515
ND	Dupont II	661,423	(624,234)	37,189
NE	Hunter	0	0	0
NF	Mangum	586,678	(561,335)	25,343
NG	McConnell	565,143	(535,824)	29,319
NH	McCullough	841,444	(810,018)	31,426
NI	Rudnick	0	0	0
NJ	Sanders	0	0	0
MA	Linden	654,174	(629,516)	24,658
MB	Laurens	605,482	(580,348)	25,134
MC	Rabbit Run	617,700	(592,643)	25,057
MD	North Pines	0	0	0
ME	Ida Lane II	579,972	(557,098)	22,874
MF	Ida Lane I	581,460	(557,097)	24,363
MG	Horrell Hill	568,131	(543,092)	25,039
MH	Archie Drive	518,276	(495,160)	23,116
MI	Carter Street	497,397	(472,514)	24,883
MJ	Kensington I	0	0	0
MK	Kensington II	0	0	0
ML	Woodlawn Avenue	518,716	(495,159)	23,557
MM	Ruby Blair	0	0	0
MN	Stuart Blair	0	0	0
MP	Florence Gressette	712,830	(687,541)	25,289
MQ	Wylie-Brunson	712,805	(687,541)	25,264
MR	Batesburg	497,448	(472,514)	24,934
OUTPATIENT SERVICE COST CENTERS				
BI	Infirmery	0	0	0
BK	Outpatient clinic	0	0	0
BP	Pharmacy	0	0	0
OTHER REIMBURSEABLE COST CENTERS				
XC	Service Coordination	6,987,181	(6,315,478)	671,703
AY	Rehab Support Phase I	658,179	(658,179)	0
AZ	Rehab Support Phase II	465,068	(457,643)	7,425
XE	Evaluation & Planning	0	0	0
XI	Early Intervention	6,647,270	(6,598,900)	48,370

South Carolina Department of Disabilities Special Needs
Coastal Region
Provider #: Various

Adjustments To Administrative General Statistic

Year ended June 30, 2010

	ADMINISTRA-	RECLASSIFY	CONTRACT PATIENT	ADJUSTED
CW	Community Supports Waiver	2,277,762	(2,277,762)	0
CWA	Community Supports Waiver Admin	93	2,277,762	(2,265,936)
XM	Home & community based	65,072,866	(65,072,866)	0
XMA	Home & Community Based Waiver Admin	19,843	65,072,866	(57,515,656)
AW	PDD Waiver	0	0	0
AWA	PDD Waiver Admin	0	0	0
XA	Autism	184,447	0	184,447
XS	Head & spinal cord	0	0	0
XH	Head & spinal cord waiver	2,143,765	(2,143,765)	0
XHA	Head & spinal cord waiver - Waiver Admin	32,828	2,143,765	(1,242,790)
NONREIMBURSEABLE COST CENTERS				
FC	Non-certified Units	0	0	0
FN	Other noncovered costs	95,754	0	95,754
YF	Federal Projects	0	0	0
90	SUBTOTAL	119,268,378.00	(84,930,995.25)	34,337,382.75

South Carolina Department of Disabilities and Special Needs
 Midland Region
 Fiscal Year Ended June 30, 2010
 Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$544	\$2,282,887	\$2,283,431	0.02%
Home & community based	XM	\$306,460	\$65,254,549	\$65,561,009	0.47%
PDD Waiver	AW	\$0	\$0	\$0	0.00%
Head & spinal cord waiver	XH	\$68,151	\$2,148,588	\$2,216,739	3.07%
		\$375,155	\$69,686,024	\$70,061,179	0.54%

Exhibit C
Pee Dee Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY -PEE DEE REGION	PROVIDER NO.: VARIOUS	PERIOD: FROM: July 1, 2009 TO: June 30, 2010	WORKSHEET S PARTS I AND II
Intermediary Use Only		Date Received	Intermediary Number
<input type="checkbox"/> Audited <input type="checkbox"/> Desk Reviewed			

PART I - CERTIFICATION

Check Electronically filed cost report applicable box Manually submitted cost report
 Date: _____ Time: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Pee Dee Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)
 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Pee Dee Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: P.O. Box: 3209 1
1.01 City: Florence State: SC Zip Code: 29502 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2 Hospital								2
3 Subprovider								3
4 Swing Beds - SNF								4
5 Swing Beds - NF								5
6 Hospital-Based SNF								6
7 Hospital-Based NF								7
8 Hospital-Based OLTC								8
9 Hospital-Based HHA								9
10 Hospital-Based CORF								10
11 Separately Certified ASC								11
12 Hospital-Based Hospice								12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions) 1 2 10 14

Type of Hospital/Subprovider (See Instructions)

15 Hospital 15
16 Subprovider 16

Other Information

17 If this is a Medicare Certified Kidney Transplant Center, enter the certification date.								17
18 If this is a Medicare Certified Heart Transplant Center, enter the certification date.								18
19 If this is a Medicare Certified Liver Transplant Center, enter the certification date.								19
20 If this is an Organ Procurement Organization (OPO), enter the OPO number.								20
21 Is this an Eye or Eye and Ear Specialty Hospital?					N			21
22 If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty					N			22
23 If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:								23
24 If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)								24
25 If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.								25
26 Does this hospital qualify as a rural primary care hospital?					N			26
27 Is this a rural hospital qualifying for an exception to the CRNA fee schedule?					N			27
28 Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?					N			28

Miscellaneous Cost Reporting Information

29 If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.					N			29
30 If this is an All-Inclusive Provider, enter the method used. (See Instructions)								30
31 Is the difference between total interim payments and the net cost of covered services included in the balance sheet?					N			31
32 Is this a new hospital under 42 CFR 412.300 PPS Capital?					N			32
33 Is this a new hospital under 42 CFR 413.40 (TEFRA)?					N			33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Pee Dee Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		405,401.57	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
38	If depreciation is funded, enter the balance as of the end of the period.			38
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
		1	2	3	
44	Are you filing under the fully prospective payment methodology for capital costs?				44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If This hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

South Carolina Department of Disabilities and Special Needs
Pee Dee Region
Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS- IFIED TRIAL BALANCE	ADJUSTMENTS TO EXPENSES INCREASE (DECREASE)	NET EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
02 Capital-related costs - build			0.00	0.00	0.00	15,100.00	15,100.00
02A Capital-related costs - equip			0.00	0.00	0.00	47,610.00	47,610.00
AB Employee health & welfare	180,450.12	3,867.42	184,318.00	0.00	184,318.00	5,889,628.00	6,073,946.00
AA Administrative & general	475,522.32	794,856.09	1,270,378.00	(631,065.00)	639,313.00	502,530.00	1,141,843.00
CP Physical therapy	48,737.00	11,595.23	60,332.00	0.00	60,332.00	0.00	60,332.00
CN Occupational therapy		12,100.00	12,100.00	0.00	12,100.00	0.00	12,100.00
ED Education	123,674.60		123,675.00	0.00	123,675.00	0.00	123,675.00
CS Speech & hearing	203,192.12	102,365.34	305,557.00	0.00	305,557.00	0.00	305,557.00
CL Cottage life allocable	3,426,376.98	1,036,806.94	4,463,184.00	(1,272,157.00)	3,191,027.00	259,264.00	3,450,291.00
CT Other Assistive Technology		7,714.41	7,714.00	0.00	7,714.00	12,892.00	20,606.00
XG General Community Operations			0.00	0.00	0.00	130,309.00	130,309.00
XR Community Residential		30,884.93	30,885.00	0.00	30,885.00	8,940.00	39,825.00
INPATIENT ROUTINE SERVICE COST CENTERS							
PS Saleeby	4,119,180.89	1,360,436.86	5,479,618.00	439,014.00	5,918,632.00	1,821,082.00	7,739,714.00
PL Pecan Lane	1,503,990.53	350,308.95	1,854,299.00	576,770.00	2,431,069.00	621,860.00	3,052,929.00
PM Mulberry	2,428,907.42	408,453.81	2,837,361.00	874,784.00	3,712,145.00	878,162.00	4,590,307.00
RA Acline			0.00	0.00	0.00	0.00	0.00
RB Carolina			0.00	0.00	0.00	0.00	0.00
RQ Cedars		24,174.00	24,174.00	142.00	24,316.00	610,170.00	634,486.00
RC Chesterfield			0.00	0.00	0.00	0.00	0.00
RD Coit			0.00	0.00	0.00	0.00	0.00
RE Dillon			0.00	0.00	0.00	0.00	0.00
RF Florence		24,497.00	24,497.00	144.00	24,641.00	601,572.00	626,213.00
RG Graham St.			0.00	0.00	0.00	0.00	0.00
RH Hampton Pl.		27,120.00	27,120.00	146.00	27,266.00	555,921.00	583,187.00
RI Horry			0.00	0.00	0.00	0.00	0.00
RJ Charles Ingram			0.00	0.00	0.00	0.00	0.00
RK Jessamine			0.00	0.00	0.00	0.00	0.00
RL Lois Earle		0.00	0.00	0.00	0.00	0.00	0.00
RM Magnolia Pl.		24,675.50	24,676.00	145.00	24,821.00	551,648.00	576,469.00
RT Maryville			0.00	0.00	0.00	0.00	0.00
RR The Oaks		24,820.00	24,820.00	146.00	24,966.00	647,050.00	672,016.00
MD North Pines		20,578.50	20,579.00	121.00	20,700.00	527,853.00	548,553.00
RP Palmetto			0.00	0.00	0.00	0.00	0.00
RS Thomas Drive		24,820.00	24,820.00	146.00	24,966.00	531,217.00	556,183.00
SA Atkinson West		27,854.50	27,855.00	164.00	28,019.00	524,987.00	553,006.00
SB Atkinson East		27,922.50	27,923.00	164.00	28,087.00	524,987.00	553,074.00
SC Camden I		24,820.00	24,820.00	146.00	24,966.00	597,224.00	622,190.00
SD Camden II		24,820.00	24,820.00	146.00	24,966.00	591,742.00	616,708.00
SE McLeod I		24,820.00	24,820.00	146.00	24,966.00	584,116.00	609,082.00
SF McLeod II		24,276.00	24,276.00	143.00	24,419.00	492,180.00	516,599.00
SG Bowen		24,548.00	24,548.00	144.00	24,692.00	525,781.00	550,473.00
SH Reagan		23,664.00	23,664.00	139.00	23,803.00	617,974.00	641,777.00
MJ Kensington I		24,480.00	24,480.00	144.00	24,624.00	560,865.00	585,489.00
MK Kensington II		24,106.00	24,106.00	142.00	24,248.00	568,744.00	592,992.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary	138,473.19	1,781.70	138,235.00	(138,235.00)	0.00	0.00	0.00
BK Outpatient clinic			0.00	0.00	0.00	0.00	0.00
BP Pharmacy			0.00	0.00	0.00	0.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination			0.00	0.00	0.00	4,712,760.00	4,712,760.00
AY Rehab Support Phase I			0.00	0.00	0.00	1,445,309.00	1,445,309.00
AZ Rehab Support Phase II			0.00	0.00	0.00	630,486.00	630,486.00
XE Evaluation & planning			0.00	0.00	0.00	0.00	0.00
XI Early intervention			0.00	0.00	0.00	2,676,916.00	2,676,916.00
CW Community Supports Waiver			0.00	0.00	0.00	2,575,231.00	2,575,231.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	105.00	105.00
XM Home & community based			0.00	396,092.00	396,092.00	41,593,254.00	41,989,346.00
XMA Home & community based - Admin			0.00	0.00	0.00	4,403.00	4,403.00
AW PDD Waiver			0.00	0.00	0.00	0.00	0.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	0.00	0.00
XA Autism		291.45	291.00	(246,242.00)	(245,951.00)	267,751.00	21,800.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	2,970.00	2,970.00	714,486.00	717,456.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	14,861.00	14,861.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units			0.00	0.00	0.00	0.00	0.00
FN Other non-covered costs	4,400.00	1,590.17	5,990.00	(4,400.00)	1,590.00	0.00	1,590.00
YF Federal projects		7,764.53	7,765.00	0.00	7,765.00	(7,765.00)	0.00
SUBTOTAL	12,650,905.17	4,552,793.83	17,203,700.00	1.00	17,203,699.00	74,429,205.00	91,632,904.00
TOTAL	12,650,905.17	4,552,793.83	17,203,700.00	1.00	17,203,699.00	74,429,205.00	91,632,904.00

**South Carolina Department of Disabilities and Special Needs
Pee Dee Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	002	Capital-related costs - build	-	-	-
07	AA	Administrative & general	-	-	-
09	AA	Administrative & general	-	9,634.00	(9,634.00)
17	AA	Administrative & general	-	621,431.41	(621,431.41)
05	XG	General Community Operations	-	-	-
19	XG	General Community Operations	-	-	-
16	FN	Non-Covered	-	4,400.00	(4,400.00)
01	CL	Cottage life allocable	-	464,399.39	(464,399.39)
03	CL	Cottage life allocable	-	785,671.20	(785,671.20)
05	CL	Cottage life allocable	-	-	-
08	CL	Cottage life allocable	-	26,485.92	(26,485.92)
16	CL	Cottage life allocable	4,400.00	-	4,400.00
07	02A	Capital-related costs - equip	-	-	-
01	PM	Mulberry	164,350.18	-	164,350.18
03	PM	Mulberry	509,969.59	-	509,969.59
04	PM	Mulberry	82,121.73	-	82,121.73
08	PM	Mulberry	8,427.05	-	8,427.05
09	PM	Mulberry	3,380.34	-	3,380.34
17	PM	Mulberry	218,045.20	-	218,045.20
18	PM	Mulberry	-	111,510.00	(111,510.00)
05	XC	Service coordination	-	-	-
05	XI	Early intervention	-	-	-
05	XM	Home & community based	-	-	-
06	XM	Home & community based	246,241.88	-	246,241.88
09	XM	Home & community based	-	-	-
18	XM	Home & community based	149,850.00	-	149,850.00
03	BI	Infirmary	-	-	-
04	BI	Infirmary	-	138,234.89	(138,234.89)
01	PL	Pecan	120,365.71	-	120,365.71
03	PL	Pecan	274,014.94	-	274,014.94
04	PL	Pecan	56,113.16	-	56,113.16
08	PL	Pecan	5,758.14	-	5,758.14
09	PL	Pecan	2,309.76	-	2,309.76
17	PL	Pecan	148,988.64	-	148,988.64
18	PL	Pecan	-	30,780.00	(30,780.00)
01	PS	Saleeby	179,683.50	-	179,683.50
03	PS	Saleeby	1,686.67	-	1,686.67
08	PS	Saleeby	9,832.00	-	9,832.00
09	PS	Saleeby	3,943.90	-	3,943.90
17	PS	Saleeby	254,397.57	-	254,397.57
18	PS	Saleeby	-	10,530.00	(10,530.00)

**South Carolina Department of Disabilities and Special Needs
Pee Dee Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
05	XR	Residential	-	-	-
18	XH	HASCI Waiver	2,970.00	-	2,970.00
08	RA	Acline Place	-	-	-
08	RB	Carolina Place	-	-	-
08	RQ	The Cedars	142.19	-	142.19
13	RQ	The Cedars	-	-	-
17	RQ	The Cedars	-	-	-
18	RQ	The Cedars	-	-	-
08	RC	Chesterfield	-	-	-
13	RC	Chesterfield	-	-	-
17	RC	Chesterfield	-	-	-
08	MJ	Kensington I	143.99	-	143.99
17	MJ	Kensington I	-	-	-
18	MJ	Kensington I	-	-	-
08	MK	Kensington II	141.79	-	141.79
17	MK	Kensington II	-	-	-
08	RF	Florence	144.09	-	144.09
13	RF	Florence	-	-	-
17	RF	Florence	-	-	-
08	RG	Graham Street	-	-	-
13	RG	Graham Street	-	-	-
08	RH	Hampton Place	145.99	-	145.99
13	RH	Hampton Place	-	-	-
17	RH	Hampton Place	-	-	-
18	RH	Hampton Place	-	-	-
08	RI	Horry County	-	-	-
13	RI	Horry County	-	-	-
17	RI	Horry County	-	-	-
08	RJ	Charles M. Ingram	-	-	-
13	RJ	Charles M. Ingram	-	-	-
17	RJ	Charles M. Ingram	-	-	-
08	RK	Jessamine	-	-	-
13	RK	Jessamine	-	-	-
17	RK	Jessamine	-	-	-
08	RL	Lois Eargle	-	-	-
13	RL	Lois Eargle	-	-	-
17	RL	Lois Eargle	-	-	-
08	RM	Magnolia Place	145.15	-	145.15
13	RM	Magnolia Place	-	-	-
17	RM	Magnolia Place	-	-	-
18	RM	Magnolia Place	-	-	-

**South Carolina Department of Disabilities and Special Needs
Pee Dee Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	MD	North Pines	121.05	-	121.05
13	MD	North Pines			-
17	MD	North Pines	-	-	-
18	MD	North Pines	-	-	-
08	RR	The Oaks	146.00	-	146.00
13	RR	The Oaks	-	-	-
17	RR	The Oaks	-	-	-
18	RR	The Oaks	-	-	-
08	RS	Thomas Drive	146.00	-	146.00
13	RS	Thomas Drive	-	-	-
17	RS	Thomas Drive	-	-	-
09	RN	Pageland		-	-
09	RP	Palmetto		-	-
08	SA	Atkinson West	163.84		163.84
17	SA	Atkinson West	-		-
08	SB	Atkinson East	164.24		164.24
17	SB	Atkinson East	-		-
08	SC	Camden I	146.00		146.00
17	SC	Camden I	-		-
18	SC	Camden I	-	-	-
08	SD	Camden II	146.00		146.00
17	SD	Camden II	-		-
08	SE	McLeod #1	146.00		146.00
17	SE	McLeod #1	-		-
18	SE	McLeod #1	-	-	-
08	SF	McLeod #2	142.80		142.80
17	SF	McLeod #2	-		-
08	SG	Bowen	144.40		144.40
17	SG	Bowen	-		-
08	SH	Reagan	139.20		139.20
17	SH	Reagan	-		-
18	SH	Reagan	-	-	-
05	AB	Employee Health	-	-	-
06	XA	Autism		246,241.88	(246,241.88)
19	XE	Evaluation & Planning		-	-
Pee Dee Region Net Reclassifications			2,449,318.69	2,449,318.69	0.00

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
1	02	Capital Related Costs - Bldgs	2,861.00		2,861.00	To record depreciation expense for old capital-related costs - build.	No
15	02	Capital Related Costs - Bldgs	-		-	To record uncaptured depreciation caused by deletions.	No
17	02	Capital Related Costs - Bldgs	12,239.34		12,239.34	To record region's portion of allowable central office expenses.	No
5	02A	Capital related costs - equip	-	1,165.00	(1,165.00)	To record sale of surplus material and equipment.	No
14	02A	New Capital-related costs - equip	38,844.40		38,844.40	To record uncaptured depreciation caused by deletions.	No
15	02A	New Capital-related costs - equip	-		-	To record uncaptured depreciation caused by deletions.	No
17	02A	New Capital Related Costs - equip	9,931.07		9,931.07	To record region's portion of allowable central office expenses.	No
1	AA	Administrative & general	9,634.00		9,634.00	To record depreciation expense for old capital-related costs - build.	No
2	AA	Administrative & general	-	779.90	(779.90)	To offset revenue for Cobra Premiums	No
8	AA	Administrative & general	-		-	To adjust expenses for commissions.	No
16	AA	Administrative & general	-		-	To record added depreciation.	No
17	AA	Administrative & general	425,488.51		425,488.51	To record region's portion of allowable central office expenses.	No
18	AA	Administrative & general	-		-	To record region's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administration & general	-		-	To record accounts payable accruals.	No
31	AA	Administration & general	-		-	To expense repairs & renovations.	No
32	AA	Administration & general	-		-	To record Data Management/BioStatistics Grant	No
43	AA	Administrative & general	-	648,947.00	(648,947.00)	To Record SCEIS Expenditure	No
48	AA	Administrative & general	-		-	To record Central Office Costs	No
57	AA	Administrative & General	-		-	To record Central Office UAP Training	No
70	AA	Administrative & General	-		-	To allocate costs for TBI Supported Employment	No
72	AA	Administrative & general	-		-	To allocate costs related to Special Olympics grant	No
73	AA	Administrative & General	-		-	To allocate costs related to Brain Injury grant	No
74	AA	Administrative & General	-		-	To allocate costs related to Family Connection grant	No
1	AB	Employees health & welfare	6,061.00		6,061.00	To record depreciation expense for old capital-related costs - build.	No
2	AB	Employees health & welfare	-	97.38	(97.38)	To offset revenue for Cobra Premiums	No
16	AB	Employee Health & Welfare	-		-	To record added depreciation.	No
17	AB	Employees health & welfare	5,946,440.08		5,946,440.08	To record region's portion of allowable central office expenses.	No
19	AB	Employees health & welfare	4,408.43		4,408.43	To record region's portion of accrued leave.	No
20	AB	Employees health & welfare	-	60,094.01	(60,094.01)	To record region's portion of accrued payroll.	No
21	AB	Employees health & welfare	-		-	To record accounts payable accruals.	No
31	AB	Employees health & welfare	-		-	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	7,090.36	(7,090.36)	To record region's portion of accrued fringes.	No
52	AY	Rehab Supports Phase I	1,445,308.55		1,445,308.55	To record rehab phase I direct costs.	Yes
53	AZ	Rehab Supports Phase II	625,135.00		625,135.00	To record rehab phase II direct costs.	Yes
48	AA	Rehab Supports Phase II	6,517.67		6,517.67	To record Central Office Costs	No
60	AZ	Rehab Supports Phase II	-		-	To record central office Rehab Phase II costs.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
63	AA	Rehab Supports Phase II	1,946.85	-	1,946.85	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Rehab Supports Phase II	2,129.16	-	2,129.16	To allocate District Expenditures	No
77	AZ	Rehab Supports Phase II	5,351.16	-	5,351.16	To allocate salaries to regions	No
1	CL	Cottage life allocable	140,279.00	-	140,279.00	To record depreciation expense for old capital-related costs - build.	No
4	CL	Cottage life allocable	-	-	-	To record Refund Of Prior Year Expenditures	No
6	CL	Cottage life allocable	-	-	-	To record USDA revenues.	No
10	CL	Cottage Life Allocable	-	23,147.11	(23,147.11)	To record WAC's revenues.	No
16	CL	Cottage Life Allocable	-	45.23	(45.23)	To record added depreciation.	No
21	CL	Cottage Life Allocable	-	-	-	To record accounts payable accruals.	No
28	CL	Cottage Life Allocable	28,876.00	-	28,876.00	To record day program costs for contracts with outside providers.	No
31	CL	Cottage Life Allocable	30,742.82	-	30,742.82	To expense repairs & renovations.	No
34	CL	Cottage Life Allocable	33,120.00	-	33,120.00	To record posting error	No
51	CL	Cottage Life Allocable	-	5,520.32	(5,520.32)	To remove Federal Grants	No
56	CL	Cottage Life Allocable	-	-	-	To record Central Office UAP Training	No
61	CL	Cottage life allocable	33,575.10	-	33,575.10	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage life allocable	21,383.76	-	21,383.76	To allocate costs related to Dr. Johnson's services.	No
21	CN	Occupational Therapy	-	-	-	To record accounts payable accruals.	No
1	CS	Speech & hearing	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	CP	Physical Therapy	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	CT	Other Assistive Technology	12,892.00	-	12,892.00	To record depreciation expense for old capital-related costs - build.	No
31	CT	Other Assistive Technology	-	-	-	To expense repairs & renovations.	No
1	ED	Education	-	-	-	To record depreciation expense for old capital-related costs - build.	No
31	ED	Education	-	-	-	To expense repairs & renovations.	No
51	EQ	Equipment	-	-	-	To remove Federal Grants	No
1	FN	Other non-covered Costs	-	-	-	To record depreciation expense for old capital-related costs - build.	No
2	FN	Other non-covered Costs	-	-	-	To offset revenue for Cobra Premiums	No
3	FN	Other non-covered Costs	-	-	-	To remove dual employment.	No
11	FN	Other non-covered Costs	-	-	-	To record insurance claims.	No
16	FN	Other non-covered Costs	-	-	-	To record added depreciation.	No
31	FN	Other non-covered Costs	-	-	-	To expense repairs & renovations.	No
1	PL	Pecan	23,794.00	-	23,794.00	To record depreciation expense for old capital-related costs - build.	No
13	PL	Pecan	-	-	-	To Record Emergency Costs	No
16	PL	Pecan	-	-	-	To record added depreciation.	No
18	PL	Pecan	19,009.31	-	19,009.31	To record region's portion of the State Wide Cost Allocation Plan.	No
21	PL	Pecan	-	-	-	To record accounts payable accruals.	No
31	PL	Pecan	7,927.55	-	7,927.55	To expense repairs & renovations.	No
35	PL	Pecan	243,480.25	-	243,480.25	To record central office costs.	No
43	PL	Pecan	147,878.93	-	147,878.93	To Record SCEIS Expenditure	No
44	PL	Pecan	179,769.85	-	179,769.85	To record central office genetics services costs.	No
1	PM	Mulberry	21,541.00	-	21,541.00	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
13	PM	Mulberry	-	-	-	To Record Emergency Costs	No
16	PM	Mulberry	-	-	-	To record added depreciation.	No
18	PM	Mulberry	29,092.70	-	29,092.70	To record region's portion of the State Wide Cost Allocation Plan.	No
21	PM	Mulberry	-	-	-	To record accounts payable accruals.	No
31	PM	Mulberry	1,836.70	-	1,836.70	To expense repairs & renovations.	No
35	PM	Mulberry	336,397.19	-	336,397.19	To record central office costs.	No
43	PM	Mulberry	226,320.48	-	226,320.48	To Record SCEIS Expenditure	No
44	PM	Mulberry	262,974.13	-	262,974.13	To record central office genetics services costs.	No
1	PS	Saleeby	132,584.00	-	132,584.00	To record depreciation expense for old capital-related costs - build.	No
4	PS	Saleeby	-	-	-	To record Refund Of Prior Year Expenditures	No
13	PS	Saleeby	-	-	-	To Record Emergency Costs	No
16	PS	Saleeby	-	708.60	(708.60)	To record added depreciation.	No
18	PS	Saleeby	56,172.89	-	56,172.89	To record region's portion of the State Wide Cost Allocation Plan.	No
21	PS	Saleeby	-	-	-	To record accounts payable accruals.	No
31	PS	Saleeby	90,763.76	-	90,763.76	To expense repairs & renovations.	No
35	PS	Saleeby	811,706.78	-	811,706.78	To record central office costs.	No
41	PS	Saleeby	-	-	-	To adjust for Hospice Services	Yes
43	PS	Saleeby	436,985.09	-	436,985.09	To Record SCEIS Expenditure	No
44	PS	Saleeby	307,005.60	-	307,005.60	To record central office genetics services costs.	No
51	PS	Saleeby	-	13,427.84	(13,427.84)	To remove Federal Grants	No
23	MJ	Kensington I	560,864.00	-	560,864.00	To record management providers direct costs per individual cost reports.	Yes
29	MJ	Kensington I	1.00	-	1.00	To record rental agreement	No
43	MJ	Kensington I	-	-	-	To Record SCEIS Expenditure	No
23	MK	Kensington II	568,743.00	-	568,743.00	To record management providers direct costs per individual cost reports.	Yes
29	MK	Kensington II	1.00	-	1.00	To record rental agreement	No
43	MK	Kensington II	-	-	-	To Record SCEIS Expenditure	No
1	RC	Chesterfield	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RC	Chesterfield	-	-	-	To record added depreciation.	No
23	RC	Chesterfield	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RC	Chesterfield	-	-	-	To expense repairs & renovations.	No
43	RC	Chesterfield	-	-	-	To Record SCEIS Expenditure	No
16	RD	Coit Street	-	-	-	To record added depreciation.	No
23	RD	Coit Street	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	RD	Coit Street	-	-	-	To Record SCEIS Expenditure	No
1	RE	Dillon	-	-	-	To record depreciation expense for old capital-related costs - build.	No
16	RE	Dillon	-	-	-	To record added depreciation.	No
23	RE	Dillon	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	RE	Dillon	-	-	-	To expense repairs & renovations.	No
43	RE	Dillon	-	-	-	To Record SCEIS Expenditure	No
1	RF	Florence	2,599.00	-	2,599.00	To record depreciation expense for old capital-related costs - build.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
16	RF	Florence	-	-	-	To record added depreciation.	No
23	RF	Florence	598,973.00	-	598,973.00	To record management providers direct costs per individual cost reports.	Yes
43	RF	Florence	-	-	-	To expense repairs & renovations.	No
1	RG	Graham Street	-	-	-	To Record SCEIS Expenditure	No
16	RG	Graham Street	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	RG	Graham	-	-	-	To record added depreciation.	No
43	RG	Graham	-	-	-	To record management providers direct costs per individual cost reports.	Yes
1	RH	Hampton Place	-	-	-	To Record SCEIS Expenditure	No
16	RH	Hampton Place	7,497.00	-	7,497.00	To record depreciation expense for old capital-related costs - build.	No
23	RH	Hampton Place	-	-	-	To record added depreciation.	No
31	RH	Hampton Place	546,699.00	-	546,699.00	To record management providers direct costs per individual cost reports.	Yes
43	RH	Hampton Place	1,725.00	-	1,725.00	To expense repairs & renovations.	No
1	RI	Horry	-	-	-	To Record SCEIS Expenditure	No
16	RI	Horry	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	RI	Horry	-	-	-	To record added depreciation.	No
31	RI	Horry	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	RI	Horry	-	-	-	To expense repairs & renovations.	No
1	RJ	Ingram	-	-	-	To Record SCEIS Expenditure	No
16	RJ	Ingram	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	RJ	Ingram	-	-	-	To record added depreciation.	No
31	RJ	Ingram	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	RJ	Ingram	-	-	-	To expense repairs & renovations.	No
1	RK	Jessamine	-	-	-	To Record SCEIS Expenditure	No
16	RK	Jessamine	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	RK	Jessamine	-	-	-	To record added depreciation.	No
31	RK	Jessamine	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	RK	Jessamine	-	-	-	To expense repairs & renovations.	No
1	RL	Lois Eargle	-	-	-	To Record SCEIS Expenditure	No
16	RL	Lois Eargle	-	-	-	To record depreciation expense for old capital-related costs - build.	No
23	RL	Lois Eargle	-	-	-	To record added depreciation.	No
31	RL	Lois Eargle	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	RL	Lois Eargle	-	-	-	To expense repairs & renovations.	No
23	RM	Magnolia	551,648.00	-	551,648.00	To Record SCEIS Expenditure	No
43	RM	Magnolia	-	-	-	To record management providers direct costs per individual cost reports.	Yes
48	AA	Magnolia	-	-	-	To Record SCEIS Expenditure	No
23	RN	Pageland	-	-	-	To record Central Office Costs	No
68	RP	Palmetto	-	-	-	To record management providers direct costs per individual cost reports.	Yes
23	RQ	The Cedars	610,170.00	-	610,170.00	To allocate direct costs	Yes
43	RQ	The Cedars	-	-	-	To record management providers direct costs per individual cost reports.	Yes
						To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase of Services
48	AA	The Cedars	-		-	To record Central Office Costs	No
23	RR	The Oaks	647,050.00		647,050.00	To record management providers direct costs per individual cost reports.	Yes
43	RR	The Oaks	-		-	To Record SCEIS Expenditure	No
48	AA	The Oaks	-		-	To record Central Office Costs	No
1	RS	Thomas Drive	2,597.00		2,597.00	To record depreciation expense for old capital-related costs - build.	No
16	RS	Thomas Drive	-		-	To record added depreciation.	No
23	RS	Thomas Drive	528,620.00		528,620.00	To record management providers direct costs per individual cost reports.	Yes
43	RS	Thomas Drive	-		-	To Record SCEIS Expenditure	No
1	MD	North Pines	-		-	To record depreciation expense for old capital-related costs - build.	No
16	MD	North Pines	-		-	To record added depreciation.	No
23	MD	North Pines	527,852.00		527,852.00	To record management providers direct costs per individual cost reports.	Yes
29	MD	North Pines	1.00		1.00	To record rental agreement	No
31	MD	North Pines	-		-	To expense repairs & renovations.	No
43	MD	North Pines	-		-	To Record SCEIS Expenditure	No
23	SA	Atkinson West	524,986.00		524,986.00	To record management providers direct costs per individual cost reports.	Yes
29	SA	Atkinson West	1.00		1.00	To record rental agreement	No
23	SB	Atkinson East	524,986.00		524,986.00	To record management providers direct costs per individual cost reports.	Yes
29	SB	Atkinson East	1.00		1.00	To record rental agreement	No
23	SC	Camden I	597,223.00		597,223.00	To record management providers direct costs per individual cost reports.	Yes
29	SC	Camden I	1.00		1.00	To record rental agreement	No
32	SC	Camden I	-		-	To record Data Management/Biostatistics Grant	No
23	SD	Camden II	591,741.00		591,741.00	To record management providers direct costs per individual cost reports.	Yes
29	SD	Camden II	1.00		1.00	To record rental agreement	No
32	SD	Camden II	-		-	To record Data Management/Biostatistics Grant	No
23	SE	McLeod I	584,116.00		584,116.00	To record management providers direct costs per individual cost reports.	Yes
23	SF	McLeod II	492,180.00		492,180.00	To record management providers direct costs per individual cost reports.	Yes
23	SG	Bowen	617,972.50		617,972.50	To record management providers direct costs per individual cost reports.	Yes
29	SG	Bowen	1.00		1.00	To record rental agreement	No
41	SG	Bowen		92,193.00	(92,193.00)	To adjust for Hospice Services	Yes
23	SH	Reagan	617,972.50		617,972.50	To record management providers direct costs per individual cost reports.	Yes
29	SH	Reagan	1.00		1.00	To record rental agreement	No
1	XA	Autism	895.00		895.00	To record depreciation expense for old capital-related costs - build.	No
31	XA	Autism	-		-	To expense repairs & renovations.	No
62	XA	Autism	246,241.88		246,241.88	To allocate Autism to Regions	No
77	XA	Autism	20,613.94		20,613.94	To allocate salaries to regions	No
1	XC	Service Coordination	-		-	To record depreciation expense for old capital-related costs - build.	No
22	XC	Service coordination	45,990.45		45,990.45	To record central office Service Coordination costs.	No
24	XC	Service coordination	4,142,491.00		4,142,491.00	To record Service Coordination direct costs.	Yes
30	XC	Service coordination	-		-	To record costs for Third Party SC	Yes
31	XC	Service Coordination	-		-	To expense repairs & renovations.	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
39	XC	Service Coordination	475,000.00	-	475,000.00	To record central office genetics services costs.	No
47	XC	Service Coordination	-	-	-	Allocation of Central Office Overhead	No
48	AA	Service Coordination	43,358.90	-	43,358.90	To record Central Office Costs	No
63	AA	Service Coordination	1,525.21	-	1,525.21	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Service Coordination	14,067.33	-	14,067.33	To allocate District Expenditures	No
71	XC	Service Coordination	1,903.00	-	1,903.00	Depreciation of SC Autism Society Grant	No
77	XC	Service Coordination	47,375.81	-	47,375.81	To allocate salaries to regions	No
1	AW	PDD Autism Waiver	-	-	-	To record depreciation expense for old capital-related costs - build.	No
1	XG	General Community Operations	4,077.00	-	4,077.00	To record depreciation expense for old capital-related costs - build.	No
21	XG	General Community Operations	-	-	-	To record accounts payable accruals.	No
31	XG	General Community Operations	-	-	-	To expense repairs & renovations.	No
45	AA	General Community Operations	-	-	-	To Allocate Autism Costs	No
55	XG	General Community Operations	-	-	-	To record computer services.	No
57	XG	General Community Operations	36,115.82	-	36,115.82	To record Central Office UAP Training	No
58	XG	General Community Operations	-	-	-	To record Central Office UAP Training	No
59	XG	General Community Operations	-	-	-	To Record Central Office Training Costs	No
70	XG	General Community Operations	-	-	-	To allocate costs for TBI Supported Employment	No
72	XG	General Community Operations	59,487.22	-	59,487.22	To allocate costs related to Special Olympics grant	No
73	XG	General Community Operations	13,320.14	-	13,320.14	To allocate costs related to Brain Injury grant	No
74	XG	General Community Operations	15,699.15	-	15,699.15	To allocate costs related to Family Connection grant	No
77	XG	General Community Operations	-	-	-	To allocate salaries to regions	No
78	XG	General Community Operations	1,609.87	-	1,609.87	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations	-	-	-	To allocate UAP Attendant Care - Admin	No
33	XH	Head and spinal cord waiver	296,253.00	-	296,253.00	To record Waiver direct costs	Yes
36	XH	Head and spinal cord waiver	-	-	-	To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	3,098.72	-	3,098.72	To record Central Office Costs	No
63	AA	Head and spinal cord waiver	4,175.37	-	4,175.37	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Head and spinal cord waiver	1,006.16	-	1,006.16	To allocate District Expenditures	No
77	XH	Head and spinal cord waiver	11,476.50	-	11,476.50	To allocate salaries to regions	No
80	XH	Head and spinal cord waiver	119.42	-	119.42	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	330.93	-	330.93	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	397,296.48	-	397,296.48	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	14,860.73	-	14,860.73	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	9,009.24	-	9,009.24	To allocate USC Attendant Care Training	No
1	XI	Early Intervention	-	-	-	To record depreciation expense for old capital-related costs - build.	No
25	XI	Early Intervention	1,876,468.00	-	1,876,468.00	To record Early Intervention direct costs.	Yes
27	XI	Early Intervention	778,035.24	-	778,035.24	To record Early Intervention Third Party direct costs.	Yes
31	XI	Early Intervention	-	-	-	To expense repairs & renovations.	No
42	XI	Early Intervention	-	-	-	To record central office EI costs.	No
48	AA	Early intervention	19,638.72	-	19,638.72	To record Central Office Costs	No

South Carolina Department of Disabilities and Special Needs
Pee Dee Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF CENTER	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
63	AA	Early intervention			-	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Early intervention	6,367.53		6,367.53	To allocate District Expenditures	No
77	XI	Early intervention	22,413.24		22,413.24	To allocate salaries to regions	No
1	XMA	Home & Community Based	-		-	To record depreciation expense for old capital-related costs - build.	No
26	XM	Home & Community Based	438,782.99		438,782.99	To allocate GPL costs to Waiver	Yes
32	XMA	Home and community based	3,325.35		3,325.35	To record Data Management/Biostatistics Grant	No
33	XM	Home and community based	40,697,242.39		40,697,242.39	To record Waiver direct costs.	Yes
36	XM	Home and community based	16,302.58		16,302.58	To record central office Waiver costs.	No
37	XM	Home and community based	-		-	To record central office Autism costs.	No
40	XM	Home and community based	56,085.74		56,085.74	To Record Training Costs	No
45	AA	Home and community based	14,593.00		14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	425,912.36		425,912.36	To record Central Office Costs	No
49	XM	Home and Community Based	94,645.47		94,645.47	To Record Alt Placement Costs	No
50	XM	Home and Community Based	16,450.00		16,450.00	Startup Amortization of CTHI	No
66	AA	Home and Community Based	138,110.00		138,110.00	To allocate District Expenditures	No
76	XM	Home and Community Based	8,491.35		8,491.35	To allocate costs related to Manor House grant	No
77	XM	Home and Community Based	139,948.12		139,948.12	To allocate salaries to regions	No
80	XM	Home and Community Based	25,414.41		25,414.41	To allocate Fire Marshall Expenditure	No
81	XM	Home and Community Based	70,425.09		70,425.09	To allocate DHEC Expenditure	No
82	XM	Home and Community Based	28,811.60		28,811.60	To allocate UAP Attendant Care	No
83	XMA	Home and Community Based	1,077.76		1,077.76	To allocate UAP Attendant Care - Admin	No
86	XM	Home and Community Based	653.85		653.85	To allocate USC Attendant Care Training	No
1	CWA	Community Supports Waiver			-	To record depreciation expense for old capital-related costs - build.	No
48	AA	Community Supports Waiver	26,201.74		26,201.74	To record Central Office Costs	No
66	AA	Community Supports Waiver	8,485.51		8,485.51	To allocate District Expenditures	No
68	CW	Community Supports Waiver	2,565,370.96		2,565,370.96	To allocate direct costs	Yes
76	CW	Community Supports Waiver	6,995.66		6,995.66	To allocate costs related to Manor House grant	No
82	CW	Community Supports Waiver	2,864.40		2,864.40	To allocate UAP Attendant Care	No
83	CWA	Community Supports Waiver	105.46		105.46	To allocate UAP Attendant Care - Admin	No
86	CW	Community Supports Waiver	-		-	To allocate USC Attendant Care Training	No
1	XR	Community Residential	-		-	To record depreciation expense for old capital-related costs - build.	No
46	XR	Community Residential	-		-	To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	8,939.53		8,939.53	To allocate cost to regions	No
51	YF	Federal Projects		7,764.53	(7,764.53)	To remove Federal Grants	No

75,290,184.44 860,980.28 74,429,204.16

**South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	15,100.00	-	-	-	-	-
02A	New capital-related costs - equip	47,610.00	-	47,610.00	-	-	-
AB	Employee health & welfare	6,073,946.00	330.00	1,218.00	6,075,494.00	-	-
AA	Administrative & general	1,141,843.00	-	-	1,141,843.00	1,141,843.00	-
CP	Physical therapy	60,332.00	-	-	21,101.00	81,433.00	84,751.00
CN	Occupational therapy	12,100.00	-	-	12,100.00	493.00	-
ED	Education	123,675.00	-	-	53,545.00	177,220.00	-
CS	Speech & hearing	305,557.00	-	-	87,972.00	393,529.00	-
CL	Cottage life allocable	3,450,291.00	7,639.00	21,305.00	937,551.00	4,416,786.00	-
CT	Other Assistive Technology	20,606.00	443.00	-	-	21,049.00	-
XG	General Community Operations	130,309.00	115.00	425.00	3,871.00	134,720.00	-
XR	Community Residential	39,825.00	-	-	-	39,825.00	-
INPATIENT ROUTINE SERVICE COST CENTERS							
PS	Saleeby	7,739,714.00	3,177.00	11,735.00	2,087,247.00	9,841,873.00	-
PL	Pecan Lane	3,052,929.00	1,428.00	6,956.00	947,104.00	4,008,417.00	37,966.00
PM	Mulberry	4,590,307.00	1,861.00	5,576.00	1,534,577.00	6,132,321.00	46,785.00
RA	Acline	-	-	-	-	-	-
SA	Atkinson West	553,006.00	-	-	71.00	553,077.00	1,144.00
SB	Atkinson East	553,074.00	-	-	71.00	553,145.00	1,147.00
SG	Bowen (Hartsville Special Housing)	550,473.00	-	-	82.00	550,555.00	1,009.00
SC	Camden I	622,190.00	-	-	63.00	622,253.00	1,020.00
SD	Camden II	616,708.00	-	-	63.00	616,771.00	1,020.00
RB	Carolina	-	-	-	-	-	-
RQ	Cedars	634,486.00	-	-	61.00	634,547.00	993.00
RC	Chesterfield	-	-	-	-	-	-
RD	Coit	-	-	-	-	-	-
RE	Dillon	-	-	-	-	-	-
RF	Florence	626,213.00	-	-	62.00	626,275.00	1,112.00
RG	Graham St.	-	-	-	-	-	-
RH	Hampton Pl.	583,187.00	-	-	63.00	583,250.00	1,489.00
RI	Horry	-	-	-	-	-	-
RJ	Charles Ingram	-	-	-	-	-	-
RK	Jessamine	-	-	-	-	-	-
RL	Lois Eargle	-	-	-	-	-	-
RM	Magnolia Pl.	576,469.00	-	-	63.00	576,532.00	1,014.00
RT	Maryville	-	-	-	-	-	-
SE	McLeod I	609,082.00	-	-	63.00	609,145.00	1,020.00
SF	McLeod II	516,599.00	-	-	62.00	516,661.00	997.00
RR	The Oaks	672,016.00	-	-	63.00	672,079.00	1,020.00
MD	North Pines	548,553.00	-	-	52.00	548,605.00	846.00
RP	Palmetto	-	-	-	-	-	-
SH	Reagan (Hartsville Special Housing)	641,777.00	-	-	60.00	641,837.00	972.00
RS	Thomas Drive	556,183.00	-	-	63.00	556,246.00	1,126.00
MJ	Kensington I	585,489.00	-	-	62.00	585,551.00	1,006.00
MK	Kensington II	592,992.00	-	-	61.00	593,053.00	990.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	4,712,760.00	-	-	36,846.00	4,749,606.00	24,735.00
AY	Rehab Support Phase I	1,445,309.00	-	-	-	1,445,309.00	-
AZ	Rehab Support Phase II	630,486.00	-	-	4,746.00	635,232.00	411.00
XE	Evaluation & planning	-	-	-	-	-	-
XI	Early intervention	2,676,916.00	-	-	17,138.00	2,694,054.00	1,611.00
CW	Community Supports Waiver	2,575,231.00	-	-	9,915.00	2,585,146.00	-
CWA	Community Supports Waiver - Waiver	105.00	-	-	-	105.00	810.00
XM	Home & community based	41,989,346.00	-	-	318,104.00	42,307,450.00	-
XMA	Home & community based - Admin	4,403.00	107.00	394.00	-	4,904.00	47,926.00
AW	PDD Waiver	-	-	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	21,800.00	-	-	8,663.00	30,463.00	1,241.00
XS	Head & spinal cord	-	-	-	-	-	-
XH	Head & spinal cord waiver	717,456.00	-	-	6,047.00	723,503.00	-
XHA	Head & spinal cord waiver - Waiver	14,861.00	-	-	-	14,861.00	18,012.00
NONREIMBURSEABLE COST CENTERS							
FC	Non-certified units	-	-	-	-	-	-
FN	Other non-covered costs	1,590.00	-	-	-	1,590.00	65.00
YF	Federal projects	-	-	-	-	-	-
90	SUBTOTAL	91,632,904.00	15,100.00	47,609.00	6,075,492.00	91,632,901.00	84,751.00

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
100 TOTAL EXPENSES	91,632,904.00	15,100.00	47,609.00	6,075,492.00	91,632,901.00	1,141,844.00	84,751.00

**South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER		(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUMULATED COSTS)	(OCCASIONS OF SERVICE)
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	211,677	-	-	-	-	-
2A	New capital-related costs - equip	0	180,689	-	-	-	-
AB	Employee health & welfare	4,624	4,624	14,032,705.00	-	-	-
AA	Administrative & general	0	0	-	-	28,026,367.87	-
CP	Physical therapy	-	-	48,737.00	-	81,433.00	3,248.00
CN	Occupational therapy	0	0	-	-	12,100.00	-
ED	Education	0	0	123,675.00	-	177,220.00	-
CS	Speech & hearing	-	-	203,192.00	-	393,529.00	-
CL	Cottage life allocable	107,082	80,858	2,165,483.00	-	4,416,786.00	-
CT	Other Assistive Technology	6,217	0	-	-	21,049.00	-
XG	General Community Operations	1,614	1,614	8,940.00	-	134,720.00	-
XR	Community Residential	0	0	-	-	39,825.00	-
INPATIENT ROUTINE SERVICE COST CENTERS							
PS	Saleeby	44,535	44,535	4,820,961.00	-	9,841,873.00	-
PL	Pecan Lane	20,018	26,401	2,187,548.00	-	4,008,417.00	1,455.00
PM	Mulberry	26,091	21,161	3,544,446.00	-	6,132,321.00	1,793.00
RA	Acline	0	0	-	-	-	-
SA	Atkinson West	0	0	164.00	-	28,091.00	-
SB	Atkinson East	0	0	164.00	-	28,159.00	-
SG	Bowen (Hartsville Special Housing)	0	0	144.00	-	24,755.50	-
SC	Camden I	0	0	146.00	-	25,030.00	-
SD	Camden II	0	0	146.00	-	25,030.00	-
RB	Carolina	0	0	-	-	-	-
RQ	Cedars	0	0	142.00	-	24,377.00	-
RC	Chesterfield	0	0	-	-	-	-
RD	Coit	0	0	-	-	-	-
RE	Dillon	0	0	-	-	-	-
RF	Florence	0	0	144.00	-	27,302.00	-
RG	Graham St.	0	0	-	-	-	-
RH	Hampton Pl.	0	0	146.00	-	36,551.00	-
RI	Horry	0	0	-	-	-	-
RJ	Charles Ingram	0	0	-	-	-	-
RIK	Jessamine	0	0	-	-	-	-
RL	Lois Eargle	0	0	-	-	-	-
RM	Magnolia Pl.	0	0	145.00	-	24,884.00	-
RT	Maryville	0	0	-	-	-	-
SE	McLeod I	0	0	146.00	-	25,029.00	-
SF	McLeod II	0	0	143.00	-	24,481.00	-
RR	The Oaks	0	0	146.00	-	25,029.00	-
MD	North Pines	0	0	121.00	-	20,753.00	-
RP	Palmetto	0	0	-	-	-	-
SH	Reagan (Hartsville Special Housing)	0	0	139.00	-	23,864.50	-
RS	Thomas Drive	0	0	146.00	-	27,626.00	-
MJ	Kensington I	0	0	144.00	-	24,687.00	-
MK	Kensington II	0	0	142.00	-	24,310.00	-
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmery	0	0	-	-	-	-
BK	Outpatient clinic	0	0	-	-	-	-
BP	Pharmacy	0	0	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	-	-	85,104.00	-	607,115.00	-
AY	Rehab Support Phase I	0	0	-	-	0.45	-
AZ	Rehab Support Phase II	0	0	10,962.00	-	10,097.00	-
XE	Evaluation & planning	0	0	-	-	-	-
XI	Early intervention	0	0	39,584.00	-	39,550.76	-
CW	Community Supports Waiver	0	0	22,900.00	-	-	-
CWA	Community Supports Waiver - Waiver	-	-	-	-	19,880.04	-
XM	Home & community based	0	0	734,731.00	-	-	-
XMA	Home & community based - Admin	1,496	1,496	-	-	1,176,328.62	-
AW	PDD Waiver	0	0	-	-	-	-
AWA	PDD Waiver - Admin	-	-	-	-	-	-
XA	Autism	0	0	20,008.00	-	30,463.00	-
XS	Head & spinal cord	0	0	-	-	-	-
XH	Head & spinal cord waiver	0	0	13,966.00	-	-	-
XHA	Head & spinal cord waiver - Waiver	-	-	-	-	442,111.00	-

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
NONREIMBURSEABLE COST CENTERS	-				-	-	-
FC Non-certified units	-	0	0	-	-	-	-
FN Other non-covered costs	-	0	0	-	-	1,590.00	-
YF Federal projects	-	0	0	-	-	-	-
90 SUBTOTAL	-	211,677	180,689	14,032,705.00	-	28,026,367.87	3,248.00
		211,677	180,689	14,032,706			3,248
Costs to be allocated (Worksheet B, Part I)	-	\$15,100	\$47,610	6,075,494.00	-	\$1,141,843	\$84,751
Unit cost multiplier	-	0.071335	0.263491	0.432952	0.000000	0.040742	26.093288

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL	
	CN	ED	CS	CL	CT	XG	XR	
GENERAL SERVICE COST CENTERS								
02	New capital-related costs - build	-	-	-	-	-	-	
02A	New capital-related costs - equip	-	-	-	-	-	-	
AB	Employee health & welfare	-	-	-	-	-	-	
AA	Administrative & general	-	-	-	-	-	-	
CP	Physical therapy	-	-	-	-	-	-	
CN	Occupational therapy	12,593.00	-	-	-	-	-	
ED	Education	-	184,440.00	-	-	-	-	
CS	Speech & hearing	-	-	409,562.00	-	-	-	
CL	Cottage life allocable	-	-	-	4,596,734.00	-	-	
CT	Other Assistive Technology	-	-	-	-	21,907.00	-	
XG	General Community Operations	-	-	-	-	-	140,209.00	
XR	Community Residential	-	-	-	-	85.62	41,533.62	
INPATIENT ROUTINE SERVICE COST CENTERS								
PS	Saleeby	-	-	-	-	-	-	
PL	Pecan Lane	1,162.00	48,150.00	181,712.00	1,876,863.00	-	-	
PM	Mulberry	11,431.00	136,290.00	227,850.00	2,719,871.00	-	-	
RA	Acline	-	-	-	-	-	-	
SA	Atkinson West	-	-	-	-	1,189.00	439.00	
SB	Atkinson East	-	-	-	-	1,189.00	439.00	
SG	Bowen (Hartsville Special Housing)	-	-	-	-	1,184.00	437.00	
SC	Camden I	-	-	-	-	1,338.00	494.00	
SD	Camden II	-	-	-	-	1,326.00	489.00	
RB	Carolina	-	-	-	-	-	-	
RQ	Cedars	-	-	-	-	1,364.00	503.00	
RC	Chesterfield	-	-	-	-	-	-	
RD	Coit	-	-	-	-	-	-	
RE	Dillon	-	-	-	-	-	-	
RF	Florence	-	-	-	-	1,346.00	497.00	
RG	Graham St.	-	-	-	-	-	-	
RH	Hampton Pl.	-	-	-	-	1,254.00	463.00	
RI	Horry	-	-	-	-	-	-	
RJ	Charles Ingram	-	-	-	-	-	-	
RK	Jessamine	-	-	-	-	-	-	
RL	Lois Eargle	-	-	-	-	-	-	
RM	Magnolia Pl.	-	-	-	-	1,239.00	457.00	
RT	Maryville	-	-	-	-	-	-	
SE	McLeod I	-	-	-	-	1,310.00	483.00	
SF	McLeod II	-	-	-	-	1,111.00	410.00	
RR	The Oaks	-	-	-	-	1,445.00	533.00	
MD	North Pines	-	-	-	-	1,179.00	435.00	
RP	Palmetto	-	-	-	-	-	-	
SH	Reagan (Hartsville Special Housing)	-	-	-	-	1,380.00	509.00	
RS	Thomas Drive	-	-	-	-	1,196.00	441.00	
MJ	Kensington I	-	-	-	-	1,259.00	465.00	
MK	Kensington II	-	-	-	-	1,275.00	471.00	
OUTPATIENT SERVICE COST CENTERS								
BI	Infirmary	-	-	-	-	-	-	
BK	Outpatient clinic	-	-	-	-	-	-	
BP	Pharmacy	-	-	-	-	-	-	
OTHER REIMBURSEABLE COST CENTERS								
XC	Service coordination	-	-	-	-	10,211.00	-	
AY	Rehab Support Phase I	-	-	-	-	3,107.00	-	
AZ	Rehab Support Phase II	-	-	-	-	1,366.00	-	
XE	Evaluation & planning	-	-	-	-	-	-	
XI	Early Intervention	-	-	-	-	5,792.00	-	
CW	Community Supports Waiver	-	-	-	-	5,558.00	-	
CWA	Community Supports Waiver - Waiver	-	-	-	-	-	-	
XM	Home & community based	-	-	-	-	90,952.00	33,568.00	
XMA	Home & community based - Admin	-	-	-	-	-	-	
AW	PDD Waiver	-	-	-	-	-	-	
AWA	PDD Waiver - Admin	-	-	-	-	-	-	
XA	Autism	-	-	-	-	-	-	
XS	Head & spinal cord	-	-	-	-	-	-	
XH	Head & spinal cord waiver	-	-	-	-	1,555.00	-	
XHA	Head & spinal cord waiver - Waiver	-	-	-	-	-	-	
NONREIMBURSEABLE COST CENTERS								
FC	Non-certified units	-	-	-	-	-	-	
FN	Other non-covered costs	-	-	-	-	-	-	
YF	Federal projects	-	-	-	-	-	-	
90	SUBTOTAL	12,593.00	184,440.00	409,562.00	4,596,734.00	21,907.00	140,210.62	41,533.00

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part 1

<u>COST CENTER</u>	<u>OCCUPATIONAL</u>	<u>EDUCATION</u>	<u>SPEECH &</u>	<u>COTTAGE</u>	<u>OTHER</u>	<u>GENERAL</u>	<u>COMMUNITY</u>
	<u>THERAPY</u>		<u>HEARING</u>	<u>LIFE</u>	<u>ASSISTIVE</u>	<u>COMMUNITY</u>	<u>RESIDENTIAL</u>
	CN	ED	CS	CL	CT	XG	XR
100 TOTAL EXPENSES	12,593.00	184,440.00	409,562.00	4,596,734.00	21,907.00	140,210.62	41,533.00

**South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01	-	-	-	-	-	-	-
1A	-	-	-	-	-	-	-
02	-	-	-	-	-	-	-
2A	-	-	-	-	-	-	-
AB	-	-	-	-	-	-	-
AA	-	-	-	-	-	-	-
CP	-	-	-	-	-	-	-
CN	65.00	-	-	-	-	-	-
ED	-	12,530.50	-	-	-	-	-
CS	-	-	1,371.50	-	-	-	-
CL	-	-	-	42,030.00	-	-	-
CT	-	-	-	-	42,030.00	-	-
XG	-	-	-	-	-	65,219,687.00	-
XR	-	-	-	-	-	39,825.00	52,347,012.00
INPATIENT ROUTINE SERVICE COST CENTERS							
PS	-	-	-	-	-	-	-
PL	6.00	3,271.25	608.50	17,161.00	17,161.00	-	-
PM	59.00	9,259.25	763.00	24,869.00	24,869.00	-	-
RA	-	-	-	-	-	-	-
SA	-	-	-	-	-	553,077.00	553,077.00
SB	-	-	-	-	-	553,145.00	553,145.00
SG	-	-	-	-	-	550,535.00	550,535.00
SC	-	-	-	-	-	622,253.00	622,253.00
SD	-	-	-	-	-	616,771.00	616,771.00
RB	-	-	-	-	-	-	-
RQ	-	-	-	-	-	634,547.00	634,547.00
RC	-	-	-	-	-	-	-
RD	-	-	-	-	-	-	-
RE	-	-	-	-	-	-	-
RF	-	-	-	-	-	626,275.00	626,275.00
RG	-	-	-	-	-	-	-
RH	-	-	-	-	-	583,250.00	583,250.00
RI	-	-	-	-	-	-	-
RJ	-	-	-	-	-	-	-
RK	-	-	-	-	-	-	-
RL	-	-	-	-	-	-	-
RM	-	-	-	-	-	576,532.00	576,532.00
RT	-	-	-	-	-	-	-
SE	-	-	-	-	-	609,145.00	609,145.00
SF	-	-	-	-	-	516,661.00	516,661.00
RR	-	-	-	-	-	672,079.00	672,079.00
MD	-	-	-	-	-	548,605.00	548,605.00
RP	-	-	-	-	-	-	-
SH	-	-	-	-	-	641,837.00	641,837.00
RS	-	-	-	-	-	556,246.00	556,246.00
MJ	-	-	-	-	-	585,551.00	585,551.00
MK	-	-	-	-	-	593,053.00	593,053.00
OUTPATIENT SERVICE COST CENTERS							
BI	-	-	-	-	-	-	-
BK	-	-	-	-	-	-	-
BP	-	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	-	-	-	-	-	4,749,606.00	-
AY	-	-	-	-	-	1,445,309.00	-
AZ	-	-	-	-	-	635,232.00	-
XE	-	-	-	-	-	-	-
XI	-	-	-	-	-	2,694,054.00	-
CW	-	-	-	-	-	2,585,146.00	-
CWA	-	-	-	-	-	-	-
XM	-	-	-	-	-	42,307,450.00	42,307,450.00
XMA	-	-	-	-	-	-	-
AW	-	-	-	-	-	-	-
AWA	-	-	-	-	-	-	-
XA	-	-	-	-	-	-	-
XS	-	-	-	-	-	-	-
XH	-	-	-	-	-	723,503.00	-
XHA	-	-	-	-	-	-	-

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units	-	-	-	-	-	-	-
FN Other non-covered costs	-	-	-	-	-	-	-
YF Federal projects	-	-	-	-	-	-	-
90 SUBTOTAL	65.00 65	12,530.50 12,531	1,371.50 1,372	42,030.00 42,030	42,030.00 42,030	65,219,687.00 65,956,691	52,347,012.00 52,930,532
Costs to be allocated (Worksheet B, Part I)	\$12,593	\$184,440	\$409,582	\$4,596,734	\$21,907	\$140,209	\$41,534
Unit cost multiplier	193.738462	14.719285	298.623405	109.367928	0.521223	0.002150	0.000793

South Carolina Department of Disabilities Special Needs
 Pee Dee Region
 Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

	<u>COST CENTER</u>	<u>TOTAL</u>
		21
	GENERAL SERVICE COST CENTERS	
02	New capital-related costs - build	-
02A	New capital-related costs - equip	-
AB	Employee health & welfare	-
AA	Administrative & general	-
CP	Physical therapy	-
CN	Occupational therapy	-
ED	Education	-
CS	Speech & hearing	-
CL	Cottage life allocable	-
CT	Other Assistive Technology	-
XG	General Community Operations	-
XR	Community Residential	-
	INPATIENT ROUTINE SERVICE COST CENTERS	
PS	Safeby	10,242,848.00
PL	Pecan Lane	6,326,525.00
PM	Mulberry	9,537,351.00
RA	Acline	-
SA	Atkinson West	555,849.00
SB	Atkinson East	555,920.00
SG	Bowen (Hartsville Special Housing)	553,165.00
SC	Camden I	625,105.00
SD	Camden II	619,606.00
RB	Carolina	-
RQ	Cedars	637,407.00
RC	Chesterfield	-
RD	Coit	-
RE	Dillon	-
RF	Florence	629,230.00
RG	Graham St.	-
RH	Hampton Pl.	586,456.00
RI	Horry	-
RJ	Charles Ingram	-
RK	Jessamine	-
RL	Lois Eargle	-
RM	Magnolia Pl.	579,242.00
RT	Maryville	-
SE	McLeod I	611,958.00
SF	McLeod II	519,179.00
RR	The Oaks	675,077.00
MD	North Pines	551,065.00
RP	Palmetto	-
SH	Reagan (Hartsville Special Housing)	644,698.00
RS	Thomas Drive	559,009.00
MJ	Kensington I	588,281.00
MK	Kensington II	595,789.00
	OUTPATIENT SERVICE COST CENTERS	
BI	Infirmiry	-
BK	Outpatient clinic	-
BP	Pharmacy	-
	OTHER REIMBURSEABLE COST CENTERS	
XC	Service coordination	4,784,552.00
AY	Rehab Support Phase I	1,448,416.00
AZ	Rehab Support Phase II	637,009.00
XE	Evaluation & planning	-
XI	Early intervention	2,701,457.00
CW	Community Supports Waiver	2,590,704.00
CWA	Community Supports Waiver - Waiver	915.00
XM	Home & community based	42,431,970.00
XMA	Home & community based - Admin	52,830.00
AW	PDD Waiver	-
AWA	PDD Waiver - Admin	-
XA	Autism	31,704.00
XS	Head & spinal cord	-
XH	Head & spinal cord waiver	725,058.00
XHA	Head & spinal cord waiver - Waiver	32,873.00
	NONREIMBURSEABLE COST CENTERS	
FC	Non-certified units	-
FN	Other non-covered costs	1,655.00
YF	Federal projects	-
90	SUBTOTAL	91,632,903.00

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

	<u>COST CENTER</u>	<u>TOTAL</u>
		21
100	TOTAL EXPENSES	91,632,903.00

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South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	DIRECT CONTRACT COST	ADJUSTED ADMIN & GENERAL
	AA			
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	81,433	0	81,433
CN	Occupational therapy	12,100	0	12,100
ED	Education	177,220	0	177,220
CS	Speech & hearing	393,529	0	393,529
CL	Cottage life allocable	4,416,786	0	4,416,786
CT	Other Assistive Technology	21,049	0	21,049
XG	General Community Operations	134,720	0	134,720
XR	Community Residential	39,825	0	39,825
INPATIENT ROUTINE SERVICE COST CENTERS				
PS	Safeby	9,841,873	0	9,841,873
PL	Pecan Lane	4,008,417	0	4,008,417
PM	Mulberry	6,132,321	0	6,132,321
RA	Acline	0	0	0
SA	Atkinson West	553,077	(524,986)	28,091
SB	Atkinson East	553,145	(524,986)	28,159
SG	Bowen (Hartsville Special Housing)	550,535	(525,780)	24,756
SC	Camden I	622,253	(597,223)	25,030
SD	Camden II	616,771	(591,741)	25,030
RB	Carolina	0	0	0
RQ	Cedars	634,547	(610,170)	24,377
RC	Chesterfield	0	0	0
RD	Coit	0	0	0
RE	Dillon	0	0	0
RF	Florence	626,275	(598,973)	27,302
RG	Graham St.	0	0	0
RH	Hampton Pl.	583,250	(546,699)	36,551
RI	Horry	0	0	0
RJ	Charles Ingram	0	0	0
RK	Jessamine	0	0	0
RL	Lois Eargle	0	0	0
RM	Magnolia Pl.	576,532	(551,648)	24,884
RT	Maryville	0	0	0
SE	McLeod I	609,145	(584,116)	25,029
SF	McLeod II	516,661	(492,180)	24,481
RR	The Oaks	672,079	(647,050)	25,029
MD	North Pines	548,605	(527,852)	20,753
RP	Palmetto	0	0	0
SH	Reagan (Hartsville Special Housing)	641,837	(617,973)	23,865
RS	Thomas Drive	556,246	(528,620)	27,626
MJ	Kensington I	585,551	(560,864)	24,687
MK	Kensington II	593,053	(568,743)	24,310
OUTPATIENT SERVICE COST CENTERS				
BI	Infirmery	0	0	0
BK	Outpatient clinic	0	0	0
BP	Pharmacy	0	0	0
OTHER REIMBURSEABLE COST CENTERS				
XC	Service coordination	4,749,606	(4,142,491)	607,115
AY	Rehab Support Phase I	1,445,309	(1,445,309)	0
AZ	Rehab Support Phase II	635,232	(625,135)	10,097

South Carolina Department of Disabilities Special Needs
Pee Dee Region
Provider #: Various

Adjustments to Administrative Cost Statistic

Year ended June 30, 2010

	ADMINISTRA-	RECLASSIFY	DIRECT CONTRACT	ADJUSTED	
XE	Evaluation & planning	0	0	0	
XI	Early intervention	2,694,054	(2,654,503)	39,551	
CW	Community Supports Waiver	2,585,146	(2,585,146)	0	
CWA	Community Supports Waiver Admin	105	(2,585,371)	19,880	
XM	Home & community based	42,307,450	(42,307,450)	0	
XMA	Home & Community Based Waiver Admin	4,904	42,307,450	(41,136,025)	1,176,329
AW	PDD Waiver	0	0	0	
AWA	PDD Waiver Admin	0	0	0	
XA	Autism	30,463	0	30,463	
XS	Head & spinal cord	0	0	0	
XH	Head & spinal cord waiver	723,503	(723,503)	0	
XHA	Head & spinal cord waiver - Waiver Admin	14,861	723,503	(296,253)	442,111
NONREIMBURSEABLE COST CENTERS					
FC	Non-certified units	0	0	0	
FN	Other non-covered costs	1,590	0	1,590	
YF	Federal projects	0	0	0	
90	SUBTOTAL	90,491,058.00	(62,464,690.13)	28,026,367.87	

South Carolina Department of Disabilities and Special Needs
 Pee Dee Region
 Fiscal Year Ended June 30, 2010
 Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$915	\$2,590,704	\$2,591,619	0.04%
Home & community based	XM	\$52,830	\$42,431,970	\$42,484,800	0.12%
PDD Waiver	AW	\$0	\$0	\$0	0.00%
Head & spinal cord waiver	XH	\$32,873	\$725,058	\$757,931	4.34%
		\$86,618	\$45,747,732	\$45,834,350	0.19%

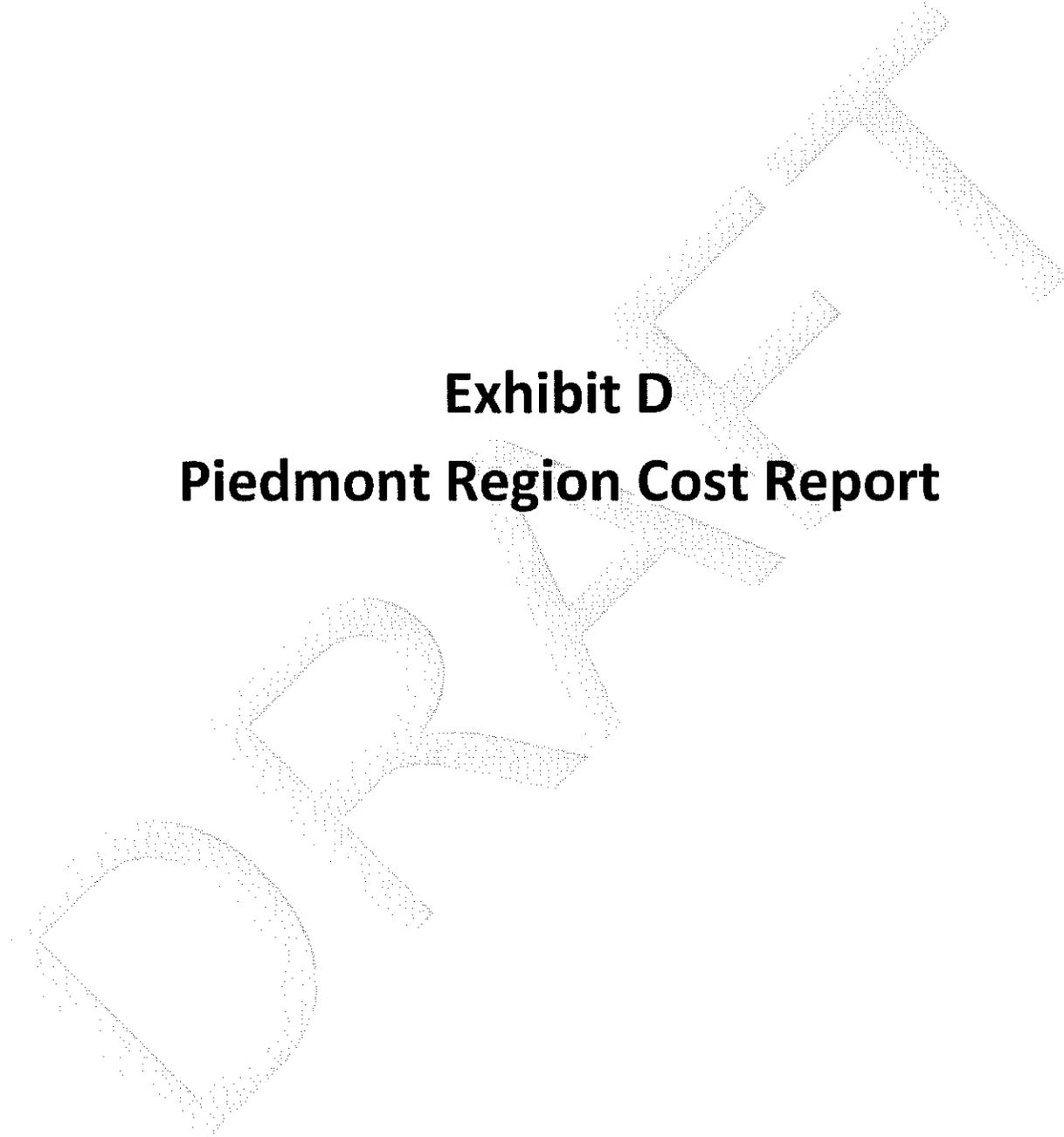


Exhibit D
Piedmont Region Cost Report

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
 OMB NO. 0939-0050

HOSPITAL AND HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY - PIEDMONT REGION	PROVIDER NO.: VARIOUS	PERIOD: FROM: July 1, 2009 TO: June 30, 2010	WORKSHEET S PARTS I AND II
Intermediary Use Only		Date Received	Intermediary Number
<input type="checkbox"/> Audited <input type="checkbox"/> Desk Reviewed			

PART I - CERTIFICATION

Check applicable box Electronically filed cost report Manually submitted cost report

Date: _____ Time: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Piedmont Regional Center (Provider Name(s) and Number(s)) for the cost reporting period beginning July 1, 2009 and ending June 30, 2010 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Deputy State Director, Administration
 Title

 Date

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1 HOSPITAL					1
2 SUBPROVIDER					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)					8
9 TOTAL					9

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated. (Indicate overpayment in brackets).

Annual reporting burden is estimated at 54.17 hours per response. Record keeping burden is estimated at 579 hours per record keeper. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Health Care Financing of Management and Budget, Washington, D.C. 20503.

Paperwork Reduction Project (0930-0050)

FORM HCFA-2552-92 (3/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB 15-II SECTIONS 2803.1 AND 2803.2)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Piedmont Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2

Hospital and Hospital Health Care Complex Address:

1 Street: P.O. Box: P. O. Drawer 239 1
1.01 City: Clinton State: SC Zip Code: 29325 1.01

Hospital and Hospital Based Component Identification:

	Component 0	Component Name 1	Provider No. 2	Date Certified 3	Payment System (P, T, or O)			
					V 4	XVIII 5	XIX 6	
2 Hospital								2
3 Subprovider								3
4 Swing Beds - SNF								4
5 Swing Beds - NF								5
6 Hospital-Based SNF								6
7 Hospital-Based NF								7
8 Hospital-Based OLTC								8
9 Hospital-Based HHA								9
10 Hospital-Based CORF								10
11 Separately Certified ASC								11
12 Hospital-Based Hospice								12

13 Cost Reporting Period (mm/dd/yy) From: July 1, 2009 To: June 30, 2010 13

14 Type of Control (See Instructions) 1 2 10 14

Type of Hospital/Subprovider (See Instructions)

15 Hospital 15
16 Subprovider 16

Other Information

17 If this is a Medicare Certified Kidney Transplant Center, enter the certification date.								17
18 If this is a Medicare Certified Heart Transplant Center, enter the certification date.								18
19 If this is a Medicare Certified Liver Transplant Center, enter the certification date.								19
20 If this is an Organ Procurement Organization (OPO), enter the OPO number.								20
21 Is this an Eye or Eye and Ear Specialty Hospital?					N			21
22 If this is a teaching hospital, AND this hospital either (1) did not have an approved residency program, OR (2) did not participate in Medicare during the base period, but either condition changed in this cost reporting period, enter "Y". Otherwise, enter "N". If "Y", enter the first month and year (mm/yy) in this cost reporting period during which residents were on duty					N			22
23 If this is a Sole Community Hospital (SCH), enter the beginning and ending dates to which SCH status applies in this period. Beginning: Ending:								23
24 If this hospital has an agreement with the Department under either section 1883 or section 1913 for "swing beds" enter the agreement date (mm/dd/yy)								24
25 If this facility contains a hospital-based SNF, and it has been granted an exemption from the cost limits in accordance with 42 CFR 413.3(e) (2) enter "E" for exempt.								25
26 Does this hospital qualify as a rural primary care hospital?					N			26
27 Is this a rural hospital qualifying for an exception to the CRNA fee schedule?					N			27
28 Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?					N			28

Miscellaneous Cost Reporting Information

29 If this is a low or no Medicare utilization cost report, enter "L" for Low Medicare Utilization, or "N" for No Medicare Utilization.					N			29
30 If this is an All-Inclusive Provider, enter the method used. (See Instructions)								30
31 Is the difference between total interim payments and the net cost of covered services included in the balance sheet?					N			31
32 Is this a new hospital under 42 CFR 412.300 PPS Capital?					N			32
33 Is this a new hospital under 42 CFR 413.40 (TEFRA)?					N			33

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX IDENTIFICATION DATA

PROVIDER NO.:
Piedmont Center

PERIOD:
FROM: July 1, 2009
TO: June 30, 2010

WORKSHEET S-2
(CONTINUED)

Depreciation: Enter the amount of depreciation reported in this hospital for the method indicated.		1	2	
34	Straight Line		979,223.99	34
35	Declining Balance			35
36	Sum of the Years' Digits			36
37	Sum of lines 34 thru 36			37
38	If depreciation is funded, enter the balance as of the end of the period.			
39	Were there any disposals of capital assets during this cost reporting period?	Y		39
40	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?	N		40
41	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-I, Chapter 1)?	N		41
42	Did you cease to participate in the Medicare program at the end of the period which this cost report applies (See PRM 15-I, Chapter 1)?	N		42
43	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reporting periods (See PRM-I, Chapter 1)?	N		43

If this hospital is subject to the Prospective Payment System (PPS)		V	XVIII	XIX	
		1	2	3	
44	Are you filing under the fully prospective payment methodology for capital costs?				44
45	Are you filing under the hold harmless payment methodology for capital costs?				45
46	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal Rate?				46

Enter the applicable Title XVIII inpatient routine service charges		1	2	
47	General Routine Service			47
48	Intensive Care Unit			48
49	Coronary Care Unit			49
50	Burn Intensive Care Unit			50
51	Surgical Intensive Care Unit			51
52	Other Special Care Unit (Specify)			52

If This hospital provides Title XIX inpatient hospital services				
53	Do you have Title XIX inpatient hospital services?	N		53
54	Is this hospital reimbursed for Title XIX through the cost report?	N		54
55	Does the Title XIX program reduce capital?	N		55
56	Title XIX HMO Days			56

If this facility operates any renal dialysis center(s) enter the satellite numbers(s)			
57	Renal Dialysis Satellite number		57

If this facility contains a non-public provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
58	Hospital						58
59	Subprovider						59
60	SNF						60
61	HHA						61

If this is a teaching hospital that qualifies as a nominal charge provider, enter "Y" for each component and type of service that qualifies:

		Part A	Part B	Out Patient ASC	Out Patient Radiology	Out Patient Diagnostic	
		1	2	3	4	5	
62	Hospital						62
63	Subprovider						63
64	SNF						64
65	HHA						65

FORM HCFA 2552-92 (4/93) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 2805)

South Carolina Department of Disabilities and Special Needs
 Pee Dee Region
 Provider #: Various

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet A

COST CENTER	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASS- IFIED TRIAL BALANCE	ADJUSTMENTS TO EXPENSES (INCREASE /DECREASE)	NET EXPENSES FOR COST ALLOCATION
	1	2	3	4	5	6	7
GENERAL SERVICE COST CENTERS							
O2 Capital-related costs - build			0.00	0.00	0.00	93,269.00	93,269.00
O2A Capital-related costs - equip			0.00	0.00	0.00	130,941.00	130,941.00
AB Employee health & welfare	236,384.90	29,603.20	265,988.00	0.00	265,988.00	7,517,532.00	7,783,520.00
AA Administrative & general	661,766.64	839,142.11	1,499,909.00	(878,749.00)	623,160.00	926,367.00	1,549,517.00
CP Physical therapy	75,878.56	99,457.20	174,336.00	0.00	174,336.00	3,682.00	178,018.00
CN Occupational therapy	145,235.80	10,465.00	155,701.00	0.00	155,701.00	1,118.00	156,819.00
ED Education	190,383.31	79,072.72	269,456.00	0.00	269,456.00	3,550.00	264,006.00
CS Speech & hearing	134,529.71	36,026.63	170,556.00	0.00	170,556.00	8,999.00	179,545.00
CL Cottage life allocable	4,093,597.53	2,991,079.71	7,084,677.00	(991,139.00)	6,103,541.00	571,841.00	6,675,182.00
CT Other Assistive Technology	149,443.71	49,944.30	199,388.00	0.00	199,388.00	0.00	199,388.00
XG General Community Operations		578.91	579.00	0.00	579.00	224,210.00	224,789.00
XR Community Residential	64,699.11	68,654.00	133,353.00	(64,699.00)	68,654.00	20,427.00	89,081.00
INPATIENT ROUTINE SERVICE COST CENTERS							
TL C. S. Units 201-204	4,292,828.80	449,896.92	4,742,524.00	811,522.00	5,354,046.00	1,498,236.00	6,852,282.00
UF Circle II Units 501-504			0.00	0.00	0.00	0.00	0.00
TR Suber Units 391-304	241,028.93	109,642.85	350,672.00	85,043.00	435,615.00	210,278.00	646,191.00
UA Webb Units 401-404			0.00	0.00	0.00	0.00	0.00
TA Campus Units 101-112	5,846,516.03	722,210.89	6,569,727.00	918,970.00	7,487,697.00	1,690,565.00	9,378,262.00
VA Anderson			0.00	0.00	0.00	0.00	0.00
VB Belton			0.00	0.00	0.00	0.00	0.00
VD Bonds		24,820.00	24,820.00	377.00	25,197.00	744,083.00	769,280.00
VC Burton		23,887.25	23,887.00	361.00	24,228.00	479,400.00	503,628.00
VE Carnell			0.00	0.00	0.00	0.00	0.00
VF Charles Lea I			0.00	0.00	0.00	0.00	0.00
VG Charles Lea II			0.00	0.00	0.00	0.00	0.00
VH Civitan		25,220.00	25,220.00	(24,224.00)	3,996.00	588,308.00	592,304.00
VI Easley I			0.00	0.00	0.00	0.00	0.00
VJ Easley II			0.00	0.00	0.00	0.00	0.00
VK Edgefield		25,467.38	25,467.00	372.00	25,839.00	530,078.00	555,917.00
VL Ferguson I			0.00	0.00	0.00	0.00	0.00
VM Ferguson II			0.00	0.00	0.00	0.00	0.00
VN Honea Path			0.00	0.00	0.00	0.00	0.00
VP JC Fort I		24,882.69	24,883.00	377.00	25,260.00	573,361.00	598,641.00
VQ JC Fort II		25,605.00	25,605.00	377.00	25,982.00	573,381.00	599,363.00
VR J. McAbee		24,437.50	24,438.00	366.00	24,803.00	516,708.00	541,509.00
VS Landrum I		24,573.50	24,574.00	374.00	24,948.00	615,330.00	640,278.00
VT Landrum II		24,820.00	24,820.00	377.00	25,197.00	615,330.00	640,527.00
VU Oak Grove		24,710.71	24,711.00	374.00	25,085.00	549,831.00	574,716.00
VV Oconee I			0.00	0.00	0.00	0.00	0.00
VW Oconee II			0.00	0.00	0.00	0.00	0.00
VX Parkins I		24,820.00	24,820.00	377.00	25,197.00	633,283.00	658,480.00
VY Parkins II		20,315.00	20,315.00	(22,033.00)	4,282.00	570,658.00	574,938.00
VZ Pritchard			0.00	0.00	0.00	0.00	0.00
WA Ridge Road		27,793.90	27,794.00	583.00	28,357.00	758,404.00	786,761.00
WB South Harper		37,483.00	37,483.00	375.00	37,858.00	610,935.00	648,793.00
WC Ware Shoals I		25,311.40	25,311.00	(15,028.00)	10,283.00	532,524.00	542,807.00
WD Peoples		24,951.42	24,951.00	377.00	25,328.00	497,403.00	522,731.00
WE West Main		24,820.00	24,820.00	377.00	25,197.00	572,194.00	597,391.00
WL Sullivan Street		24,884.00	24,884.00	366.00	25,050.00	593,146.00	618,196.00
WM Clinton Manor		24,816.00	24,816.00	374.00	24,990.00	552,198.00	577,188.00
WN Hughes Street		22,788.50	22,789.00	348.00	23,135.00	543,261.00	566,398.00
WP Travelers Rest		24,046.50	24,047.00	377.00	24,424.00	552,273.00	576,697.00
WQ Davidson			0.00	0.00	0.00	0.00	0.00
WR Mill Street			0.00	0.00	0.00	0.00	0.00
WS Nazareth Road		24,603.00	24,603.00	377.00	25,180.00	641,848.00	667,028.00
WT Wire Road II		23,944.50	23,945.00	374.00	24,319.00	605,371.00	629,690.00
WU Wire Road I		24,819.00	24,819.00	364.00	24,980.00	554,774.00	579,754.00
WV Fountain Inn		36,677.50	36,678.00	558.00	37,236.00	693,662.00	731,098.00
WW Benchmark - Spartanburg		37,230.00	37,230.00	568.00	37,798.00	827,855.00	865,653.00
WX Britton Smith		24,573.50	24,574.00	374.00	24,948.00	514,808.00	539,554.00
WY Hendrix Street		24,788.00	24,788.00	377.00	25,163.00	533,019.00	558,182.00
WZ Benchmark - Cowpens		35,078.50	35,080.00	(11,347.00)	23,733.00	913,290.00	937,023.00
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary			0.00	0.00	0.00	0.00	0.00
BK Outpatient clinic			0.00	0.00	0.00	0.00	0.00
BP Pharmacy			0.00	0.00	0.00	0.00	0.00
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination			0.00	0.00	0.00	5,607,068.00	5,607,068.00
AY Rehab support phase I			0.00	0.00	0.00	1,657,247.00	1,657,247.00
AZ Rehab support phase II			0.00	0.00	0.00	750,036.00	750,036.00
XE Evaluation & planning			0.00	0.00	0.00	0.00	0.00
XI Early intervention			0.00	0.00	0.00	6,112,492.00	6,112,492.00
CW Community Supports Waiver			0.00	4,890.00	4,890.00	2,978,396.00	2,983,286.00
CWA Community Supports Waiver - Waiver			0.00	0.00	0.00	118.00	118.00
XM Home & community based			0.00	932,258.00	932,258.00	58,638,434.00	59,570,692.00
XMA Home & community based - Admin			0.00	0.00	0.00	5,899.00	5,899.00
AW PDD Waiver			0.00	0.00	0.00	0.00	0.00
AWA PDD Waiver - Admin			0.00	0.00	0.00	0.00	0.00
XA Autism		488.39	488.00	(554,629.00)	(554,143.00)	603,311.00	49,168.00
XS Head & spinal cord			0.00	0.00	0.00	0.00	0.00
XH Head & spinal cord waiver			0.00	0.00	0.00	2,370,134.00	2,370,134.00
XHA Head & spinal cord waiver - Waiver			0.00	0.00	0.00	45,732.00	45,732.00
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units			0.00	0.00	0.00	0.00	0.00
FN Other non-covered costs	15,687.00		15,687.00	(15,687.00)	0.00	384.00	384.00
YF Federal projects		18,167.63	18,168.00	0.00	18,168.00	(16,168.00)	0.00
SUBTOTAL	16,147,778.05	6,259,372.28	22,407,154.00	3.00	22,407,151.00	109,240,408.00	131,847,557.00
TOTAL	16,147,778.05	6,259,372.28	22,407,154.00	3.00	22,407,151.00	109,240,408.00	131,847,557.00

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
07	02	Capital-related costs - build	-		
			-	-	-
07	AA	Administrative & general		-	
09	AA	Administrative & general	-	25,787.00	
17	AA	Administrative & general		850,961.75	
			-	876,748.75	(876,748.75)
05	XG	General Community Operations	-	-	
			-	-	-
01	CL	Cottage life allocable		1,118,687.86	
03	CL	Cottage life allocable	211,865.60	-	
05	CL	Cottage life allocable	-		
08	CL	Cottage life allocable		90,001.03	
10	CL	Cottage life allocable	-	-	
16	CL	Cottage life allocable	15,687.00	-	
			227,552.60	1,208,688.89	(981,136.29)
07	2A	Capital-related costs - equip.	-		
			-	-	-
01	TA	Campus	632,780.78		
03	TA	Campus	3,772.42	-	
04	TA	Campus	-		
08	TA	Campus	35,423.12		
09	TA	Campus	11,640.22	-	
17	TA	Campus	384,122.99		
18	TA	Campus		148,770.00	
			1,067,739.53	148,770.00	918,969.53
05	XC	Service coordination		-	
			-	-	-
05	XI	Early Intervention		-	
			-	-	-
02	XM	Home & community based	304,347.69		
06	XM	Home & community based	250,281.42		
11	XM	Home & community based	64,699.11	-	

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
14	XM	Home & community based	-		
18	XM	Home & community based	312,930.00		
			932,258.22	-	932,258.22
02	XA	Autism		304,347.69	
06	XA	Autism		250,281.42	
			-	554,629.11	(554,629.11)
05	XR	Residential		-	
11	XR	Residential	-	64,699.11	
			-	64,699.11	(64,699.11)
18	XH	HASCI Waiver	-	-	
			-	-	-
03	BI	Infirmary		-	
04	BI	Infirmary		-	
			-	-	-
01	TL	Central Square	424,759.92		
03	TL	Central Square	-	161,596.87	
04	TL	Central Square	-		
08	TL	Central Square	33,764.69		
09	TL	Central Square	11,095.25		
17	TL	Central Square	366,139.26		
18	TL	Central Square		62,640.00	
			835,759.12	224,236.87	611,522.25
03	BK	Clinic	-	-	
04	BK	Clinic		-	
			-	-	-
04	BP	Pharmacy		-	
			-	-	-
01	TR	Suber	61,147.16		
03	TR	Suber	-	54,041.15	
04	TR	Suber	-		

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	TR	Suber	9,286.32		
09	TR	Suber	3,051.53	-	
17	TR	Suber	100,699.50		
18	TR	Suber		35,100.00	
			174,184.51	89,141.15	85,043.36
01	UA	Webb	-		
03	UA	Webb	-	-	
04	UA	Webb	-		
08	UA	Webb	-		
10	UA	Webb	-	-	
17	UA	Webb	-		
18	UA	Webb		-	
			-	-	-
08	VA	Anderson	-		
13	VA	Anderson	-		
17	VA	Anderson	-		
			-	-	-
08	VB	Belton	-		
13	VB	Belton	-		
17	VB	Belton	-		
			-	-	-
08	VD	Bonds	377.34		
13	VD	Bonds	-		
17	VD	Bonds	-		
			377.34	-	377.34
08	VC	Burton	360.92		
13	VC	Burton	-		
17	VC	Burton	-		
18	VC	Burton	-	-	
			360.92	-	360.92
08	VE	Carnell	-		
13	VE	Carnell	-		
17	VE	Carnell	-		
			-	-	-

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
16	VF	Charles Lea I			
			-	-	-
08	VH	Civitan	376.05		
13	VH	Civitan	-		
17	VH	Civitan	-		
18	VH	Civitan	-	21,600.00	
			376.05	21,600.00	(21,223.95)
08	VI	Easley I	-		
13	VI	Easley I	-	-	
17	VI	Easley I	-		
			-	-	-
08	VJ	Easley II	-		
13	VJ	Easley II	-		
17	VJ	Easley II	-		
18	VJ	Easley II	-	-	
			-	-	-
08	VK	Edgefield	371.65		
13	VK	Edgefield	-		
17	VK	Edgefield	-		
18	VK	Edgefield	-	-	
			371.65	-	371.65
14	VL	Ferguson I		-	
			-	-	-
14	VM	Ferguson II		-	
			-	-	-
08	VN	Honea Path	-		
13	VN	Honea Path	-	-	
17	VN	Honea Path	-		
			-	-	-

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	VP	J. Claude Fort I	377.34		
13	VP	J. Claude Fort I	-		
17	VP	J. Claude Fort I	-		
18	VP	J. Claude Fort I	-	-	
			377.34	-	377.34
08	VQ	J. Claude Fort II	377.35		
13	VQ	J. Claude Fort II	-		
17	VQ	J. Claude Fort II	-		
18	VQ	J. Claude Fort II	-	-	
			377.35	-	377.35
08	VR	Jennings McAbee	365.33		
13	VR	Jennings McAbee	-		
17	VR	Jennings McAbee	-		
18	VR	Jennings McAbee	-	-	
			365.33	-	365.33
08	VS	Landrum I	373.60		
13	VS	Landrum I	-		
16	VS	Landrum I	-		
17	VS	Landrum I	-	-	
			373.60	-	373.60
08	VT	Landrum II	377.35		
13	VT	Landrum II	-		
16	VT	Landrum II	-		
17	VT	Landrum II	-		
18	VT	Landrum II	-	-	
			377.35	-	377.35
08	VU	Oak Grove	373.99		
13	VU	Oak Grove	-		
17	VU	Oak Grove	-		
			373.99	-	373.99
08	VV	Oconee I	-		
13	VV	Oconee I	-		
17	VV	Oconee I	-		
			-	-	-

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	VW	Oconee II	-		
13	VW	Oconee II		-	
17	VW	Oconee II	-		
			-	-	-
08	VX	Parkins I	377.35		
13	VX	Parkins I	-		
17	VX	Parkins I	-		
			377.35	-	377.35
08	VY	Parkins II	377.09		
13	VY	Parkins II	-		
17	VY	Parkins II	-		
18	VY	Parkins II		22,410.00	
			377.09	22,410.00	(22,032.91)
08	WA	Ridge Road	562.66		
13	WA	Ridge Road	-		
17	WA	Ridge Road	-		
			562.66	-	562.66
08	WB	South Harper	375.28		
13	WB	South Harper	-		
17	WB	South Harper	-		
			375.28	-	375.28
08	WC	Ware Shoals I	362.48		
13	WC	Ware Shoals I	-		
17	WC	Ware Shoals I	-		
18	WC	Ware Shoals I	-	15,390.00	
			362.48	15,390.00	(15,027.52)
08	WD	Ware Shoals II	377.35		
13	WD	Ware Shoals II	-		
17	WD	Ware Shoals II	-		
18	WD	Ware Shoals II		-	
			377.35	-	377.35

**South Carolina Department of Disabilities and Special Needs
Piedmont Region Reclassifications by Cost Center
For Fiscal Year Ended 6/30/2010**

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET
08	WE	West Main	377.35		
13	WE	West Main	-		
17	WE	West Main	-		
18	WE	West Main		-	
			377.35	-	377.35
08	WL	Sullivan Street	365.59		
17	WL	Sullivan Street	-		
			365.59	-	365.59
08	WM	Clinton Manor	374.25		
17	WN	Clinton Manor	-		
			374.25	-	374.25
08	WN	Hughes Street	346.46		
17	WN	Hughes Street	-		
			346.46	-	346.46
08	WP	Travelers Rest	377.35		
17	WP	Travelers Rest	-		
			377.35	-	377.35
08	WQ	Davidson Street	-		
17	WQ	Davidson Street	-		
			-	-	-
18	CW	Community Supports Waiver			
	CW	Community Supports Waiver	4,860.00	-	
			4,860.00	-	4,860.00

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

1126

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
1	02	Capital-related costs - build	53,482.00		53,482.00	To record depreciation expense for capital-related costs - build.	No
15	02	Capital-related costs - build	23,866.18		23,866.18	To record uncaptured depreciation caused by deletions.	No
17	02	Capital-related costs - build	15,941.27		15,941.27	To record Piedmont's portion of allowable central office expenses.	No
1	AB	Employees health & welfare	7,190.00		7,190.00	To record depreciation expense for capital-related costs - build.	No
2	AB	Employees health & welfare	-		-	To offset revenue for Cobra Premiums	No
16	AB	Employees health & welfare	-		-	To record added depreciation.	No
17	AB	Employees health & welfare	7,590,112.59		7,590,112.59	To record Piedmont's portion of allowable central office expenses.	No
19	AB	Employees health & welfare	5,626.97		5,626.97	To record Piedmont's portion of accrued leave.	No
20	AB	Employees health & welfare	-	76,704.77	(76,704.77)	To record Piedmont's portion of accrued payroll.	No
21	AB	Employees health & welfare	-		-	To record accounts payable accruals.	No
31	AB	Employees health & welfare	357.74		357.74	To expense repairs & renovations.	No
38	AB	Employees health & welfare	-	9,050.23	(9,050.23)	To record Piedmont's portion of accrued fringes.	No
1	AA	Administrative & general	25,787.00		25,787.00	To record depreciation expense for capital-related costs - build.	No
2	AA	Administrative & general		415.96	(415.96)	To offset revenue for Cobra Premiums	No
8	AA	Administrative & general			-	To adjust expenses for commissions.	No
16	AA	Administrative & general			-	To record added depreciation.	No
17	AA	Administrative & general	554,182.27		554,182.27	To record Piedmont's portion of allowable central office expenses.	No
18	AA	Administrative & general			-	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
21	AA	Administrative & general			-	To record accounts payable accruals.	No
31	AA	Administrative & general	153.99		153.99	To expense repairs & renovations.	No
43	AA	Administrative & general		648,947.00	(648,947.00)	To Record SCEIS Expenditure	No
57	AA	Administrative & general			-	UAP Training	No
70	AA	Administrative & general			-	To allocate costs for TBI Supported Employment	No
72	AA	Administrative & general			-	To allocate costs for Special Olympics grant	No
73	AA	Administrative & general			-	To allocate costs for Brain Injury grant	No
74	AA	Administrative & general			-	To allocate costs related to Family Connection grant	No
1	CL	Cottage Life	254,443.00		254,443.00	To record depreciation expense for capital-related costs - build.	No
02	CL	Cottage Life			-	To offset revenue for Cobra Premiums	No
5	CL	Cottage Life			-	To record sale of surplus material and equipment.	No
6	CL	Cottage Life			-	To record USDA revenues.	No
10	CL	Cottage Life		50,384.89	(50,384.89)	To record WAC's revenues.	No
16	CL	Cottage Life		188.39	(188.39)	To record added depreciation.	No
21	CL	Cottage Life			-	To record accounts payable accruals.	No
28	CL	Cottage Life			-	To record day program costs for contracts with outside providers.	No
31	CL	Cottage Life	306,179.59		306,179.59	To expense repairs & renovations.	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
51	CL	Cottage Life	-	7,885.44	(7,885.44)	To remove Federal Grants	No
61	CL	Cottage Life	42,444.40		42,444.40	To allocate costs related to Dr. Green's services.	No
67	CL	Cottage Life	27,032.56		27,032.56	To allocate costs related to Dr. Johnson's services.	No
71	CL	Cottage Life			-	Depreciation of SC Autism Society Grant	No
1	CP	Physical therapy	3,412.00		3,412.00	To record depreciation expense for capital-related costs - build.	No
16	CP	Physical therapy			-	To record added depreciation.	No
21	CP	Physical therapy			-	To record accounts payable accruals.	No
31	CP	Physical therapy	270.41		270.41	To expense repairs & renovations.	No
1	ED	Education	3,366.00		3,366.00	To record depreciation expense for capital-related costs - build.	No
16	ED	Education			-	To record added depreciation.	No
31	ED	Education	183.82		183.82	To expense repairs & renovations.	No
1	CS	Speech & hearing	8,975.00		8,975.00	To record depreciation expense for capital-related costs - build.	No
16	CS	Speech & hearing			-	To record added depreciation.	No
31	CS	Speech & hearing	13.63		13.63	To expense repairs & renovations.	No
5	02A	Capital related costs - equip		45.88	(45.88)	To record sale of surplus material and equipment.	No
14	02A	Capital-related costs - equip	118,051.83		118,051.83	To record depreciation for equipment.	No
015	02A	Capital-related costs - equip			-	To record unaptured depreciation caused by deletions.	No
017	02A	Capital-related costs - equip	12,934.83		12,934.83	To record Piedmont's portion of allowable central office expenses.	No
4	TL	Central Square	206,883.00		206,883.00	To record depreciation expense for capital-related costs - build.	No
1	TL	Central Square			-	To Record Refund of Prior Year Expenditures	No
13	TL	Central Square			-	To record Emergency Costs	No
16	TL	Central Square		674.32	(674.32)	To record added depreciation.	No
18	TL	Central Square	55,221.98		55,221.98	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
31	TL	Central Square	2,881.61		2,881.61	To expense repairs & renovations.	No
35	TL	Central Square	486,273.49		486,273.49	To record central office costs.	No
41	TL	Central Square			-	To record hospice days	Yes
43	TL	Central Square	329,827.62		329,827.62	To Record SCEIS Expenditure	No
44	TL	Central Square	407,822.47		407,822.47	To record central office genetics services costs.	No
62	XA	Autism	581,520.66		581,520.66	To allocate Autism to Regions	No
69	XA	Autism		26,891.55	(26,891.55)	To allocate room & board costs	No
77	XA	Autism	48,681.54		48,681.54	To allocate salaries to regions	No
1	XC	Service coordination	661.00		661.00	To record depreciation expense for capital-related costs - build.	No
22	XC	Service coordination	53,578.75		53,578.75	To record central office Service Coordination costs.	No
24	XC	Service coordination	4,825,991.00		4,825,991.00	To record Service Coordination direct costs.	Yes
30	XC	Service coordination	194,389.53		194,389.53	To record costs for Third Party SC	Yes
31	XC	Service coordination		35.68	35.68	To expense repairs & renovations.	No
32	XC	Service coordination			-	To record Data Management/Biostatistics Grant	No
39	XC	Service coordination	475,000.00		475,000.00	To record central office genetics services costs.	No
47	XC	Service coordination			-	Allocation of Central Office Overhead	No
48	AA	Service coordination	50,513.00		50,513.00	To record Central Office Costs	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

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REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
63	AA	Service coordination	1,776.87	-	1,776.87	To allocate Statewide Spinal Cord Injury Grant	No
65	XC	Service coordination	-	-	-	To allocate William S. Hall grant to Waiver	No
66	AA	Service coordination	19,847.50	-	19,847.50	To allocate District Expenditures	No
71	XC	Service coordination	2,216.99	-	2,216.99	Depreciation of SC Autism Society Grant	No
77	XC	Service coordination	55,192.69	-	55,192.69	To allocate salaries to regions	No
5	XI	Early intervention	2,924,433.00	-	2,924,433.00	To record sale of surplus material and equipment.	No
27	XI	Early intervention	3,153,128.69	-	3,153,128.69	To record Early Intervention Third Party direct costs.	Yes
2	XI	Early intervention	-	-	-	To offset revenue for Cobra Premiums	No
48	AA	Early intervention	30,606.50	-	30,606.50	To record Central Office Costs	No
63	AA	Early intervention	-	-	-	To allocate Statewide Spinal Cord Injury Grant	No
64	XI	Early intervention	-	-	-	To allocate Spartanburg DSN Early Intervention	No
66	AA	Early intervention	12,016.26	-	12,016.26	To allocate District Expenditures	No
77	XI	Early intervention	34,930.53	-	34,930.53	To allocate salaries to regions	No
4	AW	PDD Waiver	-	-	-	To Record Refund of Prior Year Expenditures	No
35	AW	PDD Waiver	-	-	-	To record central office costs.	No
1	XMA	Home and community based	34.00	-	34.00	To record depreciation expense for capital-related costs - build.	No
26	XM	Home and community based	1,965,118.49	-	1,965,118.49	To allocate QPL costs to Waiver	Yes
31	XMA	Home and community based	1.46	-	1.46	To expense repairs & renovations.	No
32	XMA	Home and community based	4,437.80	-	4,437.80	To record Data Management/Biostatistics Grant	No
33	XM	Home and community based	53,864,337.46	-	53,864,337.46	To record Waiver direct costs.	Yes
36	XM	Home and community based	21,577.08	-	21,577.08	To record central office Waiver costs.	Yes
37	XM	Home and community based	-	-	-	To record central office Autism costs.	No
40	XM	Home and community based	74,231.60	-	74,231.60	To Record Training Costs	No
45	AA	Home and community based	14,593.00	-	14,593.00	To Allocate Autism Costs	No
48	AA	Home and community based	563,711.10	-	563,711.10	To record Central Office Costs	No
49	XM	Home and community based	2,082,200.24	-	2,082,200.24	To Record All Placement Costs	No
50	XM	Home and community based	24,287.00	-	24,287.00	Startup Amortization of CTHI	No
66	AA	Home and community based	221,495.72	-	221,495.72	To allocate District Expenditures	No
77	XM	Home and community based	185,226.61	-	185,226.61	To allocate salaries to regions	No
80	XM	Home and community based	33,636.93	-	33,636.93	To allocate Fire Marshall Expenditure	No
81	XM	Home and community based	93,210.27	-	93,210.27	To allocate DHEC Expenditure	No
82	XM	Home and community based	38,126.92	-	38,126.92	To allocate UAP Attendant Care	No
83	XMA	Home and community based	1,426.22	-	1,426.22	To allocate UAP Attendant Care - Admin	No
84	XM	Home and community based	255,616.00	-	255,616.00	To record costs for Special Grants	No
86	XM	Home and community based	865.26	-	865.26	To allocate USC Attendant Care Training	No
1	FN	Other non-covered costs	384.00	-	384.00	To record depreciation expense for capital-related costs - build.	No
3	FN	Other non-covered costs	-	-	-	To remove dual employment.	No
16	FN	Other non-covered costs	-	-	-	To record added depreciation.	No
11	FN	Other non-covered costs	-	-	-	To record insurance claims.	No
31	FN	Other non-covered costs	-	-	-	To expense repairs & renovations.	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

1129

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
01	XG	General Community Operations	24,134.00		24,134.00	To record depreciation expense for capital-related costs - build.	No
16	XG	General Community Operations	-		-	To record added depreciation.	No
31	XG	General Community Operations	3.80		3.80	To expense repairs & renovations.	No
45	AA	General Community Operations				To Allocate Autism Costs	No
55	XG	General Community Operations				To record Emerald center computer service division	No
57	XG	General Community Operations	47,039.45		47,039.45	UAP Training	No
58	XG	General Community Operations				UAP Training	No
59	XG	General Community Operations				UAP Training	No
62	XG	General Community Operations				To allocate Autism to Regions	No
70	XG	General Community Operations	35,659.00		35,659.00	To allocate costs for TBI Supported Employment	No
72	XG	General Community Operations	77,479.79		77,479.79	To allocate costs for Special Olympics grant	No
73	XG	General Community Operations	17,348.96		17,348.96	To allocate costs for Brain Injury grant	No
74	XG	General Community Operations	20,447.54		20,447.54	To allocate costs related to Family Connection grant	No
77	XG	General Community Operations				To allocate salaries to regions	No
78	XG	General Community Operations	2,097.09		2,097.09	To allocate SC Arts Commission Grant	No
83	XG	General Community Operations				To allocate UAP Attendant Care - Admin	No
81	XHA	Head and spinal cord waiver	255.00		255.00	To record depreciation expense for capital-related costs - build.	No
826	XH	Head and spinal cord waiver	181,730.33		181,730.33	To allocate QPL costs to Waiver	Yes
31	XHA	Head and spinal cord waiver	13.57		13.57	To expense repairs & renovations.	No
33	XH	Head and spinal cord waiver	906,052.00		906,052.00	To record Waiver direct costs.	Yes
36	XH	Head and spinal cord waiver				To record central office Waiver costs.	No
48	AA	Head and spinal cord waiver	9,477.04		9,477.04	To record Central Office Costs	No
50	XH	Head and spinal cord waiver	2,873.00		2,873.00	Startup Amortization of CTHill	No
63	AA	Head and spinal cord waiver	12,769.82		12,769.82	To allocate Statewide Spinal Cord Injury Grant	No
66	AA	Head and spinal cord waiver	3,718.90		3,718.90	To allocate District Expenditures	No
77	XH	Head and spinal cord waiver	35,099.42		35,099.42	To allocate salaries to regions	No
80	XH	Head and spinal cord waiver	365.25		365.25	To allocate Fire Marshall Expenditure	No
81	XH	Head and spinal cord waiver	1,012.12		1,012.12	To allocate DHEC Expenditure	No
82	XH	Head and spinal cord waiver	1,215,440.52		1,215,440.52	To allocate UAP Attendant Care	No
83	XHA	Head and spinal cord waiver	45,463.11		45,463.11	To allocate UAP Attendant Care - Admin	No
86	XH	Head and spinal cord waiver	27,561.77		27,561.77	To allocate USC Attendant Care Training	No
46	XR	Community Residential				To Record Central Office Overhead for Community Residential	No
79	XR	Community Residential	20,426.51		20,426.51	To allocate cost to regions	No
1	TR	Suber	11,744.00		11,744.00	To record depreciation expense for capital-related costs - build.	No
13	TR	Suber				To record Emergency Costs	No
16	TR	Suber				To record added depreciation.	No
18	TR	Suber	444.02		(444.02)	To record depreciation.	No
31	TR	Suber	4,088.00		4,088.00	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
35	TR	Suber				To expense repairs & renovations.	No
41	TR	Suber	58,419.27		58,419.27	To record central office costs.	No
						To record hospice days	Yes

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

1130

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
43	TR	Suber	24,416.65	-	24,416.65	To Record SCEIS Expenditure	No
44	TR	Suber	112,052.49	-	112,052.49	To record central office genetics services costs.	No
1	TA	Campus	124,962.00	-	124,962.00	To record depreciation expense for capital-related costs - build.	No
13	TA	Campus	-	-	-	To record Emergency Costs	No
16	TA	Campus	-	3,090.29	(3,090.29)	To record added depreciation.	No
18	TA	Campus	76,504.04	-	76,504.04	To record Piedmont's portion of the State Wide Cost Allocation Plan.	No
31	TA	Campus	92,229.92	-	92,229.92	To expense repairs & renovations.	No
35	TA	Campus	715,458.86	-	715,458.86	To record central office costs.	No
41	TA	Campus	-	-	-	To record hospice days	Yes
43	TA	Campus	456,940.23	-	456,940.23	To Record SCEIS Expenditure	No
44	TA	Campus	427,560.71	-	427,560.71	To record central office genetics services costs.	No
1	UA	Webb	-	-	-	To record depreciation expense for capital-related costs - build.	No
13	UA	Webb	-	-	-	To record Emergency Costs	No
16	UA	Webb	-	-	-	To record added depreciation.	No
31	UA	Webb	-	-	-	To expense repairs & renovations.	No
43	UA	Webb	-	-	-	To Record SCEIS Expenditure	No
44	UA	Webb	-	-	-	To record central office genetics services costs.	No
16	VA	Anderson	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VA	Anderson	-	-	-	To record added depreciation.	No
23	VA	Anderson	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	VA	Anderson	-	-	-	To expense repairs & renovations.	No
43	VA	Anderson	-	-	-	To Record SCEIS Expenditure	No
1	VB	Belton	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VB	Belton	-	-	-	To record added depreciation.	No
23	VB	Belton	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	VB	Belton	-	-	-	To expense repairs & renovations.	No
43	VB	Belton	-	-	-	To Record SCEIS Expenditure	No
1	VC	Burton	3,327.00	-	3,327.00	To record depreciation expense for capital-related costs - build.	No
16	VC	Burton	-	-	-	To record added depreciation.	No
23	VC	Burton	476,073.00	-	476,073.00	To record management providers direct costs per individual cost reports.	Yes
31	VC	Burton	-	-	-	To expense repairs & renovations.	No
43	VC	Burton	-	-	-	To Record SCEIS Expenditure	No
23	VF	Charles Lea I	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VF	Charles Lea I	-	-	-	To Record SCEIS Expenditure	No
68	VF	Charles Lea I	-	-	-	To allocate direct costs	Yes
1	VH	Civitan	5,487.00	-	5,487.00	To record depreciation expense for capital-related costs - build.	No
16	VH	Civitan	-	-	-	To record added depreciation.	No
23	VH	Civitan	582,821.00	-	582,821.00	To record management providers direct costs per individual cost reports.	Yes
31	VH	Civitan	-	-	-	To expense repairs & renovations.	No
43	VH	Civitan	-	-	-	To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
1	VI	Easley I	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VI	Easley I	-	-	-	To record added depreciation.	No
23	VI	Easley I	-	-	-	To record management providers direct costs per individual cost reports.	Yes
31	VI	Easley I	-	-	-	To expense repairs & renovations.	No
43	VI	Easley I	-	-	-	To Record SCEIS Expenditure	No
1	VJ	Easley II	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VJ	Easley II	-	-	-	To record added depreciation.	No
23	VJ	Easley II	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VJ	Easley II	-	-	-	To Record SCEIS Expenditure	No
68	VL	Ferguson I	-	-	-	To allocate direct costs	Yes
68	VM	Ferguson II	-	-	-	To allocate direct costs	Yes
1	VN	Honea Path	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VN	Honea Path	-	-	-	To record added depreciation.	No
23	VN	Honea Path	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VN	Honea Path	-	-	-	To Record SCEIS Expenditure	No
1	VP	J. Claude Fort I	2,878.00	-	2,878.00	To record depreciation expense for capital-related costs - build.	No
16	VP	J. Claude Fort I	-	-	-	To record added depreciation.	No
23	VP	J. Claude Fort I	570,502.50	-	570,502.50	To record management providers direct costs per individual cost reports.	Yes
31	VP	J. Claude Fort I	-	-	-	To expense repairs & renovations.	No
43	VP	J. Claude Fort I	-	-	-	To Record SCEIS Expenditure	No
1	VQ	J. Claude Fort II	2,878.00	-	2,878.00	To record depreciation expense for capital-related costs - build.	No
16	VQ	J. Claude Fort II	-	-	-	To record added depreciation.	No
23	VQ	J. Claude Fort II	570,502.50	-	570,502.50	To record management providers direct costs per individual cost reports.	Yes
31	VQ	J. Claude Fort II	-	-	-	To expense repairs & renovations.	No
43	VQ	J. Claude Fort II	-	-	-	To Record SCEIS Expenditure	No
1	VU	Oak Grove	2,642.00	-	2,642.00	To record depreciation expense for capital-related costs - build.	No
16	VU	Oak Grove	-	-	-	To record added depreciation.	No
23	VU	Oak Grove	546,989.00	-	546,989.00	To record management providers direct costs per individual cost reports.	Yes
31	VU	Oak Grove	-	-	-	To expense repairs & renovations.	No
43	VU	Oak Grove	-	-	-	To Record SCEIS Expenditure	No
1	VV	Oconee I	-	-	-	To record depreciation expense for capital-related costs - build.	No
16	VV	Oconee I	-	-	-	To record added depreciation.	No
23	VV	Oconee I	-	-	-	To record management providers direct costs per individual cost reports.	Yes
43	VV	Oconee I	-	-	-	To Record SCEIS Expenditure	No
68	VZ	Pritchard	-	-	-	To allocate direct costs	Yes
1	WA	Ridge Road	4,144.00	-	4,144.00	To record depreciation expense for capital-related costs - build.	No
16	WA	Ridge Road	-	-	-	To record added depreciation.	No
23	WA	Ridge Road	738,128.00	-	738,128.00	To record management providers direct costs per individual cost reports.	Yes
31	WA	Ridge Road	16,131.50	-	16,131.50	To expense repairs & renovations.	No
43	WA	Ridge Road	-	-	-	To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

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REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
1	WB	South Harper	6,980.00		6,980.00	To record depreciation expense for capital-related costs - build.	No
16	WB	South Harper				To record added depreciation.	No
23	WB	South Harper	603,955.00		603,955.00	To record management providers direct costs per individual cost reports.	Yes
43	WB	South Harper				To Record SCEIS Expenditure	No
1	VK	Edgefield	8,124.00		8,124.00	To record depreciation expense for capital-related costs - build.	No
16	VK	Edgefield				To record added depreciation.	No
23	VK	Edgefield	521,954.00		521,954.00	To record management providers direct costs per individual cost reports.	Yes
31	VK	Edgefield				To expense repairs & renovations.	No
43	VK	Edgefield				To Record SCEIS Expenditure	No
1	VR	Jenning McAbee	11,406.00		11,406.00	To record depreciation expense for capital-related costs - build.	No
16	VR	Jenning McAbee				To record added depreciation.	No
23	VR	Jenning McAbee	493,912.00		493,912.00	To record management providers direct costs per individual cost reports.	Yes
31	VR	Jenning McAbee	11,388.00		11,388.00	To expense repairs & renovations.	No
43	VR	Jenning McAbee				To Record SCEIS Expenditure	No
1	VS	Landrum I	10,360.00		10,360.00	To record depreciation expense for capital-related costs - build.	No
16	VS	Landrum I				To record added depreciation.	No
23	VS	Landrum I	604,337.50		604,337.50	To record management providers direct costs per individual cost reports.	Yes
31	VS	Landrum I	632.87		632.87	To expense repairs & renovations.	No
43	VS	Landrum I				To Record SCEIS Expenditure	No
1	VT	Landrum II	10,360.00		10,360.00	To record depreciation expense for capital-related costs - build.	No
16	VT	Landrum II				To record added depreciation.	No
23	VT	Landrum II	604,337.50		604,337.50	To record management providers direct costs per individual cost reports.	Yes
31	VT	Landrum II	632.87		632.87	To expense repairs & renovations.	No
43	VT	Landrum II				To Record SCEIS Expenditure	No
1	VX	Parkins I	9,362.00		9,362.00	To record depreciation expense for capital-related costs - build.	No
16	VX	Parkins I				To record added depreciation.	No
23	VX	Parkins I	614,183.00		614,183.00	To record management providers direct costs per individual cost reports.	Yes
31	VX	Parkins I	9,738.40		9,738.40	To expense repairs & renovations.	No
43	VX	Parkins I				To Record SCEIS Expenditure	No
1	VY	Parkins II	9,307.00		9,307.00	To record depreciation expense for capital-related costs - build.	No
16	VY	Parkins II				To record added depreciation.	No
23	VY	Parkins II	546,936.00		546,936.00	To record management providers direct costs per individual cost reports.	Yes
31	VY	Parkins II	14,413.39		14,413.39	To expense repairs & renovations.	No
43	VY	Parkins II				To Record SCEIS Expenditure	No
1	WC	Ware Shoals I	8,101.00		8,101.00	To record depreciation expense for capital-related costs - build.	No
16	WC	Ware Shoals I				To record added depreciation.	No
23	WC	Ware Shoals I	524,423.00		524,423.00	To record management providers direct costs per individual cost reports.	Yes
31	WC	Ware Shoals I				To expense repairs & renovations.	No
41	WC	Ware Shoals I				To record hospice days.	Yes
43	WC	Ware Shoals I				To Record SCEIS Expenditure	No

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

REF	COST CENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase Services
1	WD	Ware Shoals II	8,101.00		8,101.00	To record depreciation expense for capital-related costs - build.	No
16	WD	Ware Shoals II	-		-	To record added depreciation.	No
23	WD	Ware Shoals II	489,302.00		489,302.00	To record management providers direct costs per individual cost reports.	Yes
31	WD	Ware Shoals II	-		-	To expense repairs & renovations.	No
43	WD	Ware Shoals II	-		-	To Record SCEIS Expenditure	No
1	WE	West Main Street	11,634.00		11,634.00	To record depreciation expense for capital-related costs - build.	No
16	WE	West Main Street	-		-	To record added depreciation.	No
23	WE	West Main Street	560,560.00		560,560.00	To record management providers direct costs per individual cost reports.	Yes
31	WE	West Main Street	-		-	To expense repairs & renovations.	No
43	WE	West Main Street	-		-	To Record SCEIS Expenditure	No
23	VW	Oconee II	-		-	To record management providers direct costs per individual cost reports.	Yes
29	VW	Oconee II	-		-	To record rental agreement	No
43	VW	Oconee II	-		-	To Record SCEIS Expenditure	No
23	VE	Carnell	-		-	To record management providers direct costs per individual cost reports.	Yes
29	VE	Carnell	-		-	To record rental agreement	No
43	VE	Carnell	-		-	To Record SCEIS Expenditure	No
23	VD	Bonds	729,159.00		729,159.00	To record management providers direct costs per individual cost reports.	Yes
29	VD	Bonds	14,904.00		14,904.00	To record rental agreement	No
43	VD	Bonds	-		-	To Record SCEIS Expenditure	No
23	WL	Sullivan Street	593,146.00		593,146.00	To record management providers direct costs per individual cost reports.	Yes
29	WL	Sullivan Street	-		-	To record rental agreement	No
23	WM	Clinton Manor	552,198.00		552,198.00	To record management providers direct costs per individual cost reports.	Yes
29	WM	Clinton Manor	-		-	To record rental agreement	No
23	WN	Hughes Street	543,260.00		543,260.00	To record management providers direct costs per individual cost reports.	Yes
29	WN	Hughes Street	1.00		1.00	To record rental agreement	No
23	WP	Traveler's Rest	552,272.00		552,272.00	To record management providers direct costs per individual cost reports.	Yes
29	WP	Traveler's Rest	1.00		1.00	To record rental agreement	No
23	WQ	Davidson Street	-		-	To record management providers direct costs per individual cost reports.	Yes
29	WQ	Davidson Street	-		-	To record rental agreement	No
23	WR	Mill Street	-		-	To record management providers direct costs per individual cost reports.	Yes
29	WR	Mill Street	-		-	To record rental agreement	No
23	WS	Nazareth	641,847.00		641,847.00	To record management providers direct costs per individual cost reports.	Yes
29	WS	Nazareth	1.00		1.00	To record rental agreement	No
23	WT	Wire Road II	605,370.00		605,370.00	To record management providers direct costs per individual cost reports.	Yes
29	WT	Wire Road II	1.00		1.00	To record rental agreement	No
32	WT	Wire Road II	-		-	To record Data Management/Biostatistics Grant	No
23	WU	Wire Road I	554,773.00		554,773.00	To record management providers direct costs per individual cost reports.	Yes
29	WU	Wire Road I	1.00		1.00	To record rental agreement	No
32	WU	Wire Road I	-		-	To record Data Management/Biostatistics Grant	No
23	WV	Fountain Inn	693,861.00		693,861.00	To record management providers direct costs per individual cost reports.	Yes

South Carolina Department of Disabilities and Special Needs
Piedmont Region Adjustments by Cost Center
For Fiscal Year Ended 6/30/2010

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REF	COSTCENTER	DESCRIPTION	DEBIT	CREDIT	NET	Description	Contract Purchase and Services
29	WV	Fountain Inn	1.00		1.00	To record rental agreement	No
23	WW	Benchmark-Spartanburg	827,854.00		827,854.00	To record management providers direct costs per individual cost reports.	Yes
29	WW	Benchmark-Spartanburg	1.00		1.00	To record rental agreement	No
23	WX	Bruton Smith	514,606.00		514,606.00	To record management providers direct costs per individual cost reports.	Yes
23	WY	Hendrix	533,019.00		533,019.00	To record management providers direct costs per individual cost reports.	Yes
23	WZ	Benchmark-Cowpens	913,289.00		913,289.00	To record management providers direct costs per individual cost reports.	Yes
29	WZ	Benchmark-Cowpens	1.00		1.00	To record rental agreement	No
1	CN	Occupational Therapy	900.00		900.00	To record depreciation expense for capital-related costs - build.	No
31	CN	Occupational Therapy	218.44		218.44	To expense repairs & renovations.	No
16	CN	Occupational Therapy	-		-	To record added depreciation.	No
01	BP	Pharmacy	-		-	To record depreciation expense for capital-related costs - build.	No
56	BP	Pharmacy	-		-	To record revenue of drugs charged to patients	No
01	BI	Infirmiry	-		-	To record depreciation expense for capital-related costs - build.	No
21	BI	Infirmiry	-		-	To record accounts payable accruals.	No
01	BK	Outpatient Clinic	-	0.00	-	To record depreciation expense for capital-related costs - build.	No
16	BK	Outpatient Clinic	-		-	To record accounts payable accruals.	No
021	BK	Outpatient Clinic	-		-	To record depreciation expense for capital-related costs - build.	No
051	YF	Federal Projects	-	16,167.63	(16,167.63)	To record accounts payable accruals.	No
51	EQ	Equipment	-		-	To remove Federal Grants	No
52	AY	Rehab support phase I	1,657,246.66		1,657,246.66	To remove Federal Grants	No
53	AZ	Rehab support phase II	743,670.00		743,670.00	To Record Rehab Support Costs	Yes
48	AA	Rehab support phase II	7,753.51		7,753.51	To Record Rehab Support Costs	Yes
60	AZ	Rehab support phase II	-		-	To record Central Office Costs	No
63	AA	Rehab support phase II	2,316.01		2,316.01	To record central office Rehab Phase II costs.	No
66	AA	Rehab support phase II	3,047.22		3,047.22	To allocate Statewide Spinal Cord Injury Grant	No
77	AZ	Rehab support phase II	6,365.82		6,365.82	To allocate District Expenditures	No
48	AA	Community Supports Waiver	30,123.85		30,123.85	To allocate salaries to regions	No
66	AA	Community Supports Waiver	11,830.72		11,830.72	To record Central Office Costs	No
68	CW	Community Supports Waiver	2,875,186.63		2,875,186.63	To allocate District Expenditures	No
82	CW	Community Supports Waiver	3,210.90		3,210.90	To allocate direct costs	Yes
83	CWA	Community Supports Waiver	118.22		118.22	To allocate UAP Attendant Care	No
86	CW	Community Supports Waiver	-		-	To allocate UAP Attendant Care - Admin	No
01	CT	Other Assistive Technology	-		-	To allocate USC Attendant Care Training	No
16	CT	Other Assistive Technology	-		-	To record depreciation expense for capital-related costs - build.	No
21	CT	Other Assistive Technology	-		-	To record added depreciation.	No
		Piedmont Region Net Adjustments	110,081,296.78	840,890.37	109,240,406.41	To record accounts payable accruals.	No

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
02	New capital-related costs - build	93,289.00	93,289.00	-	-	-	-
02A	New capital-related costs - equip	130,941.00	-	130,941.00	-	-	-
AB	Employee health & welfare	7,783,520.00	1,248.00	1,954.00	7,786,722.00	-	-
AA	Administrative & general	1,549,517.00	-	-	1,549,517.00	1,549,517.00	-
CP	Physical therapy	178,018.00	1,856.00	2,904.00	32,420.00	215,198.00	7,859.00
CN	Occupational therapy	156,819.00	742.00	1,161.00	62,054.00	220,776.00	8,063.00
ED	Education	264,006.00	572.00	895.00	81,343.00	346,816.00	12,666.00
CS	Speech & hearing	179,545.00	498.00	779.00	57,479.00	238,301.00	8,703.00
CL	Cottage life allocable	6,675,182.00	53,003.00	68,189.00	1,333,658.00	8,130,032.00	296,920.00
CT	Other Assistive Technology	199,388.00	-	-	63,852.00	263,240.00	9,614.00
XG	General Community Operations	224,789.00	882.00	29.00	-	225,700.00	8,243.00
XR	Community Residential	89,081.00	-	-	8,728.00	97,809.00	3,572.00
INPATIENT ROUTINE SERVICE COST CENTERS							
TL	C. S. Units 201-204	6,852,282.00	13,123.00	19,954.00	2,223,745.00	9,109,104.00	332,677.00
UF	Circle II Units 501-504	-	-	-	-	-	-
TR	Suber Units 301-304	646,191.00	8,242.00	12,737.00	151,243.00	818,413.00	29,890.00
UA	Webb Units 401-404	-	-	-	-	-	-
TA	Campus Units 101-112	9,378,262.00	9,738.00	14,629.00	3,104,792.00	12,507,421.00	456,789.00
VA	Anderson	-	-	-	-	-	-
VB	Belton	-	-	-	-	-	-
VD	Bonds	769,260.00	-	-	161.00	769,421.00	1,470.00
VC	Burton	503,628.00	-	-	154.00	503,782.00	1,012.00
VE	Carnell	-	-	-	-	-	-
VF	Charles Lea I	-	-	-	-	-	-
VG	Charles Lea II	-	-	-	-	-	-
VH	Civitan	592,304.00	-	-	161.00	592,465.00	352.00
VI	Easley I	-	-	-	-	-	-
VJ	Easley II	-	-	-	-	-	-
VK	Edgefield	555,917.00	-	-	159.00	556,076.00	1,246.00
VL	Ferguson I	-	-	-	-	-	-
VM	Ferguson II	-	-	-	-	-	-
VN	Honea Path	-	-	-	-	-	-
VP	JC Fort I	598,641.00	-	-	161.00	598,802.00	1,034.00
VQ	JC Fort II	599,363.00	-	-	161.00	599,524.00	1,060.00
VR	J. McAbee	541,509.00	-	-	156.00	541,665.00	1,744.00
VS	Landrum I	640,278.00	-	-	160.00	640,438.00	1,318.00
VT	Landrum II	640,527.00	-	-	161.00	640,688.00	1,328.00
VU	Oak Grove	574,716.00	-	-	160.00	574,876.00	1,018.00
VV	Oconee I	-	-	-	-	-	-
VW	Oconee II	-	-	-	-	-	-
VX	Parkins I	658,480.00	-	1,207.00	161.00	659,848.00	1,668.00
VY	Parkins II	574,938.00	-	1,207.00	161.00	576,306.00	1,073.00
VZ	Pritchard	-	-	-	-	-	-
WA	Ridge Road	786,761.00	-	-	241.00	787,002.00	1,785.00
WB	South Harper	648,793.00	-	-	160.00	648,953.00	1,643.00
WC	Ware Shoals I	542,807.00	-	-	155.00	542,962.00	677.00
WD	Ware Shoals II	522,731.00	-	-	161.00	522,892.00	1,227.00
WE	West Main	597,391.00	-	-	161.00	597,552.00	1,351.00
WL	Sullivan Street	618,196.00	-	-	156.00	618,352.00	921.00
WM	Clinton Manor	577,188.00	-	-	160.00	577,348.00	919.00
WN	Hughes Street	566,396.00	-	-	148.00	566,544.00	850.00
WP	Travelers Rest	576,697.00	-	-	161.00	576,858.00	898.00
WQ	Davidson	-	-	-	-	-	-
WR	Mill Street	-	-	-	-	-	-
WS	Nazareth Road	667,028.00	-	-	161.00	667,189.00	926.00
WT	Wire Road II	629,690.00	-	-	160.00	629,850.00	894.00
WU	Wire Road I	579,754.00	-	-	156.00	579,910.00	918.00
WV	Fountain Inn	731,098.00	-	-	238.00	731,336.00	1,369.00
WW	Benchmark - Spartanburg	865,651.00	-	-	242.00	865,893.00	1,389.00
WX	Bruton Smith	539,554.00	-	-	160.00	539,714.00	917.00
WY	Hendrix Street	558,182.00	-	-	161.00	558,343.00	925.00
WZ	Benchmark - Cowpens	937,023.00	-	-	228.00	937,251.00	875.00
OUTPATIENT SERVICE COST CENTERS							
BI	Infirmary	-	-	-	-	-	-
BK	Outpatient clinic	-	-	-	-	-	-
BP	Pharmacy	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC	Service coordination	5,607,066.00	113.00	176.00	43,915.00	5,651,270.00	23,041.00
AY	Rehab support phase I	1,657,247.00	-	-	-	1,657,247.00	-

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS- BUILDINGS	CAPITAL RELATED COSTS- EQUIPMENT	EMPLOYEE HEALTH & WELFARE	SUBTOTAL	ADMINISTRA- TIVE AND GENERAL	PHYSICAL THERAPY
	0	2	2A	AB	4a	AA	CP
AZ Rehab support phase II	750,036.00	-	-	5,803.00	755,839.00	444.00	-
XE Evaluation & planning	-	-	-	-	-	-	-
XI Early intervention	6,112,492.00	-	-	27,299.00	6,139,791.00	109,077.00	-
CW Community Supports Waiver	2,883,258.00	-	-	12,180.00	2,895,438.00	-	-
CWA Community Supports Waiver - Waiver	118.00	-	-	-	118.00	744.00	-
XM Home & community based	59,570,692.00	-	-	457,128.00	60,027,820.00	-	-
XMA Home & community based - Admin	5,899.00	6.00	10.00	-	5,915.00	153,546.00	-
AW PDD Waiver	-	-	-	-	-	-	-
AWA PDD Waiver - Admin	-	-	-	-	-	-	-
XA Autism	49,168.00	-	-	97,620.00	146,788.00	5,361.00	-
XS Head & spinal cord	-	-	-	-	-	-	-
XH Head & spinal cord waiver	2,370,134.00	-	-	18,538.00	2,388,672.00	-	-
XHA Head & spinal cord waiver - Waiver	45,732.00	23.00	36.00	-	45,791.00	49,183.00	-
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units	-	-	-	-	-	-	-
FN Other non-covered costs	384.00	3,243.00	5,075.00	-	8,702.00	318.00	-
YF Federal projects	-	-	-	-	-	-	-
90 SUBTOTAL	131,647,557.00	93,289.00	130,942.00	7,786,722.00	131,647,558.00	1,549,517.00	223,057.00
100 TOTAL EXPENSES	131,647,557.00 131,647,557	93,289.00	130,942.00	7,786,722.00	131,647,558.00	1,549,517.00	223,057.00

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS- BUILDINGS</u>	<u>CAPITAL RELATED COSTS- EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
COST ALLOCATION - STATISTICAL BASIS							
<u>COST CENTER</u>		<u>(SQUARE FEET)</u>	<u>(SQUARE FEET)</u>	<u>(GROSS SALARIES)</u>		<u>(ACCUMULATED COSTS)</u>	<u>(OCCASIONS OF SERVICE)</u>
	0	2	2A	AB	4a	AA	CP
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	0	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	473,254	-	-	-	-
2A	New capital-related costs - equip	-	0	424,494	-	-	-
AB	Employee health & welfare	-	6,333	6,333	18,224,723.00	-	-
AA	Administrative & general	-	0	0	-	42,427,620.21	-
CP	Physical therapy	-	9,414	9,414	75,879.00	215,198.00	5,876.00
CN	Occupational therapy	-	3,764	3,764	145,236.00	220,776.00	0
ED	Education	-	2,900	2,900	190,383.00	346,816.00	0
CS	Speech & hearing	-	2,524	2,524	134,530.00	238,301.00	0
CL	Cottage life allocable	-	268,884	221,059	3,121,410.00	8,130,032.00	0
CT	Other Assistive Technology	-	0	0	149,444.00	263,240.00	0
XG	General Community Operations	-	4,474	94	-	225,700.00	0
XR	Community Residential	-	0	0	20,427.00	97,809.00	0
INPATIENT ROUTINE SERVICE COST CENTERS							
TL	C. S. Units 201-204	-	66,574	64,689	5,204,647.00	9,109,104.00	3,703
UF	Circle II Units 501-504	-	0	0	-	-	0
TR	Suber Units 301-304	-	41,810	41,291	353,982.00	818,413.00	340
UA	Webb Units 401-404	-	0	0	-	-	0
TA	Campus Units 101-112	-	49,403	47,426	7,266,725.00	12,507,421.00	1,833
VA	Anderson	-	0	0	-	-	0
VB	Belton	-	0	0	-	-	0
VD	Bonds	-	0	0	377.00	40,262.00	0
VC	Burton	-	0	0	361.00	27,709.00	0
VE	Carnell	-	0	0	-	-	0
VF	Charles Lea I	-	0	0	-	-	0
VG	Charles Lea II	-	0	0	-	-	0
VH	Civitan	-	0	0	376.00	9,644.00	0
VI	Easley I	-	0	0	-	-	0
VJ	Easley II	-	0	0	-	-	0
VK	Edgefield	-	0	0	372.00	34,122.00	0
VL	Ferguson I	-	0	0	-	-	0
VM	Ferguson II	-	0	0	-	-	0
VN	Honea Path	-	0	0	-	-	0
VP	JC Fort I	-	0	0	377.00	28,299.50	0
VQ	JC Fort II	-	0	0	377.00	29,021.50	0
VR	J. McAbee	-	0	0	365.00	47,753.00	0
VS	Landrum I	-	0	0	374.00	36,100.50	0
VT	Landrum II	-	0	0	377.00	36,350.50	0
VU	Oak Grove	-	0	0	374.00	27,887.00	0
VV	Oconee I	-	0	0	-	-	0
VW	Oconee II	-	0	0	-	-	0
VX	Parkins I	-	0	3,913	377.00	45,665.00	0
VY	Parkins II	-	0	3,913	377.00	29,370.00	0
VZ	Pritchard	-	0	0	-	-	0
WA	Ridge Road	-	0	0	563.00	48,874.00	0
WB	South Harper	-	0	0	375.00	44,998.00	0
WC	Ware Shoals I	-	0	0	362.00	18,539.00	0
WD	Ware Shoals II	-	0	0	377.00	33,590.00	0
WE	West Main	-	0	0	377.00	36,992.00	0
WL	Sullivan Street	-	0	0	366.00	25,208.00	0
WM	Clinton Manor	-	0	0	374.00	25,150.00	0
WN	Hughes Street	-	0	0	346.00	23,284.00	0
WP	Travelers Rest	-	0	0	377.00	24,586.00	0
WQ	Davidson	-	0	0	-	-	0
WR	Mill Street	-	0	0	-	-	0
WS	Nazareth Road	-	0	0	377.00	25,342.00	0
WT	Wire Road II	-	0	0	374.00	24,480.00	0
WU	Wire Road I	-	0	0	364.00	25,137.00	0
WV	Fountain Inn	-	0	0	558.00	37,475.00	0
WW	Benchmark - Spartanburg	-	0	0	566.00	38,039.00	0
WX	Bruton Smith	-	0	0	374.00	25,108.00	0
WY	Hendrix Street	-	0	0	377.00	25,324.00	0
WZ	Benchmark - Cowpens	-	0	0	533.00	23,962.00	0

OUTPATIENT SERVICE COST CENTERS

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS- BUILDINGS</u>	<u>CAPITAL RELATED COSTS- EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRA- TIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
		0	2	2A	AB	4a	AA	CP
BI	Infirmary	-	0	0	-	-	-	0
BK	Outpatient clinic	-	0	0	-	-	-	0
BP	Pharmacy	-	0	0	-	-	-	0
OTHER REIMBURSEABLE COST CENTERS								

DRAFT

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>NET EXPENSES FOR COST ALLOCATION</u>	<u>CAPITAL RELATED COSTS-BUILDINGS</u>	<u>CAPITAL RELATED COSTS-EQUIPMENT</u>	<u>EMPLOYEE HEALTH & WELFARE</u>	<u>SUBTOTAL</u>	<u>ADMINISTRATIVE AND GENERAL</u>	<u>PHYSICAL THERAPY</u>
	0	2	2A	AB	4a	AA	CP
XC Service coordination	-	572	572	102,783.00	-	630,889.47	0
AY Rehab support phase I	-	0	0	-	-	0.34	0
AZ Rehab support phase II	-	0	0	13,583.00	-	12,169.00	0
XE Evaluation & planning	-	0	0	-	-	-	0
XI Early intervention	-	0	0	63,892.00	-	2,986,662.31	0
CW Community Supports Waiver	-	0	0	28,508.00	-	-	0
CWA Community Supports Waiver - Waiver	-	0	0	-	-	20,369.37	0
XM Home & community based	-	0	0	1,069,902.00	-	-	0
XMA Home & community based - Admin	-	32	32	-	-	4,204,279.05	0
AW PDD Waiver	-	0	0	-	-	-	0
AWA PDD Waiver - Admin	-	0	0	-	-	-	0
XA Autism	-	0	0	228,479.00	-	146,788.00	0
XS Head & spinal cord	-	0	0	-	-	-	0
XH Head & spinal cord waiver	-	0	0	43,389.00	-	-	0
XHA Head & spinal cord waiver - Waiver	0	117	117	-	-	1,346,680.67	0
NONREIMBURSEABLE COST CENTERS	-	-	-	-	-	-	-
FC Non-certified units	-	0	0	-	-	-	0
FN Other non-covered costs	-	16,453	16,453	-	-	8,702.00	0
YF Federal projects	-	0	0	-	-	-	0
90 SUBTOTAL	-	473,254	424,494	18,224,723.00	-	42,427,620.21	5,876.00
Costs to be allocated (Worksheet B, Part I)	-	\$93,289	\$130,941	7,786,722.00	-	\$1,549,517	\$223,057
Unit cost multiplier	-	0.197122	0.308464	0.427261	0.000000	0.036521	37.960688

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
02 New capital-related costs - build	-	-	-	-	-	-	-
02A New capital-related costs - equip	-	-	-	-	-	-	-
AB Employee health & welfare	-	-	-	-	-	-	-
AA Administrative & general	-	-	-	-	-	-	-
CP Physical therapy	-	-	-	-	-	-	-
CN Occupational therapy	228,839.00	-	-	-	-	-	-
ED Education	-	359,482.00	-	-	-	-	-
CS Speech & hearing	-	-	247,004.00	-	-	-	-
CL Cottage life allocable	-	-	-	8,426,952.00	-	-	-
CT Other Assistive Technology	-	-	-	-	272,854.00	-	-
XG General Community Operations	-	-	-	-	-	233,943.00	-
XR Community Residential	-	-	-	-	-	253.92	101,634.92
INPATIENT ROUTINE SERVICE COST CENTERS							
TL C. S. Units 201-204	127,880.62	67,666.42	93,146.23	3,640,854.45	117,886.24	-	-
UF Circle II Units 501-504	-	-	-	-	-	-	-
TR Suber Units 301-304	19,013.83	-	16,913.26	995,160.65	32,222.04	-	-
UA Webb Units 401-404	-	-	-	-	-	-	-
TA Campus Units 101-112	81,944.55	291,815.58	136,944.51	3,790,936.90	122,745.72	-	-
VA Anderson	-	-	-	-	-	-	-
VB Belton	-	-	-	-	-	-	-
VD Bonds	-	-	-	-	-	1,997.48	1,111.09
VC Burton	-	-	-	-	-	1,307.86	727.49
VE Carnell	-	-	-	-	-	-	-
VF Charles Lea I	-	-	-	-	-	-	-
VG Charles Lea II	-	-	-	-	-	-	-
VH Civitan	-	-	-	-	-	1,538.09	855.56
VI Easley I	-	-	-	-	-	-	-
VJ Easley II	-	-	-	-	-	-	-
VK Edgefield	-	-	-	-	-	1,443.62	803.01
VL Ferguson I	-	-	-	-	-	-	-
VM Ferguson II	-	-	-	-	-	-	-
VN Honea Path	-	-	-	-	-	-	-
VP JC Fort I	-	-	-	-	-	1,554.54	864.71
VQ JC Fort II	-	-	-	-	-	1,556.41	865.75
VR J. McAbee	-	-	-	-	-	1,406.21	782.20
VS Landrum I	-	-	-	-	-	1,662.63	924.83
VT Landrum II	-	-	-	-	-	1,663.28	925.20
VU Oak Grove	-	-	-	-	-	1,492.42	830.16
VV Oconee I	-	-	-	-	-	-	-
VW Oconee II	-	-	-	-	-	-	-
VX Parkins I	-	-	-	-	-	1,713.02	952.86
VY Parkins II	-	-	-	-	-	1,496.14	832.22
VZ Pritchard	-	-	-	-	-	-	-
WA Ridge Road	-	-	-	-	-	2,043.12	1,136.48
WB South Harper	-	-	-	-	-	1,684.73	937.13
WC Ware Shoals I	-	-	-	-	-	1,409.57	784.07
WD Ware Shoals II	-	-	-	-	-	1,357.47	755.09
WE West Main	-	-	-	-	-	1,551.29	862.90
WL Sullivan Street	-	-	-	-	-	-	-
WM Clinton Manor	-	-	-	-	-	-	-
WN Hughes Street	-	-	-	-	-	-	-
WP Travelers Rest	-	-	-	-	-	-	-
WQ Davidson	-	-	-	-	-	-	-
WR Mill Street	-	-	-	-	-	-	-
WS Nazareth Road	-	-	-	-	-	-	-
WT Wire Road II	-	-	-	-	-	-	-
WU Wire Road I	-	-	-	-	-	-	-
WV Fountain Inn	-	-	-	-	-	-	-
WW Benchmark - Spartanburg	-	-	-	-	-	-	-
WX Bruton Smith	-	-	-	-	-	-	-
WY Hendrix Street	-	-	-	-	-	-	-
WZ Benchmark - Cowpens	-	-	-	-	-	-	-
OUTPATIENT SERVICE COST CENTERS							
BI Infirmary	-	-	-	-	-	-	-
BK Outpatient clinic	-	-	-	-	-	-	-
BP Pharmacy	-	-	-	-	-	-	-
OTHER REIMBURSEABLE COST CENTERS							
XC Service coordination	-	-	-	-	-	14,671.15	-
AY Rehab support phase I	-	-	-	-	-	4,302.35	-

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL	EDUCATION	SPEECH &	COTTAGE	OTHER	GENERAL	COMMUNITY
	THERAPY		HEARING	LIFE	ASSISTIVE	COMMUNITY	RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
AZ Rehab support phase II	-	-	-	-	-	1,962.22	-
XE Evaluation & planning	-	-	-	-	-	-	-
XI Early intervention	-	-	-	-	-	15,939.39	-
CW Community Supports Waiver	-	-	-	-	-	7,516.79	-
CWA Community Supports Waiver - Waiver	-	-	-	-	-	-	-
XM Home & community based	-	-	-	-	-	155,837.05	86,684.14
XMA Home & community based - Admin	-	-	-	-	-	-	-
AW PDD Waiver	-	-	-	-	-	-	-
AWA PDD Waiver - Admin	-	-	-	-	-	-	-
XA Autism	-	-	-	-	-	381.07	-
XS Head & spinal cord	-	-	-	-	-	-	-
XH Head & spinal cord waiver	-	-	-	-	-	6,201.18	-
XHA Head & spinal cord waiver - Waiver	-	-	-	-	-	-	-
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units	-	-	-	-	-	-	-
FN Other non-covered costs	-	-	-	-	-	-	-
YF Federal projects	-	-	-	-	-	-	-
90 SUBTOTAL	228,839.00	359,482.00	247,004.00	8,426,952.00	272,854.00	233,943.00	101,634.92
100 TOTAL EXPENSES	228,839.00	359,482.00	247,004.00	8,426,952.00	272,854.00	233,943.00	101,634.92

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
COST ALLOCATION - STATISTICAL BASIS							
COST CENTER	(OCCASIONS OF SERVICE)	(PATIENT HOURS)	(PATIENT HOURS)	(PATIENT DAYS)	(PATIENT DAYS)	(ACCUMULATED COSTS)	(ACCUMULATED COSTS)
	CN	ED	CS	CL	CT	XG	XR
GENERAL SERVICE COST CENTERS							
01	Old capital-related costs - build	-	-	-	-	-	-
1A	Old capital-related costs - equip	-	-	-	-	-	-
02	New capital-related costs - build	-	-	-	-	-	-
2A	New capital-related costs - equip	-	-	-	-	-	-
AB	Employee health & welfare	-	-	-	-	-	-
AA	Administrative & general	-	-	-	-	-	-
CP	Physical therapy	-	-	-	-	-	-
CN	Occupational therapy	4,080.00	-	-	-	-	-
ED	Education	0	12,954.15	-	-	-	-
CS	Speech & hearing	0	0	3,505.00	-	-	-
CL	Cottage life allocable	0	0	0	90,175.00	-	-
CT	Other Assistive Technology	0	0	0	0	90,175.00	-
XG	General Community Operations	0	0	0	0	0	90,113,926.00
XR	Community Residential	0	0	0	0	0	97,809
							70,381,072.00
INPATIENT ROUTINE SERVICE COST CENTERS							
TL	C. S. Units 201-204	2,280	2,438	1,322	38,960	38,960	0
UF	Circle II Units 501-504	0	0	0	0	0	0
TR	Suber Units 301-304	339	0	240	10,649	10,649	0
UA	Webb Units 401-404	0	0	0	0	0	0
TA	Campus Units 101-112	1,461	10,516	1,943	40,566	40,566	0
VA	Anderson	0	0	0	0	0	0
VB	Bellton	0	0	0	0	0	0
VD	Bonds	0	0	0	0	0	769,421
VC	Burton	0	0	0	0	0	503,782
VE	Carnell	0	0	0	0	0	0
VF	Charles Lea I	0	0	0	0	0	0
VG	Charles Lea II	0	0	0	0	0	0
VH	Civitan	0	0	0	0	0	592,465
VI	Easley I	0	0	0	0	0	0
VJ	Easley II	0	0	0	0	0	0
VK	Edgefield	0	0	0	0	0	556,076
VL	Ferguson I	0	0	0	0	0	0
VM	Ferguson II	0	0	0	0	0	0
VN	Honea Path	0	0	0	0	0	0
VP	JC Fort I	0	0	0	0	0	598,802
VQ	JC Fort II	0	0	0	0	0	599,524
VR	J. McAbee	0	0	0	0	0	541,665
VS	Landrum I	0	0	0	0	0	640,438
VT	Landrum II	0	0	0	0	0	640,688
VU	Oak Grove	0	0	0	0	0	574,876
VV	Oconee I	0	0	0	0	0	0
VW	Oconee II	0	0	0	0	0	0
VX	Parkins I	0	0	0	0	0	659,848
VY	Parkins II	0	0	0	0	0	576,306
VZ	Pritchard	0	0	0	0	0	0
WA	Ridge Road	0	0	0	0	0	787,002
WB	South Harper	0	0	0	0	0	648,953
WC	Ware Shoals I	0	0	0	0	0	542,962
WD	Ware Shoals II	0	0	0	0	0	522,892
WE	West Main	0	0	0	0	0	597,552
WL	Sullivan Street	0	0	0	0	0	0
WM	Clinton Manor	0	0	0	0	0	0
WN	Hughes Street	0	0	0	0	0	0
WP	Travelers Rest	0	0	0	0	0	0
WQ	Davidson	0	0	0	0	0	0
WR	Mill Street	0	0	0	0	0	0
WS	Nazareth Road	0	0	0	0	0	0
WT	Wire Road II	0	0	0	0	0	0
WU	Wire Road I	0	0	0	0	0	0
WV	Fountain Inn	0	0	0	0	0	0
WW	Benchmark - Spartanburg	0	0	0	0	0	0
WX	Bruton Smith	0	0	0	0	0	0
WY	Hendrix Street	0	0	0	0	0	0
WZ	Benchmark - Cowpens	0	0	0	0	0	0

OUTPATIENT SERVICE COST CENTERS

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>		<u>OCCUPATIONAL</u>	<u>EDUCATION</u>	<u>SPEECH &</u>	<u>COTTAGE</u>	<u>OTHER</u>	<u>GENERAL</u>	<u>COMMUNITY</u>
		<u>THERAPY</u>		<u>HEARING</u>	<u>LIFE</u>	<u>ASSISTIVE</u>	<u>COMMUNITY</u>	<u>RESIDENTIAL</u>
		CN	ED	CS	CL	GT	XG	XR
BI	Infirmery	0	0	0	0	0	0	0
BK	Outpatient clinic	0	0	0	0	0	0	0
BP	Pharmacy	0	0	0	0	0	0	0
OTHER REIMBURSEABLE COST CENTERS								

**South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various**

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

COST CENTER	OCCUPATIONAL THERAPY	EDUCATION	SPEECH & HEARING	COTTAGE LIFE ALLOCABLE	OTHER ASSISTIVE TECHNOLOGY	GENERAL COMMUNITY OPERATIONS	COMMUNITY RESIDENTIAL
	CN	ED	CS	CL	CT	XG	XR
XC Service coordination	0	0	0	0	0	5,651,270	0
AY Rehab support phase I	0	0	0	0	0	1,657,247	0
AZ Rehab support phase II	0	0	0	0	0	755,839	0
XE Evaluation & planning	0	0	0	0	0	0	0
XI Early intervention	0	0	0	0	0	6,139,791	0
CW Community Supports Waiver	0	0	0	0	0	2,895,438	0
CWA Community Supports Waiver - Waiver	0	0	0	0	0	0	0
XM Home & community based	0	0	0	0	0	60,027,820	60,027,820
XMA Home & community based - Admin	0	0	0	0	0	0	0
AW PDD Waiver	0	0	0	0	0	0	0
AWA PDD Waiver - Admin	0	0	0	0	0	0	0
XA Autism	0	0	0	0	0	146,788	0
XS Head & spinal cord	0	0	0	0	0	0	0
XH Head & spinal cord waiver	0	0	0	0	0	2,388,672	-
XHA Head & spinal cord waiver - Waiver	0	0	0	0	-	0	-
NONREIMBURSEABLE COST CENTERS							
FC Non-certified units	0	0	0	0	-	-	-
FN Other non-covered costs	0	0	0	0	-	-	-
YF Federal projects	0	0	0	0	-	-	-
90 SUBTOTAL	4,080.00	12,954.15	3,505.00	90,175.00	90,175.00	90,113,926.00	70,381,072.00
Costs to be allocated (Worksheet B, Part I)	\$228,839	\$359,482	\$247,004	\$8,426,952	\$272,854	\$233,943	\$101,635
Unit cost multiplier	56.087990	27.750335	70.471897	93.451090	3.025828	0.002596	0.001444

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>TOTAL</u>
	21
GENERAL SERVICE COST CENTERS	
OZ New capital-related costs - build	-
O2A New capital-related costs - equip	-
AB Employee health & welfare	-
AA Administrative & general	-
CP Physical therapy	-
CN Occupational therapy	-
ED Education	-
CS Speech & hearing	-
CL Cottage life allocable	-
CT Other Assistive Technology	-
XG General Community Operations	-
XR Community Residential	-
INPATIENT ROUTINE SERVICE COST CENTERS	
TL C. S. Units 201-204	13,629,782.95
UF Circle II Units 501-504	-
TR Suber Units 301-304	1,924,519.77
UA Webb Units 401-404	-
TA Campus Units 101-112	17,458,179.27
VA Anderson	-
VB Belton	-
VD Bonds	773,999.57
VC Burton	506,829.35
VE Camell	-
VF Charles Lea I	-
VG Charles Lea II	-
VH Civitan	595,210.65
VI Easley I	-
VJ Easley II	-
VK Edgefield	559,568.63
VL Ferguson I	-
VM Ferguson II	-
VN Honea Path	-
VP JC Fort I	602,255.25
VQ JC Fort II	603,006.16
VR J. McAbee	545,597.41
VS Landrum I	644,343.46
VT Landrum II	644,604.47
VU Oak Grove	578,216.58
VV Oconee I	-
VW Oconee II	-
VX Parkins I	664,181.88
VY Parkins II	579,707.36
VZ Pritchard	-
WA Ridge Road	791,966.60
WB South Harper	653,217.87
WC Ware Shoals I	545,832.65
WD Ware Shoals II	526,231.56
WE West Main	601,317.20
WL Sullivan Street	619,273.00
WM Clinton Manor	578,267.00
WN Hughes Street	567,394.00
WP Travelers Rest	577,756.00
WQ Davidson	-
WR Mill Street	-
WS Nazareth Road	668,115.00
WT Wire Road II	630,744.00
WU Wire Road I	580,828.00
WV Fountain Inn	732,705.00
WW Benchmark - Spartanburg	867,282.00
WX Bruton Smith	540,631.00
WY Hendrix Street	559,268.00
WZ Benchmark - Cowpens	938,126.00
OUTPATIENT SERVICE COST CENTERS	
BI Infirmary	-
BK Outpatient clinic	-
BP Pharmacy	-
OTHER REIMBURSEABLE COST CENTERS	
XC Service coordination	5,688,982.15
AY Rehab support phase I	1,661,549.35

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

COST ALLOCATION - GENERAL SERVICE COSTS

Year ended June 30, 2010

Submitted in lieu of HCFA 2552-92, Worksheet B Part I

<u>COST CENTER</u>	<u>TOTAL</u>
	21
AZ Rehab support phase II	758,245.22
XE Evaluation & planning	-
XI Early intervention	6,264,807.39
CW Community Supports Waiver	2,902,954.79
CWA Community Supports Waiver - Waiver	862.00
XM Home & community based	60,270,341.19
XMA Home & community based - Admin	159,461.00
AW PDD Waiver	-
AWA PDD Waiver - Admin	-
XA Autism	152,530.07
XS Head & spinal cord	-
XH Head & spinal cord waiver	2,394,873.18
XHA Head & spinal cord waiver - Waiver	94,974.00
NONREIMBURSEABLE COST CENTERS	
FC Non-certified units	-
FN Other non-covered costs	9,020.00
YF Federal projects	-
90 SUBTOTAL	131,647,558.00
100 TOTAL EXPENSES	131,647,558.00

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

Determination of Administrative Cost Statistic

Year ended June 30, 2010

<u>COST CENTER</u>	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	RECLASSIFY ADMIN & GENERAL	DIRECT CONTRACT COST	ADJUSTED ADMIN & GENERAL
AA				
GENERAL SERVICE COST CENTERS				
01	Old capital-related costs - build			0
1A	Old capital-related costs - equip			0
02	New capital-related costs - build			0
2A	New capital-related costs - equip			0
AB	Employee health & welfare			0
AA	Administrative & general			0
CP	Physical therapy	215,198	0	215,198
CN	Occupational therapy	220,776	0	220,776
ED	Education	346,816	0	346,816
CS	Speech & hearing	238,301	0	238,301
CL	Cottage life allocable	8,130,032	0	8,130,032
CT	Other Assistive Technology	263,240	0	263,240
XG	General Community Operations	225,700	0	225,700
XR	Community Residential	97,809	0	97,809
INPATIENT ROUTINE SERVICE COST CENTERS				
TL	C. S. Units 201-204	9,109,104	0	9,109,104
UF	Circle II Units 501-504	0	0	0
TR	Suber Units 301-304	818,413	0	818,413
UA	Webb Units 401-404	0	0	0
TA	Campus Units 101-112	12,507,421	0	12,507,421
VA	Anderson	0	0	0
VB	Belton	0	0	0
VD	Bonds	769,421	(729,159)	40,262
VC	Burton	503,782	(476,073)	27,709
VE	Carnell	0	0	0
VF	Charles Lea I	0	0	0
VG	Charles Lea II	0	0	0
VH	Civitan	592,465	(582,821)	9,644
VI	Easley I	0	0	0
VJ	Easley II	0	0	0
VK	Edgefield	556,076	(521,954)	34,122
VL	Ferguson I	0	0	0
VM	Ferguson II	0	0	0
VN	Honea Path	0	0	0
VP	JC Fort I	598,802	(570,503)	28,300
VQ	JC Fort II	599,524	(570,503)	29,022
VR	J. McAbee	541,665	(493,912)	47,753
VS	Landrum I	640,438	(604,338)	36,101
VT	Landrum II	640,688	(604,338)	36,351
VU	Oak Grove	574,876	(546,989)	27,887
VV	Oconee I	0	0	0
VW	Oconee II	0	0	0
VX	Parkins I	659,848	(614,183)	45,665
VY	Parkins II	576,306	(546,936)	29,370
VZ	Pritchard	0	0	0
WA	Ridge Road	787,002	(738,128)	48,874
WB	South Harper	648,953	(603,955)	44,998
WC	Ware Shoals I	542,962	(524,423)	18,539
WD	Peoples	522,892	(489,302)	33,590
WE	West Main	597,552	(560,560)	36,992
WL	Sullivan Street	618,352	(593,146)	25,206
WM	Clinton Manor	577,348	(552,198)	25,150
WN	Hughes Street	566,544	(543,260)	23,284
WP	Travelers Rest	576,858	(552,272)	24,586
WQ	Davidson	0	0	0
WR	Mill Street	0	0	0

South Carolina Department of Disabilities Special Needs
Piedmont Region
Provider #: Various

Determination of Administrative Cost Statistic

Year ended June 30, 2010

		ADMINISTRA-	RECLASSIFY	DIRECT CONTRACT	ADJUSTED
WS	Nazareth Road	667,189		(841,847)	25,342
WT	Wire Road II	629,850		(605,370)	24,480
WU	Wire Road I	579,910		(554,773)	25,137
WV	Fountain Inn	731,336		(693,861)	37,475
WW	Benchmark - Spartanburg	865,893		(827,854)	38,039
WX	Bruton Smith	539,714		(514,606)	25,108
WY	Hendrix Street	558,343		(533,019)	25,324
WZ	Benchmark - Cowpens	937,251		(913,289)	23,962
OUTPATIENT SERVICE COST CENTERS					
BI	Infirmery	0		0	0
BK	Outpatient clinic	0		0	0
BP	Pharmacy	0		0	0
OTHER REIMBURSEABLE COST CENTERS					
XC	Service coordination	5,651,270		(5,020,381)	630,889
AY	Rehab support phase I	1,657,247		(1,657,247)	0
AZ	Rehab support phase II	755,839		(743,670)	12,169
XE	Evaluation & planning	0		0	0
XI	Early intervention	6,139,791		(3,153,129)	2,986,662
CW	Community Supports Waiver	2,895,438	(2,895,438)	0	0
CWA	Community Supports Waiver Admin	118	2,895,438	(2,875,187)	20,369
XM	Home & community based	60,027,820	(60,027,820)	0	0
XMA	Home & Community Based Waiver Admin	5,915	60,027,820	(55,829,456)	4,204,279
AW	PDD Waiver	0	0	0	0
AWA	PDD Waiver Admin	0	0	0	0
XA	Autism	146,788		0	146,788
XS	Head & spinal cord	0		0	0
XH	Head & spinal cord waiver	2,388,672	(2,388,672)	0	0
XHA	Head & spinal cord waiver - Waiver Admin	45,791	2,388,672	(1,087,782)	1,346,681
NONREIMBURSEABLE COST CENTERS					
FC	Non-certified units	0			0
FN	Other non-covered costs	8,702			8,702
YF	Federal projects	0			0
90	SUBTOTAL	130,098,041.00	-	(87,670,420.79)	42,427,620.21

South Carolina Department of Disabilities and Special Needs

Piedmont Region

Fiscal Year Ended June 30, 2010

Calculation of Admin Percentage for Waiver Programs - Proposed Methodology to CMS

		Admin Cost	Patient Care Cost	Total Cost	Admin Percentage
Community Supports Waiver	CW	\$862	\$2,902,955	\$2,903,817	0.03%
Home & community based	XM	\$159,461	\$60,270,341	\$60,429,802	0.26%
PDD Waiver	AW	\$0	\$0	\$0	0.00%
Head & spinal cord waiver	XH	\$94,974	\$2,394,873	\$2,489,847	3.81%
		\$255,297	\$65,568,169	\$65,823,466	0.39%

DRAFT

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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June 10, 2016

Ms. Nancy Hall
Facility Administrator
8301 Farrow Road
Columbia, SC 29203

Dear Ms. Hall:

Attached is our report on the consumer funds/property audit, with a limited review of procurement and cash maintained at Midlands Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. IA will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Yacobi".

Kevin Yacobi, CIA, CGAP, CBM, CFS CRMA
Director of Internal Audit

KY/dah
Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. John King
Mr. David Goodell
Mr. Tom Waring

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



**Internal Audit Report 16-27
Midlands Center
June 2, 2016**

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Internal Audit Report 16-27

Midlands Center

June 27, 2016

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Midlands Center, located in Columbia handles consumers' personal funds for 141 individuals in 7 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Midlands Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

DDSN IA reviewed Midlands Center's internal controls over consumers' personal funds and property. In addition, IA performed a limited review of operations to include cash at the center that included daily cash count logs for the clients; and a procurement review to include credit card purchases, purchase orders, and bids/contractors. The purpose of our audit was to test the Center's compliance with the following policies and directives to ensure the Center properly safeguards consumers' personal funds and property and follows DDSN procurement requirements:

- 200-02-DD, "Financial Management of Personal Funds;"
- 600-10-DD, "Individual Clothing and Personal Property-Regional Centers;"
- DDSN Procurement Manual.

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2015 through March 31, 2016. An entrance conference was held with management on April 18, 2016 immediately followed by field work. An exit conference was conducted with the Facility Administrator and the finance team on June 2, 2016.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made. In addition, procurement practices did not always follow the DDSN Procurement Manual. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over consumer funds, property, cash maintained at the Center, and procurement practices in order to comply with DDSN's directives and Procurement Manual.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

FINANCIAL MANAGEMENT OF CONSUMER FUNDS

HIGH PRIORITY

Our review of consumers' personal funds found that the Center did not always manage them in accordance with DDSN directive 200-02-DD, "Financial Management of Personal Funds." Of 141 people in the residential programs, IA reviewed financial files for 14 (10%) consumers in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) for the period of July 1, 2015 through March 31, 2016. IA reviewed 51 disbursements to ensure that their personal funds were properly safeguarded. The following was found:

1. Five of 51 (10%) disbursement forms were not returned to the Reginal Bank within two business days.
2. One of 51 (2%) disbursements showed funds were used for an unauthorized trip. The trip taken was not submitted for approval on an "Authorization Request for Consumer Trips" form. When the original trip did not occur, instead of funds (\$94.50) being returned to the finance office, the staff maintained the funds in a lock box that only that person could access. Policy states that unused funds should be returned to the finance office within two business days.

3. One of 51 (2%) disbursements over \$200 did not contain the signature of the staff member authorized to approve "Personal Funds Draft" of \$200 or more.
4. Eight of 51 (16%) disbursements were processed incorrectly. Though the funds were requested by submitting a "Client(s) Bank Group Withdrawal Draft" form, the purchases should have been made individually.
5. For one of 51 (2%) disbursements, IA found the consumer's account was inappropriately charged for another consumer's purchase.

DDSN directive 200-02-DD, "Financial Management of Personal Funds," requires that within two business days after a withdrawal from the Regional Bank has been made, appropriately signed Personal Funds Draft/Group Withdrawal Drafts (PFD/GWDs) should be returned to the Regional Bank. Withdrawals made for a trip must have an approved trip packet attached.

Funds withdrawn for group trips or outings should be listed on a Group Withdrawal Draft. If any one person's withdrawal request is for more than \$200, a separate Personal Funds Draft should be completed and the necessary signatures obtained to ensure proper approval.

In addition, the directive, under "Authorized Signatures" requires: "Regional Finance Offices shall retain a Regional Bank Signature Card (Attachment M) for each person with funds in the Regional Bank... This form lists all staff and their accompanying signatures that are authorized to approve Personal Funds Drafts or Group Withdrawal Drafts up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of a person...[Qualified Intellectual Disability Professionals] QIDPs are responsible for: (1) Obtaining authorized signature forms associated with the Regional Bank and (2) Notifying the Regional Bank promptly of any changes.

Staff did not always exercise due care to ensure that the requirements of DDSN directive 200-02-DD were being met. Failure to comply with all the requirements of the directive by establishing and implementing certain controls weakens accountability over the consumers' personal funds. In addition, failure to obtain and maintain sufficient and adequate documentation could result in the loss or misappropriation of consumers' funds without timely detection.

Action Plan

1. ***Staff will be in-serviced on returning forms and/or receipts within 2 business days.***
2. ***Staff will be in-serviced on returning funds if a trip is cancelled and new paperwork completed if a rescheduled trip is planned.***
3. ***The Facility Administrator will sign and approve any drafts over \$200.00. Finance will not process drafts over \$200.00 without proper signatures from the FA.***
4. ***Staff will be in-serviced on appropriate form to complete (personal funds draft vs group withdrawal) when requesting funds. Facility Administrator will review and approve all group withdrawals.***
5. ***Consumer will be reimbursed the amount of \$70.18.***

Effective Date: August 5, 2016.

CONSUMER PROPERTY**HIGH PRIORITY**

A review of six of 141 (4%) consumers' personal property and corresponding Personal Property Records (PPRs) found that residential staff did not always manage the consumers' personal property in accordance with DDSN directive 600-10-DD, "Individual Clothing and Personal Property-Regional Center." IA verified the physical existence of the property items and traced the items in their living areas back to the entries recorded on the PPRs. The review found the following:

1. Four of six (66%) consumers' PPRs did not always contain the serial and/or model number of the recorded item.
2. Two of six (33%) consumers' PPRs did not contain an adequate description of the property. DDSN directive 200-01-DD requires certain controls be established and followed for handling consumers' personal funds to ensure that funds are properly accounted for and adequately safeguarded.

DDSN directive 600-10-DD, "Individual Clothing and Personal Property Regional Centers," requires that consumers' personal property records contain adequate descriptions and that serial numbers of items such as television sets, bicycles, stereo units, etc. are listed on the PPRs.

Staff did not always monitor or maintain personal property according to the requirements of directive 600-10-DD. Failure to comply with the directive weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

Action Plan

1. ***Staff will be in-serviced to ensure serial and/or model numbers will be recorded for all non-clothing items.***
2. ***Staff will be in-serviced to ensure that consumers' personal property records contain adequate descriptions of property items to help identify them should they become lost or stolen.***

Effective Date: August 5, 2016.

PROCUREMENT**HIGH PRIORITY**

Internal Audit reviewed 16 purchase order disbursements for Midlands Center, and found three of 16 (19%) agency/supply requisitions were not completed, nor properly signed and dated by the supervisor to indicate the authorization/approval for the purchase.

DDSN Standards for Procurement Policies and Procedures was established as a uniform, businesslike approach to maximize the use of funds allocated for procurement of goods and services. Purchase orders should be utilized in all instances with the proper documentation/authorization and should be completed prior to the purchase.

Center staff did not always adhere to policy on the use of agency procurement procedures allowing for expenditures to be processed for payment without prior/proper approval. Unauthorized or inappropriate purchases of goods/services could be made without timely detection as a result of inadequate/untimely procurement documentation.

Action Plan

All Purchase requests will require Facility Administrator's approval either through email approval or signature approval. The approval will be filed/attached with the procurement request.

Effective Date: June 2, 2016.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 30 charges for the Midland Center's Visa credit cards and found that 13 of 30 (43%) transactions, were not properly approved and the completed Visa Purchasing Card Request Forms were not available to support the disbursements.

The DDSN Purchasing Card was designed to help the agency better manage low-dollar supply purchases only. It provides an extremely efficient and effective method for purchasing and paying for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases. Cardholders should never allow another employee to use the purchasing card assigned to them.

Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

Action Plan

All Purchase requests will require Facility Administrator's approval either through email approval or signature approval. The approval will be filed/attached with the procurement request.

Effective Date: June 2, 2016.

CASH AT THE CENTER

HIGH PRIORITY

Internal Audit visited the finance office to review policies and procedures in regards to the \$100 state petty cash fund and the \$2,500 regional bank client fund maintained by finance. IA found the monthly counts of the cash for the regional bank client funds and the state petty cash funds were not performed by someone other than the cash custodian.

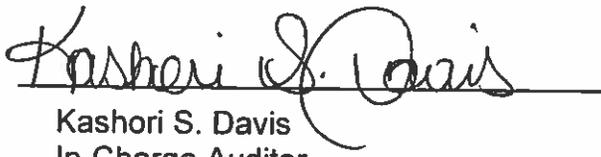
DDSN directive 200-01-DD, "Personal Funds Maintained at the Residential Level" states that balancing should be done at least monthly, at a minimum, and be performed by a staff member who does not normally handle day-to-day cash transactions.

DDSN policies and procedures were not always followed by the Center's staff. Failure to adequately safeguard cash could result in loss through theft or misappropriation without timely detection.

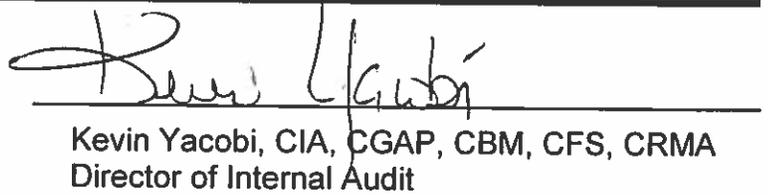
Action Plan

Facility Administrator will perform cash counts of the state petty cash fund and regional bank petty cash fund to ensure accuracy and accountability on at least a monthly basis.

Effective Date: June 30, 2016.



Kashori S. Davis
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
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Associate State Director
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Website: www.ddsn.sc.gov

September 16, 2015

Mr. John Hitchman
Facility Administrator
714 National Cemetery Rd.
Florence, SC 29506

Dear Mr. Hitchman:

Attached is our report on the follow-up audit with a limited review of operations of the Pee Dee Center. In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address all of the audit conditions. We will review the implementation of the Center's corrective actions.

We appreciate the cooperation of your staff in working with us on the audit, and you and your staff are commended on your performance. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi".

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah
Attachment

cc: **Dr. Beverly Buscemi**
DDSN Commission Members
Ms. Susan Kreh Beck
Mr. Rufus Britt
Mr. David Goodell
Mr. Tom Waring

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Salceby Center - Phone: 843/332-4104



**Internal Audit Report 16-05
Pee Dee Center Follow-Up
August 31, 2015**

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Internal Audit Report 16-05

Pee Dee Center Follow-Up

August 31, 2015

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Pee Dee Center, located in Florence, serves 114 individuals in 8 residential facilities located on campus. Saleeby located in Hartsville serves 75 people in 3 facility wings.

DDSN IA performed a follow-up for Internal Audit Report 13-01 which was a limited review of Pee Dee Center's management of consumers' funds and property. In addition, a limited review of internal controls for procurements, including the State Procurement Card (P-card), was included for both Pee Dee and Saleeby Centers. The purpose of our audit was to follow up on the previously cited consumer funds and property findings, and to test both Centers' compliance with policies and safeguards required by DDSN for procurement transactions.

In order to communicate our professional opinion of the importance of the finding in this report, we have ranked it as a high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2014 through April 30, 2015. An entrance conference was held with management on July 14, 2015 immediately followed by field work. An exit conference was conducted with the Facility Administrator and appropriate staff on September 1, 2015

Summary of Findings

Our follow-up audit of Pee Dee Center disclosed two conditions regarding consumer funds and three conditions regarding petty cash. All five conditions were successfully resolved.

IA found Pee Dee Center's and Saleeby's procurement practices did not always follow the agency policies in the limited P-card review. The areas of concern noted, present the Centers the opportunity to improve and strengthen their internal controls over procurement practices.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDING AND ACTION PLAN

In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 73 charges for Pee Dee's and Saleeby's procurement cards for the period July 1, 2014 to April 30, 2015. We found the following:

1. Six of 73 (8%) transactions were not properly approved. Purchasing Card Requests for Purchase Forms were not available to support the disbursements.
2. Seven of 73 (10%) purchases were for services rendered that should have been procured using standard procurement procedures. The services, totaling \$1,794, were for various services, examples to include: seat recovering, chain saw service, parts, labor, and headliner repair/replacement.
3. One of 73 (1%) charges was a split purchase which circumvented the limitations of the Purchasing Card Program in accordance to State Government's Policies and Procedures. On January 08, 2015 there was a request to purchase (12) chairs for \$419.90 and (13) chairs for \$454.90, a total of \$874.80. The cardholder approved daily purchasing limit was \$500.00. One of the purchases was charged on January 08, 2015 and the second purchase was on January 09, 2015.

The DDSN Purchasing Card was designed to help agencies better manage low-dollar supply purchases. It provides an extremely efficient and effective method for purchasing and paying for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases. Never is the cardholder allowed to lend or give the Purchasing Card to another employee.

Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

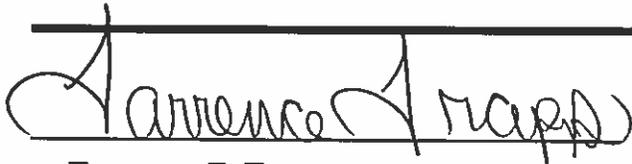
Action Plan

To address the three (3) findings the Pee Dee Regional Center will conduct an in-service training for all current purchase card holders at the center. This training will be conducted by the Pee Dee Regional Center finance director and finance staff. The training will address specific findings of securing appropriate approval prior to making purchases, utilizing appropriate procurement procedures for service based purchases and adherence to the agency standard on not splitting purchases to circumnavigate purchase limitations. A general overview of [Pee Dee Center] policy 02-31 [Credit Card Purchases] will be completed as well as an overview of SCDDSN procurement policies.

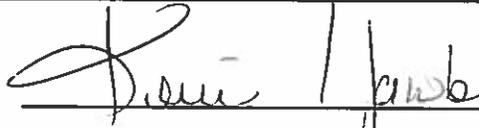
Upon completion of the above training all future purchases will be done so with prior authorization and in accordance with agency procurement policies.

Training for all purchase card holders will be completed by October 15, 2015.

Effective Date: October 15, 2015.



Tarrence E. Trapp
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

*Associate State Director
Operations*

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Harvey E. Shiver

April 10, 2015

Mr. Wes Leonard
Facility Administrator
P. O. Box 239
Clinton, SC 29325

Dear Mr. Leonard:

Attached is our report on the limited review of procurement at the Whitten Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

KY/dah
Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. David Goodell
Mr. John King
Mr. Tom Waring

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Saleeby Center - Phone: 843/332-4104



**Internal Audit Report 15-15
Whitten Center
March 5, 2015**

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Internal Audit Report 15-15

Whitten Center

March 5, 2015

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Whitten Center, located in Clinton, serves 198 individuals in 12 residential facilities located on campus.

DDSN IA performed a limited review of Whitten Center's internal controls for procurement. The purpose of our audit was to test the Center's compliance with the following policies to ensure the Center properly safeguards and follows DDSN procurement requirements and assets management:

- DDSN Procurement Manual
- DDSN Assets Guideline Manual

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked three concerns as high and one as medium priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period October 1, 2013 through September 30, 2014. An entrance conference was held with management on December 8, 2014 immediately followed by field work. An exit conference was conducted with the Facility Administrator and the Director of Finance and Supply on March 6, 2015.

Summary of Findings

The Center procurement practices did not always follow the agency policies. The areas of concern noted, present the Center the opportunity to improve and strengthen their internal controls over procurement practices and management of assets.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

SEGREGATION OF DUTIES – FINANCE STAFF

HIGH PRIORITY

In a review of Whitten Center's compliance with the DDSN Procurement, and Purchasing Card Program we found a lack of segregation of duties within the finance department. There were purchase order disbursements, and credit card transactions which were approved, processed, paid, and sometimes received by the Director of Finance.

To achieve a proper segregation of duties, the assignment of responsibilities should be such that no one person has the authority to do two or more of the following: (1) authorize transactions, (2) process/record transactions; and (3) receive/maintain custody of assets. Management should maintain an awareness of the internal control structure to ensure that reasonable policies and procedures exist and are maintained.

Management has not established an adequate segregation of functions such as receipts, disbursements, recording, custody, transaction authorization and performance monitoring. Failure to achieve a proper segregation of duties could enable a person to commit an irregularity and conceal it. Failure to comply with established procurement policies could conceal improper payments, the purchase of services that do not benefit the Center, or payments could be made in excess of intended amounts.

Action Plan

Whitten Center management will ensure segregation of duties that will not permit one person to perform more than one of the following roles on a given purchase transaction.

- 1. Authorize transaction***
- 2. Process/record transaction***
- 3. Receive/maintain custody of asset***

The Director of Finance & Supply will monitor for compliance.

Effective Date: April 6, 2015.

PROCUREMENTS

HIGH PRIORITY

For the period of October 1, 2013 to September 30, 2014, we reviewed 20 purchase order disbursements for Whitten Center. We found the following:

1. Five of 20 (25%) agency/supply requisitions were not completed or properly signed and dated by the supervisor to indicate the authorization/approval for the purchase.
2. For three of 20 (15%), purchase orders were not completed prior to the purchase.

DDSN Standards for Procurement Policies and Procedures was established as a uniform, businesslike approach to maximize the use of funds allocated for procurement of goods and services. Purchase orders should be utilized in all instances with the proper documentation/authorization and should be completed prior to the purchase.

Whitten Center staff did not always adhere to policy on the use of agency procurement procedures as they relate to internal controls and procurement practices. Unauthorized or inappropriate purchases of goods/services could be made without timely detection as a result of inadequate/untimely procurement documentation.

Action Plan

1. ***When issuing a Purchase Order for supplies or equipment, Whitten Center management will ensure that a Request for Purchase form is completed as required by agency policy.***
2. ***Purchase orders will be created and distributed according to agency guidelines.***

The Director of Finance & Supply Services will monitor for compliance.

Effective Date: April 6, 2015.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 65 charges for the Whitten Center's Visa credit cards for the period October 1, 2013 to September 30, 2014. We found the following:

1. For twenty-two of 65 (34%) transactions, completed Visa Card Purchasing Forms were not available to support the disbursements.
2. One of 65 (2%) of the purchases were for services rendered that should have been procured using standard procurement procedures. The services, totaling \$655.73, were for tension slide repairs including labor, and chain saw service, parts, and labor.

The DDSN Purchasing Card was designed to help the agency better manage low-dollar supply purchases. It provides an extremely efficient and effective method for purchasing and paying

for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases.

Whitten Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

Action Plan

- 1. Whitten Center management will ensure that appropriate documentation is available to support State Procurement Card purchases in compliance with State Government requirements and agency guidelines.***
- 2. Whitten Center State Procurement Cardholders will receive in-service training reminding them that a State Procurement Card cannot be used for the purchase of services.***

The Director of Finance & Supply Services will monitor for compliance.

Effective Date: April 6, 2015.

SURPLUS PROPERTY

MEDIUM PRIORITY

We found that the Whitten Center warehouse contained items that had been screened, and declared junk by a representative from the Division of General Service's Surplus Property Management Office. The items were listed on a (TID) Turn-In Document dated 10/31/07, 07/31/08, 10/30/08, and 01/30/09. There were other items located in the warehouse that were broken, damaged, unusable, and outdated.

In accordance with Chapter V, Section VI, of the SCDDSN "Assets Guideline Manual" which states, after completion of the screening process the owning entity has the responsibility for disposing all property which was coded as "junk". The owning entity has the option to sell the property after advertising the items 15 days in advance of the sale in a generally, local circulated newspaper. The property could also be trashed or thrown away if the owning entity chooses not to sell the property.

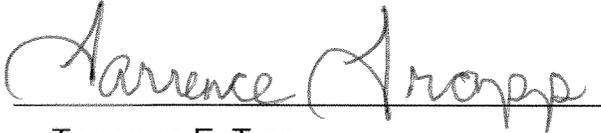
Whitten Center has accumulated an excessive amount of damaged, broken, unusable, and outdated property that needs disposal either through local sale, trashed, thrown away, or given away to a non-profit organization. Staff has failed to comply with agency guidelines regarding disposal of assets. Failure to properly dispose of damaged, broken, and unusable/outdated equipment could result in misappropriation, lost, or theft of property that still retain some type of value. The storage of these items in the warehouse also poses a potential safety hazard promoting unsafe work conditions.

Action Plan

Junked surplus property will be properly disposed of in a timely manner. Whitten Center continues to work with Surplus Properties who has been on campus since the audit date.

The Director of Finance & Supply Services will monitor for compliance.

Effective Date: April 6, 2015.



Tarrence E. Trapp
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.
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June 24, 2014

Mr. Larry Mattive
Facility Administrator
9995 Jamison Road
Summerville, SC 29485

Dear Mr. Mattive:

Attached is our report on the consumer funds/property audit with a limited review of procurement at the Coastal Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah
Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. Rufus Britt
Mr. David Goodell
Mr. Tom Waring

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**Internal Audit Report 14-23
Coastal Center
June 24, 2014**

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Internal Audit Report 14-23

Coastal Center

June 24, 2014

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division (IA) to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Summerville, Florence and Hartsville. These centers serve persons with the most complex needs. Coastal Center, located in Summerville handles consumers' personal funds for 161 individuals in 11 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Coastal Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

DDSN IA reviewed Coastal Center's internal controls over consumers' personal funds and property. In addition, we performed a limited procurement review. The purpose of our audit was to test the Center's compliance with the following policies and directives to ensure the Center properly safeguards consumers' personal funds and property and follows DDSN procurement requirements:

- 200-02-DD, "Financial Management of Personal Funds;"
- 200-01-DD, "Personal Funds Maintained at the Residential Level;"
- 600-10-DD, "Individual Clothing and Personal Property-Regional Centers;"
- DDSN Procurement Manual.

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high and one medium priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2013 through February 28, 2014 for consumer funds and property. The procurement part of the audit was conducted for the period July 1 through December 31, 2013. An entrance conference was held with management on April 1, 2014 immediately followed by field work. An exit conference was conducted with the Facility Administrator on June 13, 2014.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made. In addition, procurement practices did not always follow the DDSN Procurement Manual. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over consumer funds, property, and procurement practices in order to comply with DDSN's directives and Procurement Manual.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

CONSUMER FUNDS

HIGH PRIORITY

Our review of consumers' personal funds found that the Center did not always manage them in accordance with DDSN directive 200-02-DD, "Financial Management of Personal Funds." Of the 161 people in residential programs, we reviewed financial files for 16 (10%) consumers and reviewed 65 disbursements to ensure that their personal funds were properly safeguarded. We found that six of 65 (9%) disbursements did not have proper signatures authorizing or approving individuals to request or receive funds on behalf of the consumer.

DDSN directive 200-02-DD under "Authorized Signatures" states Regional Finance Offices shall retain a Regional Bank Authorized Signatures Record for each Intermediate Care Facilities for Persons with Intellectual and Developmental Disabilities (ICF/ID-DD) residence. This form lists all staff and their accompanying signatures that are authorized to approve Personal Funds Draft/Group Withdrawal Draft (PFD/GWDs) up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of a person. Qualified Intellectual Disability/Developmental Disability Professionals (QID/DDPs) are responsible for obtaining

authorized signatures forms associated with the Regional Bank and in notifying the Regional Bank promptly of any changes.

Staff did not always exercise due care to ensure that the requirements of DDSN directive 200-02-DD were being met. Failure to comply with all the requirements of the directive by establishing and implementing certain controls weakens accountability over the consumers' personal funds. In addition, failure to obtain and maintain sufficient and adequate documentation could result in the loss or misappropriation of consumers' funds without timely detection.

Action Plan

The Regional Finance Officer has updated all Authorized Signature Files for each residence. Files will be updated promptly as changes occur.

Effective Date: June 20, 2014.

CASH ON HAND

HIGH PRIORITY

Our review of consumers' personal funds found that the Center did not always manage them in accordance with DDSN directive 200-01-DD, "Personal Funds Maintained at the Residential Level." Of the 161 people in the residential programs, we reviewed controls over cash on hand (COH) for 15 (9%) consumers. This included counting the COH held by staff as well as a review of the related cash-on-hand ledgers. Our review found that staff did not maintain the cash and cash-on-hand ledgers in separate locations for 15 of 15 (100%) consumers.

DDSN directive 200-01-DD requires certain controls be established and followed for handling consumers' personal funds to ensure that funds are properly accounted for and adequately safeguarded.

Residential staff did not always properly maintain and account for personal funds according to DDSN directive 200-01-DD. Failure to comply with all the requirements of the directive by establishing and implementing certain controls weakens accountability over the consumers' personal funds. If the cash and ledgers were misplaced or stolen, staff would be unable to determine the amount of loss.

Action Plan

Managers will maintain ledgers in a secured area in the unit. Consumers lock box will be maintained at switchboard in a secured area. Supervisors will provide an in-service training for HSA's, HSS's, Programmers, and Activity Facilitators.

Effective Date: June 20, 2014.

CONSUMER PROPERTY

MEDIUM PRIORITY

A review of 16 of 161 (10%) consumers' personal property, and corresponding Personal Property Records (PPRs), found that residential staff did not always manage the consumers'

personal property in accordance with DDSN directive 600-10-DD, "Individual Clothing and Personal Property-Regional Centers." We verified the physical existence of the property items and traced the items in their living areas back to the entries recorded on the PPRs. Our review found the following:

1. Nine of 16 (56%) consumers' PPRs did not always contain adequate descriptions of their large dollar personal property items.
2. Two of 16 (13%) consumers' PPRs did not include all of the consumers' property.

DDSN directive 600-10-DD, "Individual Clothing and Personal Property - Regional Centers," requires that consumers' PPRs should contain adequate descriptions and be kept current. Items that need to be disposed of should follow deletions methods. Also, serial numbers of items such as television sets, bicycles, stereo units, etc. should be listed on the "Personal Property Record."

DDSN directive 200-02-DD, "Financial Management of Personal Funds," states that any items purchased over \$50 should be recorded on the owner's property record as soon as possible after the purchase has been made.

Staff did not always monitor or maintain personal property according to the requirements of DDSN directives 600-10-DD and 200-02-DD. Failure to comply with these directives weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

Action Plan

1. ***The Inventory/Personal property form has been revised to include serial numbers of personal property. Residential staff will ensure that consumers' personal property records contain adequate descriptions of personal items.***
2. ***Residential staff will ensure all consumer property is listed on the personal property form. Building managers will monitor property forms for compliance. Staff will be in-serviced as to their responsibilities.***

Effective Date: June 20, 2014.

PROCUREMENT CARD PURCHASES

HIGH PRIORITY

Internal Audit reviewed a total of 57 charges for the Coastal Center's Visa credit cards for the period July 1 through December 31, 2013. We found the following:

1. Twelve of 57 (21%) charges, totaling \$8,942.65, were made to purchase equipment that should have been procured using standard agency procurement procedures. Examples of items purchased and charged to the Visa cards include sink/fountain, compressor, shredders, fans, washer, and dryers.
2. For two of 57 (4%) charges, the cardholder used another individual's card to make purchases. One of the purchases on the individual's card was greater than the limit established for that cardholder. The cardholder's purchasing limit was \$500 but purchased \$508.76 in supplies using another individual's card with a higher purchasing limit.

3. Three of 57 (5%) charges were split purchases which circumvented the limitations of the Purchasing Card Program in accordance with State Government's Policies and Procedures. An example of one of these purchases was on August 16, 2013 where there was a request to purchase two shredders costing \$1,049.66 each. The total for both shredders was \$2,099.32, which exceeded the cardholder's limit of \$1,500, so the cardholder purchased each shredder separately.

Two of the three purchases were addressed by management in a memorandum that acknowledged the purchases were split.

4. Two of 57 (4%) purchases were for services rendered that should have been procured using standard procurement procedures. The services totaled \$126.25. One was for tension slide repairs including labor. The other was for chain saw service, parts, and labor.
5. One of 57 (2%) purchases was not processed nor reconciled on a timely basis. On November 30, 2012, a work order was completed for supplies for \$186.40 that was not paid until December 11, 2013.

The DDSN Purchasing Card was designed to help the agency better manage low-dollar supply purchases only. It provides an extremely efficient and effective method for purchasing and paying for supplies within the cardholder's specified dollar limit. The card is to be used only for official agency purchases. Cardholders should never allow another employee to use the purchasing card assigned to them.

Coastal Center staff did not always adhere to policy on the use of agency procurement cards as they relate to internal controls or proper usage. Failure to exercise prudent management practices and good internal controls with regard to agency procurement cards could result in loss of operational funds through unauthorized charges or misappropriation without timely detection.

Action Plan

1. ***Equipment will not be purchased with the Purchasing Card. Employees will be in-serviced. Accounts will be established with vendors to ensure compliance.***
2. ***Cardholders will be instructed not to allow use by others. Staff will be in-serviced.***
3. ***Cardholders will be in-serviced to reinforce purchasing limits and restrictions regarding the splitting of orders and the disciplinary consequences of violations.***
4. ***Staff will be in-serviced regarding the use of the Purchasing Card for business use and not services (labor).***
5. ***After reconciling the credit cards on a monthly basis, if there are any outstanding documents that have not come through the credit card system, the Finance Officer will email the cardholder to follow up with the vendor to resolve the matter.***

Effective Date: June 20, 2014.

PROCUREMENTS – BIDS**HIGH PRIORITY**

For the period of July 1 through December 31, 2013, we reviewed 23 purchase order disbursements for Coastal Center. We found that the Center's procurement transactions over \$2,500 were not always conducted in a manner to adhere to the Competition Thresholds in accordance with the DDSN Procurement Manual. One of 23 (4%) procurement transactions did not contain "verbal solicitation of three (3) written quotes".

DDSN Standards for Procurement Policies and Procedures require that all procurement transactions of \$2,500 to \$10,000 contain a verbal solicitation of three written quotes.

Coastal Center procurement staff did not always comply with agency policy regarding competition thresholds by failing to obtain verbal solicitation of three written quotes for purchases over \$2,500. Public funds were utilized in a method that did not ensure open and free competition. These policies were established to assist purchasers in receiving the best price for the highest quality goods and/or services and in accordance DDSN procurement policy.

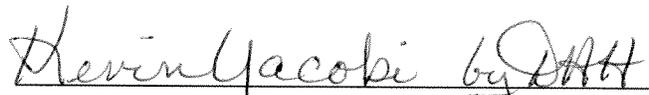
Action Plan

The Center's Finance Officer will monitor all procurement transactions of \$2,500 to \$10,000 to ensure competitive bids have been obtained.

Effective Date: June 20, 2014.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

State Director

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April 3, 2014

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Deborah C. McPherson

Eva R. Ravenel

Dr. Linda Veldheer
Mr. Tom Waring
SC Department of Disabilities and Special Needs
Post Office Box 4706
Columbia, South Carolina 29240

Dear Dr. Veldheer and Mr. Waring:

Attached is our report on the audit of the HASCI Self-Directed Attendant Care Program. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the corrective actions in a follow-up audit.

We appreciate the cooperation of the staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

KY/dah

Attachment

cc: Dr. Beverly Buscemi
DDSN Commission Members
Ms. Susan Beck
Mr. Rufus Britt
Mr. David Goodell
Mr. John King
Ms. Deborah Walsh, Executive Director, Jasper County DSN Board

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**Internal Audit Report 14-13
Head and Spinal Cord Injury
Self-Directed Attendant Care
March 14, 2014**

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Internal Audit Report 14-13

Head and Spinal Cord Injury Self-Directed Attendant Care

March 14, 2014

Background

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

One of the divisions operated by DDSN is the Head and Spinal Cord Injury (HASCI) Division whose purpose is:

"The SCDDSN Head and Spinal Cord Injury (HASCI) Division was created by the 1993 state governmental restructuring. Contingent upon available funding SCDDSN is responsible to develop, coordinate, and enhance the delivery of services to individuals with traumatic brain injury, spinal cord injury, and similar disability..."

The General Assembly first appropriated designated funding for SCDDSN to begin serving people through the HASCI Division in 1994."

One service available from the HASCI Division is the Attendant Care Personal Assistance Service. The HASCI Waiver Manual defines this service as:

"Attendant Care/Personal Assistance Services (AC/PAS) are supports for personal care and activities of daily living specific to the assessed needs of a medically stable individual with physical and/or cognitive impairments. Supports may include direct care, hands-on assistance, direction and/or cueing, supervision, and nursing to the extent permitted by State law. Supports may be provided in the participant's home and/or in a variety of community settings as indicated in the Support Plan, but only when attendant care or personal assistance is not already available in such settings.

Housekeeping activities incidental to care or essential to the health and welfare of the participant, rather than the participant's family, may be provided as specified in the Support Plan. Supports provided during community access activities must directly relate to the participant's needs for care and or supervision.

Transportation may be provided as a component of Attendant Care/Personal Assistance Services when necessary for provision of personal care or performance of daily living activities. Cost of incidental transportation is included in the rate paid to providers."

Attendant care services are available under a self-directed option as defined below:

Self-Directed Attendant Care

"Supervision of attendants may be performed directly by the participant or a designated responsible party when the safety and efficacy of self-directed supervision is certified in writing by a Registered Nurse, or otherwise as provided in State law. Certification must follow direct observation of the participant or responsible party and each attendant during actual provision of care/assistance. Documentation of certification must be maintained in the participant's file. Certification for Self-Directed Attendant Care is performed by staff of the [University of South Carolina] USC Center for Disability Resources (CDR) under [a separate] contract with SCDDSN."

The specific department of the USC-CDR responsible for the certification process is the University Affiliated Program (UAP).

Additionally, DDSN contracts with Jasper County Disabilities and Special Needs Board (JCDSNB or the Fiscal Agent) for HASCI Attendant Care Fiscal Agent services. As Fiscal Agent, the JCDSNB acts as a payroll service for the HASCI individuals in the self-directed program by processing the payroll for the attendants, filing applicable taxes, completing W-2's, and performing other payroll related duties. The Fiscal Agent acts as a payroll liaison between the DDSN HASCI Division, the Provider's Service Coordinators, the UAP, the HASCI individuals, and their attendants. Within the contract, the Fiscal Agent agreed to a total payment not to exceed services and to abide by all the policies, procedures, and directives of DDSN as well as any state and federal laws pertaining to the people served.

At the time of our audit the Fiscal Agent served approximately: 153 HASCI participants with 175 attendants, and 30 service coordinators.

Purpose and Scope

The purpose of our limited operational audit was to assess the overall effectiveness of the Fiscal Agent program as a payroll service for the HASCI self-directed program and its contractual compliance with DDSN. Additionally, we assessed the effectiveness of the communication, monitoring, and reporting between the HASCI Division, the UAP staff, the Fiscal Agent, HASCI Service Coordinators, the HASCI people served, and their attendants. We evaluated the HASCI Division Waiver Manual for effective policies and procedures to ensure communication and compliance with all affected parties. Further, we reviewed the enrollment requirements for the program.

In order to communicate Internal Audit's (IA's) professional opinion of the importance of each finding in this report, we have ranked each finding as a high priority. During our review, deficiencies may also have been discovered which, in IA's opinion, represented minimal exposure to the organization. These were informally communicated to management and were not included in this report.

The scope of the audit encompassed the period July 1, 2012 through September 30, 2013. An entrance conference was held with Fiscal Agent management October 29, 2013 immediately followed by the field work. Due to findings disclosed during the review, we requested an exit conference with DDSN management. The exit conference was conducted at Central Office on January 24, 2014.

Summary of Findings

Our audit of the Fiscal Agent program disclosed areas of concern that included: the return of payments received from DDSN per the contract requirements, the effectiveness of the HASCI Self-Directed Program, Service Coordination requirements in the program, program enrollment requirements, and workers compensation. The concerns noted present the opportunity to improve and strengthen internal controls and oversight for the program as detailed in the below reported findings.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS
In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

COMPLIANCE WITH CONTRACT NUMBER 2013-76

HIGH PRIORITY

IA reviewed the contract between the HASCI Attendant Care-Fiscal Agent program and DDSN for the period July 1, 2012 through June 30, 2013. Additionally, we reviewed the Attendant Care financial records for the audit period July 1, 2012 through September 30, 2013. We found the following:

The Attendant Care-Fiscal Agent bank balance at December 31, 2012 was \$311,294 which increased consistently throughout the review period to an ending balance at September 30, 2013 of \$382,229.

Article III of contract number 2013-76 between DDSN and HASCI Attendant Care-Fiscal Agent states: "Funds not expended as designated, are to be returned to DDSN."

Attendant Care-Fiscal Agent staff did not comply with the contract terms noted in Article III of contract number 2013-76. Failure to comply with all the requirements of DDSN contract 2013-76 permits excess funds to be maintained at the Attendant Care-Fiscal Agent location rather than be used by DDSN for provision of other needed services. In addition, the bank balance is in excess of the Federal Deposit Insurance Corporation (FDIC) insurance level which negates this protection for a portion of these funds.

Action Plan

DDSN is currently recouping \$166,187 for calendar year 2011 and will be recouping \$82,355 in FY 15 for calendar year 2012. DDSN will enforce the terms of the contract and continue to recoup unutilized funds.

Effective date: March 12, 2014.

HASCI SELF-DIRECTED PROGRAM

HIGH PRIORITY

IA reviewed contract 2013-76, the HASCI Waiver Procedural Manual, and eighteen (18) self-directed consumer files along with the corresponding personnel files for the applicable attendants. We found the following:

The HASCI Self-Directed Program is splintered in its mission to provide accurate information from one segment of the program to another.

No one entity: Service Coordinators, UAP staff, or HASCI DDSN personnel seem to understand the complete process and/or procedures in their entirety. There appears to be no central department or individual in charge of this program. It is run without anyone assigned to review, monitor, control, or inform individuals involved in the program. Currently, the Fiscal Agent staff answers many questions from Service Coordinators, Attendants, Consumers, UAP staff, and DDSN HASCI personnel. Typically, a fiscal agent is contracted to simply act as a process agent for payroll. However, currently the HASCI Fiscal Agent is effectively now involved in the administration of the program.

The Fiscal Agent (FA) is not the supervisor of the Service Coordinators (SC). The FA has no recourse if a SC does not provide the HASCI Form 11 (Termination) to the FA on a timely basis; the FA has no recourse if they have to make multiple requests for consumers' waiver budgets from a SC. There is effectively no accountability for the SC actions regarding this program.

If the SC follows the HASCI Waiver Procedural Manual as it relates to reporting the termination of services, no mention of forwarding termination information to the FA is noted in any verbiage or forms in the manual.

DDSN needs to establish a well-functioning HASCI self-directed program. Weaknesses in the HASCI Self-Directed Program design currently exist regarding communication, monitoring, and reporting to all affected parties.

Failure to properly document, process, and comply with existing requirements of the HASCI Waiver Procedural Manual permits unauthorized individuals to be compensated, incorrect payments to attendants, and poor record keeping.

Action Plan

HASCI Division has reviewed the (HASCI Waiver) Self-Directed Attendant Care (UAP Option) related to communication, monitoring, and reporting to affected parties.

It is evident that the weakest link is tardiness or failure of some Service Coordinators to:

- ***send participant's initial and annual HASCI Waiver budget for this service and any subsequent revisions to the Fiscal Agent;***
- ***send copies of authorizations of this service to the Fiscal Agent;***
- ***send copies of notices of service reduction, service suspension, or service termination to the Fiscal Agent; and***
- ***obtain service logs at least monthly; review and address any service provision issues***

A notice to Service Coordinators and Supervisors is being prepared to clarify these responsibilities. The notice will be completed and sent no later than March 31, 2014.

This clarification will be incorporated into the HASCI Waiver Manual no later than April 15, 2014.

SERVICE COORDINATOR RESPONSIBILITIES

HIGH PRIORITY

IA reviewed eighteen (18) self-directed consumer files and the personnel files for the applicable attendants for the period July 1, 2012 through September 30, 2013. We found the following:

One consumer passed away in March, 2013. The attendant notified the FA via written letter. The HASCI Form 11 (the form used for termination of services) was not received by the FA from the SC as of our audit date.

One consumer moved out of state. The HASCI Form 11 was received by the FA 18 months after the consumer moved out of state. The attendant continued to file timesheets and was paid for 18 months even though no services were provided. This case has been turned over to the Attorney General's office for review.

One consumer had HASCI Form 11 completed and forwarded to the FA three years after termination of services.

Currently, there is no documented requirement that a HASCI Form 11 be forwarded to the HASCI FA by the SC.

Six of 18 (33%) consumers did not have their 2014 waiver budgets in their files at the FA office. While this budget is required to be completed by the SC on an annual basis, there is no documented requirement that this budget be forwarded to the HASCI FA to ensure all services were appropriate, as well as properly approved and authorized.

Chapter 4, pages 12 and 13 of the HASCI Waiver Procedural Manual states that an individual must be terminated/dis-enrolled from the HASCI Waiver when: 1) the individual dies, or 2) the individual moves out of state. Page 13 goes on to state that "When the Service Coordinator determines an individual must be terminated (dis-enrolled) from the HASCI Waiver, he/she must: ...

Notify all providers that the Waiver services for the individual must be terminated by completing the Notice of Termination Form (HASCI Form 11)."

Chapter 5, page 2 states "HASCI Waiver budgets are approved during the fiscal year (7/1-6/30). Each year in June, the Waiver Tracking System will "roll-over" the previous year's budgets. The Service Coordinator must review these budgets annually for individuals enrolled in the HASCI Waiver and revise them to reflect the need for the entire fiscal year."

Currently, there are some weaknesses in the HASCI Self-Directed Program design regarding communication, monitoring, and reporting to all effected parties. Failure to document all procedural controls as well as failure to comply with all the requirements of the HASCI Waiver Procedural Manual may permit unauthorized individuals to be compensated, incorrect payments to attendants, and poor record keeping.

Action Plan

HASCI Division has reviewed the (HASCI Waiver) Self-Directed Attendant Care (UAP Option) related to communication, monitoring, and reporting to affected parties.

It is evident that the weakest link is tardiness or failure of some Service Coordinators to:

- ***send participant's initial and annual HASCI Waiver budget for this service and any subsequent revisions to the Fiscal Agent;***
- ***send copies of authorizations of this service to the Fiscal Agent;***
- ***send copies of notices of service reduction, service suspension, or service termination to the Fiscal Agent; and***
- ***obtain service logs at least monthly; review and address any service provision issues***

A notice to Service Coordinators and Supervisors is being prepared to clarify these responsibilities. The notice will be completed and sent no later than March 31, 2014.

This clarification will be incorporated into the HASCI Waiver Manual no later than April 15, 2014.

ENROLLMENT REQUIREMENTS

HIGH PRIORITY

IA reviewed the contract between the HASCI Attendant Care-Fiscal Agent program and DDSN for the period July 1, 2012 through June 30, 2013. We found that the contract states: "The contractor must prohibit employment of individuals with a conviction or prior employment history of child or consumer abuse, neglect or mistreatment."

Additionally, we reviewed the HASCI Waiver Procedural Manual for attendant minimum qualifications and found similar verbiage regarding abuse, neglect, and mistreatment of individuals. The HASCI Waiver Manual states: "No known conviction for abuse, neglect, or exploitation of adults or of children." However, the HASCI Waiver Manual also contains as a minimum requirement; "No record of exclusion or suspension from the Medicare or Medicaid Programs."

During our review we noted that a separate contractor, the USC-CDR, conducts a List of Excluded Individuals and Entities (LEIE) check as well as a SLED criminal background check on potential attendants. However, Department of Social Services Child Abuse and Neglect Central Registry (Central Registry Check) checks are not being completed by either contractor.

Since all documents reviewed reference child abuse, DDSN needs to determine if it was the original intent for the Central Registry Check to be conducted on potential applicants and, if so, ensure the preferred contractor conducts these checks.

Article IV, Paragraph F, Item 2, of contract number 2013-76 between DDSN and HASCI Attendant Care-Fiscal Agent states: "The contractor must prohibit employment of individuals with a conviction or prior employment history of child or consumer abuse, neglect or mistreatment." Additionally, the HASCI Waiver Manual states: "No known conviction for abuse, neglect, or exploitation of adults or of children."

Attendant Care-Fiscal Agent staff did not always comply with the contract terms noted in Article IV, Paragraph F, Item 2, of contract number 2013-76. Failure to comply with all the requirements of DDSN contract 2013-76 and the HASCI Waiver Procedural Manual may permit unauthorized individuals to be employed as attendants. In addition, possible duplication of payment by DDSN exists if both contractors referenced above were originally funded to conduct these checks, yet neither party is providing the desired service.

Action Plan

DHHS does not require the use of the Central Registry Check, DDSN contracts with USC-CDR to conduct a List of Excluded Individuals and Entities (LEIE) check as well as a SLED criminal background check on potential attendants. Should DDSN desire the Central Registry Check be conducted, it will discuss adding that responsibility with USC-CDR or whoever handles the function at that time. DDSN will ensure compliance with the added function through contractual language.

Effective date: March 12, 2014.

WORKERS COMPENSATION

HIGH PRIORITY

IA reviewed contract 2013-76, the HASCI Waiver Procedural Manual, and eighteen (18) self-directed consumer files and the personnel files for the applicable attendants. We found the following:

Internal Revenue Service (IRS) forms SS4, 8821, and 2678 are required per the University Affiliated Program (UAP) section of the HASCI Waiver Procedural Manual "UAP Attendant Care Services, Checklist of Items Needed."

One purpose of these forms is to establish an Employer Identification Number (EIN) if one is not already assigned to the HASCI participant (employer).

While the establishment of an EIN for each HASCI participant (employer) and section 4 D. of the UAP section of the HASCI Waiver Procedural Manual states "Under South Carolina Law employers who have 4 or more employees are required to have a Workman's Compensation Insurance Policy. For this reason no Waiver participant/RP/employer may have more than 3 employees authorized without having proof of a Workman's Compensation Insurance Policy." The fact that the FA is not using the consumer/participant EIN as the employer EIN on the attendants W-2 forms could risk exposure against potential workers compensation claims to be filed against the FA.

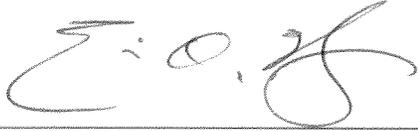
The purpose of filing for an EIN number is to establish the consumer as the employer of record.

The FA currently does not use the HASCI participant/employer EIN number on the attendants W-2 form. Based on the W-2 forms, the FA could be found to be the employer of record for the attendants. The FA could risk exposure for workers compensation insurance claims from attendants as a result of using their own EIN instead of the participant/employer EIN on the attendants' W-2 forms. DDSN as the funding agency for the FA, and JCDSNB may have potential risk as a result of possible workers compensation claims.

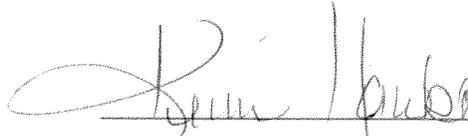
Action Plan

DDSN executive management will review the HASCI self-directed program as it relates to the household employer agent payroll and potential workers compensation claims.

Effective date: March 12, 2014.



Eric Baker, CIA
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS, CRMA
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

Associate State Director

Operations

Kathi K. Lacy, Ph.D.

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Thomas P. Waring

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August 28, 2012

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Mr. David Foshee

Director, Division of Information Technology

SCDDSN

P. O. Box 4706

Columbia, SC 29240

Dear Mr. Foshee:

Attached is our follow-up report on the DDSN Information Technology Division's (IT's) audit of the automated inventory system. In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

We appreciate the cooperation of IT's staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc: Dr. Beverly Buscemi
DDSN Commission Members
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 13-05
Central Office Information
Technology Division Follow-Up
August 23, 2012**

Contents

Background, Purpose and Scope..... 1

Finding and Action Plan..... 2

**Computer Equipment Inventory System (High Priority)
PARTIAL REPEAT - 60% Compliant** 3



Internal Audit Report 13-05
Central Office
Information Technology Division
Follow-Up
August 23, 2012

Background, Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with mental retardation, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. It is the mission of DDSN to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimizing the occurrence and reducing the severity of disabilities through prevention. To that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's Internal Audit conducted a follow-up review of the Information Technology Division (IT). Our review was based on the concern that the existence of a statewide integrated information processing and communications network, inclusive of the hardware necessary to maintain such a network, is a strategic resource requirement for carrying out the mission critical activities of the agency. We reviewed internal controls over how IT monitors its assets and inventories. This includes how assets such as computers are tracked; as well as how the maintenance of the IT asset database is updated so the location of all computer equipment is known. Specifically, our review tested IT's compliance with agency procedures for the following:

- Fixed Asset Manual, Chapter 2, entitled Computer Equipment Decaling and Transfer;
- Finance Manual, Chapter 8, Section 8.1, entitled Capitalization Criteria, "Equipment," it states: "all computers regardless of cost must have a DDSN decal applied and be tracked ..."; and,
- DDSN directive 367-02-DD, "Acquiring Information Technology (IT) Products and Services" which requires that IT monitor the procurement, approve receipt, and coordinate installation of all IT products.

DDSNs' Internal Audit Division performed a follow-up audit of IT to determine the status of the finding noted in Internal Audit Report 11-03 which was a limited review of IT's operations. IT has made significant progress by correcting three of the five previous conditions; however, we did note two prior concerns as detailed in this report.

In order to communicate our professional opinion of the importance of the finding in this report, we have ranked the concern as a high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate IT management and were not included in this report.

The scope of the audit encompassed the period June 1, 2011 through June 26, 2012. An entrance conference was held with the IT's management on June 26, 2012 with field work completed on August 22, 2012 and an exit conference conducted on August 23, 2012.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of IT was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our finding follows:

FINDING AND ACTION PLAN

In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

COMPUTER EQUIPMENT INVENTORY SYSTEM

HIGH PRIORITY

DDSN's Internal Audit Division performed a follow-up audit of the Central Office Information Technology Division (IT) to determine the status of the one finding noted in Internal Audit Report (IAR) 11-03. IAR 11-03 was a review of IT's internal controls over monitoring of its assets and inventories. It should be noted IT has made progress by creating a formal policies and procedures manual to track the movement and monitoring of computer equipment and implementing a new automated computer equipment tracking software named "Spice Works" in March 2011. This software is designed to: automatically track the addition of new equipment as it comes in contact with the DDSN network; create work orders for computer equipment repair; and track computer equipment inventory.

Our review of the new computer software found that the computer equipment inventory listing still was not always accurate. For our review, we judgmentally selected 73 computer equipment items from the computer equipment listing to trace to the floor, and 30 computer equipment items from the floor to trace to the computer equipment listing. Based on our review, we determined the following:

1. IT has not implemented an annual, manual inventory review to verify that the inventory system is working properly. **(Repeat Condition)**
2. For one of 30 (3%) computer equipment items tested, we were unable to locate the item (a laptop) on the computer equipment inventory report. **(Repeat Condition)**

IT's corrective action plan for IAR 11-03 stated that IT will:

1. As part of the information technology inventory procedure, at least annually, a manual inventory of all items will be reconciled with the inventory system.

2. The information technology inventory procedure will include a step that requires the technician to manually verify that any new or redeployed equipment is accurately captured in the inventory system. Also, the manager of Information Technology Services will be required to conduct random checks to ensure that the inventory procedure is being followed.

Processes are not being fully implemented detailing controls per IT procedures for the computer equipment inventory listing, nor have controls been fully implemented to require technicians to manually verify that any new or redeployed equipment is accurately captured in the inventory system. Also, controls have not been implemented to ensure the automated inventory system captures information products connected to the DDSN network.

Failure to fully implement internal controls designed to account for and control IT equipment could result in the loss or misappropriation of information technology equipment without timely detection.

Action Plan

1. ***An annual physical inventory review was not performed due to lack of personnel to perform the review. We will change our procedures to eliminate the requirement that a central office employee go to each regional center and perform a physical inventory review. We will ask each regional center IT employee to complete an annual physical inventory review then sign a statement that the inventory has been completed and is accurate.***

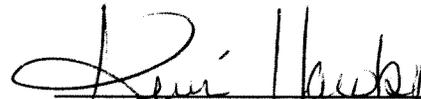
Implementation Date: September 28, 2012

2. ***We found that Laptops are sometimes not being picked up by the inventory system because they are not connected to the network when the scan occurs; most laptops are taken home each day by the user. The inventory scan is performed during off hours sometime in the early morning between 1:00 am and 6:00 am. To remedy this problem we have found an inventory system client that will be loaded on each laptop. This client software will “phone home” when the laptop is connected to a network.***

Implementation Date: December 14, 2012



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

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August 6, 2012

Mr. Daniel Davis, Director
SCDDSN
P O Box 4706
Columbia, SC 29240

Dear Mr. Davis:

Attached is our report on the audit of the Midlands Autism Division.

We appreciate the cooperation of the Midlands Autism staff in working with us on the audit, and you and your staff are commended on your performance in managing individual funds and property for the people served.

Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Yacobi".

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/smh

Enclosure

cc: Dr. Beverly Buscemi
DDSN Commission Members
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 13-04
Midlands Autism Division
August 6, 2012**

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Purpose and Scope..... 1

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Internal Audit Report 13-04 Midlands Autism Division

August 6, 2012

Background

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department operates a residential program for individuals with autism, managed by three regional offices: Piedmont, located in Spartanburg; Midlands, located in Columbia; and Coastal, located in Charleston. These services are offered in a variety of residential settings which offer varying levels of supervision and supports to meet the needs of each individual. The Midlands Autism Division offers residential services to three individuals residing in one Community Training Home II and one individual residing in a Supervised Living Program I.

Autism Division staff are responsible for safeguarding these residents' personal funds and property. In accordance with DDSN directives, the Autism staff account for the consumers' personal funds as well as take periodic inventories to account for the consumers' personal property.

Purpose and Scope

DDSN Internal Audit performed a limited review of residential consumers' personal funds and property served by the Midlands Autism Division. During our review, deficiencies were discovered which, in our opinion, represented minimal exposure to the Division. These were informally communicated to Autism management and were not included in this report.

We selected all four residential consumers (100%) being served by Midlands Autism Division to perform an audit of their personal funds and property.

The scope of the audit encompassed the period June 1, 2011 through May 31, 2012. An entrance conference was held with Autism staff on June 28, 2012 immediately followed by the field work and an exit conference was conducted on August 6, 2012.

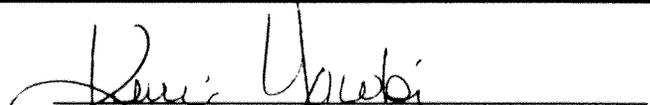
Summary

Our audit disclosed no areas of concern related to compliance regarding consumers' personal funds and property that are considered reportable conditions.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD. Our review of the Midlands Autism Division was limited in scope and would not necessarily have detected other significant deficiencies that may exist.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
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Kathi K. Lacy, Ph.D.
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Website: www.ddsn.sc.gov

July 16, 2012

Mr. John Hitchman
Facility Administrator
714 National Cemetery Rd.
Florence, SC 29506

Dear Mr. Hitchman:

Attached is our report on the consumer funds/property audit with a limited review of operations of the Pee Dee Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the Pee Dee Center staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah
Enclosure

cc: Dr. Beverly Buscemi
DDSN Commission Members
Mr. Rufus Britt
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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Saleeby Center - Phone: 843/332-4104



**Internal Audit Report 13-01
Pee Dee Center
June 29, 2012**

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Internal Audit Report 13-01

Pee Dee Center

June 29, 2012

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Ladson, Florence and Hartsville. These centers serve persons with the most complex needs. Pee Dee Center, located in Florence handles consumers' personal funds for 116 individuals in 9 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Pee Dee Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property. In addition, the Center manages cash funds to include a Client Bank fund in the amount of \$2,000 and a State petty cash fund of \$300.

We reviewed the internal controls over cash maintained at the Center and consumers' personal funds and property. The purpose of our review was to test the Center's compliance with the following policies and directives to ensure the Center properly safeguards cash maintained at the Center, as well as consumers' personal funds and property:

- 200-02-DD, "Financial Management of Personal Funds."
- 600-10-DD, "Individual Clothing and Personal Property."
- DDSN Finance Manual
- 200-12-DD, "Management of Funds for People Participating in Community Residential Programs"

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period November 1, 2011 through March 31, 2012. An entrance conference was held with management on May 4, 2012 immediately followed by field work that was completed on May 25, 2012. An exit conference was conducted with the Facility Administrator on June 22, 2012.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made with regard to cash management at the Center specifically regarding the two aforementioned areas. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over cash, and oversight of consumer funds in order to comply with DDSN directives.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

COMPLIANCE WITH 200-02-DD

HIGH PRIORITY

Consumers' personal funds were not always maintained in accordance with DDSN directive 200-02-DD "Financial Management of Personal Funds." We judgmentally selected 38 consumers to review their financial records and reviewed 70 disbursements to ensure that their personal funds were properly safeguarded. We found the following:

1. Two of 70 (3%) disbursements totaling \$550 did not have receipts attached to the Personal Funds Draft (PFD). It should be noted that both instances involved family members making purchases on behalf of the individual(s).
2. Three of 70 (4%) disbursements did not have proper signatures authorizing individuals to request or receive funds on behalf of the consumer.

DDSN directive 200-02-DD, "Financial Management of Personal Funds," (for Regional Centers and Community Management Providers) requires that within two business days after a withdrawal from the Regional Bank has been made, appropriately signed Personal Funds Draft/Group Withdrawal Drafts (PFD/GWDs) should be returned to the Regional Bank along with copies of all purchase receipts, Shopping Worksheet(s) and any unspent funds to be re-

deposited. The certification copies of all PFD/GWDs should be kept at the Regional Bank as a record of disbursement of funds for audit purposes.

Also, DDSN directive 200-02-DD under "Authorized Signatures" states Regional Finance Offices shall retain a Regional Bank Authorized Signatures Record for each Intermediate Care Facilities for Persons with Intellectual and Developmental Disabilities (ICF/ID-DD) residence. This form lists all staff and their accompanying signatures that are authorized to approve PFD/GWDs up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of a person. Qualified Intellectual Disability/Developmental Disability Professionals (QID/DDPs) are responsible for obtaining authorized signature forms associated with the Regional Bank and notifying the Regional Bank promptly of any changes.

Staff did not exercise due care to ensure that the requirements of DDSN directive 200-02-DD were being met. This weakens accountability for the consumers' personal funds that could result in loss through theft or misappropriation without timely detection.

Action Plan

- 1. The Finance Department will ensure that all receipts are returned for purchases made with consumer funds. In the event that a purchase is made by a family member and they fail to return the associated receipt the QIDP, Resident Manager and Director of Residential Services will document any and all correspondence and attempts made to obtain these receipts. Additional money for family outings/purchases will not be authorized until previous situations are resolved. If receipts are not obtained or lost, the QIDP or designee will document the attempts made to obtain the receipts and the interdisciplinary team will meet to determine if further disbursements will be granted. A statement will be added to the "Family Shopping Worksheet" informing family members of the above requirements and of the possibility that funds may not be disbursed in the future if there is a failure to comply.***
- 2. A correction has already been completed regarding the two staff members who were not listed as "authorized signatures" for consumer funds. Effective immediately, Finance staff will verify that staff is authorized to receive money on behalf of a consumer prior to disbursement.***

Effective Date: July 20, 2012.

CASH AT THE CENTER

HIGH PRIORITY

Pee Dee Center did not always adequately manage the State cash funds maintained on site. Internal Audit visited the finance office to review policies and procedures in regards to the \$300 State petty cash fund and the \$2,000 Regional Bank client fund maintained by finance. We found the following:

- 1. Internal Audit performed a cash count upon arrival at the Center. In the State petty cash lock box, there was a promissory note in the amount of \$150 which had been borrowed**

from the Regional Bank client fund. A similar note was in the Regional Bank client fund indicating that the State petty cash owed it \$150.

2. Replenishment of the State petty cash fund is not requested weekly. Given the duration of time between requests (i.e., several weeks) and the amounts requested for replenishment, if this procedure is followed, the petty cash fund would be sufficient for the Center.
3. Monthly counts of the cash for the Regional Bank client fund and the State petty cash fund were not performed by someone other than the cash custodian.

DDSN directive 200-12-DD, "Management of Funds for People Participating in Community Residential Programs" states that personal funds must not be borrowed, loaned or co-mingled by the Center for any purpose.

The DDSN Finance Manual Section 7.8 states that the replenishment of the State petty cash funds should be requested weekly. Additionally, Petty Cash Section 3.10 of the DDSN Finance Manual requires that the accounts should be reconciled and cash counted at least monthly or more frequently.

DDSN policies and procedures were not always followed by the Center's staff. Failure to adequately safeguard cash could result in loss through theft or misappropriation without timely detection.

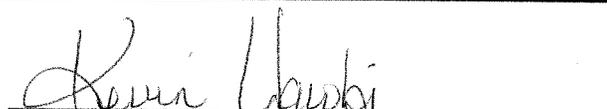
Action Plan

1. **Effective immediately, Finance staff will no longer borrow money from the consumer funds petty cash to the state fund petty cash to cover incidental expenses. The Director of Finance will submit weekly reimbursement requests to the SCDDSN Finance Department which will prevent the state petty cash balance from becoming depleted.**
2. **The Facility Administrator will ensure that the practice of borrowing money between petty cash boxes has been discontinued and that weekly reimbursement requests are being submitted to the SCDDSN Finance Department.**
3. **The Director of Quality Assurance for the Pee Dee Center will begin conducting monthly unannounced counts of both on-site petty cash boxes. This verification will be done in the presence of the Finance Director or her designee. The monthly verification will be documented and maintained in a file by the Director of Quality Assurance.**

Effective Date: July 20, 2012.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

Associate State Director

Operations

Kathi K. Lacy, Ph.D.

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April 18, 2012

Mr. Wes Leonard
Facility Administrator
8301 Farrow Road
Columbia, SC 29203

Dear Mr. Leonard:

Attached is our report on the consumer funds/property audit with a limited review of operations of the Midlands Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the Midlands Center staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi".

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc:

Dr. Beverly Buscemi
DDSN Commission Members
Mr. David Goodell
Mr. John King
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 12-11
Midlands Center
March 26, 2012**

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Internal Audit Report 12-11

Midlands Center

March 26, 2012

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (DDSN), as defined in the South Carolina Code of Law, serves persons with intellectual disabilities, autism, traumatic brain injury and spinal cord injury, and conditions related to each of these four disabilities. It is the mission of DDSN to 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 that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

DDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Ladson, Florence and Hartsville. These centers serve persons with the most complex needs. Midlands Center, located in Columbia handles consumers' personal funds for 171 individuals in 8 residential facilities located on campus. These individuals have funds deposited in the Regional Bank.

Midlands Center is responsible for safeguarding the consumers' personal funds and property for which DDSN is representative payee. In accordance with DDSN directives, the Center accounts for the consumers' personal funds in the Regional Bank which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

We reviewed the internal controls over cash maintained at the Center, consumers' personal funds and property. The purpose of our review was to test the Center's compliance with the following directives to ensure the Center properly safeguards cash maintained at the Center consumers' personal funds and property:

- 200-02-DD, "Financial Management of Individuals' Personal Funds."
- 600-10-DD, "Individuals' Clothing and Personal Property."
- DDSN Finance Manual

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the

organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period January 1, 2011 through December 1, 2011. An entrance conference was held with management on November 29, 2011 with field work completed on March 15, 2012 and an exit conference conducted with Center Finance staff on March 16, 2012.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made with regard to all cash at the Center and the two aforementioned areas. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls over the cash, and oversight of consumer funds and property in order to comply with DDSN directives.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and DDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

CASH AT THE CENTER

HIGH PRIORITY

Midlands Center did not always adequately safeguard petty cash maintained on site. Internal Audit visited the administrative officer of the day (AOD) to review policies and procedures in regards to the \$100 petty cash fund maintained by the AOD for minor consumer purchases and weekend purchases. We found the following:

1. The cash on hand and the cash-on-hand ledgers did not agree. The cash was short by \$12.91.

The AOD stated the shortage was due to cash that was given to staff for consumers. After the purchase is made, staff would bring back a receipt, and then it would be logged into the ledger.

2. A monthly count of the petty cash funds held by the AOD has not been performed by someone other than the cash custodian.

In addition, we also reviewed internal controls for cash maintained at the Center in the Finance Department and determined the following:

3. A minimum cash receipts threshold does not exist that would mandate a deposit be made that same day. For example, any cash received in excess of \$500 should require a deposit be made that same day.

4. Monthly counts of the cash for the client bank funds were not performed by someone other than the cash custodian.

Petty Cash Section 3.10 of the DDSN Finance Manual requires that petty cash vouchers be used for all disbursements of cash. Also, the account should be reconciled and cash counted at least monthly.

Proper internal controls should be developed to support the protection of agency assets. Cash controls include actions to ensure all cash receipts are recorded and deposited promptly, based on guidelines to be established.

New policies and procedures were not established after the Center's personnel decreased that caused many employees' duties to increase without formal training or procedures. Failure to adequately train personnel on the proper controls to safeguard cash could result in loss through theft or misappropriation without timely detection.

Action Plan

1. ***Midlands Center's procedures for managing funds held in Campus Supervision (OD Office) have been updated and require that a copy of the approved PFD and/or GWD form be retained in the OD Office for all disbursements. Campus Supervision staff will receive in-service training on the updated procedures (April 2012).***
2. ***Starting in April 2012, Midlands Center Finance Office will initiate monthly random audits of cash funds held in Campus Supervision. A petty cash reconciliation form will be used and retained in an audit binder.***
3. ***Starting in April 2012, Midlands Center's will ensure that receipts of cash funds or the accumulation of cash funds in excess of five hundred dollars will be deposited into a commercial bank account within one business day.***
4. ***Starting in April 2012, Midlands Center Finance will institute random monthly audits of its petty cash account using the petty cash reconciliation form. These audit forms will be kept in the same binder used for the Campus Supervision cash audits.***

Effective Date: April 13, 2012.

PERSONAL PROPERTY

HIGH PRIORITY

Residential staff did not maintain consumers' personal property records in accordance with DDSN directive 600-10-DD, "Individual Clothing and Personal Property – Regional Centers". We judgmentally selected 35 consumers and reviewed their PPRs to verify that their personal property was properly accounted for and was in their possession. We found the following:

1. For one consumer, items purchased on her shopping worksheet and receipts could not be located in her room. The shopping worksheet reflected a Samsung DVD player and

an Insignia Portable CD Player with CDs and DVDs being purchased. We found no evidence of any of the items being located in her room or in the facility. Staff stated that these items were located at her mother's home, but there was no documentation available to support this statement.

2. Thirty of 35 (86%) consumers' PPRs did not always contain adequate descriptions of their large dollar personal property items.
3. Twenty-six of 35 (74%) consumers' PPRs did not reflect that a quarterly inventory was being performed.
4. Twenty-five of 35 (71%) consumers' had items that cost \$50 or more located in their rooms that were not listed on the personal property record.
5. Twenty-three of 35 (66%) consumers' PPRs contained items that were broken. These items should be recorded as broken, deleted from the property record and proper disposition of the item should occur.
6. Twenty-one of 35 (60%) consumers' PPRs did not contain the serial and/or model numbers for their large dollar non-clothing property items.

DDSN directive 600-10-DD, "Individual Clothing and Personal Property - Regional Centers", requires that consumers' PPRs should contain adequate descriptions and reflect at least a quarterly inventory. In addition, the "Personal Property Record" should be kept current. Items that need to be disposed of should follow deletions methods. Also, serial numbers of items such as television sets, bicycles, stereo units, etc. should be listed on the "Personal Property Record."

DDSN directive 200-02-DD, "Financial Management of Personal Funds," states that any items purchased over \$50 should be recorded on the owner's property record as soon as possible after the purchase has been made.

Staff did not always monitor or maintain personal property according to the requirements of DDSN directives 600-10-DD and 200-02-DD.

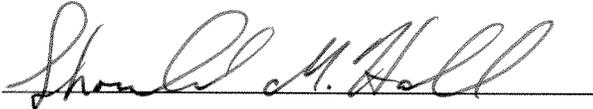
Failure to comply with DDSN directives 600-10-DD and 200-02-DD weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

Action Plan

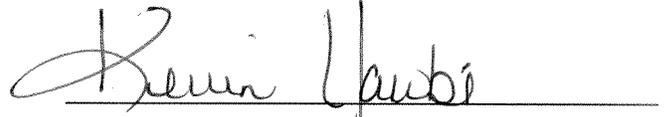
1. ***The personal property for the individual in question was located at her mother's house. Personal property records will provide the specific location of any item that is not stored in the consumer's bedroom.***
2. ***Personal property item descriptions will be sufficiently detailed to allow positive identification (may include brand names, sizes, color, identifying numbers, etc.).***
3. ***The Qualified Intellectual Disability Professional [QIDP] will ensure that quarterly personal property records are completed at least quarterly.***
4. ***QIDPs will ensure that staff accurately records all personal property that meets the valuation criteria.***

5. *Residential staff will assist consumers in identifying personal property that is broken or damaged beyond repair. These items will be noted as damaged and disposed of properly.*
6. *In April 2012, the Residential/Day Supports Director provided in-service refresher training to the QIDPs on the process of personal property records management. The clothing inventory sheet has also been updated.*

Effective Date: April 13, 2012.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit



Beverly A. H. Buscemi, Ph.D.

State Director

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August 12, 2010

Mr. David Foshee
Director, Division of Information Technology
SCDDSN
P. O. Box 4706
Columbia, SC 29240

Dear Mr. Foshee:

Attached is our report on the SCDDSN Information Technology (IT) Division's audit of the automated inventory system. In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding. We will review the implementation of IT's corrective actions in a follow-up audit.

We appreciate the cooperation of the Information Technology Division's staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc: Dr. Beverly Buscemi
SCDDSN Commission Members
Mr. David Goodell
Dr. Kathi K. Lacy
Mr. Tom Waring

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**Internal Audit Report 11-03
Central Office
Information Technology Division
July 23, 2010**

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Internal Audit Report 11-03
Central Office
Information Technology Division
July 23, 2010

Background, Purpose and Scope

The SC Department of Disabilities and Special Needs (SCDDSN), as defined in the South Carolina Code of Law, serves persons with mental retardation, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. It is the mission of SCDDSN to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimizing the occurrence and reducing the severity of disabilities through prevention. To that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

SCDDSN's Internal Audit has conducted a review of the Information Technology (IT) Division. Our review was based on the concern that the existence of a statewide integrated information processing and communications network, inclusive of the hardware necessary to maintain such a network, is a strategic resource requirement for carrying out the daily mission critical activities of the agency. We reviewed internal controls over how the Information Technology Division monitors its assets and inventories. This includes how assets such as computers are tracked; as well as how the maintenance of the IT asset database is updated so the location of all computer equipment is known. Specifically, our review tested the Information Technology division's compliance with the agency's:

- Fixed Asset Manual, Chapter 2 Computer Equipment Decaling Procedure as well as the [Computer] Equipment Transfer Procedure;
- Finance Manual, Chapter 8, Section 8.1.5 "Equipment" which states "all computers, regardless of cost, must have a DDSN decal applied and [be] tracked ...";
- Departmental directive 367-02-DD "Acquiring Information Technology (IT) Products and Services" which requires that the Information Technology division will monitor the procurement, approve receipt, and coordinate installation of all IT products.

In order to communicate our professional opinion of the importance of the finding in this report, we have ranked the concern as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Information Technology division management and were not included in this report.

The scope of the audit encompassed the period June 1, 2009 through February 28, 2010. An entrance conference was held with the Information Technology Division's management on March 23, 2010 with field work completed on June 14, 2010 and an exit conference conducted on July 30, 2010.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and SCDDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the IT Division was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our finding follows:

FINDING AND ACTION PLAN

In our opinion, the actions taken or planned to be taken as indicated in the action plan adequately address the audit finding.

COMPUTER EQUIPMENT INVENTORY SYSTEM

HIGH PRIORITY

The Information Technology (IT) division implemented an automated computer equipment tracking system on April 1, 2008. This system is designed to automatically track the addition of new equipment as equipment comes in contact with the SCDDSN network. Our review of the automated computer equipment inventory system and processes surrounding the system found there were no written policies and procedures in place to safeguard information technology equipment; the computer equipment inventory listing was not always accurate; and computer equipment purchases were not always recorded on the listing. For our review, we judgmentally selected 74 computer equipment items from the computer equipment listing to trace to the floor and 20 computer equipment items from the floor to trace to the computer equipment listing. We found the following:

1. There are no written policies and procedures in place for tracking movement and monitoring of computer equipment. Detailed documentation on how to properly transfer/surplus the relocation or removal of computer equipment items is not available. At the regional centers, we found that relocation of computer equipment was not being updated into the system as it occurred. In discussions with IT staff, it was noted that regional IT personnel do not report to the Director of IT.
2. For 18 of 74 (24%) computer equipment items tested, we were unable to locate the items. This could be due to items being relocated or removed from service. Since the implementation of the automated computer equipment tracking system, equipment has been removed or replaced; however, there has never been a deletion from the computer equipment inventory system. Although the system is designed to track additions of computer equipment automatically, any deletions from the system must be performed manually. Currently, there are no standard procedures in place to remove items from the automated computer equipment tracking system.
3. For seventeen of 74 (23%) items selected for testing, the computer equipment inventory did not include the location of the item, or for transferred equipment, the inventory was not updated to show the current location of the item.

4. For five of 74 (7%) items selected for testing, we were able to identify the items by their SCDDSN decal number; however, for these items the serial numbers and/or the asset description located on the item did not match the serial number and/or description listed on the computer equipment inventory report.
5. For one of 20 (5%) items tested, we were unable to locate the item (a newer laptop) on the computer equipment inventory report. After discussions with IT staff, we found the system that monitors inventory did not automatically detect eight items.

SCDDSN directive 367-02-DD "Acquiring Information Technology (IT) Products and Services" states that the Division of Information Technology will monitor the procurement, approve receipt, and coordinate installation of all IT products. Additionally, Chapter 8 of the SCDDSN Finance Manual, Section 8.1.5 "Equipment" states "all computers, regardless of cost, must have a DDSN decal applied and [be] tracked at the regional level."

Documented procedures are not in place detailing processes and accompanying controls for the computer equipment inventory listing. Lacking are processes to manually remove surplus/deleted items from the automated inventory system. In addition, controls have not been developed and implemented to ensure the automated inventory system captures information technology products connected to the SCDDSN network; nor is there a verification process to ensure locations, descriptions, and decal/serial numbers of computer inventory match the automated computer inventory listing.

Action Plan

1. ***Information technology will create a formal written procedure to track the movement and monitoring of computer equipment. The procedures will include instructions on how to use the new inventory software. These procedures will include a requirement that anytime a computer is moved the location information must be updated. Also, when information technology equipment is determined to be no longer useful the disposal information must be updated. The goal will be that the automated information technology equipment inventory system should provide accurate information at any time.***

Implementation Date: 9-1-2010

2. ***We feel that most of the items not found were removed from service, were obsolete and had no value to the agency. However, it is a manual, labor intensive process to go back through all of our surplus property documentation to verify that the items were removed from service. Information technology will do a complete manual inventory of all equipment and reconcile the inventory system with the manual inventory. Our equipment surplus procedure will include a step to verify that the equipment has been properly marked with the appropriate disposal method.***

Implementation Date: 12-31-2010

3. ***As part of the information technology inventory procedure, at least annually, a manual inventory of all items will be reconciled with the inventory system. Also, we***

will investigate the feasibility of conducting a mid-cycle inventory using a smaller random sample to verify that the inventory system is working properly.

Implementation Date: 12-31-2010

- 4. The information technology inventory procedure will include a step that requires the technician to manually verify that any new or redeployed equipment is accurately captured in our inventory system. Also, the manager of Information Technology Services will be required to conduct a random check to ensure that the inventory procedure is being followed.***

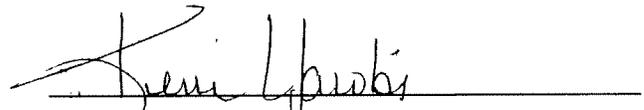
Implementation Date: 9-1-2010

- 5. IT is currently working with the vendor of our information technology automated inventory system to determine why the newly installed computers were not automatically picked up by the system. As part of our new equipment installation procedure information technology will manually verify that the inventory system is recognizing new equipment.***

Implementation Date: Completion unknown, currently working with vendor.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

Stanley J. Butkus, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
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December 29, 2008

Mr. Al Brumfield
Facility Administrator
P. O. Box 239
Clinton, SC 29325

Dear Mr. Brumfield:

Attached is our report on the consumer funds/property audit of the Whitten Center. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the Center's corrective actions in a follow-up audit.

We appreciate the cooperation of the Whitten Center staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi".

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure

cc: **Dr. Stanley J. Butkus**
SCDDSN Commission Members
Mr. Robert W. Barfield
Mr. David Goodell
Mr. John King
Dr. Kathi K. Lacy
Mr. Wes Leonard

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**Internal Audit Report 09-04
Whitten Center
November 21, 2008**

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Internal Audit Report 09-04

Whitten Center

October 29, 2008

Background Purpose and Scope

The SC Department of Disabilities and Special Needs (SCDDSN), as defined in the South Carolina Code of Law, serves persons with mental retardation, autism, traumatic brain injury and spinal cord injury and conditions related to each of these four disabilities. It is the mission of SCDDSN to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimizing the occurrence and reducing the severity of disabilities through prevention. To that end, the Department has established an Internal Audit Division to ensure continuity, quality, and responsiveness in services and supports to persons with disabilities by furnishing information, analyses and recommendations to the Commission, management, and service provider organizations.

SCDDSN's service delivery system contracts with local DSN Boards and qualified private providers throughout South Carolina. In addition, the Department also operates five regional centers located within the State to include: Columbia, Clinton, Ladson, Florence and Hartsville. These centers serve persons with the most complex needs. Whitten Center, located in Clinton, is SCDDSN's regional center for the piedmont area. The Center handles consumers' personal funds for 276 individuals in 16 residential facilities located on the Whitten campus. All of these individuals have funds deposited in the Regional Banking and Billing System (RBBS).

Whitten Center is responsible for safeguarding the consumers' personal funds and property held in trust by SCDDSN. In accordance with SCDDSN directives, the center accounts for the consumers' personal funds in the RBBS which is electronically maintained and requires unit staff to maintain property records and take periodic inventories to account for the consumers' personal property.

We reviewed the internal controls over consumers' personal funds and property. The purpose of our review was to test the Center's compliance with the following directives to ensure the Center properly safeguards consumers' personal funds and property:

- 200-02-DD, "Financial Management of Individuals' Personal Funds."
- 200-09-DD, "Fees for Residential Services Provided by DDSN."
- 600-10-DD, "Individuals' Clothing and Personal Property."

In order to communicate our professional opinion of the importance of the findings in this report, we have ranked each of the concerns as high priority. During our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to appropriate Center management and were not included in this report.

The scope of the audit encompassed the period July 1, 2007 through June 30, 2008. An entrance conference was held with management on October 1, 2008 with field work completed on November 14, 2008 and an exit conference conducted with Center Finance and Residential staff on November 19, 2008.

Summary of Findings

Overall, the Center has a sound system of internal controls over consumer funds and property; however, our audit did disclose where some improvements could be made with regard to these two areas. The areas of concern noted present the Center the opportunity to improve and strengthen their internal controls and oversight of consumer funds and property in order to comply with SCDDSN directives.

The audit was performed in accordance with International Standards for the Professional Practice of Internal Auditing and SCDDSN directive 275-05-DD, "General Duties of the Internal Audit Division." Our review of the Center was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

COMPLIANCE WITH SCDDSN DIRECTIVE 200-02-DD

HIGH PRIORITY

Consumers' personal funds were not always maintained in accordance with SCDDSN directive 200-02-DD "Financial Management of Personal Funds." We judgmentally selected 40 consumers to review their financial records and reviewed 368 disbursements to ensure that their personal funds were properly safeguarded. We found the following: two of 368 (1%) disbursements totaling \$350, did not have receipts attached to the Personal Funds Draft (PFD).

SCDDSN directive 200-02-DD, "Financial Management of Personal Funds," (for Regional Centers and Community Management Providers) requires the confirmation (yellow) copies of the PFDs to be returned to Finance within two business days after any withdrawal, along with proof of purchase documentation. This copy should be used as an audit trail for disbursing or expending funds.

Staff are not exercising due care to ensure that the requirements of SCDDSN directive 200-02-DD are being met. This weakens accountability for the consumers' personal funds that could result in loss through theft or misappropriation without timely detection.

Action Plan

The two missing receipts resulted from consumers' family members failing to return receipts to Whitten Center Regional Bank. Management agrees with Audit's recommendation and will remind staff and family of the necessity of providing receipts to Regional Bank. We will also notify the appropriate Unit Administrator or QMRP for [timely] follow up with staff or family when receipts are not provided within the required time frame. Regional Bank will document these contacts for future reference.

A meeting has taken place between Whitten Center's Administrator of Support Services and the Director of Purchasing and Finance, concerning the retrieval of receipts and documentation of the Regional Bank's efforts to collect receipts and notify appropriate managers when receipts are not returned within the required time frame. This additional documentation will begin today, December 19, 2008.

COMPLIANCE WITH SCDDSN DIRECTIVE 600-10-DD

HIGH PRIORITY

Residential staff did not maintain consumers' personal property records in accordance with SCDDSN directive 600-10-DD, "Individual Clothing and Personal Property – Regional Centers". Residential staff did not always comply with the directive, which resulted in inadequate controls over the consumers' clothing and personal property to prevent loss or theft. We judgmentally selected 40 consumers and reviewed their personal property records to verify that their personal property was properly accounted for and was in their possession. We found the following:

1. Forty of 40 (100%) consumers' personal property records did not always contain adequate descriptions of their large dollar personal property items.
2. Forty of 40 (100%) consumers' personal property records did not contain the serial and/or model numbers for their large dollar non-clothing property items.

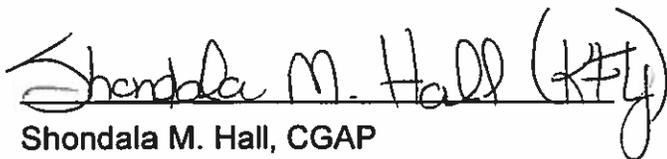
SCDDSN directive 600-10-DD requires that consumers' personal property records contain adequate descriptions and that serial numbers of items such as televisions, bicycles, stereo units, etc. are listed on the "Personal Property Record."

Staff did not always monitor or maintain personal property according to the requirements of SCDDSN directive 600-10-DD. Failure to comply with this directive weakens accountability for individuals' clothing and non-clothing personal property that could result in loss through theft or misappropriation without timely detection.

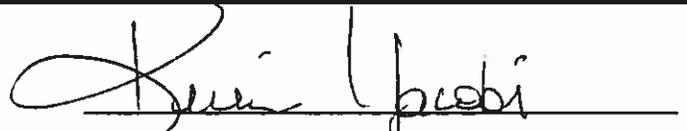
Action Plan

The administration agrees with the auditors' report. The clothing coordinators have been instructed to ensure that all personal items with a value greater than \$50.00 are inventoried. These staff will work with assigned unit staff to ensure that appropriate descriptions, model numbers and serial numbers are listed on the Personal Property Inventory form in the persons 20 Tab Folder. Unit staff will be trained in the policy and the process by clothing coordinators, supervisors and service coordinators. Clothing coordinators will also design a new form that provides a larger space for the description of the item.

We are currently in the process of re-training residential staff on directive 200-02-DD, Financial Management of Personal Funds with an emphasis on the recording of consumer's personal property. This training will be completed by January 16, 2009. We are also in the process of updating each consumer's personal property record and recording this information in the consumer's 20 tab folder. This process will be completed by Jan 30, 2009.



Shondala M. Hall, CGAP
In-Charge Auditor



Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

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December 19, 2007

Mr. Martin Taylor, CPA
Director of Finance
SCDDSN
PO Box 4706
Columbia, SC 29240

Dear Mr. Taylor:

Attached is our report on the audit of the Service Units Reporting and Billings Department (SURB), which is part of the Finance Division at SCDDSN Central Office. In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address all of the audit findings. We will review the implementation of the SURB's corrective actions in a follow-up audit.

We appreciate the cooperation of the SURB staff in working with us on the audit. Please let me know if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Kevin Yacobi".

Kevin Yacobi, QIA, CGAP, CBM, CFS
Director of Internal Audit

KY/dah

Enclosure:

cc: Dr. Stanley J. Butkus
SCDDSN Commission Members
Mr. Robert W. Barfield

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Abbreviations Frequently Used in this Report

A/R	Accounts Receivable
CLTC	Community Long Term Care
CTS	Census Tracking System
DSN	Disabilities and Special Needs
ECF	Edit Correction Form
ED	Executive Director
EI	Early Intervention
FFP	Federal Financial Participation
FY	Fiscal Year
HASCI	Head and Spinal Cord Injury
HCB	Home and Community Based
ICF/MR	Intermediate Care Facilities for Persons with Mental Retardation
ISR	Individual Service Report
Medical Manager	Companion Technology's Medical Manager System
MMIS	Medicaid Management Information System
MR/RD	Mental Retardation/Related Disabilities
SCDDSN	South Carolina Department of Disabilities and Special Needs
SCDHHS	South Carolina Department of Health and Human Services
SECF	Service Error Correction Form
SPL	Service Provision Log
STS	Service Tracking System
SURB	Service Units Reporting and Billings Department of SCDDSN
TAD	Turn-around Document
TAG	Total Accounting for Government, SCDDSN's Accounting System



**Internal Audit Report 08-03
SCDDSN Central Office
Service Units Reporting and Billing
Department
January 31, 2007**

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Internal Audit Report 08-03
SCDDSN Central Office
Service Units Reporting and Billing
Department

January 31, 2007

Background

The South Carolina Department of Disabilities and Special Needs (SCDDSN), has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. SCDDSN provides 24-hour residential care for individuals with the most complex and severe disabilities at five regional facilities across the state. SCDDSN provides services to the majority of eligible individuals in their home communities through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs (DSN) Boards, serve every county in South Carolina and are the local, single point of entry into the state's organized disability service delivery system. At the time of the audit, SCDDSN provided services to approximately 27,500 persons with mental retardation and related disabilities, autism, head and spinal cord injury. Home and community-based (HCB) waiver services are provided to approximately 5,300 individuals. Other in-home supports are provided for 1,065 persons that enable them to remain in their own home or their family's home. Turnover is very limited in the service system as severe disabilities are life-long and many people are waiting for the essential services they need to be more independent. Each month SCDDSN receives 400 requests from new people requesting eligibility and services. SCDDSN has 1,908 people waiting for residential services and a waiting list of 1,040 people for day and employment programs.

The DSN Boards are established by the SC Code of Laws as the administrative, planning, coordinating, and service delivery bodies for services funded by the Agency. In addition to the local DSN Boards, SCDDSN contracts with private service providers.

As directed over many years by Governors' administrations and the General Assembly, SCDDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. SCDDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. Almost every service SCDDSN provides has some cost expensed to Medicaid across all programs, services, and populations served. SCDDSN receives/utilizes approximately \$300 million in federal Medicaid funding to provide services. For fiscal year 2006 (FY2006), Medicaid funding provided 63% of service costs.

SCDDSN contracts with the DSN Boards to provide or arrange for an array of services to consumers, most of whom are eligible for Medicaid funding. The band payments from SCDDSN to the DSN Boards comprise an advance payment system for both Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) services as well as for home and community-based services. At the beginning of each month, SCDDSN advances funding to each DSN Board based on the number of consumers

within each "band" at that particular board. The rate depends on the level of residential care and intensity of services that the consumers in each band are expected to need.

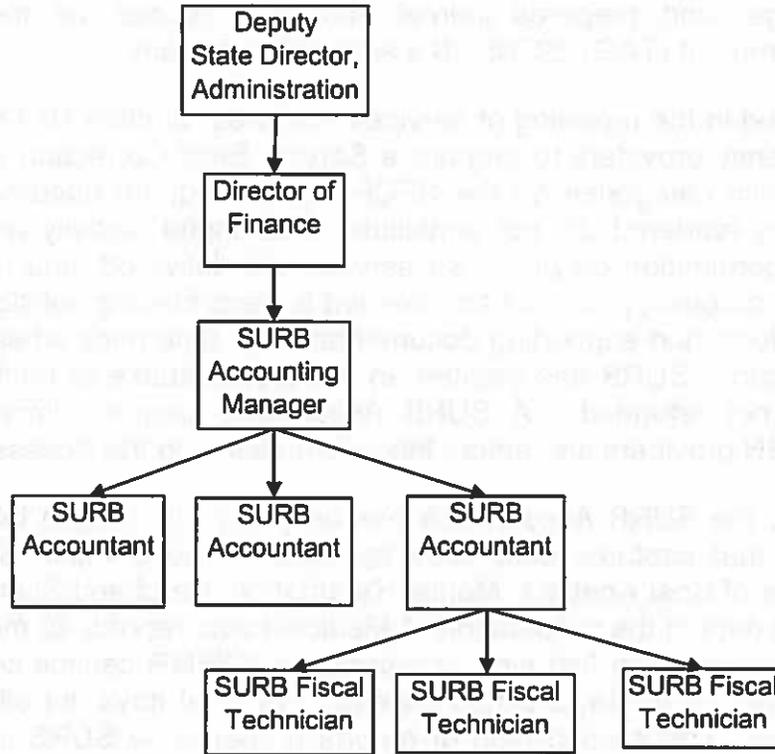
The DSN Board provides the services required by the consumers' individual plan of care (single plan) and then sends various service reporting documents (i.e., service provision logs, individual service reports, etc.) by the 5th day of the following month to the Service Units Reporting and Billings Department (SURB), which is part of the Finance Division at SCDDSN Central Office. SURB processes the expenditures and mails the Medicaid-reimbursable portion to the South Carolina Department of Health and Human Services (SCDHHS) for payment. The Medicaid reimbursement for waiver services is based on average, statewide interim rates that are later settled to actual costs. Multiple services are bundled into a single rate, and there are individual rates for the residential program, adult day program, respite care, and personal care. SCDDSN is paid the same rate for each waiver consumer depending on the individual service and number of units provided. In other words, SCDDSN is not reimbursed the same amount it forwards to the DSN Boards, but rather is reimbursed based on individual service rates. SCDDSN is required to furnish the state share out of its own state general fund appropriations and other sources of funds eligible for matching purposes. SCDHHS reimburses SCDDSN for the federal share (approximately 70%) of Medicaid costs incurred.

Not all costs covered by the band payments are Medicaid-reimbursable. SCDDSN uses the band system regardless of whether the consumer and/or the service are Medicaid-eligible. The band payment is expected to cover all waiver program costs for consumers, even though some waiver services, such as dental care and additional prescription drugs, are not provided by the DSN Board but by private providers who bill Medicaid directly. Each month, SCDDSN receives a tape from SCDHHS with information on the amount of services for waiver recipients billed directly to SCDHHS; SCDDSN then subtracts this amount from each DSN Board's next band payment.

SCDDSN utilizes the "home-board" principle whereby the "home-board" is the DSN Board designated to receive the reporting documents on which services provided to consumers are reported to SURB. The Babcock Center, Inc., Charles Lea Center, Inc., and Berkeley Citizens, Inc. are SCDDSN contracted entities and are considered DSN Boards for the purpose of assigning "home-boards". For those consumers who have a funding band, the "home-board" is the DSN Board that receives the funding band payment. The "home-board" is responsible for reporting all services for consumers by completing the necessary reporting documents and returning them to SURB. The "home-board" is responsible for reporting not only regular "home-board" provided services, but also any service provided by another DSN Board or qualified provider. After the initial assignment of a "home-board," subsequent changes may be requested (which are processed by SURB).

SURB Overview

The organizational structure of the Service Units Reporting and Billing Department (SURB) within SCDDSN is as follows:



SURB uses Companion Technology's Medical Manager System (Medical Manager) to enter claim information for services rendered to consumers. As previously noted, providers are required to send various service reporting documents, including service provision logs, individual service reports, etc., by the 5th of the following month to SURB. This information is manually keyed by the SURB Fiscal Technicians into Medical Manager. Claim information is then transmitted in Medical Manager through McKesson, which is a clearinghouse, through a translator that converts this information into language that the Medicaid Management Information System (MMIS) can understand, to the SCDHHS. SCDHHS sends Remittance Advices to SCDDSN that show which claims were paid and those that were rejected. Using this information, the SURB Fiscal Technicians manually key the payment information into Medical Manager.

SCDDSN's billing process is driven by the Service Tracking System (STS), which tracks information about the individuals applying for and receiving services. The system collects intake, eligibility, waiting list, service assignment, and service delivery data for billing and reporting purposes. STS is primarily maintained by staff assigned to coordinate services for individuals requesting/receiving services from SCDDSN. STS users (SCDDSN providers) are responsible for updating the system on a timely basis.

Reimbursable services, including Head and Spinal Cord Injury (HASCI) services and environmental modifications, are paid for by SCDDSN providers up-front, who then submit appropriate

documentation to SURB for reimbursement. Providers will then be reimbursed by SCDDSN for these services if budgeted funds are available and dates of service are within Medicaid guidelines (< 1 year). SCDDSN will then seek payment from SCDHHS (Medicaid).

Activity posted in Medical Manager is reconciled each day by the SURB Fiscal Technicians to ensure that keying errors are timely detected. Each month, the SURB Accountant reconciles activity keyed into Medical Manager and prepares journal entries to record the month's activity into Total Accounting for Government (TAG), SCDDSN's accounting system.

When errors are found in the reporting of services rendered, Section 10.13 of the SCDDSN Finance Manual instructs agency providers to prepare a Service Error Correction Form (SECF). Errors are grouped into four main categories on the SECF: (1) Inadequate documentation of the service(s) rendered; (2) Service rendered did not constitute "meaningful" activity and should not have been reported (Service Coordination only); (3) No service was delivered; and (4) Other (requires a brief explanation). Once complete, providers are directed to send the original signed SECF to SURB, who will then review the form and supporting documentation to determine whether a refund to SCDHHS (Medicaid) is necessary. SURB has created an Access database to track SECFs, including those where Medicaid is not refunded. A SURB Accountant captures information from the SECFs submitted by SCDDSN providers and enters this information into the Access database.

On a monthly basis, the SURB Accountants manually key information into two types of statistical reports using Excel that captures data used by other divisions within SCDDSN and by external parties. The Divisions of Cost Analysis, Mental Retardation, Head and Spinal Cord Injury, and others at SCDDSN use this data in the preparation of Medicaid cost reports, to monitor billings and units of service, and in other ways. The first type of reports are ICF/MR census count reports, which show: actual billed days, actual paid days, actual census days, total days not billable, total days pending, and other information. The second type of reports prepared by SURB includes various statistical reports, which shows monthly and year to date activity for: Medical Manager, Mental Retardation/Related Disabilities (MR/RD) Waiver, HASCI Waiver, Caregiver Services, Early Intervention (EI) Services, and Units of Service Information for Rehabilitation Support Services, HASCI, and Autism.

SURB is also responsible for processing ICF/MR revenue and receivables. Turn-around documents (TADs) are created each month based on information input by the Regional Claims and Collections Officers using SCDDSN's Census Tracking System (CTS). If a consumer is present at midnight in an ICF/MR, they are counted as present. The current system has been set up to reflect all consumers as present every day of the month. If a consumer is not present, for example if they are hospitalized or on a home-visit, this information would need to be recorded on the TAD. Each month, SURB reviews the Remittance Advices from SCDHHS and compares this information with what has been reported on the TADs. Information for each consumer shown on the TAD is keyed by a SURB Accountant into an Excel spreadsheet. Several other Excel spreadsheets are utilized to account for rounding differences, calculation errors, General Ledger posting errors or timing differences, and outstanding balances. Once differences have been reconciled, journal entries are created to record ICF/MR billings, income, and posting errors in TAG.

Purpose and Scope

SCDDSN Internal Audit has conducted a review of SURB due to the critical functions performed by this area, including billing Medicaid for reimbursement and reporting service units received by SCDDSN consumers. SURB was selected for review by the Director of Internal Audit, with input from the Director of Finance.

Our audit primarily focused on five areas of responsibility within SURB: keying of data; reconciliations; census/statistical reporting; Medicaid billings and remittances; and Service Error Correction Forms (SECFs).

The objectives of the audit include the following:

1. To determine whether activity (including Medicaid billings and remittances), keyed into Medical Manager is timely and properly posted into TAG;
2. To determine whether Medicaid billings and corresponding income is timely and properly posted into TAG;
3. To determine whether reconciliations are timely prepared and reviewed, mathematically accurate, and reflect proper balances;
4. To determine whether accounts receivable (A/R) balances per TAG are timely reconciled to Medical Manager and whether reconciling items, errors, and adjustments are reasonable and proper;
5. To determine whether monthly census/statistical reports reflect accurate and timely information and meet users' needs;
6. To determine whether errors in the reporting of services rendered are being reported (via SECF) by providers to SURB.
7. To determine whether SCDDSN and/or Medicaid are properly reimbursed due to reporting errors; and,
8. To determine whether Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual reflects current processes and clearly describes policies providers should adhere to.

In order to satisfy these audit objectives, we reviewed the following:

- The November 28, 2005 daily medical manager reconciliation and supporting schedules;
- The November 2005 monthly medical manager reconciliation and supporting schedules;
- The November 2005 monthly A/R reconciliations and supporting schedules for the following programs: Early Intervention (EI); Rehabilitative Services; HASCI Waiver; MR/RD Waiver; Service Coordination; and Physicians Services;
- The June 2005 ICF/MR A/R reconciliation and supporting schedules;

- The October 2005 ICF/MR census count reports;
- Various statistical reports for the October 2005 service month, and November 2005 reporting month;
- Activity (charges, receipts, and adjustments) keyed by the SURB Fiscal Technicians into Medical Manager for three judgmentally selected days in November 2005; and,
- A judgmentally selected sample of SECFs submitted to SURB by SCDDSN providers for the period July 1, 2004 through November 30, 2005.

We also sent a survey to the internal users (SCDDSN staff) of the various SURB reports (both census count and statistical reports) to get their input as to whether the reports are timely received, presented in an easy to follow format, were mathematically accurate, and reliable. Responders also had the opportunity to provide comments or suggestions on ways the reports could be improved. The purpose of the survey was to determine whether the reports prepared by SURB met these users' needs.

Conclusion

Based on our review, we concluded

- Activity (including Medicaid billings and remittances) is timely keyed into Medical Manager and is properly posted into TAG.
- Medicaid ICF/MR billings and corresponding income is timely and properly posted into TAG. However, we noted a number of posting errors were made to the ICF/MR A/R account, which resulted in correcting journal entries totaling \$380,448 to be posted. Unappropriated Fund Balance was charged, as these errors were not discovered until after FY2005, and had already been closed out in TAG. These correcting journal entries are considered prior period adjustments. (It should be noted this had no impact on Medicaid Cost Reports nor reimbursements.)
- For various November 2005 Medical Manager reconciliations and supporting schedules, we determined the reconciliations were not timely prepared, hard copies were not maintained, and the reconciliations were not supervisory or independently reviewed. Reconciliation balances did not agree with balances on TAG and/or Medical Manager, and the reconciliations included immaterial, stale (outstanding > 1 year) reconciling items. (It should be noted that these reconciliations have no impact on rates, reimbursements, revenues or statistical reporting.)
- For the June 2005 ICF/MR A/R reconciliation and supporting schedules, we found the account was not timely reconciled, hard copies of the reconciliation were not maintained, billings and adjustments were not timely posted in TAG, the reconciliation balance did not agree with TAG, and the reconciliation included a number of stale items.
- In various statistical reports for the October 2005 service month, and November 2005 reporting month, we found the preparer's name and date had been keyed into the spreadsheets (no original signature/initials and date) and that the reviewed lines had not been completed. The internal

users (SCDDSN staff) that responded to our survey indicated the statistical reports are being timely received, presented in an easy to follow format, usually mathematically accurate, and were reliable. However, opportunities for keying errors exist due to the considerable amount of data manually keyed by SURB into Excel spreadsheets to capture data for reporting purposes.

- The process SCDDSN providers should follow when errors are found in the reporting of services rendered is confusing and Medicaid is not being consistently refunded for some errors reported by providers to SURB on the SECFs.
- Several areas in Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual are unclear and/or do not reflect current processes.

In order to communicate our professional opinion of the importance of each finding in this report, we have ranked each finding as a high, medium or low priority.

During the course of our review, deficiencies may also have been discovered which, in our opinion, represented minimal exposure to the organization. These were informally communicated to the auditee and were not included in this report.

Our review of SURB was limited in scope and would not necessarily have detected other significant deficiencies that may exist. Our findings are as follows:

FINDINGS AND ACTION PLANS

In our opinion, the actions taken or planned to be taken as indicated in the action plans adequately address the audit findings.

Training Concerns

HIGH PRIORITY

During our review, we noted a number of control weaknesses/deficiencies due to the limited number of staff (five full-time employees and one part-time intern) in the SURB Department. Specifically, we found:

1. A fully proficient backup does not exist for many critical job functions performed by one SURB Accountant, including transmitting billings in Medical Manager to the SCDHHS, processing environmental modifications for Medicaid reimbursement, processing of HASCI services, and processing of SECFs.
2. There has not been any cross-training of the SURB Accountants. The SURB Accounting Manager is performing many of the job duties assigned to two SURB Accountants.
3. Procedures were not always documented in writing and/or were not always current.

Sound business practice and good internal controls require that more than one person should be fully trained and knowledgeable in all job functions. Procedures for key job functions should be documented in writing for training new employees and for use as a reference for current employees. Additionally, efficient use of agency resources requires staff to be timely and fully trained on their current job responsibilities, and that they perform the job duties for which they were hired.

Lack of cross-training of staff could result in delays in: billing Medicaid, preparing journal entries to record Medicaid billings, reconciling accounts, completing statistical reports, and other functions performed by these employees, should regularly assigned personnel be away from the office for any significant amount of time or terminate employment. Having the SURB Accounting Manager perform the job duties of the SURB Accountants is an inefficient use of the SURB Accounting Manager's time. The lack of written desk procedures will result in the training process for new employees to be a more difficult and time-consuming task, as supervisors or other employees may be required to spend more one-on-one time teaching the new employee how to perform their job duties. Non-current procedures provide employees with incorrect information about how job functions should be performed.

Action Plan

All SURB Accountants have completed their training, but will continue to require close supervision. The SURB Accounting Manager serves as a back-up to all SURB duties. Written desk procedures are in the process of being revised and updated and will be promulgated by the beginning of State Fiscal Year 2008. A rotation plan to foster cross training and back-up capabilities is currently being implemented. Other cross-training efforts are underway within the Division of Finance. All Finance employees are participating in this initiative and should be fully cross trained within this calendar year. The plan on reporting functions has been in place and will continue into the future as well.

Reporting Errors for Services

HIGH PRIORITY

The process SCDDSN providers should follow when errors are found in the reporting of services rendered is confusing and Medicaid is not being consistently refunded for some errors reported by providers to SURB on the SECFs. In our opinion, Medicaid should be refunded the federal share of \$21,101 (≈ 70% of \$30,143) for errors reported by providers on SECFs to SURB, where the agency has not refunded Medicaid.

Section 10.13 of the SCDDSN Finance Manual provides guidance to the Agency's providers regarding the use of the SECF when errors are found in the reporting of services rendered via Individual Service Report (ISR) or Service Provision Logs (SPLs). Errors may be found during reviews performed by supervisors, District Office staff, Central Office staff, or by the staff person who completed the reporting document. The procedures indicate, "Errors are grouped into four categories:

1. Inadequate documentation of service(s) rendered.
2. Service rendered did not constitute 'meaningful' activity and should not have been reported. (Service Coordination only.)
3. No service was delivered.
4. Other-requires a brief explanation."

Once complete, the signed, original SECF should be mailed to SURB. The procedures state, "...errors reported to Central Office Finance will be reviewed to determine if a refund of a Medicaid payment is needed. If a refund is necessary, it will be coordinated with SCDHHS by Central Office Finance."

Several examples are provided in the procedures that show when an SECF should be prepared and submitted to SURB. These examples include:

" service reported on an SPL, but there are no service notes or the service notes are neither signed nor dated." " service reported on an SPL for a month when the service plan is not current."

In 2003, Internal Audit was informed by an Agency provider they were confused by the SECF and their reporting responsibilities relating to the various codes as referenced above. At that time, it was communicated to Finance, the SECF be revised and additional guidance should be issued to providers so that all parties would be in agreement as to the form's use and whether or not Medicaid would be refunded. At that time, no action was taken regarding the revision of the SECF.

During the preliminary stage of the audit, we learned that SURB may or may not be refunding Medicaid for errors reported by providers. We were told that the four error categories are interpreted as follows (Note: 1 through 4 below correspond to the categories 1 through 4 above):

1. Service was rendered, but not documented in accordance with SCDDSN standards. Medicaid should not be refunded.

2. Activity was done, just not "meaningful". Medicaid should not be refunded.
3. No services were rendered; Medicaid refunded.
4. Other. Review on a case by case basis; Medicaid may or may not be refunded.

In order to determine whether service reporting errors are being reported by providers to SCDDSN, and whether SCDDSN and/or Medicaid is being properly reimbursed due to these reporting errors, a judgmental sample of SECFs was reviewed where Medicaid was not reimbursed by SCDDSN for errors reported to SURB by Agency providers.

SURB has created an Access database to track SECFs, including those where Medicaid is not refunded. Based on our analysis of Access database reports prepared by SURB, the following table summarizes the SECFs processed by SURB during the period we judgmentally selected for review (July 1, 2004 through November 30, 2005.)

	Refunded	Not Refunded	Totals
Number of Corrections	1,850	1,115	2,965
% of Total by Number of Corrections	62%	38%	100%
\$ Value of Corrections	\$575,706	\$271,541	\$847,247
% of Total by \$ Value of Corrections	68%	32%	100%

For the sample reviewed, we examined the actual SECFs submitted to SURB by SCDDSN providers to determine whether or not Medicaid should have been refunded based on our independent review of the SECF. From this review, we were unable to determine whether or not Medicaid should be refunded in most instances because the only documentation submitted by providers was the SECF, which only includes claim information (consumer's name, Medicaid number, date of service, and document claim reported on), the "reason code" (category 1 through 4 as previously discussed), and the "found code" (the person who found the error—staff, supervisor, or District/Central

Office). At this time, no other documentation is required to be submitted by providers to SCDDSN (SURB) with their completed SECFs. Due to this limited information, we were unable to determine with certainty how the providers had reported billing errors on the SECFs for errors in categories 1, 2, and for some errors in category 4. However, it is our opinion that all errors reported in category 3 (No service was delivered) and some errors reported in category 4 (Other) should be refunded to Medicaid, based on interpretation of the provider's descriptions on the SECFs where category 4 was used.

Based on our review of a judgmental sample of SECFs, we determined that Medicaid should be reimbursed the federal share of \$14,641 ($\approx 70\%$ of \$20,915) for errors reported using category 3, and the federal share of \$6,460 ($\approx 70\%$ of \$9,228) for errors reported using category 4, with the total amount due to Medicaid being the federal share of \$21,101 ($\approx 70\%$ of \$30,143).

It is clear from our review that SCDDSN providers are confused about the use of the SECF. For example, we are aware of two providers that used the SECF to report billing errors using categories 1 and 2 and thought that SCDDSN would be refunding Medicaid for these reported errors.

Compliance with Medicaid standards is essential because SCDDSN receives/utilizes more than \$300 million in federal Medicaid funding to provide services. For FY2006, Medicaid funding provided 63% of all service costs.

The SCDHHS Community Long Term Care (CLTC) Manual provides the following information relating to Claim Filing Timeliness:

"South Carolina Medicaid policy requires that only 'clean' claims and related Edit Correction Forms (ECFs) received and entered into the claims processing system within one year from the date of service be considered for payment. A 'clean' claim is free of errors and can be processed without obtaining additional information from the provider or from another third party."

"It is the provider's [SCDDSN's] responsibility to follow up on claims in a timely manner to ensure all claims and ECFs are filed and corrected within Medicaid policy limits."

In summary, it is up to the SURB to ensure that 'clean' claims are timely filed in accordance within Medicaid guidelines. If during an SCDDSN provider's reexamination of a consumer's file, it is discovered that documentation does not exist or does not meet applicable requirements, an SECF should be completed and submitted to SURB. SCDDSN has an obligation to then research

the claim, and based upon the conclusion of their research, refund Medicaid, when applicable.

Action Plan

In reviewing the Auditor's schedule, the SURB unit within the Department of Finance will un-bill ALL noted units of service which have been billed to Medicaid for which the SECF form indicates "Reason Code 3 – No Service Rendered" wherein there is inadequate documentation to support that any services were indeed delivered to the client. The amount agreed to un-bill equates to \$20,915 in total Medicaid Payments (~ \$14,640 Federal portion only – FFP).

For the SECFs noted as Reason Code 4, we have reviewed the documentation provided in support of the Auditor's recommendations. We will agree to un-bill claims amounting to \$9,228 in total Medicaid Payments (~ \$6,460).

In summary, based on our detailed review of the SECFs representing claims recommended by the Auditor that should not have been billed to Medicaid, we will agree to un-bill claims totaling \$30,143 in total Medicaid Payments (~ \$21,100)

We concede that the documentation in support of a provider's selection of the specific Reason Code chosen on an SECF form is not clear enough to substantiate the reason the provider felt an SECF was necessary, therefore the SECF form has been revised to include explanations and require documentation in support of the provider's choice of the respective Reason Codes therein. This will enable the SURB unit to make more informed decisions regarding the propriety of billing Medicaid for the services in question. The revised SECF form was placed into production at the start of State Fiscal Year 2008.

It is imperative that the relationship between Services Provided and Medicaid Billings be clearly understood. It is the responsibility of the SCDDSN provider of Service to report to the SURB unit all services rendered. It is NOT their responsibility to determine whether Medicaid be billed for that service. This decision rests SOLELY within the agency and the SCDDSN provider is not expected to have specific knowledge regarding whether SCDDSN bills Medicaid for a unit of service.

Reconciliations

MEDIUM PRIORITY

A number of deficiencies were found in our review of the June 2005 ICF/MR A/R reconciliation and the November 2005 Medical Manager reconciliations.

The SURB department prepares a number of periodic (primarily monthly) reconciliations to enhance the Agency's internal accounting controls, although this process is not required by SCDHHS, the Comptroller General's office, or other agencies. These reconciliations provide written documentation of the agreement between SCDDSN (Medical Manager and/or TAG) and Medicaid (remittances and/or ICF/MR payments through the State Treasurer) and also ensure outstanding items clear in a timely manner or are written off when they become stale-dated (outstanding > 1 year). These reconciliations have no impact on rates, reimbursements, revenues, or statistical reporting.

During the audit, we reviewed the following reconciliations and supporting schedules:

1. The November 28, 2005 daily Medical Manager reconciliation;
2. The November 2005 monthly Medical Manager reconciliation;
3. The November 2005 A/R reconciliations for the following programs: EI, Rehabilitative Services, HASCI Waiver, MR/RD Waiver, Service Coordination, and Physicians Services; and
4. The June 2005 ICF/MR A/R reconciliation.

A number of deficiencies were noted in each of the reconciliations reviewed. Specifically we found:

- ◆ At the beginning of the audit (October 2005), SURB was behind reconciling these accounts—the January 2005 A/R reconciliations for the various programs were complete and staff was working on February 2005 and the December 2004 ICF/MR A/R reconciliation was complete and staff was working on January 2005. (It is our understanding that all reconciliations are now current.)
- ◆ Hard copies of the reconciliations were not being maintained by SURB.
- ◆ "Prepared Date" cells were formatted to show the current date the reconciliation was accessed.
- ◆ The names of the preparer and reviewer were keyed into the reconciliation and did not reflect actual signatures/initials and dates.

- ◆ Many of the reconciliations were not supervisory or independently reviewed or approved.
- ◆ The June 2005 ICF/MR reconciliation showed that ICF/MR billings from December 2004 through June 2005 had not been posted in TAG and did not show adjustments made subsequent to the close of the fiscal year, including adjustments made in month-13, prior to the closing of FY2005 in TAG.
- ◆ Although immaterial, a number of stale items (reconciling items outstanding > 1 year) were reflected on many of the reconciliations (primarily rounding differences and outstanding amounts).
- ◆ We noted instances where the supporting schedules did not agree with the primary reconciliation, or the reconciliation account balance did not agree with the balance per TAG and/or Medical Manager—differences were immaterial.
- ◆ We found the methodology used when reconciling these accounts to be confusing and met with the Director of Finance and the SURB Accounting Manager during the audit to discuss our concerns. As a result of this meeting, the Finance Director changed the methodology used to reconcile these accounts so they would more closely mirror other reconciliations and also required that appropriate journal entries be made in TAG to record ICF/MR billings, correcting journal entries and month-13 adjustments to be posted, and stale reconciling items to be written off, and that revised reconciliations be submitted to Internal Audit for review. Based on our review of the revised reconciliations, we found the accounts were properly reconciled.

However, it should be noted that correcting journal entries totaling \$380,448 were needed and Unappropriated Fund Balance was charged due to several journal entries being incorrectly posted to the ICF/MR A/R account during FY2005. These journal entries are considered prior period adjustments as they were not discovered until after FY2005 had already been closed out in TAG.

With regard to reconciliations, sound internal accounting controls provide that:

- reconciliations (daily, monthly, etc.) should be initialed/signed and dated by both the preparer and reviewer to document who prepared the reconciliation and to document that a review was completed.

- timely reconciliations will enable differences, including posting and other errors, to be quickly identified so that appropriate adjustments can be made.
- hard copies of all reconciliations should be maintained to document that the accounts were actually reconciled and balances agree with TAG.
- reconciliations should be independently or supervisory reviewed to ensure reconciling items are appropriate, balances are correct, and to detect unintentional errors.
- stale reconciling items be periodically written off so that A/R balances represent actual balances the agency expects to receive.

Action Plan

Although these reconciliations are not required, the Division of Finance will continue to perform them as a control measure and we will maintain hard copies for a minimum of one month and electronic copies for three years. As we continue to progress even deeper into the 21st century, we will visit our acceptance of electronic documents/signatures/approvals as official supporting documentation. However, until such time that these are accepted standards, we will follow the Auditor's recommendation of only accepting hard copies.

Keying of Data

MEDIUM PRIORITY

We judgmentally reviewed the activity (charges, receipts, and adjustments) keyed by the SURB Fiscal Technicians into Medical Manager for November 9, 17, and 18, 2005, to determine whether Medicaid was properly charged for services rendered by SCDDSN providers and to determine whether Medicaid payments to SCDDSN were timely and properly posted into Medical Manager and TAG. For charges billed per Medical Manager, we traced information to the various service reporting documents (i.e., service provision logs, individual service reports, etc.). Information per Medicaid remittance advices was traced to posting in TAG and Medical Manager. The following table summarizes the attributes of our sample:

<i>Attribute</i>	<i>(A)</i> <i>11/9/05</i>	<i>(B)</i> <i>11/17/05</i>	<i>(C)</i> <i>11/18/05</i>	<i>Totals</i> <i>(A+B+C)</i>
Total Charges Keyed	\$1,693,759	\$342,053	\$335,374	\$2,371,186
Total Adjustments Keyed	\$0	\$242,912	\$4,767	\$247,679
Total Receipts Keyed	\$0	\$431,516	\$0	\$431,516
Total Keyed	\$1,693,759	\$1,016,481	\$340,141	\$3,050,381

Based on our review of the activity keyed for these three days, no significant exceptions were noted. In fact, the total of the keying errors we found from our review of the three days of activity keyed totaled \$2,778, which equates to an error rate of 0.091%. As a result of our review, we have determined that Medicaid is being properly billed by SCDDSN based on the activity keyed by the SURB Fiscal Technicians. Additionally, Medicaid remittances are being accurately and timely keyed into Medical Manager and TAG.

Although it is the SURB Fiscal Technicians' job to properly key activity into Medical Manager, we would like to commend these employees on the accuracy and quality of their work that we found during our review of SURB.

On a monthly basis, SURB prepares various statistical reports in Excel that capture information from various sources, including service provision logs, environmental modification schedules, etc. These spreadsheets are provided to other divisions within SCDDSN (Cost Analysis, Mental Retardation, HASCI and others), who then use this data in various ways, including: in the preparation of Medicaid cost reports, to monitor billings and units of service, and others. Data is manually keyed by two SURB Accountants into various Excel spreadsheets that may be grouped into two primary report types. The first type of report is ICF/MR census count report, which shows: actual billed days, actual paid days, actual census days, total days not billable, total days pending, and other information. The second type of report prepared by SURB includes various statistical reports, which show monthly and year-to-date activity for: Medical Manager, MR/RD Waiver, HASCI Waiver, Caregiver Services, EI Services, and Units of Service Information for Rehabilitation Support Services, HASCI, and Autism.

We reviewed the various statistical reports for the October 2005 service month, November 2005 reporting month, and found the preparer's name and date had been keyed into the spreadsheets (no original signature/initials and date) and that the reviewed lines had not been completed. Although only minor errors were found, we believe the following should be noted:

- ◆ Medical Manager Statistical Report - The report incorrectly showed non-allowable/deductible expenditures for rehabilitation services as \$122,507; the correct amount is \$8,602. This error resulted from data being picked up on the wrong line of the Medical Manager report and keyed into the Excel spreadsheet.
- ◆ HASCI Report - The summary schedule, which combines totals for the four regions (Midlands, Coastal, Pee Dee, and Piedmont), had numerous formula errors in the activity for the current month, prior fiscal year-to-date, and fiscal year-to-date totals. (These errors were not found in the individual regional summary schedules.) We also found that activity keyed for the York SLP II (residential) was for 12 consumers; however, York's contract with SCDDSN is for one slot (consumer). This error resulted because the total information for all consumers in the residence was entered—not just data for the one HASCI consumer.

We sent a survey to the internal users (SCDDSN staff) of the various SURB reports to get their input as to whether the reports are timely received, presented in an easy to follow format, were mathematically accurate, and reliable. Responders also had the opportunity to provide comments or suggestions on ways the reports could be improved. The purpose of the survey was to determine whether the reports prepared by SURB met these users' needs.

Of the 10 surveys sent, we received responses from six users. Overall, the responders indicated the reports are being received timely, reports are presented in an easy to follow format, reports are usually mathematically accurate (however, some users assumed the reports were mathematically accurate and did not test for this), and the reports were reliable. Many of the responders also provided comments on ways the reports could be improved. We provided the survey results to the SURB Accounting Manager.

All statistical reports should be initialed/signed and dated by both the preparer and reviewer to document who prepared the reconciliation and to document that a review was completed.

Reconciliations should be independently or supervisory reviewed to ensure reconciling items are appropriate, balances are correct, and to detect unintentional errors. In order for reports to be beneficial to their users, the reports must be timely, presented in an easy to follow format, be mathematically accurate, and reliable.

At this time, most of SCDDSN's systems are not automated whereby statistical data may be captured and downloaded in a report format.

At the time of our audit, we determined that the SURB Accounting Manager was not reviewing the ICF/MR census counts and various statistical reports in detail, particularly for new or revised data keyed during the month. Data was also not reviewed for reasonableness. For example, if the total for Medicaid eligible and non-Medicaid eligible consumers for a particular service exceeds 100%, that is not reasonable.

Because SCDDSN's systems are not automated, the SURB Accountants must manually key large volumes of data into Excel spreadsheets. Besides keying the activity for the month, if there are changes from one month to the next, the SURB Accountants may have to change formulas, add new rows or cells, etc. Anytime data is manually keyed and/or data manipulated, the opportunity for keying errors increases.

Internal and external users of these reports may be placing undue confidence in these reports, if the reports are not mathematically accurate, reflect incorrect or incomplete data, etc.

Because the name of the preparer was keyed into the spreadsheets, and the reviewer did not sign off on the spreadsheets, it lacks accountability for the reconciliations' preparation, review, and/or approval.

Action Plan

Since June, 2006 all statistical reports are initialed and dated by the preparer and reviewer. Review efforts will be increased and documented. Samples of data from statistical reports will be selected and tested in greater detail as resource availability and work loads permit.

It is imperative to note that the information containing clerical errors noted during the review by the Auditor was for informational purposes only and was not used for any statistical reporting, thereby having no impact on costs, rates, nor reimbursements.

**SCDDSN Finance
Manual****MEDIUM PRIORITY**

Several areas in Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual are unclear and/or do not reflect current processes.

During the audit, we found that Chapter 10, Service Units Reporting and Billing, of the SCDDSN Finance Manual does not clearly explain policies providers should adhere to and/or do not reflect current processes in the following areas:

1. Providers are not being held to established due dates outlined in the Finance Manual whereby documentation for reimbursable services (HASCI and environmental modifications) should be submitted to SURB for processing. Instead, providers are reimbursed for these services if budgeted funds are available and dates of service are within Medicaid guidelines (< 1 year). Requests for reimbursement through the MR/RD Waiver for expenses relating to environmental modifications should be submitted within 10 working days of invoice payment. Requests for reimbursement through the HASCI Waiver should be reported on the "Monthly Summaries" form submitted by SCDDSN providers. The purpose of the established due dates is so that SCDDSN may timely reimburse their providers for services rendered and/or for costs already incurred.
2. Throughout Chapter 10, the procedures require that the various service reporting documents (i.e., service provision logs, individual service reports, etc.), submitted by SCDDSN's providers, be signed by the Executive Director (ED) or their designee. Although the various service reporting documents we reviewed were signed, we found that the SURB Fiscal Technicians do not ensure that the forms are signed by the appropriate party (ED or their designee) before keying this data into Medical Manager.

Sound business practice and good internal controls require procedures to be accurate and reflect current practices. Inaccurate and/or unclear procedures from Central Office, including the SCDDSN Finance Manual, may provide misleading and/or confusing information to SCDDSN's providers.

Action Plan

SCDDSN Finance Division procedures are designed to reimburse providers in the most timely manner practical. These procedures will be reviewed with input from service providers to improve the working process while ensuring

compliance with Medicaid rules. The list of signature authorizations is being updated and signature requirements in Chapter 10 of the SCDDSN Finance Manual will be followed.

Lisa A. Chandler (KFI)

Lisa A. Chandler, CPA, CIA
In-Charge Auditor

(Transferred May 17, 2007)

Kevin Yacobi

Kevin Yacobi, CIA, CGAP, CBM, CFS
Director of Internal Audit

South Carolina Department of Disabilities and Special Needs

Pervasive Developmental Disorder (PDD) Program Reports as required by Proviso

- February 2017
- October 2016
- March 2016
- October 2015
- March 2015
- September 2014
- March 2014
- January 2014
- January 2013
- January 2012
- September 2012
- February 2011
- June 2010
- May 2009
- June 2008
- January 2008
- August 2007

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program February 2017

Number of Children

- Almost 2,750 children have received PDD services since the program's inception.
- 710 children are currently participating in the PDD Program (517 enrolled in the waiver and 193 in state-funded slots; 242 pending)
- 1,416 children are on the waiting list; 50% (714) are age five (5) and younger; 9% (122) are age two (2) and younger.
- Approximately 79% of all participants are male and 21% are female.
- Approximately 43% of participants are ages 3-5; 38% are ages 6-8; 12% are ages 9-10.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- For FY2015-2016 the average budget DDSN authorized for each child based on the individual assessment and service plan is \$31,387 per year. The average actual expenditure per child is \$11,034 per year.
- The number of qualified providers is 22 companies with over 140 consultants; a decrease of 2 companies but an increase of fifteen (15) consultants from March 2016. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. 835 children have transitioned since October 2012. This prevents disruption of services.
- Approximately 70% of children are Medicaid eligible.

Funding

\$6.975M Original appropriated base

\$6.981M Current appropriated base

\$6.006M Actual expenditures for FY2012

Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.

\$7.232M	Actual expenditures for FY2013 Note: Includes base and carry forward spending.
\$8.945M	Actual expenditures for FY2014 Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$8.578M	Actual expenditures for FY2015 Note: Include \$265,000 payment to Greenwood Genetic Center per proviso.
\$8.072M	Actual expenditures for FY2016
\$2.645M	Actual expenditures through 1/31/2017

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two (2) types of services:

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

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

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from a Line Therapist and a Lead Therapist were more likely to demonstrate reliable improvements.

Program Improvements

1. Awarded state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.

2. Allowed children younger than three (3) years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three (3), but the ability to apply prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can more realistically be determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child, but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborated with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program. A fourth set of students began the course sequence in 2014.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
12. DDSN collaborates with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attended the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (3), individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and in hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.
16. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
17. DDSN had 21 students successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 and 9 completed the course in December 2016. A new class is scheduled to start February 2017; there are 32 students enrolled.

New Initiatives

Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs.

Outcomes

DDSN operates an evidence-based program for children with a Pervasive Developmental Disorder (PDD). The interventions are based on Early Intensive Behavior Intervention (EIBI) and focus on enhancing cognition, communication, adaptive behavior and social skills, all of

which are significant issues for children with autism spectrum disorders. DDSN's model is a home-based treatment program that requires parental involvement to ensure the interventions are carried out throughout the child's day.

To date, DDSN has provided EIBI programs to almost 2,700 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three (3) years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program October 2016

Number of Children

- Almost 2,695 children have received PDD services since the program's inception.
- 797 children are currently participating in the PDD Program (591 enrolled in the waiver and 206 in state-funded slots).
- 1,581 children are on the waiting list; 47.4% (750) are age five (5) and younger; 10.3% (163) are age two (2) and younger.
- Approximately 78% of all participants are male and 22% are female.
- Approximately 39% of participants are ages 3-5; 43% are ages 6-8; 17% are ages 9-10.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$31,387 per year.
- The number of qualified providers is 24 companies with over 125 consultants; a decrease of 6 companies but an increase of twenty (20) consultants from March 2016. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. 792 children have transitioned since October 2012. This prevents disruption of services.
- Approximately 70% of children are Medicaid eligible.

Funding

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

\$7.232M Actual expenditures for FY2013
Note: Includes base and carry forward spending.

\$8.945M Actual expenditures for FY2014
Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$8.578M Actual expenditures for FY2015
Note: Include \$265,000 payment to Greenwood Genetic Center per proviso.
\$8.072M Actual expenditures for FY2016
\$1.207M Actual expenditures through 9/31/2016

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two (2) types of services:

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

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

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from a Line Therapist and a Lead Therapist were more likely to demonstrate reliable improvements.

Program Improvements

1. Awarded state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.

2. Allowed children younger than three (3) years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three (3), but the ability to apply prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can more realistically be determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child, but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborated with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program. A fourth set of students began the course sequence in 2014.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
12. DDSN collaborates with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attended the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (3), individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and in hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.
16. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.

New Initiatives

Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs. DDSN had 21 students successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in December 2016.

Outcomes

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

To date, DDSN has provided EIBI programs to almost 2,700 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three (3) years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program March 2016

Number of Children

- Almost 2,475 children have received PDD services since the program’s inception.
- 953 children are currently participating in the PDD Program. (687 enrolled in the waiver and 266 in state-funded slots).
- 1647 children are on the waiting list; 48% (788) are age five (5) and younger; 13% (211) are age two (2) and younger.
- Approximately 82% of all participants are male and 18% are female.
- Approximately 35% of participants are ages 3-5; 40% are ages 6-8; 12% are ages 9-10.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,895 per year.
- The number of qualified providers is 30 companies with over 105 consultants; an increase of thirty-five (35) consultants from October 2015. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 714 children have transitioned since October 2012.
- Approximately 72% of children are Medicaid eligible.

Funding

\$6.975	Current appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid’s approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.

- \$8.945M Actual expenditures for FY2014
Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
- \$8.578M Actual expenditures for FY2015
Note: Include \$265,000 payment to Greenwood Genetic Center per proviso.
- \$5.009M Actual expenditures through 2/29/2016.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two (2) types of services:

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

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

Summary of USC’s Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from Line Therapist and Lead Therapist were more likely to demonstrate reliable improvements.

Summary of USC’s Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.

- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina.

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three (3) years of age to apply for PDD services. Children are not enrolled in the Program until after they turn three (3), but the ability to apply prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can more realistically be determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child, but also prevents over-authorization of state funds.
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6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them

for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program. A fourth set of students began the course sequence in 2014 and will complete course work in summer 2016.

9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.
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New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.

2. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs. DDSN had 21 students to successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in summer 2016.
3. An additional PDD Program evaluation was completed in spring 2014 (see findings on page 1). In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

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

Outcomes

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

To date, DDSN has provided EIBI programs to more than 1,740 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program October 2015

Number of Children

- Almost 2,350 children have received PDD services since the program's inception.
- 974 children are currently participating in the PDD Program. (698 enrolled in the waiver and 276 in state-funded slots).
- 1616 children are on the waiting list; 51% (818) are age five (5) and younger; 13% (195) are age two (2) and younger.
- Approximately 81% of all participants are male and 19% are female.
- Approximately 42% of participants are ages 3-5; 44% are ages 6-8; 14% are ages 9-10.

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e., communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
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- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.

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- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,893 per year (as of June 2015).
- The number of qualified providers is 28 companies with over 70 consultants; an increase of ten (10) consultants from October 2014. The Program began with three (3) companies and five (5) consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 588 children have transitioned since October 2012.
- Approximately 72% of children are Medicaid eligible.

Funding

\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.
\$8.945M	Actual expenditures for FY2014
	Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$8.578M	Actual expenditures for FY2015 as of 06/30/2015.

Services

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- 2) Case Management.

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Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
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8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them

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11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.
13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attended the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age three (3), individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one (1) direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.

2. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two (2) years in exchange for tuition costs. DDSN had 21 students to successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in summer 2016.
3. An additional PDD Program evaluation was completed in spring 2014 (see findings on page 1). In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

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

Outcomes

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

To date, DDSN has provided EIBI programs to more than 1,740 children ages three (3) through ten (10) years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three (3) years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three (3) years of service was seven (7) years.

Socialization skills - Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three (3) years of EIBI services saw a reliable change of 72%.

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program March 2015

Number of Children

- Almost 1740 children have received PDD services since the program's inception
- 957 children are currently participating in the PDD Program (686 enrolled in the waiver and 271 in state-funded slots)
- 1483 children are on the waiting list; 56% (818) are age 5 and younger; 13% (193) are age 2 and younger
- Approximately 80% of all participants are male and 20% are female
- Approximately 42% of participants are ages 3-5; 36% are ages 6-8; 9% are ages 9-10

Summary of USC's Research Analysis 2014

- The results of this evaluation corroborate the findings of the 2011 evaluation.
- Results suggest that children made statistically significant gains across all measures of adaptive behaviors (i.e. communication, daily living skills, social and motor skills).
- There is some evidence that age at enrollment makes a difference in second year gains. Children who are younger at enrollment make greater gains.
- Children who participate in the PDD Program achieve significant improvements in their adaptive behaviors and language skills. These improvements were most significant during the first year of participation.
- Children who receive more treatment hours from Line Therapist and Lead Therapist were more likely to demonstrate reliable improvements.

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.

- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$32,899 per year.
- The number of qualified providers is 21 companies with over 65 consultants; an increase of 5 consultants from October 2014. In addition, 6 more are awaiting Medicaid enrollment. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 430 children have transitioned since October 2012.
- Approximately 70% of children are Medicaid eligible.

Funding

\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012
	Note: DDSN had requested Medicaid’s approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013
	Note: Includes base and carry forward spending.
\$8.945M	Actual expenditures for FY2014
	Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$5.388M	Actual expenditures for FY2015 as of 2/28/2015.

Services

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

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

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

Program Improvements

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

8. Through its contract with the University of South Carolina, DDSN graduated its third set of students in May 2014 whereby 21 professionals completed the five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. The second set graduated previously in December 2011. These increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
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New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 610 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN had 21 students to successfully complete the course requirements in May 2014. A new class of 25 students began in fall 2014 with completion expected in summer 2016.
4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking, understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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1. Evaluate the impact of PDD services on child outcomes (cognitive functioning, adaptive functioning and verbal ability)
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3. Explore the relationship between the changes in adaptive behaviors through time and the actual treatment hours received (how differences in treatment hours contribute to the positive outcomes)

This study was completed in the spring 2014.

Outcomes

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

To date, DDSN has provided EIBI programs to more than 1,740 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

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

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

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

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program September 2014

Number of Children

- Almost 1640 children have received PDD services since the program's inception
- 932 children are currently participating in the PDD Program (655 enrolled in the waiver and 277 in state-funded slots)
- 1352 children are on the waiting list; 56% are age 5 and younger; 10% (134) are age 2 and younger
- Approximately 80% of all participants are male and 20% are female
- Approximately 47% of participants are ages 3-5; 41% are ages 6-8; 12% are ages 9-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.
- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement.
- There is some evidence that the highest-performing children at baseline show less improvement through time.

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected to be published in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$32,899 per year.
- The number of qualified providers is 19 companies with over 60 consultants; an increase of 15 consultants from last year. In addition, 4 more are awaiting Medicaid enrollment. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 357 children have transitioned since October 2012.
- 82% of children are Medicaid eligible

Funding

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

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

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Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.

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South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program March 2014

Number of Children

- Almost 1540 children have received PDD services since the program's inception
- 920 children are currently participating in the PDD Program (641 enrolled in the waiver and 279 in state-funded slots)
- 1272 children are on the waiting list; 60% are age 5 and younger; only 10% (125) are age 2 and younger, with two thirds of these (84) receiving services through BabyNet
- Approximately 82% of all participants are male and 18% are female
- Approximately 73% of participants are ages 3-6; 25% are ages 7-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning.
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change.
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These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,588 per year.
- The number of qualified providers is 18 companies with over 55 consultants; an increase of 10 consultants from last year. The Program began with three companies and five consultants.
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 197 children have transitioned since October 2012.
- 80% of children are Medicaid eligible

Funding

\$7.5M	Original appropriated amount
\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012
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5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focus on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to identify the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research and final report were completed.

13. Recruited qualified Board-Certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
15. Developed and distributed the PDD Parent Handbook which is available online and hard copy in both English and Spanish. This new handbook informs parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child's services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children's treatment, and increased consumer control over who provides the services.

New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 265 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN anticipates 20 to 25 students successfully completing the course requirements in March 2014.
4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating, bathing, dressing, toileting), expressive and receptive communication (speaking,

understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

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

DDSN expects this study to be completed by spring 2014.

Outcomes

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

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

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority of children uses words, sign language or picture exchange systems to communicate with peers, teachers and parents. Quotes from a survey of parents of children in the program include, "He is a different child. I would never have imagined that he would respond to a question or initiate

conversation with his family or schoolmates.” “Please do not take this program away from my child. She is talking! She has made so much progress, and I can’t thank you enough for giving my daughter a chance to be like other children.” To be able to ask for what one wants or needs or to let a parent or teacher know that they are in pain is a huge milestone for these children. By enhancing Expressive Communication, behavior challenges can be markedly decreased, allowing socially significant behaviors to improve.

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

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

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

South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program January 2014

Number of Children

- 1,417 children have received PDD services since the program's inception
- 902 children are currently participating in the PDD Program (640 enrolled in the waiver and 262 in state-funded slots)
- 1241 children are on the waiting list; 62% are age 5 and younger; 23% are age 3 and younger; 75 are in BabyNet
- 157 new slots (in addition to attrition) were authorized since July 1, 2013
- Approximately 82% of all participants are male and 18% are female
- Approximately 73% of participants are ages 3-6; 25% are ages 7-10

Summary of USC's Research Analysis 2011

- Children enrolled in the PDD Program show improvement across all measure of functioning
- Within specific domains, including Communication, Social, and Adaptive Behavior Composite (ABC), approximately 70 percent of children achieve reliable change
- Within the domains of Daily Life Skills, Receptive Language and Expressive Language over 55 percent of children achieve reliable change.
- Both younger and older children show improvement
- There is some evidence that the highest-performing children at baseline show less improvement through time

These findings were promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina. A subsequent analysis by USC is expected in 2014.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year

- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$30,588 per year
- The number of qualified providers is 18 companies with over 55 consultants; an increase of 10 consultants from last year. The Program began with three companies and five consultants
- Increased the number of children transitioning from BabyNet to the PDD Program. This prevents disruption of services. 197 children have transitioned since October 2012.
- 80% of children are Medicaid eligible

Funding

\$7.5M	Original appropriated amount
\$6.975M	Current appropriated base
\$6.006M	Actual expenditures for FY2012. Note: DDSN had requested Medicaid's approval of a rate increase for direct line therapists in FY2011. It was anticipated this would be approved and expended in FY2012.
\$7.232M	Actual expenditures for FY2013.

Services

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

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

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

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three years of age to apply for PDD services. If eligible, the child may be placed on the waiting list. Children are not enrolled in the Program until after they turn three but this prevents time delay.

3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
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7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works, and the family's commitment.
8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
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14. Coordinated policy efforts with First Steps. DDSN created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children's skills. The result eliminated a gap in services and improved the children's outcome measures.
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New Initiatives

1. Submitted a formal request to DHHS for approval of a rate increase in 2011 for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family. This rate increase went into effect January 1, 2013.
2. Continue to contract with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA. 265 hired since November 2011.
3. Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is students who complete the training commit to providing services for a minimum of two years in exchange for tuition costs. DDSN anticipates 20 to 25 students successfully completing the course requirements in March 2014.
4. In December 2012, DDSN requested that USC conduct another, more comprehensive study of the PDD program to determine if children participating in the program continue to show improvement across all measures of functioning [areas of adaptive functioning (eating , bathing, dressing, toileting), expressive and receptive communication (speaking,

understanding what others are saying to them, and learning), socialization (playing with peers, being able to grocery shop with mom) and cognitive functioning (learning, staying on par with peers.)]

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

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

DDSN expects this study to be completed by spring 2014.

Outcomes

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

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

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority of children uses words, sign language or picture exchange systems to communicate with peers, teachers and parents. Quotes from a survey of parents of children in the program include, "He is a different child. I would never have imagined that he would respond to a question or initiate

conversation with his family or schoolmates.” “Please do not take this program away from my child. She is talking! She has made so much progress, and I can’t thank you enough for giving my daughter a chance to be like other children.” To be able to ask for what one wants or needs or to let a parent or teacher know that they are in pain is a huge milestone for these children. By enhancing Expressive Communication, behavior challenges can be markedly decreased, allowing socially significant behaviors to improve.

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

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

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

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

Number of Children

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

Utilization of Services/Resources

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

Funding

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

Services

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

- 1) Early Intensive Behavioral Intervention (EIBI) and
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Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than three years of age to apply for PDD services. If eligible, the child may be placed on the waiting list. Children are not enrolled in the Program until after they turn three but this prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
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New Initiatives

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**South Carolina Department of Disabilities and Special Needs
Pervasive Developmental Disorder (PDD) Program
January 2012**

Number of Children

- 1,178 children have received PDD services since the program's inception
- 658 children are currently participating in the PDD Program —
(545 enrolled in the waiver and 113 in state-funded slots)
- 648 children are on the waiting list
- 100 new slots (in addition to attrition) were authorized since July 1, 2011
- Approximately 80% of all participants are male and 20% are female
- Approximately 88% of all participants have a diagnosis of autism and 12% have other PDD diagnoses
- Approximately 80% of participants are ages 3-6; 20% are ages 7-10

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year
- 90% of children are Medicaid eligible
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$27,206 per year
- The average annual amount spent by the families is now less than \$10,000, equating to a 37% utilization rate

Funding

\$7.5 M Original appropriated amount
-\$0.3 M Permanently reduced as part of the September 2009 4.04% reduction
-\$1.08 M Permanently reduced as part of FY 2011 base reduction
\$2.04 M Actual expenditures as of January 23, 2012. This does not include all state funds DDSN authorized through fiscal year end or state match DDSN will be billed by DHHS for services direct billed by providers
DDSN projects FY 2012 expenditures to be approximately \$6.6 million

Services

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

Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
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8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focuses on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to develop the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research was completed and that report is attached.

New Initiatives

1. Requested approval of a rate increase for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family.
2. Recruited qualified Board-certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
3. Contracting with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA.
4. Coordinating policy efforts with First Steps to ensure a smooth transition for those children aging out of BabyNet EIBI services into DDSN eligibility and EIBI services.

Outcomes

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

To date, DDSN has provided EIBI programs to almost 1,200 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

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

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

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

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

Pervasive Developmental Disorder Program Fact Sheet

- Money was appropriated to DDSN to fund the Pervasive Developmental Disorder (PDD) Program for children with a Pervasive Developmental Disorder from age 3 through 10.
- To participate in this waiver, a child must meet the following criteria:
 1. Be ages 3 through 10 years
 2. Be diagnosed with a PDD before age eight years
 3. Be eligible to receive Medicaid
 4. Meet ICF/ID Level of Care
- Children who meet the age and diagnostic criteria but do not qualify for Medicaid funding will be eligible to receive services outside the waiver through the Pervasive Developmental Disorder State Funded Program
- Services shall not exceed three years.
- The cost of services shall not exceed \$50,000 per year.
- The specific services are Case Management and Early Intensive Behavioral Intervention (EIBI). The focus will be on utilizing the principles of Applied Behavior Analysis (ABA) to treat children with a PDD.
- The number of hours per week each child receives are based on a review of relevant assessments completed by the child's EIBI Provider. DDSN will make the final determination on the number of service hours each child receives.
- Children receiving EIBI services may receive no more than eight hours of services per day.
- A list of qualified service providers will be made available to parents/legal guardians so they can select the EIBI Provider of their choice.
- Services will be authorized by the DDSN State Waiver Coordinator after all required documents have been completed and submitted and it has been determined that the child has met all the requirements necessary to receive services through the waiver or the State Funded Program.
- The number of children who may be served through the waiver at any one time during the year shall be limited only by the availability of funds to pay for the requested service and the waiver cap on allowed individuals.
- Applicants who are determined eligible for EIBI services but who can not be served due to funding constraints or Provider availability shall be eligible for placement on a wait list maintained by the Department. The date and time all information is received from the Case Manager by the DDSN State Waiver Coordinator shall be used to establish the order of an applicant's place on the wait list.

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

As of February 2011:

Number of Children

- 600 children are participating in the PDD Program— (487 enrolled in the waiver and 113 in state-funded slots).
- 485 children are on the waiting list.
- 100 new slots (in addition to attrition) were authorized since July 1, 2010.
- 86% of all participants are male and 14% are female.
- 92 % of all participants have a diagnosis of autism and 8% have other PDD diagnoses.

Utilization of Services/Resources

- The proviso caps expenditures for each individual child at \$50,000 per year.
- 90% of children are Medicaid eligible.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$27,206 per year.
- The average annual amount spent by the families is now less than \$10,000, equating to a 37 % utilization rate.

Funding

- \$7.5 M Original appropriated amount.
 - \$0.3 M Permanently given up as part of the September 2009 4.04 % reduction.
 - \$1.08 M Permanently given up as part of FY 2011 base reduction.
 - \$2.34 M Actual expenditures as of February 28, 2011. This does not include all state funds DDSN authorized through fiscal year end or state match DDSN will be billed by DHHS for services direct billed by providers.
- DDSN authorized \$7.5 M in state funds for service plans in FY 2011.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) Early Intensive Behavioral Intervention (EIBI) and 2) case management.

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

Program Improvements

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

New Initiatives

1. Continue to collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works and the family's commitment.
2. Through its contract with the University of Nevada's Distant Education program, DDSN will graduate its second set of students in December 2011 taking five graduate level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.

3. DDSN, in partnership with DHHS, is finalizing contract language for EIBI providers that will focus on the provider delivering a minimum level of the authorized intervention hours. This will help us ensure budgets are closer to utilization.
4. Consideration of rate increase for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family.
5. DDSN is collaborating with USC on two fronts:
 - a. Department of Psychology – at no charge, the Department is assisting DDSN and its network of EIBI providers to develop the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC’s model.
 - b. College of Social Work – at no charge, the College is conducting an evaluation of DDSN’s PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. Anticipated completion is by early Summer 2011.
6. Collaborates with First Steps to ensure a smooth transition for those children aging out of BabyNet EIBI services into DDSN eligibility and EIBI services.

Outcomes

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

To date, DDSN has provided EIBI programs to almost 1,000 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN’s program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority

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

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

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

Socialization skills Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children ages 3 - 5 who received EIBI services gained 4.5 years of improvement in a three year time period.

**Pervasive Developmental Disorder Program
Update as of June 2010**

Number of Children

- 570 children are participating in the PDD Program—
(462 enrolled or pending enrollment in the waiver and 108 in state-funded slots).
- 440 children are on the waiting list.
- 100 additional slots were released since July 1, 2010.

Utilization of Services/Resources

- The proviso caps expenditure for each individual child at \$50,000 per year.
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$35,734 per year.
- The average amount spent by the families is between \$17,000 and \$18,000, equating to a 47 percent utilization rate.

Funding

\$7.5 M Original Appropriated Amount
-\$.3 M Permanently given up as part of the September '09 4.04 percent reduction
-\$1.2 M Used to annualize the December '09 5 percent reduction
-\$.16 M Used to bridge the extension of Early Intervention In Home Training Services to "At Risk" children
-\$2.83 M Actual expenditures as of 6/30/10. This does not include all state funds DDSN authorized and state match for services direct billed by providers. DDSN authorized \$8.5 M in state funds for service plans in FY 2010.

New Initiatives

1. Released 100 additional slots since July 1, 2010.
2. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
3. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.

4. Allow children younger than 3 years of age to apply for PDD services. Children are not enrolled in the Program until after they turn 3 but this prevents time delay.
5. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
6. More frequently monitor family utilization of services and adjust hours up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
7. Consideration of ways to improve provider implementation of service plans.
8. Consideration of rate increase to attract more direct-line therapists to meet the need.

Challenges

Two greatest challenges at this time are:

- 1) ensuring the family has a clear understanding of what the PDD Program provides, how it works and the family's commitment.
- 2) ability of providers to identify and hire the necessary number of direct-line therapists. At least one direct-line therapist is needed for each child/family.

September 2010

Eugene A. Laurent, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
Administration
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
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May 30, 2009

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The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

The Honorable Daniel T. Cooper
State Representative
Chairman, House Ways and Means Committee
525 Blatt Building
Columbia, SC 29201

Dear Gentlemen:

Pursuant to PART IB, SECTION 24-J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, 24.9. (DDSN: Pervasive Developmental Disorder) of the 2008-2009 General Appropriations Act, the SC Department of Disabilities and Special Needs has prepared the enclosed report on the Pervasive Developmental Disorder Program.

The report provides information regarding the legislative authority, funding and the utilization of State and Medicaid resources, service development, provider recruitment and participant information. Normally this written report would have reached you sooner. However this information was shared during the House budget hearings in January and the Senate budget hearings in March. Additional information will be presented near the close of the fiscal year.

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DISTRICT II

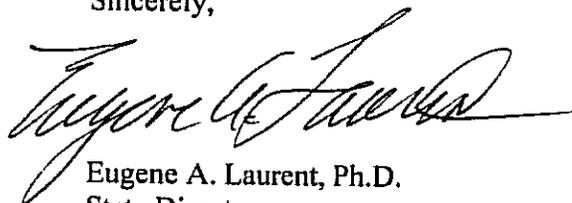
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Saleeby Center - Phone: 843/332-4104

The Honorable Mark Sanford
The Honorable Hugh K. Leatherman, Sr.
The Honorable Daniel T. Cooper
May 30, 2009
Page Two

DDSN appreciates the continued collaboration of the staff from the Department of Health and Human Services in this joint effort. We are excited about the progress these children are making. Parents eagerly share their success stories with us.

We very much appreciate your commitment and support of this program. Through your efforts, many children are enabled to maximize their developmental potential. Please contact us if you would like any other information.

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene A. Laurent". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eugene A. Laurent, Ph.D.
State Director

swb

Enclosure

C: The Honorable Thomas C. Alexander, State Senator
The Honorable Tracy R. Edge, State Representative
Ms. Susan Duncan, Office of the Governor

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

Legislative Authority

A special proviso in the 2008-2009 Appropriations Act instructs the Department of Disabilities and Special Needs (DDSN) and the Department of Health and Human Services (DHHS) regarding the Pervasive Developmental Disorder Program as follows:

2008-2009 General Appropriations Act

SECTION 24—J16—DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

24.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semiannually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

Funding

Through the 2008-2009 Appropriations Act, \$7.5 million was approved by the General Assembly and the Governor for FY 2008-2009. Of these funds, \$4.5 million was funded with one-time funding. It was estimated that \$7.5 million of funding could serve approximately 500 children over time if all the funding was appropriated with recurring dollars.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) early intensive behavioral intervention (EIBI) and 2) case management.

EIBI services seek to develop skills of children in the areas of cognition, behavior, communications and social interaction. Case management services assist children and their families with all activities related to the PDD Program and in gaining access to State Medicaid plan services, as well as medical, social, educational and other services.

Results

As of December 1, 2008, a total of 430 children had been accepted in the Pervasive Developmental Disorder Program. At that time there were 413 children on the waiting list. Of the 430 children accepted, 94 declined services, disenrolled or closed their case.

Of the 323 children participating in the program, approximately 85 percent met Medicaid eligibility criteria and 15 percent participated with 100 percent state funds. It was originally estimated that only 60 percent of the children would be Medicaid eligible versus the current rate of 85 percent. These changes in real numbers result in more children being served.

Of the PDD Program participants and applicants, 85 percent are male and 15 percent are female. Ninety-five percent (95%) of the children have a diagnosis of autism and 5 percent have other PDD diagnoses. Children ages 3 through 6 comprise 63 percent of participants, and children ages 7 through 10 comprise 37 percent.

The age breakdown at the child's initial assessment is as follows:

<u>Age</u>	<u>Percent</u>	<u>Total</u>
3	03%	
4	21%	
5	18%	
6	21%	63%
7	11%	
8	11%	
9	09%	
10	06%	37%
		100%

The average budget per child was \$35,733. This equates to an average of 30 hours per week of direct line applied behavior analysis therapy for these children. Over 75 percent of the participating children may receive 28 to 33 hours per week. In addition each child may also receive up to 6 hours per week of lead therapy. The number of hours approved for each child is determined by the child's initial assessment. This in-depth assessment consists of a battery of four standardized tests. The qualified provider monitors the actual delivery of therapy performed by trained staff. After 12 months of prescribed therapy, the battery of standardized tests will be repeated to assess the progress made and the child's new level of service need. Over 40 percent of the children have completed 1 year of prescribed therapy. Second year assessments to measure treatment impact on these children are in process.

Results of children participating in the program for a year or more show statistically significant gains across all baseline scores. Over 70 percent of children served in the first year of the program showed remarkable gains in the areas of receptive communication (i.e., what they understand), expressive communication (i.e., what they say with words or sign language), in areas of daily living skills (e.g., adaptive behaviors such as walking, talking, getting dressed, going to school) and in socialization skills (e.g., interacting with others, how the child plays and uses leisure time, and how the child demonstrates responsibility and sensitivity to others).

At the program's beginning in the summer of 2006, DDSN set up meetings to recruit EIBI providers. This first effort generated 5 qualified providers. Since that time 13 qualified early intensive behavior intervention companies were recruited who, when combined, represented 32 DDSN-qualified professionals who could conduct adaptive assessments for the PDD program. Other interested professionals may seek DDSN-qualified status at any time.

To further build provider capacity, DDSN and the University of South Carolina (USC) entered into a new collaborative agreement. DDSN now contracts with USC to increase the capacity of qualified Behavior Analyst providers. USC now offers five graduate-level courses that will prepare individuals to meet the waiver criteria as an approved provider. The first class began the 2007 fall semester with 18 students.

The effort to recruit additional providers is ongoing, both in-state and outside of South Carolina, to offer families a choice of providers and to ensure a sufficient supply of providers to meet the service demand. To further these goals, DDSN developed a fiscal intermediary service for families who choose to hire and coordinate their own direct line therapists, working under a DDSN-qualified behavior professional.

Stanley J. Butkus, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
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June 30, 2008

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State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

The Honorable Daniel T. Cooper
State Representative
Chairman, House Ways and Means Committee
525 Blatt Building
Columbia, SC 29201

Dear Gentlemen:

Pursuant to PART IB, SECTION II-J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, 11.9. (DDSN: Pervasive Developmental Disorder) of the 2007-2008 Appropriations Act, the SC Department of Disabilities and Special Needs has prepared the enclosed report on the Pervasive Developmental Disorder Program.

The report provides information regarding the legislative authority, funding and the utilization of State and Medicaid resources, service development, provider recruitment and participant information.

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The Honorable Mark Sanford
The Honorable Hugh K. Leatherman, Sr.
The Honorable Daniel T. Cooper
June 30, 2008
Page Two

DDSN appreciates the continued collaboration of the staff from the Department of Health and Human Services in this joint effort. The new PDD Waiver was written and implemented in record time. Further, the federal Centers for Medicare and Medicaid Services (CMS) approved South Carolina's request to amend the waiver, which increased the number of children who can be served and allows families the option of self-directed services.

In addition, DDSN and the University of South Carolina (USC) entered into a new collaborative agreement. DDSN is contracting with USC to increase the capacity of qualified Behavior Analyst providers. USC now offers five graduate-level courses that will prepare individuals to meet the waiver criteria as an approved provider. The first class began the 2007 fall semester.

We very much appreciate your commitment and support of this program. Through your efforts, many children will be enabled to maximize their developmental potential. We continue to be contacted by other states looking to South Carolina as a leader in this area. We are proud to share our experience with them, knowing that even more children will benefit.

Again, thank you for your hard work on behalf of all South Carolinians. Please contact us if you would like any other information.

Sincerely,



Stanley J. Butkus, Ph.D.
State Director

swb

Enclosure

C: The Honorable Thomas C. Alexander, State Senator
The Honorable Tracy R. Edge, State Representative
Ms. Susan Duncan, Office of the Governor

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

Legislative Authority

A special proviso in the 2007-2008 Appropriations Act instructs DDSN regarding the Pervasive Developmental Disorder Program as follows:

2007-2008 General Appropriations Act

SECTION 11 – J16 – DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

11.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semi-annually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

Funding

Through the 2007-2008 Appropriations Act, \$7.5 million was approved by the General Assembly and the Governor for FY 2007-2008. Of these funds, \$4.5 million was funded with one-time funding. It was estimated that \$7.5 million of funding could serve approximately 500 children over time if all the funding was appropriated with recurring dollars.

Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) early intensive behavioral intervention (EIBI) and 2) case management.

EIBI services seek to develop skills of children in the areas of cognition, behavior, communications and social interaction. Case management services assist children and their families with all activities related to the PDD Program and in gaining access to State Medicaid plan services, as well as medical, social, educational and other services.

Results

As of June 2, 2008, a total of 356 children have been accepted in the Pervasive Developmental Disorder Program. There are 378 children on the waiting list. Of the 356 children accepted, 65 have declined services, been disenrolled or closed their case.

Of the 291 children currently participating in the program, 85 percent meet Medicaid eligibility criteria and 15 percent are participating with 100 percent state funds. It was originally estimated that only 60 percent of the children would be Medicaid eligible versus the current rate of 85 percent. These changes in current numbers result in more children being served.

Of the current PDD Program participants and applicants, 85 percent are male and 15 percent are female. Ninety-five percent (95%) of the children have a diagnosis of autism and 5 percent have other PDD diagnoses. Children ages 3 through 6 comprise 65 percent of participants, and children ages 7 through 10 comprise 35 percent.

The age breakdown at the child's initial assessment is as follows:

<u>Age</u>	<u>Percent</u>	<u>Total</u>
3	05%	
4	24%	
5	18%	
6	18%	65%
7	12%	
8	11%	
9	07%	
10	05%	35%
		100%

The average budget per child is \$37,105. This equates to an average of 30 hours per week of direct line applied behavior analysis therapy for these children. Over 70 percent of the participating children may receive 28 to 33 hours per week. In addition each child may also receive up to 6 hours per week of lead therapy. The number of hours approved for each child is determined by the child's initial assessment. This in-depth assessment consists of a battery of four standardized tests. The qualified provider monitors the actual delivery of therapy performed by trained staff. After 12 months of prescribed therapy, the battery of standardized tests will be repeated to assess the progress made and the child's new level of service need. Almost 7 percent of the children have completed 1 year of prescribed therapy. Second year assessments to measure treatment impact on these children is in process.

In the summer of 2006, DDSN set up meetings to recruit EIBI providers. This first effort generated 5 qualified providers. To date DDSN has recruited 13 qualified early intensive behavior intervention companies who, when combined, represent 32 DDSN-qualified professionals who can conduct adaptive assessments for the PDD program. Another 5 professionals are seeking DDSN-qualified status. The effort to recruit additional providers is ongoing, both in-state and outside of South Carolina, to offer families a choice of providers and to ensure a sufficient supply of providers to meet the service demand. To further these goals, DDSN developed a fiscal intermediary service for families who choose to hire and coordinate their own direct line therapists, working under a DDSN-qualified behavior professional.

2008-2009 General Appropriations Act

SECTION 24—J16—DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

24.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semi-annually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

2007-2008 General Appropriations Act
SECTION 11 – J16 – DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

11.9. (DDSN: Pervasive Developmental Disorder) The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver.

Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder.

"Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semi-annually to the General Assembly and the Governor on the developmental progress of the children participating in the project. This provision does not establish or authorize creation of an entitlement program or benefit.

2006 – 2007 General Appropriations Act
SECTION 73 – X91 – STATEWIDE REVENUE
73.14 (SR: Unobligated FY 05-06 General Fund Revenue)

(9) (c) Pervasive Developmental Disorder Pilot Project.....\$3,000,000;

(9.1) The three million dollars appropriated to the Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, shall be designated for a Medicaid pilot project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The pilot project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the pilot project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award grants or negotiate and contract with public or private entities to implement intervention programs for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. By June 30, 2007, the department shall report to the General Assembly and the Governor on the developmental progress of the children participating in the pilot project. This provision does not establish or authorize creation of an entitlement program or benefit.

SOUTH CAROLINA Department of Disabilities and Special Needs

Pervasive Developmental Disorder Waiver Information Sheet

Prior to 1991, the Federal Medicaid program paid for services to SCDDSN consumers only if that person lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services to collaborate with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based Waiver program for people with Pervasive Developmental Disorders (PDD). This waiver was approved in January 2007.

PDD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services can be limited due to provider availability in the recipient's county. A list of enrolled and qualified providers of PDD Waiver services can be located at the SCDDSN website (www.state.sc.us/ddsn/) or by contacting the local Disabilities and Special Needs Board in the county in which the recipient lives.

PDD Waiver Participation

To participate in the PDD Waiver, a person must:

- ✓ be age three through ten.
- ✓ be diagnosed with Autism or other Pervasive Developmental Disorder by age eight.
- ✓ be eligible to receive Medicaid or already qualified for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/MR.
- ✓ have needs that can be met by the PDD Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the PDD Waiver, choose to receive PDD Waiver services, and choose among qualified providers.

PDD Waiver Termination

PDD Waiver Enrollment is terminated when the recipient:

- ✓ is admitted to an ICF/MR or nursing facility.
- ✓ no longer meets ICF/MR Level of Care.
- ✓ is no longer eligible for Medicaid as determined by SCDHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the PDD Waiver.
- ✓ does not receive a PDD waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ turns eleven or upon three years of enrollment.

Applying for PDD Waiver Services

- If your child is age three through ten, contact the PDD Intake and Referral Call Center at 1-888-576-4658.
- Inform the screener that you wish to apply for the PDD Waiver. The screener will complete the initial paper work, help to obtain basic information and offer the choice of Service Coordination providers.
- You will receive written response from SCDDSN regarding your PDD Waiver application once the Freedom of Choice and Level of Care have been completed.
- If your child is age three through ten and currently receiving services from DDSN, contact your child's Service Coordinator concerning PDD services.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 365 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Service Coordinator or Early Interventionist to make sure that your plan is completed timely every year.

PDD State Funded Program

Children who do not meet ICF/MR Level of Care, but meet all other eligibility requirements may receive services outside the waiver through the State Funded PDD program if funding is available.

Pervasive Developmental Disorder Program Fact Sheet

- Money was appropriated to DDSN to fund the Pervasive Developmental Disorder (PDD) Program for children with a Pervasive Developmental Disorder from age 3 through 10.
- To participate in this waiver, a child must meet three criteria:
 1. be diagnosed with a PDD by age eight
 2. meet Medicaid medical criteria (ICF/MR level of care)
 3. meet Medicaid financial eligibility criteria
- If a child does not meet the medical and/or financial criteria for the waiver, but meets the diagnostic and age criteria, they will be eligible to receive services outside the waiver through the Pervasive Developmental Disorder State Funded Program.
- Services shall not exceed three years.
- The cost of services shall not exceed \$50,000 per year.
- The specific service is Early Intensive Behavioral Intervention (EIBI). The focus will be on utilizing the principles of Applied Behavior Analysis to treat children with a PDD.
- The number of hours per week each child receives are based on a DDSN review of relevant assessments, documentation and instructional environments. DDSN will make the final determination on the number of service hours each child receives.
- Children receiving EIBI services may receive no more than eight hours of services per day.
- A list of qualified service providers will be made available to families so they can select the provider of their choice.
- Services will be authorized by the DDSN State Waiver Coordinator on a first-come-first-served basis after all required documents have been completed and submitted and it has been determined that the child has met all the requirements necessary to receive services through the waiver or with all state dollars.
- The number of children who may be served through the waiver at any one time during the year shall be limited only by the availability of funds to pay for the requested service and the waiver cap on allowed individuals.
- Applicants who are determined eligible for EIBI services but who can not be served due to funding constraints shall be eligible for placement on a wait list maintained by the Department. The date and time all information is received from the Service Coordinator by the DDSN State Waiver Coordinator shall be used to establish the order of an applicant's place on the wait list.

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

Legislative History

During the 2006 session of the South Carolina General Assembly, parent advocates organized a grassroots initiative seeking new legislation that would require insurance companies to provide coverage for the treatment of a Pervasive Developmental Disorder (PDD). At the time the insurance companies opposed this mandate. As a compromise to both help families and hold insurance companies harmless, \$3 million in non-recurring funds was appropriated to the Department of Disabilities and Special Needs (DDSN) by the General Assembly. These one-time funds came with specific instructions to the agency, via a budget proviso, regarding the new program to be coordinated with the Department of Health and Human Services (DHHS) to provide therapies to young children diagnosed with a PDD.

During the legislative process it was acknowledged that some children were receiving some services through the BabyNet program or through their school. It was clear that this new program and new funds were not to replace or enhance these pre-existing entitlement programs. Those are to continue. The new DDSN/DHHS initiative is not an entitlement program and is to be separate from BabyNet and education services, thus not duplicating state services.

Funding Issues

Data from MUSC about the prevalence of PDD in children in South Carolina along with data from DHHS and the Department of Education indicate there are about 1,100 children who may be eligible for this new PDD Program. It was estimated that the \$3 million appropriated could serve about 140-150 of these children, some through a new Medicaid waiver and some with 100% State funds. Every effort has been made to obtain Medicaid eligibility for each child. This helps more children receive the services they need. However, a child does not have to qualify for Medicaid to get this service.

It was clear that all interested families and their children who met the required criteria for participation in the program could not be served. Therefore, in addition to requesting the one-time \$3 million appropriated be funded with recurring dollars, DDSN requested an additional \$4.5 million in its 2007-2008 budget request to serve an additional 220 children with PDD. It was estimated that a total of \$7.5 million could serve approximately 370, or about one-third of the total 1,100 children. This funding was approved by the General Assembly and the Governor for FY 2007-2008.

Service Development

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) early intensive behavioral intervention (EIBI) and 2) case management.

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

The initial \$3 million one-time service funds were not available to DDSN until December 2006. Over the summer and early fall of 2006, DDSN and DHHS completed a Medicaid waiver application, held a public meeting attended by over 50 interested parents, advocates and providers, and met with Centers for Medicare and Medicaid Services (CMS) officials. The final version of the application was submitted for federal review and comment on September 28, 2006, which usually takes up to 90 days. The federal government (CMS) approved South Carolina's PDD waiver effective January 1, 2007, without any changes. This was only the second waiver of this type approved in the nation.

Meanwhile, DDSN developed information and referral strategies and application procedures, including the establishment of a toll-free number. Information was shared with families and providers, sent to the media and published on the Internet. Parents or families interested in applying for services were encouraged to gather the necessary information and documentation to prevent delay of their child's application process.

Application Response and Process

The initial round of applications was accepted from 8:30 A.M. Thursday, December 28, 2006, until 5:00 P.M. Friday, January 12, 2007. Applications received during this time period were considered by DDSN to be received at the same time. This was the fairest way for all families to start on a level playing field since the funding was not enough to serve every child. Using this process meant it did not matter where someone lived, if they were privately paying for the service or if they were receiving DDSN services.

On Wednesday, January 17, 2007, applications were randomly selected one at a time and numbered in the order they were drawn. This process continued until all of the applications received by 5:00 P.M. Friday, January 12, 2007, had a number. Applications received or postmarked after January 12, 2007, are added on a first-come, first-served basis.

About 390 applicants were received in the first round. DDSN expected that only about 140 to 150 children would be able to participate in the new program at this time based on available funding.

Once numbered, the applications go through the next step of the process in numerical order. This is the Intermediate Care Facility/Mental Retardation (ICF/MR) level of care determination. This process is required by Medicaid to confirm the child's diagnosis of PDD and determine whether or not the child's services can be provided through the PDD Medicaid waiver. Diagnostic evaluations for this process are only repeated if they do not meet a quality standard. DDSN took as many initial applications as possible through the ICF/MR level of care determination until all slots were filled. The remaining applicants were placed on a waiting list.

After a child is accepted into the program, the family chooses an Applied Behavior Analysis (ABA) Consultant from a list of DDSN qualified Consultants who are specially trained in Pervasive Developmental Disorders. The Consultant assesses the child, evaluating his/her individual needs. If the child is already receiving EIBI services, the Consultant evaluates the existing treatment plan and its effectiveness. If the child has no preexisting plan, a more detailed assessment is required.

The Consultant forwards his/her evaluations to DDSN. A treatment plan is approved authorizing the number of hours of EIBI the child will receive based on individual needs. The Consultant

then coordinates the implementation of the treatment plan. Trained individuals work with the child one-on-one in the child's home. During this year, DDSN developed a service manual for all providers to use.

Results

As of June 30, 2007, a total of 140 children have been accepted in the Pervasive Developmental Disorder Program. Of these 140 children, 89 meet Medicaid eligibility criteria, 33 are pending Medicaid eligibility, and 18 (13 percent) are participating with 100 percent state funds. There are 382 children on the waiting list. The new \$4.5 million appropriated for FY 2008 will serve approximately 350 children on this waiting list.

The original estimate was to serve only 220 children from the waiting list. However, it was originally estimated that only 60 percent of the children would be Medicaid eligible versus the current rate of 87 percent. In addition, the original cost estimate was \$35,200 per child versus the current average of \$38,783. These changes in current numbers will result in more children being served.

Of the current PDD Program participants and applicants, 84% are male and 16% are female. Ninety-five percent (95%) of the children have a diagnosis of autism and 5% have other PDD diagnoses. Children ages 3 through 6 comprise 67% of participants and children age 7 through 10 comprise 33%.

The age breakdown is as follows:

<u>Age</u>	<u>Percent</u>	<u>Total</u>
3	18%	
4	21%	
5	18%	
6	10%	67%
7	13%	
8	10%	
9	7%	
10	3%	33%
		100%

The average budget per child is \$38,783. This equates to an average of 29 hours per week of applied behavior analysis therapy for these children. The number of hours provided each child is determined by the individual's initial assessment. This in-depth assessment consists of a battery of four standardized tests. The provider monitors the actual delivery of therapy performed by trained staff. After 12 months of prescribed therapy, the battery of standardized tests will be repeated to assess the progress made and the individual's new level of service need.

In the summer of 2006, DDSN set up meetings to recruit EIBI providers. This first effort generated 5 qualified providers. To date DDSN has recruited 13 qualified early intensive behavior intervention providers. The effort to recruit additional providers is ongoing, both in-state and outside of South Carolina, to offer families a choice of providers and to ensure a sufficient supply of providers to meet the service demand. To further these goals, DDSN is also developing a fiscal intermediary service for families who choose to hire and coordinate their own therapists who would work with a qualified EIBI provider.

Due to the enormous task of getting approval of a new Medicaid waiver, creating eligibility criteria, creating program and service criteria, determining and processing each child's eligibility, and recruiting and educating providers, among other activities, actual therapy services began the last quarter of the fiscal year. Therefore DDSN is unable to report on the developmental progress of program participants at this time. It is expected that results will be measurable after actual service delivery is in process for at least one year.

FY 2008

A total of \$7.5 million has been appropriated to DDSN for the PDD Program. In order to prepare for the next year, during the FY 2008 budget process, DDSN requested DHHS submit an amendment to the Centers for Medicare and Medicaid (CMS) to increase the cap on the number of children who can be served through the new PDD Medicaid waiver up to 550 individuals. On August 1, 2007, DHHS received notice from CMS that the amendment was approved. DDSN has made all the necessary preparations to ensure the next 110 children on the waiting list have adequate records in the file to assure timely enrollment in the PDD Program. DDSN anticipates being able to serve a total of approximately 500 children with the funds appropriated.

In addition, DDSN and the University of South Carolina (USC) have entered into a new collaborative agreement. DDSN will contract with USC to increase the capacity of qualified ABA providers. USC will offer five graduate-level courses that will prepare individuals to take the national ABA Certification exam. The first class will begin the 2007 fall semester.

August 6, 2007

South Carolina Department of Disabilities and Special Needs

Debt Service Account Report as required by Proviso

August 2016
July 2015
July 2014

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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Catherine O. Fayssoux
Vicki A. Thompson

August 1, 2016

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

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

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

Dear Governor Haley, Chairman Leatherman and Chairman White:

Pursuant to PART IB, SECTION 36-J160 – Department of Disabilities and Special Needs, 36.10 (DDSN: Debt Service Account) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the activity of its Debt Service Account. These funds are used to properly maintain facilities and properties to ensure the health and safety of consumers, staff and the public, and to ensure compliance with federal and state requirements, including the ADA. The agency greatly appreciates the valuable work of the SC Department of Administration, the Joint Bond Review Committee, the State Fiscal Accountability Authority and their respective staffs in support of our efforts to provide quality services.

Please contact us if you require additional information.

Sincerely,

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

BAHB/dg

CC: Angie Willis
Ryan Burnaugh

DISTRICT I

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

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

1342

DISTRICT II

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

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

SC Department of Disabilities and Special Needs
 FYE 06/30/2016 - Report of Debt Service Account Activity
 Pursuant to Proviso 36.10

Balance for E-16 4660 as of 06/30/2015

\$6,640,236.55

Uses:

CIP 12-13	Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls	(241,325.00)	
CIP 13-14	Project	9882	Phase II	Statewide - Accessible Bathing Equipment	(211,775.00)	
CIP 13-14	Project	9883	Phase II	Coastal Center - HVAC Replacement - Centerview	(245,795.00)	
CIP 13-14	Project	9884	Phase II	Coastal Center - Consumer Life Improvements PM	(198,970.00)	
CIP 15-16	Project	9889	Phase I	Pee Dee Center - Pecan / Support Bldgs Roof R&R 16CPIP	(5,250.00)	
CIP 15-16	Project	9889	Phase II	Pee Dee Center - Pecan / Support Bldgs Roof R&R 16CPIP	(344,750.00)	
CIP 14-15	Project	9890	Phase I	Statewide - Emergency Generators 15 CPIP	(3,375.00)	
CIP 14-15	Project	9890	Phase II	Statewide - Emergency Generators 15 CPIP	(221,625.00)	
CIP 15-16	Project	9891	Phase I	Coastal Center - Highlands 510 Roof 16CPIP	(3,735.00)	
CIP 15-16	Project	9891	Phase II	Coastal Center - Highlands 510 Roof 16CPIP	(245,265.00)	
CIP 14-15	Project	9892	Phase I	Coastal Center - Preventive Maintenance	(3,735.00)	
CIP 14-15	Project	9892	Phase II	Coastal Center - Preventive Maintenance	(245,265.00)	
Interim	Project	9893	Phase I	Pee Dee Region - Williamsburg Day Program - Addition	(9,000.00)	
Interim	Project	9893	Phase II	Pee Dee Region - Williamsburg Day Program - Addition	(741,000.00)	
CIP 13-14,14-15	Project	9894	Phase I	Whitten Center - Demolition of Regional Ofc Bldg & #103	(2,265.00)	
CIP 13-14,14-15	Project	9894	Phase II	Whitten Center - Demolition of Regional Office Bldg	(148,735.00)	
CIP 16-17	Project	9894	Increase	Whitten Center - Add Demolition of Vehicle Services Bldg	(98,500.00)	
CIP 13-14	Project	9895	Phase I	Whitten Center - Consumer Life Improvements PM 14CPIP	(3,682.50)	
CIP 15-16	Project	9896	Phase I	Midlands Center - Campus Wide - Prev Maint 16CPIP	(3,375.00)	
CIP 15-16	Project	9896	Phase II	Midlands Center - Campus Wide - Prev Maint 16CPIP	(221,625.00)	
CIP 15-16	Project	9897	Phase I	Pee Dee / Saleeby - Campus Wide - Prev Maint 16CPIP	(3,600.00)	
CIP 15-16	Project	9897	Phase II	Pee Dee / Saleeby - Campus Wide - Prev Maint 16CPIP	(236,400.00)	
CIP 15-16	Project	9898	Phase I	Statewide - Community Facilities - Prev Maint 16 CPIP	(3,600.00)	
CIP 15-16	Project	9898	Phase II	Statewide - Community Facilities - Prev Maint 16 CPIP	(236,400.00)	
CIP 15-16	Project	9899	Phase I	Coastal Center - Campus Wide - Prev Maint	(2,925.00)	
CIP 15-16	Project	9899	Phase II	Coastal Center - Campus Wide - Prev Maint 16CPIP	(192,075.00)	
CIP 14-15	Project	9900	Phase I	Coastal Center - Dental Clinic Renovations	(3,735.00)	
Interim	Project	9901	Phase I	Coastal Center - Roof Repairs	(28,000.00)	
Total Uses						\$ (3,905,782.50)

Sources:

Interest					75,297.21	
Other Deposits					2,148,450.00	
Total Sources						\$2,223,747.21

Balance for E-16 4660 as of 06/30/2016

\$4,958,201.26

DDSN Commission Approved Projects as of 06/30/2016 - DDSN Activity for Approval from the SC Department of Administration/
 Joint Bond Review Committee/State Fiscal Accountability Authority:

				Whitten Center - Sloan Bldg Adaptive Reuse 14CPIP	(90,000.00)	
Project	9900	Phase II		Coastal Center - Dental Clinic Renovations	(246,265.00)	
Project	9895	Phase II		Whitten Center - Consumer Life Improvements PM 14CPIP	(244,317.50)	
Project	9868	Phase II		Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 2 of 5 15 CPIP	(245,000.00)	
				Whitten Center - Campus Wide - Prev Maint 16CPIP	(212,500.00)	
				Statewide Emergency Generators 16CPIP	(230,000.00)	
Project	9901	Phase II		Coastal Center - Roof Repairs	(722,000.00)	
Project	9868	Phase II		Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 3 of 5 16CPIP	(245,000.00)	
				Statewide - Community Facilities - Prev Maint 17 CPIP	(499,950.00)	
				Statewide - Accessible Bathing and Lifting Equip 17 CPIP	(245,000.00)	
				Coastal Center - Prev Maint 17 CPIP	(200,000.00)	
				PeeDee and Saleeby Centers - Prev Maint 17 CPIP	(245,000.00)	
				Whitten Center - Prev Maint 17 CPIP	(200,000.00)	
				Midlands Center - Prev Maint 17 CPIP	(220,000.00)	
				Statewide - Reg Ctrs - Prev Maint 17 CPIP	(240,000.00)	
				Statewide - Site Infrastructure Prev Maint 17 CPIP	(200,000.00)	
Sub-total						<u>(4,285,032.50)</u>

Unobligated E-16 4660 as of 06/30/2016

\$673,168.76

*** SCDDSN owns approximately 200 buildings statewide which have a historical cost in excess of \$100 Million when combined with Building Improvements and Land Improvements. The above unobligated amount is 2% of that value and is available for timely response to emergencies, necessary repairs and disasters to ensure the safety of consumers and Federal / State compliance.

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
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Susan Kreh Beck
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July 29, 2015

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 36-J16-Department of Disabilities and Special Needs, 36.10 (DDSN: Debt Service Account) of the 2015-2016 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the activity of its Debt Service Account. These funds are used to properly maintain facilities and properties to ensure the health and safety of consumers, staff and the public, and to ensure compliance with federal and state requirements, including the ADA. The agency greatly appreciates the valuable work of the Joint Bond Review Committee, the Budget and Control Board and their respective staffs in support of our efforts to provide quality services.

Please contact us if you require additional information.

Sincerely,

A handwritten signature in black ink that reads "Beverly A. H. Buscemi Ph.D." The signature is written in a cursive, flowing style.

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497
1344

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

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

DISTRICT II

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

SC Department of Disabilities and Special Needs
 FYE 06/30/2015 - Report of Debt Service Account Activity
 Pursuant to Proviso 36.10

Balance for E-16 4660 as of 06/30/2014

\$7,702,691.15

Uses:

Project	9869	Phase II	Statewide - Fire Alarm and HVAC Equipment Replace	(241,325.00)	
Project	9879	Phase II	Midlands Center - Consumer Life Improv / PM	(234,430.00)	
Project	9881	Phase II	PeeDee & Saleeby Centers - Consumer Life Improv / PM	(197,000.00)	
Project	9880	Phase II	Midlands Center - Demolition of Rondeau Bldg	(167,450.00)	
Project	9878	Phase II	Statewide - Emergency Generators 14CPIP	(236,400.00)	
Project	9877	Phase II	Statewide - Fire Protection Repair & Replacement	(245,265.00)	
Project	9871	Phase II	Statewide - Community Facilities - Prev Maint	(245,757.50)	
Project	9870	Phase II	Statewide - Building Envelope Repairs	(236,400.00)	
Project	9882	Phase I	Statewide - Accessible Bathing Equipment	(3,225.00)	
Project	9883	Phase I	Coastal Center - HVAC Replacement - Centerview	(3,705.00)	
Project	9884	Phase I	Coastal Center - Consumer Life Improvements PM	(3,030.00)	
Project	9885	Phase I	Whitten Center - Preventive Maintenance	(3,225.00)	
Project	9886	Phase I	Midlands Center - Preventive Maintenance	(5,850.00)	
Project	9887	Phase I	Statewide - Community Facilities - PM / Conversions	(6,000.00)	
Project	9888	Phase I	Pee Dee & Saleeby Centers - Preventive Maint	(7,830.00)	
Project	9885	Phase II	Whitten Center - Preventive Maintenance	(211,775.00)	
Project	9886	Phase II	Midlands Center - Preventive Maintenance	(384,150.00)	
Project	9887	Phase II	Statewide - Community Facilities - PM / Conversions	(394,000.00)	
Project	9888	Phase II	Pee Dee & Saleeby Centers - Preventive Maint	(514,170.00)	
			Total Uses		\$ (3,340,987.50)

Sources:

Interest		74,996.64	
Other Deposits		2,203,536.26	
	Total Sources		\$2,278,532.90

Balance for E-16 4660 as of 06/30/2015

\$6,640,236.55

DDSN Commission Approved Projects as of 06/30/2015 - DDSN Preparing Submission to SC Department of Administration
 or State Fiscal Accountability Authority for Approval :

Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls	(241,325.00)	
Project	9883	Phase II	Coastal Center - HVAC Replacement - Centerview	(245,795.00)	
Project	9884	Phase II	Coastal Center - Consumer Life Improvements PM	(198,970.00)	
Project	9882	Phase II	Statewide - Accessible Bathing Equipment	(211,775.00)	
			Coastal Center - Preventive Maintenance	(250,000.00)	
			Coastal Center - Dental Clinic Renovations	(250,000.00)	
			Whitten Center - Demolition of Regional Office Bldg	(151,000.00)	
			Whitten Center - Sloan Bldg Adaptive Reuse 14CPIP	(90,000.00)	
			Whitten Center - Consumer Life Improvements PM 14CPIP	(248,000.00)	
			Statewide - Emergency Generators 15 CPIP	(225,000.00)	
Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 2 of 5 15 CPIP	(245,000.00)	
			Midlands Center - Campus Wide - Prev Maint 16CPIP	(225,000.00)	
			Whitten Center - Campus Wide - Prev Maint 16CPIP	(212,500.00)	
			Coastal Center - Highlands 510 Roof 16CPIP	(249,000.00)	
			Coastal Center - Campus Wide - Prev Maint 16CPIP	(195,000.00)	
			Pee Dee Center - Pecan / Support Bldgs Roof R&R 16CPIP	(350,000.00)	
			Pee Dee / Saleeby - Campus Wide - Prev Maint 16CPIP	(240,000.00)	
			Statewide - Community Facilities - Prev Maint 16 CPIP	(240,000.00)	
			Statewide Emergency Generators 16CPIP	(230,000.00)	
Project	9868	Phase II	Statewide - Reg Centers - Web-based Energy Mgmt Controls yr 3 of 5 16CPIP	(245,000.00)	
			Sub-total		<u>-\$4,543,365.00</u>

Unobligated E-16 4660 as of 06/30/2015

\$2,096,871.55

*** SCDDSN owns approximately 200 buildings statewide which have a historical cost in excess of \$100 Million when combined with Building Improvements and Land Improvements. The above unobligated amount is 2% of that value and is available for timely response to emergencies, necessary repairs and disasters to ensure the safety of consumers and Federal / State compliance.

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas R. Waring
Associate State Director
Administration



3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov
July 31, 2014

COMMISSION
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Chairman
Fred Lynn
Vice Chairman
Eva R. Ravenel
Secretary
William O. Danielson
Katherine W. Davis
Katherine Llamas Finley
Harvey E. Shiver

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART 1B, SECTION 36-J16-Department of Disabilities and Special Needs, 36.11 (DDSN: Debt Service Account) of the 2014-2015 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the activity of its Debt Service Account. These funds are used to properly maintain facilities and properties to ensure the health and safety of consumers, staff and the public, and to ensure compliance with federal and state requirements, including the ADA. The agency greatly appreciates the valuable work of the Joint Bond Review Committee, the Budget and Control Board and their respective staffs in support of our efforts to provide quality services.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Tim Rogers

DISTRICT I

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DISTRICT II

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Saleeby Center - Phone: 843/332-4104

**SC Department of Disabilities and Special Needs
 FYE 06/30/2014 - Report of Debt Service Account Activity
 Pursuant to Proviso 36.11**

Balance for E-16 4660 as of 6/30/2013 **\$8,892,784.53**

Uses:

Project 9863	Central Office-Safety/Code/Energy Repairs	\$2,758,000.00	
Project 9864	Statewide - Sitework Lifecycle Repairs/Improvements	244,280.00	
Project 9865	Coastal Center-Highlands 510 HVAC Replacement	244,280.00	
Project 9866	Coastal Center-Gymnasium Roof Replacement	223,500.00	
Project 9867	Coastal Center-Energy Eff Lighting Replacement	172,375.00	
Project 9868	Statewide - Reg Ctrs - Web-based Energy Mgmt Controls System Replacement	3,675.00	
Project 9869	Statewide - Fire Alarm and HVAC Equipment Replacements	3,675.00	
Project 9870	Statewide - Building Envelope Repairs	3,600.00	
Project 9871	Statewide - Community Facilities - Prev Maint	3,742.50	
Project 9872	Hampton/Zeigler Comm. Residence Renovations	195,000.00	
Project 9873	Coastal Center -Drainage/Landsc/Door/Window Replacements	200,000.00	
Project 9874	Statewide - Network Infrastructure/Telephone System Replacement	840,000.00	
Project 9875	Whitten Center - Eight Dormitories Renovations	150,000.00	
Project 9876	Whitten Center - Dorm & Kitchen Upgrades	249,900.00	
Project 9877	Statewide - Fire Protection Repair & Replacement	3,735.00	
Project 9878	Statewide - Emergency Generators	3,600.00	
Project 9879	Midlands Center - Consumer Life Improvements Prev Maint	3,570.00	
Project 9880	Midlands Center - Demolition of Rondeau Bldg	2,550.00	
Project 9881	PeeDee & Saleeby Centers - Consumer Life Improvements Prev Maint	3,000.00	
	Total Uses	3,000.00	(5,308,482.50)

Sources:

Interest	\$104,937.12	
Other Deposits	4,013,452.00	
Total Sources	4,118,389.12	

Balance for E-16 4660 as of 6/30/2014 **\$7,702,691.15**

DDSN Commission Approved Projects Submitted to B&CBD as of 06/30/2014

Project 9868	Statewide - Reg Ctrs - Web-based Energy Mgmt Controls System Replacement	\$245,000.00
Project 9869	Statewide - Fire Alarm and HVAC Equipment Replacements	241,325.00
Project 9874	Statewide - Network Infrastructure/Telephone System Replacement	340,000.00
Project 9879	Midlands Center - Consumer Life Improvements Prev Maint	234,430.00
Project 9881	PeeDee & Saleeby Centers - Consumer Life Improvements Prev Maint	197,000.00
	Pee Dee & Saleeby Centers - Preventative Maintenance	522,000.00
	Statewide - Emergency Generators	225,000.00
	Statewide - Community Facilities-Prev Maint /Conversion	400,000.00
	Midlands Center - Preventative Maintenance	390,000.00
	Whitten Center - Preventative Maintenance	325,000.00
	Coastal Center - Preventive Maintenance	250,000.00
	Coastal Center - Dental Clinic Renovations	250,000.00

	Whitten - Demolition of Regional Office Bldg	50,000.00	
Project 9870	Statewide - Building Envelope Repairs	236,400.00	
Project 9871	Statewide - Community Facilities - Prev Maint	245,757.50	
Project 9877	Statewide - Fire Protection Repair & Replacement	245,265.00	
Project 9878	Statewide - Emergency Generators	236,400.00	
Project 9880	Midlands Center - Demolition of Rondeau Bldg	167,450.00	
	Coastal Center-HVAC Replacement - Centerview, B-2, Old Dining Room - Phase I	3,705.00	
	Coastal Center - Consumer Life Improvements Prev Maint - Phase I	3,030.00	
	Statewide - Accessible Bathing Equipment - Phase I	3,225.00	
	Subtotal		(4,810,987.50)

DDSN Commission Approved Projects as of 06/30/2014 - DDSN Preparing Submission to B&CBD for Approval

Project 9858	Statewide - Reg Ctrs - Web-based Energy Mgmt Controls System Replacement	\$241,325.00	
	Whitten Center - Sloan Building Adaptive Reuse	90,000.00	
	Whitten Center - Demolition of the Regional Office Bldg	101,000.00	
	Whitten Center - Consumer Life Improvements	248,000.00	
	Coastal Center-HVAC Replacement - Centerview, B-2, Old Dining Room - Phase II	243,295.00	
	Coastal Center - Consumer Life Improvements Prev Maint - Phase II	198,970.00	
	Statewide - Accessible Bathing Equipment - Phase II	211,775.00	
	Subtotal		(1,334,365.00)

SCDDSN Commission Approved Projects in Process as of 06/30/2014

(\$6,145,352.50)

Unobligated E-16 4660 at 06/30/2014

\$1,557,338.65

*** SCDDSN owns approximately 200 buildings statewide which have a historical cost in excess of \$100 Million when combined with Building Improvements and Land Improvements. The above unobligated amount is 1.5% of that value and is available for timely response to emergencies, necessary repairs and disasters to ensure safety of consumers and Federal / State compliance.

South Carolina Department of Disabilities and Special Needs

Carry Forward Authorization as required by Proviso

September 2016
September 2015

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov
September 16, 2016

COMMISSION
William O. Danielson
Chairman
Eva R. Ravenel
Vice Chairman
Gary C. Lemel
Secretary
Mary Ellen Barnwell
Sam F. Broughton, Ph.D.
Catherine O. Fayssoux
Vicki A. Thompson

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

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

Dear Chairman Leatherman and Chairman White:

Pursuant to PART IB, SECTION 36-J16-Department of Disabilities and Special Needs, 36.14 (DDSN: Carry Forward Authorization) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the balance carried forward of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year. The balance of \$939,561 was unspent from the \$6.6 million appropriated for FY 2016 and carried forward into FY 2017. These funds will be used during FY 2017 for the waiting list reduction initiative.

The agency greatly appreciates the General Assembly's support of the department's effort to serve our citizens with lifelong disabilities and their families. Thank you for your leadership and commitment. Please contact us if you require any additional information.

Thank you.

Sincerely,

A handwritten signature in cursive that reads "Beverly A. H. Buscemi Ph.D.".

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497
1350
Midlands Center - Phone: 803/935-7500
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DISTRICT II

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Phone: 843/832-5576
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Saleeby Center - Phone: 843/332-4104

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
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Policy
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Administration



COMMISSION
William O. Danielson
Chairperson
Fred Lynn
Vice Chairman
Eva R. Ravenel
Secretary
Mary Ellen Barnwell
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Gary C. Lemel
Vicki A. Thompson

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov
September 21, 2015

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

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

Dear Chairman Leatherman and Chairman White:

Pursuant to PART IB, SECTION 36-J16-Department of Disabilities and Special Needs, 36.14 (DDSN: Carry Forward Authorization) of the 2015-2016 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the balance carried forward of General Funds appropriated for the reduction of the department's waiting lists in the prior fiscal year. The balance of \$1,030,471 was unspent from the \$13.3 million appropriated for FY 2015 and carried forward into FY 2016. These funds will be used during FY 2016 for the waiting list reduction initiative.

The agency greatly appreciates the General Assembly's support of the department's effort to serve our citizens with lifelong disabilities and their families. Thank you for your leadership and commitment. Please contact us if you require any additional information.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Beverly A. H. Buscemi PM". The signature is written in a cursive style.

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
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1351

Midlands Center - Phone: 803/935-7500
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Saleeby Center - Phone: 843/332-4104

South Carolina Department of Disabilities and Special Needs

IMD Operations Report as Required by Proviso

October 2016
October 2015
October 2014
November 2013
November 2012
December 2011
November 2010



Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

Associate State Director

Operations

Susan Kreh Beck

Associate State Director

Policy

Thomas P. Waring

Associate State Director

Administration

COMMISSION

William O. Danielson

Chairman

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PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov
October 31, 2016

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.73. (GP: IMD Operations) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$1,023,448 in FY 2016 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
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Beverly A. H. Buscemi, Ph.D.
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Administration

COMMISSION
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Website: www.ddsn.sc.gov

October 30, 2015

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.74. (GP: IMD Operations) of the 2015-2016 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$985,932 in FY 2015 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

DISTRICT I

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October 31, 2014

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.78. (GP: IMD Operations) of the 2014-2015 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,739,835 in FY 2014 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

A handwritten signature in black ink that reads "Beverly A. H. Buscemi Ph.D.".

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

BAHB/sd

Cc: Angie Willis
Ryan Burnaugh

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Beverly A. H. Buscemi, Ph.D.
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Deborah C. McPherson
Eva R. Ravenel

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 Toll Free: 888/DSN-INFO
 Website: www.ddsn.sc.gov

November 1, 2013

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

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

The Honorable W. Brian White
 State Representative
 Chairman, House Ways and Means Committee
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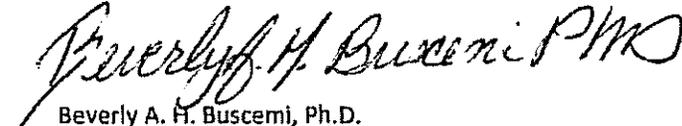
Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 117-X90-General Provisions, 117.80. (GP: IMD Operations) of the 2013-2014 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,797,393 in FY 2013 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,


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

BAHB/sd

Cc: Angle Willis
 Tim Rogers

DISTRICT I

P.O. Box 239
 Clinton, SC 29325 5328
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 Pea Dee Center - Phone: 843/664 7600
 Salceby Center - Phone: 843/332 4104



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David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy
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PO Box 4706, Columbia, South Carolina 29240
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Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

November 30, 2012

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

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

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

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

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

Please contact us if you require additional information.

Sincerely,

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

BAHB/sd

Cc: Angie Willis
Tim Rogers

DISTRICT I

DISTRICT II

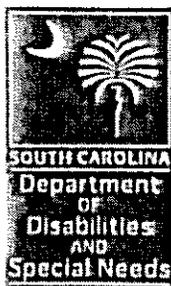
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December 13, 2011

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

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

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

Dear Governor Haley, Chairman Leatherman, and Chairman White:

Pursuant to PART IB, SECTION 89-X90-General Provisions, 89.91. (GP: IMD Operations) of the 2011-2012 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,584,946 in FY 2011 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

Handwritten signature of Beverly A. H. Buscemi in black ink.
Beverly A. H. Buscemi, Ph.D.
State Director

cc: Angie Stoner
Tim Rogers

P.O. Box 239
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November 29, 2010

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P.O. Box 12267
Columbia, SC 29211

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

The Honorable Daniel T. Cooper
State Representative
Chairman, House Ways and Means Committee
525 Blatt Building
Columbia, SC 29201

Dear Gentlemen:

Pursuant to PART IB, SECTION 89-X90-General Provisions, 89.101. (GP: IMD Operations) of the 2010-2011 General Appropriations Act, the SC Department of Disabilities and Special Needs is reporting on the expenditure of all IMD transition funds.

DDSN expended \$2,338,000 in FY 2010 for children receiving IMD services. The total amount of IMD funds received by DDSN was \$900,800. IMD funds were not spent on administration or to fund FTEs.

Please contact us if you require additional information.

Sincerely,

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

cc: Angie Stoner
Marc Aquino
DISTRICT I

DISTRICT II

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South Carolina Department of Disabilities and Special Needs

Means Test Report as required by Proviso

December 2016
January 2014

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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Catherine O. Fayssoux
Vicki A. Thompson

December 30, 2016

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, South Carolina 29202

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

Dear Gentlemen:

Pursuant to PART IB, SECTION 117-X90-GENERAL PROVISIONS 117.91. (GP: Means Test) of the 2016-2017 General Appropriations Act, the SC Department of Disabilities and Special Needs is providing the enclosed information on means testing.

The State of South Carolina and the Department of Disabilities and Special Needs (DDSN) recognizes and appreciates that families are the greatest resource available to individuals with disabilities and the State for providing care and supervision. Every effort is made to support families in their role as primary caregivers and provide assistance based on the individual consumer's need and the family's ability to provide care. Individual and Family Support and Respite funding is provided to assist families providing the direct, hands-on care and supervision to their loved ones. A means test is one component used to consider requests for Individual and Family Support and Respite services. This is detailed in DDSN Department Directive 734-01-DD.

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Senator Hugh K. Leatherman, Sr.
Representative W. Brian White
December 30, 2016
Page 2

Pursuant to PART 1B, SECTION 36-J160 DEPARTMENT OF DISABILITIES 36.8 (DDSN: Pervasive Developmental Disorder), the agency has been working with DHHS to develop a plan to transition children in the PDD program to Medicaid State Plan services. In addition, the agency is developing a sliding fee scaled based on a means test to determine payment by a family for PDD services for children who are not Medicaid eligible. This new means test will be implemented in FY 2016-2017.

Means tests are not used to determine access to other DDSN services. State law does allow reasonable reimbursement to DDSN for services from the individual consumer, his/her estate or his/her parent or guardian under certain conditions. Therefore, DDSN does utilize resources available to individuals such as social security benefits, trusts or estates to pay some service costs. No service may be denied because of the inability to pay.

Thank you for your interest. Please let us know if you require additional information. We appreciate your leadership and steadfast support of individuals with severe lifelong disabilities and their families.

Sincerely,



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

BB/sd

Enclosure

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
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PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number: 734-01-DD
Title of Document: Individual and Family Support and Respite – State Funding
Date of Issue: August 8, 1989
Effective Date: August 8, 1989
Last Review Date: October 1, 2015
Date of Last Revision: October 1, 2015 (REVISED)
Applicability: Central Office; DSN Boards; Contracted Service Providers

The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. DDSN believes families should be supported in their role as primary caregivers and be assisted when needed to care for their family member(s) at home, if possible.

I. DEFINITION OF FAMILY

A “family” is an individual who is eligible for DDSN services, his/her parent(s), sibling(s), relative(s), or other caregiver(s) who reside in the same household as the DDSN eligible individual.

II. PURPOSE/OBJECTIVE

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide, when needed, financial assistance to families who care for an individual with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to:

1. Provide relief from the responsibilities of direct, hands-on caregiving and supervision; or
2. Improve an unsafe, risky or dangerous situation.

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Coastal Center - Phone: 843/873-5750
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IFS-R funding is directed toward those families who incur additional expenses due to the individual's disability. It is not intended to be used for typical expenses that are routinely incurred by families such as rent, utilities, childcare/babysitting for children under age 12, etc.

In accordance with state law, IFS-R funding is not an entitlement program or a general public assistance benefit. The receipt of IFS-R funding is intended to be limited, one-time or short term; it is not intended to be ongoing.

IFS-R funding should only be made available when needed goods or services cannot be funded by the family, other public agencies or community resources or through other DDSN services/programs. Consideration must be given to all of the resources available to the family, even those resources that cannot directly fund the needed goods or services. Priority must be given to those families with the greatest need.

PROHIBITIONS:

IFS-R funding shall **not** be available to:

- Those who are not DDSN eligible.
- Those who are enrolled in any Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), a Nursing Facility, or Assisted Living Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those receiving State Funded Community Supports may not also receive IFS-R funds for Respite.
- Those participating in the state-funded Pervasive Developmental Disorder (PDD) program.
- Those families with income above the threshold specified in Attachment A - Income Standards, of this Directive may not receive IFS-R funding for assistance to improve an unsafe, risky, or dangerous situation.

III. ADMINISTRATION

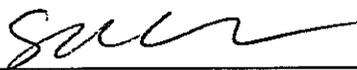
All boards/providers administering IFS-R funds are expected to do so fairly and equitably, allowing access to anyone who meets criteria and is considered part of their service area. Boards/Providers administering ISF-R funds do so without allocating administration costs from the award.

Each administering board/provider must develop a policy that aligns with this DDSN Directive and specifies the criteria and process to be used by the board/provider for the administration of IFS-R funds. The policy may include a maximum allowable amount per individual as long as the limit applies equally to all. The methods for monitoring the administration of the funds should also be specified.

Each administering board/provider must have a process whereby information necessary to make decisions about requests for funding is obtained. Each administering board/provider may develop its own application forms or use the forms attached to this DDSN Directive. The information contained in the forms attached to this DDSN Directive is required and must be collected by the administering board/provider. Any forms to be used to apply for IFS-R funding must readily be available and easily accessible to anyone wishing to apply.

Boards/Providers administering IFS-R funds must maintain a log of all requests received. This log should include the name of DDSN eligible individual, the type of request (family support or respite), the date of the request, the amount requested, whether or not the request was approved/denied, and the date the family was notified of the approval or denial.

When requests for IFS-R are not approved, the family must be notified of their right to appeal the decision. Families should follow the process outlined in DDSN's Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures.



Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)



Beverly A. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

- Attachment A - Income Standards
- Attachment B - Respite Application
- Attachment C - Family Support Application

**SC Department of Disabilities and Special Needs
Income Standards for Individual and Family Support**

FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?	FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?
1	\$0 - \$1,459	<input type="checkbox"/> YES	9	\$0 - \$5,519	<input type="checkbox"/> YES
1	\$1,460+	<input type="checkbox"/> NO	9	\$5,520+	<input type="checkbox"/> NO
2	\$0 - \$1,966	<input type="checkbox"/> YES	10	\$0 - \$6,026	<input type="checkbox"/> YES
2	\$1,967+	<input type="checkbox"/> NO	10	\$6,027+	<input type="checkbox"/> NO
3	\$0 - 2,474	<input type="checkbox"/> YES	11	\$0 - \$6,534	<input type="checkbox"/> YES
3	\$2,475+	<input type="checkbox"/> NO	11	\$6,535+	<input type="checkbox"/> NO
4	\$0 - \$2,981	<input type="checkbox"/> YES	12	\$0 - \$7,041	<input type="checkbox"/> YES
4	\$2,982+	<input type="checkbox"/> NO	12	\$7,042+	<input type="checkbox"/> NO
5	\$0 - \$3,489	<input type="checkbox"/> YES	13	\$0 - \$7,549	<input type="checkbox"/> YES
5	\$3,490+	<input type="checkbox"/> NO	13	\$7,550+	<input type="checkbox"/> NO
6	\$0 - \$3,996	<input type="checkbox"/> YES	14	\$0 - \$8,056	<input type="checkbox"/> YES
6	\$3,997+	<input type="checkbox"/> NO	14	\$8,057+	<input type="checkbox"/> NO
7	\$0 - \$4,504	<input type="checkbox"/> YES	15	\$0 - \$8,564	<input type="checkbox"/> YES
7	\$4,505	<input type="checkbox"/> NO	15	\$8,565+	<input type="checkbox"/> NO
8	\$0 - \$5,011	<input type="checkbox"/> YES	16	\$0 - \$9,071	<input type="checkbox"/> YES
8	\$5,012+	<input type="checkbox"/> NO	16	\$9,072	<input type="checkbox"/> NO

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS APPLICATION FOR FAMILY SUPPORT FUNDING

The purpose of Individual and Family Support (IFS) funding is to provide, when needed, financial assistance to families who care for a person with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to improve an unsafe, risky or dangerous situation. In accordance with state law, IFS funding is not an entitlement program or a general public assistance benefit.

Because these funds are limited, IFS funding is not be available to:

- Those who are not DDSN eligible.
- Those who are enrolled in any Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or a Nursing Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those families with income above the Income Standards specified in Attachment A may not receive IFS funding for assistance to improve and unsafe, risky, or dangerous situation.

IFS funding will only be made available when needed goods or services cannot be funded by the family, other public agencies or community resources or through other DDSN services/programs. Consideration will be given to all of the resources available to the family, even those resources that cannot directly fund the needed goods or services. Priority will be given to those families with the greatest need.

The policy, in its entirety, can be found on DDSN's website at [http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/734-01-DD%20-%20Revised%20\(012615\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/734-01-DD%20-%20Revised%20(012615).pdf).

Information about the DDSN Eligible Person

Name: _____ Date of Birth: _____

Address: _____

Who, other than the DDSN eligible person, lives in the home? List each person's relationship to the DDSN eligible person and his/her age (*for example: Mother – age 39; Father – age 40; Sister – age 12*)

The DDSN eligible person (check all that apply):

Is Medicaid Eligible?

Receives Children's Personal Care as a State Plan service.

Receives Private Duty Nursing as a State Plan service.

Has Applied for Medicaid: Date of Application: _____

Attends Public or Private School: Yes No

Receives Homebound Instruction - If yes, specify instructional time per week: _____

Is Homeschooled by Family?

Awaiting enrollment in a DDSN-operated Waiver (ID/RD, HASCI, CS, PDD)

Is enrolled/participates in a DHHS-operated Home and Community-based Waiver (SC Choices, Medically Complex Children's Waiver, HIV/AIDS Waiver, Vent)

Is currently employed? Full-time Part-time

Receives benefits through the Supplemental Nutritional Assistance Program (SNAP).

Is eligible for Medicare? Yes No

Part A

Part B

Part D

What is needed?

What item(s) or service(s) is/are needed by the DDSN eligible person? Describe:

Why is/are these item(s) or service(s) needed? Explain:

What other resources have been attempted or explored to obtain this/these item(s) or service(s)? List:

How much is needed? \$ _____

By when (what date) is it needed? _____

Household Income

Information about the monthly household earned and unearned income must be provided in order for the request to be considered. Verification of income must be provided (e.g., payroll check stub, copy of SSI check/deposit, bank statements, Trust Account information, Child Support, etc.). List the sources, amounts and contributor in the chart below and attach/enclose verification documents. **Attach additional pages if needed.**

Income Source	Monthly Amount	Contributed by whom?	Verification Attached Yes/No

Total Monthly Income \$ _____

(To qualify, Total Monthly Income may not exceed amount specified in the "Monthly Income" column of Attachment A)

Information about the Person Completing Application:

Printed Name: _____

Relationship to the DDSN Eligible Person: _____

Contact Information:

Address: _____

Telephone Number (s): _____

Email Address: _____

I certify that the above information is true and complete. I understand that submitting false information or use of Individual and Family Support Funds for purposes other than as requested may result in termination of assistance and a payback of expended funds to DDSN.

Signature of Person Completing Application

Date: _____

Submit Completed Forms to Deborah Mann

Email: dmann@ddsn.sc.gov

Fax: (803) 898-9653



Beverly A. H. Buscemi, Ph.D.
State Director
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Associate State Director
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Deborah C. McPherson
Eva R. Ravenel

January 3, 2014

The Honorable Hugh K. Leatherman, Sr.
State Senator
Chairman, Senate Finance Committee
111 Gressette Building
Columbia, SC 29202

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

Dear Gentlemen:

Pursuant to PART IB, SECTION 117-X90-GENERAL PROVISIONS 117.99. (GP: Means Test) of the 2013-2014 General Appropriations Act, the SC Department of Disabilities and Special Needs is providing the enclosed information on means testing.

The Department of Disabilities and Special Needs (DDSN) recognizes and appreciates that families are the greatest resource available to individuals with disabilities and the State for providing care and supervision. Every effort is made to support families in their role as primary caregivers and provide assistance based on the individual consumer's need and the family's ability to provide care. Individual and Family Support and Respite funding is provided to assist families providing the direct, hands-on care and supervision to their loved ones. A means test is one component used to consider requests for Individual and Family Support and Respite services. Please find attached DDSN Department Directive 734-01-DD which details the funding and approval requirements. In FY 2013, DDSN expended \$1,106,000 Family Support funds.

Means tests are not used to determine access to other DDSN services. State law does allow reasonable reimbursement to DDSN for services from the individual consumer, his/her estate or his/her parent or guardian under certain conditions. Therefore DDSN does utilize resources

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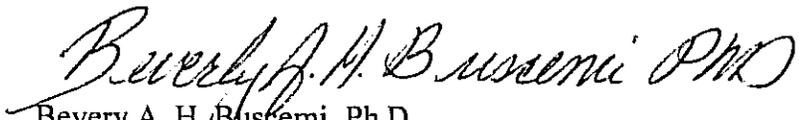
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available to individuals such as social security benefits, trusts or estates to pay some service costs. No service may be denied because of the inability to pay.

Thank you for your interest. If you require additional information, please contact Lois Park Mole on my staff. We appreciate your leadership and steadfast support of individuals with severe lifelong disabilities and their families.

Sincerely,


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

BB/dg

Enclosure

Beverly A. H. Buscemi, Ph.D.
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Reference Number: 734-01-DD
Title of Document: Individual and Family Support and Respite – State Funding
Date of Issue: August 8, 1989
Effective Date: August 8, 1989
Last Review Date: September 23, 2013
Date of Last Revision: September 23, 2013 (REVISED)
Applicability: Central Office; DSN Boards; Contracted Service Providers

The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. They should be supported in their role as primary caregivers and be provided the assistance needed to care for their family member at home, if possible. DDSN further believes that it is more efficient, cost effective and humane to support consumers and families in their efforts to care for their family members at home.

I. DEFINITION OF FAMILY

A “family” is an individual who is eligible for DDSN services and the parent(s), sibling(s), relative(s), or other caregiver(s), if applicable who reside in the same household as the consumer.

II. PURPOSE/OBJECTIVE

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide assistance to families in caring for a DDSN eligible person with an intellectual disability or related disability, autism, or traumatic brain injury or spinal cord injury or similar disability in order to:

- I. Assist those families who are providing direct, hands-on care and supervision to the consumer; or

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5128
Phone: (864) 938-3497

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

9995 Miles Jamison Road
Summersville, SC 29385
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/312-4104

2. Help those consumers or their families, who, with the IFS-R, would likely be in an unsafe, risky or dangerous situation.

Funding is directed toward consumers or families who can care for themselves at home, but incur additional expenses due to the disability and not for any consumer residing in any DDSN residential facilities or receiving DDSN operated Home and Community Based (HCB) Waiver services. This funding should be used for needs that are not incurred routinely by families with non-disabled individuals. For interpreter services, please refer to DDSN Directive 700-02-DD.

In accordance with state law, IFS-R is not an entitlement program or a general public assistance benefit. IFS-R is typically time limited and should not be ongoing except in rare circumstances that tie back to the two primary objectives of IFS-R funding. Careful monitoring of these situations is required. DSN Boards at the local level are responsible for carrying out this Directive for applicable consumers in their county (ies) regardless of who provides service coordination or early intervention to such consumers.

To maximize funds to provide respite, DSN Boards and Other Qualified Providers are encouraged to offer respite to individuals in group settings which are properly licensed, also known as Support Center Services, where such services can meet the individual's needs.

III. STATE FUNDING AND APPROVAL REQUIREMENTS

Annually each DSN Board is given an award for family support stipends and respite based upon the number of consumers who live in their own or family's home and not enrolled in a DDSN HCB Waiver. **All consumers receiving services from other qualified providers will be given fair and equal access to these funds.** This award should be used strictly for services with no administrative cost being allocated to the IFS-R award.

IFS-R should only be made available to the consumer or family, when needed goods or services cannot be funded by the consumer and his family, by other public agencies or community resources or through other DSN services/programs. Documentation of these efforts must be included in the request for IFS-R. Requests to assist families with routine costs of daily living (rent, utilities, food, clothing, etc.) should be approved only in extreme or unusual circumstances and after careful review. DSN Boards may set a dollar limit as long as it is applied equally to all consumers.

DSN Boards are required to maintain a log on all requests received. This log should include the name of consumer, requested item, requested amount, and approval/disapproval. The log must be submitted to the District Office by the 10th of the month following the approval. District staff will review the logs to monitor expenditures and ensure DDSN policy is followed. In cases where discrepancies are noted, District staff will either request additional information, or visit the DSN Board to assist with future compliance.

First Step: Means Test (Applicable to Individual/Family Support Only – Does Not Apply to Respite)

- A. IFS-R funding is directed toward consumers and their families based on the income of the consumer and family members residing in the same home as the consumer. See Attachment A for income parameters.

Second Step: Needs Test

- B. **Priority of Requests - When considering the priority to be given to requests for IFS-R, the following circumstances should be given the greatest priority**
1. Those families who are providing direct, hands-on care and supervision of the consumer, or
 2. Consumers or their families who, without the IFS-R, would likely be in an unsafe, risky or dangerous situation.
- C. **Not Eligible to Receive IFS-R**
- Those who are not eligible for DDSN services.
 - Those who are enrolled in DDSN operated HCB Waivers.
 - Those who are eligible for DDSN services in the “At-Risk” category (children three (3) to six (6) years).
 - Individuals applying for Medicaid through TEFRA and child’s only involvement with DDSN is for assistance with the Level of Care process.

IV. APPLICATION FOR IFS-R

The following must be used in requesting IFS-R funds. All information requested below must be included as part of any request for IFS-R. DSN Boards can use the attached forms or create their own forms provided that the same information is incorporated.

1. **Initiating A Request**
 - A. The service coordinator/early interventionist identifies the consumer’s or family’s need for assistance during the assessment or planning process or as a result of the consumer’s or family’s situation changing during the year.
 - B. The consumer’s Plan or other documentation must include the specific goods or services needed and justification of the need for the service(s). The request must include specific information to show how the amount requested was determined. For IFS a description of the services must be provided and must include documentation showing that other funding

inquires have been explored, and that the income means test justifies the request (e.g., the consumer's and family's income are insufficient to pay for IFS).

- C. Form #350, "*Request Form – Individual and Family Support/Respite.*" must be completed by the service coordinator/early interventionist and signed by the family or consumer. For IFS requests only (not for respite), a copy of a current pay stub or other means of verifying both earned and unearned income must be included for all household members. Use of the consumer's Social Security Income (SSI) and any other income including family members living in the same home will be part of the review process. (Attach copies of all income statements, including SSI, SSA, W2s, 1099s, Survivors & Disability Insurance amounts, savings accounts, and the like).
- D. In requesting exceptions to this policy (e.g., use of funds for a person who does not meet the income criteria, but has significant expenditures related to the person's disability), the same documentation must be included in the request to the DSN Board that is required to be submitted for the original request. These exceptions must be rare; the Executive Director makes the final decision.

2. *Approval Procedures*

When requesting local IFS-R, the DSN Board's family support staff will review materials submitted (or return for additional information) and make a recommendation with final approval/disapproval by the Executive Director or Designee. The Executive Director has the final authority.

3. *Payments*

- A. The original Form #351, "*Individual and Family Support Respite - Request for Payment*" for the approval period including the approval amount shall be included with request when application is submitted. A separate Form #351, "*Individual and Family Support Respite - Request for Payment*" shall be completed for each month of payment if on-going.
- B. Any unspent funds should be returned to the DSN Board/Provider for reallocation as soon as it is determined that all of the funds are not needed.

4. *Monitorship and Review*

- A. The receipt of service use of IFS-R must be monitored by the service coordinator, if consumer is on Level I or by the early interventionist if the consumer is receiving special instruction. The service coordinator/early interventionist must monitor on-going service provision at least quarterly

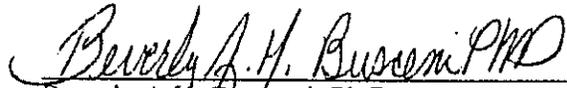
to determine the family's satisfaction with the amount, frequency, and duration of the service provided. Verification of receipt of services must be completed by either visiting the consumer during the time of the service or by reviewing attendance records/service reports.

To verify receipt of any one-time item that was to be purchased, the service coordinator/early interventionist must either visit the consumer/family or request receipt of purchased item from the family. If during the visit or lack of evidence via receipt it is determined that the stipend was not used as requested or used to pay a specific bill this should be documented and future requests should include such historical information. The service coordinator/early interventionist should notify the Executive Director/CEO of inappropriate use of funds. The Executive Director/CEO should then take the necessary steps to recoup funds.

- B. If at any time the service coordinator/early interventionist determines that the need of IFS-R is no longer justified, then he/she must notify the person approving the request and on-going funds must end.
- C. Should a DSN Board/Provider revise its current Individual and Family Support Respite Policy, it must forward a copy to the applicable District Office for approval.



Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Form 350 – Request Form – Individual and Family Support /Respite
Form 351 – Individual and Family Support/Respite – Request for Payment

Attachment A

MEANS TEST FOR IFS ONLY

FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS-R		FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS-R	
		YES	NO			YES	NO
1	\$0 - 1,579	√		9	\$0 - \$5,943	√	
1	\$1,580+		√	9	\$5,944+		√
2	\$0 - 2,125	√		10	\$0 - \$6,488	√	
2	\$2,126+		√	10	\$6,489+		√
3	\$0 - 2,670	√		11	\$0 - \$7,034	√	
3	\$2,671+		√	11	\$7,035+		√
4	\$0 - 3,216	√		12	\$0 - \$7,579	√	
4	\$3,217+		√	12	\$7,580+		√
5	\$0 - 3,761	√		13	\$0 - \$8,124	√	
5	\$3,762+		√	13	\$8,125+		√
6	\$0 - \$4,306	√		14	\$0 - \$8,670	√	
6	\$4,307+		√	14	\$8,671+		√
7	\$0 - \$4,852	√		15	\$0 - \$9,215	√	
7	\$4,853		√	15	\$9,216+		√
8	\$0 - 5,397	√		16	\$0 - \$9,761	√	
8	\$5,398+		√	16	\$9,762		√

South Carolina Department of Disabilities and Special Needs

First Steps/BabyNet Interagency Financial Statement as required by Proviso

December 2016
December 2015
January 2015
January 2014



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

December 13, 2016

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.98 of the General Appropriations Act for FY17 is the BabyNet interagency financial statement for FY16, depicting the annual BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services

Note that, while included in proviso language, the South Carolina Department of Social Services does not incur expenditures related to Part C of the Individuals with Disabilities Education Act.

We thank you for your ongoing support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

Dr. Dan Wuori
Deputy Director

cc: Ken Wingate
Julia-Ellen Davis
Kristie Musick
Christian Soura
Grant Gibson
Kenzie Riddle
1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org



BabyNet Program **CONSOLIDATED and SUMMARIZED** Financial Activity Report

ALL AGENCIES

(DDSN, SCFS, DHHS, SDB, DMH)

For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

REVENUE:	Non-Medicaid				Medicaid				All Agencies Grand TOTAL
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Direct Appropriations:	\$ 4,237	\$ -	\$ -	\$ 4,237	\$ 1,911	\$ -	\$ -	\$ 1,911	\$ 6,148
Earmarked Funds	\$ -	\$ -	\$ 834	\$ 834	\$ -	\$ -	\$ 7,288	\$ 7,288	\$ 8,122
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,092	\$ -	\$ 6,092	\$ -	\$ 1,643	\$ -	\$ 1,643	\$ 7,735
Agency's Own Operating Funds	\$ 6,862	\$ -	\$ -	\$ 6,862	\$ 1,352	\$ -	\$ 748	\$ 2,100	\$ 8,962
Total Revenues	\$ 11,099	\$ 6,092	\$ 834	\$ 18,025	\$ 3,263	\$ 1,643	\$ 8,036	\$ 12,942	\$ 30,967
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 25	\$ -	\$ 25	\$ -	\$ -	\$ -	\$ -	\$ 25
Audiology	\$ -	\$ 15	\$ -	\$ 15	\$ 4	\$ 9	\$ -	\$ 13	\$ 28
Applied Behavior Analysis - Autism Services	\$ 814	\$ 80	\$ -	\$ 894	\$ -	\$ -	\$ -	\$ -	\$ 894
Service Coordination (Targeted Case Management)	\$ 697	\$ -	\$ 188	\$ 885	\$ -	\$ -	\$ 414	\$ 414	\$ 1,299
Family Training and Counseling	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 743	\$ -	\$ 743	\$ 170	\$ 416	\$ -	\$ 586	\$ 1,329
Parent-to-Parent Support	\$ -	\$ 77	\$ -	\$ 77	\$ -	\$ -	\$ -	\$ -	\$ 77
Physical Therapy	\$ 100	\$ 483	\$ -	\$ 583	\$ 175	\$ 427	\$ -	\$ 602	\$ 1,185
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 6,329	\$ -	\$ 113	\$ 6,442	\$ 2,565	\$ -	\$ 6,673	\$ 9,238	\$ 15,680
Speech Pathology/Language	\$ 785	\$ 1,958	\$ -	\$ 2,743	\$ 321	\$ 782	\$ -	\$ 1,103	\$ 3,846
Transportation	\$ -	\$ 6	\$ -	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ 6
Translation / Interpreter Services	\$ -	\$ 1,148	\$ -	\$ 1,148	\$ -	\$ -	\$ -	\$ -	\$ 1,148
Sign Language	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ -	\$ -	\$ -	\$ 54
Orientation and Mobility	\$ -	\$ -	\$ 40	\$ 40	\$ -	\$ -	\$ 5	\$ 5	\$ 45
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ 2	\$ 8	\$ -	\$ 10	\$ 14
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 8,778	\$ 4,539	\$ 395	\$ 13,710	\$ 3,237	\$ 1,643	\$ 7,120	\$ 12,000	\$ 25,710
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 66	\$ 66	\$ 765
303.112 Availability of early intervention services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 65	\$ 65	\$ 764
303.114 Individualized family service plan (IFSP).	\$ 697	\$ 89	\$ -	\$ 786	\$ -	\$ -	\$ 65	\$ 65	\$ 851
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.116 Public awareness program.	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.117 Central directory.	\$ -	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ -	\$ 78
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.119 Personnel standards.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 82	\$ -	\$ 82	\$ -	\$ -	\$ -	\$ -	\$ 82
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.122 Reimbursement procedures.	\$ -	\$ 209	\$ -	\$ 209	\$ -	\$ -	\$ -	\$ -	\$ 209
303.123 Procedural safeguards.	\$ -	\$ 79	\$ -	\$ 79	\$ -	\$ -	\$ -	\$ -	\$ 79
303.124 Data collection	\$ 72	\$ 321	\$ -	\$ 393	\$ -	\$ -	\$ -	\$ -	\$ 393
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,167	\$ 1,302	\$ -	\$ 3,469	\$ -	\$ -	\$ 196	\$ 196	\$ 3,665
Administration/Oversight:									
State-Level Administration/Oversight	\$ 88	\$ 120	\$ 218	\$ 426	\$ 26	\$ -	\$ 265	\$ 291	\$ 717
Local Administration/Oversight	\$ -	\$ -	\$ 2	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Total Administration/Oversight	\$ 88	\$ 120	\$ 220	\$ 428	\$ 26	\$ -	\$ 265	\$ 291	\$ 719
Transfers OUT									
Medicaid Match to SC DHHS	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
Total Transfers Out	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
TOTAL EXPENDITURES	\$ 11,099	\$ 5,961	\$ 615	\$ 17,675	\$ 3,263	\$ 1,643	\$ 7,581	\$ 12,487	\$ 30,162
Available Balance	\$ -	\$ 131	\$ 219	\$ 350	\$ -	\$ -	\$ 455	\$ 455	\$ 805

NOTES:

1) Amounts reflect income and expenditures as reported by each state agency.

TOTAL EXPENDITURES	
Quarter #1	\$ 7,720
Quarter #2	\$ 6,595
Quarter #3	\$ 7,849
Quarter #4	\$ 7,998
TOTAL	\$ 30,162
Qtrly Avg.	\$ 7,541



SOUTH CAROLINA

SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 2,486	\$ -	\$ -	\$ 2,486	\$ 1,239	\$ -	\$ -	\$ 1,239	\$ 3,725
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,587	\$ 5,587	\$ 5,587
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ 3,879	\$ -	\$ -	\$ 3,879	\$ 1,352	\$ -	\$ 748	\$ 2,100	\$ 5,979
Total Revenues	\$ 6,365	\$ -	\$ -	\$ 6,365	\$ 2,591	\$ -	\$ 6,335	\$ 8,926	\$ 15,291
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 6,329	\$ -	\$ -	\$ 6,329	\$ 2,565	\$ -	\$ 6,271	\$ 8,836	\$ 15,165
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 6,329	\$ -	\$ -	\$ 6,329	\$ 2,565	\$ -	\$ 6,271	\$ 8,836	\$ 15,165
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 26	\$ -	\$ 64	\$ 90	\$ 126
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 26	\$ -	\$ 64	\$ 90	\$ 126
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 6,365	\$ -	\$ -	\$ 6,365	\$ 2,591	\$ -	\$ 6,335	\$ 8,926	\$ 15,291
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 3,735
Quarter #2	\$ 3,682
Quarter #3	\$ 3,858
Quarter #4	\$ 4,016

TOTAL \$ 15,291



SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,700	\$ -	\$ -	\$ 1,700	\$ -	\$ -	\$ -	\$ -	\$ 1,700
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 262	\$ 262	\$ 262
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,092	\$ -	\$ 6,092	\$ -	\$ -	\$ -	\$ -	\$ 6,092
Agency's Own Operating Funds	\$ 2,983	\$ -	\$ -	\$ 2,983	\$ -	\$ -	\$ -	\$ -	\$ 2,983
Total Revenues	\$ 4,683	\$ 6,092	\$ -	\$ 10,775	\$ -	\$ -	\$ 262	\$ 262	\$ 11,037
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 25	\$ -	\$ 25	\$ -	\$ -	\$ -	\$ -	\$ 25
Audiology	\$ -	\$ 15	\$ -	\$ 15	\$ -	\$ -	\$ -	\$ -	\$ 15
Applied Behavior Analysis - Autism Services	\$ 814	\$ 80	\$ -	\$ 894	\$ -	\$ -	\$ -	\$ -	\$ 894
Service Coordination (Targeted Case Management)	\$ 697	\$ -	\$ -	\$ 697	\$ -	\$ -	\$ 66	\$ 66	\$ 763
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 743	\$ -	\$ 743	\$ -	\$ -	\$ -	\$ -	\$ 743
Parent-to-Parent Support	\$ -	\$ 77	\$ -	\$ 77	\$ -	\$ -	\$ -	\$ -	\$ 77
Physical Therapy	\$ 100	\$ 483	\$ -	\$ 583	\$ -	\$ -	\$ -	\$ -	\$ 583
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ 785	\$ 1,958	\$ -	\$ 2,743	\$ -	\$ -	\$ -	\$ -	\$ 2,743
Transportation	\$ -	\$ 6	\$ -	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ 6
Translation / Interpreter Services	\$ -	\$ 1,148	\$ -	\$ 1,148	\$ -	\$ -	\$ -	\$ -	\$ 1,148
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ -	\$ -	\$ -	\$ -	\$ 4
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 2,396	\$ 4,539	\$ -	\$ 6,935	\$ -	\$ -	\$ 66	\$ 66	\$ 7,001
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 66	\$ 66	\$ 765
303.112 Availability of early intervention services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 699	\$ -	\$ -	\$ 699	\$ -	\$ -	\$ 65	\$ 65	\$ 764
303.114 Individualized family service plan (IFSP).	\$ 697	\$ 89	\$ -	\$ 786	\$ -	\$ -	\$ 65	\$ 65	\$ 851
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.116 Public awareness program.	\$ -	\$ 76	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ -	\$ 76
303.117 Central directory.	\$ -	\$ 78	\$ -	\$ 78	\$ -	\$ -	\$ -	\$ -	\$ 78
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.119 Personnel standards.	\$ -	\$ 65	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 82	\$ -	\$ 82	\$ -	\$ -	\$ -	\$ -	\$ 82
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 81	\$ -	\$ 81	\$ -	\$ -	\$ -	\$ -	\$ 81
303.122 Reimbursement procedures.	\$ -	\$ 209	\$ -	\$ 209	\$ -	\$ -	\$ -	\$ -	\$ 209
303.123 Procedural safeguards.	\$ -	\$ 79	\$ -	\$ 79	\$ -	\$ -	\$ -	\$ -	\$ 79
303.124 Data collection	\$ 72	\$ 321	\$ -	\$ 393	\$ -	\$ -	\$ -	\$ -	\$ 393
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,167	\$ 1,302	\$ -	\$ 3,469	\$ -	\$ -	\$ 196	\$ 196	\$ 3,665
Administration/Oversight:									
State-Level Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ 172
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ 172
Transfers OUT									
Medicaid Match to SC DHHS	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ 68	\$ -	\$ -	\$ 68	\$ -	\$ -	\$ -	\$ -	\$ 68
TOTAL EXPENDITURES	\$ 4,683	\$ 5,961	\$ -	\$ 10,644	\$ -	\$ -	\$ 262	\$ 262	\$ 10,906
Available Balance	\$ -	\$ 131	\$ -	\$ 131	\$ -	\$ -	\$ -	\$ -	\$ 131

TOTAL EXPENDITURES	
Quarter #1	\$ 2,753
Quarter #2	\$ 2,240
Quarter #3	\$ 2,679
Quarter #4	\$ 3,234
TOTAL	\$ 10,906



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

REVENUE:	(Amounts Are Displayed In THOUSANDS)								Total
	Non-Medicaid				Medicaid				
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ -	\$ -	\$ 672	\$ 672
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,643	\$ -	\$ 1,643	\$ 1,643
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ 1,643	\$ -	\$ 2,315	\$ 2,315
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ 9	\$ -	\$ 13	\$ 13
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 170	\$ 416	\$ -	\$ 586	\$ 586
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 175	\$ 427	\$ -	\$ 602	\$ 602
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 321	\$ 782	\$ -	\$ 1,103	\$ 1,103
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 2	\$ 8	\$ -	\$ 10	\$ 10
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ 1,643	\$ -	\$ 2,315	\$ 2,315
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 672	\$ 1,643	\$ -	\$ 2,315	\$ 2,315
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 865
Quarter #2	\$ 264
Quarter #3	\$ 890
Quarter #4	\$ 296
TOTAL	\$ 2,315



SOUTH CAROLINA

SC SCHOOL FOR THE DEAF AND BLIND (SDB)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Earmarked Funds	\$ -	\$ -	\$ 834	\$ 834	\$ -	\$ -	\$ 1,411	\$ 1,411	\$ 2,245
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ 834	\$ 834	\$ -	\$ -	\$ 1,411	\$ 1,411	\$ 2,245
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 188	\$ 188	\$ -	\$ -	\$ 348	\$ 348	\$ 536
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 113	\$ 113	\$ -	\$ -	\$ 402	\$ 402	\$ 515
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ -	\$ -	\$ -	\$ 54
Orientation and Mobility	\$ -	\$ -	\$ 40	\$ 40	\$ -	\$ -	\$ 5	\$ 5	\$ 45
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 395	\$ 395	\$ -	\$ -	\$ 755	\$ 755	\$ 1,150
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 218	\$ 218	\$ -	\$ -	\$ 201	\$ 201	\$ 419
Local Administration/Oversight	\$ -	\$ -	\$ 2	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Total Administration/Oversight	\$ -	\$ -	\$ 220	\$ 220	\$ -	\$ -	\$ 201	\$ 201	\$ 421
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ 615	\$ 615	\$ -	\$ -	\$ 956	\$ 956	\$ 1,571
Available Balance	\$ -	\$ -	\$ 219	\$ 219	\$ -	\$ -	\$ 455	\$ 455	\$ 674

TOTAL EXPENDITURES	
Quarter #1	\$ 351
Quarter #2	\$ 392
Quarter #3	\$ 399
Quarter #4	\$ 429
TOTAL	\$ 1,571



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program CUMULATIVE Financial Activity Report
For the Quarter Ended: June 30, 2016 (FY 16)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ -	\$ -	\$ 51
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 28	\$ 28	\$ 28
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79

EXPENDITURES:

Direct Service									
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	Total
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79

Other Required Part C System Components:

303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Administration/Oversight:

State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Transfers OUT

Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	\$ 51	\$ -	\$ -	\$ 51	\$ -	\$ -	\$ 28	\$ 28	\$ 79
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 16
Quarter #2	\$ 17
Quarter #3	\$ 23
Quarter #4	\$ 23
TOTAL	\$ 79



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

December 30, 2015

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.99 of the General Appropriations Act for FY16 is the BabyNet interagency financial statement for FY15, depicting the annual BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services

Note that, while included in proviso language, the South Carolina Department of Social Services does not incur expenditures related to Part C of the Individuals with Disabilities Education Act.

We thank you for your ongoing support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

Dr. Dan Wuori
Deputy Director

cc: Ken Wingate
Julia-Ellen Davis
Kristie Musick
Grant Gibson
Kenzie Riddle

1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org

BabyNet Program CONSOLIDATED Financial Activity Report

ALL AGENCIES

(SCFS, DDNS, DHHS, SDB, DMH, DSS)

For the Quarter Ended: June 30, 2015 (FY 15)



SOUTH CAROLINA

REVENUE:

	(Amounts Are Displayed In THOUSANDS)								All Agencies Grand TOTAL
	Non-Medicaid				Medicaid				
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Direct Appropriations:	\$ 4,926	\$ -	\$ -	\$ 4,926	\$ 2,746	\$ -	\$ -	\$ 2,746	\$ 7,672
Earmarked Funds	\$ -	\$ -	\$ 788	\$ 788	\$ -	\$ -	\$ 6,973	\$ 6,973	\$ 7,761
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,114	\$ -	\$ 6,114	\$ -	\$ 1,961	\$ -	\$ 1,961	\$ 8,075
Agency's Own Operating Funds	\$ 4,653	\$ -	\$ -	\$ 4,653	\$ 643	\$ -	\$ 598	\$ 1,241	\$ 5,894
Total Revenues	\$ 9,579	\$ 6,114	\$ 788	\$ 16,481	\$ 3,389	\$ 1,961	\$ 7,571	\$ 12,921	\$ 29,402

EXPENDITURES:

Direct Service									
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Assistive Technology (devices & services)	\$ -	\$ 27	\$ -	\$ 27	\$ -	\$ -	\$ -	\$ -	\$ 27
Audiology	\$ -	\$ 9	\$ -	\$ 9	\$ 4	\$ 7	\$ -	\$ 11	\$ 20
Applied Behavior Analysis - Autism Services	\$ 510	\$ 276	\$ -	\$ 786	\$ -	\$ -	\$ -	\$ -	\$ 786
Service Coordination (Targeted Case Management)	\$ 597	\$ -	\$ 151	\$ 748	\$ -	\$ -	\$ 819	\$ 819	\$ 1,567
Family Training and Counseling	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 485	\$ -	\$ 485	\$ 208	\$ 504	\$ -	\$ 712	\$ 1,197
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 433	\$ -	\$ 433	\$ 230	\$ 554	\$ -	\$ 784	\$ 1,217
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 5,735	\$ -	\$ 46	\$ 5,781	\$ 2,549	\$ -	\$ 6,541	\$ 9,090	\$ 14,871
Speech Pathology/Language	\$ -	\$ 2,199	\$ -	\$ 2,199	\$ 370	\$ 884	\$ -	\$ 1,254	\$ 3,453
Transportation	\$ -	\$ 5	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ 5
Translation / Interpreter Services	\$ -	\$ 1,231	\$ -	\$ 1,231	\$ -	\$ -	\$ -	\$ -	\$ 1,231
Sign Language	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ -	\$ -	\$ 48
Orientation and Mobility	\$ -	\$ -	\$ 37	\$ 37	\$ -	\$ -	\$ -	\$ -	\$ 37
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ 3	\$ 11	\$ -	\$ 14	\$ 18
Total Direct Service Expenditures	\$ 6,907	\$ 4,741	\$ 282	\$ 11,930	\$ 3,364	\$ 1,961	\$ 7,374	\$ 12,699	\$ 24,629

Other Required Part C System Components:

303.111 State definition of developmental delay.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 55	\$ 55	\$ 652
303.112 Availability of early intervention services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 54	\$ 54	\$ 651
303.114 Individualized family service plan (IFSP).	\$ 598	\$ 88	\$ -	\$ 686	\$ -	\$ -	\$ 54	\$ 54	\$ 740
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.116 Public awareness program.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ 73
303.117 Central directory.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ 73
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ 124
303.119 Personnel standards.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ 124
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.122 Reimbursement procedures.	\$ -	\$ 233	\$ -	\$ 233	\$ -	\$ -	\$ -	\$ -	\$ 233
303.123 Procedural safeguards.	\$ -	\$ 100	\$ -	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ 100
303.124 Data collection	\$ 659	\$ -	\$ -	\$ 659	\$ -	\$ -	\$ -	\$ -	\$ 659
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,451	\$ 1,181	\$ -	\$ 3,632	\$ -	\$ -	\$ 163	\$ 163	\$ 3,795

Administration/Oversight:

State-Level Administration/Oversight	\$ 88	\$ 120	\$ 118	\$ 326	\$ 25	\$ -	\$ 94	\$ 119	\$ 445
Local Administration/Oversight	\$ -	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ 2	\$ 2	\$ 9
Total Administration/Oversight	\$ 88	\$ 120	\$ 125	\$ 333	\$ 25	\$ -	\$ 96	\$ 121	\$ 454

Transfers OUT

Medicaid Match to SC DHHS	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ 133
Total Transfers Out	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ 133

TOTAL EXPENDITURES	\$ 9,579	\$ 6,042	\$ 407	\$ 16,028	\$ 3,389	\$ 1,961	\$ 7,633	\$ 12,983	\$ 29,011
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Available Balance	\$ -	\$ 72	\$ 381	\$ 453	\$ -	\$ -	\$ (62)	\$ (62)	\$ 391
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NOTES:

1) Amounts reflect income and expenditures as reported by each state agency.

TOTAL EXPENDITURES	
Quarter #1	\$ 6,369
Quarter #2	\$ 6,884
Quarter #3	\$ 7,428
Quarter #4	\$ 8,330
TOTAL	\$ 29,011
Qtrly Avg.	\$ 7,253



SOUTH CAROLINA

SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 3,067	\$ -	\$ -	\$ 3,067	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,067
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 413	\$ 413	\$ -	\$ 413
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,114	\$ -	\$ 6,114	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,114
Agency's Own Operating Funds	\$ 676	\$ -	\$ -	\$ 676	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 676
Total Revenues	\$ 3,743	\$ 6,114	\$ -	\$ 9,857	\$ -	\$ -	\$ 413	\$ 413	\$ -	\$ 10,270
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ 27	\$ -	\$ 27	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27
Audiology	\$ -	\$ 9	\$ -	\$ 9	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9
Applied Behavior Analysis - Autism Services	\$ 510	\$ 276	\$ -	\$ 786	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 786
Service Coordination (Targeted Case Management)	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 250	\$ 250	\$ -	\$ 847
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 485	\$ -	\$ 485	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 485
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 433	\$ -	\$ 433	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 433
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ 2,199	\$ -	\$ 2,199	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,199
Transportation	\$ -	\$ 5	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5
Translation / Interpreter Services	\$ -	\$ 1,231	\$ -	\$ 1,231	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,231
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 4	\$ -	\$ 4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 1,107	\$ 4,741	\$ -	\$ 5,848	\$ -	\$ -	\$ 250	\$ 250	\$ -	\$ 6,098
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 55	\$ 55	\$ -	\$ 652
303.112 Availability of early intervention services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 597	\$ -	\$ -	\$ 597	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ 651
303.114 Individualized family service plan (IFSP).	\$ 598	\$ 88	\$ -	\$ 686	\$ -	\$ -	\$ 54	\$ 54	\$ -	\$ 740
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72
303.116 Public awareness program.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73
303.117 Central directory.	\$ -	\$ 73	\$ -	\$ 73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124
303.119 Personnel standards.	\$ -	\$ 124	\$ -	\$ 124	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 98
303.122 Reimbursement procedures.	\$ -	\$ 233	\$ -	\$ 233	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 233
303.123 Procedural safeguards.	\$ -	\$ 100	\$ -	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100
303.124 Data collection	\$ 659	\$ -	\$ -	\$ 659	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 659
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,451	\$ 1,181	\$ -	\$ 3,632	\$ -	\$ -	\$ 163	\$ 163	\$ -	\$ 3,795
Administration/Oversight:										
State-Level Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 172
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 52	\$ 120	\$ -	\$ 172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 172
Transfers OUT										
Medicaid Match to SC DHHS	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 133
Total Transfers Out	\$ 133	\$ -	\$ -	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 133
TOTAL EXPENDITURES	\$ 3,743	\$ 6,042	\$ -	\$ 9,785	\$ -	\$ -	\$ 413	\$ 413	\$ -	\$ 10,198
Available Balance	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72

TOTAL EXPENDITURES	
Quarter #1	\$ 1,810
Quarter #2	\$ 2,440
Quarter #3	\$ 2,727
Quarter #4	\$ 3,221
TOTAL	\$ 10,198



SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 1,794	\$ -	\$ -	\$ 1,794	\$ 1,931	\$ -	\$ -	\$ 1,931	\$ 3,725	
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,588	\$ 5,588	\$ 5,588	
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Agency's Own Operating Funds	\$ 3,977	\$ -	\$ -	\$ 3,977	\$ 643	\$ -	\$ 598	\$ 1,241	\$ 5,218	
Total Revenues	\$ 5,771	\$ -	\$ -	\$ 5,771	\$ 2,574	\$ -	\$ 6,186	\$ 8,760	\$ 14,531	
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Special Instruction	\$ 5,735	\$ -	\$ -	\$ 5,735	\$ 2,549	\$ -	\$ 6,125	\$ 8,674	\$ 14,409	
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Direct Service Expenditures	\$ 5,735	\$ -	\$ -	\$ 5,735	\$ 2,549	\$ -	\$ 6,125	\$ 8,674	\$ 14,409	
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Administration/Oversight:										
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 25	\$ -	\$ 61	\$ 86	\$ 122	
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 25	\$ -	\$ 61	\$ 86	\$ 122	
Transfers OUT										
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL EXPENDITURES	\$ 5,771	\$ -	\$ -	\$ 5,771	\$ 2,574	\$ -	\$ 6,186	\$ 8,760	\$ 14,531	
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

TOTAL EXPENDITURES	
Quarter #1	\$ 3,546
Quarter #2	\$ 3,516
Quarter #3	\$ 3,678
Quarter #4	\$ 3,791
TOTAL	\$ 14,531



SC SCHOOL FOR THE DEAF AND BLIND (SDB)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

	(Amounts Are Displayed In THOUSANDS)								Total
	Non-Medicaid				Medicaid				
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Earmarked Funds	\$ -	\$ -	\$ 788	\$ 788	\$ -	\$ -	\$ 958	\$ 958	\$ 1,746
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ 788	\$ 788	\$ -	\$ -	\$ 958	\$ 958	\$ 1,746
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 151	\$ 151	\$ -	\$ -	\$ 569	\$ 569	\$ 720
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 46	\$ 46	\$ -	\$ -	\$ 416	\$ 416	\$ 462
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 48	\$ 48	\$ -	\$ -	\$ -	\$ -	\$ 48
Orientation and Mobility	\$ -	\$ -	\$ 37	\$ 37	\$ -	\$ -	\$ -	\$ -	\$ 37
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 282	\$ 282	\$ -	\$ -	\$ 985	\$ 985	\$ 1,267
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 118	\$ 118	\$ -	\$ -	\$ 33	\$ 33	\$ 151
Local Administration/Oversight	\$ -	\$ -	\$ 7	\$ 7	\$ -	\$ -	\$ 2	\$ 2	\$ 9
Total Administration/Oversight	\$ -	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ 35	\$ 35	\$ 160
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ 407	\$ 407	\$ -	\$ -	\$ 1,020	\$ 1,020	\$ 1,427
Available Balance	\$ -	\$ -	\$ 381	\$ 381	\$ -	\$ -	\$ (62)	\$ (62)	\$ 319

NOTE: At the end of FY14-15, SCSDB shows a deficit of 62K due to a billing error captured during an internal audit after the FY ended. Claims were re-submitted in FY15-16

TOTAL EXPENDITURES	
Quarter #1	\$ 356
Quarter #2	\$ 345
Quarter #3	\$ 339
Quarter #4	\$ 387
TOTAL	\$ 1,427



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

	(Amounts Are Displayed In THOUSANDS)								
	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ -	\$ -	\$ 815	\$ 815
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,961	\$ -	\$ 1,961	\$ 1,961
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ 1,961	\$ -	\$ 2,776	\$ 2,776
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ 7	\$ -	\$ 11	\$ 11
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 208	\$ 504	\$ -	\$ 712	\$ 712
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 230	\$ 554	\$ -	\$ 784	\$ 784
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 370	\$ 884	\$ -	\$ 1,254	\$ 1,254
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 3	\$ 11	\$ -	\$ 14	\$ 14
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ 1,961	\$ -	\$ 2,776	\$ 2,776
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 815	\$ 1,961	\$ -	\$ 2,776	\$ 2,776
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 640
Quarter #2	\$ 566
Quarter #3	\$ 664
Quarter #4	\$ 906
TOTAL	\$ 2,776



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2015 (FY 15)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ -	\$ -	\$ 65
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14	\$ 14	\$ 14
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Training and Counseling	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level Interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 65	\$ -	\$ -	\$ 65	\$ -	\$ -	\$ 14	\$ 14	\$ 79
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 17
Quarter #2	\$ 17
Quarter #3	\$ 20
Quarter #4	\$ 25
TOTAL	\$ 79



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

January 15, 2015

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.104 of the General Appropriations Act is the BabyNet interagency financial statement for FY14, depicting the BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services

Note that, while included in proviso language, the South Carolina Department of Social Services does not incur expenditures related to Part C of the Individuals with Disabilities Education Act.

We thank you for your support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

A handwritten signature in black ink, appearing to read 'Dan Wuori', with a stylized flourish at the end.

Dr. Dan Wuori
Deputy Director

cc: Ken Wingate
Susan DeVenny
Kristie Musick
Grant Gibson
Kenzie Riddle

1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org



ALL AGENCIES
(SCFS, DDNS, DHHS, SDB, DMH, DSS)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

REVENUE:	(Amounts Are Displayed In THOUSANDS)								All Agencies Grand TOTAL
	Non-Medicaid				Medicaid				
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
Direct Appropriations:	\$ 3,639	\$ -	\$ -	\$ 3,639	\$ 3,042	\$ -	\$ -	\$ 3,042	\$ 6,681
Earmarked Funds	\$ -	\$ -	\$ 1	\$ 1	\$ 311	\$ -	\$ 7,337	\$ 7,648	\$ 7,649
Restricted Funds	\$ -	\$ -	\$ 798	\$ 798	\$ -	\$ -	\$ -	\$ -	\$ 798
Federal Grants	\$ -	\$ 6,093	\$ -	\$ 6,093	\$ -	\$ 2,659	\$ -	\$ 2,659	\$ 8,752
Agency's Own Operating Funds	\$ 4,069	\$ -	\$ -	\$ 4,069	\$ 735	\$ -	\$ 795	\$ 1,530	\$ 5,999
Total Revenues	\$ 7,708	\$ 6,093	\$ 799	\$ 14,600	\$ 4,088	\$ 2,659	\$ 8,132	\$ 14,879	\$ 29,479
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 21	\$ -	\$ 21	\$ -	\$ -	\$ -	\$ -	\$ 21
Audiology	\$ -	\$ 7	\$ -	\$ 7	\$ 7	\$ 15	\$ -	\$ 22	\$ 29
Applied Behavior Analysis - Autism Services	\$ -	\$ 543	\$ -	\$ 543	\$ -	\$ -	\$ -	\$ -	\$ 543
Service Coordination (Targeted Case Management)	\$ 1,392	\$ -	\$ 354	\$ 1,746	\$ 560	\$ -	\$ 2,005	\$ 2,565	\$ 4,311
Family Counseling	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 445	\$ -	\$ 445	\$ 302	\$ 723	\$ -	\$ 1,025	\$ 1,470
Parent-to-Parent Support	\$ -	\$ 70	\$ -	\$ 70	\$ -	\$ -	\$ -	\$ -	\$ 70
Physical Therapy	\$ -	\$ 363	\$ -	\$ 363	\$ 273	\$ 653	\$ -	\$ 926	\$ 1,289
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 3,672	\$ -	\$ 166	\$ 3,838	\$ 2,082	\$ -	\$ 5,169	\$ 7,251	\$ 11,089
Speech Pathology/Language	\$ -	\$ 2,085	\$ -	\$ 2,085	\$ 524	\$ 1,257	\$ 58	\$ 1,839	\$ 3,924
Transportation	\$ -	\$ 2	\$ -	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Translation / Interpreter Services	\$ 223	\$ 1,100	\$ -	\$ 1,323	\$ -	\$ -	\$ -	\$ -	\$ 1,323
Sign Language	\$ -	\$ -	\$ 24	\$ 24	\$ -	\$ -	\$ 21	\$ 21	\$ 45
Orientation and Mobility	\$ -	\$ -	\$ 38	\$ 38	\$ -	\$ -	\$ 1	\$ 1	\$ 39
Vision	\$ -	\$ 3	\$ -	\$ 3	\$ 5	\$ 10	\$ -	\$ 15	\$ 18
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 5,341	\$ 4,639	\$ 583	\$ 10,563	\$ 3,753	\$ 2,659	\$ 7,267	\$ 13,679	\$ 24,242
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 589	\$ 589	\$ 589
303.112 Availability of early intervention services.	\$ -	\$ 92	\$ -	\$ 92	\$ -	\$ -	\$ -	\$ -	\$ 92
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 588	\$ -	\$ -	\$ 588	\$ -	\$ -	\$ -	\$ -	\$ 588
303.114 Individualized family service plan (IFSP).	\$ 588	\$ 79	\$ -	\$ 667	\$ -	\$ -	\$ -	\$ -	\$ 667
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.117 Central directory.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.119 Personnel standards.	\$ -	\$ 101	\$ -	\$ 101	\$ -	\$ -	\$ -	\$ -	\$ 101
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.122 Reimbursement procedures.	\$ -	\$ 264	\$ -	\$ 264	\$ -	\$ -	\$ -	\$ -	\$ 264
303.123 Procedural safeguards.	\$ -	\$ 96	\$ -	\$ 96	\$ -	\$ -	\$ -	\$ -	\$ 96
303.124 Data collection	\$ 877	\$ 140	\$ -	\$ 1,017	\$ -	\$ -	\$ -	\$ -	\$ 1,017
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,053	\$ 1,273	\$ -	\$ 3,326	\$ -	\$ -	\$ 589	\$ 589	\$ 3,915
Administration/Oversight:									
State-Level Administration/Oversight	\$ 62	\$ 120	\$ 111	\$ 293	\$ 24	\$ -	\$ 217	\$ 241	\$ 534
Local Administration/Oversight	\$ -	\$ -	\$ 30	\$ 30	\$ -	\$ -	\$ 46	\$ 46	\$ 76
Total Administration/Oversight	\$ 62	\$ 120	\$ 141	\$ 323	\$ 24	\$ -	\$ 263	\$ 287	\$ 610
Transfers OUT									
Medicaid Match to SC DHHS	\$ 252	\$ -	\$ -	\$ 252	\$ 311	\$ -	\$ -	\$ 311	\$ 563
Total Transfers Out	\$ 252	\$ -	\$ -	\$ 252	\$ 311	\$ -	\$ -	\$ 311	\$ 563
TOTAL EXPENDITURES	\$ 7,708	\$ 6,032	\$ 724	\$ 14,464	\$ 4,088	\$ 2,659	\$ 8,119	\$ 14,866	\$ 29,330
Available Balance	\$ -	\$ 61	\$ 75	\$ 136	\$ -	\$ -	\$ 13	\$ 13	\$ 149

NOTES:

1) Amounts reflect income and expenditures as reported by each agency

TOTAL EXPENDITURES	
Quarter #1	\$ 7,165
Quarter #2	\$ 7,503
Quarter #3	\$ 6,614
Quarter #4	\$ 8,048
TOTAL	\$ 29,330
Qtrly Avg.	\$ 7,333



SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,791	\$ -	\$ -	\$ 1,791	\$ -	\$ -	\$ -	\$ -	\$ 1,791
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 921	\$ 921	\$ 921
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,093	\$ -	\$ 6,093	\$ -	\$ -	\$ -	\$ -	\$ 6,093
Agency's Own Operating Funds	\$ 1,103	\$ -	\$ -	\$ 1,103	\$ -	\$ -	\$ -	\$ -	\$ 1,103
Total Revenues	\$ 2,894	\$ 6,093	\$ -	\$ 8,987	\$ -	\$ -	\$ 921	\$ 921	\$ 9,908
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 21	\$ -	\$ 21	\$ -	\$ -	\$ -	\$ -	\$ 21
Audiology	\$ -	\$ 7	\$ -	\$ 7	\$ -	\$ -	\$ -	\$ -	\$ 7
Applied Behavior Analysis - Autism Services	\$ -	\$ 543	\$ -	\$ 543	\$ -	\$ -	\$ -	\$ -	\$ 543
Service Coordination (Targeted Case Management)	\$ 340	\$ -	\$ -	\$ 340	\$ -	\$ -	\$ 248	\$ 248	\$ 588
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 445	\$ -	\$ 445	\$ -	\$ -	\$ -	\$ -	\$ 445
Parent-to-Parent Support	\$ -	\$ 70	\$ -	\$ 70	\$ -	\$ -	\$ -	\$ -	\$ 70
Physical Therapy	\$ -	\$ 363	\$ -	\$ 363	\$ -	\$ -	\$ -	\$ -	\$ 363
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ 2,085	\$ -	\$ 2,085	\$ -	\$ -	\$ 58	\$ 58	\$ 2,143
Transportation	\$ -	\$ 2	\$ -	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ 2
Translation / Interpreter Services	\$ 223	\$ 1,100	\$ -	\$ 1,323	\$ -	\$ -	\$ -	\$ -	\$ 1,323
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 3	\$ -	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ 3
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 563	\$ 4,639	\$ -	\$ 5,202	\$ -	\$ -	\$ 306	\$ 306	\$ 5,508
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 589	\$ 589	\$ 589
303.112 Availability of early intervention services.	\$ -	\$ 92	\$ -	\$ 92	\$ -	\$ -	\$ -	\$ -	\$ 92
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ 588	\$ -	\$ -	\$ 588	\$ -	\$ -	\$ -	\$ -	\$ 588
303.114 Individualized family service plan (IFSP).	\$ 588	\$ 79	\$ -	\$ 667	\$ -	\$ -	\$ -	\$ -	\$ 667
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.117 Central directory.	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ 98	\$ -	\$ 98	\$ -	\$ -	\$ -	\$ -	\$ 98
303.119 Personnel standards.	\$ -	\$ 101	\$ -	\$ 101	\$ -	\$ -	\$ -	\$ -	\$ 101
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 94	\$ -	\$ 94	\$ -	\$ -	\$ -	\$ -	\$ 94
303.122 Reimbursement procedures.	\$ -	\$ 264	\$ -	\$ 264	\$ -	\$ -	\$ -	\$ -	\$ 264
303.123 Procedural safeguards.	\$ -	\$ 96	\$ -	\$ 96	\$ -	\$ -	\$ -	\$ -	\$ 96
303.124 Data collection	\$ 877	\$ 140	\$ -	\$ 1,017	\$ -	\$ -	\$ -	\$ -	\$ 1,017
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 2,053	\$ 1,273	\$ -	\$ 3,326	\$ -	\$ -	\$ 589	\$ 589	\$ 3,915
Administration/Oversight:									
State-Level Administration/Oversight	\$ 26	\$ 120	\$ -	\$ 146	\$ -	\$ -	\$ 26	\$ 26	\$ 172
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 26	\$ 120	\$ -	\$ 146	\$ -	\$ -	\$ 26	\$ 26	\$ 172
Transfers OUT									
Medicaid Match to SC DHHS	\$ 252	\$ -	\$ -	\$ 252	\$ -	\$ -	\$ -	\$ -	\$ 252
Total Transfers Out	\$ 252	\$ -	\$ -	\$ 252	\$ -	\$ -	\$ -	\$ -	\$ 252
TOTAL EXPENDITURES	\$ 2,894	\$ 6,032	\$ -	\$ 8,926	\$ -	\$ -	\$ 921	\$ 921	\$ 9,847
Available Balance	\$ -	\$ 61	\$ -	\$ 61	\$ -	\$ -	\$ -	\$ -	\$ 61

TOTAL EXPENDITURES	
Quarter #1	\$ 1,964
Quarter #2	\$ 2,508
Quarter #3	\$ 2,098
Quarter #4	\$ 3,277
TOTAL	\$ 9,847



Getting children ready for school.

SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 1,794	\$ -	\$ -	\$ 1,794	\$ 1,931	\$ -	\$ -	\$ 1,931	\$ 3,725	
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,588	\$ 5,588	\$ 5,588	
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Agency's Own Operating Funds	\$ 2,966	\$ -	\$ -	\$ 2,966	\$ 735	\$ -	\$ 795	\$ 1,530	\$ 4,496	
Total Revenues	\$ 4,760	\$ -	\$ -	\$ 4,760	\$ 2,666	\$ -	\$ 6,383	\$ 9,049	\$ 13,809	
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Service Coordination (Targeted Case Management)	\$ 1,052	\$ -	\$ -	\$ 1,052	\$ 560	\$ -	\$ 1,338	\$ 1,898	\$ 2,950	
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Special Instruction	\$ 3,672	\$ -	\$ -	\$ 3,672	\$ 2,082	\$ -	\$ 4,985	\$ 7,067	\$ 10,739	
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Direct Service Expenditures	\$ 4,724	\$ -	\$ -	\$ 4,724	\$ 2,642	\$ -	\$ 6,323	\$ 8,965	\$ 13,689	
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Administration/Oversight:										
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 60	\$ 84	\$ 120	
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 60	\$ 84	\$ 120	
Transfers OUT										
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL EXPENDITURES	\$ 4,760	\$ -	\$ -	\$ 4,760	\$ 2,666	\$ -	\$ 6,383	\$ 9,049	\$ 13,809	
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

TOTAL EXPENDITURES	
Quarter #1	\$ 3,594
Quarter #2	\$ 3,397
Quarter #3	\$ 3,288
Quarter #4	\$ 3,530
TOTAL	\$ 13,809



SC SCHOOL FOR THE DEAF AND BLIND (SDB)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ 311	\$ -	\$ 815	\$ 1,126	\$ 1,126
Restricted Funds	\$ -	\$ -	\$ 798	\$ 798	\$ -	\$ -	\$ -	\$ -	\$ 798
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ 798	\$ 798	\$ 311	\$ -	\$ 815	\$ 1,126	\$ 1,924
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 354	\$ 354	\$ -	\$ -	\$ 419	\$ 419	\$ 773
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 166	\$ 166	\$ -	\$ -	\$ 184	\$ 184	\$ 350
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 24	\$ 24	\$ -	\$ -	\$ 21	\$ 21	\$ 45
Orientation and Mobility	\$ -	\$ -	\$ 38	\$ 38	\$ -	\$ -	\$ 1	\$ 1	\$ 39
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 582	\$ 582	\$ -	\$ -	\$ 625	\$ 625	\$ 1,207
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 111	\$ 111	\$ -	\$ -	\$ 131	\$ 131	\$ 242
Local Administration/Oversight	\$ -	\$ -	\$ 30	\$ 30	\$ -	\$ -	\$ 46	\$ 46	\$ 76
Total Administration/Oversight	\$ -	\$ -	\$ 141	\$ 141	\$ -	\$ -	\$ 177	\$ 177	\$ 318
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ 311	\$ -	\$ -	\$ 311	\$ 311
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ 311	\$ -	\$ -	\$ 311	\$ 311
TOTAL EXPENDITURES	\$ -	\$ -	\$ 723	\$ 723	\$ 311	\$ -	\$ 802	\$ 1,113	\$ 1,836
Available Balance	\$ -	\$ -	\$ 75	\$ 75	\$ -	\$ -	\$ 13	\$ 13	\$ 88

TOTAL EXPENDITURES	
Quarter #1	\$ 389
Quarter #2	\$ 422
Quarter #3	\$ 454
Quarter #4	\$ 571
TOTAL	\$ 1,836



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

**BabyNet Program CONSOLIDATED Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)**

	(Amounts Are Displayed In THOUSANDS)								Total
	Non-Medicaid				Medicaid				
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ -	\$ -	\$ 1,111	\$ 1,111
Earmarked Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,659	\$ -	\$ 2,659	\$ 2,659
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ 2,659	\$ -	\$ 3,770	\$ 3,770
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 7	\$ 15	\$ -	\$ 22	\$ 22
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ 1	\$ 1
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 302	\$ 723	\$ -	\$ 1,025	\$ 1,025
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 273	\$ 653	\$ -	\$ 926	\$ 926
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 524	\$ 1,257	\$ -	\$ 1,781	\$ 1,781
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 5	\$ 10	\$ -	\$ 15	\$ 15
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ 2,659	\$ -	\$ 3,770	\$ 3,770
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD), including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 1,111	\$ 2,659	\$ -	\$ 3,770	\$ 3,770
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 1,204
Quarter #2	\$ 1,158
Quarter #3	\$ 756
Quarter #4	\$ 652
TOTAL	\$ 3,770



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Year Ended: June 30, 2014 (FY 2014)

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 54	\$ -	\$ -	\$ 54	\$ -	\$ -	\$ -	\$ -	\$ 54
Earmarked Funds	\$ -	\$ -	\$ 1	\$ 1	\$ -	\$ -	\$ 13	\$ 13	\$ 14
Restricted Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 54	\$ -	\$ 1	\$ 55	\$ -	\$ -	\$ 13	\$ 13	\$ 68
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENDITURES	
Quarter #1	\$ 14
Quarter #2	\$ 18
Quarter #3	\$ 18
Quarter #4	\$ 18
TOTAL	\$ 68



The Honorable Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee
111 Gressette Bldg.
Columbia, 29201

The Honorable W. Brian White
Chairman, House Ways and Means
525 Blatt Bldg.
Columbia, 29201

January 21, 2014

Dear Chairmen Leatherman and White,

Attached, pursuant to Proviso 117.108 of the General Appropriations Act (FY13), is the state's first inter-agency BabyNet financial statement, depicting the BabyNet revenues and expenditures of:

- South Carolina First Steps to School Readiness
- The South Carolina Department of Disabilities and Special Needs
- The South Carolina School for the Deaf and the Blind
- The South Carolina Department of Mental Health
- The South Carolina Department of Health and Human Services
- The South Carolina Department of Social Services

We thank you for your support of this reporting structure (which has enabled the state to capture its system-wide expenditures at a level of detail previously unavailable) and, likewise, offer our sincere appreciation for the hard work of our agency partners.

I hope that you or your staff will feel free to contact me directly if you have questions or comments related to this submission.

Respectfully,

A handwritten signature in black ink, appearing to read "Dan Wuori", written in a cursive style.

Dr. Dan Wuori
Chief Program Officer

cc: Grant Gibson
Emily Heatwole
Susan DeVenny
Kristie Musick

1300 Sumter Street • Concord Bldg., Suite 100 • Columbia, South Carolina 29201
Phone 803-734-0479 • Fax 803-734-1431 • Web site www.scfirststeps.org



ALL AGENCIES
(SCFS, DDSN, DHHS, SCADB, DMH, DSS)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2019

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 3,648	\$ -	\$ -	\$ 3,648	\$ 3,204	\$ -	\$ -	\$ 3,204	\$ 6,852
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ 755	\$ 1,069	\$ 1,069
Federal Grants	\$ -	\$ 6,116	\$ -	\$ 6,116	\$ -	\$ 3,706	\$ -	\$ 3,706	\$ 9,822
Transfers IN (from SC FS)	\$ -	\$ -	\$ 853	\$ 853	\$ -	\$ -	\$ -	\$ -	\$ 853
Transfers OUT (to SC SDB)	\$ (250)	\$ (603)	\$ -	\$ (853)	\$ -	\$ -	\$ -	\$ -	\$ (853)
Agency's Own Operating Funds	\$ 2,726	\$ -	\$ 4	\$ 2,730	\$ 1,072	\$ -	\$ 1,567	\$ 2,639	\$ 5,369
Total Revenues	\$ 6,124	\$ 5,513	\$ 857	\$ 12,494	\$ 4,580	\$ 3,706	\$ 7,910	\$ 16,206	\$ 28,700
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 30	\$ -	\$ 30	\$ -	\$ -	\$ -	\$ -	\$ 30
Audiology	\$ -	\$ 6	\$ -	\$ 6	\$ 8	\$ 19	\$ -	\$ 27	\$ 33
Applied Behavior Analysis - Autism Services	\$ -	\$ 224	\$ -	\$ 224	\$ -	\$ -	\$ -	\$ -	\$ 224
Service Coordination (Targeted Case Management)	\$ 1,510	\$ 40	\$ 471	\$ 2,021	\$ 741	\$ 448	\$ 1,916	\$ 3,105	\$ 5,126
Family Counseling	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ 135	\$ 19	\$ 154	\$ 221
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ -	\$ 4	\$ 4
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 388	\$ -	\$ 388	\$ 318	\$ 749	\$ -	\$ 1,067	\$ 1,455
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 318	\$ -	\$ 318	\$ 304	\$ 719	\$ -	\$ 1,023	\$ 1,341
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 3,116	\$ -	\$ 144	\$ 3,260	\$ 2,237	\$ -	\$ 5,316	\$ 7,553	\$ 10,813
Speech Pathology/Language	\$ -	\$ 2,067	\$ -	\$ 2,067	\$ 637	\$ 1,504	\$ -	\$ 2,141	\$ 4,208
Transportation	\$ -	\$ 1	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ 1
Translation / Interpreter Services	\$ -	\$ 547	\$ -	\$ 547	\$ -	\$ -	\$ -	\$ -	\$ 547
Sign Language	\$ -	\$ -	\$ 16	\$ 16	\$ -	\$ 15	\$ -	\$ 15	\$ 31
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 1	\$ -	\$ 1	\$ 6	\$ 11	\$ -	\$ 17	\$ 18
Total Direct Service Expenditures	\$ 4,689	\$ 3,694	\$ 635	\$ 9,018	\$ 4,281	\$ 3,604	\$ 7,251	\$ 15,106	\$ 24,124
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 580	\$ -	\$ -	\$ 580	\$ -	\$ -	\$ -	\$ -	\$ 580
303.112 Availability of early intervention services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 580	\$ -	\$ 580	\$ 580
303.114 Individualized family service plan (IFSP).	\$ 559	\$ 71	\$ -	\$ 630	\$ -	\$ -	\$ 21	\$ 21	\$ 651
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.117 Central directory.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.119 Personnel standards.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.122 Reimbursement procedures.	\$ -	\$ 222	\$ -	\$ 222	\$ -	\$ -	\$ -	\$ -	\$ 222
303.123 Procedural safeguards.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.124 Data collection	\$ -	\$ 481	\$ -	\$ 481	\$ -	\$ -	\$ -	\$ -	\$ 481
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 1,139	\$ 1,729	\$ -	\$ 2,868	\$ -	\$ -	\$ 601	\$ 601	\$ 3,469
Administration/Oversight:									
State-Level Administration/Oversight	\$ 89	\$ 90	\$ 70	\$ 249	\$ 24	\$ 84	\$ 59	\$ 167	\$ 416
Local Administration/Oversight	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ 41	\$ -	\$ 41	\$ 88
Total Administration/Oversight	\$ 89	\$ 90	\$ 117	\$ 296	\$ 24	\$ 125	\$ 59	\$ 208	\$ 504
Transfers OUT									
Medicaid Match to SC DHHS	\$ 207	\$ -	\$ -	\$ 207	\$ 314	\$ -	\$ -	\$ 314	\$ 521
Total Transfers Out	\$ 207	\$ -	\$ -	\$ 207	\$ 314	\$ -	\$ -	\$ 314	\$ 521
TOTAL EXPENDITURES	\$ 6,124	\$ 5,513	\$ 752	\$ 12,389	\$ 4,589	\$ 3,729	\$ 7,911	\$ 16,229	\$ 28,618
Available Balance	\$ -	\$ -	\$ 105	\$ 105	\$ 1	\$ (23)	\$ (1)	\$ (23)	\$ 82

NOTES:

- 1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.
- 2) Does not include local revenue and expenditures
- 3) "Other Funds" Includes earmarked and restricted funds (i.e., medicaid reimbursements, , etc.)
- 4) Amounts reflect income and expenditures as reported by each agency



SC FIRST STEPS TO SCHOOL READINESS (SCFS)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2019

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,791	\$ -	\$ -	\$ 1,791	\$ -	\$ -	\$ -	\$ -	\$ 1,791
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 755	\$ 755	\$ 755
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ 6,116	\$ -	\$ 6,116	\$ -	\$ -	\$ -	\$ -	\$ 6,116
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ (250)	\$ (603)	\$ -	\$ (853)	\$ -	\$ -	\$ -	\$ -	\$ (853)
Agency's Own Operating Funds	\$ 244	\$ -	\$ -	\$ 244	\$ -	\$ -	\$ -	\$ -	\$ 244
Total Revenues	\$ 1,785	\$ 5,513	\$ -	\$ 7,298	\$ -	\$ -	\$ 755	\$ 755	\$ 8,053
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ 30	\$ -	\$ 30	\$ -	\$ -	\$ -	\$ -	\$ 30
Audiology	\$ -	\$ 6	\$ -	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ 6
Applied Behavior Analysis - Autism Services	\$ -	\$ 224	\$ -	\$ 224	\$ -	\$ -	\$ -	\$ -	\$ 224
Service Coordination (Targeted Case Management)	\$ 386	\$ 40	\$ -	\$ 426	\$ -	\$ -	\$ 154	\$ 154	\$ 580
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ 388	\$ -	\$ 388	\$ -	\$ -	\$ -	\$ -	\$ 388
Parent-to-Parent Support	\$ -	\$ 72	\$ -	\$ 72	\$ -	\$ -	\$ -	\$ -	\$ 72
Physical Therapy	\$ -	\$ 318	\$ -	\$ 318	\$ -	\$ -	\$ -	\$ -	\$ 318
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ 2,067	\$ -	\$ 2,067	\$ -	\$ -	\$ -	\$ -	\$ 2,067
Transportation	\$ -	\$ 1	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ 1
Translation / Interpreter Services	\$ -	\$ 547	\$ -	\$ 547	\$ -	\$ -	\$ -	\$ -	\$ 547
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ 1	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ 1
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 386	\$ 3,694	\$ -	\$ 4,080	\$ -	\$ -	\$ 154	\$ 154	\$ 4,234
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ 580	\$ -	\$ -	\$ 580	\$ -	\$ -	\$ -	\$ -	\$ 580
303.112 Availability of early intervention services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 580	\$ 580	\$ 580
303.114 Individualized family service plan (IFSP).	\$ 559	\$ 71	\$ -	\$ 630	\$ -	\$ -	\$ 21	\$ 21	\$ 651
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.116 Public awareness program.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.117 Central directory.	\$ -	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ -	\$ 71
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.119 Personnel standards.	\$ -	\$ 95	\$ -	\$ 95	\$ -	\$ -	\$ -	\$ -	\$ 95
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.122 Reimbursement procedures.	\$ -	\$ 222	\$ -	\$ 222	\$ -	\$ -	\$ -	\$ -	\$ 222
303.123 Procedural safeguards.	\$ -	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -	\$ -	\$ 138
303.124 Data collection	\$ -	\$ 481	\$ -	\$ 481	\$ -	\$ -	\$ -	\$ -	\$ 481
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ 1,139	\$ 1,729	\$ -	\$ 2,868	\$ -	\$ -	\$ 601	\$ 601	\$ 3,469
Administration/Oversight:									
State-Level Administration/Oversight	\$ 53	\$ 90	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ -	\$ 143
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 53	\$ 90	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ -	\$ 143
Transfers OUT									
Medicaid Match to SC DHHS	\$ 207	\$ -	\$ -	\$ 207	\$ -	\$ -	\$ -	\$ -	\$ 207
Total Transfers Out	\$ 207	\$ -	\$ -	\$ 207	\$ -	\$ -	\$ -	\$ -	\$ 207
TOTAL EXPENDITURES	\$ 1,785	\$ 5,513	\$ -	\$ 7,298	\$ -	\$ -	\$ 755	\$ 755	\$ 8,053
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



SC DEPT. OF DISABILITIES AND SPECIAL NEEDS (DDSN)

**BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2013**

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ 1,794	\$ -	\$ -	\$ 1,794	\$ 1,931	\$ -	\$ -	\$ 1,931	\$ 3,725
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,588	\$ 5,588	\$ 5,588
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ 2,482	\$ -	\$ -	\$ 2,482	\$ 1,072	\$ -	\$ 1,548	\$ 2,620	\$ 5,102
Total Revenues	\$ 4,276	\$ -	\$ -	\$ 4,276	\$ 3,003	\$ -	\$ 7,136	\$ 10,139	\$ 14,415

EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ 1,124	\$ -	\$ -	\$ 1,124	\$ 741	\$ -	\$ 1,762	\$ 2,503	\$ 3,627
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ 3,116	\$ -	\$ -	\$ 3,116	\$ 2,237	\$ -	\$ 5,316	\$ 7,553	\$ 10,669
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 4,240	\$ -	\$ -	\$ 4,240	\$ 2,978	\$ -	\$ 7,078	\$ 10,056	\$ 14,296

Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -								

Administration/Oversight:									
State-Level Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 59	\$ 83	\$ 119
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ 36	\$ -	\$ -	\$ 36	\$ 24	\$ -	\$ 59	\$ 83	\$ 119

Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -								

TOTAL EXPENDITURES	\$ 4,276	\$ -	\$ -	\$ 4,276	\$ 3,002	\$ -	\$ 7,137	\$ 10,139	\$ 14,415
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ -	\$ (1)	\$ -	\$ -

NOTES:
1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



Getting children ready for school

SC SCHOOL FOR THE DEAF AND THE BLIND (SDB)

BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2013

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ -	\$ 314	\$ 314
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 700	\$ -	\$ 700	\$ 700
Transfers IN (from SC FS)	\$ -	\$ -	\$ 853	\$ 853	\$ -	\$ -	\$ -	\$ -	\$ 853
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ 853	\$ 853	\$ 314	\$ 700	\$ -	\$ 1,014	\$ 1,867
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ 471	\$ 471	\$ -	\$ 448	\$ -	\$ 448	\$ 919
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 135	\$ -	\$ 135	\$ 135
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ 144	\$ 144	\$ -	\$ -	\$ -	\$ -	\$ 144
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ 16	\$ 16	\$ -	\$ 15	\$ -	\$ 15	\$ 31
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ 631	\$ 631	\$ -	\$ 598	\$ -	\$ 598	\$ 1,229
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State Interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ 70	\$ 70	\$ -	\$ 84	\$ -	\$ 84	\$ 154
Local Administration/Oversight	\$ -	\$ -	\$ 47	\$ 47	\$ -	\$ 41	\$ -	\$ 41	\$ 88
Total Administration/Oversight	\$ -	\$ -	\$ 117	\$ 117	\$ -	\$ 125	\$ -	\$ 125	\$ 242
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ -	\$ 314	\$ 314
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ 314	\$ -	\$ -	\$ 314	\$ 314
TOTAL EXPENDITURES	\$ -	\$ -	\$ 748	\$ 748	\$ 314	\$ 723	\$ -	\$ 1,037	\$ 1,785
Available Balance	\$ -	\$ -	\$ 105	\$ 105	\$ -	\$ (23)	\$ -	\$ (23)	\$ 82

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



SC DEPT. OF HEALTH AND HUMAN SERVICES (DHHS)

**BabyNet Program CONSOLIDATED Financial Activity Report
For the Quarter Ended: June 30, 2013**

(Amounts Are Displayed In THOUSANDS)

	Non-Medicaid				Medicaid				Total
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total	
REVENUE:									
Direct Appropriations:	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ -	\$ -	\$ 1,273	\$ 1,273
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,006	\$ -	\$ 3,006	\$ 3,006
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ 3,006	\$ -	\$ 4,279	\$ 4,279
EXPENDITURES:									
Direct Service									
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ 8	\$ 19	\$ -	\$ 27	\$ 27
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4	\$ -	\$ 4	\$ 4
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ 318	\$ 749	\$ -	\$ 1,067	\$ 1,067
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ 304	\$ 719	\$ -	\$ 1,023	\$ 1,023
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ 637	\$ 1,504	\$ -	\$ 2,141	\$ 2,141
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ 6	\$ 11	\$ -	\$ 17	\$ 17
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ 3,006	\$ -	\$ 4,279	\$ 4,279
Other Required Part C System Components:									
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:									
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT									
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ 1,273	\$ 3,006	\$ -	\$ 4,279	\$ 4,279
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.



SC DEPT. OF MENTAL HEALTH (DMH)

BabyNet Program **CONSOLIDATED** Financial Activity Report
For the Quarter Ended: June 30, 2013

	(Amounts Are Displayed In THOUSANDS)									
	Non-Medicaid				Medicaid				Total	
	State Funds	Federal Funds	Other Funds	Sub-total	State Funds	Federal Funds	Other Funds	Sub-total		
REVENUE:										
Direct Appropriations:	\$ 63	\$ -	\$ -	\$ 63	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 63
Medicaid Reimbursements (Earmarked Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (Restricted Funds)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers IN (from SC FS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT (to SC SDB)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Agency's Own Operating Funds	\$ -	\$ -	\$ 4	\$ 4	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 23
Total Revenues	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
EXPENDITURES:										
Direct Service										
Assistive Technology (devices & services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audiology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Applied Behavior Analysis - Autism Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service Coordination (Targeted Case Management)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Counseling	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
Health Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Evaluation and Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nursing Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Nutrition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Occupational Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Parent-to-Parent Support	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Physical Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychological Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Social Work	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Instruction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Speech Pathology/Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Translation / Interpreter Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Sign Language	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Orientation and Mobility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Family Therapy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Assessment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SPD - Staffing with Doctor	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PMA's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Direct Service Expenditures	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
Other Required Part C System Components:										
303.111 State definition of developmental delay.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.112 Availability of early intervention services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.113 Evaluation, assessment, and nondiscriminatory procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.114 Individualized family service plan (IFSP).	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.115 Comprehensive child find system, including state-level interagency child find committee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.116 Public awareness program.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.117 Central directory.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.118 Comprehensive system of personnel development (CSPD, including online curriculum; training and technical assistance.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.119 Personnel standards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.120 Lead agency supervision, monitoring, funding, interagency coordination, and other responsibilities.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.121 Policy for contracting or otherwise arranging for services.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.122 Reimbursement procedures.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.123 Procedural safeguards.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.124 Data collection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
303.125 State interagency coordinating council.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Required Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administration/Oversight:										
State-Level Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Administration/Oversight	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers OUT										
Medicaid Match to SC DHHS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Transfers Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 63	\$ -	\$ 4	\$ 67	\$ -	\$ -	\$ 19	\$ 19	\$ 19	\$ 86
Available Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES:

1) The negative amount in Revenue "Transfer Out" represent a revenue transfer to SC SDB and/or SC DDSN to prevent duplication of revenue in this consolidated report.

South Carolina Department of Disabilities and Special Needs

Agency Fact Sheets and Handouts

Community Supports Waiver Information Sheets

September 15, 2015

September 11, 2015

Environmental Modifications Fact Sheet

February 16, 2017

July 13, 2016

Head and Spinal Cord Injury Waiver Information Sheet

March 2016

September 15, 2015

August 2014

December 10, 2009

Intellectual Disability/Related Disability (ID/RD) Waiver Information Sheet

September 23, 2015

September 15, 2015

September 2010

Pervasive Developmental Disorder (PDD) Waiver Information Sheet

September 25, 2015

Private Vehicle Modifications Fact Sheet for the ID/RD Waiver

July 13, 2016

Community Supports Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to South Carolina Department of Disabilities and Special Needs (DDSN) individuals only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to individuals in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with DDSN to operate a Home and Community-Based Waiver program for people with an intellectual or developmental disability or related disabilities to offer Community Supports Services.

Community Supports Waiver Participation

To participate in the Community Supports Waiver, an individual must:

- ✓ be diagnosed with an Intellectual or Developmental Disability or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID.
- ✓ have needs that can be met by the Community Supports Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the Community Supports Waiver, choose to receive Community Supports Waiver services, and choose among qualified providers.
- ✓ Maintain services within the individual cost limit.

Community Supports Waiver Termination

Community Supports Waiver Enrollment is terminated when the individual:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the Community Supports Waiver.
- ✓ does not receive a Community Supports Waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ moves to another HCB waiver
- ✓ has exhausted the individual cost limit.

Applying for Community Supports Waiver Services

- Regardless of the applicant's age, contact your Case Manager to apply for the Community Supports Waiver.
- Your Case Manager will be responsible for working with you to gather the information to complete the application.
- You will receive written response from DDSN regarding your Community Supports Waiver application.

Applying for DDSN Services

- For individuals 0-3, application must be made through Babynet. Contact information can be obtained by calling the Babynet Care Line 1-877-621-0865. Babynet eligibility/services do not have to be obtained in order to apply for the Community Supports Waiver.
- For individuals 3 and older, contact DDSN's eligibility line at 1-800-289-7012 which is operated through the University of South Carolina, Center for Disability Resources.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Manager/Early Intervention provider who will assist you with completing the eligibility process. An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 364 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for services that were provided to you. Please work with your Case Manager or Early Interventionist to make sure that your plan is completed at least once every year.

Community Supports Waiver Services

Community Supports Waiver services are provided based on identified needs of the individual and the appropriateness of the service to meet the need. The services listed below may be limited due to provider availability. A list of enrolled and qualified providers of Community Supports Waiver services can be located at the DDSN website <http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>.

- **Adult Day Health Care Services:** Care furnished to someone 18 or older, 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care-Nursing Services:** Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/ wound care, tracheostomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care-Transportation:** This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center.
- **Behavior Support Services:** Services to assist people who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Day Activity:** Supports and services provided in therapeutic settings to enable individuals to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills.
- **Career Preparation:** Services aimed at preparing individuals for paid and unpaid employment and careers through exposure to and experience careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy.
- **Community Services:** Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Employment Services:** Employment services consist of intensive, on-going supports that enable individuals for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Support Center Services:** Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the individual's home to people who because of their disability are unable to care for and supervise themselves.
- **In-Home Support:** Care, supervision, teaching and/or assistance provided directly to or in support of the individual and provided in the individual's home, family home, the home of others, and/or in community settings. This service is self-directed.
- **Environmental Modification:** Physical adaptations to the individual's home which are necessary to ensure the health, welfare and safety of the individual (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.)
- **Personal Care Services (I and II):** Assistance with personal care and activities of daily living for individuals 21 or older. Personal Care Services are available through the Medicaid State Plan for those under 21.
- **Private Vehicle Modification:** Modifications to a privately owned vehicle used to transport the individual (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.).
- **Respite Services:** Care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- **Assistive Technology and Appliances:** A device, an item, piece of equipment, or product system that is used to increase or improve functional capabilities of participants thereby resulting in a decrease or avoidance of need for other waiver services.
- **Personal Emergency Response System:** An electronic device which enables a participant who is at high risk of institutionalization to secure help in an emergency.
- **Incontinence Supplies:** Diapers, under-pads, wipes, liners and disposable gloves provided to participants who are at least 21 years old and who are incontinent of bowel and/or bladder according to established medical criteria.

Community Supports Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

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- ✓ Is no longer eligible for Medicaid as determined by DHHS.
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- **Adult Day Health Care-Transportation:** This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within 15 miles of the ADHC center.
- **Behavior Support Services:** services to assist individuals who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Day Activity:** Supports and services provided in therapeutic settings to enable individuals to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills.
- **Career Preparation:** Services aimed at preparing individuals for paid and unpaid employment and careers through exposure to and experience careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self determination, and self-advocacy.
- **Community Services:** Services aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Employment Services:** Employment services consist of intensive, on-going supports that enable individuals for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Support Center Services:** Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the individual's home to individuals who because of their disability are unable to care for and supervise themselves.
- **In-Home Support:** Care, supervision, teaching and/or assistance provided directly to or in support of the individual and provided in the individual's home, family home, the home of others, and/or in community settings. This service is self-directed.
- **Environmental Modification:** physical adaptations to the individual's home which are necessary to ensure the health, welfare and safety of the individual (e.g., installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.)
- **Personal Care Services (I and II):** assistance with personal care and activities of daily living for individuals 21 or older. Personal Care Services are available through the Medicaid State Plan for those under 21.
- **Private Vehicle Modification:** modifications to a privately owned vehicle used to transport the individual (e.g., installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.).
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Respite Services:** care provided on a short-term basis because of the absence or need for relief of those individuals normally providing the care.
- **Specialized Medical Supplies, Equipment, Assistive Technology and Appliances:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available under the Medicaid State Plan that provides medical or remedial benefit to the individual.

**Intellectual Disability/Related Disability Waiver
South Carolina Department of Disabilities and Special Needs**

Environmental Modifications

Fact Sheet for Consumers Who Live in Privately Owned or Rented Homes

- Environmental modifications for people served through the Intellectual Disability/Related Disabilities (ID/RD) Waiver depend upon the individual's assessed needs and whether funding is available under the lifetime monetary cap of \$7,500.00. Procurement law and regulations apply along with specific restrictions and limits since federal Medicaid funding is being used.
- To be eligible for modifications, a privately owned or rented house or apartment must be sanitary, safe, adequately maintained, and architecturally feasible for cost-effective modification methods.
- Routine home maintenance such as cleaning, painting, roof repair/replacement, gutter clearing, pest control, plumbing repairs, water damage repairs, floor repairs, appliance repairs, and yard work are not provided as environmental modifications. These issues are the responsibility of the homeowner or landlord/tenant.
- Modifications are provided only to improve a consumer's safety and functional independence in his/her home. Requests will only be considered for essential modifications, such as an entrance/exit ramp, widening of selected exterior/interior doorways, flooring to facilitate wheelchair movement, alterations to make a bathroom accessible, etc. Environmental modifications may also include consultation and assessment to determine the specific needs and follow-up inspections upon completion of the project.
- Home additions (addition of square footage) are not allowed.
- Due to significant differences in the framework and flooring support structures used in mobile homes and manufactured housing, conventional ceramic tile showers/floors cannot be provided. The most appropriate and cost-effective solution is a pre-fabricated accessible shower unit.
- Upgraded and expensive materials and fixtures, such as decorative marble or tile flooring/walls, brass faucets, wallpaper, etc., are not permitted.
- When modifications are not feasible because of architectural, sanitary, or other basic habitability considerations, DSN Boards may offer alternatives such as assistance in securing accessible public housing or another rental dwelling. Once this is done, if there remains a need for modifications, three (3) new written bids must be obtained.
- The consumer and any family members or other persons who live in the home or would otherwise be affected by the completed modifications must be in full agreement on what work will be done before the request can be approved. Therefore, the consumer and other homeowner/landlord must sign an agreement about the modifications before services can be authorized.
- Environmental modifications must be completed by a licensed contractor and comply with all local building ordinances. Three (3) or more written bids must be obtained and the lowest used.
- If unforeseen structural problems or damage are discovered after a modification project has started that resulted from pre-existing maintenance neglect, plumbing leaks, improper drainage, or termites, it will be the responsibility of the homeowner/landlord to correct the structural problems or damage before the modifications can continue.
- If any of the outlined specifications given to you by your Case Manager/Early Interventionist cannot be met due to architectural designs, you must notify your Case Manager/Early Interventionist prior to authorization of the project.
- If the planned modifications include a ramp, ramp repair, widening of doorways and/or interior floor surface modifications, your Case Manager/Early Interventionist must submit to you the written requirements that must be adhered to when the contractor is preparing the bid and later when the project is initiated and completed. You will be responsible for sharing this information with the providers from which you are requesting bids. They must also be given the written specifications that you developed with your Case Manager/Early Interventionist or a copy of the Environmental Assessment, if applicable.



**Intellectual Disability/Related Disability Waiver
South Carolina Department of Disabilities and Special Needs
Environmental Modifications**

Fact Sheet for Consumers Who Live in Privately Owned or Rented Homes

- Environmental modifications for people served through the Intellectual Disability/Related Disabilities (MR/RD) Waiver depend upon the individual's assessed needs and whether funding is available under the lifetime monetary cap of \$7,500.00. Procurement law and regulations apply along with specific restrictions and limits since federal Medicaid funding is being used.
- To be eligible for modifications, a privately owned or rented house or apartment must be sanitary, safe, adequately maintained, and architecturally feasible for cost-effective modification methods.
- Routine home maintenance such as cleaning, painting, roof repair/replacement, gutter clearing, pest control, plumbing repairs, water damage repairs, floor repairs, appliance repairs, and yard work are not provided as environmental modifications. These issues are the responsibility of the homeowner or landlord/tenant.
- Modifications are provided only to improve a consumer's safety and functional independence in his/her home. Requests will only be considered for essential modifications, such as an entrance/exit ramp, widening of selected exterior/interior doorways, flooring to facilitate wheelchair movement, alterations to make a bathroom accessible, etc. Environmental modifications may also include consultation and assessment to determine the specific needs and follow-up inspections upon completion of the project.
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- Upgraded and expensive materials and fixtures, such as decorative marble or tile flooring/walls, brass faucets, wallpaper, etc., are not permitted.
- When modifications are not feasible because of architectural, sanitary, or other basic habitability considerations, DSN Boards may offer alternatives such as assistance in securing accessible public housing or another rental dwelling. Once this is done, if there remains a need for modifications, three (3) new written bids must be obtained.
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Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables South Carolina Department of Health and Human Services (SCDHHS) to contract with South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based (HCB) Waiver program for a limited number of individuals with severe physical/cognitive disabilities. It is one of several HCB Waiver programs in South Carolina that can provide some level of services to individuals with traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD).

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and other community settings instead of in a hospital, nursing facility, or institution.

The aggregate cost of Medicaid HCB Waiver services must be equal to or no more than the aggregate cost if the same individuals received institutional care funded by Medicaid.

HASCI Waiver services are provided based on the identified needs of a participant and within limits and available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, an individual must:

- ✓ meet diagnostic criteria (TBI, SCI, SD) as established by determination of eligibility for the DDSN Head and Spinal Cord Injury Division (see back)
- ✓ receive Medicaid in South Carolina or become eligible prior to enrollment
- ✓ meet Level of Care criteria (see back)
- ✓ have urgent circumstances affecting his or her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living, or require daily monitoring or supervision to avoid institutionalization
- ✓ require services not available from existing resources (family, private means, other agencies or programs) or current resources are inadequate to meet the basic needs of the individual to allow him or her to remain in the home
- ✓ have sufficient independence and/or adequate natural supports to live safely in a private residence or other community setting with the type and amount of services available from the HASCI Waiver

The HASCI Waiver does **not** provide income support, emergency funds, housing, room and board, general supervision, or 24-hour care.

Initial enrollment in the HASCI Waiver is limited to individuals prior to their 65th birthday. Individuals already enrolled continue to be eligible after their 65th birthday, if all other eligibility factors are met.

An individual must be offered choice between institutional services or home and community-based services, must choose to receive HASCI Waiver services, must be informed of all the alternatives available in the HASCI Waiver, and must choose from among qualified service providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance:** direct assistance with personal care and activities of daily living and/or supervision to assure health and safety
- ▶ **Respite Care:** short-term care and/or supervision in the absence of individuals normally providing care/supervision
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** three prescriptions per month in addition to drugs available through Medicaid State Plan
- ▶ **Incontinence Supplies:** diapers, briefs, underpads, liners, wipes and gloves provided to participants who are at least 21 years old and who are incontinent of bowel and/or bladder care according to established medical criteria.
- ▶ **Supplies, Equipment and Assistive Technology:** specialized medical supplies and equipment and AT devices to better perform activities of daily living
- ▶ **Personal Emergency Response System:** electronic device to enable an individual to secure help in an emergency
- ▶ **Private Vehicle Modifications:** modifications to a vehicle driven by or routinely used to transport the individual
- ▶ **Environmental Modifications:** adaptations to the individual's private home to ensure health and safety or to enable greater independence
- ▶ **Occupational Therapy:** treatment to restore or improve fine motor functioning
- ▶ **Physical Therapy:** treatment to improve or compensate for mobility and movement dysfunction and related functional impairments
- ▶ **Speech and Hearing Services:** speech therapy, audiology services, and augmentative communication
- ▶ **Psychological Services:** treatment to address affective, cognitive, and substance abuse issues
- ▶ **Behavior Support:** validated practices to identify causes of specific problem behaviors and appropriate interventions to reduce or eliminate them
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist an individual to manage own personal care provided by another individual
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement provided by a peer to an individual with SCI/severe physical impairment to recruit, train, and supervise own caregivers
- ▶ **Day Activity:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a licensed day program funded by SCDDSN
- ▶ **Career Preparation:** preparation for paid or unpaid employment (but not job-specific skills) in a licensed day program funded by SCDDSN
- ▶ **Employment Services:** intensive/extended supports in a licensed employment program funded by SCDDSN
- ▶ **Residential Habilitation:** care, skills training, and supervision in a licensed residential program funded by SCDDSN

HASCI Division Information and Referral

1-866-867-3864 (toll free)

Applying to SCDDSN

If you have severe impairments as a result of traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD), you or a family member should:

- ▶ Contact HASCI Division Information and Referral at the phone number above to be screened for referral to DDSN Head and Spinal Cord Injury (HASCI) Division and referral to the HASCI Waiver, if requested.
- ▶ If screened as appropriate for consideration of eligibility, you will be given opportunity to choose a DSN Board or other qualified provider which offers HASCI Case Management (CM) for your locality. You will be notified by mail that referral was made to the chosen CM provider.
- ▶ The DDSN eligibility determination process includes review of medical records and other information, including the applicant's current functional status. The process is usually completed within 90 days.
- ▶ An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Eligibility Criteria

S.C. Code Ann. § 44-38-370 defines eligibility for services through the DDSN Head and Spinal Cord Injury Division:

"A person is **eligible for case management services** under this article when at the time of determining eligibility the person has a severe chronic limitation that:

- (1) Is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset but not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging;
- (2) Is likely to continue without intervention;
- (3) Results in substantial functional limitations in at least two of these life activities: **(a)** self-care; **(b)** receptive and expressive communication; **(c)** learning; **(d)** mobility; **(e)** self-direction; **(f)** capacity for independent living; **(g)** economic self-sufficiency; and
- (4) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are lifelong or extended duration and are individually planned or coordinated."

Level of Care Criteria for HASCI Waiver

In order to be eligible for HASCI Waiver services, an individual must meet Level of Care criteria for a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). The individual must be evaluated to meet Level of Care criteria within 30 days prior to enrollment in the HASCI Waiver. Level of Care is re-evaluated at least every 365 days.

NF Level of Care is determined by a licensed nurse who conducts a comprehensive evaluation of an individual's medical, psychobehavioral, and functional needs. An individual may meet NF Level of Care at the skilled or intermediate level. Both levels focus on an individual's need for extensive assistance from another person with personal care and activities of daily living.

To be eligible for the HASCI Waiver under the ICF/IID Level of Care, an individual must be determined to meet DDSN criteria for a Related Disability (onset prior to age 22 years) with substantial impairments in adaptive functioning and require ongoing supervision and services to acquire skills or prevent regression.

DDSN Reconsideration and Medicaid Appeal

If an applicant or participant is notified of an adverse decision/action affecting eligibility for or receipt of HASCI Waiver services, within 30 days the individual (or representative) may request that DDSN reconsider and reverse the decision/action. Information on the DDSN Reconsideration process and how to make a request will be provided by the HASCI Case Manager.

If the individual (or representative) fully completes the SCDDSN Reconsideration process and is dissatisfied with the results, an appeal of the adverse decision/action may be filed with the SC Department of Health and Human Services (State Medicaid Agency) within 30 days. Information on how to file a Medicaid appeal will be provided by the HASCI Case Manager.

You may be eligible to receive continued Medicaid benefits pending a hearing decision. If you are interested in continued benefits, you must contact your DDSN Case Manager within ten (10) calendar days of the effective date of the action. If the hearing decision is not in your favor, you may be required to repay Medicaid benefits received during the appeals process.

HASCI Waiver Termination

HASCI Waiver services are terminated when a person...

- ✓ is no longer eligible for Medicaid in South Carolina
- ✓ is no longer meets Level of Care criteria
- ✓ does not receive any Waiver services for 30 days
- ✓ is admitted to an acute care hospital for 30 days
- ✓ is admitted to a nursing facility or ICF/IID
- ✓ refuses to comply with requirements or commits Medicaid fraud
- ✓ voluntarily withdraws from receiving services
- ✓ moves out of South Carolina



Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables South Carolina Department of Health and Human Services (DHHS) to contract with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based (HCB) Waiver program for a limited number of people with severe physical/cognitive disabilities. It is one of several HCB Waiver programs in South Carolina that can provide some level of services to individuals with traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD).

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and other community settings instead of in a hospital, nursing facility, or institution.

The aggregate cost of Medicaid HCB Waiver services must be equal to or no more than the aggregate cost if the same individuals received institutional care funded by Medicaid.

HASCI Waiver services are provided based on the identified needs of a participant and within limits and available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, an individual must:

- ✓ meet diagnostic criteria (TBI, SCI, SD) as established by determination of eligibility for the DDSN Head and Spinal Cord Injury Division (see back)
- ✓ receive Medicaid in South Carolina or become eligible prior to enrollment
- ✓ meet Level of Care criteria (see back)
- ✓ have urgent circumstances affecting his or her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living, or require daily monitoring or supervision to avoid institutionalization
- ✓ require services not available from existing resources (family, private means, other agencies or programs) or current resources are inadequate to meet the basic needs of the individual to allow him/her to remain in the home
- ✓ have sufficient independence and/or adequate natural supports to live safely in a private residence or other community setting with the type and amount of services available from the HASCI Waiver

The HASCI Waiver does **not** provide income support, emergency funds, housing, room and board, general supervision, or 24-hour care.

Initial enrollment in the HASCI Waiver is limited to individuals prior to their **65th birthday**. Individuals already enrolled continue to be eligible after their **65th birthday**, if all other eligibility factors are met.

An individual must be offered choice between institutional services or home and community-based services, must choose to receive HASCI Waiver services, must be informed of all the alternatives available in the HASCI Waiver, and must choose from among qualified service providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance:** direct assistance with personal care and activities of daily living and/or supervision to assure health and safety
- ▶ **Respite Care:** short-term care and/or supervision in the absence of individuals normally providing care/supervision
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** three (3) prescriptions per month in addition to drugs available through Medicaid State Plan
- ▶ **Supplies, Equipment and Assistive Technology:** specialized medical supplies and equipment and AT devices to better perform activities of daily living
- ▶ **Personal Emergency Response System:** electronic device to enable an individual to secure help in an emergency
- ▶ **Private Vehicle Modifications:** modifications to a vehicle driven by or routinely used to transport the individual
- ▶ **Environmental Modifications:** adaptations to an individual's private home to ensure health and safety or to enable greater independence
- ▶ **Occupational Therapy:** treatment to restore or improve fine motor functioning
- ▶ **Physical Therapy:** treatment to improve or compensate for mobility and movement dysfunction and related functional impairments
- ▶ **Speech and Hearing Services:** speech therapy, audiology services, and augmentative communication
- ▶ **Psychological Services:** treatment to address affective, cognitive, and substance abuse issues
- ▶ **Behavior Support:** validated practices to identify causes of specific problem behaviors and appropriate interventions to reduce or eliminate them
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist an individual to manage own personal care provided by another individual
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement provided by a peer to an individual with SCI/severe physical impairments to recruit, train, and supervise own caregivers
- ▶ **Day Activity:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a licensed day program funded by DDSN
- ▶ **Career Preparation:** preparation for paid or unpaid employment (but not job-specific training) in a licensed day program funded by DDSN
- ▶ **Employment Services:** intensive/extended supports in a licensed employment program funded by DDSN
- ▶ **Residential Habilitation:** care, skills training, and supervision in a licensed residential program funded by DDSN
- ▶ **Waiver Case Management:** assistance in obtaining needed services through HASCI Waiver, Medicaid State Plan, and other agencies/programs/funding

HASCI Division Information and Referral

1-866-867-3864 (toll free)

Applying to DDSN

If you have severe impairments as a result of traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD), you or a family member should:

- ▶ Contact HASCI Division Information and Referral at the phone number above to be screened for referral to the DDSN Head and Spinal Cord Injury (HASCI) Division and referral to the HASCI Waiver, if requested.
- ▶ If screened as appropriate for consideration of eligibility, you will be given opportunity to choose a DSN Board or other qualified provider which offers HASCI Case Management (CM) for your locality. You will be notified by mail that referral was made to your chosen CM provider.
- ▶ The DDSN eligibility determination process includes review of medical records and other information, including the applicant's current functional status. The process is usually completed within 90 days.
- ▶ An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Eligibility Criteria

S.C. Code Ann. § 44-38-370 defines eligibility for services through the DDSN Head and Spinal Cord Injury Division:

"A person is **eligible for case management services** under this article when at the time of determining eligibility the person has a severe chronic limitation that:

- (1) Is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset, but not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging;
- (2) Is likely to continue without intervention;
- (3) Results in substantial functional limitations in at least two of these life activities: (a) self-care; (b) receptive and expressive communication; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; and
- (4) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are lifelong or extended duration and are individually planned or coordinated."

Level of Care Criteria for HASCI Waiver

In order to be eligible for HASCI Waiver services, an individual must meet Level of Care criteria for a Nursing Facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID). The individual must be evaluated to meet Level of Care criteria within 30 days prior to enrollment in the HASCI Waiver. Level of Care is re-evaluated at least every 365 days.

NF Level of Care is determined by a licensed nurse who conducts a comprehensive evaluation of an individual's medical, psychobehavioral, and functional needs. An individual may meet NF Level of Care at the skilled or intermediate level. Both levels focus on an individual's need for extensive assistance from another person with personal care and activities of daily living.

To be eligible for the HASCI Waiver under the ICF/IID Level of Care, an individual must be determined to meet DDSN criteria for a Related Disability (onset prior to age 22 years) with substantial impairments in adaptive functioning and require ongoing supervision and services to acquire skills or prevent regression.

DDSN Reconsideration and Medicaid Appeal

If an applicant or participant is notified of an adverse decision/action affecting eligibility for or receipt of HASCI Waiver services, within 30 days the individual (or representative) may request that DDSN reconsider and reverse the decision/action. Information on the DDSN Reconsideration process and how to make a request will be provided by the HASCI Case Manager.

If the individual (or representative) fully completes the DDSN Reconsideration process and is dissatisfied with the results, an appeal of the adverse decision/action may be filed with the SC Department of Health and Human Services (State Medicaid Agency) within 30 days. Information on how to file a Medicaid appeal will be provided by the HASCI Case Manager.

You may be eligible to receive continued Medicaid benefits pending a hearing decision. If you are interested in continued benefits, you must contact your SCDDSN Service Coordinator within ten (10) calendar days of the effective date of the action. If the hearing decision is not in your favor, you may be required to repay Medicaid benefits received during the appeals process.

HASCI Waiver Termination

HASCI Waiver services are terminated when an individual...

- ✓ is no longer eligible for Medicaid in South Carolina
- ✓ is no longer meets Level of Care criteria
- ✓ does not receive any Waiver services for 30 days
- ✓ is admitted to an acute care hospital for 30 days
- ✓ is admitted to a nursing facility or ICF/IID
- ✓ refuses to comply with requirements or commits Medicaid fraud
- ✓ voluntarily withdraws from receiving services
- ✓ moves out of South Carolina



Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables South Carolina Department of Health and Human Services (SCDHHS) to contract with South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based (HCB) Waiver program for a limited number of people with severe physical/cognitive disabilities. It is one of several HCB Waiver programs in South Carolina that can provide some level of services to people with traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD).

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and other community settings instead of in a hospital, nursing facility, or institution.

The aggregate cost of Medicaid HCB Waiver services must be equal to or no more than the aggregate cost if the same people received institutional care funded by Medicaid.

HASCI Waiver services are provided based on the identified needs of a participant and within limits and available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, a person must:

- ✓ meet diagnostic criteria (TBI, SCI, SD) as established by determination of eligibility for the SCDDSN Head and Spinal Cord Injury Division (see back)
- ✓ receive Medicaid in South Carolina or become eligible prior to enrollment
- ✓ meet Level of Care criteria (see back)
- ✓ have urgent circumstances affecting his or her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living, or require daily monitoring or supervision to avoid institutionalization
- ✓ require services not available from existing resources (family, private means, other agencies or programs) or current resources are inadequate to meet the basic needs of the individual to allow him or her to remain in the home
- ✓ have sufficient independence and/or adequate natural supports to live safely in a private residence or other community setting with the type and amount of services available from the HASCI Waiver

The HASCI Waiver does not provide income support, emergency funds, housing, room and board, general supervision, or 24-hour care in a private residence.

Initial enrollment in the HASCI Waiver is limited to people prior to their **65th birthday**. Persons already enrolled continue to be eligible after their **65th birthday**, if all other eligibility factors are met.

A person must be offered choice between institutional services or home and community-based services, must choose to receive HASCI Waiver services, must be informed of all the alternatives available in the HASCI Waiver, and must choose from among qualified service providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance:** direct assistance with personal care and activities of daily living and/or supervision to assure health and safety
- ▶ **Respite Care:** short-term care and/or supervision in the absence of people normally providing care/supervision
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** 3 prescriptions per month in addition to drugs available through Medicaid State Plan (MSP)
- ▶ **Incontinence Supplies:** diapers, briefs, underpads, liners, wipes and gloves in addition to IS available through MSP
- ▶ **Supplies, Equipment and Assistive Technology:** specialized medical supplies and equipment and AT devices to better perform activities of daily living
- ▶ **Personal Emergency Response System:** electronic device to enable an individual to secure help in an emergency
- ▶ **Private Vehicle Modifications:** modifications to a vehicle driven by or routinely used to transport the person
- ▶ **Environmental Modifications:** adaptations to a person's private home to ensure safety/enable independence
- ▶ **Occupational Therapy:** treatment to restore or improve fine motor functioning
- ▶ **Physical Therapy:** treatment to improve or compensate for mobility and movement dysfunction
- ▶ **Speech and Hearing Services:** speech therapy, audiology services, and augmentative communication
- ▶ **Psychological Services:** treatment to address affective, cognitive, and substance abuse issues
- ▶ **Behavior Support:** validated practices to identify causes of specific problem behaviors and appropriate interventions to reduce or eliminate them
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist a person to manage own personal care provided by another person
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement provided by a peer to a person with SCI/severe physical impairments to recruit, train, and supervise own caregivers
- ▶ **Day Activity:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a licensed day program funded by SCDDSN
- ▶ **Career Preparation:** preparation for paid or unpaid employment (but not job-specific training) in a licensed day program funded by SCDDSN
- ▶ **Employment Services:** intensive/extended supports in a licensed employment program funded by SCDDSN
- ▶ **Residential Habilitation:** care, skills training, and supervision in a licensed residential program funded by SCDDSN
- ▶ **Waiver Case Management:** assistance in obtaining needed services through HASCI Waiver, Medicaid State Plan, and other agencies/programs/funding



Head and Spinal Cord Injury (HASCI) Waiver

South Carolina Department of Disabilities and Special Needs

HASCI Medicaid Waiver

Section 1915(c) of the Social Security Act enables the South Carolina Department of Health and Human Services (SCDHHS) to collaborate with the SCDDSN Head and Spinal Cord Injury (HASCI) Division to operate a Home and Community-Based (HCB) Waiver program for a limited number of people with severe physical/cognitive disabilities. It is one of four HCB Waivers in South Carolina that provides some level of services to people with head and spinal cord injuries or similar disabilities.

HASCI Waiver participants can receive Medicaid-funded services and supports in their homes and in community settings instead of in a hospital, nursing facility, or institution.

The cost of Medicaid Waiver services must be equal to or no more than the costs of institutional care.

HASCI Waiver services are provided based on the identified needs of a participant and within limits related to available funding.

HASCI Waiver Participation

To participate in the Head and Spinal Cord Injury Waiver, a person must:

- ✓ receive Service Coordination through the SCDDSN Head and Spinal Cord Injury (HASCI) Division (*see back*)
- ✓ request HASCI Waiver services through his/her HASCI Service Coordinator
- ✓ become eligible for Medicaid or already qualify for Medicaid
- ✓ meet Level of Care criteria (*see back*)
- ✓ have urgent circumstances affecting his/her health or functional status
- ✓ depend on others to provide or assist with critical health needs, basic activities of daily living or require daily monitoring or supervision to avoid institutionalization
- ✓ need services not available from existing resources, including family, private means and other agencies/programs, or current resources are inadequate to meet the basic needs of the individual to allow him/her to remain in the home
- ✓ have adequate natural supports to live safely in a private home or other community setting

The HASCI Waiver does not provide housing, room and board, general supervision or 24-hour care.

Initial enrollment in the HASCI Waiver is limited to people prior to their **65th birthday**. Persons already enrolled continue to be eligible after their **65th birthday**, if all other eligibility factors are met.

A person must be informed of all the alternatives available in the HASCI Waiver, offered choice between institutional services or home and community-based services, choose to receive HASCI Waiver services, and choose among qualified providers.

HASCI Waiver Services

- ▶ **Attendant Care/Personal Assistance Services:** assistance with personal care and activities of daily living
- ▶ **Respite Care:** short-term care provided in the absence of or for the relief of persons normally providing care
- ▶ **Medicaid Waiver Nursing:** services within the scope of the SC Nurse Practice Act provided by an RN or LPN
- ▶ **Prescribed Drugs:** allows an additional three prescriptions in addition to the Medicaid State Plan limit of four
- ▶ **Medical Supplies, Equipment and Assistive technology:** specialized medical supplies and equipment that enable an individual to better perform activities of daily living
- ▶ **Communication Services:** speech therapy, audiological and augmentative communication services
- ▶ **Occupational Therapy Services:** treatment prescribed by a physician to develop, restore or improve functional abilities
- ▶ **Physical Therapy Services:** treatment prescribed by a physician to prevent, alleviate, or compensate for movement dysfunction and related functional problems
- ▶ **Psychological Services:** Services that address affective, cognitive and substance abuse issues
- ▶ **Behavioral Support Services:** use of validated practices to identify causes of specific problem behaviors and appropriate interventions
- ▶ **Personal Emergency Response System:** electronic device that enables an individual to secure help in an emergency
- ▶ **Residential Habilitation:** services include care, skills training and supervision in a non-institutional setting
- ▶ **Day Habilitation:** assistance with acquisition, retention, or improvement of self-help, socialization and adaptive skills, in a non-residential DDSN licensed facility
- ▶ **Prevocational Services:** preparation for paid or unpaid employment, but not directed at teaching job-specific skills
- ▶ **Supported Employment Services:** intensive/extended employment supports to individuals for whom employment at or above the minimum wage is unlikely
- ▶ **Private Vehicle Modifications:** modifications to a vehicle to be driven by or routinely used to transport the individual
- ▶ **Environmental Modifications:** adaptations to ensure the health, welfare, and safety of the individual or that afford the individual greater independence in the home
- ▶ **Health Education for Consumer-Directed Care:** instruction by a registered nurse to assist individuals who desire to manage their own personal care. For individuals not capable of self-management, family members may be instructed
- ▶ **Peer Guidance for Consumer-Directed Care:** information, advice, and encouragement for individuals with SCI/severe physical impairment to recruit, train and supervise attendant care/personal assistance providers

HASCI Division Information and Referral

1-866-867-3864 (toll-free)

Applying for DDSN Services

If you have a severe impairment as a result of traumatic brain injury (TBI), spinal cord injury (SCI), or similar disability (SD), you or a family member should:

- ▶ Contact HASCI Division Information and Referral at the phone number above to be screened for referral to SCDDSN Head and Spinal Cord Injury (HASCI) Division.
- ▶ If you are screened as appropriate for formal consideration of eligibility, you will be referred to the relevant local DSN Board or other qualified provider which provides HASCI Service Coordination. You will be notified by mail that this referral has been made.
- ▶ The local DSN Board or other qualified provider will initiate formal intake and SCDDSN eligibility determination. The applicant will be contacted by staff from the DSN Board to begin this process.
- ▶ The SCDDSN eligibility determination process includes review of medical records and other information, including the applicant's current functional status. The process is usually completed within 90 days.
- ▶ An applicant found ineligible for SCDDSN will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Eligibility Criteria

SC Code of Laws Section 44-38-370 defines eligibility for services through the DDSN Head and Spinal Cord Injury Division:

"A person is **eligible for case management services** under this article when at the time of determining eligibility the person has a severe chronic limitation that:

- (1) is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset but not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging;
- (2) is likely to continue without intervention;
- (3) results in substantial functional limitations in at least two of these life activities: (a) self-care; (b) receptive and expressive communication; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; and
- (4) reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are lifelong or extended duration and are individually planned or coordinated."

Level of Care Criteria for HASCI Waiver

In order to be eligible for HASCI Waiver Services, an individual must meet Level of Care criteria for a Nursing Facility (NF) or Intermediate Care Facility for the Mentally Retarded (ICF/MR). The individual must be evaluated to meet Level of Care criteria within thirty (30) days prior to his/her enrollment in the HASCI Waiver. Level of Care is re-evaluated as often as indicated, but at least every 365 days.

NF Level of Care is determined through a comprehensive screening process of an individual's medical, psychobehavioral and functional needs. An individual may meet NF Level of Care at the skilled or intermediate level. Both levels focus on an individual's need for extensive assistance from another person with personal care and activities of daily living.

To be eligible for the HASCI Waiver under the ICF/MR Level of Care, an individual must be determined to meet SCDDSN criteria for a Related Disability (onset prior to age 22 years) with substantial impairments and require ongoing supervision and services to acquire skills or prevent regression.

DDSN Reconsideration and Medicaid Appeal Process

If an applicant or participant is notified of an adverse decision/action affecting eligibility for or receipt of HASCI Waiver services, within 30 days the individual (or representative) may request that SC Department of Disabilities and Special Needs reconsider and reverse the decision/action. Information on the SCDDSN Reconsideration process and how to make a request will be provided by the HASCI Service Coordinator.

If the individual (or representative) fully completes the SCDDSN Reconsideration process and is dissatisfied with the results, an appeal of the adverse decision/action may be filed with the SC Department of Health and Human Services (State Medicaid Agency) within 30 days. Information on how to file a Medicaid appeal will be provided by the HASCI Service Coordinator.

You may be eligible to receive continued Medicaid benefits pending a hearing decision. If you are interested in continued benefits, you must contact your SCDDSN Service Coordinator within ten (10) calendar days of the effective date of the action. If the hearing decision is not in your favor, you may be required to repay Medicaid benefits received during the appeals process.

HASCI Waiver Termination

HASCI Waiver services are terminated when a person...

- ✓ is no longer eligible for Medicaid in South Carolina
- ✓ no longer meets Level of Care criteria
- ✓ is admitted to a nursing facility or ICF/MR
- ✓ voluntarily withdraws from receiving services
- ✓ moves out of South Carolina
- ✓ is admitted to an acute care hospital for more than 30 days
- ✓ does not receive any Waiver services for 30 days.

Intellectual Disability/Related Disability (ID/RD) Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to South Carolina Department of Disabilities and Special Needs (DDSN) consumers only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with DDSN to operate a Home and Community-Based Waiver program for individuals with Intellectual Disabilities or Related Disabilities (ID/RD).

ID/RD Waiver Participation

To participate in the ID/RD Waiver, a person must:

- ✓ be diagnosed with Intellectual Disability or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID and choose to receive services in his/her home and community.
- ✓ have needs that can be met by the ID/RD Waiver.
- ✓ be allocated a waiver slot.
- ✓ be informed of the alternatives covered by the ID/RD Waiver, choose to receive ID/RD Waiver services, and choose among qualified providers.

ID/RD Waiver Termination

ID/RD Waiver Enrollment is terminated when the participant:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid, as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the ID/RD Waiver.
- ✓ does not receive a ID/RD Waiver service for 30 consecutive days.
- ✓ moves out of state.

Applying for ID/RD Waiver Services

- Contact your assigned Case Manager/Early Interventionist (CM/EI). If you are not receiving Case Management or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting DDSN at (803) 898-9671 or at www.state.sc.us/ddsn/.
- Inform your CM/EI or local DSN Board that you wish to apply for the ID/RD Waiver. They will work with you to gather the information needed to complete the application.
- You will receive a written response from DDSN regarding your ID/RD Waiver application.

Applying for DDSN Services

- For individuals under age three (3), application must be made through BabyNet. Contact information can be obtained by calling the BabyNet Care Line at 1-800-868-0404. BabyNet eligibility/services do not have to be obtained in order to apply for the ID/RD Waiver.
- For individuals age three (3) and older, contact the University of South Carolina, Center for Disability Resources at 1-800-289-7012.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Management/Early Intervention (CM/EI) provider, who will assist you with completing the eligibility process. Application for ID/RD Waiver services can be made at this time.
- An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed within 365 days of the previous plan. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Case Manager or Early Interventionist to make sure that your plan is completed at least once every year.

Intellectual Disabilities/Related Disabilities Waiver Services

ID/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services may be limited due to provider availability. A list of enrolled and qualified providers of ID/RD Waiver services can be located at the DDSN website (<http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>) or by contacting the local Disabilities and Special Needs Board in the county in which the participant lives or the participant's Case Management/Early Intervention provider. The following services are available through the ID/RD Waiver:

- **Adult Attendant Care Services:** assistance with activities of daily living and personal care for those adult participants (age 21 or older) who are able to self-direct their care; limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Day Health Care:** care furnished to someone 18 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care Nursing:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care Transportation:** prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within 15 miles of the ADHC center.
- **Adult Dental Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Adult Vision:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Audiology Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Behavior Support Services:** services to assist individuals who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Career Preparation Services:** services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy.
- **Community Services:** services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Day Activity:** activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills.
- **Employment Services:** intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Environmental Modifications:** physical adaptations to the participant's home which are necessary to ensure the health, welfare and safety of the participant (e.g., installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.); lifetime cap of \$7,500.
- **Nursing Services:** services provided within the scope of the South Carolina Nurse Practice Act, as ordered by a physician; cannot exceed 56 hours/week of LPN services or 42 hours/week of RN services; Nursing Services are available through State Plan Medicaid for those under 21.
- **Personal Care (I and II):** assistance with personal care and activities of daily living for consumers 21 or older; limited to 6 hours per week of Personal Care 1 and 28 hours per week of Personal Care 2 (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2); Personal Care Services are available through State Plan Medicaid for those under 21.
- **Personal Emergency Response System (PERS):** an electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision.
- **Prescribed Drugs:** two (2) prescriptions in addition to the State Plan Medicaid limit of four (4) for adult participants (21 or older).
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the participant (e.g., installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.); limit of \$7,500 per vehicle with a lifetime cap of two (2) vehicles.
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting.
- **Respite Care:** care provided on a short-term basis because of the absence or need for relief of those individuals normally providing the care; limited to 68 hours per month unless approved for an exception by DDSN.
- **Specialized Medical Equipment, Supplies and Assistive Technology:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available through State Plan Medicaid that provides medical or remedial benefit to the participant; liquid nutrition limited to two (2) cases per month; limit of one (1) wheelchair every five (5) years, limited to a cost of \$8,000 per wheelchair; diapers and under pads are available for participants three (3) years old and older, limited to three (3) cases of diapers/month and three (3) cases of under pads/month.
- **Support Center:** non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to individuals who, because of their disability, are unable to care for and supervise themselves.

Intellectual Disability/Related Disability (ID/RD) Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to South Carolina Department of Disabilities and Special Needs (DDSN) consumers only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with DDSN to operate a Home and Community-Based Waiver program for individuals with Intellectual Disabilities or Related Disabilities (ID/RD).

ID/RD Waiver Participation

To participate in the ID/RD Waiver, a person must:

- ✓ be diagnosed with Intellectual Disability or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID and choose to receive services in his/her home and community.
- ✓ have needs that can be met by the ID/RD Waiver.
- ✓ be allocated a waiver slot.
- ✓ be informed of the alternatives covered by the ID/RD Waiver, choose to receive ID/RD Waiver services, and choose among qualified providers.

ID/RD Waiver Termination

ID/RD Waiver Enrollment is terminated when the participant:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid, as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the ID/RD Waiver.
- ✓ does not receive a ID/RD Waiver service for 30 consecutive days.
- ✓ moves out of state.

Applying for ID/RD Waiver Services

- Contact your assigned Case Manager/Early Interventionist (CM/EI). If you are not receiving Case Management or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting DDSN at (803) 898-9671 or at www.state.sc.us/ddsn/.
- Inform your CM/EI or local DSN Board that you wish to apply for the ID/RD Waiver. They will work with you to gather the information needed to complete the application.
- You will receive a written response from DDSN regarding your ID/RD Waiver application.

Applying for DDSN Services

- For individuals under age three (3), application must be made through BabyNet. Contact information can be obtained by calling the BabyNet Care Line at 1-800-868-0404. BabyNet eligibility/services do not have to be obtained in order to apply for the ID/RD Waiver.
- For individuals age three (3) and older, contact the University of South Carolina, Center for Disability Resources at 1-800-289-7012.
- If you are screened appropriate for consideration of eligibility, you will choose a Case Management/Early Intervention (CM/EI) provider, who will assist you with completing the eligibility process. Application for ID/RD Waiver services can be made at this time.
- An applicant found ineligible for DDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed within 365 days of the previous plan. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Case Manager or Early Interventionist to make sure that your plan is completed at least once every year.

Intellectual Disabilities/Related Disabilities Waiver Services

ID/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services may be limited due to provider availability. A list of enrolled and qualified providers of ID/RD Waiver services can be located at the DDSN website (<http://www.ddsn.sc.gov/consumers/findaprovider/Pages/QualifiedServiceProvidersList.aspx>) or by contacting the local Disabilities and Special Needs Board in the county in which the participant lives or the participant's Case Management/Early Intervention provider. The following services are available through the ID/RD Waiver:

- **Adult Attendant Care Services:** assistance with activities of daily living and personal care for those adult participants (age 21 or older) who are able to self-direct their care; limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2).
- **Adult Day Health Care:** care furnished to someone 21 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services.
- **Adult Day Health Care Nursing:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment.
- **Adult Day Health Care Transportation:** prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within 15 miles of the ADHC center.
- **Adult Dental Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Adult Vision:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Audiology Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older).
- **Behavior Support Services:** services to assist individuals who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life.
- **Career Preparation Services:** services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy.
- **Community Services:** services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital.
- **Day Activity:** activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills.
- **Employment Services:** intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting.
- **Environmental Modifications:** physical adaptations to the participant's home which are necessary to ensure the health, welfare and safety of the participant (e.g., installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.); lifetime cap of \$7,500.
- **Nursing Services:** services provided within the scope of the South Carolina Nurse Practice Act, as ordered by a physician; cannot exceed 56 hours/week of LPN services or 42 hours/week of RN services; Nursing Services are available through State Plan Medicaid for those under 21.
- **Personal Care (I and II):** assistance with personal care and activities of daily living for consumers 21 or older; limited to 6 hours per week of Personal Care 1 and 28 hours per week of Personal Care 2 (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2); Personal Care Services are available through State Plan Medicaid for those under 21.
- **Personal Emergency Response System (PERS):** an electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision.
- **Prescribed Drugs:** two (2) prescriptions in addition to the State Plan Medicaid limit of four (4) for adult participants (21 or older).
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the participant (e.g., installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.); limit of \$7,500 per vehicle with a lifetime cap of two (2) vehicles.
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills.
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting.
- **Respite Care:** care provided on a short-term basis because of the absence or need for relief of those individuals normally providing the care; limited to 68 hours per month unless approved for an exception by DDSN.
- **Specialized Medical Equipment, Supplies and Assistive Technology:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available through State Plan Medicaid that provides medical or remedial benefit to the participant; liquid nutrition limited to two (2) cases per month; limit of one (1) wheelchair every five (5) years, limited to a cost of \$8,000 per wheelchair; diapers and under pads are available for participants three (3) years old and older, limited to three (3) cases of diapers/month and three (3) cases of under pads/month.
- **Support Center:** non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to individuals who, because of their disability, are unable to care for and supervise themselves.

Mental Retardation/Related Disabilities (MR/RD) Waiver Information Sheet

South Carolina Department of Disabilities and Special Needs

Prior to 1991, the Federal Medicaid program paid for services to SCDDSN consumers only if that person lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services to collaborate with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to operate a Home and Community-Based Waiver program for people with Mental Retardation or Related Disabilities (MR/RD).

MR/RD Waiver Participation

To participate in the MR/RD Waiver, a person must:

- ✓ be diagnosed with Mental Retardation or a Related Disability.
- ✓ be eligible to receive Medicaid or already qualify for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/MR; therefore, meet ICF/MR Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/MR and choose to receive services in his/her home and community.
- ✓ have needs that can be met by the MR/RD Waiver.
- ✓ be allocated a waiver slot.
- ✓ be informed of the alternatives covered by the MR/RD Waiver, choose to receive MR/RD Waiver services, and choose among qualified providers.

MR/RD Waiver Termination

MR/RD Waiver Enrollment is terminated when the participant:

- ✓ is admitted to an ICF/MR or nursing facility.
- ✓ no longer meets ICF/MR Level of Care.
- ✓ is no longer eligible for Medicaid, as determined by SCDHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the MR/RD Waiver.
- ✓ does not receive a MR/RD Waiver service for 30 consecutive days.

Applying for MR/RD Waiver Services

- Contact your assigned Service Coordinator/Early Interventionist (SC/EI). If you are not receiving Service Coordination or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting the SCDDSN Office of Community Education at (803) 898-9692 or at www.state.sc.us/ddsn/.
- Inform your SC/EI or local DSN Board that you wish to apply for the MR/RD Waiver. They will work with you to gather the information needed to complete the application.
- You will receive a written response from SCDDSN regarding your MR/RD Waiver application.

Applying for DDSN Services

- For persons under age 3, application must be made through BabyNet. Contact information can be obtained by calling the BabyNet Care Line at 1-800-868-0404. BabyNet eligibility/services do not have to be obtained in order to apply for the MR/RD Waiver.
- For persons age 3 and older, contact the University of South Carolina, Center for Disability Resources at 1-800-289-7012.
- If you are screened appropriate for consideration of eligibility, you will choose a Service Coordination/Early Intervention (SC/EI) provider, who will assist you with completing the eligibility process. Application for MR/RD Waiver services can be made at this time.
- An applicant found ineligible for SCDDSN services will be notified in writing, including reason(s) for denial. This notification will provide information on how to appeal denial of eligibility.

Your Annual Plan

An annual plan of services and supports **must** be completed within 365 days of the previous plan. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Service Coordinator or Early Interventionist to make sure that your plan is completed at least once every year.

Mental Retardation/Related Disabilities Waiver Services

MR/RD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services may be limited due to provider availability. A list of enrolled and qualified providers of MR/RD Waiver services can be located at the SCDDSN website (www.state.sc.us/ddsn/) or by contacting the local Disabilities and Special Needs Board in the county in which the participant lives or the participant's Service Coordination/Early Intervention provider. The following services are available through the MR/RD Waiver:

- **Adult Attendant Care Services:** assistance with activities of daily living and personal care for those adult participants (age 21 or older) who are able to self-direct their care; limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2)
- **Adult Companion Services:** non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2)
- **Adult Day Health Care:** care furnished to someone 21 or older 5 or more hours per day for one or more days per week, in an outpatient setting, encompassing both health and social services
- **Adult Day Health Care Nursing:** provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment
- **Adult Day Health Care Transportation:** prior-authorized for participants receiving Adult Day Health Care (ADHC) who reside within fifteen (15) miles of the ADHC center
- **Adult Dental Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Adult Vision:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Audiology Services:** extension of the State Plan Medicaid benefit for adult participants (21 or older)
- **Behavior Support Services:** services to assist people who exhibit problem behaviors learn why the behavior occurs and to teach new appropriate behaviors which are effective and improve their quality of life
- **Career Preparation Services:** services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as compliance, attendance, task completion, problem solving, safety, self-determination, and self-advocacy
- **Community Services:** services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital
- **Day Activity:** activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills
- **Employment Services:** intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely absent the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting
- **Environmental Modifications:** physical adaptations to the participant's home which are necessary to ensure the health, welfare and safety of the participant (e.g. installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, etc.); lifetime cap of \$7,500
- **Nursing Services:** services provided within the scope of the South Carolina Nurse Practice Act, as ordered by a physician; cannot exceed 56 hours/week of LPN services or 42 hours/week of RN services; Nursing Services are available through State Plan Medicaid for those under 21
- **Personal Care (I and II):** assistance with personal care and activities of daily living for consumers 21 or older; limited to 6 hours per week of Personal Care I and 28 hours per week of Personal Care 2 (28 combined hours of Adult Attendant Care, Adult Companion and Personal Care 2); Personal Care Services are available through State Plan Medicaid for those under 21
- **Personal Emergency Response System (PERS):** an electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision
- **Prescribed Drugs:** two (2) prescriptions in addition to the State Plan Medicaid limit of four (4) for adult participants (21 or older)
- **Private Vehicle Modifications:** modifications to a privately owned vehicle used to transport the participant (e.g. installation of a lift, tie downs, lowering the floor of the vehicle, raising the roof, etc.); limit of \$7,500 per vehicle with a lifetime cap of 2 vehicles
- **Psychological Services:** services focused on assessment of needs and counseling/therapy designed to address cognitive and/or affective skills
- **Residential Habilitation:** care, skills training and supervision in a non-institutional setting
- **Respite Care:** care provided on a short-term basis because of the absence or need for relief of those persons normally providing the care; limited to 68 hours per month unless approved for an exception by SCDDSN
- **Specialized Medical Equipment, Supplies and Assistive Technology:** devices, controls, appliances, items necessary for life support, ancillary supplies, equipment, and durable and non-durable equipment not available through State Plan Medicaid that provides medical or remedial benefit to the participant; liquid nutrition limited to 2 cases per month; limit of one (1) wheelchair every five (5) years, limited to a cost of \$8,000 per wheelchair; diapers and under pads are available for participants 3 years old and older, limited to 3 cases of diapers/month and 3 cases of under pads/month
- **Support Center:** non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves

SOUTH CAROLINA Department of Disabilities and Special Needs

Pervasive Developmental Disorder (PDD) Waiver Information Sheet

Prior to 1991, the Federal Medicaid program paid for services to DDSN consumers only if that individual lived in an institution. The approval of Federal Home and Community Based Waiver programs allowed Medicaid to pay for services to consumers in their homes and in their communities. Section 1915(c) of the Federal Social Security Act enables the South Carolina Department of Health and Human Services (DHHS) to collaborate with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based Waiver program for people with Autism Spectrum Disorder. This waiver was approved in January 2007.

PDD Waiver services are provided based on identified needs of the participant and the appropriateness of the service to meet the need. Services can be limited due to provider availability in the recipient's county. A list of approved qualified providers of PDD Waiver services can be located at the DDSN website (www.state.sc.us/ddsn/).

PDD Waiver Participation

To participate in the PDD Waiver, a person must:

- ✓ be age three (3) through ten (10).
- ✓ be diagnosed with Autism Spectrum Disorder by age eight (8).
- ✓ be eligible to receive Medicaid or already qualified for Medicaid.
- ✓ require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria.
- ✓ be given the option of receiving services in his/her home and community or in an ICF/IID.
- ✓ have needs that can be met by the PDD Waiver.
- ✓ be allocated a Waiver slot.
- ✓ be informed of the alternatives covered by the PDD Waiver, choose to receive PDD Waiver services, and choose among qualified providers.

PDD Waiver Termination

PDD Waiver Enrollment is terminated when the recipient:

- ✓ is admitted to an ICF/IID or nursing facility.
- ✓ no longer meets ICF/IID Level of Care.
- ✓ is no longer eligible for Medicaid as determined by DHHS.
- ✓ voluntarily withdraws or no longer wishes to receive services funded by the PDD Waiver.
- ✓ does not receive a PDD waiver service for 30 consecutive days.
- ✓ moves out of state.
- ✓ turns eleven or upon three (3) years of enrollment.

Applying for PDD Waiver Services

- If your child does not currently receive, contact the PDD Intake and Referral Call Center at 1-888-576-4658.
- Inform the screener that you wish to apply for the PDD Waiver. The screener will complete the initial paper work, help to obtain basic information and offer the choice of Case Management providers.
- You will receive written response from DDSN regarding your PDD Waiver application once the Freedom of Choice and Level of Care have been completed.
- If your child is age three (3) through ten (10) and currently receiving services from DDSN, contact your child's Case Manager concerning PDD services.

Your Annual Plan

An annual plan of services and supports **must** be completed once every 365 days. If your new plan is not completed by the 364th day, Medicaid cannot pay for your services that were provided. Please work with your Case Manager to make sure that your plan is completed timely every year.

PDD State Funded Program

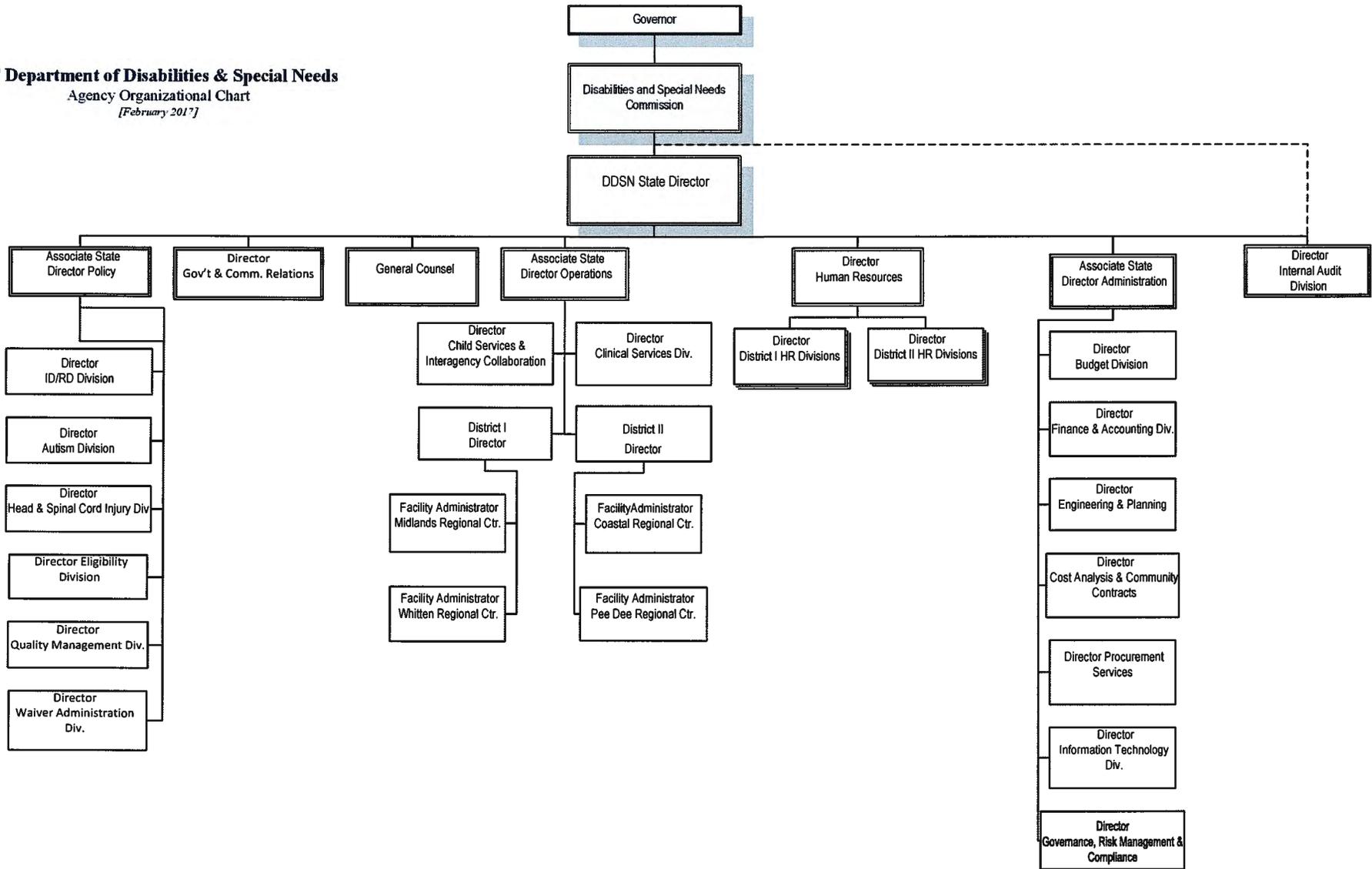
Children who do not meet ICF/IID Level of Care, but meet all other eligibility requirements may receive services outside the waiver through the PDD State Funded Program if funding is available.



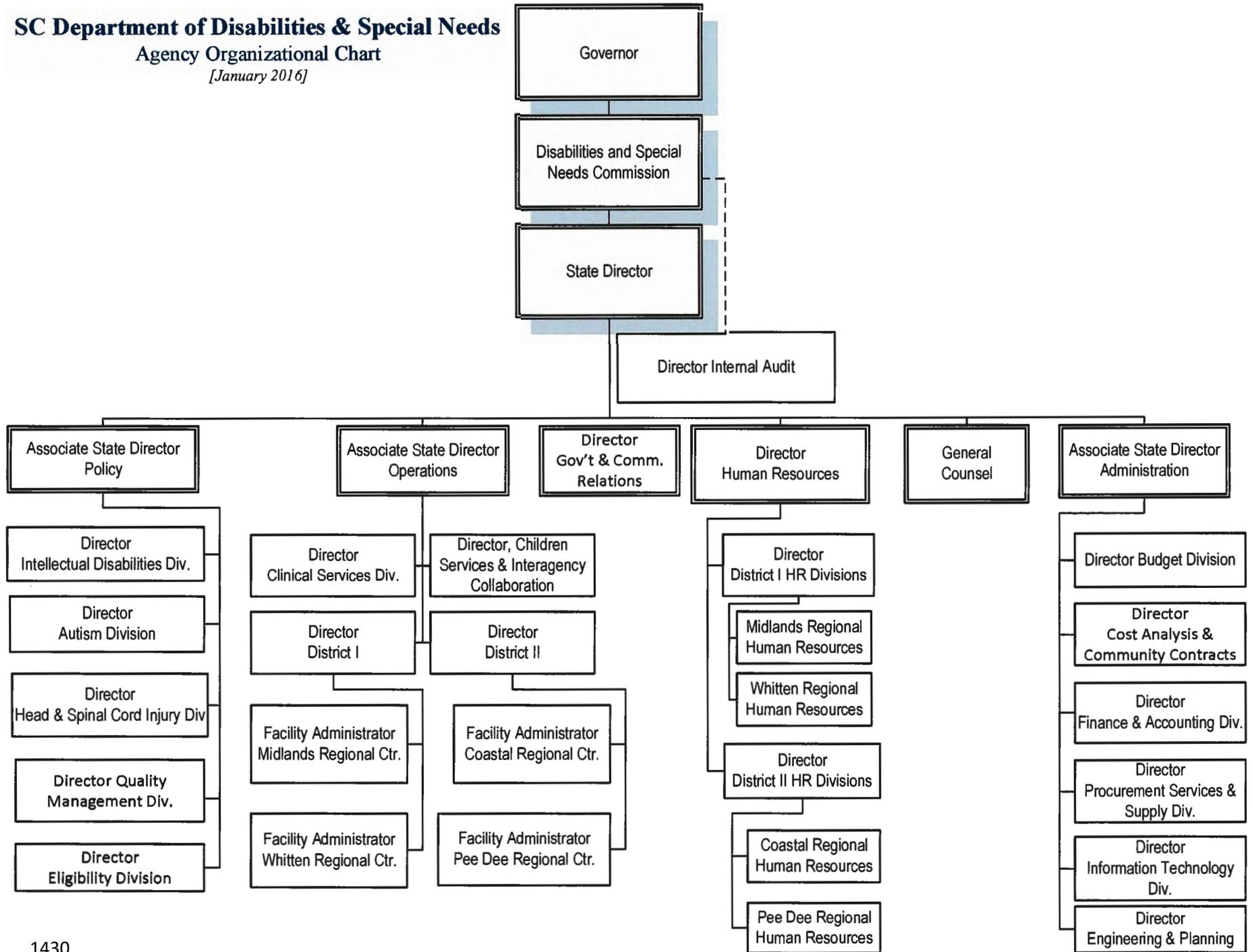
Intellectual Disability/Related Disability Waiver South Carolina Department of Disabilities and Special Needs Private Vehicle Modifications Fact Sheet

- Private Vehicle Modifications for people served through the Intellectual Disability/Related Disabilities (ID/RD) Waiver depend upon the individual's assessed needs and whether funding is available under the monetary cap of \$7,500.00 per vehicle with a lifetime cap of two (2) vehicles. Procurement law and regulations apply along with specific restrictions and limits since federal Medicaid funding is being used.
- Private Vehicle Modifications must be completed by a licensed provider and the provider must comply with all equipment warranty requirements.
- Three (3) written bids must be obtained and the lowest bid used.
- Examples of appropriate requests for private vehicle modifications include wheelchair lift, tie down system, lowered floor or raised roof when necessary, and other modifications that facilitate entry/exit and interior movement, and to safely restrain a wheelchair during transit. Private Vehicle Modifications may include consultation and assessment to determine the specific modifications/equipment needed, follow-up inspection after modifications are completed, training in use of equipment, repairs not covered by warranty, and replacement of parts or equipment. Private Vehicle modifications may not be used for general repair of the vehicle.
- Resources are not sufficient to provide high-tech driving equipment and luxurious interior customizing, such as sound systems, VHS/DVD players, oak or teak trim work, extravagant seating, recreational accessories, etc.
- Routine maintenance and general repairs to the vehicle such tune-ups, engine/transmission servicing and parts replacement, air conditioning repair and replacement maintenance, tire care and replacement, painting, body work and batteries are the responsibility of the vehicle owner.

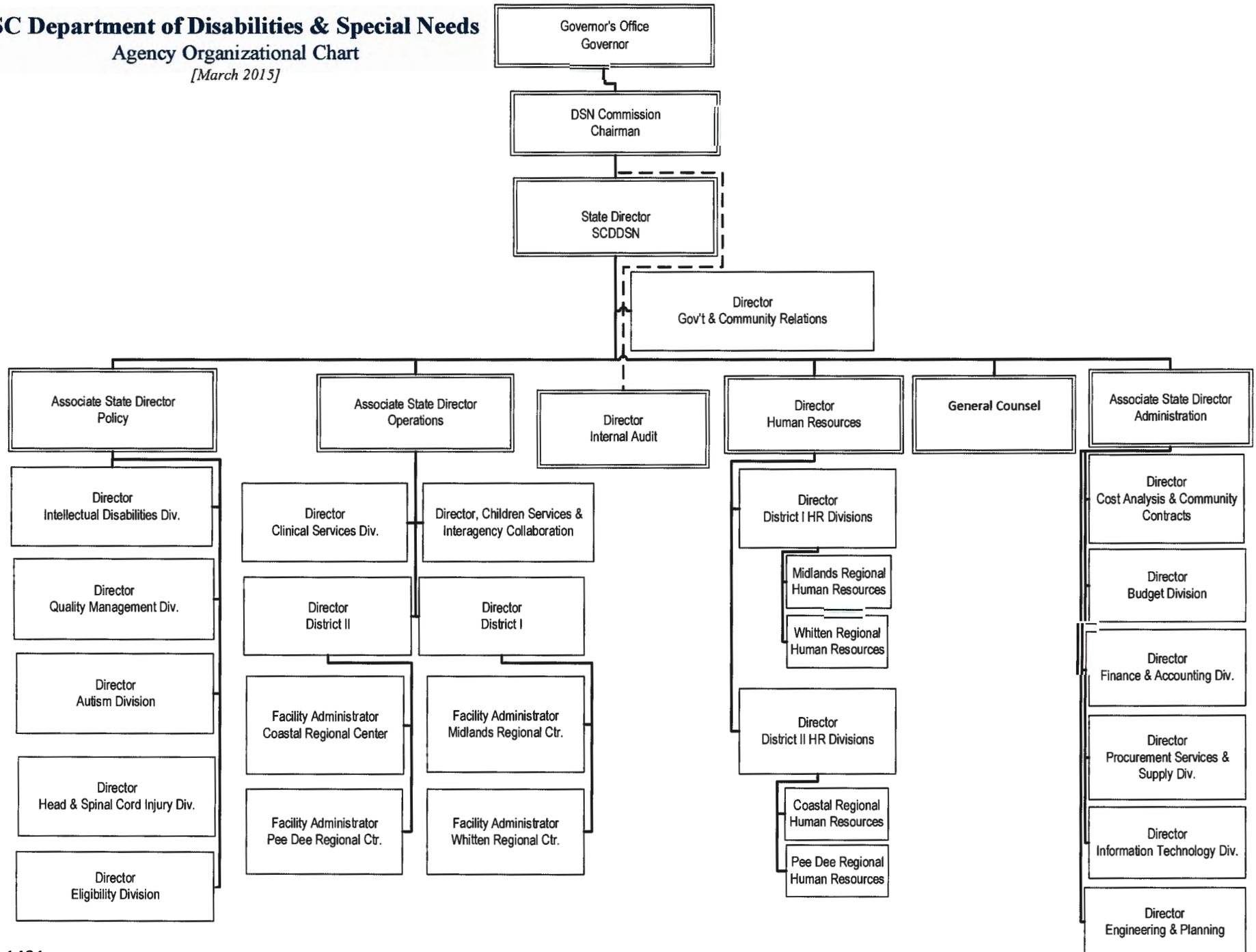
SC Department of Disabilities & Special Needs
 Agency Organizational Chart
 [February 2017]



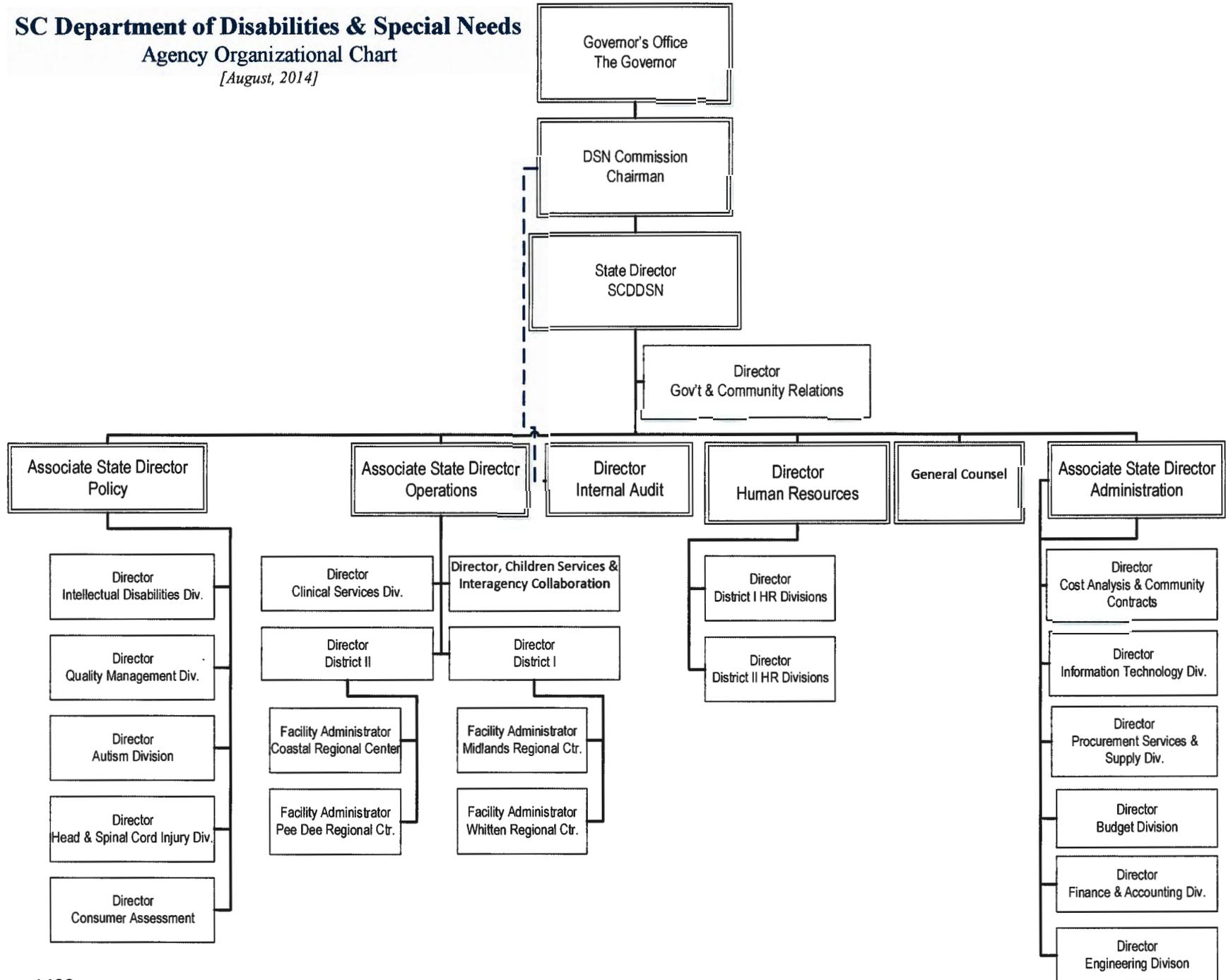
SC Department of Disabilities & Special Needs
Agency Organizational Chart
[January 2016]



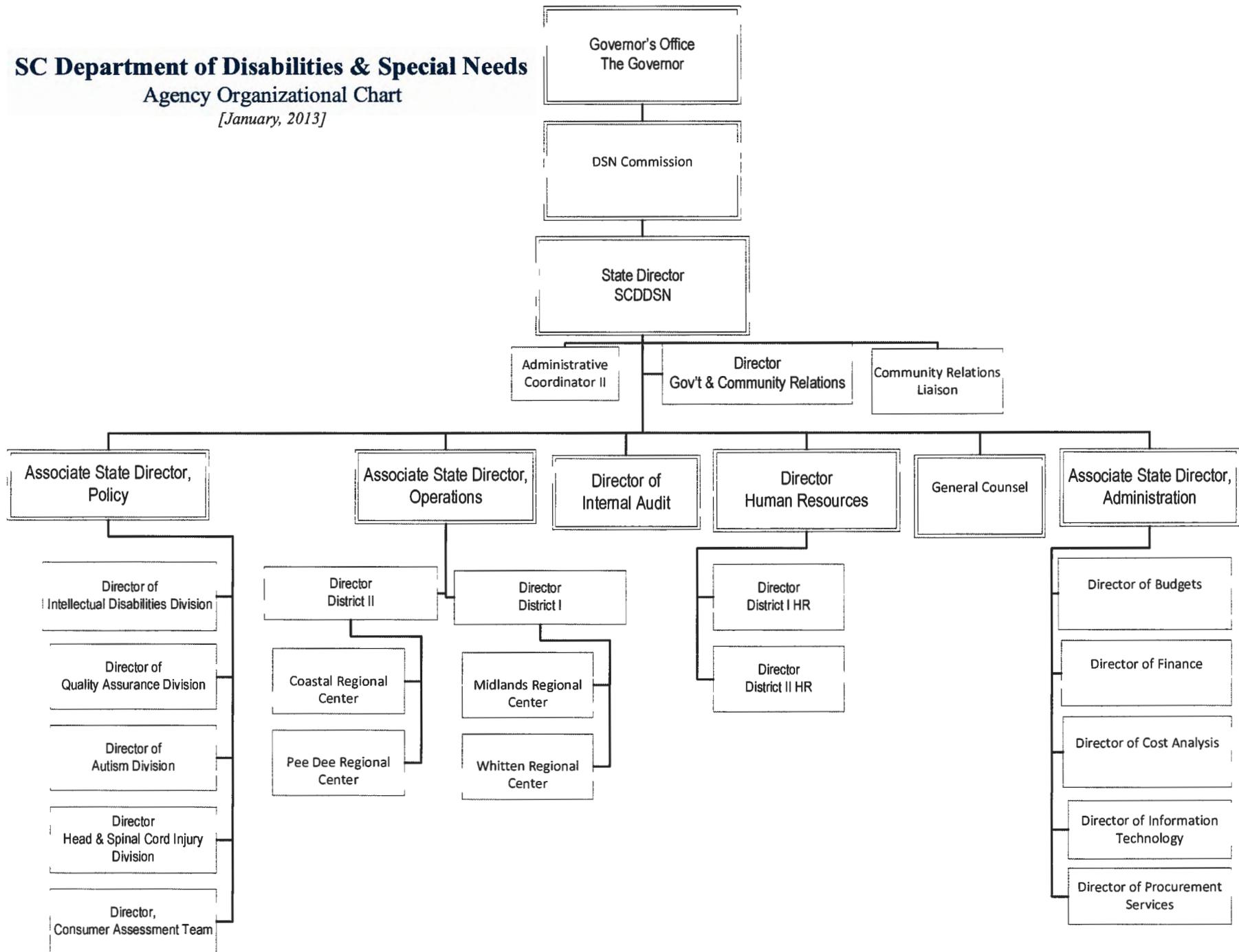
SC Department of Disabilities & Special Needs
Agency Organizational Chart
[March 2015]



SC Department of Disabilities & Special Needs
Agency Organizational Chart
[August, 2014]



SC Department of Disabilities & Special Needs
 Agency Organizational Chart
 [January, 2013]



❖ **Agency Organizational Structure**

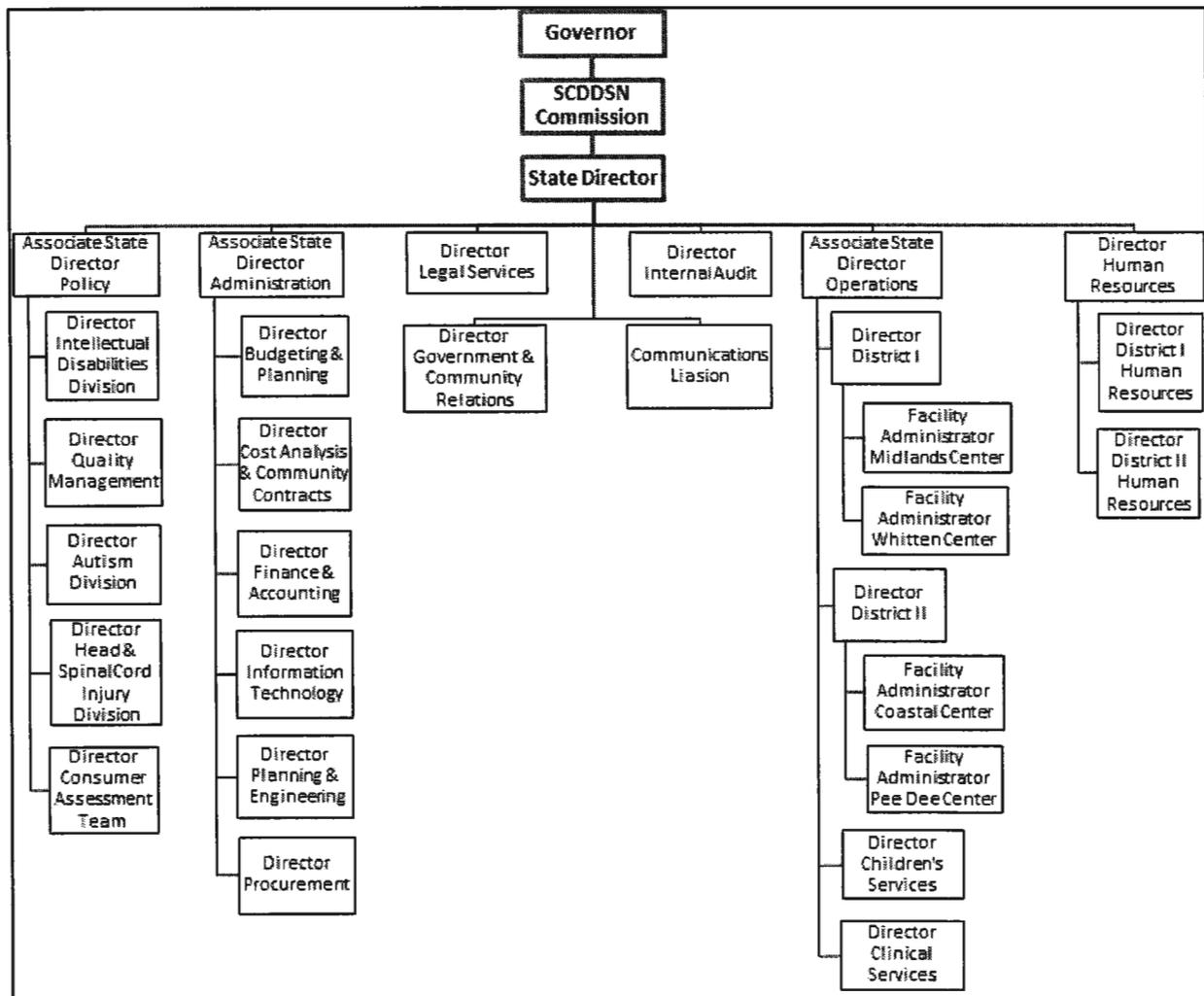
State law establishes the South Carolina Department of Disabilities and Special Needs (DDSN) as the state agency responsible to plan, develop, coordinate and fund services for South Carolinians with severe lifelong disabilities including:

- Intellectual Disabilities and Related Disabilities
- Autism
- Traumatic Brain Injury
- Spinal Cord Injury and Similar Disability

DDSN is governed by a seven member commission appointed by the Governor with the advice and consent of the Senate. Commission membership is transitioning to the new requirement of members being appointed from each of the state’s new seven Congressional districts. The commission is the agency’s governing body and provides general policy direction and guidance. The state director is the agency’s chief executive officer who has jurisdiction over all programs and services operated directly by the department and through contracts with providers and other agencies.

DDSN provides 24-hr special care for individuals with the most complex severe disabilities in the regional centers in Columbia, Charleston, Greenville, and Hartsville. DDSN also provides services through contracts with its statewide network of providers. The Department of Disabilities and Special Needs board of community providers oversees the services provided by the community providers.

**DDSN Annual Accountability Report
Fiscal Year 2012-2013**



❖ **Agency Organizational Structure**

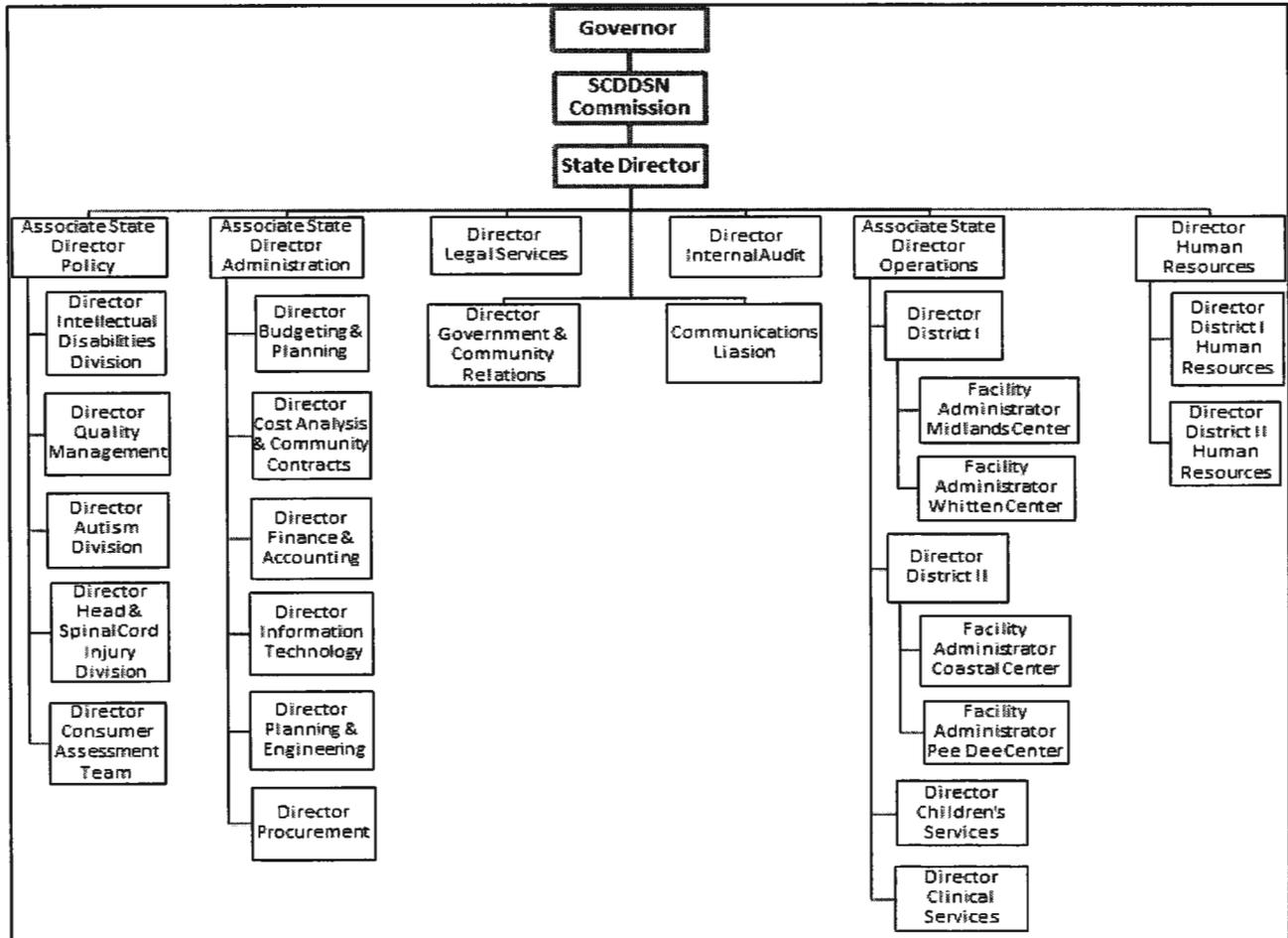
State law establishes the South Carolina Department of Disabilities and Special Needs (DDSN) as the state agency responsible to plan, develop, coordinate and fund services for South Carolinians with severe lifelong disabilities including:

- Intellectual Disabilities and Related Disabilities
- Autism
- Traumatic Brain Injury
- Spinal Cord Injury and Similar Disability

DDSN is governed by a seven member commission appointed by the Governor with the advice and consent of the Senate. Currently a commission member is appointed from each of the state's six Congressional districts, and one member is appointed from the state at-large. However, this will change to a seven member commission with a member appointed from each of the state's new seven Congressional districts. The commission is the agency's governing body and provides general policy direction and guidance. The state director is the agency's chief executive officer who has jurisdiction over all programs and services operated directly by the department and through contracts with providers and other agencies.

DDSN provides 24-hour residential care for individuals with the most complex severe disabilities in the regional centers in Charleston, Columbia, Florence, Greenville, Myrtle Beach, and Hartsville. DDSN also provides services through contracts with its statewide network of providers. Services are provided through contracts with providers in Disabilities and Special Needs board areas. Other qualified community providers are also used.

**DDSN Annual Accountability Report
Fiscal Year 2011-2012**



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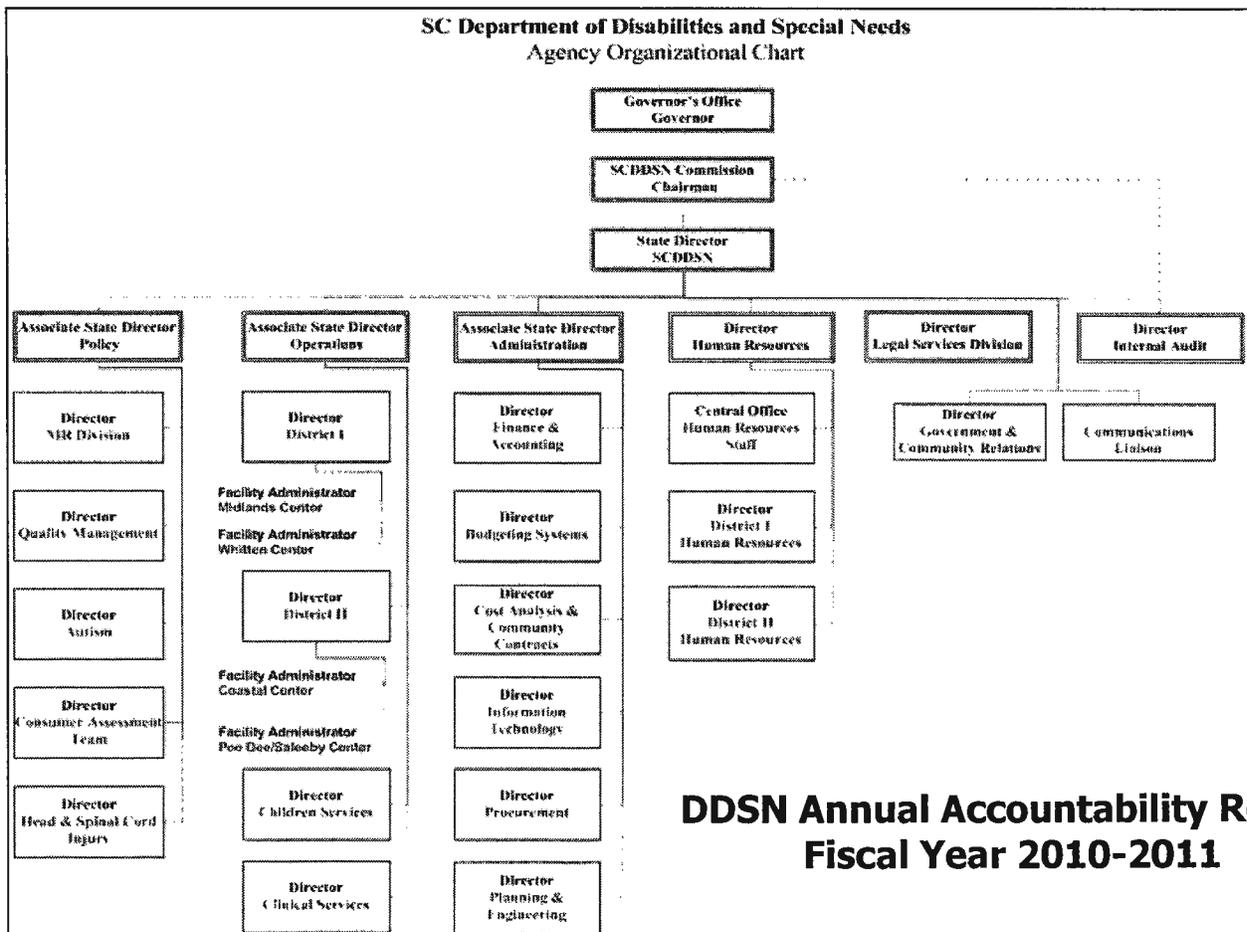
The South Carolina Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with severe life-long disabilities including:

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DDSN provides 24-hour residential care for individuals with more complex, severe disabilities in regional centers, located in Columbia, Florence, Clinton, Summerville, and Hartsville. DDSN directly oversees the operations of these facilities, each of which is managed by a facility administrator.

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs boards, serve every county in South Carolina and are the local, single point of entry into the state’s organized disability service delivery system. Local DSN boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are public entities, governmental bodies in nature and combine the best aspects of public and private organizations. DSN boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide.



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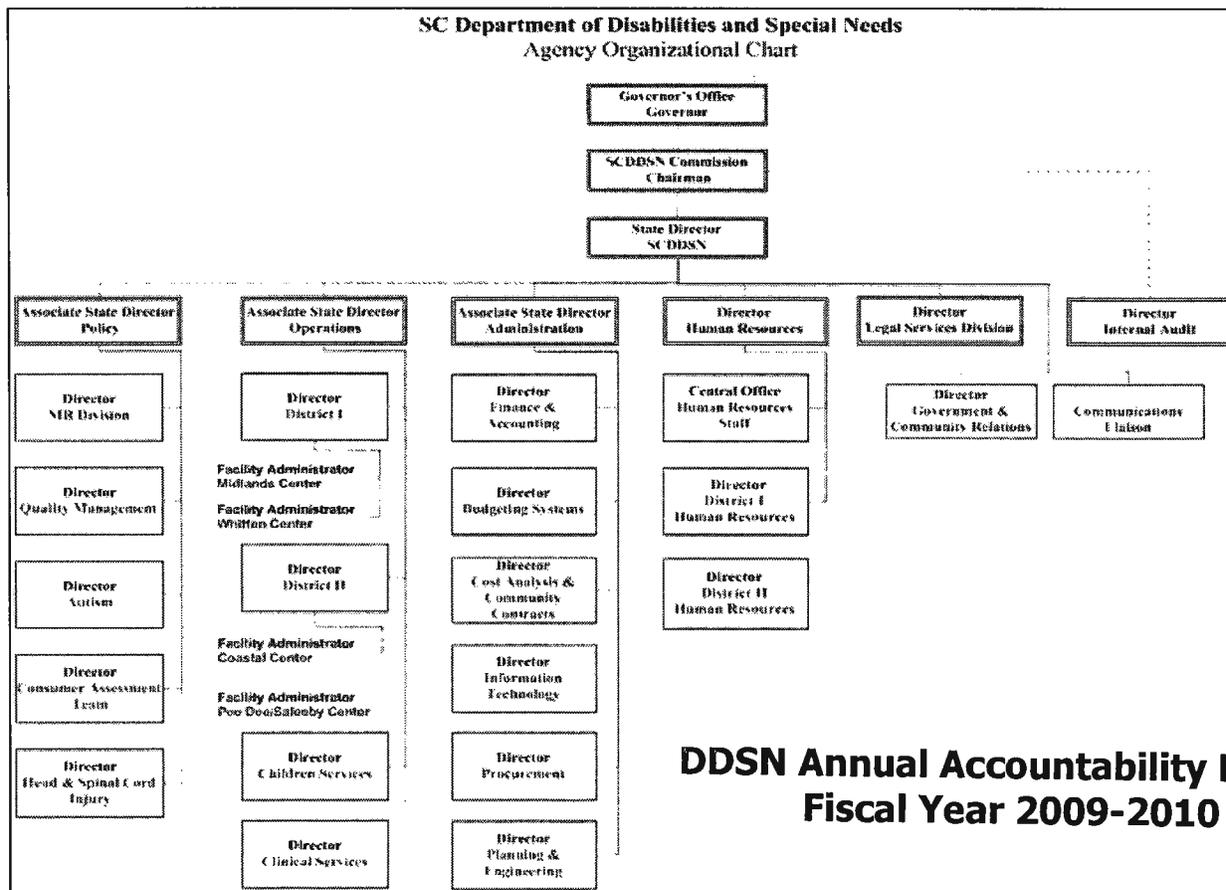
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**DDSN Annual Accountability Report
Fiscal Year 2009-2010**

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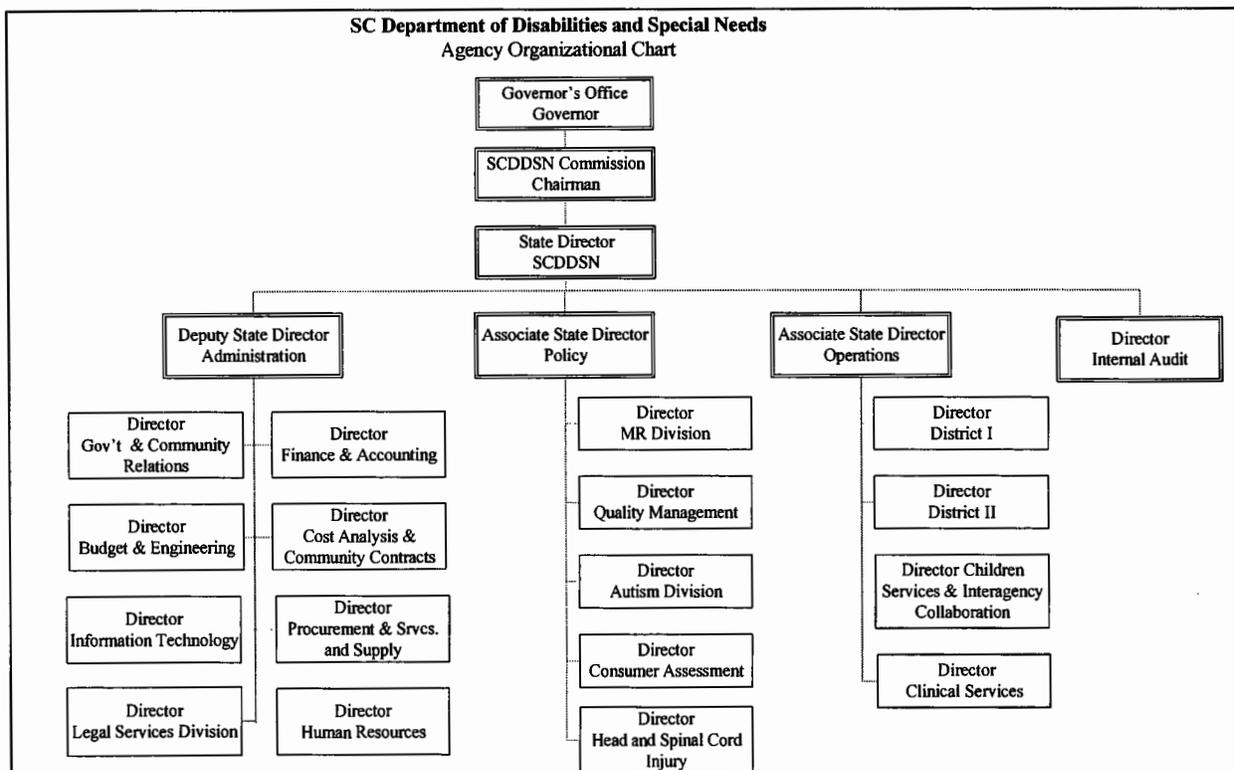
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**DDSN Annual Accountability Report
Fiscal Year 2008-2009**



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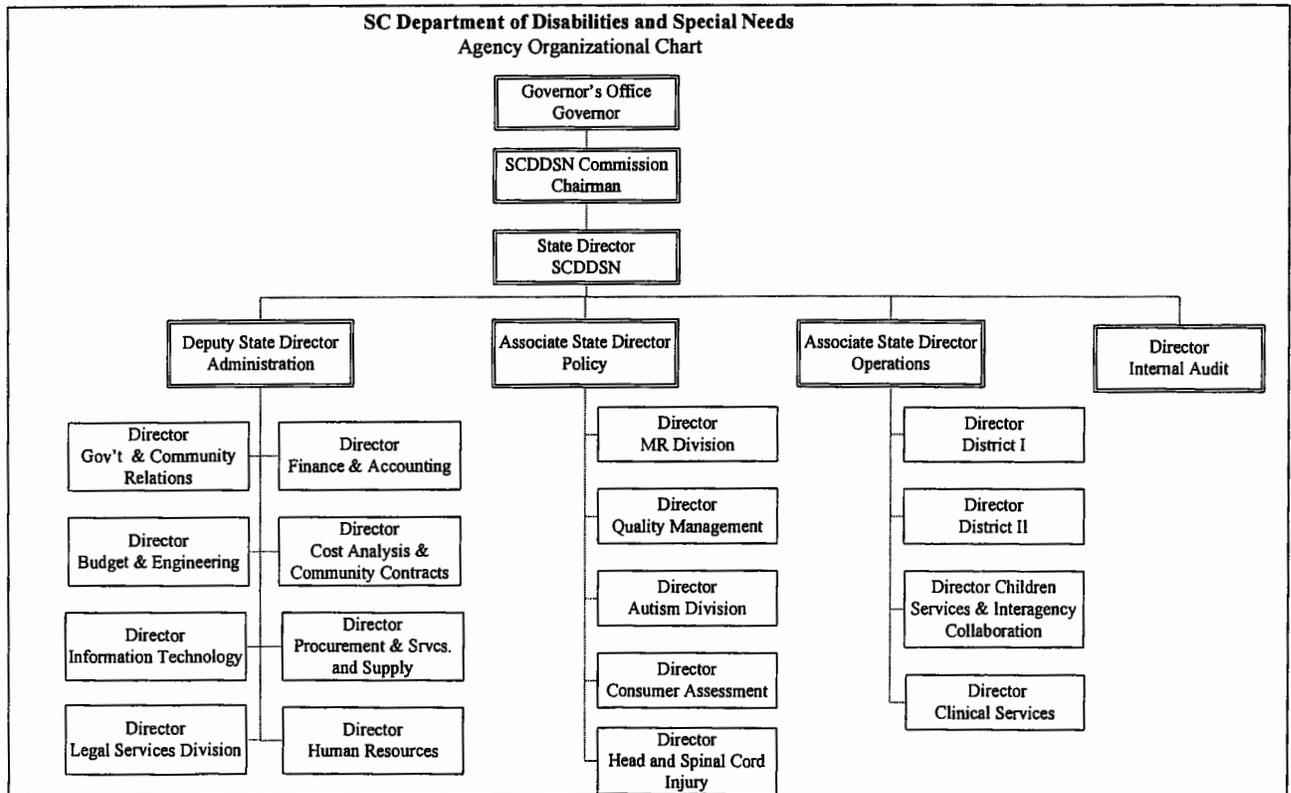
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**DDSN Annual Accountability Report
Fiscal Year 2007-2008**

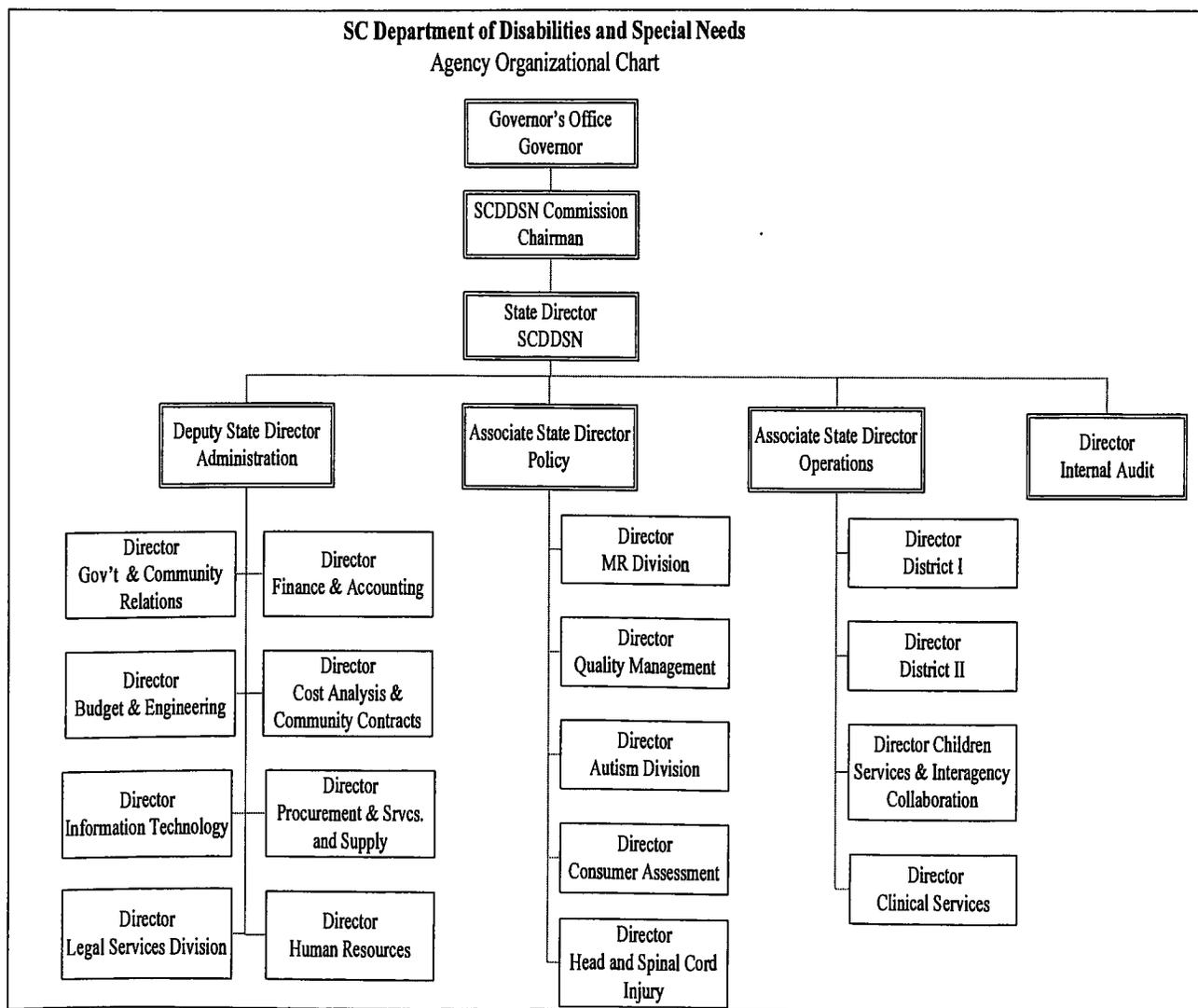


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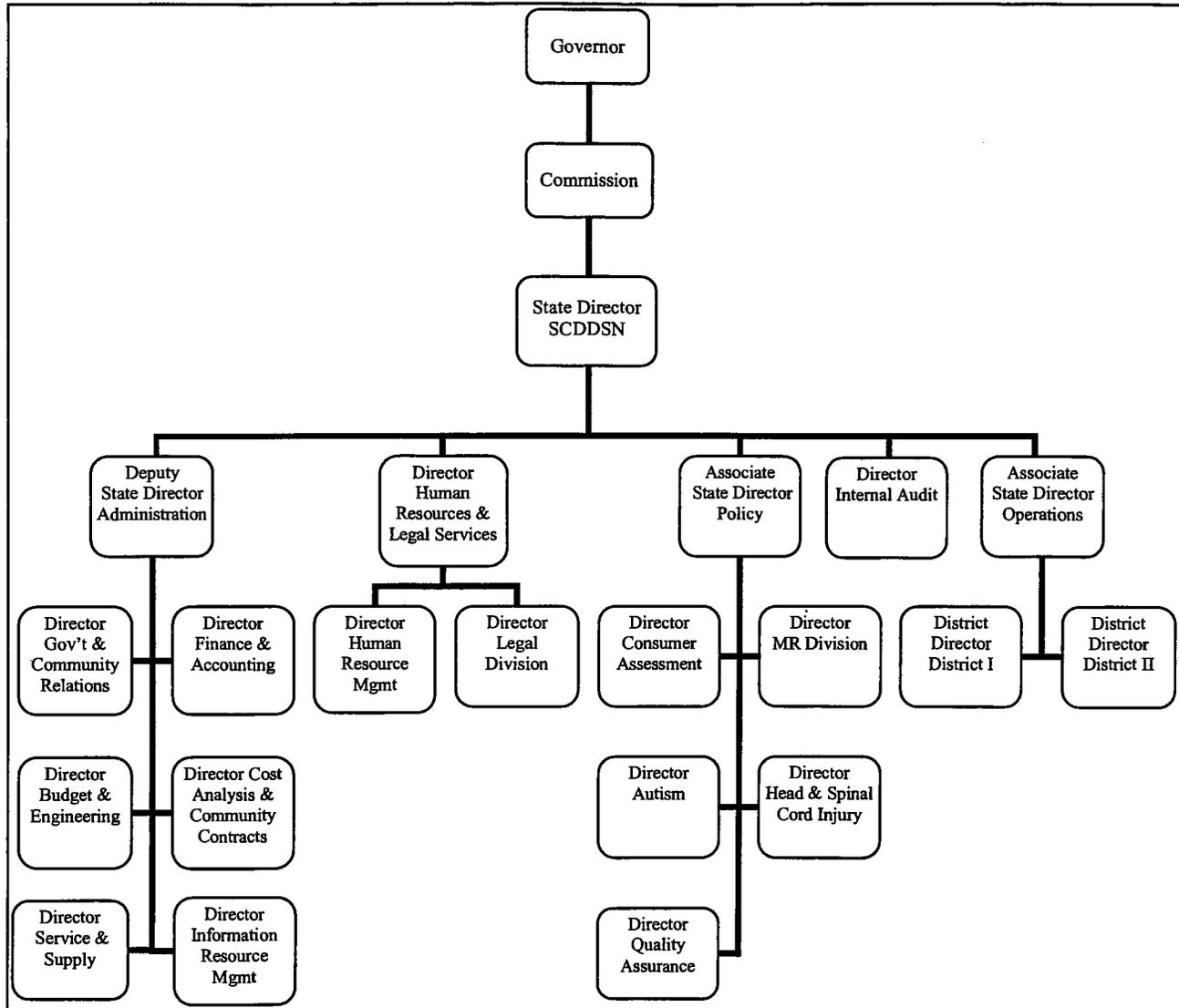
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DDSN Annual Accountability Report Fiscal Year 2006-2007



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SC Department of Disabilities & Special Needs Organizational Chart



DDSN Annual Accountability Report Fiscal Year 2005-2006

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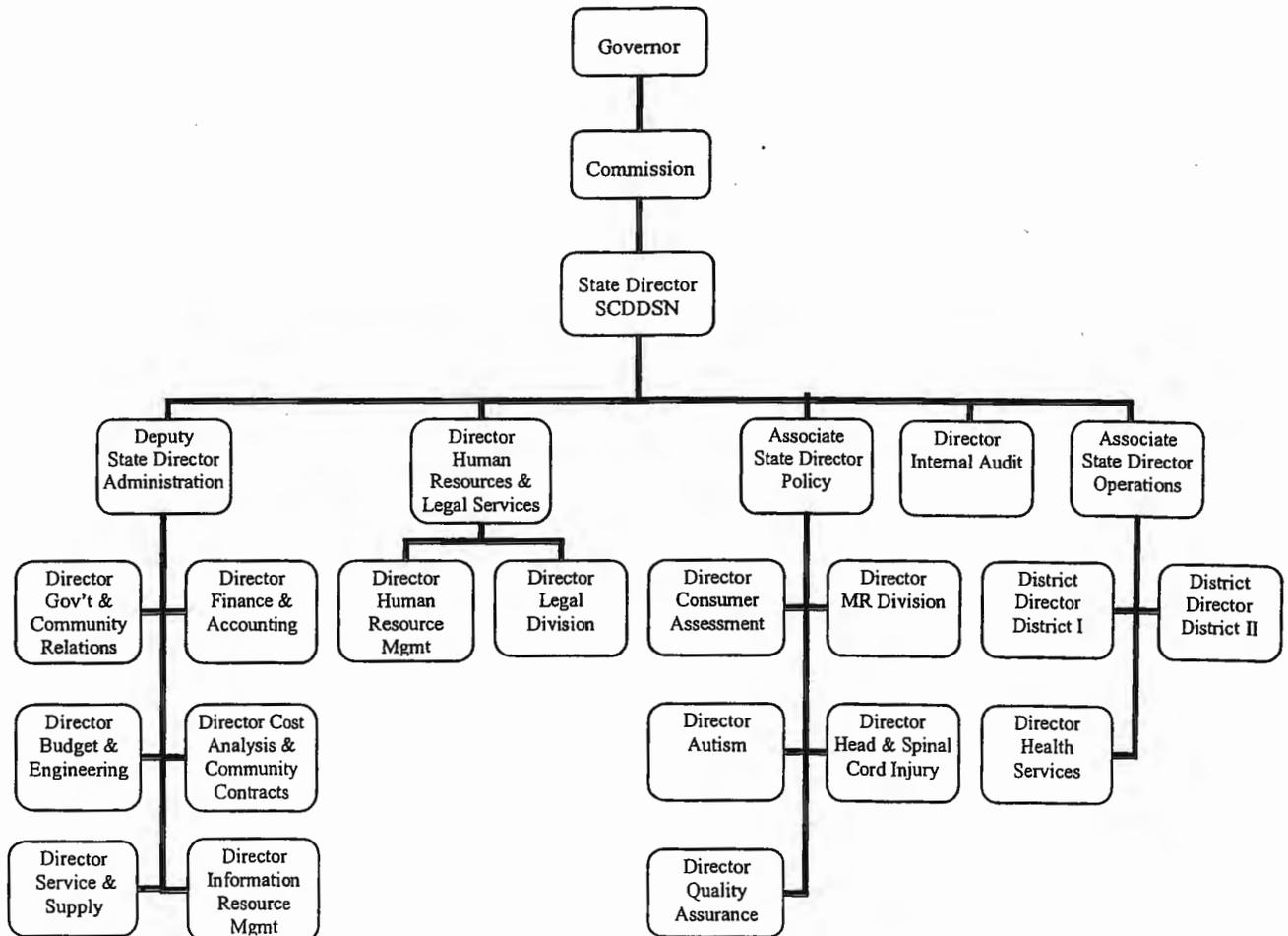
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DDSN Annual Accountability Report Fiscal Year 2004-2005

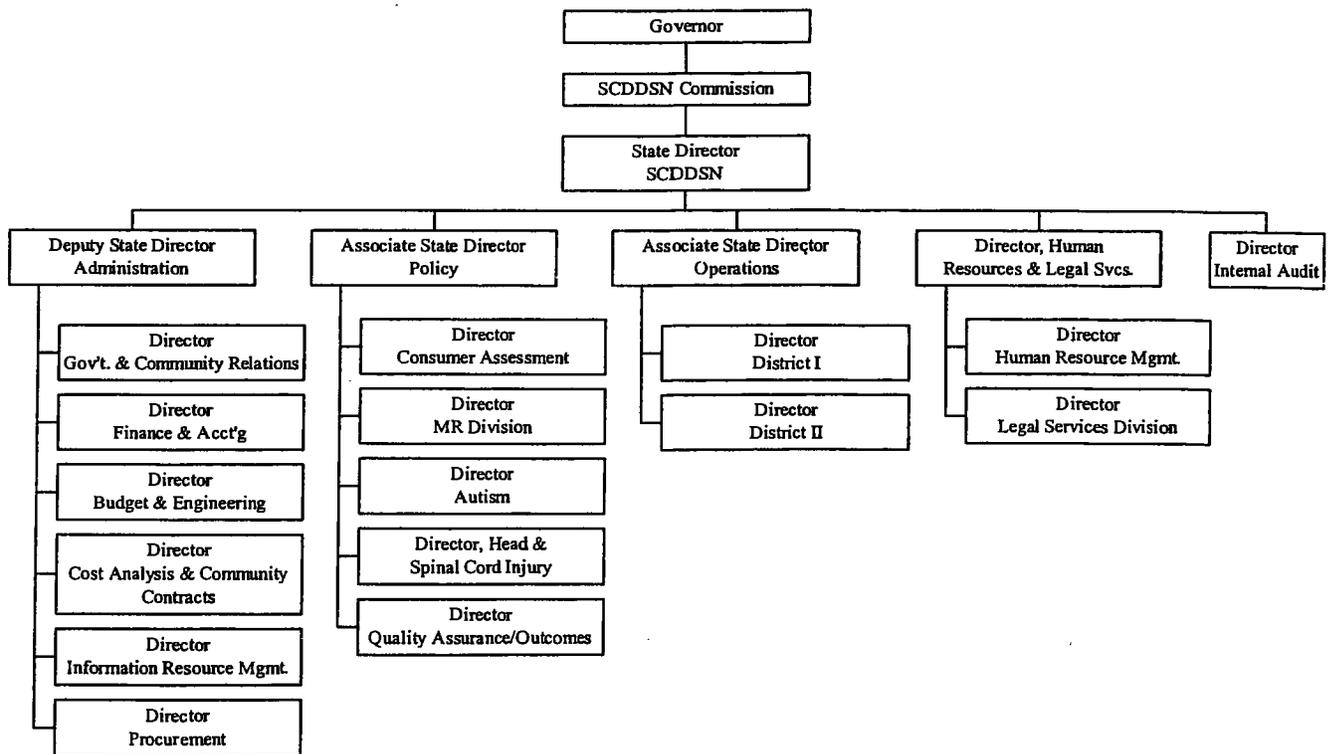
SC Department of Disabilities & Special Needs Organizational Chart



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SC Department of Disabilities & Special Needs Agency Organizational Chart



SCDDSN - June 2, 2003

DDSN Annual Accountability Report Fiscal Year 2003-2004

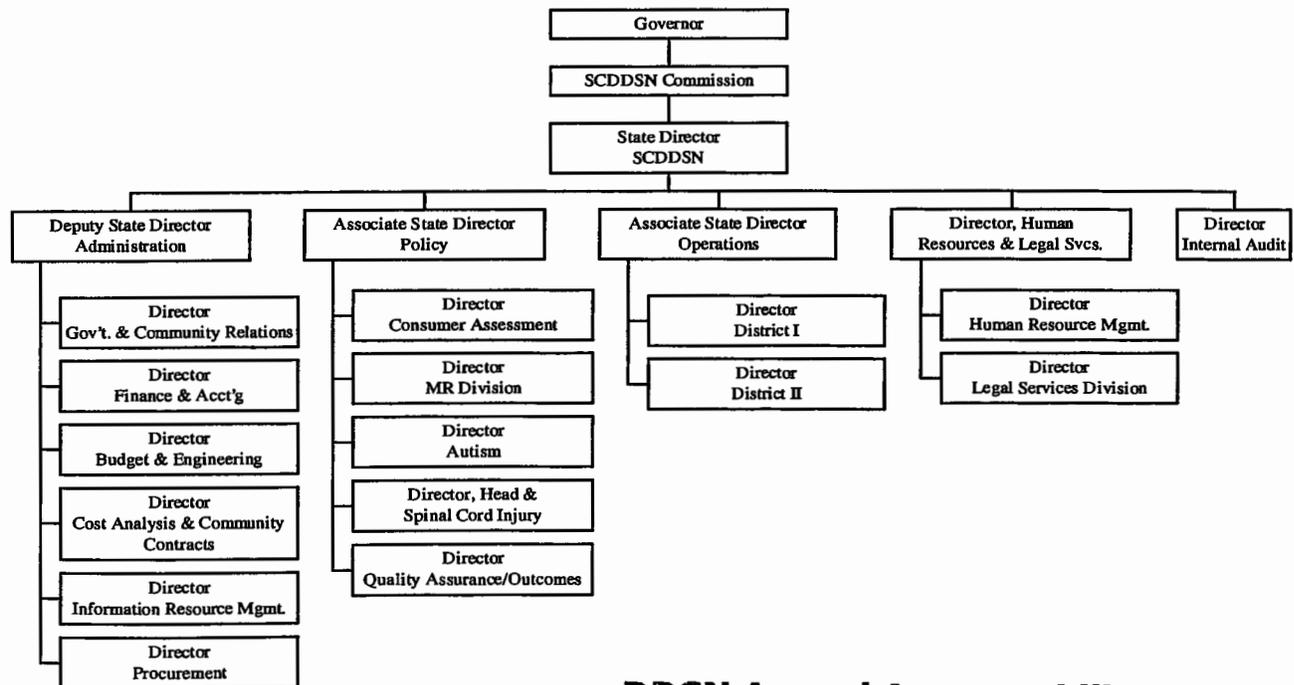
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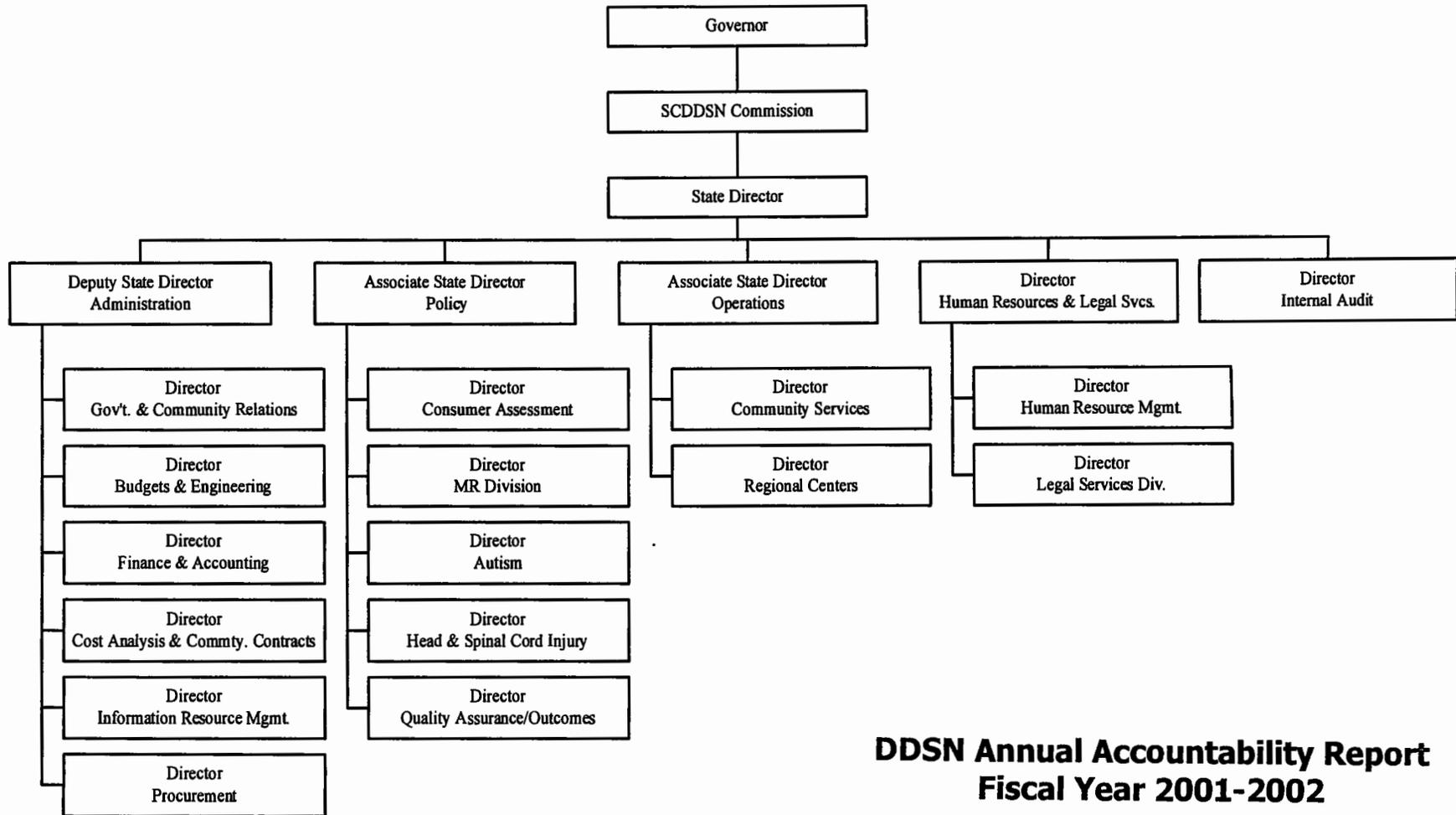
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**SC Department of Disabilities & Special Needs
Agency Organizational Chart**



**DDSN Annual Accountability Report
Fiscal Year 2002-2003**

**SC Department of Disabilities and Special Needs
Agency Organizational Chart**



**DDSN Annual Accountability Report
Fiscal Year 2001-2002**

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS GLOSSARY OF FREQUENTLY USED TERMS

► **ABLE ACT (Achieving a Better Life Experience Act):** The ABLE Act amends Section 529 of the Internal Revenue Service Code of 1986 to create tax-advantaged savings accounts for individuals with disabilities. These tax-advantaged savings accounts can be used to cover qualified disability expenses such as, but not limited to, education, housing and transportation. The bill supplements, but does not replace, benefits provided through private insurances, the Medicaid program, the Supplemental Security Income program, the beneficiary's employment and other sources.

► **Accessible:** Activity or place capable of being reached by individuals with disabilities.

► **Accommodation:** A change or adjustment to the home, work or community environment which permits an individual with a disability to have access and fully participate in daily living and community activities.

► **Activities of Daily Living (ADL):** Tasks essential to performance of routine self-care functions, such as dressing, bathing, eating, toileting, and transferring.

► **Adaptive Behavior:** Ability of an individual to meet the standards of maturation, learning and personal independence that are expected based on normative standards for age, cultural background, and experience through skills or the ability to adjust ones behavior necessary to compensate for health, motor or sensory deficits.

► **Advance Directives:** A written document stating how a person wants medical decisions to be made if he/she loses the ability to make them for themselves. It may include a Living Will and a Durable Power of Attorney for health care.

► **Advocate:** Person who has been designated by an individual or an individual's legal representative to speak on the individual's behalf and help the individual understand and make informed choices in matters related to identification of needs and choices of supports and services.

► **Americans with Disabilities Act of 1990 (ADA):** Federal legislation which guarantees equal opportunity for individuals with disabilities in public accommodations, employment, services and telecommunications.

► **Appeal:** An appeal is a request for a review of a decision to a person or institution with the authority to judge, adjudicate on, or determine claims or disputes.

► **Assisted Living:** A type of living arrangement in which personal care services such as meals, housekeeping, transportation, and assistance with activities of daily living are available as needed to people who still live on their own in a licensed setting. In most cases, the "assisted living" residents pay a regular monthly rent. Then, they typically pay additional fees for the services they get.

► **Assistive Technology (AT):** Any item, piece of equipment or product that is used to assist, maintain or improve functional capabilities of an individual.

► **At-Risk Child (ARC):** An eligibility category which includes children from age three (3) (36 months) to age six (6) whose diagnosis of an intellectual disability or a related disability remains unclear. It may still be too early to confirm a diagnosis of an intellectual disability at this age range since developmental delays evidenced during the preschool years may still not be good predictors of later cognitive and adaptive functioning.

► **Authorization to Release/Obtain Information:** The form which consumer/legal guardians must sign to give permission for Case Managers or providers to release/obtain confidential information about them to/from other agencies or professionals.

► **Autism Spectrum Disorder:** Abnormal or impaired development in social interaction and communication, as well as markedly restricted, repetitive and stereotyped patterns of behavior, interests and activities.

► **Baby Net:** South Carolina's IDEA Part C interagency early intervention program for infants and toddlers under three (3) years of age with developmental delays or conditions associated with developmental delays. SC First Steps to School Readiness is the Baby Net lead agency until July 2017 when it moves to the South Carolina Department of Health and Human Services (DHHS). Children may be eligible for Baby Net if they are learning or developing slowly. Early Intervention services are based upon the child's needs and may include physical therapy, occupational therapy, speech therapy, assistive technology, special instruction and/or case management.

► **Behavioral Health:** The mental/emotional well-being and/or actions that affect emotional wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.

► **Caregiver:** A person who helps care for someone who is ill, disabled, or aged. Some caregivers are relatives or friends who volunteer their help. Some people provide care giving services for a cost.

► **Case Management:** A service provided by a case manager including the assessment, planning, referral and linkage to community services and supports.

► **Case Record:** The file in which providers keep all relevant information concerning a consumer. The Case Management case record is considered to be the primary record for consumers served by DDSN. All information as required by the Case Management Standards must be maintained in this record. Other records are also maintained by each service provider. When the primary case record becomes too big or contains massive information, it can be purged and a back-up file started to retain the information.

► **Case Open Date:** The date an applicant is screened in for DDSN services and first chooses a Case Management provider. Once the case is “opened”, as signified by the case open date, the process to establish eligibility for DDSN services begins.

► **Centers for Medicaid and Medicare Services (CMS):** Federal agency within the U.S. Department of Health and Human Services responsible for administering the Medicare and Medicaid programs. CMS assures that states properly administer national health care programs, establish policies for paying health care providers, conduct research on the effectiveness of various methods of health care management, assess the quality of health care facilities/services and take enforcement actions as appropriate.

► **Certificate of Medical Necessity:** A form required by Medicaid/Medicare authorizing the use of certain durable medical items/equipment (DME) prescribed by a physician. This form is to be completed by a doctor or the doctor's employee. The provider of the DME will coordinate with the person’s doctor to see that all the necessary information is submitted to Medicare. A change in prescription and/or a change in the person’s condition require that an updated certificate be completed and submitted.

► **Choice:** Having the power, right, and liberty to make a decision. Choice will be offered to all individuals/legal guardians when being served by DDSN. Choice will be given when selecting services, providers, residential setting, place of employment, and in any other area of an individual’s life. Choices are offered regarding DDSN services within available resources and from a list of qualified providers. The qualified provider list consists of organizations or agencies that are qualified to provide DDSN-funded services to service recipients. This Qualified Provider List includes names of providers, types of services offered, types of disabilities served, ages served and counties in which the services are provided. All providers listed may not offer services for all ages or in all counties. Each organization on this list must meet the federal, state, and DDSN requirements for quality and safety to become a provider of DDSN supports and services.

► **Circle of Support:** A group of people chosen by the consumer and/or family, who assist the consumer to develop, implement and monitor the Plan. Members of a Circle of Support usually include family, friends, co-workers, neighbors, church members, teachers, the Case Manager and others who know or work closely with the consumer. The Circle members agree to meet on a regular basis to help the consumer identify and achieve personal aspirations and goals. Members of the Circle participate because they care about the individual and want to work together to help overcome obstacles and open doors to new opportunities.

► **Civil Rights:** The protections and privileges of personal liberty given to all citizens by law (i.e., rights that are specifically guaranteed by federal and state laws and that are equally available to each individual).

► **Claim:** A claim is a request for payment for services rendered to an eligible program participant or beneficiary.

► **Community Inclusive Residential Supports (CIRS):** The CIRS residential service model promotes development and independence in people with disabilities by working with staff

members, the individuals, and families to create a customized plan to transition from a 24-hour supervised setting to a semi-independent living arrangement. Persons with disability are the focus – they choose where they live, with whom they live, and which support staff work with them in their new home.

► **Community Residential Care Facilities (CRCF):** A facility licensed by DHEC which offers room and board and provides/coordinates a degree of personal assistance for two (2) or more individuals, who are at least 18 years old, and who are not related to the licensee. It is designed to accommodate individual residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence and safety, and encourage family and community involvement. It offers a beneficial and protected environment specifically for individuals who have mental illness or intellectual disabilities. A CRCF offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. There are private CRCFs (“Boarding Homes”) in many communities. DDSN also contracts with qualified providers to operate CRCFs.

► **Community Training Home I Model (CTH I):** A licensed residential setting offered by DDSN where personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a private home. Caregivers are employed by or independently contracted with contracted qualified providers.

► **Community Training Home II Model (CTH II):** A residential setting offered by DDSN which offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision, and skills training are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each licensed residence.

► **Competency:** Has to do with an individual’s ability to understand critical information and to make decisions for himself or herself. The following describes different categories or competency:

- **Competent to stand trial:** This type of competency is determined through Criminal Court and implies that an individual understands charges that are made against them, has an understanding of right and wrong, and is able to assist in their own defense.
- **Legally Competent:** This type of competency implies that an individual is qualified and able to make decisions on their own regarding their well-being in areas such as residential placement, financial, medical, etc. All individuals, including those with intellectual disabilities, automatically become legally competent at the age of 18, unless declared legally incompetent through Probate Court.
- **Legally Incompetent:** This type of competency is determined through Probate Court and implies that an individual is not qualified or able to make important decisions regarding their well-being on their own. Individuals who are declared

legally incompetent must have a legal guardian appointed to oversee their wellbeing and make decisions on their behalf.

► **Competitive Employment:** Employment in which an individual is compensated at or above the minimum wage and is employed on a full-time or part-time basis in an integrated and competitive labor market.

► **Confidentiality:** A guarantee that personally identifiable information about an individual or family remains private and may only be shared among agencies with the written permission of the individual/legal guardian.

► **Conflict Free Case Management (CFCM):** Medicaid providers of home and community based services (HCBS), which include waiver services, or those who have an interest in, or are employed by a provider of HCBS must not provide case management or develop the person centered service plan. A potential conflict of interest exists in assuring and honoring free choice, overseeing quality and outcomes, and the fiduciary relationship when the same entity helps individuals access services and provides those services.

► **Conflict of Interest:** A real or seeming incompatibility between one's private interest and one's public or fiduciary duties.

► **Conservator:** A person appointed by a judge to look after the money of an individual who cannot look after it himself/herself. The conservator might handle the Social Security Income and checking account of an individual, as well as any money the individual might earn or inherit. The same person can be both a guardian and conservator.

► **Consumer:** The individual with an intellectual disability or related disability, Autism Spectrum Disorder or Head and Spinal Cord Injury who is served through DDSN. Other terms are also used to refer to the consumer such as: person, individual, primary customer, client, etc.

► **Consumer Choice:** Right of the consumer, legal guardian, or responsible party to choose supports and services from a range of service options to meet the diverse and personalized needs of an individual. The degree to which individuals have choice must go beyond the range of service choices and include opportunities for individuals to decide when, where, how and who will provide supports and services.

► **Continuing Care Retirement Community (CCRC):** A private housing community that provides different levels of care based on what each resident needs over time. This is sometimes called "life care" and can range from independent living in an apartment to assisted living to full-time care in a nursing home. Residents move from one setting to another based on their needs but continue to live as part of the community. Care in CCRCs is usually expensive. Generally, CCRCs require a large down payment and charge monthly fees.

► **Direct Services:** Active services provided to the individuals.

► **Dual Eligible:** An individual meeting eligibility criteria for both Medicaid and Medicare programs.

► **Due Process:** The idea or principle that all laws and legal proceedings as well as agency policies and procedures must be fair and fairly enforced. Specifically, the right of all persons to receive the guarantees and safeguards of the law and judicial process. In the DDSN service delivery system, this means that people receiving services have the right to receive guarantees and safeguards concerning services funded by the State and Federal government. Examples of DDSNs internal mechanisms for due process are Human Rights Committees, service level and eligibility determination appeals and employee grievance rights.

► **Durable Medical Equipment:** Purchased or rented items such as hospital beds, ventilators, oxygen equipment, seat lift equipment, wheelchairs, and other medically necessary equipment prescribed by a health care provider that is suitable and appropriate to be used in a person's home.

► **Early Intervention (EI):** Provides an array of family-focused, in-home services for children with an intellectual disability or related disability from birth to age six. Early Interventionists help families understand their child's development and assist in providing therapeutic intervention and special instruction services. Early Intervention services are provided in the child's own home or in the child's natural environment.

► **Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** A comprehensive child health program funded by the Department of Health and Human Services (DHHS) through the Medicaid State Plan to children under the age of 21 years to reduce the impact of childhood health problems by identifying, diagnosing and treating health problems early.

► **Education of All Handicapped Children Act (EHA):** Landmark 1975 legislation that required education for all students with disabilities and introduced the terms Individualized Education Program (IEP), Least Restrictive Environment, Free Appropriate Public Education, and the multi-factored Evaluation to Education.

► **Employment First:** Assumes that individual integrated employment at or above minimum wage is the preferred outcome for working age adults, regardless of disability. This assumption should be the foundation for assessment and planning for individuals receiving services through DDSN.

► **Empowerment:** Education and practices aimed at transferring power to or strengthening individuals and groups.

► **Family Support Plan (FSP):** Plan of care form used for children age three (3) to their sixth (6th) birthday receiving Early Intervention services.

► **Fee for Service Medicaid:** Referred to often as "regular Medicaid" where a beneficiary can go to any provider that takes Medicaid. The provider charges a fee for each service and, in turn, bills Medicaid directly for each service rendered.

► **Financial Manager:** The agency in each county that is responsible to manage and disseminate all funds for consumers.

► **Free Appropriate Public Education (FAPE):** The requirement, introduced by EHA of 1975, which requires schools to provide an education relevant to the needs of students with disabilities at no cost to families. The courts have generally stated that appropriateness does not mean optimal, only that the student is progressing at a reasonable rate.

► **Funding Bands:** The funding system used by DDSN to finance most services provided to individuals.

► **Guardian Ad Litem:** A Guardian Ad Litem is a person that is the guardian for an individual who is involved in a trial or hearing. The way the law works, the judge has to assume that a child, an individual with an intellectual disability or a related disability, or a person in jail needs a temporary guardian to speak for them. The Guardian Ad Litem may not actually be needed, but the individual is entitled to one. The Guardian Ad Litem can be very useful for making phone calls and checking on court schedules. The Guardian Ad Litem's job ends when the trial or hearing is over.

► **Habilitation:** Maintaining and/or increasing an individual's skills.

► **HASCI:** The acronym for **H**ead and **S**pinal **C**ord **I**njury, as in the DDSN HASCI Division and HASCI Waiver.

► **High-Risk Infant (HRI):** A DDSN eligibility category which includes children from birth to 36 months of age who are at a substantially greater risk for a developmental disability than the general population due to their genetic, medical or environmental history.

► **Health Insurance Portability & Accountability Act (HIPAA):** A law passed in 1996 which is also sometimes called the "Kassebaum-Kennedy" law. This law expands your health care coverage if you have lost your job, or if you move from one job to another. HIPAA also protects you and your family if you have: pre-existing medical conditions, and/or problems getting health coverage, and you think it is based on past or present health. The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. The HIPAA Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.

HIPAA also:

- limits how companies can use your pre-existing medical conditions to keep you from getting health insurance coverage;
- usually gives you credit for health coverage you have had in the past;
- may give you special help with group health coverage when you lose coverage or have a new dependent; and
- generally guarantees your right to renew your health coverage.

HIPAA does not replace the states' roles as primary regulators of insurance.

► **Health Maintenance Organizations (HMO):** A type of Medicaid/Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to give health care to Medicaid/Medicare beneficiaries for a set amount of money from Medicaid/Medicare every month. Beneficiaries must get his/her care from the providers in the plan.

► **Home and Community-Based Service (HCBS) Waiver Programs:** Home and Community Based Service Waiver programs are the Medicaid alternative to providing long-term care services in institutional settings. If a person qualifies, each person chooses whether services are provided in their homes and communities versus in an institutional setting. States may offer a variety of services to people under a Home and Community Based Service Waiver program. These programs may provide a combination of both traditional medical services (i.e. dental services, skilled nursing services) as well as non-medical services (i.e. respite, case management, and environmental modifications). DDSN operates four Home and Community Based Service Waiver programs: The Intellectual Disability/Related Disabilities (ID/RD) Waiver, Community Supports (CS) Waiver, Head and Spinal Cord Injury (HASCI) Waiver, and the Pervasive Developmental Disorder (PDD) Waiver.

► **Home and Community Based Settings Final Rule (Commonly Referred to as the Final Rule):** In January 2014, the Centers for Medicare/Medicaid Services (CMS) issued the new Final Rule for Home and Community Based Settings which more clearly defines the definition of community inclusion. This rule, which went into effect in March 2014, requires states to transform their service delivery systems to be more community inclusive and rely less on segregated service settings. The rule applies across all populations served in CMS Home and Community Based Service systems, including the elderly, those with physical disabilities, mental illness, intellectual and related disabilities, and people with Autism Spectrum Disorder.

► **Hospice Care:** A special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. Hospice care is covered by Medicaid or under Medicare Part A (Hospital Insurance).

► **Human Rights:** Human rights are international moral and legal norms that aspire to protect all people everywhere from severe political, legal, and social abuses. Examples of human rights are the right to freedom of religion, right to freedom of speech, the right to be treated with dignity and respect, etc.

► **Human Rights Committee:** The role of a Human Rights Committee is to safeguard and protect the rights of people receiving services and to ensure that they are treated with dignity and respect in full recognition of their rights. S.C. Code Ann. §44-26-70 (Supp. 2010) relating to the rights of people receiving services from DDSN requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. DDSN Autism Division operated programs, may utilize an existing Human Rights Committee of a DSN Board or of a Regional Center or it may establish its own Committee. The regulations governing Intermediate Care Facilities for Persons with Intellectual Disabilities require the establishment of a specially constituted committee which functions as a Human Rights Committee to review,

approve, and monitor programs to manage inappropriate behavior and other programs that involve risk to protection and rights. Policies and procedures of this directive are applicable to these specially constituted Committees. (DDSN Directive 535-02-DD: Human Rights Committee)

► **Impairment Related Work Expense (IRWE):** Certain expenses for things an individual with a disability needs because of his/her impairment in order to work which may be deducted from gross earnings when determining eligibility for SSDI or SSI.

► **Inclusion:** The process of including individuals with disabilities in the activities and environments of other people without disabilities.

► **Independent Living:** Living in one's own home or apartment in the community. Independent living does not mean that an individual is completely independent in all Activities of Daily Living and/or community living skills. Supports and services may need to be in place for some individuals in order to live independently in the community.

► **Individual Family Support Plan (IFSP):** The service plan process/completed service document for a child aged birth to three (3) years and his/her family when receiving Early Intervention services. The planning process involves a joint effort between parents and specialists. The written document lists the early intervention services a child needs in order to grow and develop and services the family needs to help the child grow and develop.

► **Individual with Disabilities Education Act (IDEA):** An updated version of the Education of All Handicapped Children's Act (EHA) which required the statement of needed transition services as part of the IEP in 1990.

► **Individualized Education Program (IEP):** The written plan documenting eligibility, programs and services for special education students.

► **Integration:** In the disability context, the process of including individuals with disabilities in the environments, activities and social networks of other people. Sometimes used interchangeably with the term "inclusion".

► **Intellectual Disability:** A condition with an onset during the developmental period in which an individual demonstrates significantly below-average intellectual functioning (a valid IQ of 70 or below), and has concurrent deficits in adaptive functioning in at least two areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.

► **Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID):** An institution (or distinct part of an institution) that is primarily for the diagnosis, treatment, or habilitation of people with intellectual disabilities or with related conditions; and provides, in protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or rehabilitative services to help each individual function at his/her greatest ability. (Note: An institution is defined as an establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more individuals

unrelated to the proprietor). An ICF/IID primarily provides health-related care and services above the level of custodial care to people with an intellectual disability or a related disability but does not provide the level of care available in a hospital or skilled nursing facility.

► **Life Planner:** The role of a Life Planner is to help identify a person's life expectations, set goals, and develop a plan of action to achieve those goals. All Life Planners must undergo specialized training, demonstrate competency in a variety of skills and meet other DDSN qualifications to be placed on an approved list of providers. A Life Planner may be independent (contract with DDSN) or agency-based (work for a local board or provider organization). Individuals and/or family members choose a Life Planner from a list of options and there is no cost to the individual or family for the service.

► **Least Restrictive Environment (LRE), also referred to as Least Restrictive Setting:** An environment in which services are delivered with minimum limitation, intrusion, disruption or departure from typical patterns of living available to individuals without disabilities; which do not subject an individual or others to unnecessary risks to health or safety; and which maximize the individual's level of independence, productivity and inclusion in the community.

► **Legal Guardian:** A person appointed by a judge to look after an individual who cannot look after himself/herself (i.e., who is legally incompetent). The guardian makes all decisions and signs all documents for the individual concerning any medical treatment or placement. If an individual has a legal guardian, documentation from the court should be obtained, if available, for the individual's file. For children under age 18, their parent(s) are considered to be the legal guardian unless the parents' rights have been terminated or the parents are deceased.

► **Level of Care (LOC):** An assessment of an individual's disability and treatment needs required for Medicaid reimbursement. The Level of Care assessment must demonstrate that an individual requires the degree of care provided in an institution.

► **Long-Term Care:** A variety of services that help people with health or personal needs and activities of daily living over a period of time. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. DDSN offers long term care services through four different Home and Community Based Waiver programs (for example, services provided in the home/community such as residential habilitation, day program services, personal care, nursing services, respite, etc.) and in facilities (Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)).

► **Mainstreaming:** A term that was used widely in the 1970's to refer to the practice of placing students with disabilities in the regular education curriculum. This term lost favor when it was found that many students were being placed in regular classes without needed supports.

► **Medicaid:** A federal health care program generally serving eligible low income individuals whose income and assets are below specific levels. In South Carolina, DHHS determines eligibility for Medicaid. An individual applying for Medicaid as a Social Security Income (SSI) recipient in South Carolina must apply at their local Social Security office. Generally, an individual who is approved for SSI in South Carolina will automatically receive Medicaid. Applications for all other coverage groups may be filed in person or by mail. Applications may

be filed at out-stationed locations such as the county health departments, community health centers, most hospitals and the county Department of Social Service offices. The South Carolina Medicaid program offers different ways for its members to receive healthcare services. The choices are either managed care or fee-for-service.

► **Medicaid Managed Care Organizations (MCO):** A Medicaid MCO operates much the same as a Health Maintenance Organization (HMO), as care is furnished through a network of providers (primary and specialty), hospitals, pharmacies, etc. Services rendered are authorized by the MCO to ensure appropriate care management, disease management, and care coordination. MCOs require members to choose a Primary Care Physician (PCP) who serves as the primary point of contact. Members are expected to contact their PCP first before seeking treatment elsewhere. The PCP may diagnose and treat the problem, or refer the member to a specialist within the MCO network. The process for authorizing services within the MCOs may be different for each plan.

► **Medicaid Targeted Case Management (MTCM):** An available Medicaid covered service that helps individuals in gaining access to doctors, social services, educational resources, jobs and other services. Anyone who is Medicaid eligible and meets one of the following categories may qualify for MTCM: individuals with intellectual and related disabilities, at-risk children, adults with serious and persistent mental illness; at-risk pregnant women and infants; individuals with Psychoactive Substance Disorder; individuals at-risk for genetic disorders; individuals with Head and Spinal Cord Injuries and similar disorders; individuals with sensory impairment, and adults with functional impairments. A Case Manager provides these services.

► **Medicare:** A federal insurance program serving most individuals 65 and older and individuals with disabilities regardless of income if they are eligible for Social Security Disability Income.

► **Medical Homes Network Programs (MHN):** The Medical Homes Network (MHN) health care delivery model is a primary care case management program. A MHN is comprised of a Care Coordination Services Organization (CSO) and enrolled primary care physicians (PCPs). Only PCPs may contract within the MHN as all services are coordinated through the CSO and PCP, and claims for the services rendered are paid by DHHS. A MHN, like a Managed Care Organization (MCO), offers enhanced benefits beyond what is offered under traditional fee-for-service Medicaid.

► **Mental Health Services:** Services provided to individuals with serious mental illness. Public mental health services are provided through the South Carolina Department of Mental Health (DMH) and local Mental Health Centers and private practitioners.

► **Natural Supports:** Supports that are non-paid which will help an individual to achieve personal goals or needs as identified on the Plan. Natural supports may include people such as family members, friends, church members, neighbors or community organizations. Natural supports may also be any location or event in the natural environment from which an individual may benefit or participate in such as community parks, civic events, etc.

► **Needs Assessment:** Activities to obtain and review information for the purpose of determining a person’s personal goals and needs in order to develop an accurate and effective Support Plan. Needs assessment is based upon a systematic evaluation of the relative strengths and weaknesses of the person/legal guardian’s environmental, economic, psycho-social, medical and other circumstances. Needs assessment is an ongoing process and should incorporate both formal and informal assessment. Formal assessment is a specific standardized assessment tool which is completed with a person at least annually. Informal assessment is an ongoing assessment of a person’s personal goals, needs and satisfaction through observation, site visits and personal interviews with the person/legal guardian and direct care professionals throughout the year.

► **Non-reportable:** Any activities of the Case Manager which do not fall within the core job functions as defined in the Case Management Standards, but are still important, relevant activities in providing quality person-centered services for individuals and families.

► **Nursing Home:** A residence that provides a room, meals, and help with activities of daily living and recreation. Generally, nursing home residents have physical or mental problems that keep them from living on their own. They usually require daily assistance.

► **Nursing Facility:** A facility which primarily provides to residents’ skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health related care services above the level of custodial care to those other than intellectually disabled or a related disability individuals.

► **Old-Age, Survivors, and Disability Insurance:** The Social Security programs that pay for:

- (1) monthly cash benefits to retired-worker (old-age) beneficiaries, their spouses and children, and survivors of deceased insured workers (OASI); and
- (2) monthly cash benefits to disabled-worker beneficiaries and their spouses and children, and for providing rehabilitation services to the disabled (DI).

► **Olmstead Decision:** A 1999 decision by the U.S. Supreme Court concerning two women from Georgia who played a major role in the expansion of consumer-directed services in South Carolina as well as other states. Because of this decision, all public entities are required to administer their programs “in the most integrated setting appropriate to the needs of qualified persons with disabilities.”

► **Ombudsman:** An independent governmental official who receives complaints against government (and government-regulated) agencies and/or its officials from aggrieved individuals; who investigates these complaints; and who, if the complaints are justified, makes recommendations to remedy the complaints.

► **Person Centered Planning:** In Person-Centered Planning, the gifts and positive abilities instead of the weaknesses and inabilities of an individual are the focus. Person-Centered Planning focuses on developing connections within the community to provide supports for the person. Services and supports are developed for the person based on their needs, wants, and

desires instead of “fitting” the person into current services and programs. Supports developed during Person-Centered Planning help the person to:

- Set their personal goals
- Meet new people
- Try new things
- Contribute to and be supported by their community
- Have who and what is important to them in their everyday life
- Stay healthy and safe

A Life Plan is developed as a result of the person centered planning process. Life Plans are shared with all service providers at the consumer’s discretion and providers are expected to assist in meeting the identified goals in the Life Plan.

► **Personal Outcomes:** Life priorities, personal preferences, goals and desires as defined by individuals for themselves in all areas of life. The Council on Quality and Leadership (CQL) developed the Personal Outcome Measures assessment tool to help identify what individuals’ personal outcomes are and if their outcomes are being met by the agencies and individuals supporting them.

► **Plan for Achieving Self-Support (PASS):** A Plan for Achieving Self-Support (PASS) allows a person with a disability to set aside otherwise countable income and/or resources for a specific period of time in order to achieve a work goal. Any person who receives SSI benefits, or who might qualify for SSI or any person receives SSDI (or a similar benefit) and could qualify for SSI, may be able to have a PASS. There is no limit to the number of successful PASS plans a person may use in a lifetime.

► **Power of Attorney (POA):** An important legal document which gives a designated person broad powers to make legal decisions for an individual in a variety of situations. There are many different types of Power of Attorney to include the following:

- **Durable General Power of Attorney:** A legal document which gives a designated person broad powers to handle another’s property during his/her lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice or approval. Other subjects discussed in a Durable General Power of Attorney are: stock and bond transactions, commodity and options transactions, banking, estate and trusts, claims and litigation, personal and family maintenance, division of social security and other governmental benefits, retirement plan transactions, tax matters, etc. A Durable General Power of Attorney does not authorize anyone to make medical or other health care decisions.
- **General Springing Power of Attorney (upon disability):** A legal document which gives a designated person broad powers to handle property, tangible or intangible, without prior notice or approval if an individual becomes disabled or incompetent.

- **Medical Power of Attorney:** This legal document gives a designated person the authority to make any and all health care decisions for an individual in accordance with his/her wishes, including religious and moral beliefs, when the individual is no longer capable of making decisions for himself/herself. Because "health care" means any treatment, service, or procedures to maintain, diagnose, or treat physical or mental conditions, the medical power of attorney has the authority to make a broad range of health care decisions. This person may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. This person may not consent to voluntary in-patient mental health services, convulsive treatment, or abortion. A physician must comply with a medical power of attorney's instructions or allow the individual to be transferred to another physician.

► **Protection and Advocacy (P & A) for People with Disabilities:** Established in 1977 as the protection and advocacy system for the State of South Carolina, P&A is a member of the National Disability Rights Network (NDRN) and is mandated by state and federal law to protect the rights of people with disabilities in South Carolina. NDRN is the nonprofit membership organization for the federally mandated P&A Systems and Client Assistance Programs (CAP) for individuals with disabilities. Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States. P&A is a private, non-profit South Carolina corporation governed by a volunteer board of directors. As required by federal law, P&A is independent of all agencies which provide treatment or other services to people with disabilities. P&A offers a variety of programs to assist people with disabilities.

► **Provider:** An organization or agency paid to provide a service for a consumer. In the DDSN service delivery system, providers are approved and placed on the Qualified Provider List (QPL) from which consumers choose. Services may also be provided to consumers by agencies and funding outside the DDSN service delivery system.

► **Psychological Evaluation:** An evaluation of an individual's intellectual functioning and adaptive behavior.

► **Qualified Provider List (QPL):** A list of agencies which are approved to provide services within the DDSN system. The current procedures for how to become a qualified provider and a current list of qualified providers is available on the DDSN website.

► **Reasonable Accommodation:** Adaptations or modifications of the environment, equipment or materials to be in compliance with ADA and IDEA which make it possible for an individual with a disability to fully participate in an activity.

► **Rehabilitation:** Restoration of an individual's functional status to a former state or condition.

► **Related Disability:** Severe, chronic conditions which are found to be closely related to an intellectual disability or which requires treatment similar to that required for individuals with an intellectual disability (e.g. cerebral palsy, epilepsy, etc.). Onset of a related disability must be before the age of 22.

► **Reportable:** Any activities of Case Managers which fall within one of the core job functions as defined in the Case Management Standards. These core job functions are the only activities that, when reported to DDSN via service notes, may be reimbursed by Medicaid for provision of targeted case management services.

► **Section 504:** A section to the Rehabilitation Act of 1973. A federal civil rights statute designed to eliminate discrimination on the basis of a disability in any program or activity receiving federal financial assistance.

► **Section 8 Housing:** Refers to housing subsidized to low-income individuals by Housing and Urban Development (HUD).

► **Self-Advocacy:** The ability and opportunity to speak on behalf of one's own interests.

► **Self-Determination:** The ability and opportunity for individuals to make choices and to act on the basis of their personal choices.

► **Self Direction:** A different way of supporting people with disabilities where the voice of the person with a disability is the most important one for us to listen to and to respect when it comes to that person making choices about his/her life. Self-direction gives a person with a disability more control in planning for and running his/her own life. This can be hard work because more control means more responsibility. A person is responsible when he or she makes good decisions that keep him or her happy, healthy, and safe. This may take the help of family and/or friends. The choices a person makes are often based on the things that are most important to him or her. Self-direction helps a person find a comfortable place in the community where he/she can live, work, and play in ways that he/she chooses as right. Directing one's own services, such as in consumer-directed services, is an important piece of self-direction.

► **Service Agreement:** A form that consumers/legal guardians sign during the intake process which signifies their request for services and their agreement to have DDSN obtain and review any relevant records for the purpose of determining eligibility for services. By signing this form, consumers/legal guardians consent to have additional evaluations completed if necessary to determine eligibility.

► **Service Authorization:** In FY17, a form which Case Managers give to chosen providers as a way of informing that they have permission or 'authorization' to begin providing a service for an individual. Authorizations also inform providers of the frequency and duration of services they are approved to provide. In FY18, the approval/authorization of services included in service plans will be transitioned to a DDSN centralized group of staff in the Waiver Administration Division.

► **Service Note (SN):** Narrative, chronological documentation in a case record that describes activities provided by a Case Manager.

► **Similar Disability (SD):** South Carolina Code of Law does not define a similar disability, but does stipulate that a similar disability is not limited by early age of onset, is not a condition that

culminates in death or worsens over time, is not dementia resulting from chronic disease or alcohol/drug use, and is not a neurological disorder related to aging. Muscular dystrophy, Multiple Sclerosis, Cancer, Parkinson's disease and other similar disabilities.

► **Skilled Nursing Care:** A level of care that includes skilled tasks that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse).

► **Social Security Administration (SSA):** The agency that oversees the provision of Social Security Disability Insurance and Supplemental Security Income and related work incentives.

► **Social Security Disability Insurance (SSDI):** An income support payment administered by the Social Security Administration that is provided to adults with disabilities or to children of parents who have retired or become disabled and have paid into Social Security. SSDI is only paid to individuals whose income falls below Substantial Gainful Activity (SGA) after accounting for work incentives.

► **Special Needs Trust:** A legal and financial arrangement to safeguard resources for individuals with intellectual disabilities or a related disability. This trust allows individuals to maintain resources without impacting their Medicaid eligibility.

► **Spinal Cord Injury:** An acute traumatic lesion of neural elements in the spinal canal, resulting in any degree of deficit in sensory, motor and life functions. The deficit may be temporary or permanent.

► **State Funded Community Supports (SFCS):** Is an array of services offered and funded by DDSN to those who are eligible for DDSN services but are not currently eligible for a DDSN-operated Home and Community Based Waiver.

► **Substantial Gainful Employment:** The amount of income an individual can earn after a trial work period and still receive SSDI payments.

► **Supported Living Model I (SLP-I):** Certified residential settings with services offered by DDSN which is similar to the Supervised Living Model II; however, people generally require only occasional support. Staff is available 24 hours a day by phone. SLP-I settings must be assessed by the provider and determined to be functional and safe prior to the individual's entry and annually thereafter.

► **Supervised Living Program II (SLP-II):** Residential settings with services offered by DDSN which are appropriate for people who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support, and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily.

► **Supplemental Security Income (SSI):** An income support payment administered by the Social Security Administration that is provided to children with disabilities and adults who are disabled and whose income and assets fall below a prescribed level after accounting for Social Security work incentives.

► **Support Plan:** A form which is completed annually with a consumer to document the personal goals and needs that have been identified by the person/legal guardian through a formal assessment process. The Support Plan identifies a person's priority goals and needs, the services and supports necessary to address the needs, the frequency and duration of services, who will be responsible for carrying out specific aspects of each goal or need, and the timeframe identified by which a goal or need should be met. Support Plans are completed by the Case Manager and are considered the primary plan for a person receiving services. Some service areas, such as Residential and Day Program, also complete a plan with each consumer; however, these plans are specific to the program area and must complement and support the overall goals as identified on the Support Plan written by the Case Manager.

► **Supported Employment (SE):** Supported Employment services consist of paid employment for persons for whom employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are provided in a variety of settings, particularly work sites, in which persons without disabilities are employed. Supported employment includes activities to sustain paid work including training and supervision. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by the recipient as a result of their disabilities, and will not include payment for those supervisory activities rendered as a normal part of the business setting. Supported Employment services are generally provided by or through the South Carolina Vocational Rehabilitation Department. DDSN also provides individual and group employment service options.

► **TTY:** A teletypewriter (TTY) is a communication device used by people who are deaf, hard of hearing, or have severe-speech impairment. A TTY consists of a keyboard, display screen, and modem. Messages travel over regular telephone lines. People who do not have a TTY can communicate with a TTY user through a message relay center (MRC). An MRC has TTY operators available to send and interpret TTY messages. MRCs can be located in local telephone directories.

► **Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA):** Enacted to increase opportunities for individuals with disabilities to work. Title I of the act provides access to employment training and placement services, and Title II of the act provides health care supports for working individuals with disabilities.

► **Time-Limited Eligibility:** A short-term eligibility status that is given to individuals (usually young children) for whom a diagnosis of an intellectual disability or a related disability is suspected, but cannot be confirmed. Time-limited eligibility is assigned to individuals who test within the range of an intellectual disability or a related disability, but who may experience factors which confound test results, calling into question the validity of the results. If the potential exists for these factors to abate or resolve in the future so that more valid test results can be obtained, a time-limited eligibility status will be assigned. Time-limited eligibility prevents the potential of assigning a premature or incorrect diagnosis of an intellectual disability or a related disability to an individual, but it also allows an individual with suspected intellectual disabilities or a related disability to receive appropriate services until a firm diagnosis can be

made. Time-limited eligibility may also be assigned to an applicant to the HASCI Division whose condition may be improving such that long-term eligibility cannot be determined.

► **Transitioning:** The process of moving from adolescence to adult roles in which a child reconciles their needs, interests, and preferences with adult norms and roles.

► **Transition Planning:** The process of helping students and their families plan services to help them reach career goals and adult living objectives related to their needs, interests and preferences. The IDEA requires transition planning activities documented in the IEP for students aged 14 and older. The Individual Transition Plan (ITP) is also known as the “Statement of Needed Transition Services.”

► **Traumatic Brain Injury (TBI):** An injury to the skull or brain caused by an external physical force. The injury may produce a diminished or altered state of consciousness resulting in impairment in cognitive abilities or physical functioning, as well as behavioral and/or emotional functioning. It does not include strokes or aneurysms.

► **Vocational Rehabilitation (VR) Services:** A federal and state program that provides a range of services to individuals with disabilities, typically to achieve a particular career goal and competitive employment. VR services are administered by the South Carolina Department of Vocational Rehabilitation.

► **Work Incentives:** A number of Social Security Work Incentives that allow an individual to exclude part of their income to maintain eligibility for SSI or SSDI. Includes PASS, IRWE’s, Student Earned Income Exclusion, and extended eligibility for Medicaid.

► **Workers Compensation:** Insurance that employers are required to have to cover employees who get sick or injured on the job.

ABA	Applied Behavioral Analysis
ADA	Americans with Disabilities Act of 1990
ADL	Activities of Daily Living
ANE	Abuse, Neglect and Exploitation
APS	Adult Protective Services (DSS)
ARC	At-Risk Child
ASD	Autism Spectrum Disorder
AT	Assistive Technology
BCB	Budget and Control Board
BCBA	Board Certified Behavioral Analyst
BSP	Behavior Support Plan
CAT	Consumer Assessment Team
CBA	Curriculum Based Assessment
CCR	Contract Compliance Review
CDC	Centers for Disease Control
CDR	Center for Disability Resources
CDSS	Consumer Data Support System
CI	Critical Incident
CIRS	Community Inclusive Residential Supports
CLTC	Community Long Term Care
CM	Case Manager
CMS	Case Management Supervisor
CMS	Centers for Medicare and Medicaid Services
CP	Cerebral Palsy
CPIP	Comprehensive Permanent Improvement Plan
CPS	Child Protective Services (DSS)
CRCF	Community Residential Care Facility
CRIPA	Civil Rights of Institutionalized Persons Act
CSW	Community Supports Waiver
CTH	Community Training Home
DD Council	Developmental Disabilities Council
DDSN	Department of Disabilities and Special Needs
DHEC	Department of Health and Environmental Control
DHHS	Department of Health and Human Services
DMH	Department of Mental Health
DOL	Department of Labor
DSAL	Day Services Attendance Log
DSHR	Division of State Human Resources
DSS	Department of Social Services
EAP	Employee Assistance Program
EHA	Education of All Handicapped Children Act
EI	Early Intervention
EIBI	Early Intensive Behavioral Intervention
EPMS	Employee Performance Management System
EPSDT	Early and Periodic Screening, Diagnosis and Treatment

FAPE	Free Appropriate Public Education
FOIA	Freedom of Information Act
FSP	Family Support Plan
FT	Family Training
FY	Fiscal Year
GAL	Guardian Ad Litem
GGC	Greenwood Genetic Center
HAP	Housing Assistance Program
HASCI	Head and Spinal Cord Injury
HCB	Home and Community Based
HCBS	Home and Community Based Services
HSA	Human Service Assistant
HIPPA	Health Insurance Portability and Accountability
HMO	Health Maintenance Organization
HR	Human Resources
HRM	Human Resources Management
HUD	Housing and Urban Development
HVAC	Heating, Ventilation and Air Conditioning
IA	Internal Audit
ICAP	Inventory for Client and Agency Planning
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
ID/RD	Intellectual Disability/Related Disabilities
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFSP/FSP	Individual Family Support Plan/Family Service Plan
IRWE	Impaired Related Work Expense
ISR	Individual Service Report
IT	Information Technology
LOC	Level of Care
LRE	Least Restrictive Environment
MCO	Medicaid Managed Care Organization
MHN	Medical Homes Network Programs
MI	Mental Illness
MMIS	Medicaid Management Information System
MTCM	Medicaid Targeted Case Management
NTD	Neural Tube Defect
OHR	Office of Human Resources
OT	Occupational Therapy
OT	Overtime
PASS	Plan for Achieving Self-Support
PCA	Personal Care Aide
PCP	Person-Centered Planning
PDD	Pervasive Developmental Disorders
PERS	Personal Emergency Response System
PKU	Phenylketonuria

POA	Power of Attorney
PT	Physical Therapy
P & A	S. C. Protection and Advocacy Organization
QIDP	Qualified Intellectual Disabilities Professional
QPL	Qualified Provider List
RC	Regional Center
RD	Related Disabilities
Regions	Midlands, Piedmont, Pee Dee, Coastal
RESLOG	Residential Service Log (Roll Book)
RFP	Request for Proposal
SCS	Service Coordination Supervisor
SCI	Spinal Cord Injury
SD	Similar Disability
SE	Supported Employment
SECF	Service Error Correction Form
SFCS	State Funded Community Supports
SIG	State Inspector General
SIS	Support Intensity Scale
SLED	State Law Enforcement Division
SLP	Supervised Living Program
SN	Service Note
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Supplemental Security Disability Income
SSI	Supplemental Security Income
STS	Service Tracking System
SURB	Service Units Reporting and Billing
TBI	Traumatic Brain Injury
TEFRA	Tax Equity and Fiscal Responsibility Act
TERI	Teacher/Employee Retention Incentive
TTY	Teletypewriter
TWIIA	Ticket to Work and Work Incentives Improvement Act of 1999
UR	Utilization Review
VR	Vocational Rehabilitation Services
VSP	Voluntary Separation Program
WCM	Waiver Case Management