

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

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## Fiscal Year 2015-16 Accountability Report

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### SUBMISSION FORM

<b>AGENCY MISSION</b>	The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including intellectual disabilities and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.
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<b>AGENCY VISION</b>	To provide the very best services to all persons with disabilities and their families in South Carolina.
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Please state yes or no if the agency has any major or minor (internal or external) recommendations that would allow the agency to operate more effectively and efficiently.

<b>RESTRUCTURING RECOMMENDATIONS:</b>	No
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Please identify your agency's preferred contacts for this year's accountability report.

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

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Tom Waring	(803) 898-9769	twaring@ddsn.sc.gov
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I have reviewed and approved the enclosed FY 2015-16 Accountability Report, which is complete and accurate to the extent of my knowledge.

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

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

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

## **AGENCY'S DISCUSSION AND ANALYSIS**

**Ensuring the needs of eligible individuals in crisis situations are met is the highest priority of the agency.** DDSN has a system in place to respond quickly to consumers whose situations jeopardize their health, safety and welfare. Examples include the unexpected death or major health concern of a primary caregiver, harm/abuse to a consumer or family, or extreme deterioration of the consumer's home. Every effort is made to first increase or enhance services in the home to resolve the crisis. Most frequently the situation is so dangerous individuals require out-of-home placement. Throughout the year individuals who meet the established critical criteria are added to the Critical Needs List and then removed upon resolution of their situation. During FY 2016, 450 new individuals were added to the list and 433 individuals were removed.

**Substantially moving waiting lists was a high priority again this year.** Waiting list movement was unprecedented this year. DDSN is in the midst of the largest expansion of disability services in our State's history through the leadership and generosity of the Governor and General Assembly. This enormous effort is being coordinated in partnerships with its statewide network of service providers, advocates and DHHS. As of July 1, 2016, more than 9,100 individuals' names were moved off waiting lists serving adults and children with Intellectual and Related Disabilities and Autism Spectrum Disorder and the Head and Spinal Cord Injury waiting list. Over 7,300 of these individuals were enrolled in a specialized Medicaid Waiver, state funded services or opted for other services. A small percentage was determined ineligible. The process of locating and contacting individuals/families, assisting them through eligibility, Medicaid Level of Care, development of a service plan, choice of provider, service authorization and ultimately, actual service delivery, is labor intensive, has multiple components and requires a great amount of time. All staff efforts have been focused on moving citizens into services as quickly as possible. DDSN staff assignments and duties were realigned and top managers worked to reprioritize staff duties and workloads in their areas to meet goals. This included developing and monitoring streamlined processes to maximize staff efficiency and ease for consumers and families.

New funds appropriated for FY 2016 were used for the purpose of adding people into services off of DDSN's waiting lists and ensuring provider capacity was sufficient to expand services statewide. This funding allowed for an expansion of approximately 1100 individuals receiving in-home supports. Residential capacity was expanded by 80 beds. This means the service capacity was expanded by 1900 people who are now receiving or in the process of receiving new or additional services. DDSN was able to continue serving the HASCI population at a pace that resulted in no waiting list for the year.

Fifty four (54) new individuals received TBI/SCI Post-Acute Rehabilitation services following injury to maximize their skills and independence. Opportunities for respite through the Caregiver Relief programs continued. Almost 3,600 new children ages birth through 5 received essential Early Intervention and Family Training services. Over 655 children were added to the Pervasive Developmental Disorder (PDD) Program. The Early Intensive Behavioral Intervention (EIBI) services these children receive significantly improve communication, language, adaptive behavior, social skills, daily living skills and motors skills. These positive outcomes help avoid the need for other, more costly services.

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

**Serving individuals in the least restrictive environment and offering services to support individuals in their own home/their family's home continued to be a focal point for service delivery.** DDSN emphasizes supporting, not supplanting, families as the primary strategy for serving South Carolinians with disabilities. This philosophy is operationalized through serving consumers in their family homes rather than state funded residential settings. This approach affords a better quality of life for the consumer, is preferred by families, and is also a more cost effective model of service delivery for taxpayers. Of the approximately 38,000 people eligible for DDSN services, including all disability groups, 87 percent live at home with family or in their own home. Based on the latest published national data from the University of Minnesota dated 2013, South Carolina

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

provides individual and family supports to 71 percent of DDSN consumers with developmental disabilities in their homes compared to the national average of only 56 percent and southeastern average of 57 percent.

**Preparing for significant system changes was a major focus this year.** In January 2014 the Centers for Medicare/Medicaid Services (CMS) issued the new Final Rule for Home and Community Based Settings which requires states to transform their service delivery systems to be more community inclusive and rely less on segregated service settings. The rule applies across all populations served in CMS's Home and Community Based Service systems, including the elderly, physically disabled, mental illness, intellectual and related disabilities, and people on the autism spectrum. DDSN staff time and resources were redirected to actively work on this effort. One major focus was and continues to be increased communication with stakeholders as the lack of concrete guidance by CMS regarding the specific expectations of the new Final Rule has led to much uncertainty and fear on behalf of the families and providers alike. The avenues in place to communicate with consumers, families, advocates, and local providers have been integral to DDSN's ability to educate stakeholders on the expectations and plan together the changes necessary for South Carolina to come into compliance.

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

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

**Increasing consumer and family choice and control of services continues to be an important goal.** DDSN has changed the process through which residential services are offered to eligible individuals. Previously residential expansion was managed by working with providers to develop additional homes or residential settings and then the provider would identify individuals approved for that service to fill the beds created by the provider. This was a provider driven process. DDSN changed the process to be a more person centered process. For now, once an individual is approved for residential services, the individual can choose any qualified provider in the DDSN statewide system to serve their residential needs. This major shift means a provider can develop a residential service package for a specific individual. Depending on the consumer's personal situation, he or she is able to wait for a placement to be developed or she/he can choose from a list of currently available options. Individuals in the DDSN system have long since been able to move from provider to provider based on their choice, and the money to serve them moves with them. But sometimes if a person wanted to move to another county, they would have to wait for a vacancy to become available. Now a provider can work with the family to develop the placement. This shift provides much more choice and decision making on the part of the individual and family and is an important step to individualize services and be more person centered.

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

**Redirecting Regional Center service funds for individuals on the waiting list and those choosing to move to community services continued in FY 2015.** Approximately \$700,000 was redirected to local community services from regional centers during FY 2016. Since implementing the "Money Follows the Individual" (MFI) formula in Fiscal Year 1992, and moving funds beginning in 1994, approximately \$73,000,000 has been redirected to local community services along with the individuals who moved from regional centers. Another result is the reduction of more than 2,200 FTEs over this period of time.

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

Over the past fiscal year, 36 residents who expressed a desire to move to the community have moved successfully to community placements. Similarly, vigorous efforts were taken to minimize the number of consumers residing in private boarding homes. There was a 10.3 percent reduction in the number of DDSN eligible consumers residing in private boarding homes compared to last year. The number of DDSN eligible consumers residing in generic nursing homes is 39 percent below the national average.

The Regional Centers' net census declined by 2 percent during the year. Ongoing efforts assure that only those individuals with the most significant and complex needs reside at the Regional Centers. Approximately 84.5 percent of the individuals residing at DDSN's Regional Centers have severe or profound disabilities whereas only 76 percent of individuals served in similar facilities in other states have severe or profound disabilities. Only individuals requiring specialized or short-term care were admitted to the Regional Centers during the FY 2016 period, not including respite stays. This quickly removes them from harm's way or from being left at a hospital or other inappropriate setting. Admissions to the Regional Centers are extremely limited and often on a short-term basis as a result of a crisis until accommodations in the community can be arranged or the crisis at home is resolved.

A concerted effort was also made to provide a more family like setting for children with the most complex needs requiring out of home placements. New service options were created and cultivated to avoid admission to Regional Centers. As a result, only four children under the age of 18 were residing in Regional Centers at the end of FY 2016.

**Ongoing collaborative prevention activities reduce the incidence and severity of disabilities.** Primary prevention efforts produce the greatest return on investment of time and dollars. DDSN continues its efforts to reduce the rate of infants born with neural tube defects (NTDs) in partnership with the Greenwood Genetic Center. The rate of NTDs per 1,000 live births in South Carolina has steadily declined over the last 20 years. Before the rate of NTDs was three times the national average; it is now in line with the national average. The prevention of 70 infants born each year with an NTD results in a \$24 – \$34.5 million savings in lifetime medical care costs.

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

**Responding to all external audits and ensuring necessary changes were made for federal and state compliance and improvement was achieved while maintaining fiscal responsibility.** 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 2013 – February 2015. The investigation report showed that no FLSA violations were found.

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

In October 2015, the Commission requested the SC State Auditor to engage in a full financial audit for DDSN. Two entities were contracted by the State Auditor in order to complete the audit. Scott and Company was contracted to assist DDSN in completion of the financial statements to be audited for FY 2015. Green, Finney & Horton was contracted to perform the financial statement audit. The audit was completed in June 2016. DDSN received an unmodified opinion which is the best opinion preferred for a financial audit. The audit found one material weakness related to the valuation of receivables and revenue recognition, which is considered a technical issue related to year-end accounting and reporting presentation. The audit also found DDSN’s internal controls over operations appear to be functioning properly with no issues noted during the audit. The SC State Auditor told the Commission the audit provided assurances that DDSN’s financial records are being maintained accurately.

**DDSN maintained its Regional Center per diems below national averages.** The agency maintained the health and safety and met the needs of regional center residents with one of the lowest per diem rates in the country. The Regional Centers’ per diem is \$405 per day when the national average is \$701 per day based on most recent data (2013). South Carolina’s institutional per diem is far less than the United States or even the southeastern average. DDSN’s institutional rate is 58 percent of the national average rate.

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

**Strengthening the agency’s information/data security posture was a priority.** Eleven new policies were developed and five were revised during the year to reduce risk exposure and ensure compliance with state security policies, standards and security initiatives and state and federal regulations. All DDSN staff received training in Cyber Security Awareness utilizing the state’s online training program. For employees who did not have access to a computer, an instructor-led class was administered. All provider employees within the DDSN statewide service delivery system were offered cyber security awareness training at no cost. A two-factor Juniper VPN SSL (Virtual Private Network Secure Sockets Layers) authentication security system was installed and implemented to increase accountability. The South Carolina Division of Information Security (DIS) has confirmed that DDSN has achieved the criteria for level 3 internet and network monitoring. This high level of monitoring is on par with a high security environment, complies with DIS expectations at this time, and will positively effect DDSN network security.

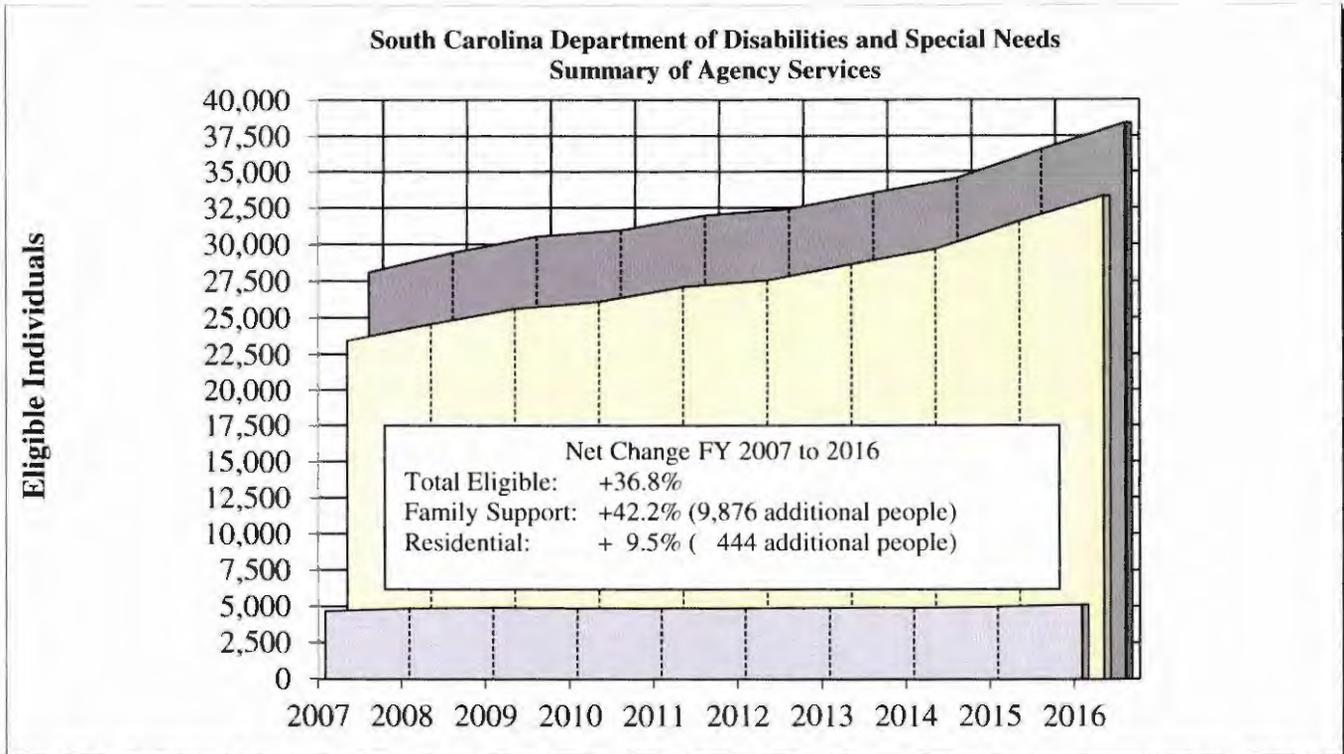
**RISK ASSESSMENT AND MITIGATION STRATEGIES**

There are many negative impacts on individuals with disabilities, their families and the public if DDSN is unable to accomplish its goals and objectives. There would be an increased number of babies born with an intellectual disability, related disability or autism spectrum disorder. Children will experience lifelong disabling conditions, which will require services and will not reach the desired level of development and independence. More adults with traumatic brain injury and spinal cord injury will be unable to access critical post-acute rehabilitative care. Fewer individuals with disabilities will be employed. Fewer will have natural opportunities in the community. Individuals and families will experience an increased time waiting for needed services. Children and adults will require more restrictive and costly settings. These would also be less preferred by families. The highest level of quality of services will not be achieved. Compliance with state, Medicaid, and other federal regulations could be compromised. This, in turn, would cost the taxpayers more money.

Serving individuals and families at home is best for the person, the family and the taxpayers. Without services, family crisis occurs. When fragile family arrangements fall apart, the state must respond to provide appropriate care. Prevention, intervention, supports and services cost less, support families and improve quality of people’s lives. The General Assembly can continue to fund primary prevention and early intervention services. The General Assembly can continue to fund

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

effective, less expensive in-home supports and services. The General Assembly can continue to fund a variety of residential services for those whose health and safety are in jeopardy.



DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 42% growth in the use of cost-efficient family support services compared to only 9% growth in residential services, which are more expensive.

Of the approximately 38,397 individuals eligible or receiving DDSN services, 87% live at home with their families or in their own home. Of the thousands of persons with intellectual disabilities/related disabilities and autism receiving services from DDSN, 71% live with family caregivers, compared to 56% nationally. DDSN is doing a better job of helping individuals live in a family setting utilizing day services, respite, personal care, and other needed supports. Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers.

**Data Source:**

Chart A - Agency data provided by DDSN

Chart B - National data provided by: [In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2014 DRAFT](#) published by The University of Minnesota

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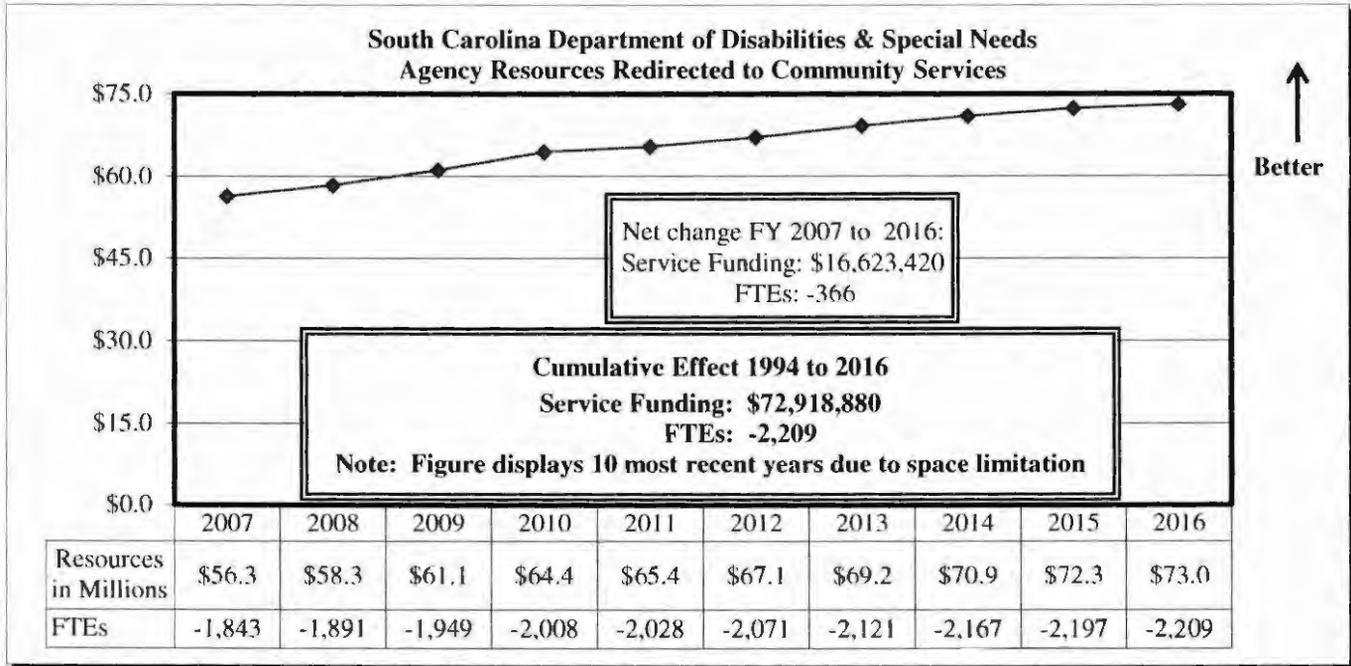
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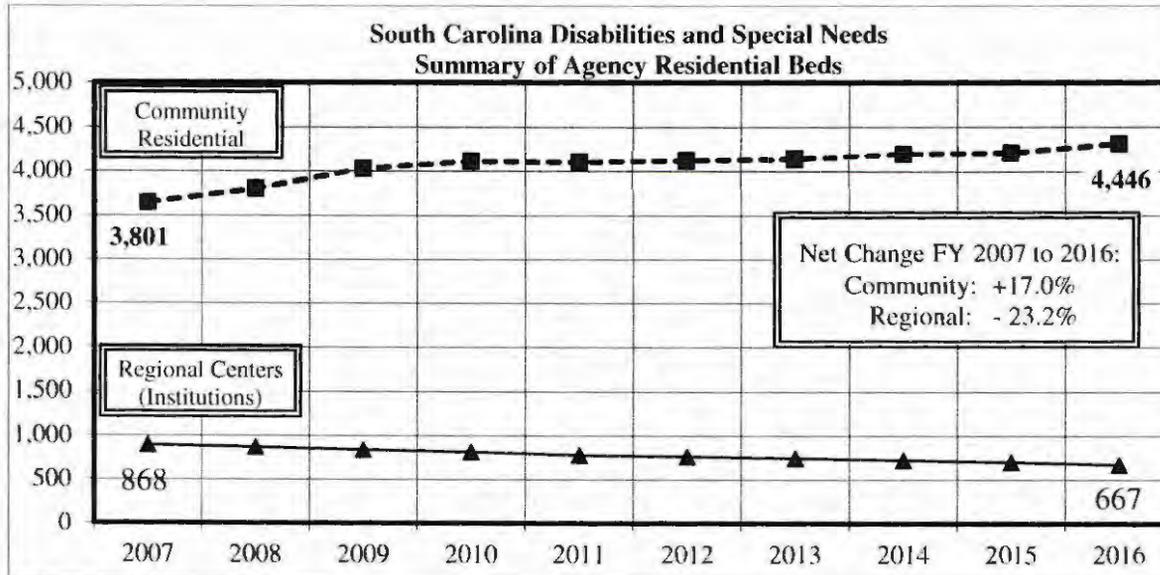
J16

SECTION:

036



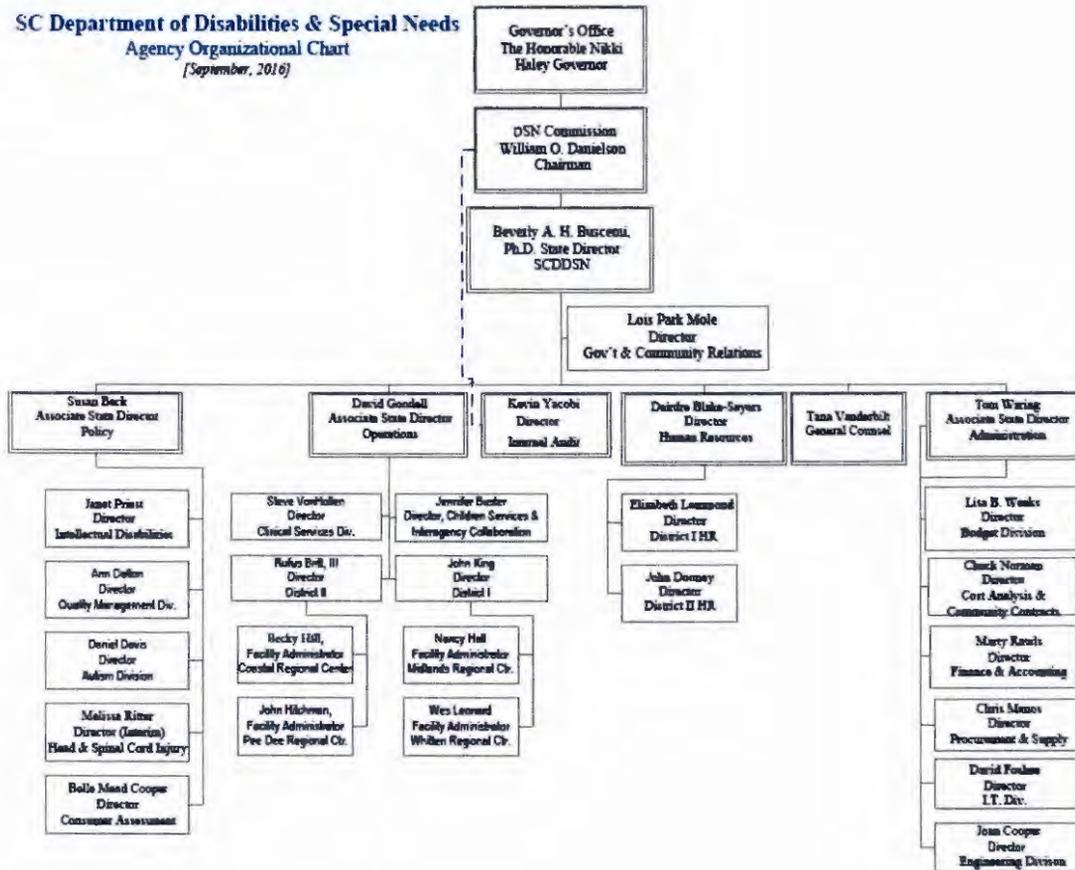
Consistent with consumer choice people move from the regional centers to community settings. When individuals choose to move, their service funding is redirected. Since implementing the "money follows the individual" (MFI) formula in fiscal year 1994, \$73 million has been redirected to local community services. Another significant result is the reduction of DDSN permanent workforce positions (FTEs).



Data Source:

Agency data provided by DDSN

SC Department of Disabilities & Special Needs  
 Agency Organizational Chart  
*[September, 2016]*



Agency Name: SC Department of Disabilities and Special Needs

Fiscal Year 2016-17  
Accountability Report

Agency Code: J16

Section: 036

Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
G	1			Healthy and Safe Families	Prevent Disabilities and Ameliorate Impact of Disabilities
S		1.1			Reduce the Incidence of Neural Tube Defects and Metabolic Disorders
O			1.1.1		Annual NTD Birth Rates in SC will remain at or below national average (7.0 per 10,000 live births)
O			1.1.2		Provide Curative Treatment to 100 Children with Metabolic Disorders
S		1.2			Reduce the severity of disabilities
O			1.2.1		Children Completing PDD Program will experience average gain of 10% in standardized adaptive behavior scores after two years of service
O			1.2.2		At risk children will receive Early Intervention services prior to third birthday
O			1.2.3		Individuals with TBI/SCI will have increased access to Post Acute Rehabilitation Services
G	2			Education, Training, and Human Development	Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence
S		2.1			Maximize use of supports and services to enable individuals to live at home with family or in their own home
O			2.1.1		South Carolina will rank in the top 10 of all states on UCPs Community Inclusion Report
O			2.1.2		Avoid institutional placements of children
S		2.2			Utilize least restrict residential settings/supports
O			2.2.1		Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID
O			2.2.2		South Carolina will serve fewer individuals with ID in NFs than the national average (8.9 per 100K)
O			2.2.3		South Carolina will serve fewer individuals per 100K population in 16 + bed institutions than the national average (25.0 per 100K)
S		2.3			Create opportunities for independent living, community inclusion and increased consumer/family
O			2.3.1		The % of individuals receiving day services in integrated employment settings will be at or above the national average (19%)
O			2.3.2		At least \$500 thousand per year will be transferred from Regional Centers to Community services
G	3			Healthy and Safe Families	Protect Health and Safety of Individuals Served
S		3.1			Ensure the needs of eligible individuals in crisis situations are met
O			3.1.1		Average length of wait for individuals placed on Critical Needs List will be less than 60 days

Agency Name: SC Department of Disabilities and Special Needs

Fiscal Year 2016-17  
Accountability Report

Agency Code: J16

Section: 036

Strategic Planning Template

Type	Goal	Item # Strat	Object	Associated Enterprise Objective	Description
S		3.2			<b>Establish service directives and standards which promote consumer health and safety and monitor</b>
O			3.2.1		<i>Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher</i>
O			3.2.2		<i>Average Annual ICF/IID certification surveys will produce no more than 13 standard and condition level citations</i>
S		3.3			<b>Systemically monitor and review critical incident reporting, remediate substandard performance</b>
O			3.3.1		<i>Annual rate of critical incidents per 100 persons served will be less than 30</i>
O			3.3.2		<i>Annual rate of falls leading to injury per 100 persons served will be less than 3.0</i>
G	4			Government and Citizens	<b>Serve Maximum Number of Eligible Individuals with Available Resources</b>
S		4.1			<b>Maximize utilization of in-home supports</b>
O			4.1.1		<i>The % of total individuals served who are receiving services in home will be at or above the national average (56%)</i>
S		4.2			<b>Assure services are provided in the most cost effective manner</b>
O			4.2.1		<i>The % of individuals served at the regional centers with severe or profound disabilities will be at or above the national average (76.0%)</i>
O			4.2.2		<i>Administrative expenses will be less than 2% of total expenses</i>
O			4.2.3		<i>Average annual per person HCB waiver cost and ICF/IID cost will be less than national average (HCB - \$44,160; ICF - \$100,556; Regional Center - \$237,250)</i>
S		4.3			<b>Avoid duplication of services</b>
O			4.3.1		<i>Greater than 90% of DDSN consumers will not be served by multiple state agencies</i>
S		4.4			<b>Increase availability of new resources to meet unmet needs and serve more individuals</b>
O			4.4.1		<i>The # of individuals on DDSN managed HCB waiver waiting lists will decline by 5%</i>
O			4.4.2		<i>Average time of wait for individuals enrolled in DDSN managed HCB waivers will be less than 5 years</i>
O			4.4.3		<i>The % growth in residential service capacity to eliminate the residential waiting list will be less than the national average (21.9%)</i>
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Agency Name: SC Department of Disabilities and Special Needs

Fiscal Year 2015-16  
Accountability Report

Agency Code: J16 Section: 036

Performance Measurement Template

Item	Performance Measure	Target Value	Actual Value	Future Target Value	Time Applicable	Data Source and Availability	Calculation Method	Associated Objective(s)
1	Annual Rate of NTD Births Per 10K Live Births	8.0	6.9	6.9	July 1 - June 30	Report from Greenwood Genetics Center	Divide number of children born with NTD (spina bifida, anecephaly, encephalocele) by number of live births and multiply by 10,000	1.1.1
2	Annual # of Children with Metabolic Disorders Receiving Curative Treatment	190	208	208	July 1 - June 30	Report from Greenwood Genetics Center	Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center	1.1.2
3	Average Gain in Standardized Adaptive Behavior Domain Scores for Children in PDD Waiver after two years of service	11.0%	10.4%	10.4%	July 1 - June 30	Study by University of South Carolina	Subtract the average percentage increase for the composite score for the Adaptive Behavior Scale at the beginning of PDD services from the score after two years of PDD service and divide by initial score	1.2.1
4	Percentage of children over 36 months receiving Early Intervention services prior to third birthday	0.0%	86.2%	86.2%	July 1	Internal database	Divide number of kids receiving EI services who are 36 months or older that began receiving EI services prior to 36 months by total number of kids over 36 months receiving EI services	1.2.2
5	Number of Individuals receiving Post Acute Rehabilitation Services	55	54	54	July 1 - June 30	Internal database	Count of the number of individuals with traumatic brain injury or spinal cord injury receiving DDSN funded post acute rehabilitation services	1.2.3
6	UCP Community Inclusion Ranking	6th	6th	Various	Various	UCP Case for Inclusion Report 2015	Ranking of all states and DC on numerous nationally published data regarding state ID system's inclusion of persons with ID into the community	2.1.1
7	# Children Served in PRTFs	55	64	64	July 1	Internal database	Count of individuals in PRTFs	2.1.2
8	# Children Served in Regional Centers	5	5	5	July 1	Internal database	Count of individuals 18 years or younger in Regional Centers	2.1.2
9	Ratio of Persons Served In HCB waivers versus ICF/IID	8.5	9.6	9.6	July 1	Internal database	Divide number of individuals served in one of the DDSN managed HCB waivers by number of individuals served in ICF/IID	2.2.1

10	# of Persons Served in NFs Per 100K General Population	4.0	4.6	4.6	July 1	University of Minnesota RISP Report/most recent data as of 2012	Divide number of persons with ID residing in Nursing Facility by population of South Carolina and multiply by 100,000	2.2.2
11	# of Persons Served in 16 + Bed Institutions Per 100K General Population	20.1	19.7	19.7	July 1	University of Minnesota RISP Report/most recent data as of 2013	Number of persons with ID residing in Nursing Facility and 16 + bed public ICF/IID and 16 + private ICF/IID per 100,000 general population of South Carolina	2.2.3
12	% of Individuals Receiving Day Services Who are Served in Integrated Employment Settings	30%	29%	29%	July 1	ICI/University of Massachusetts Employment Report/most recent data 2014	Divide individuals receiving DDSN Day/Employment Services who are receiving services in community integrated employment settings by total individuals receiving DDSN Day/Employment Services	2.3.1
13	Funding Transferred from Regional Centers to Community Services Since 1994	\$74,000,000	\$72,918,880	\$73,000,000	July 1	Internal database	Amount of funding transferred from DDSN Regional Center budgets to support community services since 1994	2.3.2
14	Average Length of Wait for Individuals Removed from Critical Needs List	50 days	88	85 days	July 1 - June 30	Internal database	Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year	3.1.1
15	% Average Annual Overall CCR Indicator Compliance	94.0%	91.1%	91.5%	July 1 - June 30	Internal database	Divide total number of DDSN developed key indicators assessed by QIO to be compliant for community contract providers by total number of DDSN developed key indicators assessed	3.2.1
16	Annual # of Community Service Providers with less than 70% CCR Key Indicator Area Compliance	5	20	19	July 1 - June 30	Internal database	Count of the number of community contract providers residential and day to have been found compliant with less than 70% of DDSN developed key indicators for any of the separate service areas assessed	3.2.1
17	% Average Annual Overall Licensing Survey Compliance	95.0%	91.7%	91.8%	July 1 - June 30	Internal database	Divide total number of DDSN developed residential and day licensure standards assessed by QIO to be compliant for community contract providers by total number of DDSN developed licensure standards assessed	3.2.1

18	Annual # of Community Residential or Day Facilities with less than 70% Licensure Compliance	0	1	0	July 1 - June 30	Internal database	Count of the number of community contract providers to have been found compliant with less than 70% of DDSN developed residential or day program licensure standards	3.2.1
19	% Average Annual Per Community ICF/IID Certification Deficiencies	8.0	7.5	7.5	July 1 - June 30	Internal database	Divide total number of community ICF/IID certification deficiencies issued by DHEC surveyors during respective fiscal year by number of community ICF/IID licenses	3.2.2
20	% Average Annual Per Regional Center ICF/IID Certification Deficiencies	12.0	9.6	9.6	July 1 - June 30	Internal database	Divide total number of Regional Center ICF/IID certification deficiencies issued by DHEC surveyors during respective fiscal year by number of Regional Center ICF/IID licenses	3.2.2
21	Annual # of Community ICF/IID with Two or More Condition Level Citations	2	6	5	July 1 - June 30	Internal database	Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year	3.2.2
22	Annual # of Regional Center ICF/IID with Two or More Condition Level Citations	1	0	0	July 1 - June 30	Internal database	Count of number of Regional Center ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year	3.2.2
23	Annual # of Community ICF/IID Immediate Jeopardy Findings	0	0	0	July 1 - June 30	Internal database	Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	3.2.2
24	Annual # of Regional Center Immediate Jeopardy Findings	0	0	0	July 1 - June 30	Internal database	Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	3.2.2

25	Annual Rate of Substantiated Abuse/Neglect/Exploitation Per 100 Served in Community Residential Settings	0.00	0.07	0.07	July 1 - June 30	Internal database	Divide number of substantiated allegations of abuse, neglect and/or exploitation of individuals served in DDSN funded community residential setting by total number of individuals served in DDSN funded community residential settings multiplied by 100	3.3
26	Annual Rate of Substantiated Abuse/Neglect/Exploitation Per 100 Served in Regional Centers	0.00	0.3	0.25	July 1 - June 30	Internal database	Divide number of substantiated allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100	3.3
27	Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings	15.00	19.14	19	July 1 - June 30	Internal database	Divide number of DDSN defined Critical Incidents involving individuals served in DDSN funded community residential or day settings by total number of individuals served in DDSN funded community residential and day settings multiplied by 100	3.3.1
28	Annual Rate of Critical Incidents Per 100 Served in Regional Centers	29.00	40.1	39.0	July 1 - June 30	Internal database	Divide number of DDSN defined Critical Incidents involving individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100	3.3.1
29	Annual Rate of Fall Related Critical Incidents Per 100 Served in Community Residential Settings	1.30	1.12	1.12	July 1 - June 30	Internal database	Divide number of DDSN defined fall related Critical Incidents involving individuals served in DDSN funded community residential or day settings by total number of individuals served in DDSN funded community residential and day settings multiplied by 100	3.3.2
30	Annual Rate of Fall Related Critical Incidents Per 100 Served in Regional Centers	0.75	1.54	1.35	July 1 - June 30	Internal database	Divide number of DDSN defined fall related Critical Incidents involving individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100	3.3.2

31	% of Total Served Supported In Home	73.0%	71.0%	71.0%	July 1	University of Minnesota RISP Report/most recent data as of 2012	Divide of individuals receiving services through DDSN who are receiving services in non-residential settings by total individuals receiving DDSN services	4.1.1
32	# of Persons Served Per 100K General Population	371.5	365.9	365.9	July 1	University of Minnesota RISP Report/most recent data as of 2012	Divide number of individuals receiving services through DDSN by population of South Carolina and multiple by 100,000	4.1.1
33	Ratio of Persons Served In HCB waivers versus ICF/IID	8.5	9.6	9.6	July 1	Internal database	Divide number of individuals served in one of the DDSN managed HCB waivers by number of individuals served in ICF/IID	4.1.1
34	# of Persons Served in 16 + Bed Institutions Per 100K General Population	20.1	19.7	19.7	July 1	University of Minnesota RISP Report/most recent data as of 2013	Divide number of persons with ID residing in Nursing Facility and 16 + bed public ICF/IID and 16 + private ICF/IID by general population of South Carolina and multiply by 100,000	4.1.1
35	% of Individuals Served in Regional Centers w/ Severe or Profound ID	86.0%	84.5%	84.5%	July 1	University of Minnesota RISP Report/most recent data as of 2011	Divide total number of individuals receiving services at DDSN Regional Centers with severe or profound intellectual disabilities by total number served at Regional Centers	4.2.1
36	Funding Transferred from Regional Centers to Community Services Since 1994	\$74,000,000	\$72,918,880	\$73,000,000	July 1	Internal database	Amount of funding transferred from DDSN Regional Center budgets to support community services since 1994	4.2.2
37	Administrative Expenses as a % of Total Expenses	1.25%	1.29	1.29	July 1 - June 30	Internal database	Divide DDSN Central Office annual administrative personal services and operating cost by total DDSN annual expenditures	4.2.3
38	Average Annual Per Person HCB Waiver Cost	\$37,500	\$29,689	\$29,689	July 1 - June 30	University of Minnesota RISP Report/most recent data as of 2013	Divide total HCB expenditures by average daily number of individuals receiving HCB waiver services managed by DDSN	4.2.4
39	Average Annual Per Person Community ICF/IID Cost	\$92,500	\$89,487	\$89,487	July 1 - June 30	University of Minnesota RISP Report/most recent data as of 2012	Divide total community ICF/IID expenditures by average daily number of individuals receiving community ICF/IID services in South Carolina	4.2.4

40	Average Annual Per Person Regional Center Cost	\$130,000	\$126,655	\$126,655	July 1 - June 30	University of Minnesota RISP Report/most recent data as of 2012	Divide total regional center ICF/IID expenditures by average daily number of individuals receiving regional center ICF/IID services in South Carolina	4.2.4
41	% of DDSN consumers served by only DDSN	93.5%	93.0%	93.0%	July 1	Internal database	Number of individuals receiving any service funded through DDSN who are not receiving services through another state agency divided by total number of individuals receiving services funded through DDSN	4.3.1
42	% of DDSN consumers served by DDSN and one other state agency	5.5%	6.1%	6.1%	July 1	Internal database	Number of individuals receiving any service funded through DDSN who are receiving services through one other state agency divided by total number of individuals receiving services funded through DDSN	4.3.1
43	% of DDSN consumers served by DDSN and more than one other state agency	0.8%	0.9%	0.9%	July 1	Internal database	Number of individuals receiving any service funded through DDSN who are receiving services through two or more other state agency divided by total number of individuals receiving services funded through DDSN	4.3.1
44	# Individuals on DDSN Managed HCB Waiver Waiting Lists	10,000	10,464	10,300	July 1	Internal database	Count of the individuals on the South Carolina Intellectual Disabilities/Related Disabilities, Community Support, Head and Spinal Cord Injury and Pervasive Developmental Disorder Medicinal waiver waiting lists (an individual may be on more than one waiting	4.4.1
45	Average Time of Wait (in years) for Individuals Enrolled in ID/RD Waiver	5.5	3.5	3.4	July 1 - June 30	Internal database	Divide total waiting time (in days) of all individuals enrolled in ID/RD waiver during respective fiscal year by the number of individuals enrolled in ID/RD waiver then divide by 365	4.4.2



Agency Name: SC Department of Disabilities and Special Needs

Fiscal Year 2015-16  
Accountability Report

Agency Code: J16 Section: 036

Program Template

Program/Title	Purpose	FY 2015-16 Expenditures (Actual)				FY 2016-17 Expenditures (Projected)				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
I. Administration	Leadership and direction for the agency including administration, financial, and legal services.	\$ 4,063,329	\$ 2,082,734	\$ -	\$ 6,146,063	\$ 3,943,324	\$ 3,335,645	\$ -	\$ 7,278,969	4.2.3
II. Program & Services A. Prevention Program	Programs and activities to prevent or reduce the occurrence of primary and secondary disabilities that include genetic services, specialized treatments, wellness programs, and professional and public education and awareness.	\$ 3,434,300	\$ 6,931,981	\$ -	\$ 10,366,281	\$ 3,934,300	\$ 7,681,174	\$ -	\$ 11,615,474	1.1.1,1.1.2,
II. Program & Services B. Intellectual Disabilities Family Support	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 75,536,933	\$ 79,714,589	\$ 148,472	\$ 155,399,994	\$ 72,961,712	\$ 143,362,192	\$ 233,000	\$ 216,556,904	1.2.2,2.1.1,2.2.1,2.3.1,3.1.1,4.1.1,4.2.4,4.3.1,4.4.1,4.4.2
II. Program & Services C. Autism Family Support Program	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 9,508,157	\$ 7,641,071	\$ -	\$ 17,149,228	\$ 12,130,214	\$ 12,758,972	\$ 5,000	\$ 24,894,186	1.2.1,2.1.1,3.1.1,4.1.1,4.2.4,4.3.1,4.4.1,4.4.2
II. Program & Services D. Head & Spinal Injury Family Support	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 10,153,601	\$ 7,077,434	\$ -	\$ 17,231,035	\$ 8,093,153	\$ 18,165,834	\$ -	\$ 26,258,987	1.2.3,2.1.1,3.1.1,4.1.1,4.2.4,4.3.1,4.4.1,4.4.2
II. Program & Services E. Intellectual Disability Community Residential	Residential care for individuals with intellectual disabilities in the least restrictive environment consists of 24 hour care with range of care based on medical and behavioral needs of consumers.	\$ 58,163,074	\$ 231,866,614	\$ -	\$ 290,029,688	\$ 65,324,552	\$ 246,114,545	\$ -	\$ 311,439,097	2.1.1, 2.1.2,2.2.2,2.2.3,3.1.1,3.2.1,3.2.2,3.3.1,3.3.2,4.2.2,4.2.4,4.3.1,4.4.1,4.4.2,4.4.3
II. Program & Services F. Autism Community Residential Program	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 4,798,508	\$ 15,959,897	\$ -	\$ 20,758,405	\$ 5,323,997	\$ 18,233,612	\$ -	\$ 23,557,609	2.1.1,2.2.2,3.1.1,3.2.1,3.3.1,3.3.2,4.2.4,4.3.1,4.4.1,4.4.2,4.4.3

Agency Name: SC Department of Disabilities and Special Needs

Fiscal Year 2015-16  
Accountability Report

Agency Code: J16 Section: 036

Program Template

Program/Title	Purpose	FY 2015-16 Expenditures (Actual)				FY 2016-17 Expenditures (Projected)				Associated Objective(s)
		General	Other	Federal	TOTAL	General	Other	Federal	TOTAL	
II. Program & Services G. Head & Spinal Cord Injury Community Residential	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 1,042,113	\$ 2,371,378	\$ -	\$ 3,413,491	\$ 958,763	\$ 2,081,769	\$ -	\$ 3,040,532	2.1.1,2.2.2,2.3.2,3.1.1,3.2.1,3.3.1,3.3.2,4.2.4,4.3.1,4.4.1,4.4.2,4.4.3
II. Program & Services H. Regional Centers Residential Program	Regional residential centers provide 24 hour care and treatment to individuals with intellectual disabilities or autism with the most fragile, complex and/or severe disabilities.	\$ 38,402,578	\$ 26,733,514	\$ 10,624	\$ 65,146,716	\$ 36,540,363	\$ 37,269,702	\$ 102,000	\$ 73,912,065	2.1.2,2.2.2,2.2.3,2.3.2,3.1.1,3.2.2,3.3.1,3.3.2,4.2.1,4.2.2,4.2.4,4.3.1,4.4.1,4.4.2,4.4.3
III. Employee Benefits	State employer contributions	\$ 19,541,194	\$ 5,401,821		\$ 24,943,015	\$ 22,433,092	\$ 7,424,887		\$ 29,857,979	
IV. Non-Recurring Appropriations	Proviso 118.16 (38a) Lander University Therapeutic Equestrian Center-Burton Center	\$ 1,000,000			\$ 1,000,000				\$ -	
IV. Non-Recurring Appropriations	Proviso 118.16 (38b) Autism Services	\$ -			\$ -				\$ -	
IV. Non-Recurring Appropriations	Proviso 118.16 (38c) Special Needs Park - Savannah's Playground - Myrtle Beach	\$ 100,000			\$ 100,000				\$ -	
IV. Non-Recurring Appropriations	Proviso 118.16 (38d) Charles Lea Center				\$ -	\$ 300,000			\$ 300,000	
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Agency Name: SC Department of Disabilities and Special Needs

Fiscal Year 2015-16  
Accountability Report

Agency Code: J16 Section: 036

						Legal Standards Template
Item #	Law Number	Jurisdiction	Type of Law	Statutory Requirement and/or Authority Granted	Associated	Program(s)
1	44-20-10 et seq. (Supp. 2015)	State	Statute	South Carolina Intellectual Disabilities, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act	All Divisions,	All Programs
2	44-21-10 et seq. (Supp. 2015)	State	Statute	Department of Disabilities and Special Needs Family Support Services	Intellectual Disabilities/Autism/HAS CI Divisions	
3	44-23-10 et seq. (Supp. 2015)	State	Statute	Provisions Applicable to Both Mentally Ill Persons and Persons with Intellectual Disability	Intellectual Disabilities/Autism Division Regional Center Programs, Community Services	
4	44-26-10 et seq. (Supp. 2015)	State	Statute	Rights of Clients with Intellectual Disabilities	Intellectual Disabilities/Autism Division Regional Center Programs, Community Services	
5	44-38-10 et seq. (Supp. 2015)	State	Statute	Head and Spinal Cord Injuries	HASCI Division, Community Services	
6	44-28-10 et seq. (Supp. 2015)	State	Statute	Self-sufficiency Trust Fund; Disability Trust Fund; Aid for Developmentally Disabled,	Community Services	
7	88-105 et seq. (Supp. 2015) Regulation	State	Statute	Department of Disabilities and Special Needs	Community Services	
8	DHHS/CMS (Medicaid) Regulation	Federal	Statute	Establishes Criteria, Rules Procedures and Expectations Regarding Use of Medicaid	All Divisions	
9	Appropriations Act	State	Proviso	Work Activity Programs	Regional Center Programs, Community Services	
10	Appropriations Act	State	Proviso	Sale of Excess Real Property	All Divisions, All Programs	
11	Appropriations Act	State	Proviso	Prenatal Diagnosis	Prevention, Community Services	
12	Appropriations Act	State	Proviso	Medicaid-Funded Contract Settlements	All Programs	
13	Appropriations Act	State	Proviso	Departmental Generated Revenue	All Programs	

14	Appropriations Act	State	Proviso	Transfer of Capital/Property	Regional Programs, Community Services
15	Appropriations Act	State	Proviso	Unlicensed Medication Providers	Community Services



**Agency Name:** SC Department of Disabilities and Special Needs

Fiscal Year 2015-16  
Accountability Report

**Agency Code:** J16 **Section:** 036

Partner Template

Name of Partner Entity	Type of Partner Entity	Description of Partnership	Associated Objective(s)
Public and private provider organizations	Non-Governmental Organization	Provision of consumer focused, high quality services in local communities	1.1.1, 1.1.2, 1.2.1, 1.2.2, 1.2.3, 2.1.1, 2.2, 2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2, 3.1.1, 3.2.1, 3.2.2, 3.3.1, 3.3.2, 4.1.1, 4.2.1, 4.2.2, 4.2.3, 4.3.1, 4.4.1, 4.4.2, 4.4.3
Department of Health and Human Services (DHHS)	State Government	Development, operational management and federal oversight of services funded in conjunction Medicaid dollars	1.1.1, 1.1.2, 1.2.1, 1.2.2, 1.2.3, 2.1.1, 2.2, 2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2, 3.1.1, 3.2.1, 3.2.2, 3.3.1, 3.3.2, 4.1.1, 4.2.1, 4.2.2, 4.2.3, 4.3.1, 4.4.1, 4.4.2, 4.4.3
State Law Enforcement Division (SLED)	State Government	Management of allegations of abuse, neglect or exploitation of individuals served by DDSN	3.3.1
Department of Mental Health (DMH)	State Government	Coordination of services for individuals served by both agencies	2.1.1, 2.1.2, 2.2.2, 2.2.3, 4.1.1, 4.3.1
Department of Social Services (DSS)	State Government	Coordination of services for individuals served by both agencies; Management of allegations of abuse, neglect or exploitation of individuals served by DDSN	2.1.1, 2.1.2, 2.2.2, 2.2.3, 4.1.1, 4.3.1
Vocational Rehabilitation (VR)	State Government	Coordination of services for individuals served by both agencies	2.1.1, 2.1.2, 2.2.2, 2.2.3, 4.1.1, 4.3.1
Disability Advocacy Organizations	Non-Governmental Organization	Collaboration to develop and promote services valued by individuals with disabilities and their families. Parent and family member education efforts. Peer support initiatives.	1.1.1, 1.1.2, 1.2.1, 1.2.2, 1.2.3, 2.1.1, 2.2, 2.2.1, 2.2.2, 2.2.3, 2.3.1, 2.3.2, 3.1.1, 3.2.1, 3.2.2, 3.3.1, 3.3.2, 4.1.1, 4.2.1, 4.2.2, 4.2.3, 4.3.1, 4.4.1, 4.4.2, 4.4.3
State Long Term Care Ombudsman	State Government	Management of allegations of abuse, neglect or exploitation of individuals served by DDSN	3.3.1



Agency Name: SC Department of Disabilities and Special Needs

Fiscal Year 2015-16  
Accountability Report

Agency Code: J16 Section: 036

Report Template

Item	Report Name	Name of Entity Requesting the Report	Type of Entity	Reporting Frequency	Submission Date (MM/DD/YYYY)	Summary of Information Requested in the Report	Method to Access the Report
1	Restructuring Report	House Legislative Oversight Committee	State	Annually	As required	1-30-10(G)(1)	Website House Legislative Oversight Committee
2	Accountability Report	Executive Budget Office	State	Annually	September 1	Appropriation Act Proviso	Website Executive Budget Office
3	Restructuring Report	Office of Senate Oversight	State	Annually	As required	Implement Cost Savings and Increased Efficiencies	Website Office of Senate Oversight
4	Debt Collection	General Assembly/SIG	State	Annually	By February 28	Report Outstanding Debt	Contact DDSN
5	Fines and Fees	General Assembly	State	Annually	September 1	Promote Accountability and Transparency	Contact DDSN
6	IMD Operations	General Assembly	State	Annually	October	Transparency	Contact DDSN
7	Pervasive Developmental Disorder	General Assembly	State	Bi-annually	As required	Report on PDD Program	Contact DDSN
8	Bank Account Transparency and Accountability	General Assembly	State	Annually	October 1	Transparency of Composite Reservoir Accounts	Contact DDSN
9	First Steps - BabyNet	General Assembly	State	Quarterly	As required	Federal Compliance/Report of Expenditures	Contact DDSN
10	Information Technology and Information Security Plans	General Assembly	State	Annually	October 1	State-Level Coordination	Contact DDSN
11	Debt Service Account	General Assembly	State	Annually	August 1	Transparency and Accountability	Contact DDSN
12	Carry Forward Authorization	General Assembly	State	Annually	September	Transparency and Accountability	Contact DDSN

