



South Carolina Department of Disabilities and Special Needs

Ways & Means Healthcare
Budget Subcommittee

Pat Maley, Interim State Director

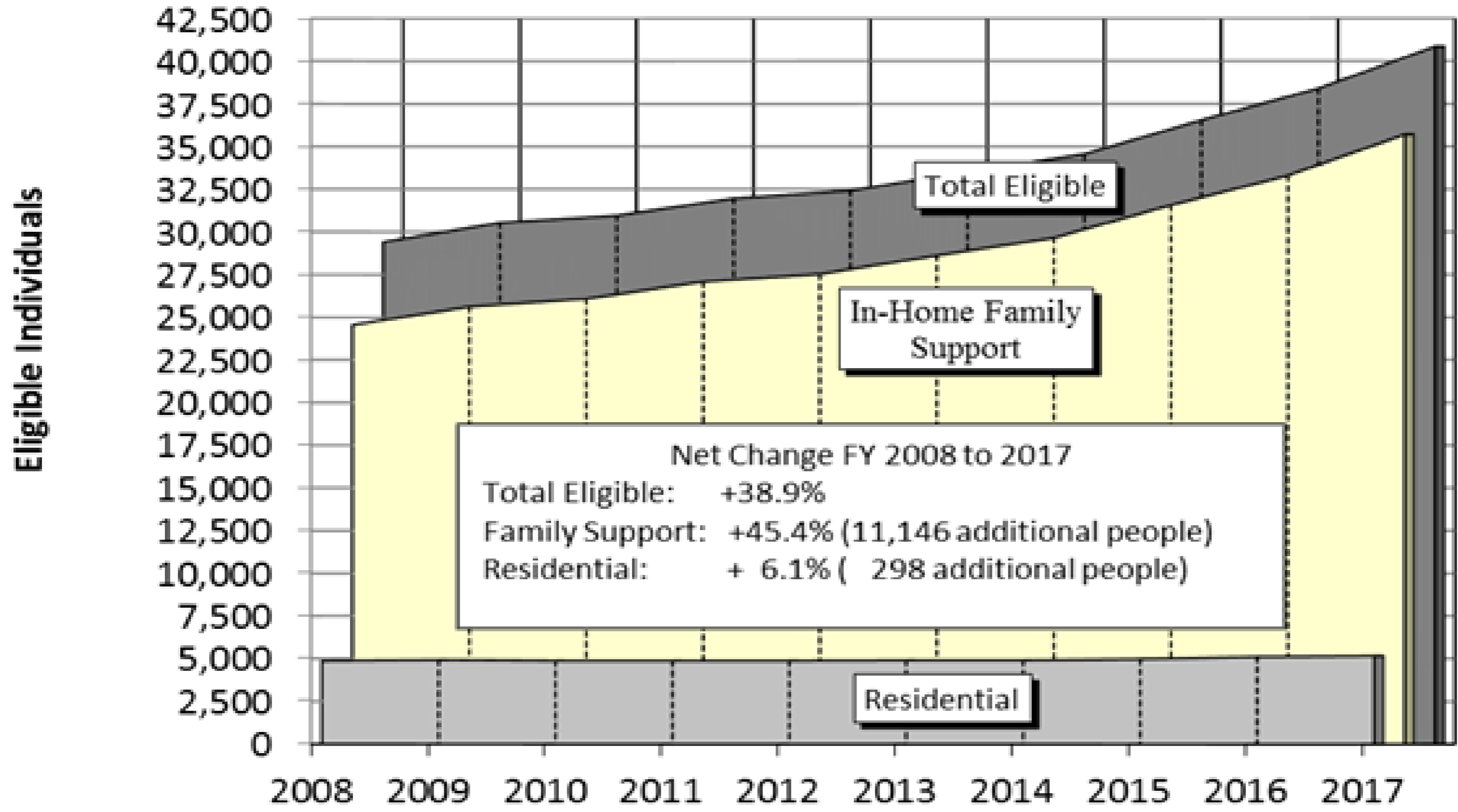
February 6, 2018

Summary of Agency Services



- ▶ 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 approximately 41,000 individuals eligible or receiving DDSN services, 87% live at home with their families or in their own home.
- ▶ Individuals are served through a network of County Disability and Special Needs Boards, qualified private providers and Regional Centers directly operated by DDSN
- ▶ In the ten-year period shown, there has been a 45% growth in the use of cost-efficient family support services compared to only 6% growth in residential services, which are more expensive.
- ▶ DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible.

Summary of Agency Services



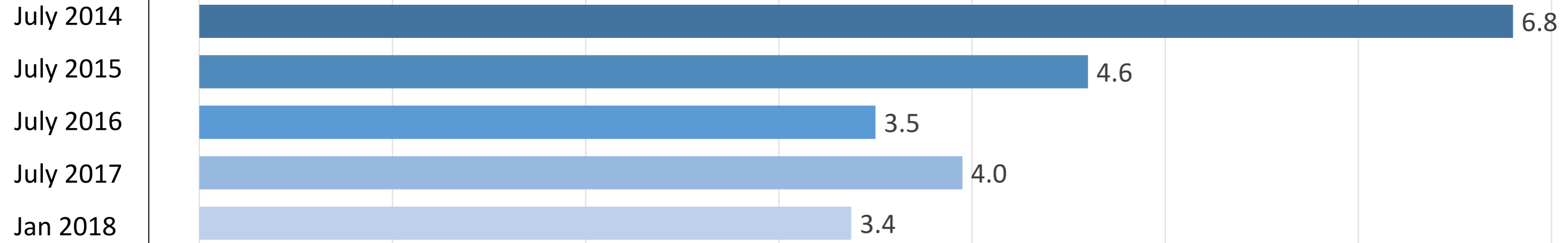
Waiting List Reduction Initiatives



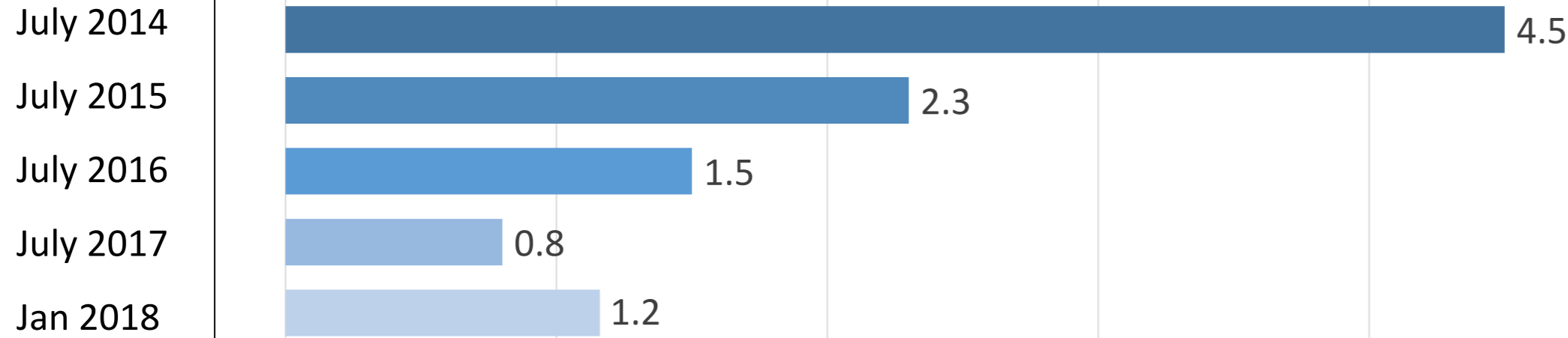
- ▶ A major emphasis of the agency is to reduce the number of people waiting for services.
- ▶ The generous funding from the Governor and General Assembly in recent years has enabled the agency to make substantial progress and provide essential services to individuals and families.
- ▶ Waiting list reduction efforts are ongoing and require extensive coordination and resources within DDSN's statewide provider network.

SC Department of Disabilities and Special Needs

ID/RD*



CS



0.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0

Years Waited until Slot Awarded

*In May 2016, movement of the ID/RD Waiting List was limited to only individuals meeting Critical Needs Criteria. On December 5, 2016 attrition slots only were restarted. In June through September of 2017 a total of 600 slots moved from the CS Waiver to the ID Waiver.

ID/RD – Intellectual Disability/Related Disabilities Waiver
 CS – Community Supports Waiver

As of January 2, 2018



DDSN Current Challenges

- Shortage & Turnover of Direct Care Workers
- Serving High Behavioral Need Consumers
- CMS "Final Rule" Planning & Impact -- Increased Federal Requirements
- DDSN Payment System Review - Issues with Band Payments
- Shift to Measuring Performance Outcomes
- Implementing an Enterprise-wide Data System

HIGH CHANGE ENVIRONMENT



DDSN Budget Request Fiscal Year 2018-2019

In Priority Order

1. Safety and Quality of Care/Work Force Needs - \$11.3 M



- ▶ Requesting \$10 million to bring the direct care hiring wage to \$12/hour; 2nd year of a 3 year plan to raise direct care wages to \$13/hour.
- ▶ Requesting \$1.3 million to address compression and retention of existing direct care professionals.
- ▶ GOAL: To attract and maintain a stable workforce for the direct care worker's **difficult job**, 24/7 operations, and required overtime. The direct care worker's wage has to have **separation from competing entry level jobs**, such as Walmart, Lowe's, or fast food.

1. Safety and Quality of Care/Work Force Needs - \$11.3 M (Continued)



- ▶ Last year's \$1/hour increase was positive on morale but I can't find data it moved the needle; we may even be regressing. This is only "year 1" of a "3 year plan" so we should not be surprised.
- ▶ Today's new worker choice: Walmart \$11/hour job stocking shelves or pushing carts VS. the direct care worker's \$11/hour **difficult job duties** with the \$1/hour cost of contributing to state retirement as only negatively reducing job to \$10/hour.

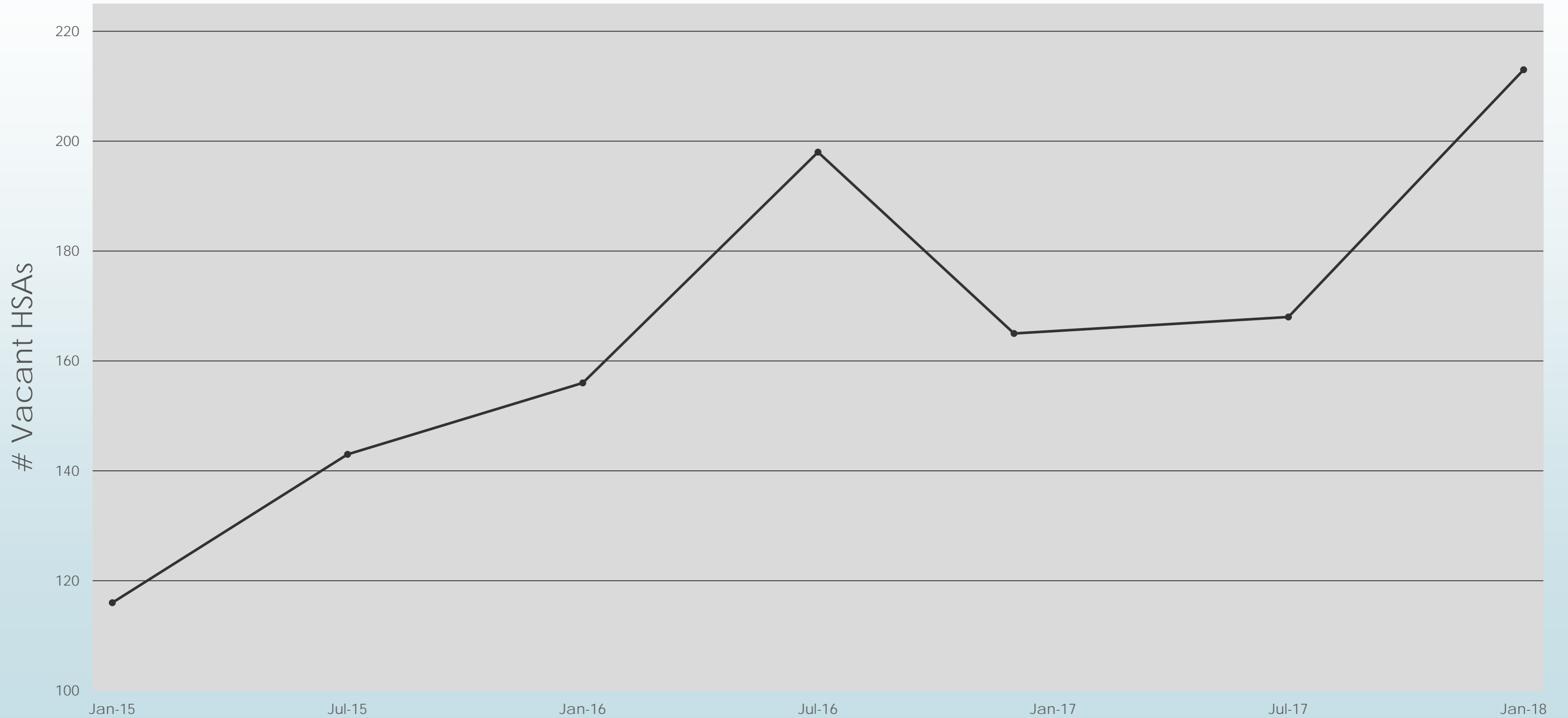
1. Safety and Quality of Care/Work Force Needs - \$11.3 M (Continued)

2016 Survey of ID Direct Care Workers:

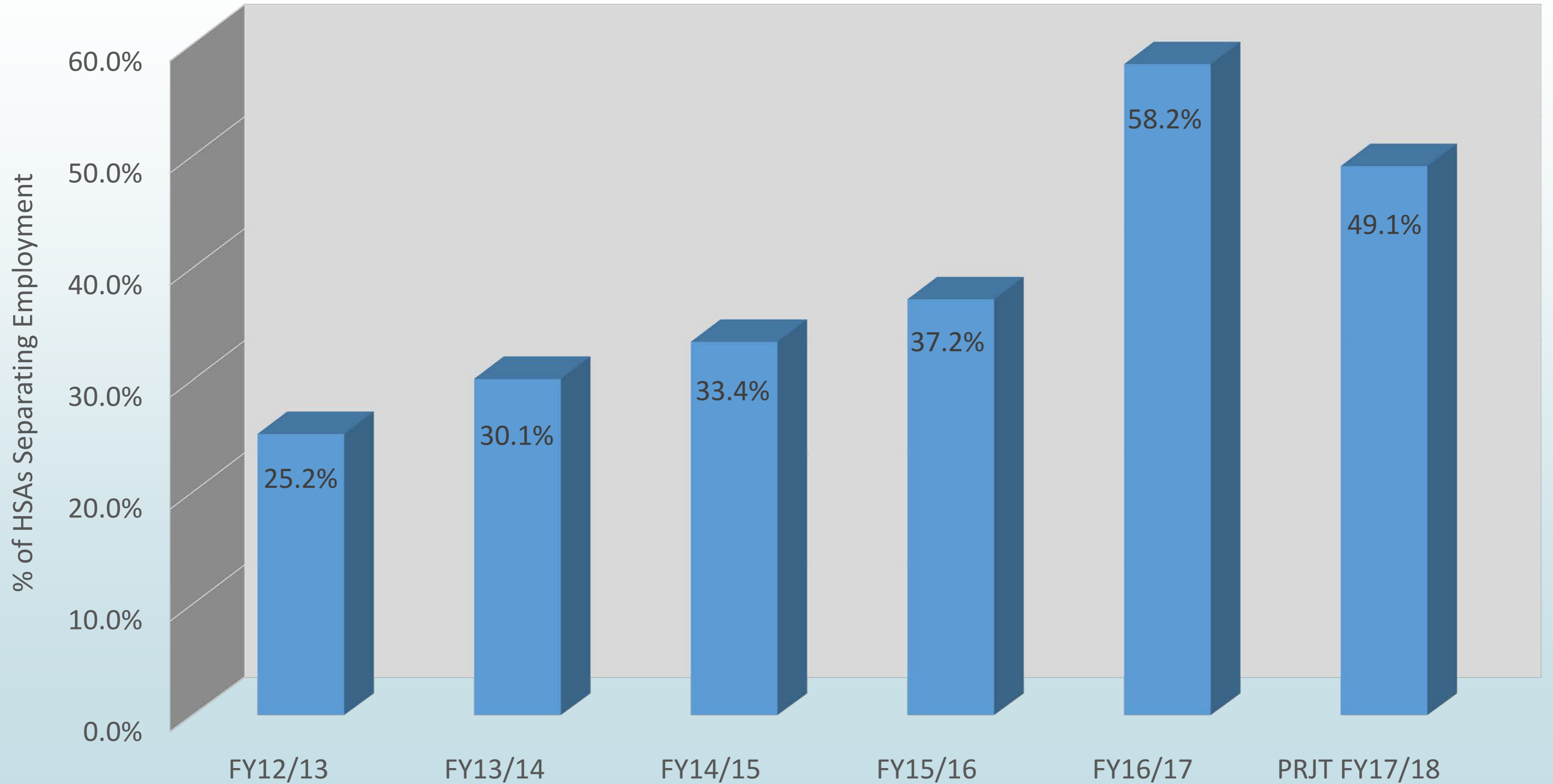
- ▶ SC providers reported a 37% turnover rate; national rate is 45%.
- ▶ South Carolina is fortunate 75% of direct care workers have greater than one year experience; 65% nationally. Long-serving staff nearing retirement eligibility are sustaining the system.
- ▶ Geographic location matters--some SC providers report lower turnover rates, while others have given up hope of ever getting out of using massive overtime to meet staffing needs.



Regional Center HSA Staff Vacancies



Regional Center HSA Staff Turnover



1. Safety and Quality of Care/Work Force Needs - \$11.3 M (Continued)



- ▶ The system has a hole in the bottom of the bucket and is only addressed with substantial overtime slowly eroding existing staffing, driving turnover, and lessening actual staff on the floor due to overtime costs.
- ▶ Predicted future challenges will only increase in obtaining direct care workers over the next decade as baby boomers will drive up demand on residential care in all healthcare sectors & the available direct care workforce will shrink.
- ▶ The State is balancing the direct care workers shortage issue on the backs of the existing workforce with overtime. Our workforce strength is the "heart" of the existing workforce which has a tipping point seen at a regional center.

2. Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving the Waiting Lists - \$9.5 M



- ▶ Keeping families together is best for the individuals, their families and is the most cost effective option.
- ▶ \$300,000 increased cost due to required pest control service in HASCI waiver to match same benefit in other waivers;
- ▶ \$400,000 in environmental modifications to address current low lifetime \$7500 benefit which is being requested to be raised to \$15,000 inasmuch as \$7500 is far short of most modification needs
- ▶ \$2M Residential High Management for 50 beds;
- ▶ \$2.3M residential expansion for 100 beds to address aging care givers; 1400 at-home consumers' caregivers older than 72 & 570 caregivers older than 80
- ▶ \$4.5M in-home supports for 1000 consumers

3. Psychiatric Intervention and Stabilization for Individuals - \$1.8 M



- ▶ Critical need and cost savings tool.
- ▶ Problem: The service delivery system has no residential reserve capacity for consumers failing in the community; 670 regional center beds constrained by staffing levels/space.
- ▶ Currently: Providers and families run out of options addressing consumers failing in community resulting in need for a crisis placement yet the system having no reserve capacity; this leads to hospitalization, incarcerations, or left stranded in-place. This dilemma has a chilling effect on providers accepting future consumers with higher needs.

3. Psychiatric Intervention and Stabilization for Individuals - \$1.8 M (Continued)

Solution is two-fold:



- 1) Forward deploy skilled behavioral/medical personnel to District Offices to proactively treat, to include psychiatric intervention/telehealth, consumers with emerging needs creating the risk of failing in their current community setting (residential or at-home); this prevents a crisis or identifies consumers early requiring relocation to meet higher needs before a crisis;
- 2) build reserve bed capacity for immediate acceptance and treatment/stabilization of consumer & create time to plan for appropriate long-term placement.

3. Psychiatric Intervention and Stabilization for Individuals - \$1.8 M (Continued)



- ▶ \$900,000 for Behavioral & Psychiatric Personnel/Supports
- ▶ \$400,000 Temporary Stabilization Residence
- ▶ \$500,000 Time limited inpatient specialized neuro-behavioral treatment for 3-4 individuals with a traumatic brain injury.

4. Ensure Compliance with CMS Final Rule Regulations - \$6.7 M



- ▶ New federal Final Rule requires supporting people in more individualized ways; which requires a richer staffing level.
- ▶ \$5.1 million -establishes job coach, job retention and employment services to increase the number of individuals in integrated community based employment.
- ▶ Federal mandate for states to transition to a system in which case management is not performed by the same entity that provides direct services to the individual and eliminate conflict of interest.
- ▶ \$1.6 million offset loss of Federal revenue due to CMS required changes lowering admin reimbursement.

5. Transition of Individuals with Very Complex Needs from Institutional (Regional Centers) Settings to Less Restrictive Community Settings while Maintaining Quality of Care - \$1.2 M



- ▶ Agency is legally required to serve people in the least restrictive setting.
- ▶ This request supports the ability to continue to move people with very complex needs from regional centers to less restrictive community settings while maintaining quality of care.
- ▶ This request supports the movement of 25 to 28 people into the community from regional center settings.

6. Community ICF/IID Provider Rate Increase - \$1.5 M



- ▶ This setting serves individuals with very significant medical and behavioral needs.
- ▶ Request provides sufficient funding to providers of community residential ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disability) services to cover actual cost of care.
- ▶ Ensures compliance with current federal regulations.
- ▶ Funds from an existing program have been redirected to address issue reaching crisis level. Assuming a SC DHHS Medicaid rate increase, DDSN should be able to absorb this budget impact in current fiscal year.

7. Strengthen Provider Support, Oversight and System Changes - \$1.65 M



- \$250,000 - Strengthen DDSN's oversight system to focus on quality outcome measures separate from contract compliance review.
- \$250,000 - increase training opportunities for providers and families.
- \$1.65 million - Support the decentralization of the intake function, bringing the entry point back to the local providers and increasing family satisfaction.

8. Assure Statewide Access to Genetic Services - \$500,000



- ▶ Maintain and expand statewide access to genetic services provided by Greenwood Genetic Center.
- ▶ Maximize use of new and emerging genomic technologies to better determine the underlying causation of intellectual disability.
- ▶ Support development of a systematic and comprehensive application of new technologies to develop preventive strategies and treatment options, with emphasis on Autism.

9. Increase Access to Post-Acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries - \$500,000



- ▶ \$500,000 request to serve 8-10 individuals with time limited services immediately after injury to reduce overall severity of the disability.
- ▶ FY 16/17 experience a \$100,000 program overrun due to address consumer needs. In current FY 17/18, \$2M or \$3.1M budget already expended with at least a \$500,000 program over-run expected.

Non-Recurring Funds: Vehicle and Building Maintenance - \$5 M



- ▶ Address the infrastructure needs of DDSN's statewide network of community service providers.
- ▶ Ensure safety of individuals receiving services and staff during operation of vehicles.
- ▶ Ensure buildings are compliant with federal, state and local regulations, standards and codes.
- ▶ Maintenance cannot be continually deferred. Costs must be covered or services will have to be reduced as reducing quality is not an option.



- ▶ DDSN is not requesting any new provisos. The agency requests Proviso 36.8 (DDSN: Pervasive Developmental Disorder) be modified as that program is sunseting.
- ▶ DDSN is not requesting new FTEs for FY 2018-2019.
- ▶ DDSN is not requesting any changes to Other Funds Authorization.



On behalf of the
individuals and families
we serve and our
provider partners,

THANK YOU!