

# **SC Department of Disabilities and Special Needs Ways and Means Healthcare Budget Subcommittee**

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# **SC Department of Disabilities and Special Needs**

## **Update on the Use of Increased Funding Received in FY 2017-2018**

In FY 2017-2018 DDSN was appropriated \$9M new State funds to increase the hourly wage of direct care employees and immediate supervisors within DDSN's statewide provider network and its regional centers. This wage increase was effective July 1, 2017.

**SC Department of Disabilities and Special Needs  
Appropriation/Authorization and Expenditures**

Funding Source	FY 2014-2015		FY 2015-2016		FY 2016-2017		FY 2017-2018	
	Appropriation / Authorization	Expenditures	Appropriation / Authorization	Expenditures	Appropriation / Authorization	Expenditures	Appropriation / Authorization	Expenditures
State Appropriation	\$ 215,852,752	\$ 214,822,281	\$ 225,583,347	\$ 224,643,787	\$ 242,461,120	\$ 239,260,849	\$ 254,598,626	
State Appropriation - Non-Recurring	\$ 1,750,000	\$ 1,750,000	\$ 1,100,001	\$ 1,100,000	\$ 300,000	\$ 300,000	\$ -	
Federal Authorization	\$ 340,000	\$ 277,189	\$ 340,000	\$ 159,096	\$ 1,095,487	\$ 172,884	\$ 1,661,672	
Other Authorization	\$ 430,209,269	\$ 371,328,706	\$ 452,524,335	\$ 385,781,033	\$ 496,986,985	\$ 409,110,271	\$ 498,986,985	
<b>Total</b>	\$ 648,152,021	\$ 588,178,176	\$ 679,547,683	\$ 611,683,916	\$ 740,843,592	\$ 648,844,004	\$ 755,247,283	

South Carolina Department of Disabilities and Special Needs  
 FY 2018 – 2019 Budget Request Items In Priority Order  
 Approved by the Commission on 8/17/2017

Program Need – Recurring Funds	Budget Request for FY 2018-2019	New Services By Individual Based on FY 2019 Request
<p><b>1 Safety and Quality of Care/Workforce Needs.</b>            Workforce issues must be addressed in order to recruit and retain quality staff who provide essential 24/7 care to consumers. This request is the second year of a multiyear request and has two components:            (1) Increase the hiring wage for direct care staff and immediate supervisors. 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. This request supports moving toward that goal by increasing the hiring wages to \$12.00 per hour, a 9.1 percent increase from \$11.00 an hour. Potential candidates will not apply if the starting pay is not reasonable. They are looking for a professional career ladder and the potential for wage increases. Large private companies, like Walmart and McDonald's, are raising their hiring pay rate to remain competitive.            (2) Retain essential staff to maintain service quality. Service quality cannot be reduced and staffing ratios must meet compliance standards and be maintained. Wage compression exists at supervisory and manager levels where longtime quality employees make the same wage as new hires. 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 and increases the cost of training new staff to perform these vital services.</p>	<p>\$11,300,000</p> <p>Increase Hiring Wage \$10M</p> <p>Compression &amp; Retention \$1.3M</p>	<p>Statewide</p>
<p><b>2 Increase and Improve Access to In-Home Individual and Family Supports and Residential Supports by Moving Waiting Lists.</b> This request has three components:            (1) The first component will provide approximately 1,000 individuals with severe disabilities on waiting lists with in-home supports and services necessary to maximize their development and independence, keep them at home and prevent unnecessary and expensive out-of-home placements. The Department has an unduplicated count of over 8,100 individuals waiting for in-home support services. The number of individuals requesting services grows each year. This initiative represents DDSN's ongoing effort to promote individual and family independence and responsibility by supporting families who are providing 87% of the informal caregiving rather than replacing families. Supports strengthen the family and allow family caregivers to remain employed. Supports also allow people with disabilities to maximize their abilities, to earn money and often persons with physical disabilities can live independently or with limited assistance.            (2) The second component requests new funds required to cover the new costs associated with changes to services or service levels in the ID/RD and HASCI Medicaid Waivers. Pest control/bed bug infestation will be a new service in the HASCI Waiver and the caps on environmental modifications and private vehicle modifications in the ID/RD waiver will be increased from \$7,500 to \$15,000 each.            (3) The third component of this request will provide necessary residential supports and services to two target groups            (a) 100 individuals who are living at home with caregivers aged 72 and over and (b) 45-50 individuals with intensely challenging behaviors. These funds will be used to purchase and develop homes and day supports in the community, including one-time capital and startup costs associated with the new services, and provide necessary residential and day supports and services for individuals. For aging caregivers, providing services now prevents waiting until the family is in a state of crisis resulting in situations that place health and safety in jeopardy. In South Carolina there are almost 1,400 individuals with severe disabilities being cared for by parents aged 72 and over. Over 570 of these caregivers are 80 years old or older. This request represents the state's need to respond to aging caregivers who have provided care in the home for their sons and daughters for 50 plus years. While this request 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. For individuals with extremely challenging behavior, funds are requested to develop approximately</p>	<p>\$9,500,000</p> <p>In-Home Supports \$4.5M</p> <p>Added Waiver Services \$700K</p> <p>Targeted Residential/Aging Caregivers \$2.3M</p> <p>Targeted Residential/High Management \$2M</p>	<p>Statewide</p> <p>950 ID/RD/ASD 50 HASCI</p> <p>Statewide</p> <p>100 Beds</p> <p>45-50 Beds</p>

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	<b>Program Need – Recurring Funds</b>	<b>Budget Request for FY 2018-2019</b>	<b>New Services By Individual Based on FY 2019 Request</b>
	<p>50 high management/forensic residential beds. New funds are necessary to increase the provider rate to cover the actual cost of providing a very high level of supports required for individuals with aggressive, intense challenging behaviors. This population can be very difficult to serve as they often are a threat to themselves and/or others. The number of providers willing to serve them 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.</p>		
<p><b>3</b></p>	<p><b>Psychiatric Intervention and Stabilization for Individuals.</b>            This request would build crisis intervention capacity within DDSN's system in three major areas.            (1) Psychiatric intervention and stabilization would provide intensive supports to individuals in a crisis to preserve and maintain their living situation. Nurse practitioners will assist in medical diagnosis and treatment. Intensive supports would be provided in individuals' current living environment. The use of telehealth will be integrated in order to increase access to psychiatrists, nurse practitioners and other specialists. This will also improve management of complex physical and psychological conditions and is cost efficient. Existing mental health resources are not sufficient or tailored to meet the needs of individuals with developmental disabilities. This request also includes increased access to psychiatric support for individuals receiving community services and supports. The primary objective is to prevent a crisis situation, intervene to support an individual escalating to crisis and stabilize individuals in crisis in order that they can remain in their home.            (2) The crisis response and stabilization system would also include four beds to provide time limited intensive supports by highly trained staff in temporary residential services. Individuals would receive this intensive service and ultimately return home or to a less restrictive setting in the community. Building psychiatric service capacity to address the intense, short-term needs of individuals in crisis would prevent emergency hospitalizations and expensive long-term residential placements. Timely crisis intervention relieves family caregivers and supports individuals in their family home or less restrictive community settings.            (3) Funds requested would also meet the identified needs of 3 – 4 individuals with a traumatic brain injury requiring time-limited inpatient specialized neuro-behavioral treatment. Increasing access to psychiatric services in a timely manner will increase the success of interventions. These interventions can also allow individuals to remain in community residential settings and avoid more restrictive placement.</p>	<p><b>\$1,800,000</b></p> <hr/> <p><b>Psychiatric and Behavioral Supports \$900K</b></p> <p><b>Temporary Residential \$400K</b></p> <p><b>TBI Inpatient \$500K</b></p>	<p><b>Statewide</b></p> <hr/> <p><b>Statewide</b></p> <p><b>4 Beds</b></p> <p><b>3 to 4</b></p>
<p><b>4</b></p>	<p><b>Ensure Compliance with CMS Final Rule Regulations.</b>            (1) New federal requirements defined by the Centers for Medicare &amp; Medicaid Services Home and Community Based Services (HCBS) Final Rule necessitate an increased emphasis on supporting people with disabilities in more individualized ways, especially in day and employment services and in all residential settings. More individualized settings require increased staffing models, necessitating additional funding. This request would provide funding to develop these new service models for individualized day supports and employment opportunities to be compliant with the CMS HCBS Final Rule. Job coach and employment services enable individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury to be more independent, earn money and actively participate in their community. These funds would be used to establish job recruitment, job coach and job retention services to increase the number of individuals in integrated, community based employment.</p>	<p><b>\$6,700,000</b></p> <hr/> <p><b>Individualized Employment/Day Supports \$5.1M</b></p> <p><b>CMS Requirements \$1.6M</b></p>	<p><b>Statewide</b></p> <hr/> <p><b>600-625</b></p> <p><b>Statewide</b></p>

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	Program Need – Recurring Funds	Budget Request for FY 2018-2019	New Services By Individual Based on FY 2019 Request
	<p>(2) The Final Rule also requires the State to provide Conflict Free Case Management (CFCM) and to serve individuals in less restrictive, more community inclusive settings. The expectation of this new rule applies to all populations served by DDSN. This request would support community providers in transitioning to a system where case management is not performed by the same entity that provides direct services to the individual. The State must change its infrastructure and system to facilitate compliance with this new federal requirement.</p> <p>(3) New state funds are necessary to increase the state's participation in Medicaid funding. CMS is requiring some services previously funded at 70 percent Federal/30 percent State to 50 percent Federal/50 percent State. These funds will offset the loss of federal earned revenue.</p>		
5	<p><b>Boost the Continued Transition of Individuals with Very Complex Needs from Institutional (ICF/IID) Settings to Less Restrictive Community Settings, while Maintaining Quality Care.</b></p> <p>The U.S. Supreme Court Olmstead decision, state statute and best practice all drive services for individuals with disabilities to be provided in the least restrictive environment. Movement from large state operated institutions to community settings based on individual/family choice is consistent with these requirements. The Final Rule issued by Centers for Medicare &amp; Medicaid Services requires states to provide services in less restrictive, more inclusive, community settings. This request represents the state's need to boost the continued transition of individuals with very complex needs from institutional (ICF/IID) settings to less restrictive community settings while maintaining quality care. These funds will allow 25 to 28 individuals with the most complex medical and behaviorally challenging needs to move without jeopardizing their health and safety. This request also maintains the provision of quality care at the regional centers as required by Medicaid regulations. Funds will be used to purchase and develop community residential settings, day services and provide necessary supports.</p>	\$1,200,000	25-28
6	<p><b>Community ICF/IID Provider Rate Increase.</b></p> <p>These funds will be used to cover the increased cost of providing consumer care in Community ICF/IID settings. Service funding rates must be sufficient to cover the cost of care or the local community providers will not be able to continue to provide the service. There are no automatic increases to cover increasing operating expenses. Services include nursing, supervision, medical specialists, medications, food, heating and air, and transportation costs. The individuals residing in this type of residential care need these more intensive supports. Funding for this request will ensure that the number of consumers served in ICF/IID community settings and the quality of those services are maintained. Funding this request will ensure compliance with current federal regulations. This request will provide sufficient funding as a maintenance of effort to the providers of community ICF/IID residential services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, the providers will have to serve fewer people.</p>	\$1,500,000	Statewide
7	<p><b>Strengthen Provider Support, Oversight and System Changes.</b></p> <p>This request has three components:</p> <p>(1) The first component of this request is to strengthen the oversight system to focus on quality outcome measures separate from contract compliance review. Clinical positions to focus on outcome measures would be established. A recent review by the State Inspector General made recommendations for the agency to improve its ability to track and report on outcome-driven performance.</p> <p>(2) This request will enable the department to offer increased training opportunities for providers and families. A three-pronged approach would be used whereby some training would be (a) provided directly by DDSN staff, (b) national</p>	<p>\$1,650,000</p> <hr/> <p>Provider Oversight \$250K</p> <p>Training \$200K</p>	Statewide

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	<p>subject matter experts would be brought in and (c) provider peer training would be facilitated and supported. Additional resources are required to provide substantially more training.            (3) This request will support the decentralization of the intake function so local DDSN qualified providers can complete this service. Decentralization offers individuals and families more choice of providers that can complete this service for them. It is anticipated that one result will be increased customer satisfaction.</p>	<p>Intake            \$1.2M</p>	
<p><b>8</b></p>	<p><b>Assure Statewide Access to Genetic Services.</b>            This request will assure statewide access to genetic services for infants born with complex developmental disabilities and their families. It also supports development of a systematic and comprehensive application of new genomic technologies. The Greenwood Genetic Center would receive these funds through contracts. Currently the underlying cause for intellectual disabilities in approximately 40% of individuals evaluated is not identified. For individuals with autism, an underlying cause is not identified in 80% of those evaluated. The lack of a specific cause is not acceptable to families and physicians. It also significantly limits optimum medical management, treatment options and informed decision-making. This request supports the use of new and emerging genomic technologies, such as whole genome sequencing, whole exon array, transcriptomics, metabolomics and structural variant assessment technologies, to improve the ability to determine the underlying causation of intellectual disability for individuals served by DDSN. The request of \$500,000 of new state funds will be used in conjunction with funds from the private sector. Anticipated private partners include Duke Endowment, Self Healthcare, Self Family Foundation and individual donors.</p>	<p>\$500,000</p>	<p>Statewide</p>
<p><b>9</b></p>	<p><b>Increase Access to Post-acute Rehabilitation that is Specialized for Traumatic Brain or Spinal Cord Injuries.</b>            DDSN has a recurring appropriation of \$3.1 million to provide a post-acute rehabilitation program for individuals who experience a traumatic brain or spinal cord injury. The estimated annual cost of fully funding this program is \$11,504,000. This request for additional permanent funding of \$500,000 would serve an additional 8 to 10 individuals and help bridge the gap. For best outcomes, specialized rehabilitation 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 these results in more substantial levels of permanent disability and limits the 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. There are also higher rates of subsequent hospitalizations for people who do not receive rehabilitation.</p>	<p>\$500,000</p>	<p>8-10</p>
<p><b>TOTAL RECURRING FUNDS</b></p>		<p>\$34,650,000</p>	

South Carolina Department of Disabilities and Special Needs  
 FY 2018 – 2019 Budget Request Items In Priority Order  
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	Program Need – Non-Recurring Funds	Budget Request for FY 2018-2019	New Services By Individual Based on FY 2019 Request
1	<p><b>Vehicle and Building Maintenance.</b> DDSN's statewide network of community service providers own and operate hundreds of buildings for the provision of day services, residential services, case management and early intervention services and administration of programs and services. In addition, a multitude of vehicles is associated with the provision of care and services. This request for \$5,000,000 of non-recurring state funds will provide sufficient funding as a maintenance of effort regarding the infrastructure needs of DDSN's network of community service providers. Federal, state and local requirements require compliance with ADA and Medicaid regulations, Fire Marshal specifications, licensure standards, building codes, etc. for buildings. Health and safety of individuals receiving services and staff must be protected during the operation of vehicles. The provision of funds for this request will ensure buildings and vehicles are compliant, well maintained and safe. Maintenance cannot be continually deferred. Eventually these costs must be covered or services have to be reduced or eliminated. Reducing quality is not an option due to the nature of services provided to individuals with disabilities.</p>	\$5,000,000	Community and Regional Centers Statewide
<b>TOTAL NON-RECURRING FUNDS</b>		\$5,000,000	
<b>TOTAL FUNDS REQUESTED</b>		\$39,650,000	



**SC Department of Disabilities and Special Needs**  
**Waiting List Reduction Efforts**  
 As of January 1, 2018 (run on January 2, 2018)

Waiting List	Number of Individuals Removed from Waiting Lists	Consumer/Family Determination		Number of Individuals Services are Pending
		Number of Individuals Enrolled in a Waiver	Number of Individuals Opted for Other Services/ Determined Ineligible	
Intellectual Disability/Related Disabilities (As of July 1, 2014)	1,438 (FY15) 2,109 (FY16) 580 (FY17) <u>1,536 (FY18)</u> 5,663	713 (FY15) 1,048 (FY16) 245 (FY17) <u>360 (FY18)</u> 2,366	536 (FY15) 994 (FY16) 231 (FY17) <u>586 (FY18)</u> 2,347	41 (FY15) 78 (FY16) 115 (FY17) <u>716 (FY18)</u> 950
Community Supports (As of July 1, 2014)	2,429 (FY15) 1,838 (FY16) 4,401 (FY17) <u>569 (FY18)</u> 9,237	698 (FY15) 641 (FY16) 1,130 (FY17) <u>284 (FY18)</u> 2,753	1,526 (FY15) 1,093 (FY16) 2,798 (FY17) <u>170 (FY18)</u> 5,587	8 (FY15) 74 (FY16) 479 (FY17) <u>336 (FY18)</u> 897
Head and Spinal Cord Injury (As of Oct 1, 2013)	1,133	529	448	156
		5,648	8,382	
<b>Total</b>	<b>16,033</b>	<b>14,030</b>		<b>2,003</b>

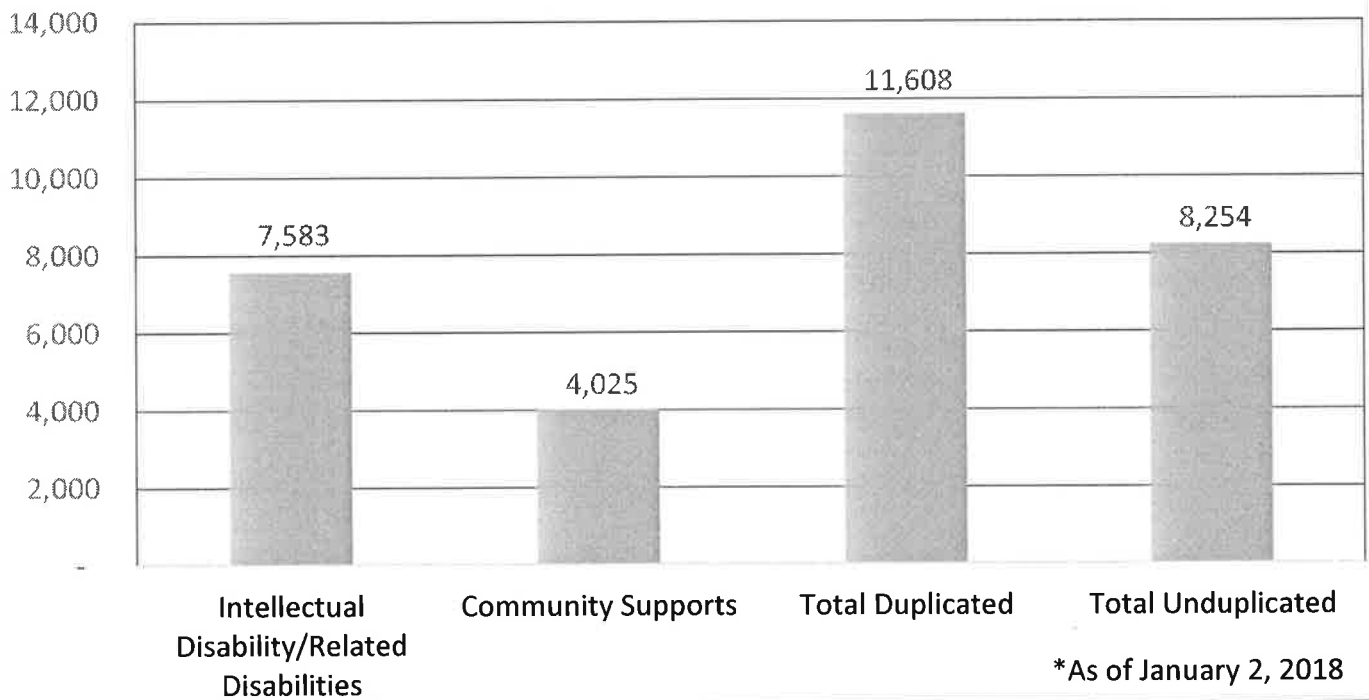
Waiting List *	Number of Individuals Added Between July 1, 2014 and January 1, 2018	Number of Individuals Waiting as of January 1, 2018
Intellectual Disability/Related Disabilities	8,155 (1,234 since 7/1/17)	7,583
Community Supports	9,276 (1,139 since 7/1/17)	4,025
Head and Spinal Cord Injury	0	0
<b>Total</b>	<b>17,431</b>	<b>11,608</b>

\* There is currently no Head and Spinal Cord Injury (HASCI) Waiver waiting list.

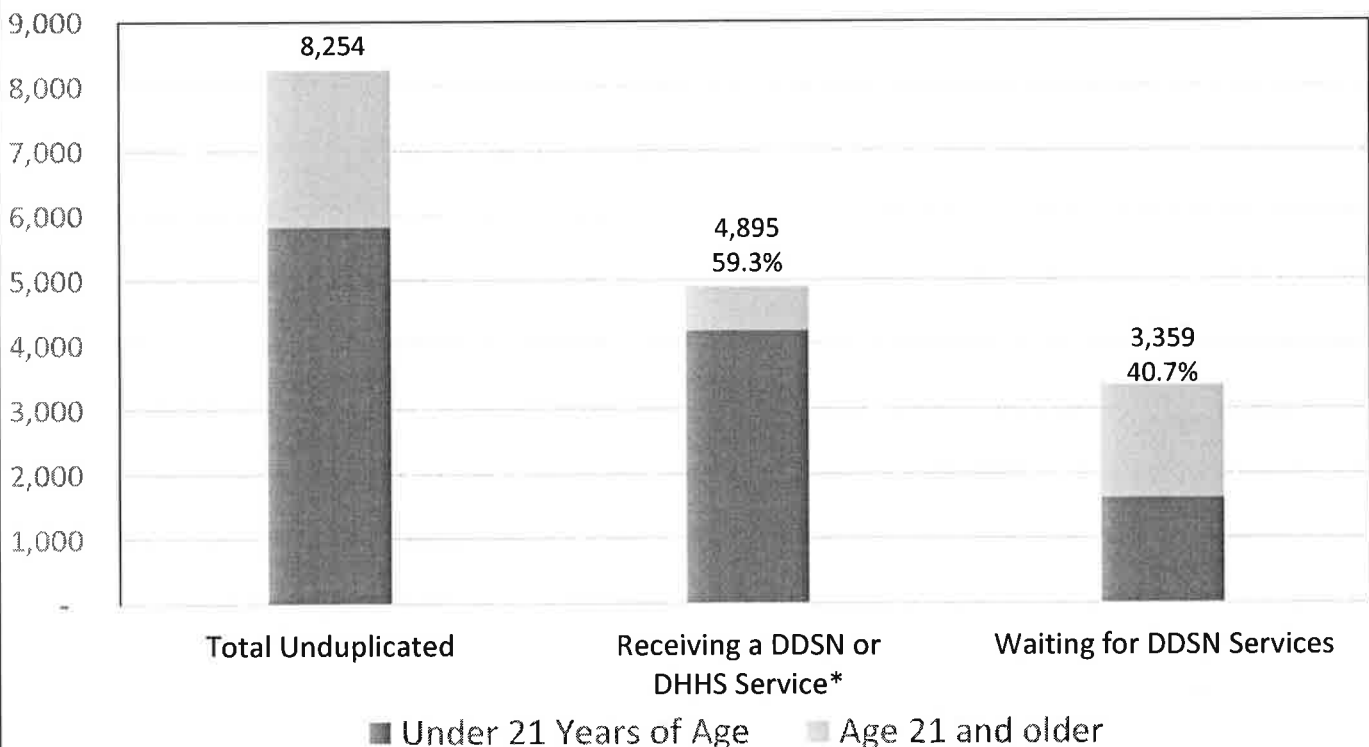
\*\* There are 8,254 unduplicated people on a waiver waiting list. Approximately 28.9 percent of the 11,608 names on the combined waiting lists are duplicates.

# SC Department of Disabilities and Special Needs

## Intellectual Disability/Related Disabilities and Community Supports Waiver Waiting List Numbers



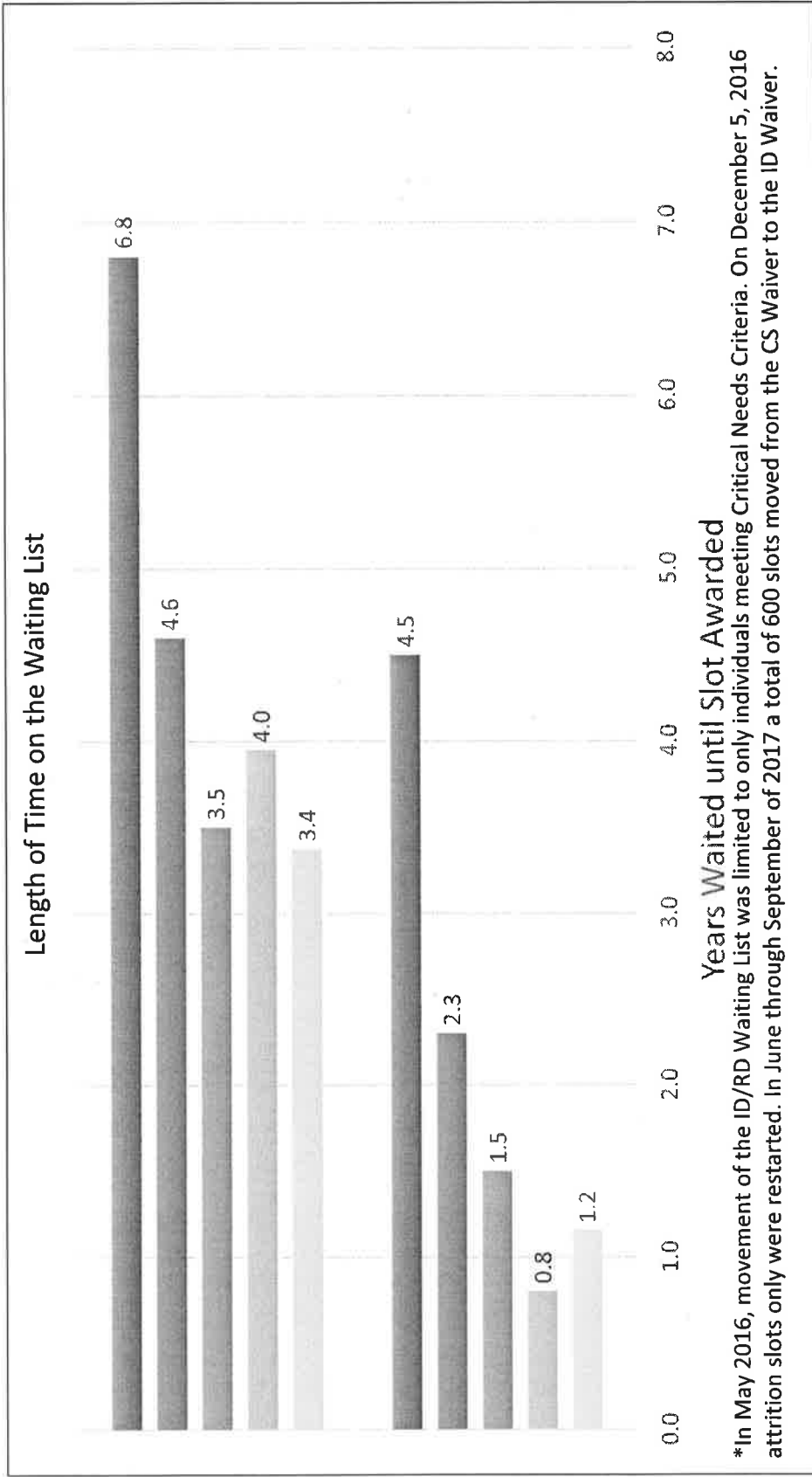
## Additional Analysis of the Number of Individuals Waiting for DDSN Services



\*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.

\*As of January 2, 2018

## SC Department of Disabilities and Special Needs



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

**SC Department of Disabilities and Special Needs**  
**Waiting List Reduction Efforts**

Row #	Total Numbers At Beginning of the Month	2017											2018	
		February	March	April	May	June	July	August	September	October	November	December	January	
1	Intellectual Disability/Related Disabilities Waiver Waiting List Total	7,099	7,430	7,692	7,857	8,003	7,924	7,662	7,538	7,395	7,467	7,524	7,583	
2	Community Supports Waiver Waiting List Total	2,680	3,004	3,025	3,118	3,113	3,427	3,554	3,737	3,820	3,889	3,972	4,025	
3	Head and Spinal Cord Injury Waiting List Total	0	0	0	0	0	0	0	0	0	0	0	0	
4	Critical Needs Waiting List Total	130	117	123	128	125	132	126	123	117	94	84	98	
5	Total Number Added to the ID/RD, HASCI, and CS Waiting Lists	1,111	993	859	511	482	547	398	544	340	590	415	268	
6	Total Number Removed from the ID/RD, HASCI, and CS Waiting Lists	439	338	576	253	341	312	533	485	400	449	275	156	
7	Number of Individuals Enrolled in a Waiver by Month	160	138	138	123	119	128	94	163	137	110	114	85	
8	Number of Individuals Opted for Other Services/Determined Ineligible by Month	245	159	251	144	193	123	257	211	137	122	39	6	
9	Total Number of Individuals Removed from Waiting Lists (Running Total)	12,210	12,497	12,947	13,195	13,515	13,807	14,325	14,799	15,196	15,616	15,875	16,033	
10	Total Number of Individuals Pending Waiver Services (Running Total)	2,247	2,111	2,132	2,010	2,012	1,881	2,124	2,180	2,192	2,179	2,097	2,003	
11	Total Unduplicated Individuals on the Waiver Waiting Lists	7,409	7,827	8,011	8,182	8,366	8,368	8,198	8,140	8,017	8,110	8,186	8,254	

\*\*There are 8,254 unduplicated people on a waiver waiting list. Approximately 28.9 percent of the 11,608 names on the combined waiting lists are duplicates.

**PDD Waiting List Information**

12	PDD Program Waiting List Total	1,443	1,397	1,317	1,259	1,265	1,247	1,236	1,225	1,202	1,198	1,190	1,172
13	Total Number Added to the PDD Waiting List	26	18	20	19	62	0	0	0	0	0	0	0
14	Total Number Removed from the PDD Waiting List	97	64	100	77	56	18	11	11	23	5	8	18
15	Number of Individuals Enrolled in the PDD State Funded Program by Month	195	191	182	159	134	122	119	105	98	89	73	38
16	Number of Individuals Pending Enrollment in the PDD Waiver by Month	239	240	271	282	287	269	261	256	251	249	237	231
17	Number of Individuals Enrolled in the PDD Waiver by Month	518	502	484	478	463	434	403	368	313	244	157	43

\*As of January 1 the PDD Waiting List is 0 individuals waiting.

Updated 1/2/2018

**South Carolina Department Of Disabilities & Special Needs  
As Of December 31, 2017**

<b>Service List</b>	<b>11/30/17</b>	<b>Added</b>	<b>Removed</b>	<b>12/31/17</b>
Critical Needs	84	26	12	98
Intellectual Disability and Related Disabilities Waiver	7524	141	82	7583
Community Supports Waiver	3972	112	59	4025
Head and Spinal Cord Injury Waiver	0	15	15	0

Report Date: 1/8/18

**DDSN Summary Of Individuals Living With Aging Caregivers  
By Residing County - As Of December 31, 2017**

<u>Region</u>	<u>County</u>	<u>Ages 55+</u>	<u>Ages 65+</u>	<u>Ages 72+</u>	<u>Ages 75+</u>	<u>Ages 80+</u>
<b>Coastal</b>	Allendale	35	14	6	5	4
	Bamberg	40	24	15	10	7
	Barnwell	63	30	18	17	10
	Beaufort	132	78	46	37	22
	Berkeley	211	101	50	32	10
	Charleston	346	176	103	73	40
	Colleton	71	42	26	17	7
	Dorchester	146	72	38	30	14
	Hampton	38	21	10	7	6
	Jasper	37	22	14	9	4
	Orangeburg	261	143	88	74	48
		<b>1,380</b>	<b>723</b>	<b>414</b>	<b>311</b>	<b>172</b>
<b>Midlands</b>	Aiken	160	85	47	38	18
	Calhoun	49	29	19	13	7
	Chester	33	22	15	12	8
	Fairfield	47	24	16	13	5
	Kershaw	67	26	15	9	5
	Lancaster	53	34	22	18	11
	Lexington	173	83	48	43	25
	Newberry	61	26	15	9	3
	Richland	351	217	136	98	59
	York	135	64	27	18	11
		<b>1,129</b>	<b>610</b>	<b>360</b>	<b>271</b>	<b>152</b>
<b>Lower Dee</b>	Chesterfield	55	23	11	5	3
	Clarendon	38	24	15	12	8
	Darlington	89	37	15	11	6
	Dillon	49	29	9	4	2
	Florence	112	70	35	26	20
	Georgetown	96	49	30	23	11
	Horry	179	93	60	47	28
	Lee	18	10	3	1	0
	Marion	51	15	5	5	4
	Marlboro	57	32	15	12	3
	Sumter	106	56	24	18	9
	Williamsburg	72	35	26	21	9
			<b>922</b>	<b>473</b>	<b>248</b>	<b>185</b>
<b>Piedmont</b>	Abbeville	24	14	11	9	6
	Anderson	169	84	56	38	18
	Cherokee	64	34	21	19	15
	Edgefield	20	14	6	4	3
	Greenville	437	171	99	83	49
	Greenwood	102	52	27	18	8
	Laurens	115	67	33	27	15
	McCormick	16	10	8	8	5
	Oconee	85	53	28	22	9
	Pickens	122	64	36	31	19
	Saluda	28	18	9	8	4
	Spartanburg	273	136	75	49	29
	Union	60	34	22	17	11
		<b>1,515</b>	<b>751</b>	<b>431</b>	<b>333</b>	<b>191</b>
		<b>4,946</b>	<b>2,557</b>	<b>1,453</b>	<b>1,100</b>	<b>618</b>

DDSN is not requesting any new provisos.

The agency requests Proviso 36.8  
(DDSN: Pervasive Developmental Disorder)  
be modified as that program has  
sunsetting.

# **South Carolina Department of Disabilities and Special Needs Pervasive Developmental Disorder (PDD) Program January 2018**

In July 2014, the Centers for Medicaid and Medicare Services (CMS) released an informational bulletin pertaining to Medicaid coverage for children with Autism Spectrum Disorder (ASD). Per the bulletin, coverage for autism related services like Applied Behavior Analysis (ABA) must be available under the State Plan instead of being provided through a Medicaid Waiver (e.g. the Pervasive Developmental Disorder Waiver).

The South Carolina Department of Health and Human Services (DHHS), the agency responsible for Medicaid services in South Carolina, began working on developing the policies and procedures necessary to implement the change required by CMS. Because it would take several months for these procedures to be completed, in April 2015, DHHS developed and implemented an interim plan that enabled children receiving PDD Waiver services and those seeking services, to access ASD related services through the State Plan.

In September 2017, DHHS received final approval from CMS to implement its permanent proposal pertaining to State Plan ASD services. An integral part of the plan established the process to transition all PDD Program recipients (i.e. Waiver and State Funded) and those on the PDD Waiting List into the new Medicaid State Plan. The numbers contained in this report are reflective of the implementation of the April 2015 interim plan and the September 2017 CMS approved State Plan.

## **Number of Children**

- Almost 2,950 children have received PDD services since the program's inception.
- All children who were enrolled in the PDD Waiver have been transitioned into the Medicaid State Plan. 26 children continue to receive PDD State Funded services. DDSN and DHHS are working with these families and Providers to transition these individuals into the Medicaid State Plan as quickly as possible.
- The PDD Program Waiting List was discontinued on December 31, 2017. As part of the CMS approved plan for Medicaid State Plan services, DHHS discontinued adding names to the PDD Wait List on May 30, 2017. The parents of all individuals on the wait list received a letter explaining how the transition process would work. DHHS worked with the families and Providers to accommodate the Waiting List individuals and authorize State Plan Services.



## **Funding**

\$6.975M	Original appropriated base
\$6.481M	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: Includes \$265,000 payment to Greenwood Genetic Center per proviso.
\$8.072M	Actual expenditures for FY 2016
\$5.902M	Actual expenditures for FY 2017 Note: Includes \$500,000 payment to Greenwood Genetic Center per proviso.
\$1.388M	Actual expenditures through 12/31/2017

## **Services**

The PDD Waiver utilized the principles of Applied Behavior Analysis to treat children who were diagnosed with Autism Spectrum Disorder (ASD). The primary focus was to help develop skills in children in the areas of cognition, behavior, communication, and social interaction. Services provided included Case Management and Early Intensive Behavior Intervention (EIBI), the name given to the actual therapy provided. In order to be eligible for services through the PDD Waiver, a child had to meet the following established criteria:

- Be ages three (3) through 10 years;
- Be diagnosed with ASD before age eight (8) years;
- Be eligible to receive Medicaid (or provide documentation of financial ineligibility for Medicaid); and
- Meet ICF/IID Level of Care medical criteria.

Although the primary focus of services provided under the Medicaid State Plan mirror those provided in the PDD Waiver, the State Plan services are more comprehensive and have less restrictive requirements for recipients. The State Plan covers Medicaid recipients from birth through age 21 regardless of when they were diagnosed and Case Management services are not required.

## **Program Improvements**

DDSN had 21 students successfully complete the BCBA 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 started in February 2017, with 32 students enrolled.

DDSN is not requesting new FTEs.

DDSN is not requesting any changes to  
Other Funds Authorization.