

<b>AGENCY NAME:</b>	<b>DEPARTMENT OF DISABILITIES &amp; SPECIAL NEEDS</b>		
<b>AGENCY CODE:</b>	<b>J160</b>	<b>SECTION:</b>	<b>036</b>

---

## Fiscal Year 2020–2021 Accountability Report

---

### SUBMISSION FORM

I have reviewed and approved the data submitted by the agency in the following online forms:

- Reorganization and Compliance
- Strategic Plan Results
- Strategic Plan Development
- Legal
- Services
- Partnerships
- Report or Review

I have reviewed and approved the financial report summarizing the agency's budget and actual expenditures, as entered by the agency into the South Carolina Enterprise Information System.

The information submitted is complete and accurate to the extent of my knowledge.

<b>AGENCY DIRECTOR</b> <b>(SIGN AND DATE):</b>	Signature on file.
<b>(TYPE/PRINT NAME):</b>	Interim State Director Constance Holloway

<b>BOARD/CMSN CHAIR</b> <b>(SIGN AND DATE):</b>	Signature on file.
<b>(TYPE/PRINT NAME):</b>	Chairman Stephanie Rawlinson

**FY 2020-2021 Agency Accountability Report**  
**Reorganization and Compliance Responses:**

**These responses were submitted for the FY 2020-2021 Accountability Report by the**

**DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

**Primary Contact:**

First Name	Last Name	Role/Title	Phone	Email Address
Patrick	Maley	Chief Financial Officer	803-898-9796	pmaley@ddsn.sc.gov

**Secondary Contact**

First Name	Last Name	Role/Title	Phone	Email Address
Constance	Holloway	Interim State Director	803-898-9683	constance.holloway@ddsn.sc.gov

**Agency Mission**

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, spinal cord injury, and similar disabilities. Primary responsibilities include planning, development, and provision of a full range of services for children and adults; ensure 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.

**Adopted in:** 2016

**Agency Vision**

To provide the very best services to all persons with disabilities and their families in South Carolina.

**Adopted in:** 2016

**Recommendations for reorganization requiring legislative change.**

No

**Please list significant events related to the agency that occurred in FY 2020-2021.**

Month Started	Month Ended	Description of Event	Agency Measures Impacted	Other Impacts
July	June	COVID-19	3.1.3, 3.1.4, 3.2.9, 4.1.1, 4.1.7, 4.1.10, 4.1.3, 4.1.2, 4.1.2, 3.2.7, 2.1.1, 2.1.3, 2.1.6, 2.2.4, 2.3.1, 2.3.2,	
January	June	Converted at-home services to fee-for-service	4.1.3	
June	June	IDRD Waiver Renewal changed course to go 'bold' with enhanced services and rate rebasing.	4.1.7	
July	June	6.2% FMAP	None	Provided revenues to sustain FY21 without any new state appropriations with increased expenses, as well as support a provider network under stress.
April	June	10% FMAP	None	Creates opportunity to assist providers in FY22 with COVID recovery expenses and address deteriorating components in the service delivery system.

These responses were submitted for the FY 2020-2021 Accountability Report by the

**DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Does the agency intend to make any other major reorganization to divisions, departments, or programs to allow the agency to operate more effectively and efficiently in FY 2021-22?

**Note: It is not recommended that agencies plan major reorganization projects every year. This section should remain blank unless there is a need for reorganization.**

No

Is the agency in compliance with S.C. Code Ann. § 2-1-220, which requires submission of certain reports to the Legislative Services Agency for publication online and the State Library? See also S.C. Code Ann. § 60-2-20.

Yes

If not, please explain why.

Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 20-1-10 through 20-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).

Yes

Does the law allow the agency to promulgate regulations?

Yes

Please list the law number(s) which gives the agency the authority to promulgate regulations.

Section 44-20-220; 320

Has the agency promulgated any regulations?

Yes

Is the agency in compliance with S.C. Code Ann. § 1-22-120(J), which requires an agency to conduct a formal review of its regulations every five years?

Yes

## **FY21 Annual Accountability Report Accomplishment Summary**

DDSN continues to operate in a high change environment. The FY18 House and Senate legislative oversight performance reviews suggested DDSN move away from its tendency to manage providers as if extensions of DDSN and towards promoting provider competition to benefit from market forces. The key recommendations included moving to a fee-for-service payment model due to the lack of transparency, needless complexity, and provider friction caused by its existing capitated “Band” payment system, as well as address a pattern of operating with problematic processes and reactive management. FY21 marks the third year of operating under an Enterprise Performance Management System, which has built a baseline to give greater insight into operations to manage the agency and facilitate this change effort across the enterprise.

Below are accomplishments in FY21 with emphasis on addressing the agencies’ strategic goals, the aforementioned legislative oversight reviews, and the impact of COVID-19.

### **1. Response to COVID-19**

Throughout FY21, DDSN operated under the COVID-19 pandemic and national health emergency. The majority of Central Office staff worked remote from home. Regional Centers and our community residential provider personnel were all working under highly challenging conditions to keep COVID-19 infections out of our congregate care facilities; caring for those infected; and operating with constant staffing shortages due to staff illness and high staff turnover.

To illustrate the workload and stress in our congregate care environment, the below chart depicts COVID-19 positive cases in DDSN’s five Regional Centers over a one year period. Over this one year, residents and staff were infected at a rate of 53% and 39%, respectively. At its peak in January 2021, 15% of residents and 9% of staff were in a quarantine status with COVID-19 infections.

Summary of DDSN Regional Center Positive COVID-19 Cases (March 16, 2020 -- March 31, 2021)			
Regional Center	Census (Staff=FTEs)	Total Positive COVID-19 Cases During Pandemic	Deaths
Coastal - Residents	141	66	2
Coastal - Staff	302	97	0
Midlands - Residents	135	58	0
Midlands - Staff	303	78	2
Pee Dee - Residents	115	70	2
Pee Dee - Staff	243	102	0
Saleeby - Residents	75	60	1
Saleeby - Staff	158	54	0
Whitten - Residents	160	84	8
Whitten - Staff	356	208	4
Total - Residents	626	337	14
Total - Staff	1362	531	5
<b>Total Resident &amp; Staff</b>	<b>1988</b>	<b>868</b>	<b>19</b>

During COVID-19, Regional Centers experienced a 22% reduction in direct support personnel (DSP) from 801 DSPs in January 2020 (pre-COVID-19) to 619 DSPs in July 2021. DDSN lost a net 166 full-time employees (hired 204; attrited 367) in the past seven months (January 2021 to July 2021), which then required more reliance on excessive overtime from the remaining staff. Even when it appeared COVID-19 was dissipating from March 2021 through July 2021, DSP staffing shortages escalated from both COVID-19 burnout and better paying, less stressful jobs available due to the tight labor market. DDSN’s community providers experienced a similar staffing reduction with current residential staff vacancies at 24%.

Throughout the COVID-19 pandemic, DDSN operated an Emergency Operations Center; conducted weekly virtual briefing updates; and disseminated 49 written bulletins to convey synthesized and salient information from the volumes of information evolving throughout the pandemic. DDSN took the lead to identify vendors with available personal

protective equipment (PPE) inventories to assist providers' quick access, and delivered PPE from DDSN inventories direct to providers unable to procure needed PPE.

In the Regional Centers, DDSN deployed standardized infection control protocols which were continuously updated as DHEC provided additional information specific to COVID-19. This standardized approach was supported by Regional Centers executive staff daily reports on required physical inspection of each building and residents, as well as reporting new infection cases, buildings under quarantine, and staffing levels. DDSN employed engineering controls, to include ionic filtration to heating/air conditioning units and HEPA filtration units to mitigate the spread of COVID-19 at centers. Early on DDSN recognized the completion of testing in an efficient manner leads to more effective quarantine and isolation of individuals infected with COVID-19. To that end, DDSN worked hand-in-hand with DHEC to avail the regional centers of the most up to date testing methods to include saliva testing, BINAX-Now Cards, and cooperative testing schedules with local DHEC Labs.

DDSN has been proactive in working with DHEC and other entities to avail vaccines to our network, our workforce, and those in our care. To date, nearly 90% of those in our care at Regional Centers have been vaccinated. While vaccine hesitancy is a national phenomenon, the vaccination rate for our personnel exceeds 50 percent. Continuing to extend vaccines and best practices to eliminate COVID-19 remain a top priority for our agency, to include offering a one-time bonus upon being vaccinated.

DDSN and our community network employed multiple strategies to mitigate unprecedented workforce shortages. At the Regional Centers, DDSN implemented the following initiatives to hire and retain staff: "hero" bonus pay to frontline workers providing hands-on care for COVID-19 positive residents; nurse and DSP "sign-on" bonuses; new employee referral bonus; vaccination bonus; retention bonus; bonus to salaried management filling in shifts without pay; "no callout" bonus; and increase weekend pay to recruit part-time employees. Additionally, Human Resources personnel implemented a Rapid Hire Toolkit allowing for weekly hiring/employee processing.

The toll of COVID-19 due to staffing shortages has reduced individuals residentially served by 7.2% in Regional Centers (654 pre-COVID-19; 607 currently) and 1.6% in the community (4502 pre-COVID-19; 4431 currently). As of today, our individuals in residential services are being served by proportionally fewer staff based on burnout and the large number of other employment opportunities with higher pay and less stress available in today's tight labor market. Reconstituting staffing levels in the community and Regional Centers will be DDSN's highest priority in FY22.

## **2. Transition Provider Payment System from Capitated Bands to Fee-for-Service**

As noted above by legislative oversight committees and confirmed by the DSN Commission in its August 2018 meeting, **"DDSN's most significant organizational issue is a deficient capitated payment system supporting community service providers known as the "band system."** The benefits of moving to a fee-for-service (FFS) payment model are substantial, to include:

- more efficient matching of state funds with Medicaid funds;
- unwind the ineffective and costly "split rate" model designed to generate revenue for DDSN administrative costs and move to a more stable overhead funding model through a direct Medicaid match (50%) administrative contract with SCDHHS;
- increase transparency and simplify operating the service delivery system;
- increase equity and fairness between Board Providers and contracted Private Service Providers;
- promote market-based incentives and competition to support provider network efficiencies;
- reduce and ultimately eliminate financial risks from one-way cost settlements with SCDHHS;

- address non-compliance risk with federal requirements for Organized Health Care Delivery System; and
- reduce the administrative burden on Boards serving as Financial Managers.

After years of engagement with the SC Department of Health and Human Services (SCDHHS) and its consultant for a plan forward to a fee-for-service (FFS) model, the negative COVID-19 impact on the capitated band system required unilateral action. On 1/1/21, “at-home” capitated bands were transitioned to FFS without the residential rate increase as originally planned designed to minimize destabilizing the payment system. This transition’s financial impact was mitigated by DDSN simultaneously halting “splitting” SCDHHS rates to fund its overhead and passing the entire SCDHHS rate through to providers. Additionally, DDSN established two safety net programs through funding the dormant residential outlier program and offering interest free loans. This represented 26% of capitated band dollars moving to FFS, but contained the vast majority of individual transactions converted to FFS.

In June 2021, the SCDHHS changed course on its IDRD Waiver Renewal planning, which led to substantially enhancing waiver services, to include establishing individual residential settings and corresponding rates. This created a pathway for the final step to move to FFS and completely exit capitated bands. SCDHHS was extraordinary in its speed in this effort, to include engaging a new consultant to facilitate developing evidence-based provider service rates. Substantive rate increases are expected in DDSN’s services, to include residential, day services, employment, and respite. Upon implementation of the IDRD Waiver Renewal on 1/1/22, DDSN will exit the capitated payment system and be completely FFS.

### **3. Transforming Services through the IDRD Waiver Renewal**

In FY22, DDSN estimates \$456 million in expenditures in its three Medicaid Waivers (% of total dollars), which are the Community Supports Waiver (12%), Head & Spinal Cord Injury Waiver (9%), and the IDRD Waiver (79%). DDSN service definitions in the waiver and directives historically tended to have less detailed requirements of service delivery, which inhibited both the service quality and developing proper payment rates. The IDRD Waiver Renewal took on this long-standing issue by developing individualized “tiered” residential settings and modernizing Day Program services with increased community engagement and acuity needs requirements, primarily by establishing staffing levels. SCDHHS rate-setters now have the granular data needed to set accurate provider rates. The enhanced residential and day services represent 73% of all waiver service dollars, which is expected to generate a transformative change in overall waiver services’ quality and fair service rates.

The IDRD Waiver Renewal also added service enhancements through adding a new service, “Independent Living Skills”; added In-Home support service currently only in the Community Supports Waiver; added remote supports as part of Assistive Technology; added the option for Respite services to be provided to multiple participants living in the same household; and adjusted the Environmental Modification lifetime cap.

Despite the success of the IDRD Waiver Renewal process moving this Agency forward, it also highlighted many unaddressed weaknesses DDSN will proactively address in upcoming FY22, to include improvement in a systematic process to measure, as well as remediate, waiver quality assurance requirements; move these quality improvement measures, as well as other risk measures, to the Enterprise Performance Management System; develop a comprehensive assessment tool; and address inefficiencies caused the redundancy/overlaps between the Community Supports and IDRD Waivers, to include two waivers with many similarities having separate waiting lists.

### **4. Addressed Inefficient Medicaid Reimbursements through Cost Reporting & Recovering Overhead Costs through an Administrative Contract with SCDHHS**

An analysis of DDSN’s “split rate” methodology designed to generate funds to cover DDSN’s overhead costs determined this process was ineffective. The aggregate impact of these split rates did not generate a surplus for DDSN’s overhead.

The net effect was it actually generated a net \$30 million/year DDSN deficit because DDSN's residential and day capitated service band payments to providers exceeded DDSN's Medicaid billing revenue from SCDHHS by a like amount. When all services and DDSN overhead costs were combined, DDSN had \$40-50 million in excess costs over its Medicaid billing revenues. As a result, DDSN did not receive a Medicaid match benefit (70% service reimbursable; 50% administrative reimbursable) on this excess costs. If properly Medicaid matched, this could have generated as much as \$25-30 million additional dollars. .

The solution to address the inefficient Medicaid matching was two-fold. First, DDSN established an Administrative Contract with SCDHHS in FY21 to Medicaid match its administrative costs at 50%. This permitted DDSN to recover an \$8.7 million Medicaid matched reimbursement on \$19.8 million in administrative (overhead) costs, which was not recoverable for many years due to DDSN's excessive Medicaid costs over Medicaid billable revenue. Secondly, the remaining excess cost in the system, estimated at \$20-30 million, will be addressed through the planned IDR Waiver Renewal increased service rates noted above. Increased rates will then permit DDSN to immediately match (70%) these available excess Medicaid costs already in the system.

The main driver in DDSN's many years of declining fiscal conditions was due to its inefficiency in matching Medicaid reimbursements since FY13 after converting to a one-way cost settlement methodology with SCDHHS. With the help of SCDHHS, the FY21 administrative contract and the FY22 IDR Waiver Renewal service rate increases addressed this long-standing problem.

## 5. Restored Financial Health

DDSN has been plagued with annual operating deficits since at least FY17, which burned through cash reserves as illustrated below:

Description	Dollars
FY17 Cash Carry Forward	\$6,900,000
Two-Way SCDHHS & DDSN Cost Settlement from FY12 *	\$21,600,000
FY17 Operating Deficit	<u>(\$14,000,000)</u>
FY18 Cash Carry Forward	\$14,500,000
FY18 Operating Deficit	<u>(\$10,200,000)</u>
FY19 Cash Carry Forward	\$4,300,000
FY19 Operating Deficit	<u>(\$4,143,000)</u>
FY20 Cash Carry Forward	\$157,000
FY 20 Operating Surplus	<u>\$3,643,000**</u>
FY21 Cash Carry Forward	\$3,800,000
*Last two-way settlement (2012) received in April 2017, which prevented an agency deficit budget for FY17. One-way settlements started in FY13.	
**The FY21 carry-forward operational increase excludes all COVID FMAP funds. This surplus could have been \$12.3 million because DDSN was able to spend \$2 million on CPIP projects for the first time in many years and pay a year-end \$6.5 million expense that in previous FYs was paid after the FY closed due to cash flow issues.	

As noted previously, the driver in this fiscal decline was a FY13 change to a one-way cost settlement methodology with SCDHHS. SCDHHS viewed the DDSN delivery system as having inefficiencies protected by its two-way settlements. Two-way settlements permitted DDSN to give state funds to providers in addition to service rates, which then SCDHHS would be required to repay in two-way cost settlements through increased provider Medicaid costs. After this FY13 cost settlement change, DDSN stopped producing its required annual cost settlements reports for six years, as well as DDSN

did not change its business processes to adapt to one-way settlements. DDSN continued to spend funds not guaranteed to be recoverable under a one-way settlement, such as state funded grants, and DDSN did not adequately request SCDHHS rate increases formerly automatically recoverable in two-way settlements. As a result, DDSN ran deficits and exhausted its cash reserves. Additionally, DDSN began incurring off-book liabilities pertaining to legislatively required waiver slots without escrowed legislative funding (i.e., 7/1/2019 carry-forward \$157,000 while having a \$15.6 million liability for 1121 waiver slots), eight years of one-way cost settlement liabilities, and many millions of delayed maintenance at Regional Centers.

Starting in FY18, these recurring deficits were becoming a crisis, which required a freeze on personnel, reallocate existing personnel to higher priority needs, and reduce administrative costs. Additionally, all revenue streams were reviewed identifying revenue leaks which were plugged by identifying missed Medicaid billing opportunities and moving state funded services to waiver Medicaid match services to the extent possible. Annual operational deficits turned to a surplus in FY20, excluding COVID-19 federal funding, and FY21 added the administrative contract SCDHHS yielding \$8.7 million in additional Medicaid reimbursement of costs. These operational increases couple with COVID-19 6.2% FMAP enhancements (\$60 million in additional funding from 1/1/20 – 6/30/21) resulted in DDSN ending FY21 with a \$54 million carryforward.

Years of fiscal conservatism and proper management of the COVID-19 funding has poised DDSN to self-fund the state match for a substantial service enhancement and service rate increases in FY22 planned for the IDR Waiver Renewal, effective on 1/1/22. Additionally, the DDSN system is poised to benefit from the 10% FMAP Program over the next three years from the Federal American Rescue Plan Act of 2021 (\$42.5 million); \$20 million in additional 6.2% FMAP funding through 12/31/21; and increased Medicaid revenues from increase efficiency in Medicaid matching state funds described above.

In short, DDSN's lost fiscal discipline has been restored. Going forward, DDSN needs to stress heightened financial capabilities; leverage its simplified provider payment system to increase visibility into projecting revenues/expenditures; bring rigor to the annual legislative budget requests by the ability to project increase utilization costs to be closer matched with legislative budget requests to prevent eroding base funding; and fiercely maintain adequate cash reserves to address the inevitable challenges in operating in a Medicaid environment and prevent falling back into a financial hole.

## **6. Progress on Implementing the HCBS Settings Rule**

The Home and Community Based Settings Rule (the Rule) was issued by the Centers for Medicaid and Medicare Services (CMS) on 3/14/14; compliance is required by 3/17/23. The purpose of the Rule is to maximize opportunities for Home and Community Based (HCB) Waiver participants to receive services in settings integrated in the community and realize the benefits of community living. Components of the Rule include a requirement for Person Centered Planning and HCB Waiver service settings have certain characteristics.

This multi-year effort got started through an initial assessment by the Public Consulting Group (PCG) on behalf of the SCDHHS. Providers submitted Compliance Action Plans (CAPs) to mitigate PCG findings, which all have been approved as of November 2020. Additionally, of the 1321 community settings impacted by the Rule, 114 settings (8.6%) were identified as possessing certain characteristics creating a presumption the settings had institutional qualities. This then required the State to more closely scrutinize these 114 settings to ensure each overcame this institutional presumption. To date, 91 of these settings have overcome the presumption to be compliant with the Rule. The residual 23 settings (1.7% of 1321 total settings) were determined to not yet be compliant, but the state believed compliance could be achieved before the end of the transition period (March 2023).



As of today, 1299 settings (98.3%) have been determined to be compliant with the Rule. The remaining 23 settings require DDSN to work with five providers operating these settings to ensure actions are taken to achieve compliance before the end of the transition period (March 2023). Those efforts will include assisting each of the providers to develop a plan for compliance; assisting implementing; and monitoring each provider's progress. The State must affirm that compliance has been achieved for each of the 23 settings no later than December 31, 2022, to ensure each setting remains eligible for Medicaid funding.

## **7. Progress on Implementation the HCBS Conflict Free Case Management Rule**

HCBS Settings Regulation requires Case Managers be conflict free by 12/31/23. This requires the State to separate Case Management from service delivery functions. This minimizes the risk of a conflict of interest to ensure case managers promote individual's free choice in service providers; independently and objectively oversee service quality and outcomes; and have a "fiduciary" relationship with their individuals. To meet these worthy objectives, SCDHHS established a transition framework as part of all DDSN Waivers.

The transition framework reflected 5752 individuals potentially in conflict. The transition framework required a 20% reduction by 12/31/21 (4601 remaining conflicted); 50% reduction by 12/31/22 (2876 remaining conflicted); and a 100% reduction by 12/31/23 (0 remaining conflicted). As of August 2021, DDSN has achieved a 34% reduction, which ahead of its first milestone for a 20% reduction by 12/31/21.

Case Management providers have submitted transition plans to meet the transition milestones and deadline. To date, the Case Management provider network has been able to absorb cases from providers leaving Case Management altogether or those cases in conflict needing to be transferred to another case manager.

## **8. Re-Engineered the Waiver Enrollment Process**

The current waiver waiting lists are at an all-time high containing 14,456 individuals and each waiver is at or near an all-time high in wait times: IDRD (5.4 years); Community Supports (3.6 years); and HASCI (0.4 years). A key element in addressing the waiting list is speeding up the waiver enrollment process to expend DDSN's existing legislatively appropriated funds for waiver slots. This will in turn permit DDSN to request additional appropriations to meet the sizable unfunded needs as demonstrated by the waiting lists.

The Waiver enrollment process was re-engineered to focus on early preparation prior to allocating a Waiver slot to an individual. As part of the process, a new Waiver enrollment automated module was designed and implemented in order to track progress in all phases. The new Waiver enrollment process was implemented on 7/1/21. It focuses on annual contact with people on waiting lists; specific preparation steps at three and six months prior to reaching the top of the waiting list; and slot allocation only when a person is ready to enroll. The new process, while fully implemented, is still in its early stages. In addition to building a long-term solution, DDSN worked to triage the current situation during FY21. DDSN reduced the 1011 individuals at the beginning of FY21 awarded waiver slots yet still not enrolled (392 days average time pending) to 480 individuals by the end of FY21. During FY22, DDSN will continually evaluate and adjust the process to ensure that the overall goals of the process are successful.

## **9. Re-Engineered the Agency's Policy Development & Approval Process**

During FY21, DDSN embarked on a comprehensive and systemic review of its directives, standards, and commission policies. DDSN, in many ways, is a virtual operation requiring the coordination of many remote individuals (e.g., case

managers, providers, DDSN functions, and individuals supported) to coordinate often in a sequential manner just to make one transaction complete. Doing this well is critical to mission success. Yet, the policy area had not been given proper attention for many years. Some managers generally viewed the periodic 3-4 year updates as a burden, which was reflected in a general pattern of rote updates and less than timely submissions. Well intended directives originating decades ago have outlived their usefulness, yet these directives tended to be renewed routinely. Directives had a tendency to be less than clear as well said in the 2019 Mercer Report, *“the service definitions in the waiver application and SCDDHS directives do not provide detailed requirements of service delivery.”*

DDSN established a common framework among the management team on developing/writing directives, standards, and policies, along with building a stringent staff and Commission oversight review process. Of the existing 180 directives, standards, and policies, 90 have been reviewed during FY21 which exceeded the goal of 45 by 100%.

## **10. Re-Emphasized Information Technologies’ Role in Moving the Agency Forward**

DDSN focused on enhancing agency information technology with the below efforts in FY21 to move the Agency forward:

- **Microsoft Teams Collaboration:** DDSN upgraded its communication and collaboration technology from SKYPE to Microsoft Teams. Benefits of Teams includes: enhanced collaboration tool; ability to train multiple facilities from a single location; improves the quality of presentations and committee meetings; and contains document capabilities to support project management through a virtual environment.
- **Complete Therap’s Billing Component:** Many factors caused the Agency’s enterprise IT platform, Therap, to be slowly rolled out over the past six years. Implementation of Therap’s billing component will complete DDSN’s cycle of waiver individual’s budgets, authorizations, and billing, which will then markedly improve Therap’s information reporting capabilities to better manage operations by both DDSN and participating providers using Therap. This will give DDSN the ability to centralize data and create a more seamless data framework for the agency. Completion is scheduled for late January 2022.
- **Security:** DDSN focused on hardening the IT security with the following: enforcing password standards; adding two-factor authentication for all users; broadly enforced patch management and system updates; and successfully moved 90% of all files to the cloud to reduce the threat of virus outbreaks and ransomware attacks with the remaining 10% of files moved by the end of 2021.
- **Desktop Virtualization:** Implementing desktop virtualization provides the following benefits to the Agency:
  - **Simplified IT Management:** With all of DDSN’s business data and information stored in one central place, virtual desktops automatically eliminate any need to install, update, and patch applications; scan for viruses; and back up files on each individual device.
  - **Improved Security:** Desktop virtualization eliminates the risk of data loss or breach because no data is stored locally on the device. Desktop permissions can be centrally controlled to avoid employees accidentally downloading malware from a spam email or a bad download link.
  - **Save Money:** Virtual desktops will drastically reduce the time (money) required to buy new computers and maintain existing computers.
  - **Reduced Downtime:** If a computer hardware fails or is compromised with a virus, the user can log onto any other device and immediately access all their files because no data is stored locally on the device.
  - **Power Business Intelligence (BI) Software:** DDSN started training and implementing Power BI in late FY21. Power BI will bring all of DDSN’s disparate data sets under one roof to permit building integrated reports

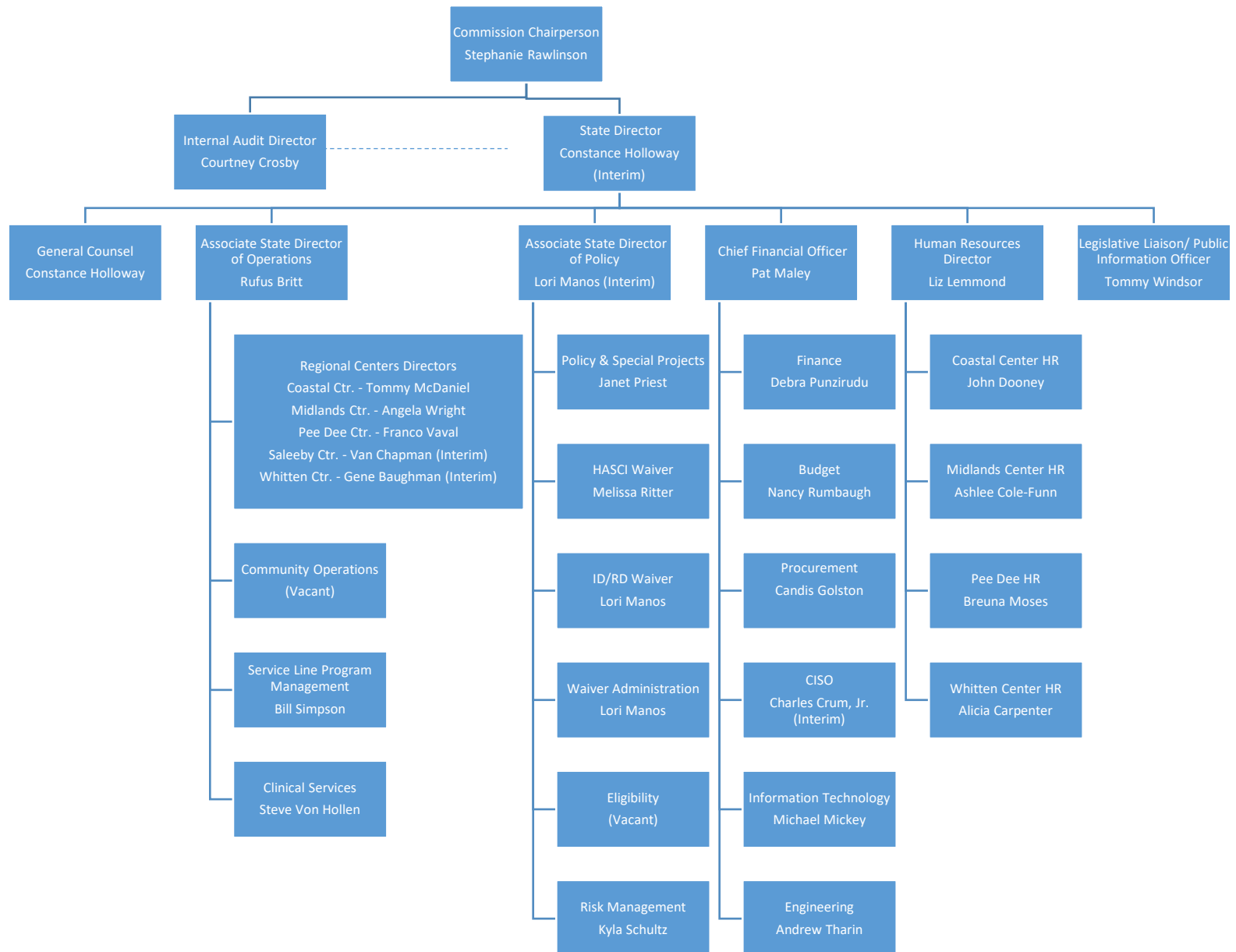
that automatically refresh as needed, along with intuitive user technology permitting more employees exploiting data to manage operations. The ultimate goal is to have better data provide better insights into operations across the agency, which will then permit better and faster decision making.

#### Going Forward

DDSN's provider network's strength is attracting passionate personnel into an incredible worthy mission of supporting our individuals having their best life. This passion for service requires DDSN to go the extra mile in maturing its delivery system capabilities to help with the business side of providers' operations while simultaneously maintaining heightened oversight for quality results and the safety, health & welfare of our vulnerable individuals. DDSN delivery system framework needs to ensure our passionate, service oriented providers can still thrive in a more competitive environment with higher financial accountability/risk and higher Medicaid expectations for measurable results and compliance.

# SC Department of Disabilities and Special Needs

## Organizational Chart



FY 2020-2021 Agency Accountability Report  
FY2020-21 Strategic Plan:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Goal Prevent Disabilities and Ameliorate Impact of Disabilities														
Strategy 1.1										Statewide Enterprise Objective				
Reduce Birth Defects										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.1.1	Annual Rate of NTD Births Per 10K Live Births	6	5.5	4.3	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of children born with NTD (spina bifida, anencephaly, encephalocele) by number of live births and multiply by 10,000	Report from Greenwood Genetics Center	Greenwood Genetics Annual Report of Deliverables	Taxpayers; DDSN	Taxpayer value of results; DDSN contract oversight	4000.050500X00	
1.1.2	Annual # of Children with Metabolic Disorders Receiving Curative Treatment	305	310	261	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center	Report from Greenwood Genetics Center	Greenwood Genetics Annual Report of Deliverables	Taxpayers; DDSN	Taxpayer value of results; DDSN contract oversight	4000.050500X00	



These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence											Statewide Enterprise Objective			
Strategy 2.1											Education, Training, and Human Development			
Maximize use of supports and services to enable individuals to live at home with family or in their own home														
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.1.1	Implement Re-Engineered Waiver Enrollment Process to Reduce Waiting List Times.	20%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; General Assembly; I/F.	DDSN oversight; General Assembly re timely deployment of appropriated waiver slots; individuals/families (I/F)	4000.101000.000	Implemented 7/1/21
2.1.2	Re-engineer Respite Program to promote greater access more efficiently.	25%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; I/F	DDSN oversight; I/F access to services	4000.101000.000	New rate established; businesses/Boards bill SCDHHS and self/family directed bill through a single fiscal agent.
2.1.3	Establish market rates for at-home services in coordination with SCDHHS and its consultant Mercer	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; I/F; SCDHHS	I/F quality of services; DDSN operational efficiency; I/F transparency of services; SCDHHS waiver oversight	0100.000000.000	Worked with new consultant and rates to be updated in the IDRD Waiver Renewal to be finalized in September 2021.
2.1.4	Develop IDRD renewal with significant positive changes in service array and quality management with 1st DRAFT by 6/30/21 and submission by 10/1/2021	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; I/F; SCDHHS	I/F quality of services; DDSN operational efficiency; SCDHHS waiver oversight	4000.101000.000	Bold changes contained in the IDRD Waiver Renewal that SCDHHS will send to CMS by 10/1/21.
2.1.5	Complete 55 environmental modification projects in FY21	55	55	65	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of completed projects	Internal database	DDSN Enterprise Performance Management System	DDSN; I/F	I/F service delivery; DDSN oversight and budget justification;	4000.101000.000	Exceeded goal of 55.
2.1.6	Develop Standing Task Force with providers to revive Day services from the impact of COVID-19, to include replacement services to meet at-home needs.	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; I/F; providers	I/F service delivery; DDSN oversight; provider fiscal benefit	4000.101500.000	Day services improved from 14% of pre-COVID levels in July 2020 to 64% in July 21; Adjusted capitated bands to both incentive at-home services yet left sufficient funds in bands for replacement services; Appendix K developed replacement services

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence														
Strategy 2.2										Statewide Enterprise Objective				
Utilize least restrictive residential settings/supports										Education, Training, and Human Development				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.2.1	Ratio of Persons Served In HCB waivers per 1 person served via ICF/IID.	10.9	11	11.7	Ratio	equal to or greater than	State Fiscal Year (July 1 - June 30).	Divide number of individuals served in one of the DDSN managed HCBS waivers by number of individuals served in ICF/IID	Internal database	DDSN Enterprise Performance Management System	DDSN	DDSN inform strategic goals and fiscal impact	4003.250000.000	11.7 to 1 ratio
2.2.2	Roll-out FY21 training plan for providers to develop capabilities to produce their own behavior support plans "in-house" and positive supports training to front-line DSPs.	10%	50%	20%	Percent Complete	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; providers, SCDHHS	I/F service quality; provider efficiency & quality; DDSN oversight; SCDHHS oversight	0100.000000.000	Planning nearly complete, but put on until new State Director is in place.
2.2.3	Establish two CTH IIs for autistic youth and reduce admissions to state funded congregate care facilities.	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; taxpayers	I/F service quality; DDSN fiscal impact; taxpayer value	4002.300000.000	Youth moved from group PRTF to two CTH II homes, which also moved services from state funded to Medicaid reimbursed.
2.2.4	Develop a more proactive Olmstead list at Regional Centers including both individuals desiring to return to the community and individuals capable needing training to return to the community	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN	I/F choice; DDSN legal requirements	4001.400000.000	Completely revised and established quarterly list & proactive engagement to move the individuals on the list even during COVID. Still need to get rates acuity based to incentive serving higher needs individuals.



These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence														
Strategy 2.3										Statewide Enterprise Objective				
Create opportunities for independent living, community inclusion and increased consumer/family choice and control of services										Education, Training, and Human Development				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.3.1	By 12/31/2020, all providers will have completed their HCBS Settings Compliance Action Plan and submitted 1st draft of all evidence packages for settings presumed to be institutional.	0%	100%	100%	Percent Complete	Complete	Other	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F quality of service; DDSN oversight; SCDHHS oversight	4003.250000.000	Completed in November 2020
2.3.2	Complete SLP I program improvement by addressing systemic service documentation, billing training, and standards, as well as change trend to substantially reduce \$1.2 million gap between Medicaid billings and provider billings to DDSN.	75%	100%	90%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; providers	I/F quality of service; provider efficiency; DDSN oversight	4003.250000.000	SLP I feedback reports complete; providers engaged in problem as we enter fee for service. However capitated gap increased during FY21 primarily due to lack of provider billing due to COVID environment.
2.3.3	Roll-out project to re-initiate contact with as many as 20,000 DDSN eligible individuals who are currently not receiving services.	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; provider; DDSN	I/F engagement/services; provider awareness/referrals; and DDSN oversight	4000.101000.000	Fully implemented with 35% of individuals contacted.

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Protect Health and Safety of Individuals Served													
Strategy	3.1										Statewide Enterprise Objective			
Ensure the needs of eligible individuals in crisis situations are met											Healthy and Safe Families			
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.1.1	Average Length of Wait for Individuals Removed from Critical Needs List with intensive behavioral needs in days.	327	270	141	Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year	Strengthens consumer safety	DDSN Enterprise Performance Management System	I/F; DDSN	I/F quality of service; DDSN oversight	4003.250000.000	Reduced from 314 in July 20.
3.1.2	Incentivize providers to invest in better serving high needs individuals in-place by moderating or eliminating the guaranteed beds to providers.	0%	100%	50%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; providers	I/F access to services; provider efficiency; and DDSN oversight	4003.250000.000	Policy developed but Intentionally delayed to coincide implementation with fee-for-service on 1/1/22 after significant rate increase and higher service expectations.
3.1.3	Develop methodology to establish firm funded system beds and place on web page to educate stakeholders to reduce waiting time dissatisfaction due to resource constraints and build case for future budget requests.	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; providers	I/F, provider, and DDSN education; DDSN fiscal tool	4000.101000.000	Particularly helpful as training tool.
3.1.4	Maintain Emergency Operations Center throughout COVID-10; situational reports to stakeholders; adequate PPE supplies; and continually consider Appendix K adjustments to navigate the national crisis.	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; providers; community; DHEC	I/F quality and safety; provider efficiency/compliance; DHEC compliance; community safety; DDSN oversight	0100.000000.000	EOC operational throughout COVID-19 to today; 49 situational reports delivered; multiple Appendix K applications submitted with system adjustments due to COVID.

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Protect Health and Safety of Individuals Served													
Strategy	3.2										Statewide Enterprise Objective			
Establish service directives and standards which promote consumer health and safety and monitor compliance										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.2.1	Increase Quality Management's ability to discern performance with increased substantive measures in the Alliant Contract monitoring process, which will likely lower contract scores to better reflect reality and stimulate improvement. Reported as average percent compliance with DDSN key indicators of community contract providers.	92%	91%	100%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	Divide total number of DDSN developed key indicators assessed by QIO to be compliant for community contract providers by total number of DDSN develop key indicators assessed	Internal database	Risk Division	I/F; DDSN; providers; SCDHHS	I/F quality of service; provider feedback/accountability; DDSN oversight; SCDHHS oversight	4003.250000.000	Key contract indicators revised in FY21 for FY22.
3.2.2	Increase Quality Management's ability to discern performance with increased substantive measures in the Alliant Contract monitoring process, which will likely lower licensing scores to better reflect reality and stimulate improvement. Reported as average percent compliance with DDSN key indicators of community contract providers.	94%	93%	100%	Percent	equal to or greater than	State Fiscal Year (July 1 - June 30).	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	Internal database	Risk Division	I/F; DDSN; providers; SCDHHS	I/F quality of service; provider feedback/accountability; DDSN oversight; SCDHHS oversight	4003.250000.000	Key licensing indicators revised in FY21 for FY22.
3.2.3	Annual # of Community ICF/IID with Two or More Condition Level Citations	0	0	0	Count	Maintain	State Fiscal Year (July 1 - June 30).	Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year	Internal database	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4003.250000.000	
3.2.4	Annual # of Regional Center ICF/IID with Two or More Condition Level Citations	0	0	1	Count	Maintain	State Fiscal Year (July 1 - June 30).	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	Internal database	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4001.400000.000	
3.2.5	Annual # of Community ICF/IID Immediate Jeopardy Findings	0	0	0	Count	Maintain	State Fiscal Year (July 1 - June 30).	Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	Internal database	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4003.250000.000	
3.2.6	Annual # of Regional Center Immediate Jeopardy Findings	0	0	1	Count	Maintain	State Fiscal Year (July 1 - June 30).	Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	Internal database	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4001.400000.000	
3.2.7	Re-engineer the provider recoupment process and implement by 3/31/21	20%	100%	80%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; providers; community; SCDHHS	I/F quality of service; provider feedback/accountability; DDSN oversight; SCDHHS oversight	0100.000000.000	Issue investigated, analyzed, and recommendations submitted to SCDHHS on 10/20/20. Implementation delayed due to COVID
3.2.8	Develop detail project plan to move from DDSN Directive driven licensing to regulation driven licensing, which will start implementation in FY22 if Commission approval obtained.	0%	100%	50%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; providers; community; SCDHHS	I/F quality of service; provider feedback/accountability; DDSN oversight; SCDHHS oversight	0100.000000.000	Plan complete, but project held in abeyance until new State Director selected.

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
3.2.9	Standardize Regional Center staffing model and increase automation of staffing level data to support management decisions.	0%	100%	50%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; DDSN; DHEC	I/F quality of service; DDSN oversight; DHEC oversight	4003.250000.000	Staffing model standardized manually, but not automated through the Kronos application due to COVID environment and Regional Center staff shortages.

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Protect Health and Safety of Individuals Served													
Strategy	3.3									Statewide Enterprise Objective				
Systemically monitor and review critical incident reporting, remediate substandard performance and facilitate system improvement										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.3.1	Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Community Residential Settings	0.24	0	0.27	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of arrest for 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	Internal database	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F quality; DDSN oversight; SCDHHS oversight	4003.250000.000	
3.3.2	Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Regional Centers	0.61	0.4	2.13	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of arrests for 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	Internal database	DDSN Enterprise Performance Management System	I/F; DDSN; DHEC	I/F quality; DDSN oversight; DHEC oversight	4003.250000.000	
3.3.3	Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in the Community Residential Settings	2.4	2.2	2.65	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of substantiated administrative 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	Internal database	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F quality; DDSN oversight; SCDHHS oversight	4003.250000.000	
3.3.4	Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in Regional Centers	2.7	2.5	3.77	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of substantiated administrative 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	Internal database	DDSN Enterprise Performance Management System	I/F; DDSN; DHEC	I/F quality; DDSN oversight; DHHS oversight	4003.250000.000	
3.3.5	Mature Technical Assistance Unit's direct provider support with number of "deep dive" technical engagements to address at-risk providers.	4	5	9	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	Risk Division	I/F; DDSN; SCDHHS; providers	I/F quality; DDSN oversight; provider feedback; SCDHHS oversight	0100.000000.000	Nine providers received 'deep dives' in FY21.
3.3.6	Risk Management Division provides a best practice, feedback, or lessons learned bulletin to providers approximately once a month.	0%	100%	50%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	Risk Division	I/F; DDSN; SCDHHS; providers	I/F quality; DDSN oversight; provider feedback; SCDHHS oversight	0100.000000.000	Three communications disseminated and several pending approval.

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Efficiently & Effectively Operate the Service Delivery System														
Strategy 4.1										Statewide Enterprise Objective				
Proactively Initiate System and Process Improvements										Government and Citizens				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
4.1.1	Implement Business Intelligence Reporting and develop inventory of standardized reporting across all business lines.	0%	100%	20%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	Providers; DDSN	provider feedback/quality improvement; DDSN oversight	0100.000000.000	Business Intelligence started with training staff, but reports lagging due to COVID. Anticipate completing in FY22.
4.1.10	Complete Therap billing component and implement by end of FY21.	50%	100%	50%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	Providers; DDSN	provider efficiency; DDSN efficiency and oversight	0100.000000.000	Plan developed but project implementation slowed due to personnel availability during COVID.
4.1.2	Complete cost reports for FYs 13, 14, 15, and 18.	50%	100%	98%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	Providers; DDSN; SCDHHS	DDSN fiscal management; SCDHHS compliance; provider rate adjustments	0100.000000.000	FY19 complete (FY18 replaced by FY19). FY13, FY14, and FY15 complete pending final CFO approval to be completed in September 2021.
4.1.3	Implement fee for service for at-home bands in FY21 and have firm plans for residential band conversion to fee for service.	50%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	I/F; providers; DDSN; SCDHHS	I/F quality; Provider quality; DDSN fiscal; and SCDHHS oversight	0100.000000.000	At-home services moved to FFS on 1/1/221; residential transition planned for 1/1/22.
4.1.4	Implement Enterprise Risk Management model along with Internal Audit providing assurance of management's identified risks, as well as having an audit plan consistent with addressing enterprise risk.	0%	100%	80%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN	DDSN management	0100.000000.000	Enterprise Risk implemented, but Internal Audit's participation lacking. Will be addressed in FY22 with new Internal Audit Director.
4.1.5	Of the remaining 72 state funded residential beds, convert 50% to Medicaid funded beds in FY21.	40%	50%	64%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; providers	DDSN fiscal management; provider efficiency	0100.000000.000	
4.1.6	Implement a waiver administrative contract with SCDHHS for FY21	50%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; SCDHHS	DDSN fiscal management; SCDHHS oversight	0100.000000.000	Signed in May 2021
4.1.7	Develop a plan to be approved by SCDHHS to flip residential bands to maximize obtaining appropriate Medicaid matching funds consistent with Mercer Report's support to increase residential rates.	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; SCDHHS; providers	DDSN fiscal management & operational efficiency; provider efficiency; SCDHHS oversight	0100.000000.000	Plan being executed with the IDRD Waiver Renewal to be finalized in September 2021 and implemented on 1/1/22.
4.1.8	Establish a monthly update of "enterprise issues" to keep stakeholders informed.	0%	100%	20%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN	DDSN management	0100.000000.000	Discontinued after State Director change.
4.1.9	Build policy tracking tool visible on the web page to Commissioners, staff, and stakeholders on the flow of policy in the approval process.	0%	100%	100%	Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete as determined by the agency.	Internal Records	DDSN Enterprise Performance Management System	DDSN; providers	DDSN efficiency; provider efficiency	0100.000000.000	Manual tool developed. Initial off-the-shelf automated tool abandoned in favor of SharePoint. entation approach still under construction.

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Efficiently & Effectively Operate the Service Delivery System													
Strategy	4.2									Statewide Enterprise Objective				
Agencywide Outcome Measures										Government and Citizens				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
4.2.1	Re-validate INFOSEC procedures used to implement SC State INFOSEC mandatory policy requirements.	0	60	75	Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count procedures revalidated during the FY	Internal Records	DDSN Enterprise Performance Management System	DDSN; providers	DDSN compliance and efficiency; provider efficiency	0100.000000.000	75 completed procedures in FY21 exceeded goal of 60.
4.2.2	Average Time of Wait (in years) for Individuals to be Enrolled in ID/RD Waiver	4.4	4.2	5.3	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	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	Internal database	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F services; DDSN management; SCDHHS oversight	4000.101000.000	
4.2.3	Average Time of Wait (in years) for Individuals to be Enrolled in CS Waiver	3	2.8	3.5	Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide total waiting time (in days) of all individuals enrolled in CS waiver during respective fiscal year by the number of individuals enrolled in CS waiver then divide by 365	Internal database	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F services; DDSN management; SCDHHS oversight	4000.101000.000	
4.2.4	Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver	0	0	0.5	Ratio	Maintain	State Fiscal Year (July 1 - June 30).	Divide total waiting time (in days) of all individuals enrolled in HASCI waiver during respective fiscal year by the number of individuals enrolled in HASCI waiver then divide by 365	Internal database	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F services; DDSN management; SCDHHS oversight	4002.200000.000	

FY 2020-2021 Agency Accountability Report  
FY2021-22 Strategic Plan:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Goal Prevent Disabilities and Ameliorate Impact of Disabilities														
Strategy 1.1										Statewide Enterprise Objective				
Reduce Birth Defects										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.1.1	Annual Rate of NTD Births Per 10K Live Births	6	5.3		Count (whole number)	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of children born with NTD (spina bifida, anecephaly, encephalocele) by number of live births and multiply by 10,000	Report from Greenwood Genetics Center	Greenwood Genetics Annual Report of Deliverables	Taxpayers; DDSN	Taxpayer value of results; DDSN contract oversight	4000.050500X00	
1.1.2	Annual # of Children with Metabolic Disorders Receiving Curative Treatment	305	310		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center	Report from Greenwood Genetics Center	Greenwood Genetics Annual Report of Deliverables	Taxpayers; DDSN	Taxpayer value of results; DDSN contract oversight	4000.050500X00	



These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Prevent Disabilities and Ameliorate Impact of Disabilities													
Strategy	1.2										Statewide Enterprise Objective			
Reduce the severity of disabilities											Healthy and Safe Families			
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
1.2.1	Percent of Early Intervention utilization is Medicaid reimbursable	61.4	63.4		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of the number of Medicaid reimbursable Early Intervention units divided by number of total Early Intervention units.	Monthly Early Intervention Report	DDSN Enterprise Performance Management System	Taxpayers; DDSN	Taxpayer value of results; DDSN oversight and budget justification	4002.200000.000	
1.2.2	Number of individuals receiving Post Acute Rehabilitation Services	84	90		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of the number of individuals with traumatic brain injury or spinal cord injury receiving DDSN funded post acute rehabilitation services	PARI Monthly Report	DDSN Enterprise Performance Management System	Taxpayers; DDSN	Taxpayer value of results; DDSN oversight and budget justification	4002.200000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence											Statewide Enterprise Objective			
Strategy 2.1											Education, Training, and Human Development			
Maximize use of supports and services to enable individuals to live at home with family or in their own home														
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.1.1	Establish performance measure(s) to monitor implementation of new Waiver Enrollment System	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	Waiver Enrollment Monthly Report	DDSN Enterprise Performance Management System	DDSN; General Assembly; I/F.	DDSN oversight; General Assembly re timely deployment of appropriated waiver slots; individuals/families (I/F)	4000.101000.000	
2.1.2	Build monitoring policies, procedures, and tools to measure staffing "on-the-floor" for day and residential services to support the new service rates underpinned by staffing level expectations	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	DDSN; I/F	DDSN oversight; I/F quality of services	4003.250000.000	
2.1.3	Obtain SCDHHS approval to add individual residential settings & rates to IDR Waiver Renewal to create pathway the completely transition to fee-for-service and enhanced services.	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	DDSN; I/F; SCDHHS	I/F quality of services; DDSN operational efficiency; SCDHHS waiver oversight	0100.000000.000	
2.1.4	Convert residential bands to fee-for-service on 1/1/22 to enhance service productivity	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	DDSN; I/F; SCDHHS	I/F quality of services; DDSN operational efficiency; SCDHHS waiver oversight	4000.101000.000	
2.1.5	Environmental modifications completed	55	59		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count of completed projects	Environmental Mod Monthly Report	DDSN Enterprise Performance Management System	DDSN; I/F	I/F service delivery; DDSN oversight and budget justification;	4000.101000.000	
2.1.6	Complete Community Support Waiver by 6/30/22 with enhanced services similar to IDR Waiver Renewal	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	DDSN; I/F; providers; SCDHHS	I/F service delivery; DDSN oversight; SCDHHS oversight	4001.101000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence										Statewide Enterprise Objective				
Strategy 2.2										Education, Training, and Human Development				
Utilize least restrictive residential settings/supports														
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.2.1	Ratio of Persons Served In HCB waivers per 1 person served via ICF/IID.	10.9	11.1		Ratio	equal to or greater than	State Fiscal Year (July 1 - June 30).	Divide number of individuals served in one of the DDSN managed HCBS waivers by number of individuals served in ICF/IID	Individuals Receiving Services & DDSN Eligibility Quarterly Report	DDSN Enterprise Performance Management System	DDSN	DDSN inform strategic goals and fiscal impact	4003.250000.000	
2.2.2	Meet or exceed SCDHHS HCBS Conflict Free Case Management deadlines	0%	100%		Percent Complete	complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; providers, SCDHHS	I/F service quality; provider efficiency & quality; DDSN oversight; SCDHHS oversight	0100.000000.000	
2.2.3	Develop a program to equalize Regional Centers staffing and census to generate improve service ratios with emphasis on increasing community placement as appropriate	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; taxpayers	I/F service quality; DDSN fisal impact; taxpayer value; DDSN legal requirements	4003.250000.000	
2.2.4	Re-evaluate CIRs & SFH settings upon placement into new residential settings in fee-for-service	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN	I/F choice and quality; DDSN oversight;	4003.250000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the														
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence													
Strategy	2.3										Statewide Enterprise Objective			
Create opportunities for independent living, community inclusion and increased consumer/family choice and control of services										Education, Training, and Human Development				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Program Number Responsible	Notes
2.3.1	Meet or exceed SCDHHS HCBS Settings Rule deadlines for FY22	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F quality of service; DDSN oversight; SCDHHS oversight	0100.000000.000	
2.3.2	Implement Case Management monitoring tool	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; providers	I/F quality of service; provider feedback; DDSN oversight	4000.102000.000	
2.3.3	Complete project to re-initiate contact with as many as 20,000 DDSN elibiglbe individuals who are currently not receiving services	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; provider; DDSN	I/F engagement/services; provider awareness/referrals; and DDSN oversight	4000.101000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Protect Health and Safety of Individuals Served													
Strategy	3.1									Statewide Enterprise Objective				
Ensure the needs of eligible individuals in crisis situations are met										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.1.1	Average Length of Wait for Individuals Removed from Critical Needs List with intensive behavioral needs in days.	327	150		Count	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year	Critical Needs Waiting List Monthly Report	DDSN Enterprise Performance Management System	I/F; DDSN	I/F quality of service; DDSN oversight	4003.250000.000	
3.1.2	Implement pilot tele-phychiatry program through the 10% FMAP funds	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; providers	I/F quality; provider efficiency; and DDSN oversight	0100.000000.000	
3.1.3	Implement pilot tele-medicine program through the 10% FMAP funds	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; providers	I/F quality; provider efficiency; and DDSN oversight	0100.000000.000	
3.1.4	Maintain Emergency Operations Center throughout COVID-10; situational reports to stakeholders; adequate PPE supplies; and continually consider Appendix K adjustments to navigate the national crisis.	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; providers; community; DHEC	I/F quality and safety; provider efficiency/compliance; DHEC compliance; community safety; DDSN oversight	0100.000000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Protect Health and Safety of Individuals Served														
Strategy 3.2										Statewide Enterprise Objective				
Establish service directives and standards which promote consumer health and safety and monitor compliance										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.2.1	Establish requirement for a full-time medical nurse or nurse practitioner at Central Office to meet training and expertise needs for operations and manage the many medical contracts at Regional Centers	0%	100%		Percent Complete	complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	Risk Division	I/F; DDSN; providers; SCDHHS	I/F quality of service; DDSN efficiency & oversight; SCDHHS oversight	4003.250000.000	
3.2.2	Develop requirement for scorecard to assess waiver assurance results for new Quarterly meeting with SCDHHS	0%	100%		Percent Complete	complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	Risk Division	I/F; DDSN; providers; SCDHHS	I/F quality of service; provider feedback/accountability; DDSN oversight; SCDHHS oversight	0100.000000.000	
3.2.3	Annual # of Community ICF/IID with Two or More Condition Level Citations	0	0		Count	Maintain	State Fiscal Year (July 1 - June 30).	Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year	Risk Division--DHEC Reports	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4003.250000.000	
3.2.4	Annual # of Regional Center ICF/IID with Two or More Condition Level Citations	0	0		Count	Maintain	State Fiscal Year (July 1 - June 30).	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	Risk Division--DHEC Reports	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4001.400000.000	
3.2.5	Annual # of Community ICF/IID Immediate Jeopardy Findings	0	0		Count	Maintain	State Fiscal Year (July 1 - June 30).	Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	Risk Division--DHEC Reports	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4003.250000.000	
3.2.6	Annual # of Regional Center Immediate Jeopardy Findings	0	0		Count	Maintain	State Fiscal Year (July 1 - June 30).	Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	Risk Division--DHEC Reports	Risk Division	I/F; DDSN; providers; SCDHHS; DHEC	I/F quality of service; provider feedback/accountability; DDSN oversight; DHEC/SCDHHS oversight	4001.400000.000	
3.2.7	Implement new Recoupment Program for Waiver services	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; providers; community; SCDHHS	I/F quality of service; provider feedback/accountability; DDSN oversight; SCDHHS oversight	0100.000000.000	
3.2.8	Implement EVV	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; DDSN; providers; community; SCDHHS	I/F quality of service; provider feedback/accountability; DDSN oversight; SCDHHS oversight	0100.000000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Protect Health and Safety of Individuals Served													
Strategy	3.3										Statewide Enterprise Objective			
Systemically monitor and review critical incident reporting, remediate substandard performance and facilitate system improvement										Healthy and Safe Families				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
3.3.1	Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Community Residential Settings	0.24	0.2		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of arrest for 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	Risk Division-- Incident Management System	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F quality; DDSN oversight; SCDHHS oversight	4003.250000.000	
3.3.2	Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Regional Centers	0.61	0.4		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of arrests for 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	Risk Division-- Incident Management System	DDSN Enterprise Performance Management System	I/F; DDSN; DHEC	I/F quality; DDSN oversight; DHEC oversight	4003.250000.000	
3.3.3	Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in the Community Residential Settings	2.4	2.2		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of substantiated administrative 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	Risk Division-- Incident Management System	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F quality; DDSN oversight; SCDHHS oversight	4003.250000.000	
3.3.4	Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in Regional Centers	2.7	2.5		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide number of substantiated administrative 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	Risk Division-- Incident Management System	DDSN Enterprise Performance Management System	I/F; DDSN; DHEC	I/F quality; DDSN oversight; DHHS oversight	4003.250000.000	
3.3.5	Develop monthly reporting to executive management on results from licensing, contract reviews, and residential observations	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	Risk Division	I/F; DDSN; SCDHHS; providers	I/F quality; DDSN oversight; provider feedback; SCDHHS oversight	0100.000000.000	

These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal	Efficiently & Effectively Operate the Service Delivery System													
Strategy	4.1									Statewide Enterprise Objective				
Proactively Initiate System and Process Improvements										Government and Citizens				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
4.1.1	Implement Business Intelligence Reporting and develop inventory of standardized reporting across all business lines.	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	Providers; DDSN	provider feedback/quality improvement; DDSN oversight	0100.000000.000	
4.1.2	Complete Therap billing component and implement	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	Providers; DDSN	provider efficiency; DDSN efficiency and oversight	0100.000000.000	
4.1.3	Complete Cost Reports for FY 18 and FY20	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	Providers; DDSN; SCDHHS	DDSN fiscal management; SCDHHS compliance; provider rate adjustments	0100.000000.000	
4.1.4	Develop internal controls to monitor monthly SCDHHS state fund payment requests for direct billed services	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	I/F; providers; DDSN; SCDHHS	I/F quality; Provider quality; DDSN fiscal; and SCDHHS oversight	0100.000000.000	
4.1.5	Implement Enterprise Risk Management model along with Internal Audit providing assurance of management's identified risks, as well as having an audit plan consistent with addressing enterprise risk.	80%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	DDSN	DDSN management	0100.000000.000	
4.1.6	Integrate all Regional Center delayed maintenance items into one living report periodically updated.	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	DDSN; providers	DDSN fiscal management; I/F quality	0100.000000.000	
4.1.7	Obtain legislative approval for a multi-year strategy for recurring funds to support IDR Waiver Renewal new costs	0%	100%		Percent Complete	Complete	State Fiscal Year (July 1 - June 30).	Percent complete based on Project Plan completion.	FY22 Tactical Objective Tracking Tool	DDSN Enterprise Performance Management System	DDSN; SCDHHS	DDSN fiscal management; SCDHHS oversight	0100.000000.000	



These responses were submitted for the FY 2020-2021 Accountability Report by the DEPARTMENT OF DISABILITIES & SPECIAL NEEDS														
Goal Efficiently & Effectively Operate the Service Delivery System														
Strategy 4.2										Statewide Enterprise Objective				
Agencywide Outcome Measures										Government and Citizens				
Measure Number	Description	Base	Target	Actual	Value Type	Desired Outcome	Time Applicable	Calculation Method	Data Source	Data Location	Primary Stakeholder	Stakeholder Need Satisfied	State Funded Budget Program Number Responsible	Notes
4.2.1	Re-validate INFOSEC procedures used to implement SC State INFOSEC mandatory policy requirements.	75	120		Count	equal to or greater than	State Fiscal Year (July 1 - June 30).	Count procedures revalidated during the FY	INFOSEC Monthly Report	DDSN Enterprise Performance Management System	DDSN; providers	DDSN compliance and efficiency; provider efficiency	0100.000000.000	
4.2.2	Average Time of Wait (in years) for Individuals to be Enrolled in ID/RD Waiver	4.4	5.2		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	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	Waiver Enrollment Monthly Report	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F services; DDSN management; SCDHHS oversight	4000.101000.000	
4.2.3	Average Time of Wait (in years) for Individuals to be Enrolled in CS Waiver	3	3.5		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide total waiting time (in days) of all individuals enrolled in CS waiver during respective fiscal year by the number of individuals enrolled in CS waiver then divide by 365	Waiver Enrollment Monthly Report	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F services; DDSN management; SCDHHS oversight	4000.101000.000	
4.2.4	Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver	0	0.1		Ratio	equal to or less than	State Fiscal Year (July 1 - June 30).	Divide total waiting time (in days) of all individuals enrolled in HASCI waiver during respective fiscal year by the number of individuals enrolled in HASCI waiver then divide by 365	Waiver Enrollment Monthly Report	DDSN Enterprise Performance Management System	I/F; DDSN; SCDHHS	I/F services; DDSN management; SCDHHS oversight	4002.200000.000	

FY 2020-2021 Agency Accountability Report Budget Responses:										
These responses were submitted for the FY 2020-2021 Accountability Report by the										
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS										
			FY 2020-21 Expenditures (Actual)				FY 2021-22 Expenditures (Projected)			
State Funded Program Number	State Funded Program Title	Description of State Funded Program	General	Other	Federal	TOTAL	General	Other	Federal	TOTAL
0100.000000.000	Administration	DDSN Administrative Overhead	\$4,045,763.00	\$3,085,463.00	\$98,203.00	\$7,229,429.00	\$4,944,354.00	\$3,442,645.00		\$8,386,999.00
4000.050100.000	Prevention Program	Prevention or amelioration of disabilities		\$12,500.00		\$12,500.00	\$400,000.00	\$257,098.00		\$657,098.00
4000.050500X000	Greenwood Genetic Center	Conducts genetic and metobolic reseach and therapies for the IDD/DD population.	\$4,934,300.00	\$4,903,580.00		\$9,837,880.00	\$4,934,300.00	\$10,251,271.00		\$15,185,571.00
4000.100501.000	Children's Services	Early Intervention services for ages 3-6 to mitigate developmental disabilities.	\$5,513,237.00	\$7,308,560.00		\$12,821,797.00	\$4,498,868.00	\$20,169,726.00		\$24,668,594.00
4000.101000.000	In-Home Family Supports	At-Home family supports to prevent institutionalization.	\$45,731,743.00	\$9,027,464.00	\$9,724.00	\$54,768,931.00	\$52,146,057.00	\$48,128,144.00		\$100,274,201.00
4000.101500.000	Adult Develop & Support Employment	Employment Services for IDD/DD population	\$19,705,394.00	\$52,396,004.00		\$72,101,398.00	\$18,463,806.00	\$64,894,532.00		\$83,358,338.00
4000.102000.000	Service Coordination	Case Management	\$3,251,805.00	\$10,266,388.00		\$13,518,193.00	\$6,476,847.00	\$16,189,293.00		\$22,666,140.00
4000.150500.000	Autism Family Support Srvcs	At-Home family supports for those with Autistic diagnosis to prevent institutionalization.	\$1,753,162.00	\$13,486,206.00		\$15,239,368.00	\$4,829,854.00	\$20,958,972.00		\$25,788,826.00
4001.350000.000	Head & Spinal Cord Injury Community Resi	Residential services for HASCI eligible individuals	\$868,073.00	\$4,582,490.00		\$5,450,563.00	\$1,158,763.00	\$3,881,769.00		\$5,040,532.00
4001.400000.000	Regional Centers Residential Pgm	Intermediate Care Facilities for those individuals with the highest needs.	\$47,106,196.00	\$25,017,355.00	\$2,235,614.00	\$74,359,165.00	\$43,673,940.00	\$47,161,957.00	\$217,000.00	\$91,052,897.00
4002.200000.000	Head & Spinal Cord Injury Fam Supp	At-home support services for HASCI eligible individuals.	\$11,150,809.00	\$9,597,204.00		\$20,748,013.00	\$11,215,216.00	\$18,165,834.00		\$29,381,050.00
4002.300000.000	Autism Community Residential Program	Residential services for individuals with the Autism Diagnosis.	\$5,618,600.00	\$29,187,326.00	\$10,288.00	\$34,816,214.00	\$5,253,997.00	\$23,810,087.00		\$29,064,084.00
4003.250000.000	Intellectual Disability Comm Residential	Residential services for all IDD diagnoses.	\$101,904,025.00	\$237,739,516.00	\$140,483.00	\$339,784,024.00	\$95,876,816.00	\$255,896,650.00	\$123,000.00	\$351,896,466.00
9500.050000.000	State Employer Contributions	Employee Related Expenses, also known as fringe.	\$24,257,152.00	\$3,973,316.00	\$41,690.00	\$28,272,158.00	\$24,864,871.00	\$11,497,772.00		\$36,362,643.00

FY 2020-2021 Agency Accountability Report

Legal Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Definitions	Not related to agency deliverable	§ 40-35-20	State	Statute	
Supervision of facilities and centers by licensed administrators	Not related to agency deliverable	§ 40-35-30	State	Statute	
Definitions	Not related to agency deliverable	§ 43-35-10	State	Statute	
Nonmedical remedial treatment by spiritual means is not abuse or neglect of vulnerable adult	Not related to agency deliverable	§ 43-35-13	State	Statute	
Vulnerable Adults Investigations Unit; Long Term Care Ombudsman Program; Adult Protective Services Program; responsibilities; referral of reports	Not related to agency deliverable	§ 43-35-15	State	Statute	
Additional powers of investigative entities	Not related to agency deliverable	§ 43-35-20	State	Statute	
Persons required to report abuse, neglect, or exploitation of adult; reporting methods	Requires a service	§ 43-35-25	State	Statute	Mandated reporting of abuse, neglect and exploitation.
Photographing of visible trauma on abused adult	Requires a service	§ 43-35-30	State	Statute	Photographing areas of trauma.
Council created; membership; filling vacancies (APCC)	Not related to agency deliverable	§ 43-35-310	State	Statute	
Reporting deaths where abuse or neglect suspected	Requires a service	§ 43-35-35	State	Statute	mandated reporting of deaths due to abuse, neglect or exploitation.
Short title	Not related to agency deliverable	§ 43-35-5	State	Statute	
Investigations of deaths in facilities operated by the Department of Mental Health or the Department of Disabilities and Special Needs; death by natural causes in a veterans' nursing home	Not related to agency deliverable	§ 43-35-520	State	Statute	
Access to medical information	Requires a service	§ 43-35-540	State	Statute	Provide upon request of SLED, records of death.
Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support	Not related to agency deliverable	§ 43-35-560	State	Statute	
Sharing of report information by investigative entities; public confidentiality	Not related to agency deliverable	§ 43-35-60	State	Statute	
Notices to be displayed at facilities	Requires a service	§ 43-35-65	State	Statute	Display notices concerning reporting of abuse, neglect and exploitation.
Immunity of person making report or participating in investigation in good faith	Not related to agency deliverable	§ 43-35-75	State	Statute	
This chapter may be cited as the "South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act"	Not related to agency deliverable	§ 44-20-10	State	State	
Licensing by department to be done in conjunction with licensing by agency having responsibility outside the department's jurisdiction; cooperative agreements	Requires a service	§ 44-20-1000	State	State	
Department's authority as to State's disabilities and special needs services and programs	Not related to agency deliverable	§ 44-20-1110	State	State	
Raising of money for construction of improvements	Not related to agency deliverable	§ 44-20-1120	State	State	
Limitation on amount of state capital improvement bonds	Not related to agency deliverable	§ 44-20-1130	State	State	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Improvements for residential regional center or community facility; application	Not related to agency deliverable	§ 44-20-1140	State	State	
Powers and duties concerning application for improvements	Not related to agency deliverable	§ 44-20-1150	State	State	
Use of monies derived from revenues	Requires a service	§ 44-20-1160	State	State	Revenues to be used principal and interest of outstanding obligations.
Special funds; disposition of revenues; withdrawal of funds	Not related to agency deliverable	§ 44-20-1170	State	State	
Purpose of chapter	Not related to agency deliverable	§ 44-20-20	State	State	
Creation of South Carolina Commission on Disabilities and Special Needs; membership; terms of office; removal; vacancies	Not related to agency deliverable	§ 44-20-210	State	State	
Duties of Commission; per diem; appointment of Director of Disabilities and Special Needs; advisory committees	Not related to agency deliverable	§ 44-20-220	State	State	
Powers and duties of director	Not related to agency deliverable	§ 44-20-230	State	State	
Creation of Department of Disabilities and Special Needs; divisions	Requires a service	§ 44-20-240	State	State	
Powers and duties of Department	Not related to agency deliverable	§ 44-20-250	State	State	
Ownership of property confirmed in Department of Disabilities and Special Needs; retention of subsequent sales proceeds	Not related to agency deliverable	§ 44-20-255	State	State	
Research programs	Requires a service	§ 44-20-260	State	State	
Administration of federal funds	Requires a service	§ 44-20-270	State	State	
Contracts for expansion of service	Not related to agency deliverable	§ 44-20-280	State	State	
Security guards; powers; bonds	Not related to agency deliverable	§ 44-20-290	State	State	
Definitions	Not related to agency deliverable	§ 44-20-30	State	State	
Motor vehicle liability insurance for employees of Department	Not related to agency deliverable	§ 44-20-300	State	State	
Sale of timber from forest lands; disposition of funds	Not related to agency deliverable	§ 44-20-310	State	State	
Acceptance of gifts, etc. by Department; policies and regulations	Not related to agency deliverable	§ 44-20-320	State	State	
Granting of easements, permits, or rights-of-way by Department	Not related to agency deliverable	§ 44-20-330	State	State	
Records and reports pertaining to client; confidentiality of information; waiver	Requires a service	§ 44-20-340	State	State	
Reimbursement to State for its fiscal outlay on behalf of Department; charge for services; hearing and review procedures; collection of claims	Requires a service	§ 44-20-350	State	State	A hearing procedure for review of charges for services.
Fee for Intermediate Care Facilities for persons with intellectual disability; proceeds to general fund	Not related to agency deliverable	§ 44-20-355	State	State	
Midlands Center, Coastal Center, Pee Dee Center, and Whitten Center designated as independent school districts	Not related to agency deliverable	§ 44-20-360	State	State	
Closing regional centers to be authorized by law	Requires a service	§ 44-20-365	State	State	Regional Center services.
Notification of applicant qualifying for services; county programs; training programs	Requires a service	§ 44-20-370	State	State	Notice to applicants, review of service plans; standards of operations for county boards; review of county programs and consultation to county boards.
County boards of disabilities and special needs; establishment; recognition	Not related to agency deliverable	§ 44-20-375	State	State	
Funds for county boards of disabilities and special needs	Requires a service	§ 44-20-380	State	State	
Additional powers and duties of county boards of disabilities and special needs	Not related to agency deliverable	§ 44-20-385	State	State	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Initial intake and assessment service for person believed to be in need of services; service plans; residency requirements	Requires a service	§ 44-20-390	State	State	
Admission of person to services of Department for evaluation and diagnosis; form for application	Requires a service	§ 44-20-400	State	State	
Requirement for admission to services	Requires a service	§ 44-20-410	State	State	Admission to services determined by relative need and availability of services.
Designation of service or program in which client is placed	Requires a service	§ 44-20-420	State	State	
Final authority over applicant eligibility, etc	Requires a service	§ 44-20-430	State	State	Eligibility to services determined by final decision of agency director.
Admission of client upon request of parent, spouse, lawful custodian or legal guardian, or upon request of applicant	Requires a service	§ 44-20-440	State	State	Prescribe firm for admission to services.
Proceedings for involuntary admission; petition; hearing; service of notice; guardian ad litem; right to counsel; report; termination of proceedings; order of admission; appeal; confinement in jail prohibited	Requires a service	§ 44-20-450	State	State	
Discharge of client; detention of voluntarily admitted client; venue for judicial admission; protective custody for client	Requires a service	§ 44-20-460	State	State	
Return of nonresident person with intellectual disability or related disability to agency of state of his residency; reciprocal agreements with other states; detention of person returned by out-of-state agency; expenses	Requires a service	§ 44-20-470	State	State	
Placement of client out of home; payment for services	Requires a service	§ 44-20-480	State	State	Placement in least restrictive environment.
Placement of client in employment situation; sheltered employment and training programs; compensation of clients	Requires a service	§ 44-20-490	State	State	
Order of confinement for client	Requires a service	§ 44-20-500	State	State	
Attendance of client in community based public school classes	Not related to agency deliverable	§ 44-20-510	State	State	
Licensing of facilities and programs	Requires a service	§ 44-20-710	State	State	Licensing of day programs.
Minimum standards of operation and license programs	Requires a service	§ 44-20-720	State	State	Standards for operation and license of programs.
Criteria for issuance of license	Requires a service	§ 44-20-730	State	State	
Restrictions as to services; number of clients; form of application for license; term of license; license as not transferrable	Requires a service	§ 44-20-740	State	State	Only licensed day programs can provide services.
Inspection of facilities; filing copy of bylaws, regulations, and rates of charges; inspection of records	Not related to agency deliverable	§ 44-20-750	State	State	
Disclosure of inspections; protection of names of clients	Requires a service	§ 44-20-760	State	State	Report of licensing inspections available upon written request.
Denial, suspension or revocation of license; grounds	Requires a service	§ 44-20-770	State	State	License can be denied, suspended or revoked.
Notifying operator of program of deficiencies; time for correction; notice of impending denial, suspension or revocation of license; exception for immediate threat	Not related to agency deliverable	§ 44-20-780	State	State	
Promulgation of regulations governing hearings	Not related to agency deliverable	§ 44-20-790	State	State	
Appeal of decision concerning deficiencies, licenses, etc	Requires a service	§ 44-20-800	State	State	
Injunctions; sufficiency of complaint; fines and penalties	Requires a service	§ 44-20-900	State	State	Injunctions against unlicensed day programs.

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Legislative intent; intent of program; guiding principles	Requires a service	§ 44-21-10	State	Statute	
Definitions	Requires a service	§ 44-21-20	State	Statute	
Authority to contract or make grants	Not related to agency deliverable	§ 44-21-30	State	Statute	
Focus of Family Support Program	Requires a service	§ 44-21-40	State	Statute	
Contracted agency to assist families in assessing needs and preparing plan	Not related to agency deliverable	§ 44-21-50	State	Statute	
Services included in Family Support Program	Requires a service	§ 44-21-60	State	Statute	Provision of Family Support Services.
Implementation contingent upon annual appropriations	Not related to agency deliverable	§ 44-21-70	State	Statute	
Regional tertiary level developmental evaluation centers	Requires a service	§ 44-21-80	State	Statute	
Definitions	Not related to agency deliverable	§ 44-23-10	State	Statute	
Inapplicability to Whitten Center	Not related to agency deliverable	§ 44-23-20	State	Statute	
Transfer of confined persons to or between mental health or intellectual disability facility	Not related to agency deliverable	§ 44-23-210	State	Statute	
Admission of persons in jail	Not related to agency deliverable	§ 44-23-220	State	Statute	
Appeal to court from rules and regulations	Not related to agency deliverable	§ 44-23-40	State	Statute	
Determining fitness to stand trial; time for conducting examination; extension; independent examination; competency distinguished	Requires a service	§ 44-23-410	State	Statute	Conduct Competency To Stand Trial evaluations.
Designated examiners' report	Requires a service	§ 44-23-420	State	Statute	Provide written report on Competency To Stand Trial.
Hearing on fitness to stand trial; effect of outcome	Not related to agency deliverable	§ 44-23-430	State	Statute	
Procedure when superintendent believes person charged with crime no longer requires hospitalization	Requires a service	§ 44-23-460	State	Statute	
Compact enacted into law	Not related to agency deliverable	§ 44-25-10	State	Statute	
Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators	Requires a service	§ 44-25-30	State	Statute	Administer the Interstate Compact on Mental Health.
Definitions	Requires a service	§ 44-26-10	State	Statute	
General rights of clients; limitations on rights	Requires a service	§ 44-26-100	State	Statute	
Right to daily physical exercise	Requires a service	§ 44-26-110	State	Statute	
Access to medical and habilitative records; grounds for denial of access; appeal of denial of access; disclosure form	Requires a service	§ 44-26-120	State	Statute	
Confidentiality of communications with, and records of clients; disclosure	Requires a service	§ 44-26-130	State	Statute	
Clients to receive least restrictive appropriate care and habilitation available; exceptions	Requires a service	§ 44-26-140	State	Statute	Receipt of services in least restrictive care and habilitation available
Clients to be informed of rights upon admission; written individualized plan of habilitation; review of plan; revision of, or changes in, plan	Requires a service	§ 44-26-150	State	Statute	Informing client of rights at time of admission; individualized plan of habilitation; annula reviews of plan of habilitation.
Mechanical, physical or chemical restraint of clients	Requires a service	§ 44-26-16	State	Statute	Procedures for written authorization of mechanical, physical, or chemical restraints.
Use of certain types of behavior modification	Requires a service	§ 44-26-170	State	Statute	Written approval for certain types of behavioral modifications.
Informed consent required for participation in research; promulgation of regulations	Requires a service	§ 44-26-180	State	Statute	Obtaining informed consent for research.



**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
State Employment Services Division and State Agency of Vocational Rehabilitation to find employment for citizens with intellectual disability	Not related to agency deliverable	§ 44-26-200	State	Statute	
Penalties for denying client rights accorded under this chapter	Not related to agency deliverable	§ 44-26-210	State	Statute	
Person making health care decision not subject to civil or criminal liability, nor liable for cost of care; health care provider not subject to civil or criminal liability or disciplinary penalty for relying on decision	Not related to agency deliverable	§ 44-26-220	State	Statute	
Determination of competency to consent to or refuse major medical treatment	Requires a service	§ 44-26-40	State	Statute	Use Adult Health Care Consent Act to determine ability to consent to healthcare.
Health care decisions of client found incompetent to consent to or refuse major medical treatment	Requires a service	§ 44-26-50	State	Statute	
Health care decisions of minor clients	Requires a service	§ 44-26-60	State	Statute	
Human rights committees	Requires a service	§ 44-26-70	State	Statute	Establish Human Rights Committee (HRC) policies and procedures for appeals of decisions of HRC .
Appeal of decisions concerning services or treatment provided	Requires a service	§ 44-26-80	State	Statute	Policies, procedures for appeals of HRC decisions
Rights of client not to be denied	Requires a service	§ 44-26-90	State	Statute	Recognize rights of clients
Establishment of Fund; purpose	Not related to agency deliverable	§ 44-28-10	State	Statute	
Departments and Agency required to provide care or treatment to eligible beneficiaries using monies from Fund	Requires a service	§ 44-28-360	State	Statute	Provide services to those beneficiaries of the Disability Trust Fund that meet agency eligibility.
Departments and Agency to promulgate regulations for implementation and administration of Fund	Not related to agency deliverable	§ 44-28-370	State	Statute	
Departments and Agency required to provide care or treatment using monies in Fund account; vouchers	Not related to agency deliverable	§ 44-28-40	State	Statute	
Money not usable for supplemental care and treatment to be returned to depositing trust; interest	Requires a service	§ 44-28-60	State	Statute	Consult on use of trust funds.
Departments and Agency to promulgate regulations for implementation and administration of Fund	Not related to agency deliverable	§ 44-28-80	State	Statute	
Head and Spinal Cord Injury Information System created; purpose	Not related to agency deliverable	§ 44-38-10	State	Statute	
Definitions	Not related to agency deliverable	§ 44-38-20	State	Statute	
Head and Spinal Cord Injury Information System Council; establishment and purpose; composition; election of chairman; appointment of advisors; compensation and expenses	Not related to agency deliverable	§ 44-38-30	State	Statute	
Service Delivery System established	Requires a service	§ 44-38-310	State	Statute	Delivery of services to those with head and spinal cord injuries.
Definitions	Requires a service	§ 44-38-320	State	Statute	
Primary functions of system	Requires a service	§ 44-38-330	State	Statute	Intake, planning, referral, case management, education and prevention services for those with head or spinal cord injuries.

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Duties of department	Requires a service	§ 44-38-340	State	Statute	development of state plan, receipt of surveillance data, identification of service gaps, development of licensing, program and contract guidelines, coordinate and advocate for funding, promote awareness and research, determine eligibility for services, develop policies and procedures, provide training, coordinate delivery of services and advocate for persons with head and spinal cord injuries.
Eligibility criteria for case management services	Requires a service	§ 44-38-370	State	Statute	
Advisory Council to System	Board, commission, or committee on which someone from our agency must/may serve	§ 44-38-380	State	Statute	Board, commission, or committee
Article does not establish entitlement program or benefit	Not related to agency deliverable	§ 44-38-390	State	Statute	
Duties of council	Not related to agency deliverable	§ 44-38-40	State	Statute	
Reporting of required information; follow up to persons entered in registry; gathering information from other states; approval of and participation in research activities	Not related to agency deliverable	§ 44-38-50	State	Statute	
Spinal Cord Injury Research Board	Not related to agency deliverable	§ 44-38-510	State	Statute	
Confidentiality of reports and records; nondisclosure under Freedom of Information Act	Not related to agency deliverable	§ 44-38-60	State	Statute	
South Carolina Brain Injury Leadership Council	Requires a service	§ 44-38-610	State	Statute	
Duties of the Council	Not related to agency deliverable	§ 44-38-620	State	Statute	
Membership of Council; officers of council; compensation	Board, commission, or committee on which someone from our agency must/may serve	§ 44-38-630	State	Statute	
Authority to apply for grants	Not related to agency deliverable	§ 44-38-640	State	Statute	
Council to submit annual report	Not related to agency deliverable	§ 44-38-70	State	Statute	
Qualified immunity from liability for release of information in accordance with article	Not related to agency deliverable	§ 44-38-80	State	Statute	
Penalty for intentional noncompliance with article	Not related to agency deliverable	§ 44-38-90	State	Statute	
Birth Defects Advisory Council established; membership; subject areas for recommendations; compensation	Not related to agency deliverable	§ 44-44-40	State	Statute	
Short title	Not related to agency deliverable	§ 44-66-10	State	Statute	
Definitions	Not related to agency deliverable	§ 44-66-20	State	Statute	
Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions	Not related to agency deliverable	§ 44-66-30	State	Statute	
Provision of health care without consent where there is serious threat to health of patient, or to relieve suffering; person having highest priority to make health care decision	Not related to agency deliverable	§ 44-66-40	State	Statute	
Provision of health care without consent to relieve suffering, restore bodily function, or to preserve life, health or bodily integrity of patient	Not related to agency deliverable	§ 44-66-50	State	Statute	
No authority to provide health care to patient who is unable to consent where health care is against religious beliefs of patient, or patients prior instructions	Not related to agency deliverable	§ 44-66-60	State	Statute	



**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Person who makes health care decision for another not subject to civil or criminal liability, nor liable for costs of care; health care provider not subject to civil or criminal liability	Not related to agency deliverable	§ 44-66-70	State	Statute	
Designating a family member with whom provider may discuss medical condition; exemptions	Requires a service	§ 44-66-75	State	Statute	Provide form for designation of person or persons to receive healthcare information.
Other laws mandating or allowing testing or treatment without consent unaffected	Not related to agency deliverable	§ 44-66-80	State	Statute	
Requirements for licensure	Not related to agency deliverable	§ 44-7-260	State	Statute	
Nursing home or community residential care facility licensure; fingerprint-based criminal records check; prohibition of issuance of license or requirement of revocation for certain crimes	Not related to agency deliverable	§ 44-7-264	State	Statute	
Criminal record check for direct caregivers; definitions	Requires a service	§ 44-7-2910	State	Statute	Fingerprint or background checks for direct care workers.
Criminal record check procedures	Not related to agency deliverable	§ 44-7-2920	State	Statute	
Governmental entities subject to zoning ordinances; exceptions	Not related to agency deliverable	§ 6-29-770	State	Statute	
Persons required to report	Requires a service	§ 63-7-310	State	Statute	Mandated reports of child abuse and neglect.
Civil action created for wrongful termination based on employee having reported child abuse or neglect	Not related to agency deliverable	§ 63-7-315	State	Statute	
Mandatory reporting to coroner	Requires a service	§ 63-7-360	State	Statute	Mandated reporting of child death due to abuse or neglect.
Photos and x-rays without parental consent; release of medical records	Not related to agency deliverable	§ 63-7-380	State	Statute	
Reporter immunity from liability	Not related to agency deliverable	§ 63-7-390	State	Statute	
Failure to report; penalties	Not related to agency deliverable	§ 63-7-410	State	Statute	
Scope	Requires a service	§ 88-105	State	Regulation	
Licenses Issued	Not related to agency deliverable	§ 88-110	State	Regulation	
Effective Date and Term of License	Not related to agency deliverable	§ 88-115	State	Regulation	
Applications for License	Requires a service	§ 88-120	State	Regulation	Denial, suspension or revocation of a license of a program.
Denial, Suspension, or Revocation of License	Not related to agency deliverable	§ 88-125	State	Regulation	
Waivers	Not related to agency deliverable	§ 88-130	State	Regulation	
Validity of License	Not related to agency deliverable	§ 88-135	State	Regulation	
Separate Licenses	Requires a service	§ 88-140	State	Regulation	
Definitions	Not related to agency deliverable	§ 88-210	State	Regulation	
Definitions	Not related to agency deliverable	§ 88-310	State	Regulation	
Supervision	Not related to agency deliverable	§ 88-320	State	Regulation	
Personnel	Not related to agency deliverable	§ 88-325	State	Regulation	
Size of Staff	Not related to agency deliverable	§ 88-330	State	Regulation	
Personnel Records	Not related to agency deliverable	§ 88-335	State	Regulation	
General Health	Not related to agency deliverable	§ 88-340	State	Regulation	
General Safety	Not related to agency deliverable	§ 88-345	State	Regulation	
Emergency Procedures	Not related to agency deliverable	§ 88-350	State	Regulation	
General Sanitation Requirements	Not related to agency deliverable	§ 88-355	State	Regulation	

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
Housing in Residential Camps	Not related to agency deliverable	§ 88-360	State	Regulation	
Nutrition and Food Service	Not related to agency deliverable	§ 88-365	State	Regulation	
Transportation	Not related to agency deliverable	§ 88-370	State	Regulation	
Program	Not related to agency deliverable	§ 88-375	State	Regulation	
Waterfront Activity	Not related to agency deliverable	§ 88-380	State	Regulation	
General Care of Campers	Not related to agency deliverable	§ 88-385	State	Regulation	
Confidentiality	Not related to agency deliverable	§ 88-390	State	Regulation	
Reserve Clause	Not related to agency deliverable	§ 88-395	State	Regulation	
Definitions	Not related to agency deliverable	§ 88-405	State	Regulation	
Personnel	Not related to agency deliverable	§ 88-410	State	Regulation	
Facility	Not related to agency deliverable	§ 88-415	State	Regulation	
Transportation	Not related to agency deliverable	§ 88-420	State	Regulation	
Medical Care	Not related to agency deliverable	§ 88-425	State	Regulation	
Evaluations	Not related to agency deliverable	§ 88-430	State	Regulation	
Program	Not related to agency deliverable	§ 88-435	State	Regulation	
Records	Not related to agency deliverable	§ 88-440	State	Regulation	
Unclassified Facilities and Programs	Not related to agency deliverable	§ 88-910	State	Regulation	
Application for License of an Unclassified Program	Not related to agency deliverable	§ 88-915	State	Regulation	
Determination by the Department	Not related to agency deliverable	§ 88-920	State	Regulation	
		American Recovery Plan Act, HR 1319	Federal	Statute	
Program	Not related to agency deliverable	American with Disabilities Act 42 U.S.C. 126 §12101 et seq	Federal	Statute	
117.24 TEFRA	Not related to agency deliverable	Appropriations Act 2019-2020 117.24	State	Proviso	
117.54 ISCEDC Funding Transfer	Not related to agency deliverable	Appropriations Act 2019-2020 117.54	State	Proviso	
117.73 IMD Operations	Not related to agency deliverable	Appropriations Act 2019-2020 117.73	State	Proviso	
117.91 Means Test	Not related to agency deliverable	Appropriations Act 2019-2020 117.91	State	Proviso	
117.98 First Steps - BabyNet (quarterly report)	Requires a service	Appropriations Act 2019-2020 117.98	State	Proviso	Report to the Senate and House Committees

**These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description	Purpose	Law Number	Jurisdiction	Type	Notes
36.1 Work Activity Programs	Not related to agency deliverable	Appropriations Act 2019-2020 36.1	State	Proviso	
36.10 Traumatic Brain Injury	Not related to agency deliverable	Appropriations Act 2019-2020 36.10	State	Proviso	
36.11 Medicaid Direct Billing	Requires a service	Appropriations Act 2019-2020 36.11	State	Proviso	Provide post acute rehabilitation for Traumatic Brain/Spinal Cord Injury.
36.12 Carry Forward Authorization	Requires a service	Appropriations Act 2019-2020 36.12	State	Proviso	Facilitate Medicaid direct filling for all providers who choose such.
36.13 Service Providers Expenditure Requirement	Requires a service	Appropriations Act 2019-2020 36.13	State	Proviso	Use of carry forward funds to reduce the waiting list for services.
36.15 Beaufort DSN Facility	Not related to agency deliverable	Appropriations Act 2019-2020 36.14	State	Proviso	
36.2 Sale of Excess Real Property	Not related to agency deliverable	Appropriations Act 2019-2020 36.2	State	Proviso	
36.3 Prenatal Diagnosis	Not related to agency deliverable	Appropriations Act 2019-2020 36.3	State	Proviso	
36.4 Medicaid-Funded Contract Settlements	Not related to agency deliverable	Appropriations Act 2019-2020 36.4	State	Proviso	
36.5 Departmental Generated Revenue	Not related to agency deliverable	Appropriations Act 2019-2020 36.5	State	Proviso	
36.6 Transfer of Capital/Property	Not related to agency deliverable	Appropriations Act 2019-2020 36.6	State	Proviso	
36.7 Unlicensed Medication Providers	Requires a service	Appropriations Act 2019-2020 36.7	State	Proviso	Selected prescribed medications maybe performed by unlicensed personnel under supervision after training and competency evaluation.
36.8 Child Daycare Centers	Requires a service	Appropriations Act 2019-2020 36.8	State	Proviso	Treatment for autistic disorders in children under 8 years old.
36.9 Debt Service Account	Not related to agency deliverable	Appropriations Act 2019-2020 36.9	State	Proviso	

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Description	Purpose	Law Number	Jurisdiction	Type	Notes
		Cares Act , HR 748	Federal	Statute	
Program	Not related to agency deliverable	Fair Housing Act 42 U.S. C. §3601	Federal	Statute	
		Families First Coronavirus Persons Act of 2021	Federal	Statute	
Program	Not related to agency deliverable	Health Insurance Portability and Accounting Act (HIPPA) 42 U.S.C. 1320-d	Federal	Statute	
Program	Not related to agency deliverable	IDEA 20 U.S. C. 33 §1400 et seq	Federal	Statute	
Program	Requires a service	Medicaid 42 U.S.C 1936n §1915 et seq	Federal	Statute	
		Proviso 36.6	State	FY 2020-21 Proviso	
Program	Not related to agency deliverable	Rehabilitation Act 29 U.S.C. § 701	Federal	Statute	
		SC Governor Executive Orders re COVID-19 (numerous)	State	Executive Order	

**FY 2020-2021 Agency Accountability Report  
Services Responses:**

**These responses were submitted for the FY 2020-2021 Accountability Report by the**

**DEPARTMENT OF DISABILITIES & SPECIAL NEEDS**

Description of Service	Description of Direct Customer	Customer Name	Others Impacted By the Service	Agency unit providing the service	Description of agency unit	Primary negative impact if service not provided
Manage three Medicaid waivers.	State agency leading Medicaid efforts with \$10 billion budget.	SC Department of Health and Human Services	n/a	Policy, Finance, Operations, and Administration	DDSN's major business units required to manage these 3 waivers.	13,000 SC citizens with IDD/DD would not be served to prevent institutionalization.
Develop a service provider network for three Medicaid waivers for 13,000 individuals.	150 DDSN qualified providers and another 750 SCDHHS qualified providers, which all provide services to DDSN waiver, ICF, and Early Intervention individuals.	Service Providers	n/a	Policy, Finance, Operations, and Administration	DDSN's major business units required to manage these 3 waivers.	13,000 SC citizens with IDD/DD would not be served to prevent institutionalization.
Operate five Intermediate Care Facilities (ICF) for 610 individuals	ICF individuals qualified for services based on level of care needs and disability(s).	IDD Individuals	n/a	ICF Regional Centers	Five facilities across the state providing 24/7 behavioral and medical care for the most fragile IDD individuals with the highest needs.	610 individuals would have no ICF services
Serve 13,000 IDD and HASCI individuals with support waiver services to prevent institutionalization.	Waiver individuals qualified for services based on level of care needs and disability(s).	Waiver Individuals	n/a	Policy, Finance, and Operations	DDSN's major business units required to coordinate providing these waiver services through contracted service providers.	13,000 SC citizens with IDD/DD would not be served to prevent institutionalization.
Serve 3700 Developmentally Delayed (DD) individuals ages 3-6.	Youth ages 3-6 with DD.	Early Intervention Individuals	n/a	Childrens' Services	Children Services is composed of program manager, supervisor and support to coordinate EI eligibility and qualify EI providers for service.	3700 DD youth would not get services.
Make eligibility determination for DDSN, Waiver, ICF, and DD services	All potential citizens seeking IDD and DD services.	Citizens	na	Eligibility Division	Eligibility Division contains LPESs and staff to make eligibility determinations	Individuals would have to receive eligibility determinations from private vendors or SCDHHS
Quality Management assessment of waiver providers and ICFs.	All waiver providers, ICF Community providers, and five ICFs.	DDSN contractor and Regional Centers	n/a	Quality Management Division	10 professionals coordinating an external Quality Improvement Organizations and conducting technical assistance.	Would not be able to operate waiver or provide adequate oversight of the provider network.
Assess and determine if an individual is competent to stand trial.	Judicial System	Judges/Magistrates	n/a	Clinical Division	Clinical Division has certified experts and staff to conduct these assessments and make recommendations to the court.	Judicial system would have to outsource this service.

Agency Partnerships Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the

DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Name of Partner Entity	Type of Partner Entity	Description of Partnership
Public and private provider organizations and associations	Non-Governmental Organization	Provision of consumer focused, high quality services in local communities
Advocacy Groups in SC	Non-Governmental Organization	SC Advocates for the individuals DDSN serves
Advocacy Groups Nationally	Non-Governmental Organization	National Advocates for the individuals DDSN serves
Department of Health and Human Services (DHHS)	State Government	Development, operational management and federal oversight of services funded in conjunction Medicaid dollars
State Law Enforcement Division (SLED)	State Government	Management of allegations of abuse, neglect or exploitation of individuals served by DDSN
Department of Mental Health (DMH)	State Government	Coordination of services for individuals served by both agencies
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
Vocational Rehabilitation (VR)	State Government	Coordination of services for individuals served by both agencies
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.
State Long Term Care Ombudsman	State Government	Management of allegations of abuse, neglect or exploitation of individuals served by DDSN
Attorney General	State Government	Management of allegations of abuse, neglect or exploitation of individuals served by DDSN
Department of Administration	State Government	Coordinate with Office of Executive Budget, Division of State Human Resources, Division of Procurement, Division of Technology, SCEIS, OEPP
State Fiscal Accountability Authority (SFAA)	State Government	Coordinate with Office of State Auditor, Human Resources, Procurement Services, Insurance Reserve Fund
Local Law Enforcment	Local Government	Management of allegations of abuse, neglect or exploitation of individuals serviced by DDSN
Labor, Licensing and Regulation	State Government	Coordinate with divisions of specialized licensure
Department of Health and Environmental Control	State Government	Coordination of services and licensure of facilities
Department of Alcohol and Drug Abuse	State Government	Coordination of services for individuals served by both agencies
Department of Juvenile Justice	State Government	Coordination of services for individuals served by both agencies
Department of Corrections	State Government	Coordination of services for individuals served by both agencies
First Steps	Non-Governmental Organization	Coordination of services for individuals served by both agencies
Department of Education	State Government	Coordination of services for individuals served by both agencies; development of a DSP Training Program in High Schools
Continuum of Care	State Government	Coordination of services for individuals served by both agencies

FY 2020-2021 Agency Accountability Report  
Reports Responses:

These responses were submitted for the FY 2020-2021 Accountability Report by the  
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Report Name	Law Number (If required)	Summary of Information Requested in the Report	Most Recent Submission Date	Reporting Frequency	Type of Entity	Method to Access the Report	Direct access hyperlink or agency contact
Analysis of Case Management Survey	DDSN Internal Audit	Review of Case Management Program with emphasis on conflict free case management.	FY21	Other	Other	Electronic copy available upon request	n/a
Annual Financial Review	SECTION 11-7- 20. Annual audits of state agencies	Conducts Recurring Audit of a State Agency's financial activities in association with the Comptroller's Annual State CAFR	December 30, 2020	Annually	South Carolina state agency or agencies	Electronic copy available upon request	Contact DDSN CFO Pat Maley, 803/898-9769
DDSN Supply and Sevices Division	DDSN Internal Audit	Review Supply and Services with findings.	FY21	Other	Other	Electronic copy available upon request	n/a
Specialized Family Homes	DDSN Internal Audit	Review of SFH Program with findings.	Fy21	Other	Other	Electronic copy available upon request	n/a