

AGENCY NAME:

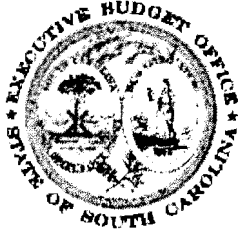
South Carolina Department of Disabilities and Special Needs

AGENCY CODE:

J16

SECTION:

036



## Fiscal Year 2013-14 Accountability Report

### SUBMISSION FORM

#### 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, and spinal cord injury and similar disabilities.

Assist people with disabilities and their families

Please identify your agency's preferred contacts for this year's accountability report.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Tom Waring	(803) 898-9769	twaring@ddsn.sc.gov
SECONDARY CONTACT:	Lois Park Mole	(803) 898-9723	lpmole@ddsn.sc.gov

I have reviewed and approved the enclosed FY 2013-14 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR

(SIGN/DATE):

(TYPE/PRINT NAME):

Beverly A.H. Buscemi, Ph.D.

BOARD/CMSN CHAIR

(SIGN/DATE):

(TYPE/PRINT NAME):

Christine Sharp

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

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

**Ensuring the needs of eligible individuals in crisis situations were met was the highest priority of the agency.** An effective system is in place to respond quickly to consumers whose situations jeopardize their health, safety and welfare. Examples include the unexpected death or major health concern of a primary caregiver, harm/abuse to a consumer or family, or extreme deterioration of the consumer's home. Every effort is made to first increase or enhance services in the home to resolve the crisis. Most frequently the situation is so dangerous individuals require out-of-home placement. Throughout the year individuals who meet the established critical criteria are added to the Critical Needs List and then removed upon resolution of their situation. During FY 2014, 284 new individuals were added to the list and 281 individuals were removed.

**Serving individuals in the least restrictive environment and offering services to support individuals in their own home/their family's home continued to be a focal point for service delivery.** DDSN emphasizes supporting, not supplanting, families as the primary strategy for serving South Carolinians with disabilities. This philosophy is operationalized through serving consumers in their family homes rather than state funded residential settings. This approach affords a better quality of life for the consumer, is preferred by families, and is also a more cost effective model of service delivery for taxpayers. Of the approximately 34,550 people eligible for DDSN services, including all disability groups, 86 percent live at home with family or in their own home. Based on the latest published national data from the University of Minnesota dated 2011, South Carolina provides individual and family supports to 72 percent of DDSN consumers with developmental disabilities in their homes compared to the national average of only 58 percent and southeastern average of 61 percent.

**Preparing for significant system changes was a major focus this year.** In January 2014 the Centers for Medicare/Medicaid Services (CMS) issued the new Final Rule for Home and Community Based Settings which more clearly defines the definition of community inclusion. This rule, which went into effect in March 2014, requires states to transform their service delivery systems to be more community inclusive and rely less on segregated service settings. The rule applies across all populations served in CMS's Home and Community Based Service systems, including the elderly, physically disabled, mental illness, intellectual and related disabilities, and people on the autism spectrum. All states must submit a transition plan on how the service delivery system will be transformed to be more community inclusive. South Carolina must submit its plan for the intellectual and related disabilities population and people on the autism spectrum by September 2014 due to the renewal of one of the Medicaid waivers serving these populations. The state must then submit a master transition plan for compliance with all the remaining populations by January of 2015. CMS is requiring states to come into full compliance with the New Final Rule within five years.

DDSN began to strategically plan for this change in advance of the publication of the rule. After its publication DDSN held multiple meetings across the state to educate stakeholders on the implications of the New Final Rule. The SC Department of Health and Human Services (DHHS) is the lead agency for the transition plans because they are the state's Medicaid agency. However, the populations served by DDSN are at the core of the intent of the New Final Rule and therefore DDSN is extremely involved in the development of these plans and the implementation of the changes. During the past year the agency participated in numerous work groups involving other state agencies, families, and providers on the development of the transition plans.

Four special meetings were held regionally across the state, specifically for educating and informing provider staff and their Boards of Directors about the multiple system changes affecting the DDSN service delivery system. CMS' New Final Rule requires more individualized programming options, increased community inclusion, person centered planning, and conflict free case management. Changes at the state level include the potential for DDSN providers to direct bill to DHHS, DDSN no longer considered the provider of record for all DDSN services, and changes to the funding methodologies. These meetings also included the important initiative to move individuals into new services and reduce waiting lists. These special meetings informed stakeholders and stimulated their thinking about overarching system changes to facilitate further conversations about shaping and planning for the future.

**Substantially moving waiting lists remained a high priority again this year.** During the years of unprecedented state budget reductions, service funding made available from consumer turnover was limited to only those individuals meeting critical needs criteria in order to meet budget reduction requirements. Once the agency's funding stabilized with new recurring state funds, service dollars were again redirected to the next person on the waiting list when someone left that service. This allowed over 1,200 individuals to receive new services during the FY 2014 and almost 2,000 people received new services over the past two years.

New funds of \$600,000 state dollars appropriated for FY 2014 were purposed to move DDSN's waiting lists. This new funding added 141 new waiver slots; 40 for the ID/RD, 86 for the CSW, and 15 for the HASCI. All resources made available were redirected to services and moving individuals off waiting lists. The total movement of slots across all four waiver

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programs was 1,692. Forty Eight (48) new individuals received TBI/SCI Post-Acute Rehabilitation services following injury to maximize their skills and independence. More than 900 people received new competitive employment or center-based day supports, both of which improve their quality of life and their family's ability to remain employed and care for their loved one at home. Opportunities for respite through the Caregiver Relief programs continued. Almost 3,100 new children ages birth through 5 received essential Early Intervention and Family Training services. Over 600 children were added to the Pervasive Developmental Disorder (PDD) Program. The Early Intensive Behavioral Intervention (EIBI) services these children receive significantly improve communication, language, adaptive behavior, social skills, daily living skills and motors skills. These positive outcomes help avoid the need for other, more costly services.

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

**South Carolina ranked 6th nationally in the United Cerebral Palsy 2014 Case for Inclusion report.** UCP annually evaluates all state disability and related Medicaid systems across the country to rank the degree of community inclusion offered to citizens with disabilities. This ranking process utilizes numerous indicators covering a broad scope of areas which directly contribute to improved quality of life for persons with disabilities. South Carolina has ranked the highest among the southeastern states six out of the past nine years and in two of the remaining three years, ranked second. There is always need for improvement but this consistent high-ranking by an independent entity speaks very well of the state's system of services for people with severe lifelong disabilities.

**Employing people with disabilities got a boost this year with the development of a new employment pilot.** Despite the fact that DDSN serves a higher percentage of consumers in integrated employment services than the national average for state IDD agencies, agency data show there are still more consumers interested in working in the community than are being provided the supports needed to achieve that goal. Consumers transitioning from school to adult life, in particular, are more likely to desire and anticipate having a career yet these transition-age consumers are less likely to have access to needed supports. Another gap identified is that some service providers do not offer individual employment services – only a group service model. Additionally, some consumers continue to receive the employment service long after they are employed in order to make occasional appropriate interventions available to prevent job loss. This important “follow along” service prevents resource redirection to the next consumer desiring employment, thus creating an unfortunate delay.

In response to the gaps identified, DDSN developed a pilot to 1) expand access to individual Employment Services, 2) incentivize providers to offer that service by establishing an outcomes-based payment structure that allows for higher potential reimbursement rates for high quality services and 3) create a new “Career Support” service aimed at providing less intensive and less expensive, long-term supports needed to maintain employment and achieve career objectives. The pilot includes limited reserved career support capacity for consumers employed via Vocational Rehabilitation services or school transition services. During the first quarter of the pilot (April – June 2014), sixteen (16) consumers received individual Employment Services; and, seven (7) obtained community based employment at or above minimum wage for 10+ hours per week. Expansion of this pilot is important and will help the agency with the overall effort to bring services into full compliance with the CMS Final Rule. This requires that within five (5) years, all Employment/Day Services promote full integration in and access to the broader community, including opportunities to seek employment in the community.

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

The State Director has a Consumer, Family and Advocate Advisory Council which meets frequently to receive updates on agency efforts and challenges, receive answers to their questions, contribute to decision-making and express their concerns. This group is a representative sample of the service population and service need areas across the state. The members are heavily involved in discussions about both potential and pending system changes that impact consumers and families. Council meetings provide a comfortable forum for direct communication with the State Director and staff.

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**Increasing consumer and family choice and control of services continues to be an important goal.** During FY 2014 DDSN worked to change the process through which residential services are offered to eligible individuals. Previously residential expansion was managed by working with providers to develop additional homes or residential settings and then the provider would identify individuals approved for that service to fill the beds created by the provider. This was a provider driven process. DDSN changed the process to be a more person centered process. Now, once an individual is approved for residential services, the individual can choose any qualified provider in the DDSN statewide system to serve their residential needs. Individuals in the DDSN system have long since been able to move from provider to provider based on their choice, and the money to serve them moves with them. But sometimes if a person wanted to move to another county, they would have to wait for a vacancy to become available. Now a provider can work with the family to develop the placement. This shift provides much more choice and decision making on the part of the individual and family and is an important step to individualize services and be more person centered.

Since DDSN completed its first Qualified Provider Solicitation in 2003 it has continued to actively recruit potential providers. The QPL covers the majority of services that DDSN funds and is designed to increase choice for individuals and families. Existing or new entities may apply for qualified provider status on an ongoing basis. As of June 30, 2014 there were 16 new provider entities approved as DDSN qualified providers through the state's procurement process. The 65 private providers added to the 39 DSN Boards increases the total qualified providers approved to 104. As of June 30, 2014, 26 county DSN Boards were approved to expand service delivery beyond their geographical area.

**Redirecting Regional Center service funds for individuals on the waiting list and those choosing to move to community services continued in FY 2014.** Approximately \$1.7 million was redirected to local community services from regional centers during FY 2014. Since implementing the "Money Follows the Individual" (MFI) formula in Fiscal Year 1992, and moving funds beginning in 1994, approximately \$71,000,000 has been redirected to local community services along with the individuals who moved from regional centers. Another result is the reduction of more than 2,160 FTEs over this period of time.

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

Over the past fiscal year, 34 residents who expressed a desire to move to the community have moved successfully to community placements. Similarly, vigorous efforts were taken to minimize the number of consumers residing in private boarding homes. There was an 8.6 percent reduction in the number of DDSN eligible consumers residing in private boarding homes compared to last year. The number of DDSN eligible consumers residing in generic boarding homes is 32 percent below the national average.

The Regional Centers' net census declined by 2.8 percent during the year. Ongoing efforts assure that only those individuals with the most significant and complex needs reside at the Regional Centers. Approximately 84.5 percent of the individuals residing at DDSN's Regional Centers have severe or profound disabilities whereas only 76 percent of individuals served in similar facilities in other states have severe or profound disabilities. Only individuals requiring specialized or short-term care were admitted to the Regional Centers during the FY 2014 period, not including respite stays. This quickly removes them from harm's way or from being left at a hospital or other inappropriate setting. Admissions to the Regional Centers are extremely limited and often on a short-term basis as a result of a crisis until accommodations in the community can be arranged or the crisis at home is resolved.

A concerted effort was also made to provide a more family like setting for children with the most complex needs requiring out of home placements. New service options were created and cultivated to avoid admission to Regional Centers. As a result, only six children were residing in Regional Centers at the end of FY 2014, a twenty five percent reduction from the end of FY 2013.

DDSN started a new service pilot focusing on those consumers who desire to live and function with more independence in homes or apartments of their choice, with roommates of their choice. This model is called the CLOUD, which stands for Customized Living Options Uniquely Designed. This service pilot is in keeping with federal and state laws which require persons with ID/RD to be supported in the least restrictive environment. This pilot model uses competency-based curricula for both the consumer and the staff who support them. These components are fully integrated with the person centered planning process and with the Supports Intensity Scale (SIS). The CLOUD includes fidelity checks performed to determine if the model is being implemented as intended and yields the desired results. Outcomes measured include improvement in

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Quality of Life as expressed by persons involved in the pilot, increased choice of where people want to live, with whom they wish to live, and reduction in costs compared to previous living expenses.

**Ongoing collaborative prevention activities reduce the incidence and severity of disabilities.** Primary prevention efforts produce the greatest return on investment of time and dollars. DDSN continues its efforts to reduce the rate of infants born with neural tube defects (NTDs) in partnership with the Greenwood Genetic Center. The rate of NTDs per 1,000 live births in South Carolina has steadily declined over the last 20 years. Before the rate of NTDs was three times the national average; it is now below the national average. The prevention of 69 infants born each year with an NTD results in a \$24 – \$34.5 million savings in lifetime medical care costs.

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

**DDSN maintained its Regional Center per diems below national averages.** The agency maintained the health and safety and met the needs of regional center residents with one of the lowest per diem rates in the country. The Regional Centers' per diems are below \$353 per day when the national average is \$603 per day based on most recent data (2011). South Carolina's institutional per diem is far less than the United States or even the southeastern average. DDSN's institutional rate is 59 percent of the national average rate.

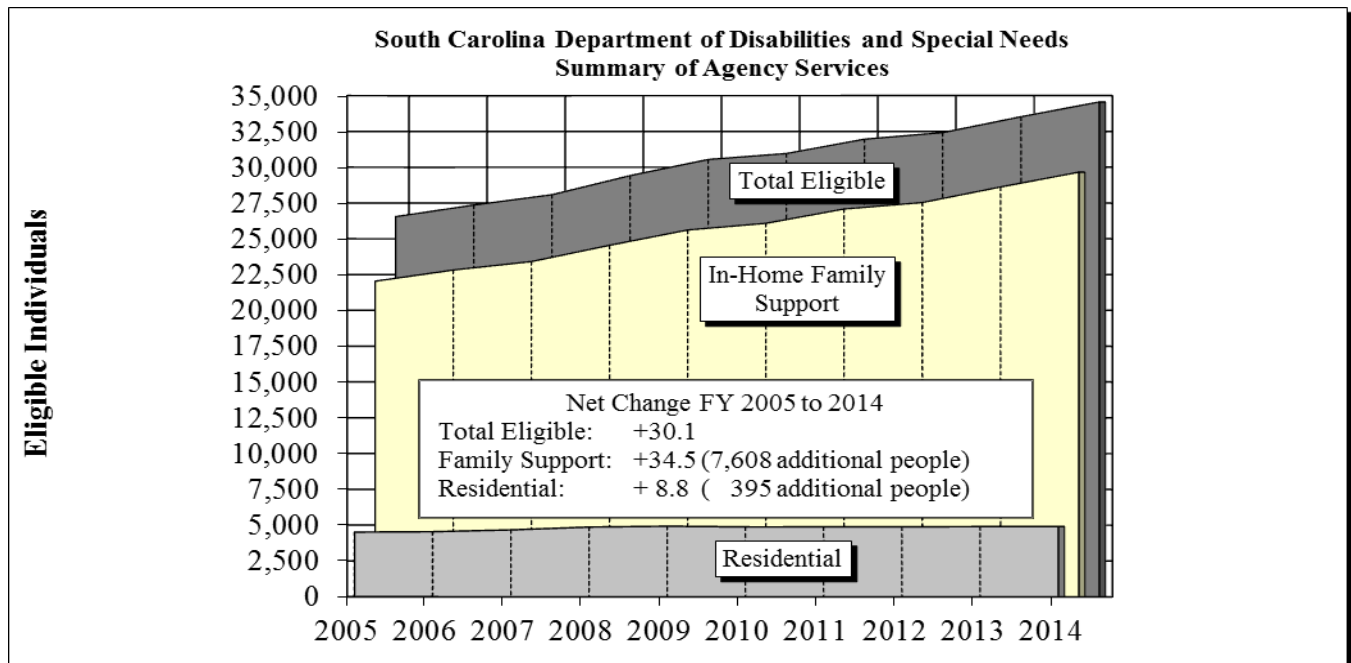
**DDSN's current administrative cost remained below two percent of the overall budget.** Resources are shifted from administration to service priorities whenever possible. Central Office administrative expenses have remained at less than two percent of total expenses even though there has been an increase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

**Strengthening the agency's information/data security posture was a priority.** DDSN was one of 15 state agencies chosen to participate in the statewide agency security assessment and audit. Deloitte, hired by the Budget and Control Board, performed a Risk and Vulnerability assessment of DDSN Information Technology systems and network. DDSN took the findings from those assessments and created a list of items to remediate. Items such as configuration settings and IT procedures were changed as a result. The agency also completed a self-assessment which determined the need for strengthening Information Technology security. The agency hired a full time Information Security Officer. The agency also added or changed some of the new network devices, changed antivirus vendors and changed several policies and procedures. DDSN also actively participated with the Budget and Control Board's Division of Information Security to continually increase its knowledge and implement best security practices.

**Responding to all external audits and ensuring necessary changes were made for federal and state compliance and improvement was achieved while maintaining fiscal responsibility.** The S.C. Legislative Audit Council (LAC) began its review of DDSN in January 2013 and continued through this fiscal year. The LAC focused primarily on abuse, neglect and exploitation of consumers, eligibility, procurement, and followed up on the 63 recommendations from the 2008 audit. This audit was a very in depth review of DDSN policies, directives, processes, and practices. Internal controls of DDSN systems in several areas were reviewed including DDSN's quality assurance process, consumer funds management, procurement, and human resources. The LAC issued its findings, recommendations, and DDSN's response in late June 2014. DDSN modified or improved its business processes and directives during the audit period based on communications from the LAC audit team members.

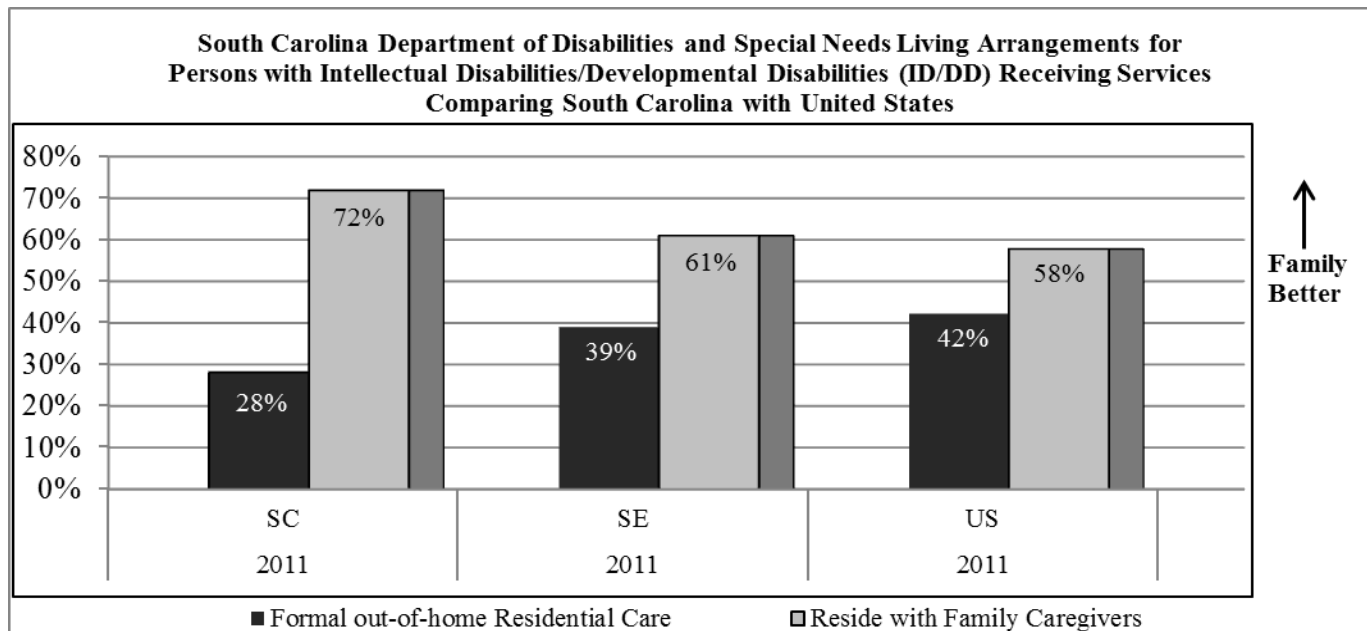
DHHS hired Clifton and Gunderson to review the DDSN cost methodologies for Medicaid cost reporting. Previously the Office of Inspector General for the federal Department of Health and Human Services has reviewed room and board costs for residential services in the ID/RD waiver. The Department has made the necessary adjustments to be compliant with both CMS and Office of Inspector General Reviews. DHHS next hired Myers and Stauffer to further examine DDSN's financial system; this report is not yet completed. DDSN engaged a national firm, Public Consulting Group, to review DDSN's business practices and financial reporting systems. Their final report was publicly presented in August 2014.

An Agreed Upon Procedures Audit was completed by the S. C. State Auditor's office during fiscal year 2014. This audit reviewed nine areas for the agency. The audit found no exceptions in any of the reviewed areas.



DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 34% growth in the use of cost-efficient family support services compared to only 8% growth in residential services, which are more expensive.

Of the approximately 34,550 individuals eligible or receiving DDSN services, 86% live at home with their families or in their own home. Of the thousands of persons with intellectual disabilities/related disabilities and autism receiving services from DDSN, 72% live with family caregivers, compared to 58% nationally. DDSN is doing a better job of helping individuals live in a family setting utilizing day services, respite, personal care, and other needed supports. Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers.



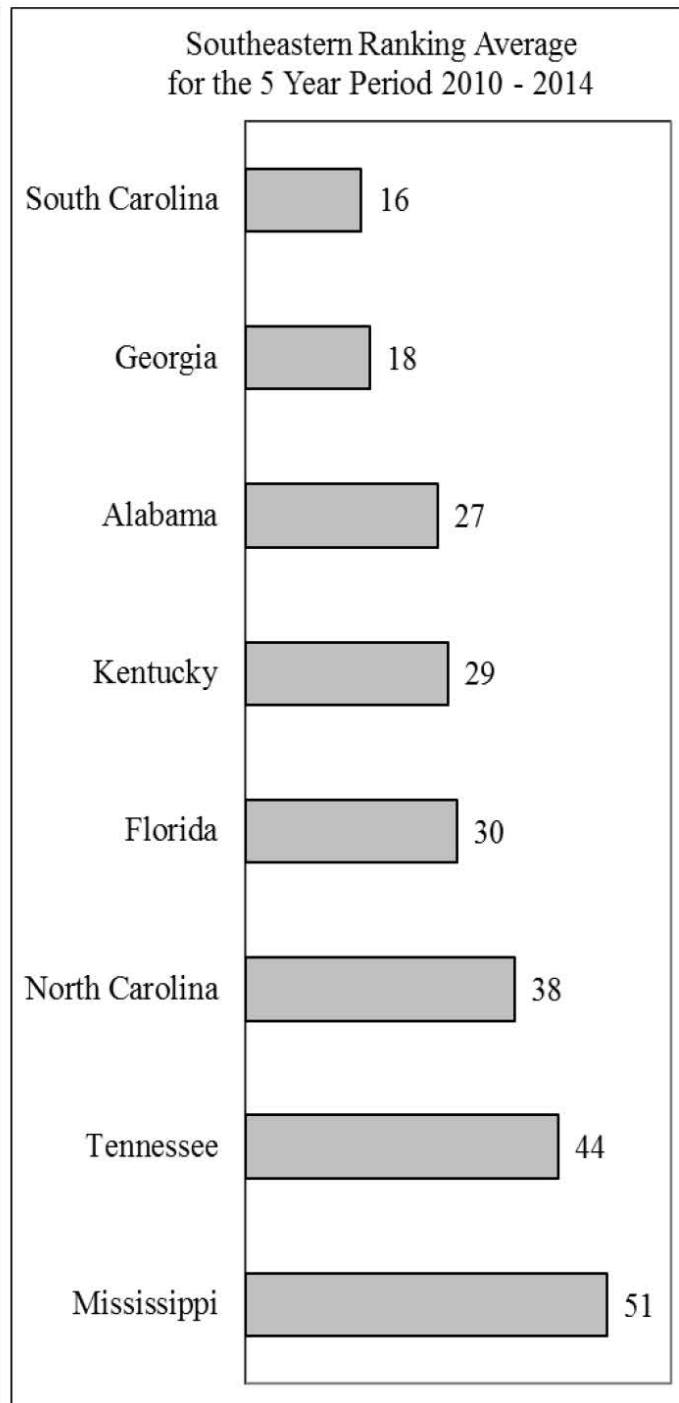
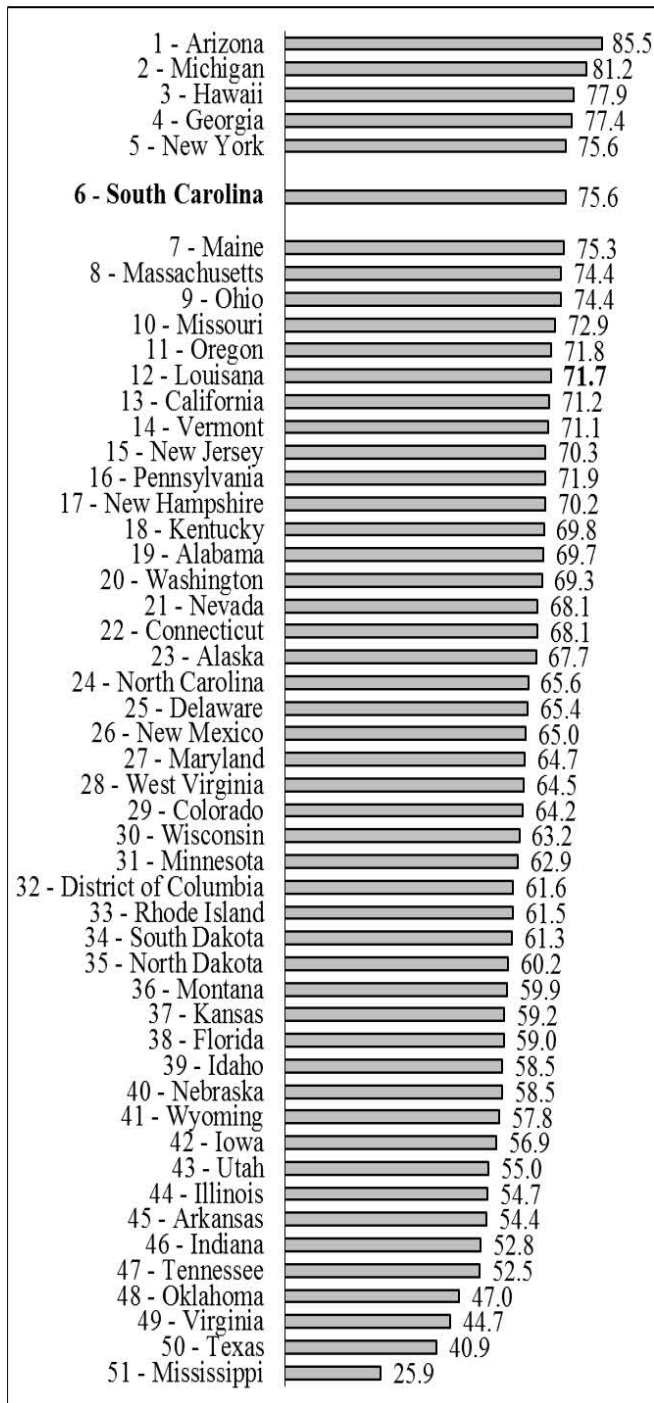
**Data Source:**

Chart A - Agency data provided by DDSN

National data provided by: [Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011](#) published by The University of Minnesota

Chart B - [Residential Services for Persons with Developmental Disabilities: Status and Trends through 2011](#) published by The University of Minnesota

**South Carolina Department of Disabilities and Special Needs**  
**UCP's 2014 Ranking of States' Ability to Create Community – Inclusive Lives for**  
**Americans with Intellectual Disabilities/Related Disabilities (ID/RD)**



United Cerebral Palsy is one of the nation's leading organizations serving and advocating for 55.7 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community-inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked 6 nationally in 2014 and ranks highly in comparison to Southeastern states and across the nation.

**Data Source:**

The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2010, 2011, 2012, 2013 and 2014 published by United Cerebral Palsy

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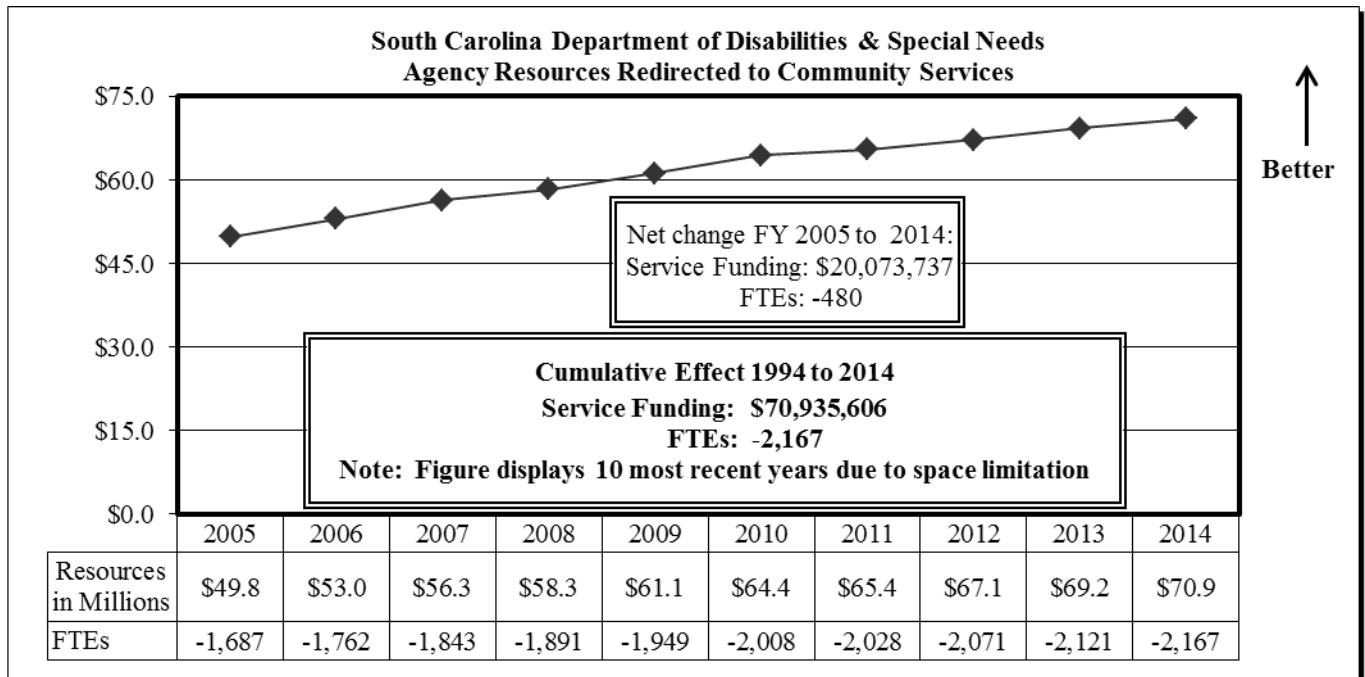
**South Carolina Department of Disabilities and Special Needs**

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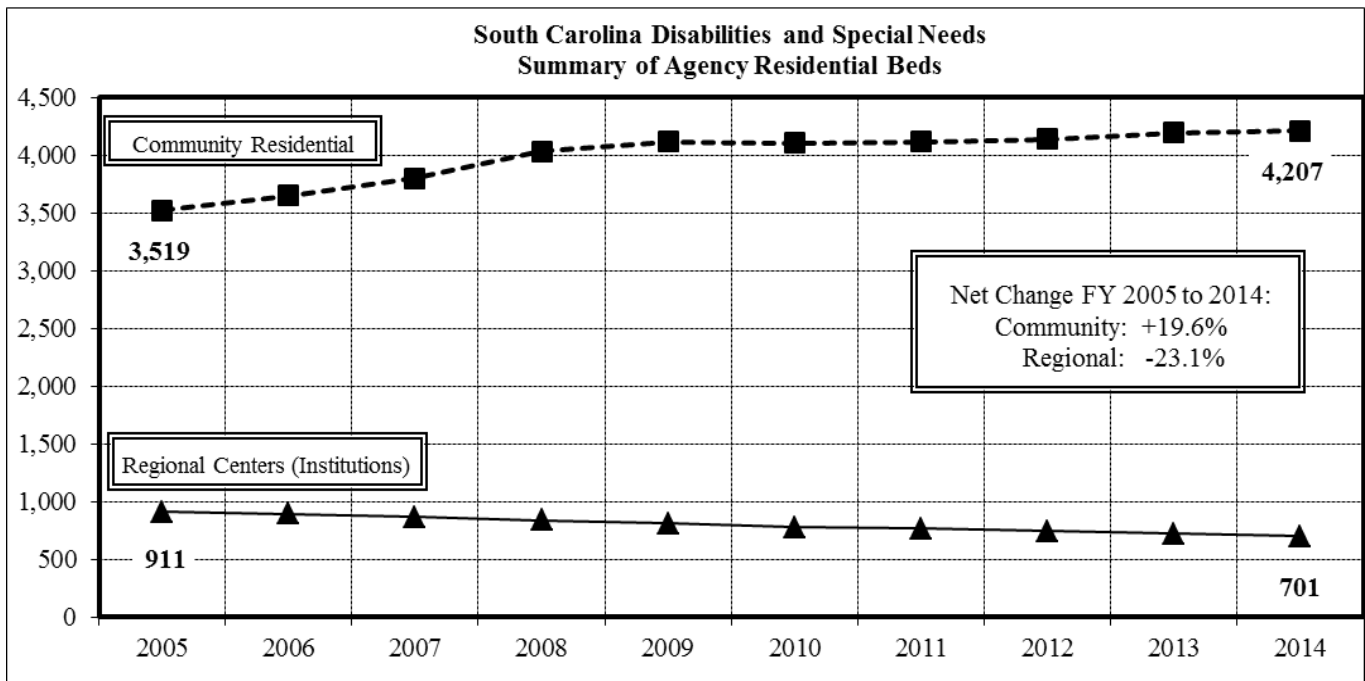
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Consistent with consumer choice people move from the regional centers to community settings. When individuals choose to move, their service funding is redirected. Since implementing the “money follows the individual” (MFI) formula in fiscal year 1994, more than \$70 million has been redirected to local community services. Another significant result is the reduction of DDSN permanent workforce positions (FTEs).

While South Carolina has a twenty year history of utilizing its MFI formula, the National MFI initiative by the federal government only began in 2006 when states were given grants to help with this effort. South Carolina’s MFI effort is achieved without federal aid.





Agency Name:		Depart of Disabilities & Special Needs	
Agency Code:		J16	Section: 036



Fiscal Year 2013-14  
Accountability Report

Program Template											
Program/Title	Purpose	FY 2012-13 Expenditures				TOTAL	FY 2013-14 Expenditures				Associated Objective(s)
		General	Other	Federal			General	Other	Federal		
I. Administration	Leadership and direction for the agency including administration, financial, and legal services.	\$ 3,778,346	\$ 2,022,168	\$ -		\$ 5,800,514	\$ 3,779,626	\$ 2,042,030	\$ -		\$ 5,821,656 4.2.3
II. Program & Services A. Prevention Program	Programs and activities to prevent or reduce the occurrence of primary and secondary disabilities that include genetic services, specialized treatments, wellness programs, and professional and public education and awareness.	\$ 2,934,300	\$ 6,804,167	\$ -		\$ 9,738,467	\$ 2,934,300	\$ 6,547,068	\$ -		\$ 9,481,368 1.1.1,1.1.2,
II. Program & Services B. Intellectual Disabilities Family Support	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 49,669,302	\$ 59,968,298	\$ 166,503		\$ 109,804,103	\$ 48,005,507	\$ 61,029,487	\$ 208,479		\$ 109,243,473 1.2.2,2.1.1,2.2.1,2.3.1,3.1.1,4.1.1,4.2.4,4.3.1,4.4.1,4.4.2
II. Program & Services C. Autism Family Support Program	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 9,058,923	\$ 4,619,098	\$ 245		\$ 13,678,266	\$ 10,631,459	\$ 4,683,611	\$ 963		\$ 15,316,033 1.2.1,2.1.1,3.1.1,4.1.1,4.2.4,4.3.1,4.4.1,4.4.2
II. Program & Services D. Head & Spinal Injury Family Support	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 6,554,998	\$ 7,010,775	\$ -		\$ 13,565,773	\$ 7,315,403	\$ 7,074,471	\$ -		\$ 14,389,874 1.2.3,2.1.1,3.1.1,4.1.1,4.2.4,4.3.1,4.4.1,4.4.2
II. Program & Services E. Intellectual Disability Community Residential	Residential care for individuals with intellectual disabilities in the least restrictive environment consists of 24 hour care with range of care based on medical and behavioral needs of consumers.	\$ 49,496,959	\$ 166,866,216	\$ -		\$ 216,363,175	\$ 54,280,746	\$ 213,235,329	\$ -		\$ 267,516,075 2.1.1, 2.1.2,2.2.2,2.2.3,3.1.1,3.2.1,3.2.2,3.3.1,3.3.2,4.2.2,4.2.4,4.3.1,4.4.1,4.4.2,4.4.3
II. Program & Services F. Autism Community Residential Program	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 4,844,475	\$ 14,979,130	\$ -		\$ 19,823,605	\$ 4,486,797	\$ 15,033,762	\$ -		\$ 19,520,559 2.1.1,2.2.2,3.1.1,3.2.1,3.3.1,3.3.2,4.2.4,4.3.1,4.4.1,4.4.2,4.4.3
II. Program & Services G. Head & Spinal Cord Injury Community Residential	Family support services allow individuals to live independently or with family members, promote family unity and responsibility, and prevent crisis situations, the break up of families and expensive out of home placement.	\$ 958,914	\$ 1,472,594	\$ -		\$ 2,431,508	\$ 929,960	\$ 1,625,116	\$ -		\$ 2,555,076 2.1.1,2.2.2,2.3.2,3.1.1,3.2.1,3.3.1,3.3.2,4.2.4.4.3.1,4.4.1,4.4.2,4.4.3
II. Program & Services H. Regional Centers Residential Program	Regional residential centers provide 24 hour care and treatment to individuals with intellectual disabilities or autism with the most fragile, complex and/or severe disabilities.	\$ 37,555,331	\$ 28,086,992	\$ 43,035		\$ 65,685,358	\$ 38,001,138	\$ 27,065,962	\$ 24,953		\$ 65,092,053 2.1.2,2.2.2,2.2.3,2.3.2,3.1.1,3.2.2,3.3.1,3.3.2,4.2.1,4.2.2,4.2.4,4.3.1,4.4.1,4.4.2,4.4.3
III. Employee Benefits	State employer contributions	\$ 17,982,742	\$ 5,742,054	\$ -		\$ 23,724,796	\$ 19,003,625	\$ 5,571,585	\$ -		\$ 24,575,210
						\$ -					\$ -

<b>Agency Name:</b>	<b>Dept. of Disabilities and Special Needs</b>
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**Fiscal Year 2013-14  
Accountability Report**

Performance Measurement Template									
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
1.1.1	Annual Rate of NTD Births Per 10K Live Births	6.6	7.2	7	July 1 - June 30	Report from Greenwood Genetics Center	Annual	Divide number of children born with NTD (spina bifida, anecephaly, encephalocele) by number of live births and multiply by 10,000	
1.1.2	Annual # of Children with Metabolic Disorders Receiving Curative Treatment	106	118	125	July 1 - June 30	Report from Greenwood Genetics Center	Annual	Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center	
1.2.1	Average Gain in Standardized Adaptive Behavior Domain Scores for Children in PDD Waiver after two years of service		10.4%	11.0%	July 1 - June 30	Study by University of South Carolina	Annual	Subtract the average percentage increase for the composite score for the Adaptive Behavior Scale at the beginning of PDD services from the score after two years of PDD service and divide by initial score	
1.2.2	Percentage of children over 36 months receiving Early Intervention services prior to third birthday	74.6%	75.6%	77.0%	July 1	Internal database	Annual	Divide number of kids receiving EI services who are 36 months or older that began receiving EI services prior to 36 months by total number of kids over 36 months receiving EI services	
1.2.3	Number of individuals receiving Post Acute Rehabilitation Services	28	48	55	July 1 - June 30	Internal database	Annual	Count of the number of individuals with traumatic brain injury or spinal cord injury receiving DDSN funded post acute rehabilitation services	
2.1.1	UCP Community Inclusion Ranking	12th	6th	6th	Various	UCP Case for Inclusion Report	Annual	Ranking of all states and DC on numerous nationally published data regarding state ID system's inclusion of persons with ID into the community	
2.1.2	# Children Served in PRTFs	61	75	70	July 1	Internal database	Annual	Count of individuals in PRTFs	
	# Children Served in Regional Centers	8	6	4	July 1	Internal database	Annual	Count of individuals 18 years or younger in Regional Centers	
2.2.1	Ratio of Persons Served In HCB waivers versus ICF/IID	6.97	7.42	8	July 1	Internal database	Annual	Divide number of individuals served in one of the DDSN managed HCB waivers by number of individuals served in ICF/IID	
2.2.2	# of Persons Served in NFs Per 100K General Population	4	3.9	3.8	July 1	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide number of persons with ID residing in Nursing Facility by population of South Carolina and multiply by 100,000	
2.2.3	# of Persons Served in 16 + Bed Institutions Per 100K General Population	20.5	20.3	20.1	July 1	University of Minnesota RISP Report/most recent data as of 2011	Annual	Number of persons with ID residing in Nursing Facility and 16 + bed public ICF/IID and 16 + private ICF/IID per 100,000 general population of South Carolina	
2.3.1	% of Individuals Receiiving Day Services Who are Served in Integrated Employment Settings	30%	29%	30%	July 1	ICI/University of Masseurhusetts Employment Report/most recent data 2012	Annual	Divide individuals receiving DDSN Day/Employment Services who are receiving services in community integrated employment settings by total individuals receiving DDSN Day/Employment Services	
2.3.2	Funding Transferred from Regional Centers to Community Services Since 1994	\$69,208,825	\$70,935,606	\$71,500,000	July 1	Internal database	Annual	Amount of funding transferred from DDSN Regional Center budgets to support community services since 1994	
3.1.1	Average Length of Wait for Individuals Removed from Critical Needs List	62 days	51 days	45 days	July 1 - June 30	Internal database	Annual	Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year	

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Performance Measurement Template									
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
3.2.1	% Average Annual Overall CCR Indicator Compliance	93.1%	92.7%	93.3%	July 1 - June 30	Internal database	Annual	Divide total number of DDSN developed key indicators assessed by QIO to be compliant for community contract providers by total number of DDSN developed key indicators assessed	
	Annual # of Community Service Providers with less than 70% CCR Key Indicator Area Compliance	8	10	7	July 1 - June 30	Internal database	Annual	Count of the number of community contract providers to have been found compliant with less than 70% of DDSN developed key indicators for any of the separate service areas assessed	
	% Average Annual Overall Licensing Survey Compliance	93.6%	94.5%	95.0%	July 1 - June 30	Internal database	Annual	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	
	Annual # of Community Residential or Day Facilities with less than 70% Licensure Compliance	1	0	0	July 1 - June 30	Internal database	Annual	Count of the number of community contract providers to have been found compliant with less than 70% of DDSN developed residential or day program licensure standards	
3.2.2	% Average Annual Per Community ICF/IID Certification Deficiencies	13.1	10	9	July 1 - June 30	Internal database	Annual	Divide total number of community ICF/IID certification deficiencies issued by DHEC surveyors during respective fiscal year by number of community ICF/IID licenses	
	% Average Annual Per Regional Center ICF/IID Certification Deficiencies	1.1	0.6	0.5	July 1 - June 30	Internal database	Annual	Divide total number of Regional Center ICF/IID certification deficiencies issued by DHEC surveyors during respective fiscal year by number of Regional Center ICF/IID licenses	
	Annual # of Community ICF/IID with Two or More Condition Level Citations	10	4	3	July 1 - June 30	Internal database	Annual	Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year	
	Annual # of Regional Center ICF/IID with Two or More Condition Level Citations	2	2	1	July 1 - June 30	Internal database	Annual	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	
	Annual # of Community ICF/IID Immediate Jeopardy Findings	0	0	0	July 1 - June 30	Internal database	Annual	Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	
	Annual # of Regional Center Immediate Jeopardy Findings	0	0	0	July 1 - June 30	Internal database	Annual	Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year	
3.3	Annual Rate of Substantiated Abuse/Neglect/Exploitation Per 100 Served in Community Residential Settings	0.00	0.05	0.00	July 1 - June 30	Internal database	Annual	Divide number of substantiated allegations of abuse, neglect and/or exploitation of individuals served in DDSN funded community residential setting by total number of individuals served in DDSN funded community residential settings multiplied by 100	
	Annual Rate of Substantiated Abuse/Neglect/Exploitation Per 100 Served in Regional Centers	0.00	0.00	0.00	July 1 - June 30	Internal database	Annual	Divide number of substantiated allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100	

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**Performance Measurement Template**

<b>Item</b>	<b>Performance Measure</b>	<b>Last Value</b>	<b>Current Value</b>	<b>Target Value</b>	<b>Time Applicable</b>	<b>Data Source and Availability</b>	<b>Reporting Freq.</b>	<b>Calculation Method</b>	<b>Associated Objective(s)</b>
3.3.1	Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings	16.91	15.61	15.00	July 1 - June 30	Internal database	Annual	Divide number of DDSN defined Critical Incidents involving individuals served in DDSN funded community residential or day settings by total number of individuals served in DDSN funded community residential and day settings multiplied by 100	
	Annual Rate of Critical Incidents Per 100 Served in Regional Centers	31.20	29.60	29.00	July 1 - June 30	Internal database	Annual	Divide number of DDSN defined Critical Incidents involving individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100	
3.3.2	Annual Rate of Fall Related Critical Incidents Per 100 Served in Community Residential Settings	1.54	1.38	1.25	July 1 - June 30	Internal database	Annual	Divide number of DDSN defined fall related Critical Incidents involving individuals served in DDSN funded community residential or day settings by total number of individuals served in DDSN funded community residential and day settings multiplied by 100	
	Annual Rate of Fall Related Critical Incidents Per 100 Served in Regional Centers	0.88	0.53	0.45	July 1 - June 30	Internal database	Annual	Divide number of DDSN defined fall related Critical Incidents involving individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100	
4.1.1	% of Total Served Supported In Home	72.0%	72.0%	73.0%	July 1	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide of individuals receiving services through DDSN who are receiving services in non-residential settings by total individuals receiving DDSN services	
	# of Persons Served Per 100K General Population	368.8	368.6	369	July 1	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide number of individuals receiving services through DDSN by population of South Carolina and multiple by 100,000	
	Ratio of Persons Served In HCB waivers versus ICF/IID	7.0	7.4	8	July 1	Internal database	Annual	Divide number of individuals served in one of the DDSN managed HCB waivers by number of individuals served in ICF/IID	
	# of Persons Served in 16 + Bed Institutions Per 100K General Population	20.5	20.3	20.1	July 1	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide number of persons with ID residing in Nursing Facility and 16 + bed public ICF/IID and 16 + private ICF/IID by general population of South Carolina and multiply by 100,000	
4.2.1	% of Individuals Served in Regional Centers w/ Severe or Profound ID	81.7%	84.5%	86.0%	July 1	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide total number of individuals receiving services at DDSN Regional Centers with severe or profound intellectual disabilities by total number served at Regional Centers	
4.2.2	Funding Transferred from Regional Centers to Community Services Since 1994	\$69,208,825	\$70,935,606	\$71,500,000	July 1	Internal database	Annual	Amount of funding transferred from DDSN Regional Center budgets to support community services since 1994	
4.2.3	Administrative Expenses as a % of Total Expenses	1.51%	1.34%	1.25%	July 1 - June 30	Internal database	Annual	Divide DDSN Central Office annual administrative personal services and operating cost by total DDSN annual expenditures	
4.2.4	Average Annual Per Person HCB Waiver Cost	\$33,603	\$29,966	\$30,000	July 1 - June 30	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide total HCB expenditures by average daily number of individuals receiving HCB waiver services managed by DDSN	



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Performance Measurement Template									
Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
	Average Annual Per Person Community ICF/IID Cost	\$70,018	\$76,661	\$80,000	July 1 - June 30	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide total community ICF/IID expenditures by average daily number of individuals receiving community ICF/IID services in South Carolina	
	Average Annual Per Person Regional Center Cost	\$122,275	\$114,245	\$120,000	July 1 - June 30	University of Minnesota RISP Report/most recent data as of 2011	Annual	Divide total regional center ICF/IID expenditures by average daily number of individuals receiving regional center ICF/IID services in South Carolina	
4.3.1	% of DDSN consumers served by only DDSN	91.5%	93.0%	93.5%	July 1	Internal database	Annual	Number of individuals receiving any service funded through DDSN who are not receiving services through another state agency divided by total number of individuals receiving services funded through DDSN	
	% of DDSN consumers served by DDSN and one other state agency	7.3%	6.0%	5.5%	July 1	Internal database	Annual	Number of individuals receiving any service funded through DDSN who are receiving services through one other state agency divided by total number of individuals receiving services funded through DDSN	
	% of DDSN consumers served by DDSN and more than one other state agency	1.1%	1.0%	1.0%	July 1	Internal database	Annual	Number of individuals receiving any service funded through DDSN who are receiving services through two or more other state agency divided by total number of individuals receiving services funded through DDSN	
4.4.1	# Individuals on DDSN Managed HCB Waiver Waiting Lists	9,436	11,212	10,500	July 1	Internal database	Monthly	Count of the individuals on the South Carolina Intellectual Disabilities/Related Disabilities, Community Support, Head and Spinal Cord Injury and Pervasive Developmental Disorder Medicaid waiver waiting lists (an individual may be on more than one waiting	
4.4.2	Average Time of Wait (in years) for Individuals Enrolled in ID/RD Waiver	5.9	6.7	5	July 1 - June 30	Internal database	Annual	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	
	Average Time of Wait (in years) for Individuals Enrolled in CS Waiver	3.1	4.1	3.5	July 1 - June 30	Internal database	Annual	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	
	Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver	3.1	2.2	1	July 1 - June 30	Internal database	Annual	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	
4.4.3	% Growth in Residential Service Capacity Needed to Eliminate Residential Waiting List	6.9%	6.2%	6.0%	July 1	University of Minnesota RISP Report/most recent data as of 2011	Annual	Number of individuals on DDSN's Priority I residential waiting list divided by the number of persons receiving DDSN funded residential services	

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Strategic Planning Template

Type	Goal	Item # Strat	Object	Description
G	1			<b>Prevent Disabilities and Ameliorate Impact of Disabilities</b>
S		1.1		<b>Reduce the Incidence of Neural Tube Defects and Metabolic Disorders</b>
O			1.1.1	Annual NTD Birth Rates in SC will remain at or below national average (7.0 per 10,000 live births)
O			1.1.2	Provide Curative Treatment to 100 Children with Metabolic Disorders
S		1.2		<b>Reduce the severity of disabilities</b>
O			1.2.1	Children Completing PDD Program will experience average gain of 10% in standardized adaptive behavior scores after two years of service
O			1.2.2	At risk children will receive Early Intervention services prior to third birthday
O			1.2.3	Individuals with TBI/SCI will have increased access to Post Acute Rehabilitation Services
G	2			<b>Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence</b>
S		2.1		<b>Maximize use of supports and services to enable individuals to live at home with family or in their own home</b>
O			2.1.1	South Carolina will rank in the top 10 of all states on UCPs Community Inclusion Report
O			2.1.2	Avoid institutional placements of children
S		2.2		<b>Utilize least restrict residential settings/supports</b>
O			2.2.1	Maintain a ratio of at least 7.5 to 1 of persons served in HCB waivers compared to ICF/IID
O			2.2.2	South Carolina will serve fewer individuals with ID in NFs than the national average (10.8 per 100K)
O			2.2.3	South Carolina will serve fewer individuals per 100K population in 16 + bed institutions than the national average (25.9 per 100K)
S		2.3		<b>Create opportunities for independent living, community inclusion and increased consumer/family choice and control of services</b>
O			2.3.1	The % of individuals receiving day services in integrated employment settings will be at or above the national average (18%)
O			2.3.2	At least \$500 thousand per year will be transferred from Regional Centers to Community services
G	3			<b>Protect Health and Safety of Individuals Served</b>
S		3.1		<b>Ensure the needs of eligible individuals in crisis situations are met</b>
O			3.1.1	Average length of wait for individuals placed on Critical Needs List will be less than 60 days
S		3.2		<b>Establish service directives and standards which promote consumer health and safety and monitor compliance</b>
O			3.2.1	Average Annual Overall Non-ICF/IID Provider Review Compliance will be 85% or higher
O			3.2.2	Average Annual ICF/IID certification surveys will produce no more than 13 standard and condition level citations
S		3.3		<b>Systemically monitor and review critical incident reporting, remediate substandard performance and facilitate system improvement</b>
O			3.3.1	Annual rate of critical incidents per 100 persons served will be less than 30
O			3.3.2	Annual rate of falls leading to injury per 100 persons served will be less than 3.0

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Strategic Planning Template

Type	Goal	<u>Item #</u> Strat	Object	Description
G	4			Serve Maximum Number of Eligible Individuals with Available Resources
S		4.1		Maximize utilization of in-home supports
O		4.1.1		The % of total individuals served who are receiving services in home will be at or above the national average (58%)
S		4.2		Assure services are provided in the most cost effective manner
O		4.2.1		The % of individuals served at the regional centers with severe or profound disabilities will be at or above the national average (76.0%)
O		4.2.2		Administrative expenses will be less than 2% of total expenses
O		4.2.3		Average annual per person HCB waiver cost and ICF/IID cost will be less than national average (HCB - \$46,209; ICF - \$102,631; Regional Center -
S		4.3		Avoid duplication of services
O		4.3.1		Greater than 90% of DDSN consumers will not be served by multiple state agencies
S		4.4		Increase availability of new resources to meet unmet needs and serve more individuals
O		4.4.1		The # of individuals on DDSN managed HCB waiver waiting lists will decline by 5%
O		4.4.2		Average time of wait for individuals enrolled in DDSN managed HCB waivers will be less than 5 years
O		4.4.3		The % growth in residential service capacity to eliminate the residential waiting list will be less than the national average (16.6%)
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