

**SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

PREPARED FOR THE SC HOUSE OF REPRESENTATIVES  
WAYS AND MEANS COMMITTEE

HEALTHCARE SUBCOMMITTEE

JANUARY 24, 2012

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

## **KEY AGENCY OFFICIALS**

Dr. Beverly A. H. Buscemi – State Director

Tom Waring – Associate State Director, Administration

Lois Park Mole – Director, Government and Community Relations

Lisa Weeks – Budget Director

# **S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

## **Mission, Vision and Values**

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 mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

### **VISION - WHERE WE ARE GOING!**

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

### **MISSION - WHAT WE DO!**

Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

### **VALUES - OUR GUIDING BELIEFS!**

Health, safety and well-being of each person  
Dignity and respect for each person  
Individual and family participation, choice, control and responsibility  
Relationships with family, friends and community connections  
Personal growth and accomplishments

### **PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS!**

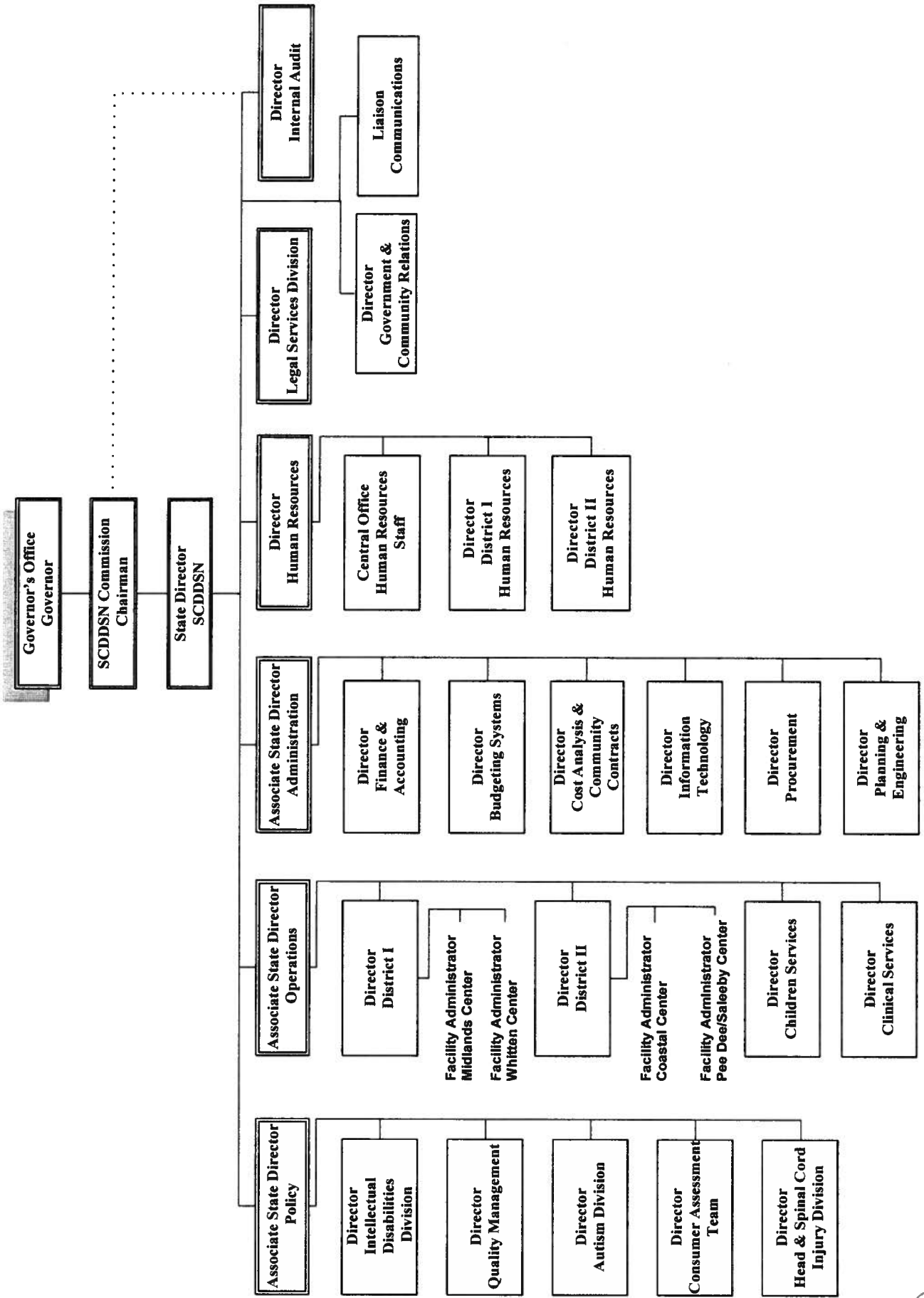
Person-Centered  
Responsive, efficient and accountable  
Practical, positive and appropriate  
Strengths-based, results-oriented  
Opportunities to be productive and maximize potential  
Best and promising practices

*Adopted 11/20/03*

**South Carolina Department of Disabilities and Special Needs**  
**Brief Agency Overview**  
**January 2012**

- DDSN serves approximately 32,000 individuals with intellectual disability, autism, brain injury and spinal cord injury.
- Needs of individuals range widely from moderate disability to very severe, requiring 24/7 constant care and supervision.
- DDSN's policy emphasizes the family by assisting through a range of in-home family support services.
  - Approximately 85% of *all* the individuals served by DDSN across *all* disability groups live at home with their families.
  - When compared to the national average, DDSN serves 71% of individuals with intellectual disabilities or related disabilities at home compared to only 58% nationally.
- Only when families cannot provide the necessary care – due to their age/health/complexity of the disability – does DDSN provide assistance outside the family home.
  - A range of residential options exists based on each individual's needs.
  - DDSN supports a model of least restrictive environment. Both federal and state law require this and it fits the concept of medical necessity - only providing what is needed.
- 5 regional centers, 38 local disabilities and special needs boards, and more than 60 private providers.
  - Regional centers provide services for individuals with the most complex needs.
  - Local disabilities boards are backbone of community service system and guarantee at least one service provider in every county.
- Offering choice to individuals and their families is a priority for DDSN.
  - Actively solicit private provider entities to become qualified providers.
  - Use an ongoing Request For Proposal process through the Budget and Control Board.
  - If an individual or family chooses to change providers, the authorized funds for services are portable.
- DDSN focuses on its core mission.
  - Prioritize use of all services focusing on people in the most critical circumstances.
  - Continue to shift service dollars from more expensive services to less expensive alternatives through a money follows the person (MFP) policy.
- DDSN's administrative cost is currently less than 2% and has been for the past 10 years.

# SC Department of Disabilities and Special Needs Agency Organizational Chart



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
BUDGET REQUEST COORDINATIONS FOR FY 2012 – 2013**

**Executive Budget**

\$5,885,491

**DDSN Request State Funds**

\$5,885,491

**Description**

1. Annualization of Recurring Services Funded By Proviso 24.15 – FMAP Extension Carry Forward

A. This request is to annualize \$5,385,491 in nonrecurring funding provided to DDSN in the FY 2011-2012 Appropriations Act for ongoing services to individual consumers and families. This amount is needed to maintain current service levels for approximately 1,150 consumers receiving services this year. These services prevent unnecessary and expensive out-of-home placements by providing adult development and supported employment services. This funding is necessary to continue these services on a recurring basis.

B. This request is to annualize \$500,000 in nonrecurring funding provided to DDSN in the FY 2011-2012 Appropriations Act for specialized post-acute rehabilitation for approximately 8-10 individuals who sustain a traumatic brain injury or spinal cord injury.

C. Pending Issues with Fiscal Impact (See Attachment)

2. Community Supports in the Individual's and Family's Home

\$2,354,800

This request is to prevent unnecessary and expensive out-of-home placements by serving 1,010 individuals with severe disabilities with the supports necessary to maintain them in their homes. As of June 30, 2011, there were 2,566 consumers on the waiting list for the Intellectual Disability/Related Disabilities Waiver and 445 awaiting the Head & Spinal Cord Injury Waiver. There were also 1,264 individuals awaiting a day support service.

3. Traumatic Brain or Spinal Cord Injury Post-acute Rehabilitation

\$2,500,000

South Carolina needs to fully fund over time the remaining cost of post-acute rehabilitation that enables people with traumatic brain or spinal cord injuries to obtain an appropriate level of specialized rehabilitation after the injury and acute hospital stay. Currently in the state, there is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. The estimates based on hospital discharges are that 2,254 individuals with traumatic brain or spinal cord injuries this year will be in need of specialized post-acute inpatient/outpatient rehabilitation. The total cost of care would be \$68 million; however, \$56.5 million of this expense could be covered by private insurance, Medicare and other government reimbursements. This fiscal year, DDSN will have \$1,584,000 in recurring funding for this program. The State funding needed for the balance to cover the uninsured/underinsured and Medicaid State matching funds would be \$9,920,000. Due to the amount of funding needed, DDSN is only requesting \$2,500,000 in additional funding at this time. This amount would serve 40 individuals.

4. Maintenance of Effort to Cover Consumers' Cost of Care

\$2,190,500

This request represents the need to provide sufficient funding as a maintenance of effort to the providers of services so that the actual cost of care can be covered. If the state's reimbursement rates do not cover the actual cost of care, eventually the local entities will have to reduce the scope and quality of care below acceptable standards, eliminate the services for which there is insufficient funding, or stop providing services. In the last four years the costs have risen with increasing cost of gasoline, oil, electricity, food, medical professionals, and other goods and services. All providers are now at the point that reimbursements must be increased to cover the additional operating costs which have risen significantly.

**Total**

\$12,930,791

\$5,885,491

6

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
BUDGET REQUEST CONSIDERATIONS FOR FY 2012 – 2013**

**C. Pending Issues with Fiscal Impact for FY 2012 – 2013**

- **DHHS Withholding Reimbursement of \$1.3 Million**
  - DHHS is withholding \$1.3 million of federal reimbursement earned by DDSN to address the DHHS deficit
  - \$650,000 has been withheld thus far -- cost already incurred by DDSN for services provided
  - DDSN is using one-time FMAP funds appropriated to cover the loss of \$1.3 million in FY 2012
  - Requirements for FY 2013
  
- **Centers for Medicare/Medicaid Services (CMS)**
  - CMS surveyed nine states, including South Carolina, reviewing the accounting of room and board costs
  - DDSN was found to be compliant
  - An offshoot from that review is an examination of DDSN's administrative cost structure; the current structure has been in place for 25 years
  - The proposed change will increase the state match required for administrative functions from 70/30 to 50/50
  - The state match increase will be an additional cost of \$600,000 to \$1.5 million annually
  - DDSN expects to know exact fiscal impact in Spring 2012
  
- **Targeted Case Management (TCM)**
  - DHHS is proposing to change TCM rates to all state agencies in FY 2013
  - New rate proposed for all state agencies is \$13.00 per 15 minute unit
  - This represents approximately 1/2 of DDSN current costs for Early Intervention TCM, 1/3 of costs of Individual/Family Support Services TCM, and 1/6 of Specialized Prevention Services TCM provided by the Greenwood Genetic Center
  - Based on the new rate proposal, the impact of full implementation to DDSN services that individuals receive today is approximately \$3.4 million
  - Exact implementation/phase-in timeline is unknown

1/23/12

**ADDITIONAL OPERATING BUDGET PRIORITIES**

Agency Name: Disabilities and Special Needs

Agency Number: J16

**SUMMARY OF ADDITIONAL FUNDING NEEDED FOR OPERATING BUDGET PRIORITIES FOR FY 2012-2013**

Priority No.	Title/Description	FUNDING				FTEs				
		Non-Recurring State	Recurring State	Federal	Other	Total	State	Federal	Other	Total
1	Annualization of Recurring Service Funded by Proviso 24.15 FMAP Extension Carry Forward	0	5,885,491	0	10,001,626	15,887,117	0.00	0.00	0.00	0.00
2	Community Supports in the Individual's and Family's Home	0	2,354,800	0	5,494,533	7,849,333	0.00	0.00	0.00	0.00
3	Traumatic Brain or Spinal Cord Injury Post-acute Rehabilitation	0	2,500,000	0	0	2,500,000	0.00	0.00	0.00	0.00
4	Maintenance of Effort to Cover Consumers' Cost of Care	0	2,190,500	0	3,025,000	5,215,500	0.00	0.00	0.00	0.00
5						0				0.00
<b>For additional rows, place cursor in this gray box and press "Ctrl" + "b". (You need to start in this gray box for each row needed or the formulas will not copy properly.)</b>										
<b>TOTAL OF ALL OPERATING BUDGET PRIORITIES</b>		<b>0</b>	<b>12,930,791</b>	<b>0</b>	<b>18,521,159</b>	<b>31,451,950</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>





**ADDITIONAL CAPITAL BUDGET PRIORITIES**  
**Agency Name: Disabilities and Special Needs**  
**Agency Number: J16**

**SUMMARY OF ADDITIONAL FUNDING NEEDED FOR CAPITAL BUDGET PRIORITIES FOR FY 2012-2013**

<b>CAPITAL BUDGET PRIORITIES</b>						
<b>Priority No.</b>	<b>Project No.*</b>	<b>Project Name</b>	<b>Additional State Funds</b>	<b>Previously Authorized State Funds</b>	<b>Total Other Fund Sources</b>	<b>Project Total</b>
1		"No Additional Funds Requested"				0
2						0
3						0
4						0
5						0
<b>For additional rows, place cursor in this gray box and press "Ctrl" + "c". (You need to start in this gray box for each row needed or the formulas will not copy properly.)</b>						
<b>TOTAL OF ALL CAPITAL BUDGET PRIORITIES</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*if applicable

# Agency Certification and Transmittal Sheet

Code:

**J16**

Name:

**SCDDSN**

## Purpose, Mission, Vision and Values

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including intellectual disabilities and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

### VISION - WHERE WE ARE GOING!

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

### MISSION - WHAT WE DO!

Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention.

### VALUES - OUR GUIDING BELIEFS!

Health, safety and well-being of each person  
Dignity and respect for each person  
Individual and family participation, choice, control and responsibility  
Relationships with family, friends and community connections  
Personal growth and accomplishments

### PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS!

Person-Centered  
Responsive, efficient and accountable  
Practical, positive and appropriate  
Strengths-based, results-oriented  
Opportunities to be productive and maximize potential  
Best and promising practices

*Adopted 11/20/2003*

To the Office of State Budget

This, and accompanying statements, schedules, and explanatory sheets consisting of 80 pages constitute the operating budget estimates of this agency for all proposed expenditures for the 2012-2013 fiscal year.

All statements and explanations contained in the estimates submitted herewith are true and correct to the best of my knowledge.

Signed:

*Beverly J. Buxton PNO*

(Agency Head)

Date:

September 30, 2011

**A. Proviso Number**

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (*If new indicate "New #1", "New #2", etc.*):

24.5

**B. Appropriation**

Related budget category, program, or non-recurring request (*Leave blank if not associated with funding priority*):

Program II, Subprogram H

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

**D. Action**

(Indicate Keep, Amend, Delete, or Add):

Delete

**E. Title**

Descriptive Proviso Title:

Medicare Reimbursements

**F. Summary**

Summary of Existing or New Proviso:

This proviso allows the department to use Medicare reimbursements to cover the operational expenses of the program area providing the services.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

Proviso no longer necessary.

**H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary**

N/A

**I. Justification**

Refer to the instructions for the correct question to answer in this space, based on the action you selected

The department no longer bills Medicare and therefore this proviso is no longer relevant.

**J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**

No fiscal impact.

**K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**

~~24.5 (DDSN: Medicare Reimbursements) The department may continue to budget Medicare reimbursements to cover operating expenses of the program providing such services.~~

(INSERT PROVISO FROM FY 2012-13 RENUMBERED PROVISO BASE HERE)

**A. Proviso Number**

Using the renumbered 2012-13 proviso base provided on the OSB website indicate the proviso number (If new indicate "New #1", "New #2", etc.):

24.15

**B. Appropriation**

Related budget category, program, or non-recurring request (Leave blank if not associated with funding priority):

Program II

**C. Agency Interest**

Is this proviso agency-specific, a general proviso that affects the agency, or a proviso from another agency's section that has had consequences?

Agency specific

**D. Action**

(Indicate Keep, Amend, Delete, or Add):

Delete

**E. Title**

Descriptive Proviso Title:

FMAP Extension Carry Forward

**F. Summary**

Summary of Existing or New Proviso:

This proviso authorized the department to carry forward the funds received as a result of the January through June 2011 federal extension of the increased FMAP.

**G. Explanation of Amendment to/or Deletion of Existing Proviso**

(If request to delete proviso is due to codification, note the section of the Code of Laws where the language has been codified):

This proviso is no longer relevant.

**H. Explanation of how this proviso directs the expenditure or appropriation of funds, and why this direction is necessary****I. Justification**

Refer to the instructions for the correct question to answer in this space, based on the action you selected

This proviso is no longer necessary as increased FMAP no longer exists.

**J. Fiscal Impact (Include impact on each source of funds – state, federal, and other)**

No fiscal impact.

**K. Text of New Proviso with Underline or Entire Existing Proviso Text with Strikeover and Underline**

~~24.15 (DDSN: FMAP Extension Carry Forward) The department is authorized to carry forward the funds received as a result of the January through June 2011 federal extension of the increased FMAP. The department is authorized to use the funds to maintain current service levels, to support Traumatic Brain or Spinal Cord Injury Post-Acute Rehabilitation, system enhancements of the assessment process and the monitoring and documentation process for home and community-based services in order to increase efficiency and reduce fraud and abuse.~~

(INSERT PROVISO FROM FY 2012-13 RENUMBERED PROVISO BASE HERE)

**Accountability Report Appropriations/Expenditures Chart**

**Base Budget Expenditures and Appropriations**

Major Budget Categories	FY 09-10 Actual Expenditures		FY 10-11 Actual Expenditures		FY 11-12 Appropriations		General Funds
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds	
Personal Service	\$61,410,864	\$46,303,791	\$59,947,785	\$44,412,785	\$61,480,597	\$43,963,633	
Other							
Operating	\$421,490,267	\$85,884,163	\$384,640,810	\$62,200,659	\$453,382,683	\$94,284,115	
Special Items	\$126,000		\$13,425,844	\$6,857,170	\$19,086,719	\$9,230,545	
Permanent							
Improvements	\$2,618,296		\$2,496,750				
Case Services	\$11,744,049	\$44,556	\$11,444,143	\$844,841	\$15,468,310	\$922,100	
Distributions to Subdivisions							
Fringe Benefits	\$25,250,392	\$18,574,885	\$24,181,076	\$17,953,487	\$25,403,209	\$18,395,217	
Non-recurring							
<b>Total</b>	<b>\$522,639,868*</b>	<b>\$150,807,395</b>	<b>\$496,136,408**</b>	<b>\$132,268,942</b>	<b>\$574,821,518</b>	<b>\$166,795,610</b>	

**Other Expenditures**

Sources of Funds	FY 09-10 Actual Expenditures	FY 10-11 Actual Expenditures
Supplemental Bills		
Capital Reserve Funds	\$2,571,577	\$2,496,750
Bonds		

\*Fiscal Year 2009-2010 expenditures include \$45,922,779 transferred to the State Treasurer in accordance with Proviso 90.13, Part 1B, of the FY 2009-10 Appropriation Act.

\*\*Fiscal Year 2010-2011 expenditures include \$22,769,789 transferred to the DHHS in accordance with Proviso 90.21, Part 1B, of the FY 2010-11 Appropriation Act.

**Major Program Areas**

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 09-10 Budget Expenditures</b>	<b>FY 10-11 Budget Expenditures</b>	<b>Key Cross References for Financial Results*</b>
II.E - Intellectual Disabilities Community Residential	Residential care provided to consumers in the least restricted environment based on needs of the consumer. This residential care consists of 24 hour care with range of care based on medical and behavioral needs of consumers.	State: 53,751,424.00 Federal: 0.00 Other: 190,486,157.00 Total: 244,237,581.00 % of Total Budget: 47%	State: 26,000,138.00 Federal: 0.00 Other: 198,886,765.00 Total: 224,886,903.00 % of Total Budget: 46%	7.1-3, 7.2-3, 7.3-3, 7.3-10, 7.5-2, 7.5-7
II.H. - Regional Centers	Regional residential centers provide 24 hour care and treatment to individuals with intellectual disabilities/related disabilities or autism with more complex, severe disabilities.	State: 53,212,440.00 Federal: 72,169.00 Other: 38,287,668.00 Total: 91,572,277.00 % of Total Budget: 18%	State: 50,989,707.00 Federal: 105,607.00 Other: 36,826,723.00 Total: 87,922,037.00 % of Total Budget: 18%	7.1-3, 7.2-3, 7.3-3, 7.3-10, 7.5-2 7.5-7
II.B3 - Intellectual Disabilities Family Support Adult Development and Supported Employment	Service consists of center based workshop providing training and skill development in a workshop environment and on the job training in a normal work place. Participants are paid wages based on their ability to produce.	State: 3,911,379.00 Federal: 0.00 Other: 40,081,946.00 Total: 43,993,325.00 % of Total Budget: 8%	State: 127,779.00 Federal: 0.00 Other: 44,382,857.00 Total: 44,510,636.00 % of Total Budget: 9%	7.1-10, 7.2-6, 7.2-8, 7.5-5
II.B2 - Intellectual Disabilities Family Support In-Home Family Support	Family support services prevent the breakup of families; prevent the development of crisis situations and the resulting expensive out-of-home placement for individuals with severe life-long disabilities.	State: 21,650,096.00 Federal: 1,508.00 Other: 24,594,088.00 Total: 46,245,692.00 % of Total Budget: 9%	State: 24,137,414.00 Federal: 5,696.00 Other: 17,175,054.00 Total: 41,318,164.00 % of Total Budget: 8%	7.1-1, 7.1-2, 7.1-10, 7.2-1, 7.2-6, 7.3-1, 7.3-2, 7.5-1, 7.5-5

**Below: List any programs not included above and show the remainder of expenditures by source of funds.**

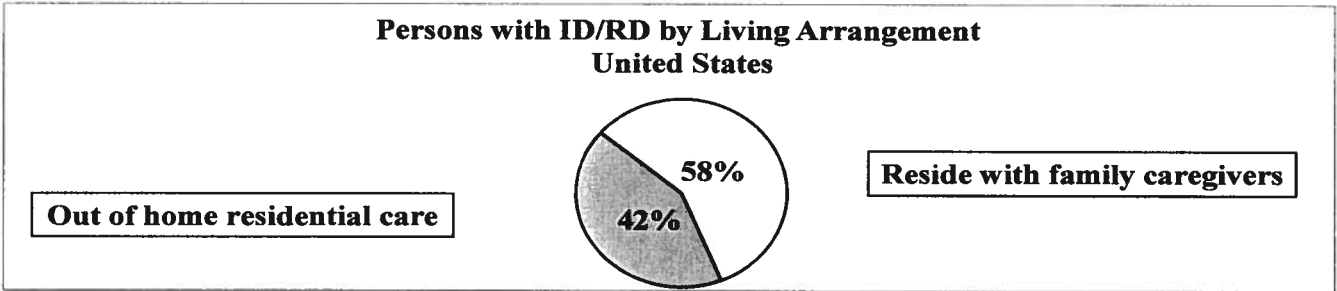
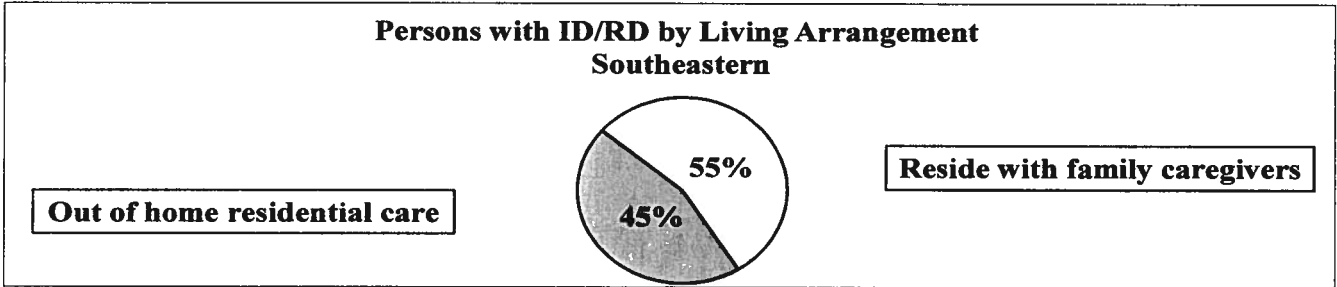
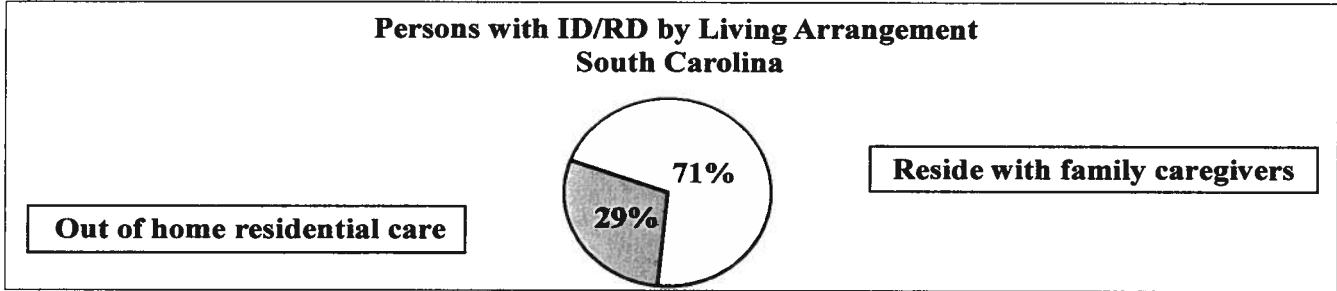
Program I; Program II. Subprograms A; B1; B4, C; D; F and G.

<b>Remainder of Expenditures:</b>	<b>% of Total Budget:</b>
State: 18,282,055.00	18%
Federal: 263,463.00	
Other: 75,427,180.00	
Total: 93,972,698.00	
State: 31,013,904.00	19%
Federal: 363,385.00	
Other: 63,624,629.00	
Total: 95,001,918.00	

\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Figure 7.1-1  
Figure 7.2-1  
Figure 7.3-1

**South Carolina Department of Disabilities and Special Needs  
Living Arrangements for Persons with  
Intellectual Disabilities/Related Disabilities (ID/RD) Receiving Services  
Comparing South Carolina with Southeastern and United States**



	Out of home residential care	Reside with family caregivers
Georgia	45%	55%
North Carolina	41%	59%

Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost efficient service alternative for taxpayers. Of the thousands of persons with intellectual disabilities and related disabilities (ID/RD), and autism receiving services from DDSN, 71% live with family caregivers, compared to 58% nationally. DDSN is doing a better job of keeping families together through day services, respite, personal care, and other needed supports.

**Note:** Approximately 85% of *all* individuals served by DDSN, not just those with ID/RD, live at home with their families or in their own home. National data is unavailable to compare to the broader population served in South Carolina.

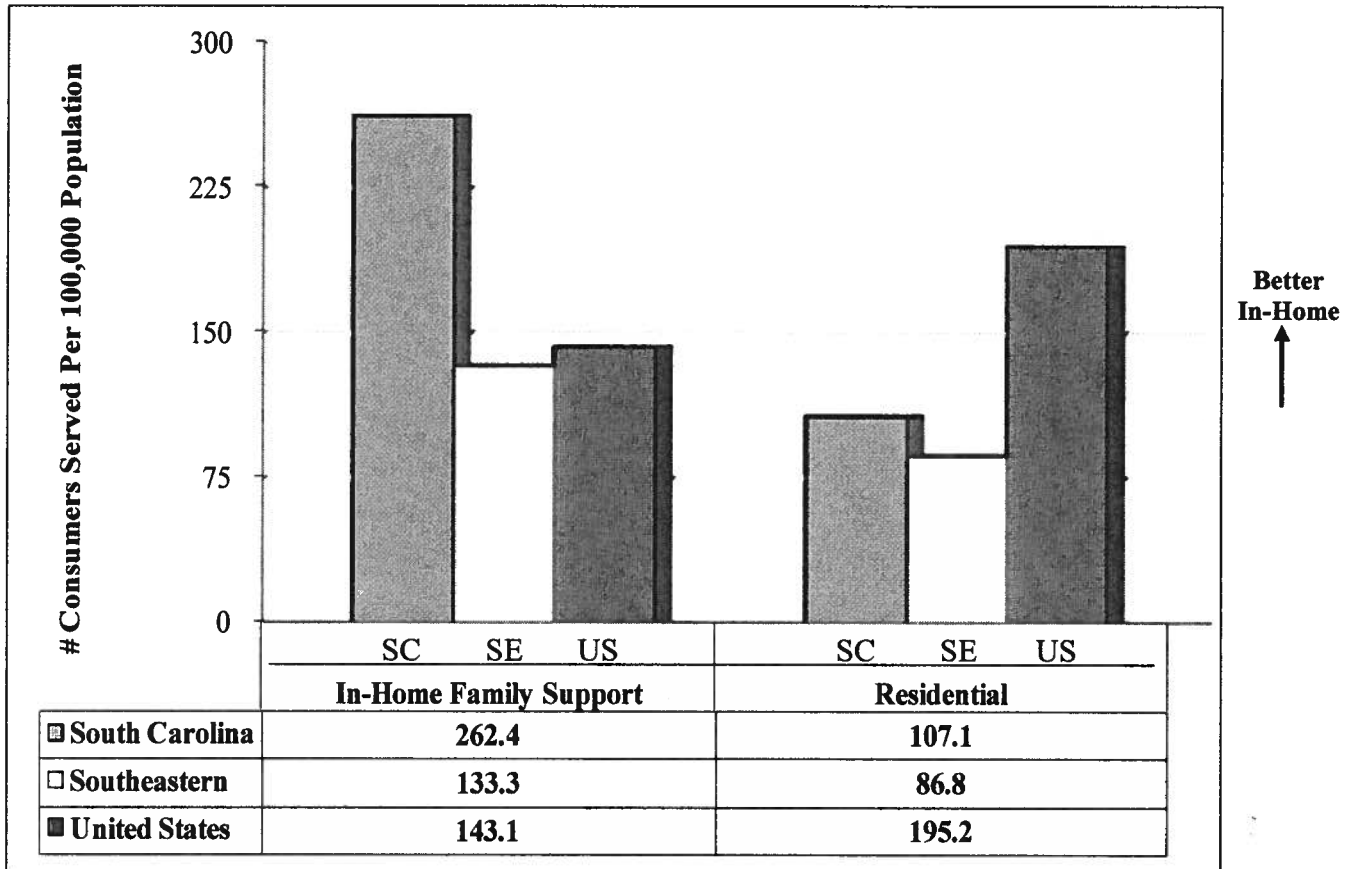
**Data Source:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota

Figure 7.1-2  
 Figure 7.2-2  
 Figure 7.3-2  
 Figure 7.5-1

Section III:  
 Category 4 – Measurement, Analysis  
 & Knowledge Management  
 Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
 Type of Service and Proportionate Number of Persons with  
 Intellectual Disabilities/Related Disabilities (ID/RD) Served (Consumers)  
 Comparing South Carolina with Southeastern and United States**



Georgia	75.8	60.6
North Carolina	156.7	106.7

DDSN places a strong emphasis on the more cost effective services provided to consumers living with family members rather than costly out-of-home residential services. This graph reflects the number of persons per 100,000 general population receiving in-home family support services and out-of-home residential services. Compared to the national average, DDSN serves 83% more persons with less expensive in-home family supports. Despite South Carolina's comparatively weak economy this service delivery strategy has enabled DDSN to serve proportionately more persons with disabilities than are served in other states.

(South Carolina's number of people served with in-home family support includes children receiving BabyNet services.)

**Data Source:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota

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Figure 7.1-3  
 Figure 7.2-3  
 Figure 7.3-3  
 Figure 7.5-2

Section I:  
 Major Achievements  
 Section III:  
 Category 4 – Measurement, Analysis  
 & Knowledge Management

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

Chart A

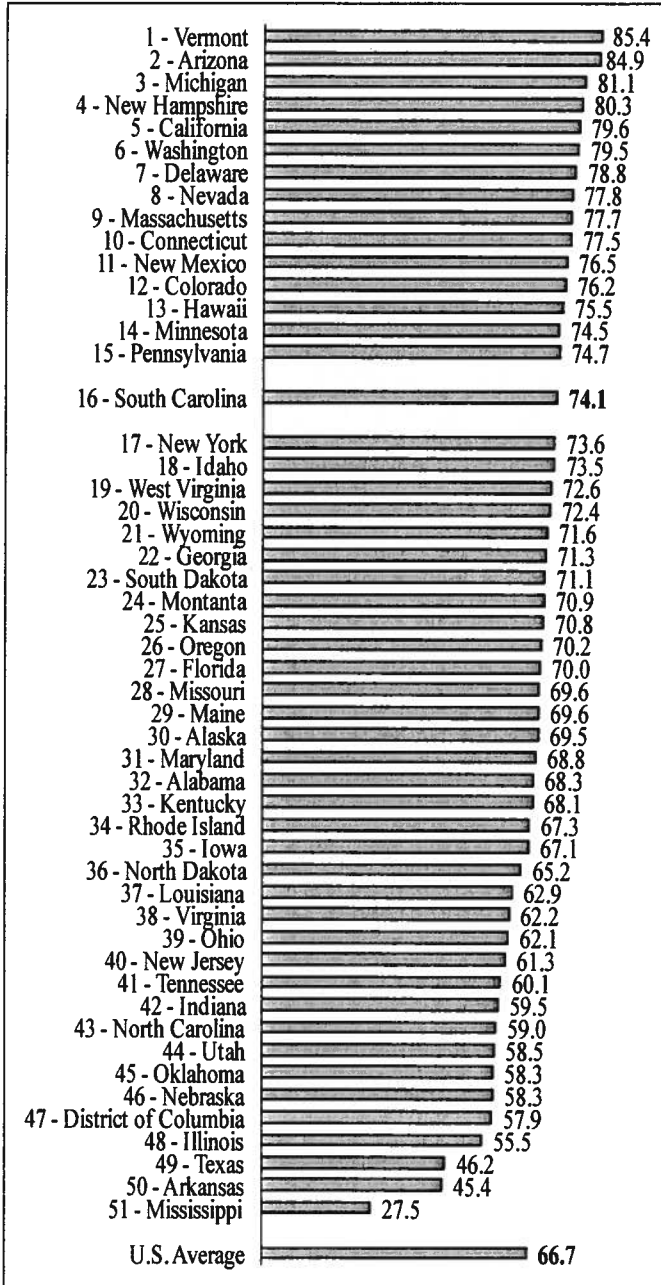
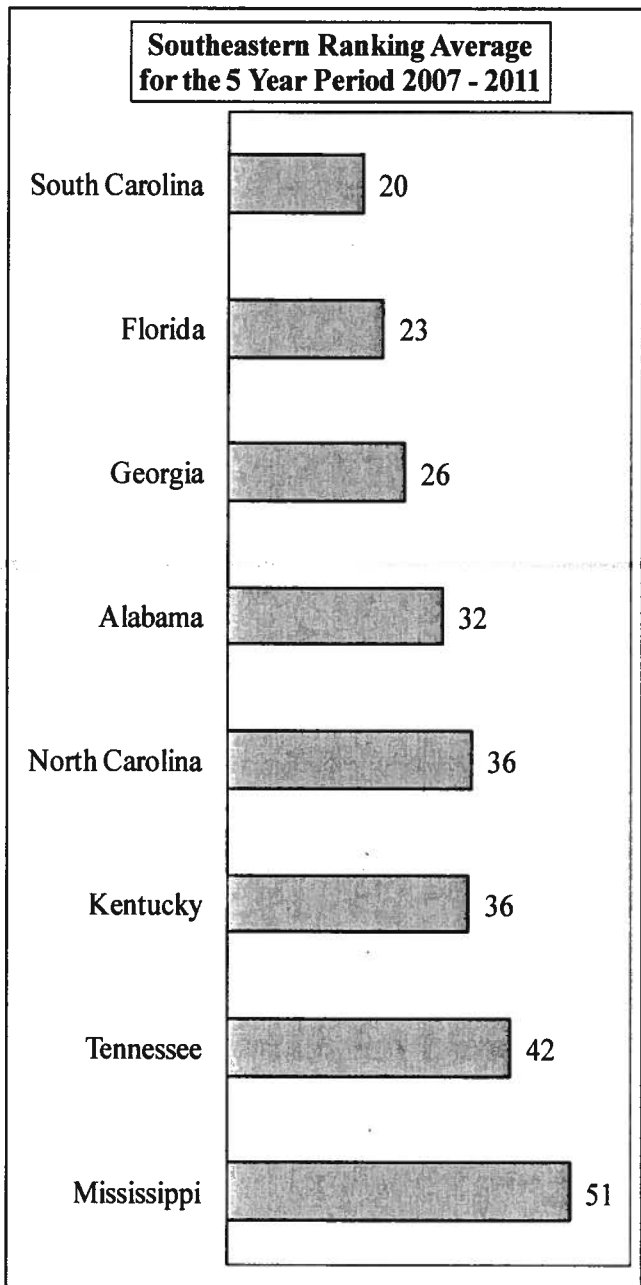


Chart B



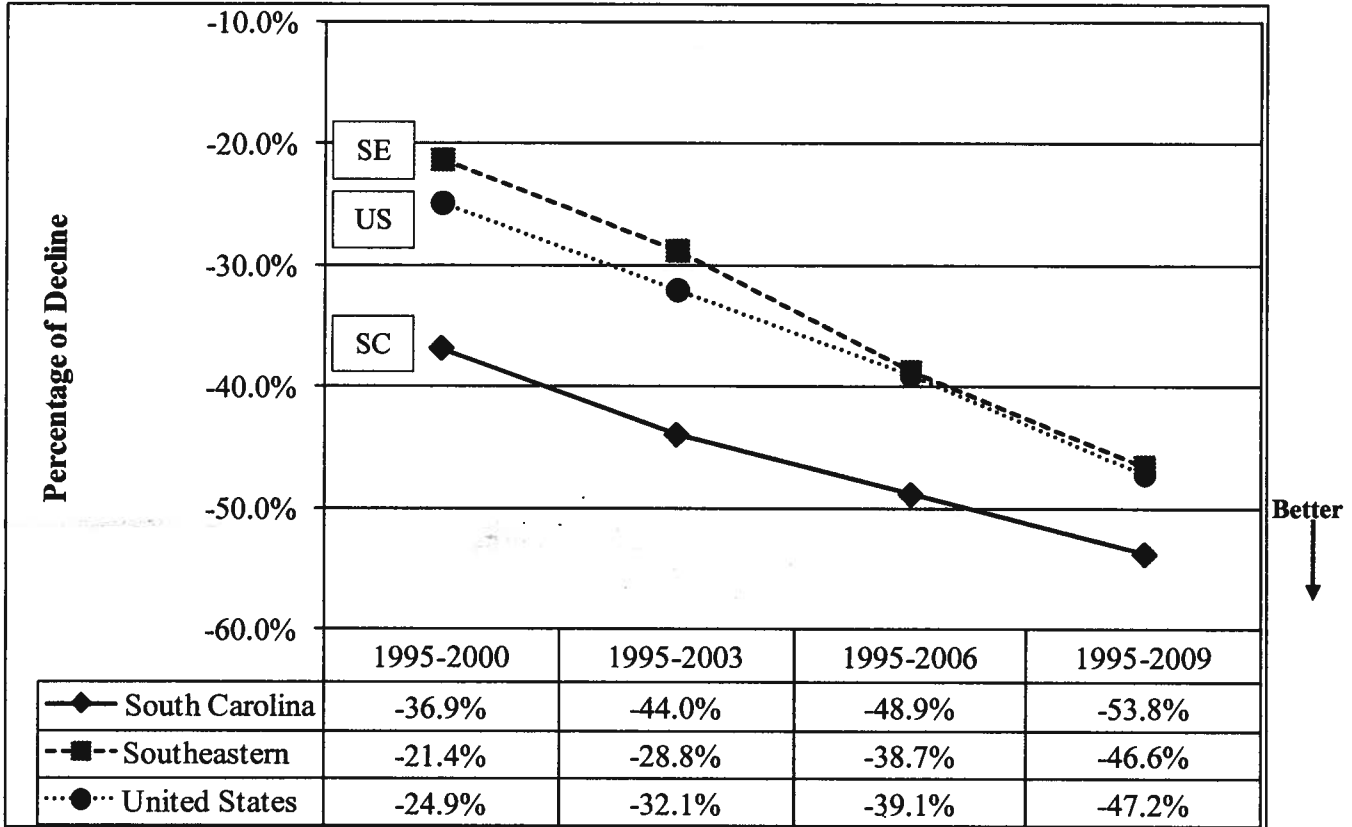
United Cerebral Palsy is one of the nation's leading organizations serving and advocating for more than 54 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community-inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked 16 nationally in 2011 and ranks highly in comparison to southeastern states.

**Data Sources:**

The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2007, 2008, 2009, 2010 and 2011 published by United Cerebral Palsy

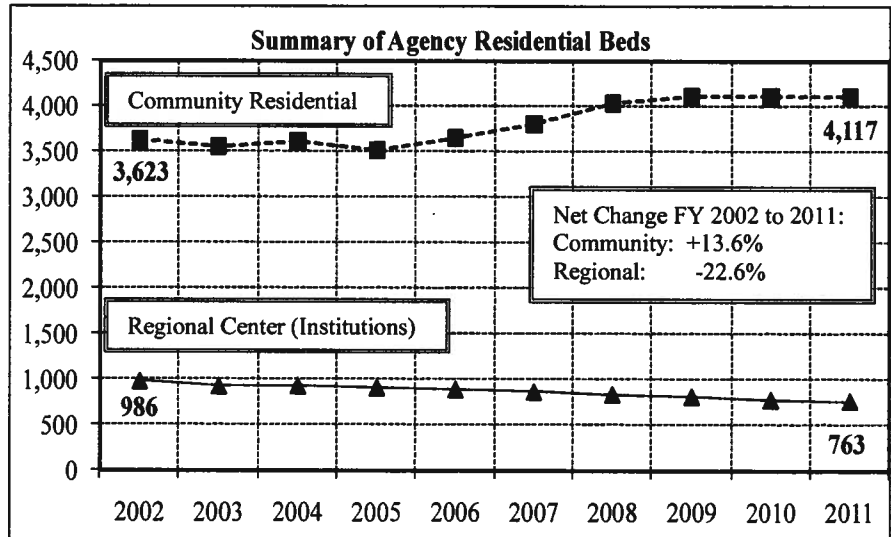
**South Carolina Department of Disabilities and Special Needs  
 Average Daily Population of Persons with  
 Intellectual Disabilities/Related Disabilities (ID/RD)  
 In Regional Centers (Institutions)**

Chart A



Consistent with consumer preference and choice, DDSN continues to redirect residential services from regional centers to local community services. Shifting these resources is also more cost effective and efficient. South Carolina continues to reduce institutional capacity at a greater rate than the Southeast and United States averages.

Chart B



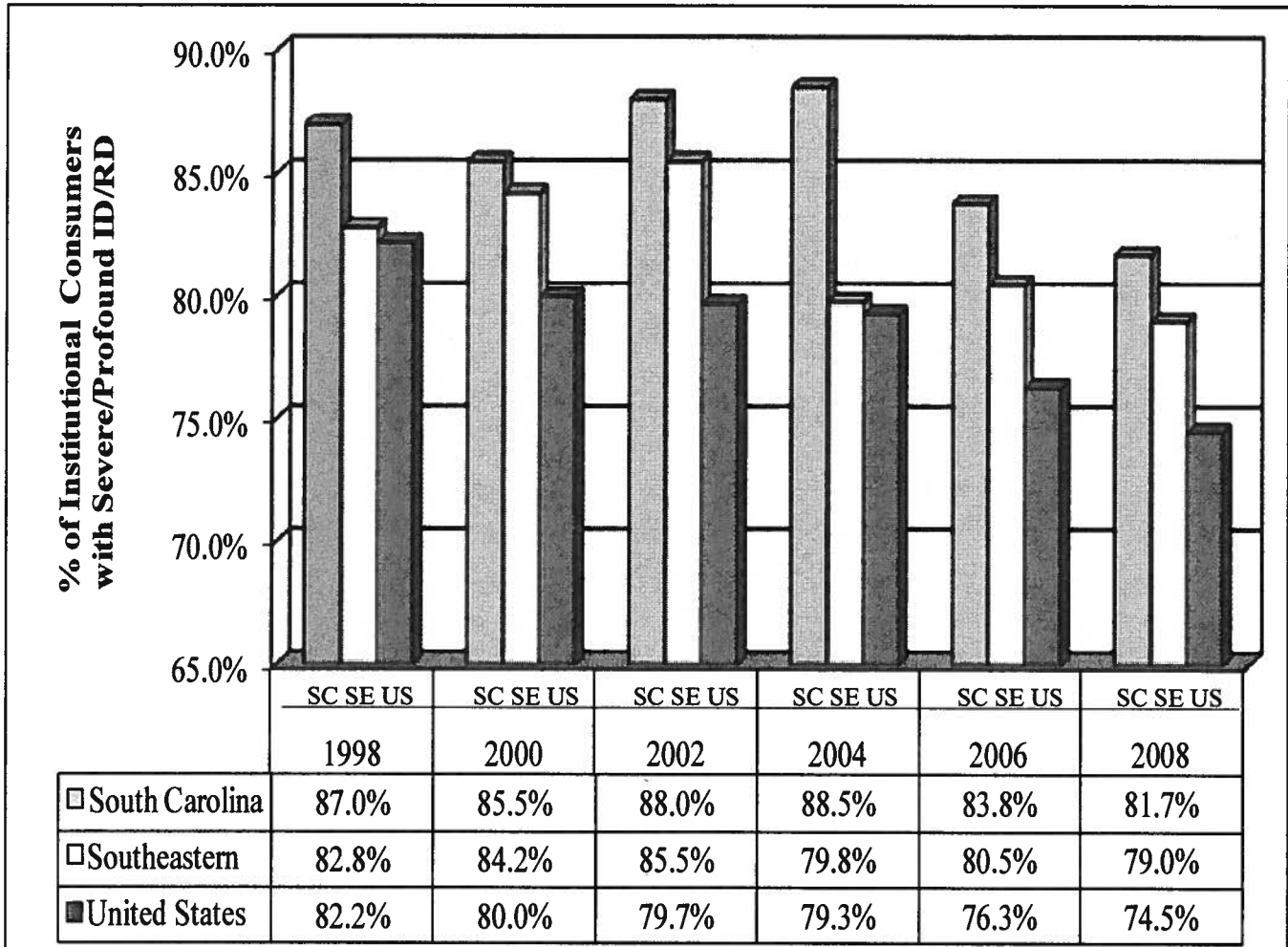
**Data Sources:**

Chart A – Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota

Chart B – Agency data provided by DDSN

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**South Carolina Department of Disabilities and Special Needs  
Level of Intellectual Disability of Consumers  
Residing in Regional Centers (Institutions)  
Comparing South Carolina with Southeastern and United States**



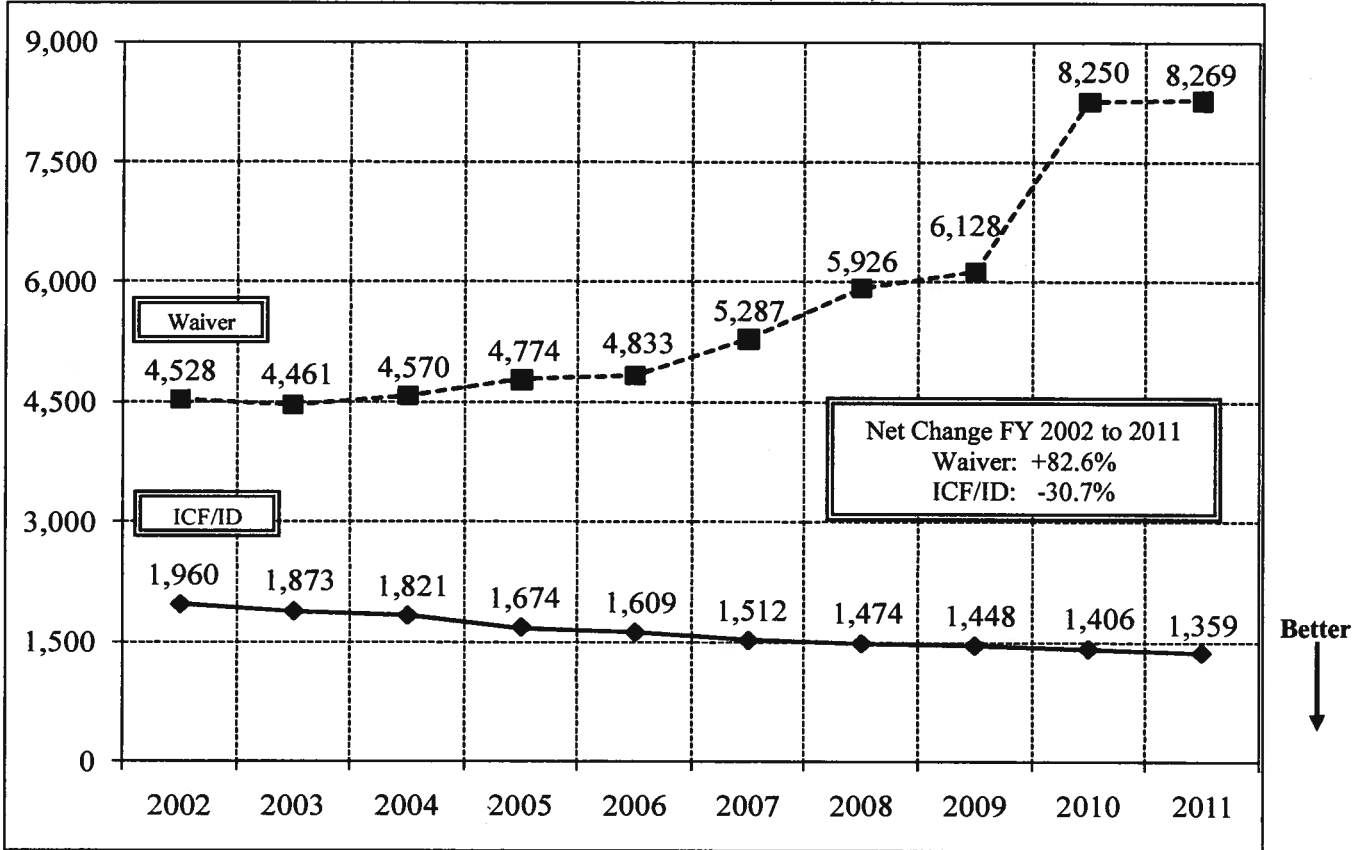
This chart compares the percentage of individuals with the most extensive disabilities who are served in DDSN’s regional centers to the national and southeastern averages. The needs of the individuals served in South Carolina’s regional centers (institutions) are consistently higher than the national and southeastern averages.

**Data Sources:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 1998, 2000, 2002, 2004, 2006, and 2008 published by The University of Minnesota

Chart data based on latest published data available from the University of Minnesota

**South Carolina Department of Disabilities and Special Needs  
 Delivery of Services Per Consumer Choice  
 Home and Community Based Settings (Waiver)  
 Versus Institutional (ICF/ID)**



DDSN provides services to consumers based on their choice of either institutional (ICF/ID) or home and community based waiver services. Consumer demand for institutional care (the ICF/ID), the most expensive and most restrictive option, has decreased by 31% since 2002, while the demand for waiver services has increased by 83%. In response to this demand, DDSN designed and implemented home and community based options. These options also facilitate people moving from ICFs/ID, prevent people from having to move into ICFs/ID and are cost efficient. DDSN designed and began operating three home and community-based waivers as follows:

- 1991: Intellectual Disabilities/Related Disabilities (ID/RD)
- 2007: Pervasive Developmental Disorder (PDD)
- 2009: Community Supports (CS)

The combined per capita cost of the three waivers is approximately one-third less than the combined per capita ICF/ID costs.

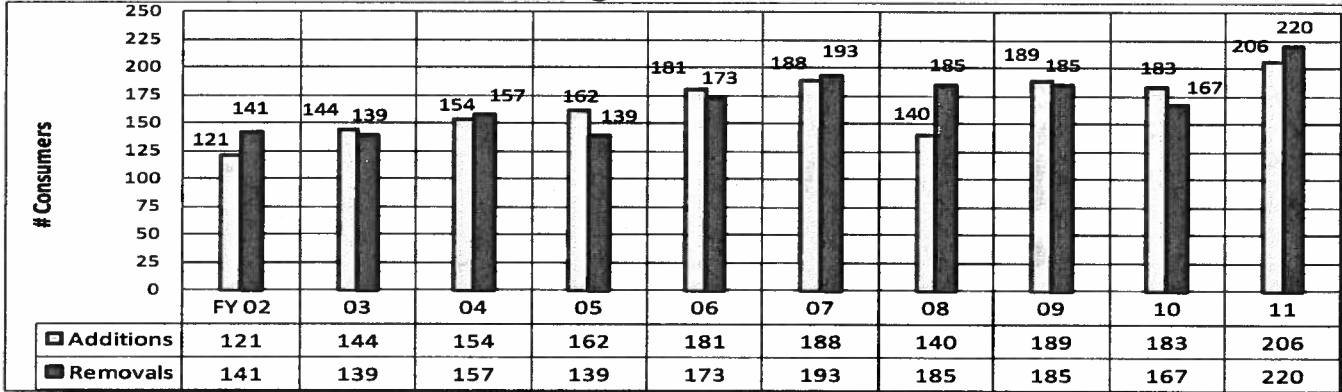
**Data Source:**  
 Agency data provided by DDSN

Section I:  
Major Achievements  
Key Strategic Goals

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Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
Critical Waiting List – Additions/Removals**

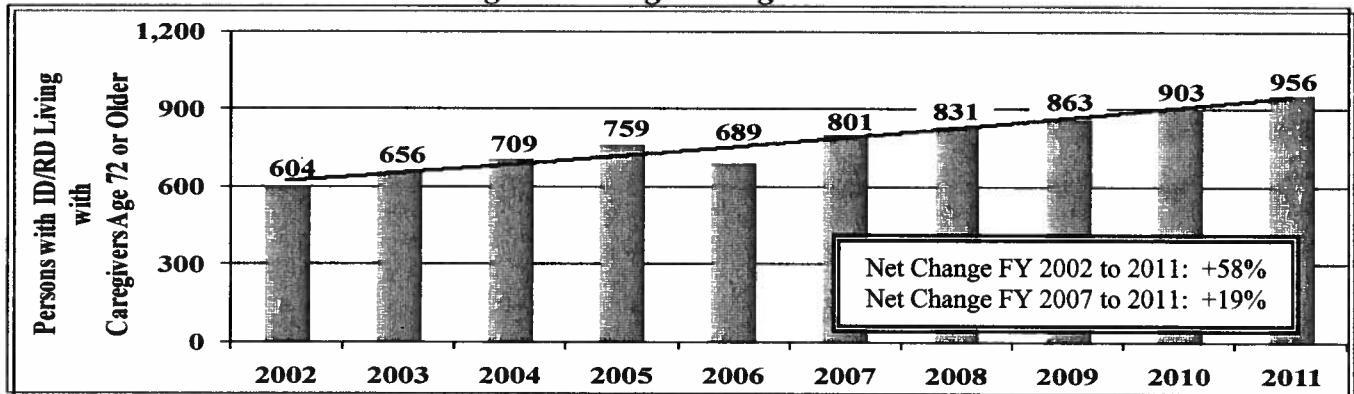


DDSN prioritizes services to those persons with lifelong disabilities who have the greatest need. Individuals whose health and safety are at risk, who cannot care for him/herself and meet critical criteria are served first. In most critical circumstances the parent or caregiver has died or become so impaired they can no longer provide care, the individual with disabilities has been neglected or abused, or the individual's behavior has become so aggressive or violent they are a danger to themselves or their caregiver/family members. When these fragile family arrangements fall apart, DDSN must respond to provide appropriate care. This past year over 200 individuals were in critical situations and service placements were developed to meet their needs and resolve the crisis.

Figure 7.1-8  
Figure 7.2-5

Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
Persons with Intellectual Disability/Developmental Disabilities (ID/RD)  
Living with Caregivers Age 72 or Older**



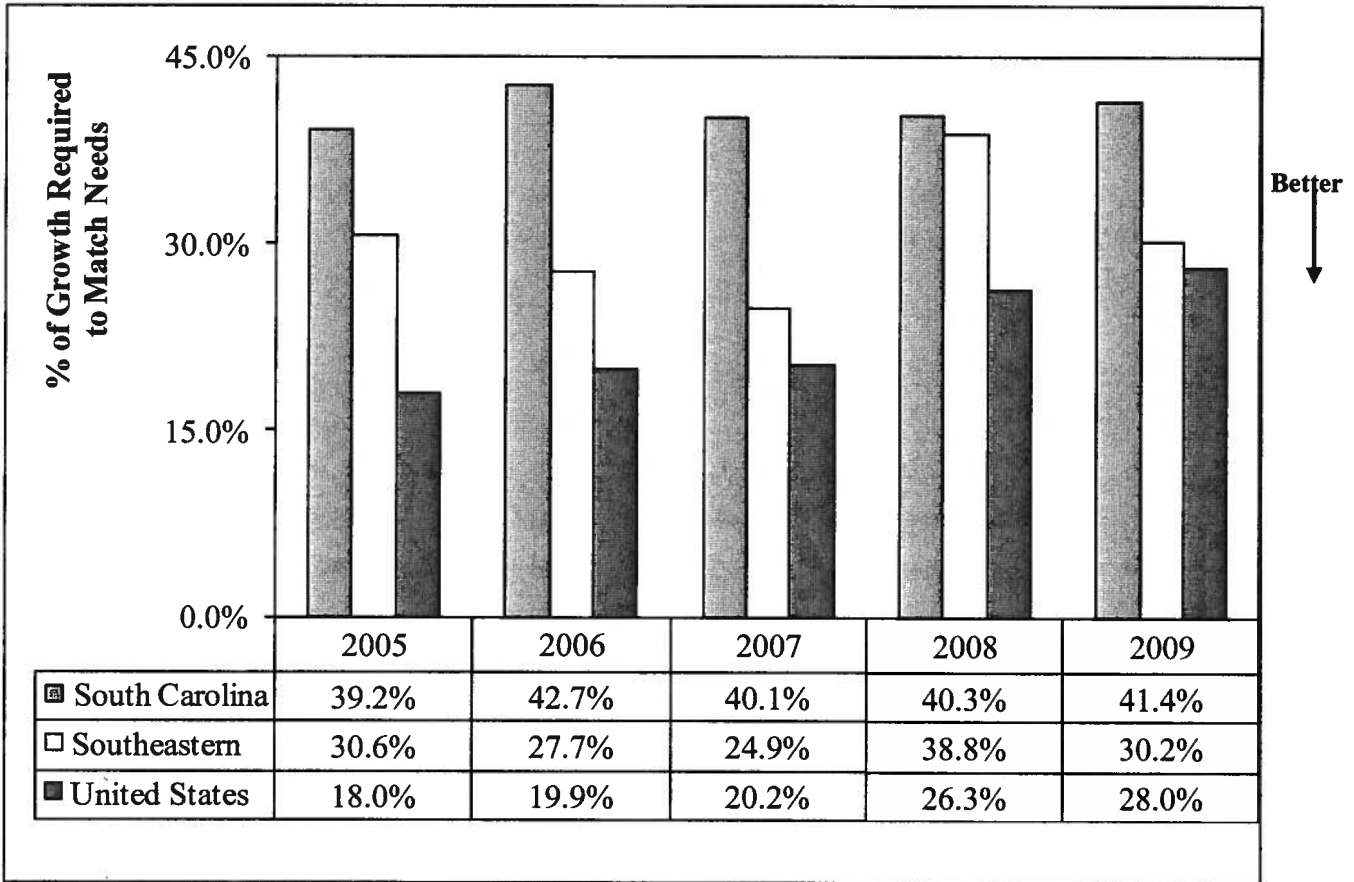
The number of consumers living with caregivers 72 years of age or older has increased 19% over the last five years and 58% since 2002. At any time, care for consumers by older caregivers becomes jeopardized as the caregiver's health deteriorates, the caregiver dies or is no longer able to continue this responsibility, even with increased in-home and day supports.

Data Source:  
Agency Data provided by DDSN

Figure 7.1-9

Section I:  
Key Strategic Goals  
Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
Residential Services Percentage Growth  
Required to Eliminate Residential Waiting List**



Georgia	26.0%	32.0%	14.0%	129.0%	27.3%
North Carolina	Didn't Report	41.0%	11.0%	13.0%	Didn't Report

The waiting list for residential services is higher than the national and southeastern averages. In South Carolina, residential services are reserved for only those persons with critical needs.

**Data Sources:**

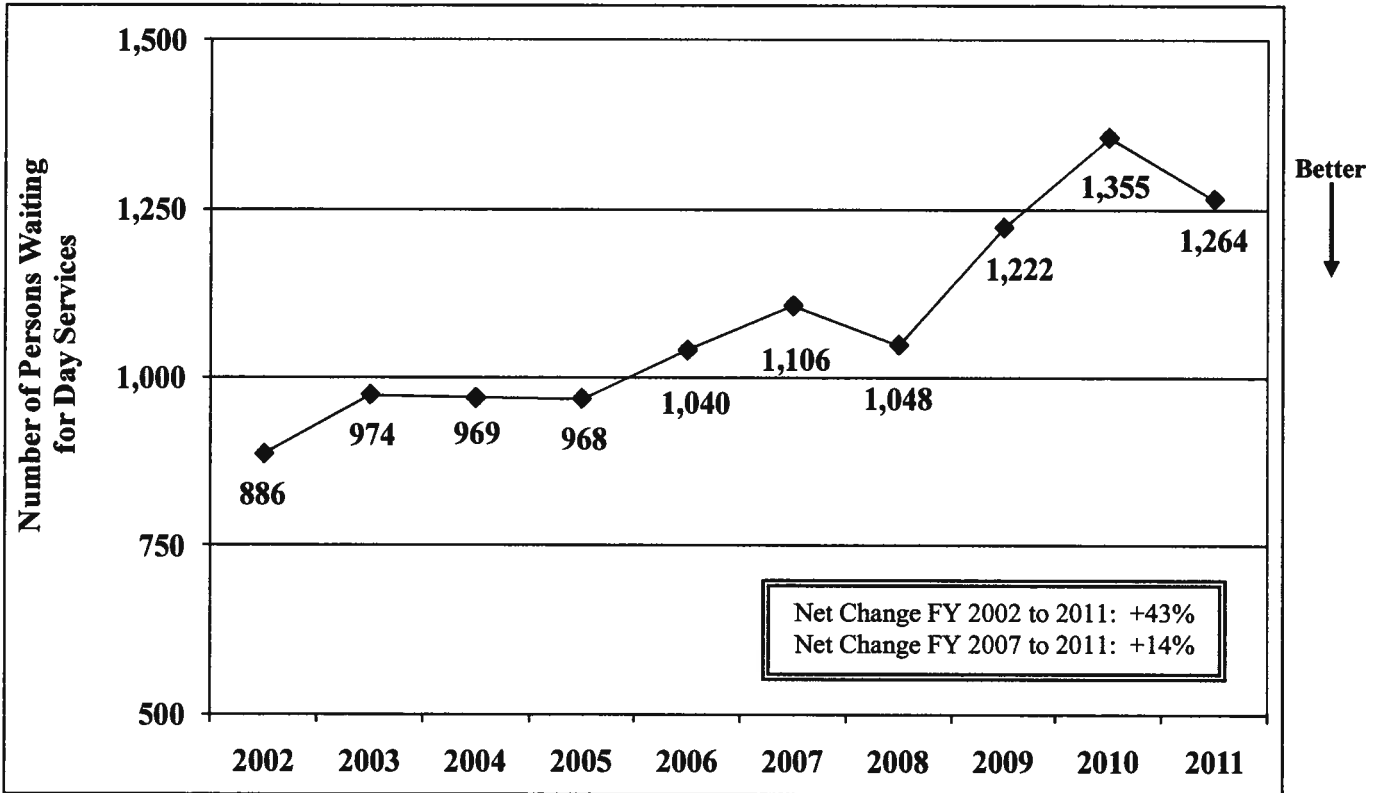
Residential Services for Persons with Developmental Disabilities: Status and Trends through 2005, 2006, 2007, 2008 and 2009 published by the University of Minnesota

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Figure 7.1-10

Section I:  
Major Achievements  
Key Strategic Goals  
Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs  
Day Services Waiting List



The waiting list for day services has increased 14% over the last five years. This waiting list has increased 43% since 2002 even though over 10,925 people have been removed since 2002. The individuals who are waiting live at home with family. These habilitative and job-related services are important for the consumers, allow family members to remain employed and prevent the need for more expensive out-of-home placement.

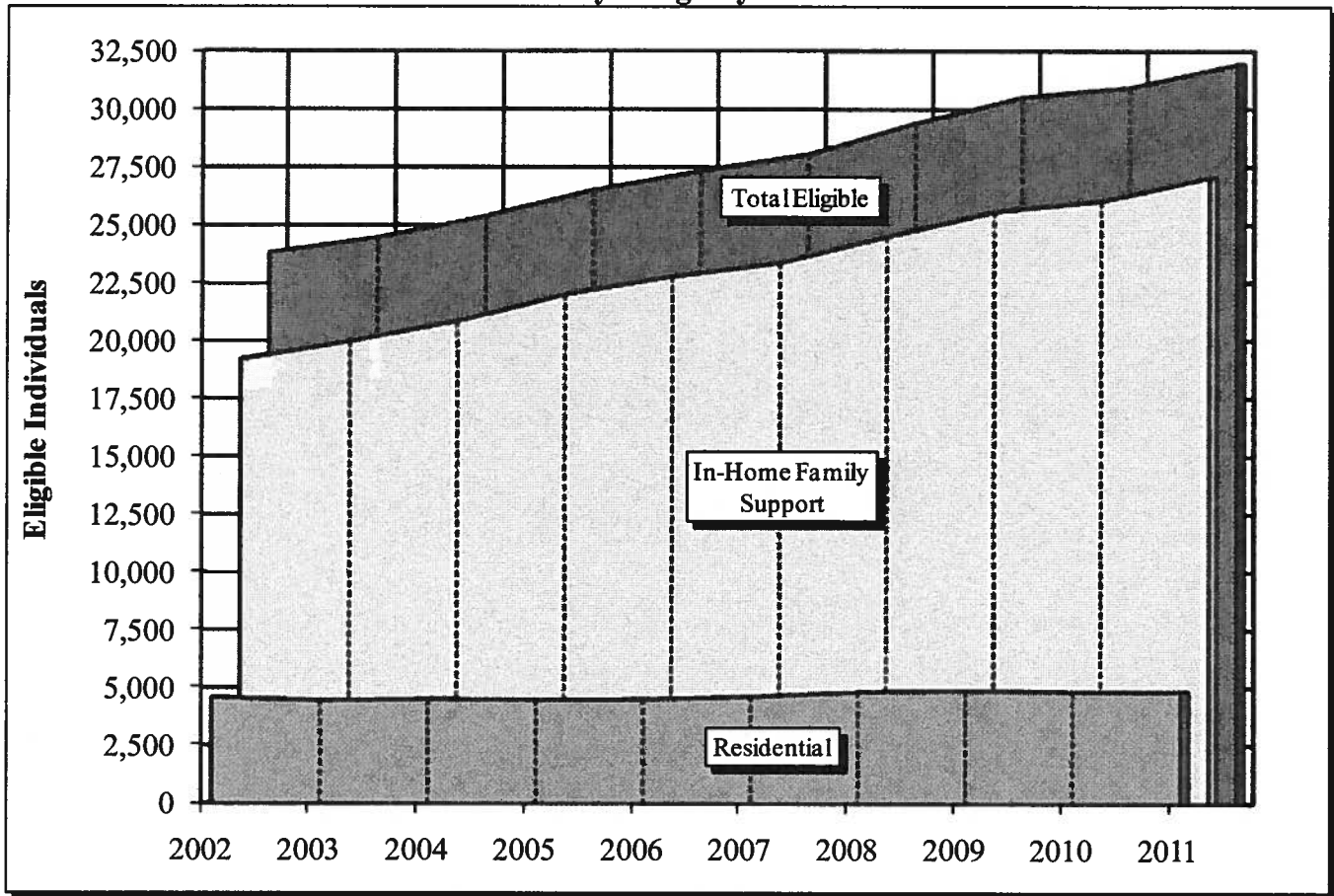
Data Sources:  
Agency Data provided by DDSN

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Figure 7.1-11  
 Figure 7.2-6  
 Figure 7.5-5

Section I:  
 Major Achievements  
 Section III:  
 Category 1 – Senior Leadership,  
 Governance & Social Responsibility  
 Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
 Summary of Agency Services**



Net Change FY 2002 to 2011:  
 Total Eligible: +34.0%  
 Family Support: +40.8%  
 Residential: +5.9%

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 40.8% growth in the use of cost efficient family support services compared to only 5.9% growth in residential services, which are more expensive.

Of the approximately 32,000 individuals eligible or receiving DDSN services, 85% live at home with their families or in their own home. Of the thousands of persons with intellectual disabilities and related disabilities, and autism receiving services from DDSN, 71% live with family caregivers, compared to 58% nationally. DDSN is doing a better job of helping individuals live in a family setting.

**Data Sources:**

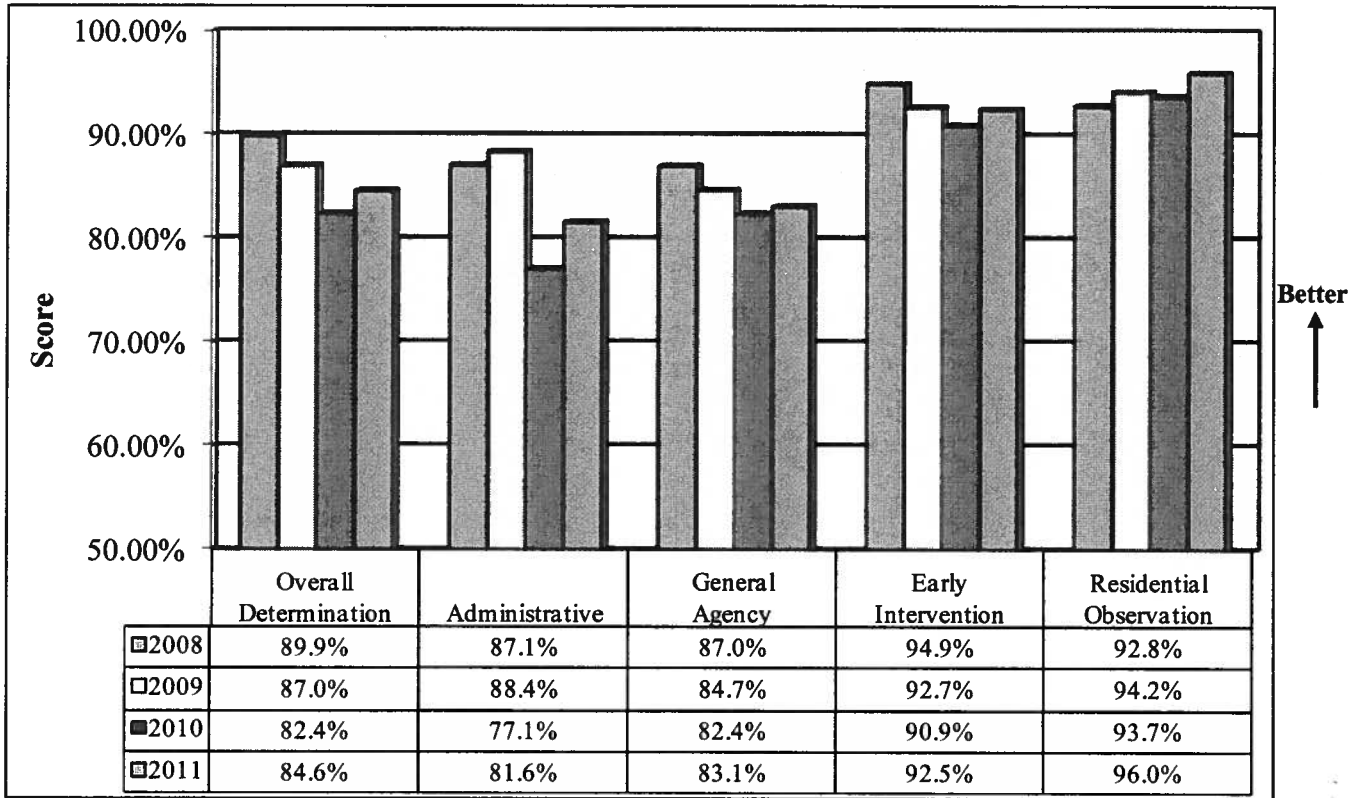
Agency data provided by DDSN

National data provided by: Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota



Section I:  
 Key Strategic Goals  
 Section III:  
 Category 4 – Measurement, Analysis,  
 & Knowledge Management  
 Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
 Annual Provider Performance Rating on  
 Compliance and Service Effectiveness**



DDSN contracted with a nationally recognized CMS-Certified Quality Improvement Organization to conduct a sophisticated annual quality assurance review of DDSN service providers using random sampling to ensure reliability and validity of results. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning, and fiscal management are reviewed.

The five (5) major domains of review are **Administrative**, including fiscal, governing body, critical reporting system and other management indicators; **General Agency**, including a broad range of direct service indicators such as services provided are meeting clients’ needs; **Early Intervention**, including measures that evaluate the effectiveness of services to children from birth to age six, and **Residential Observation**, which evaluates the support provided to consumers in their homes during unannounced visits. Reports reflect that service providers meet or exceed compliance requirements in all domains. It should be noted that DDSN’s change of outcome measures has increased the expected performance of its service providers.

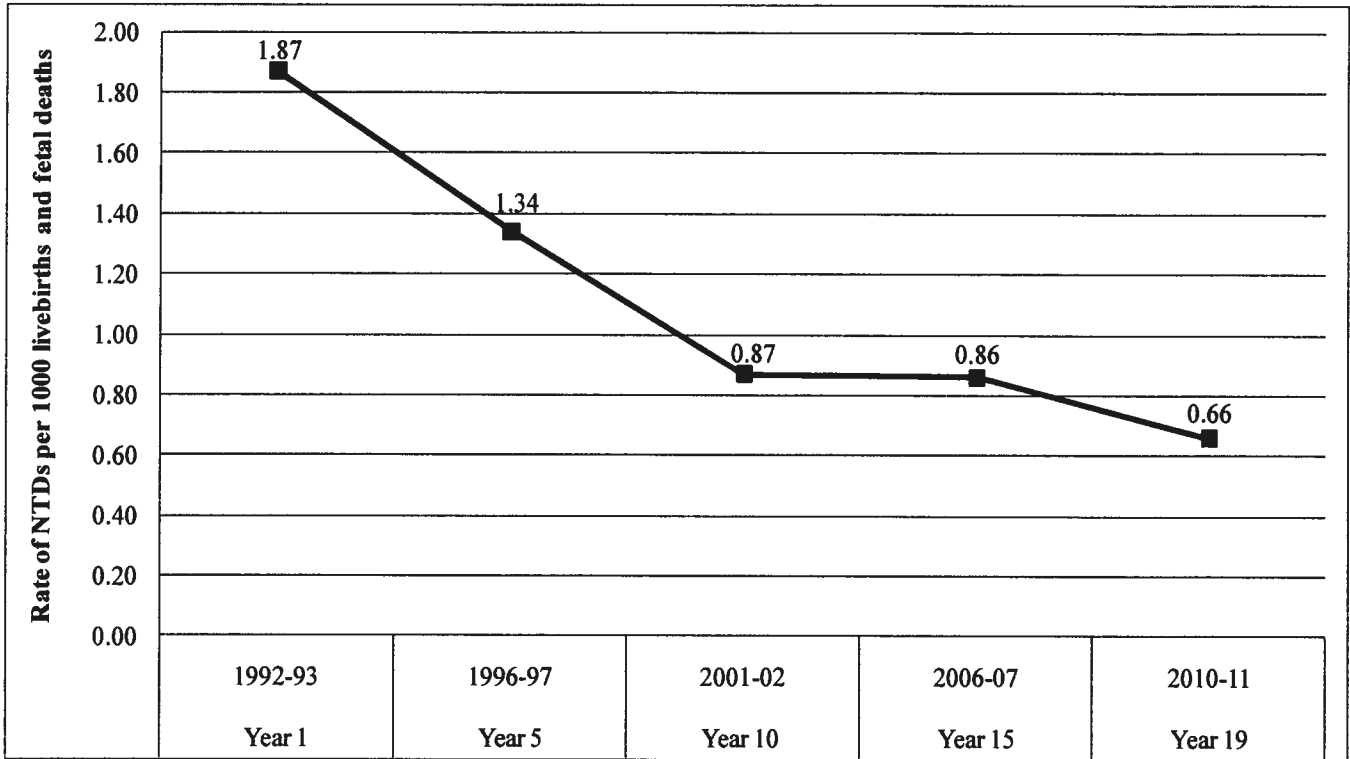
**Data Source:**  
 Delmarva Foundation Inc., “Report of Findings, Annual Aggregate Data”

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**Figure 7.1-13**  
**Figure 7.3-6**

Section I: Major Achievements Key Strategic Goals
Section III: Category 4 – Measurement, Analysis, & Knowledge Management

**South Carolina Department of Disabilities and Special Needs  
 Neural Tube Defects (NTDs) in South Carolina**



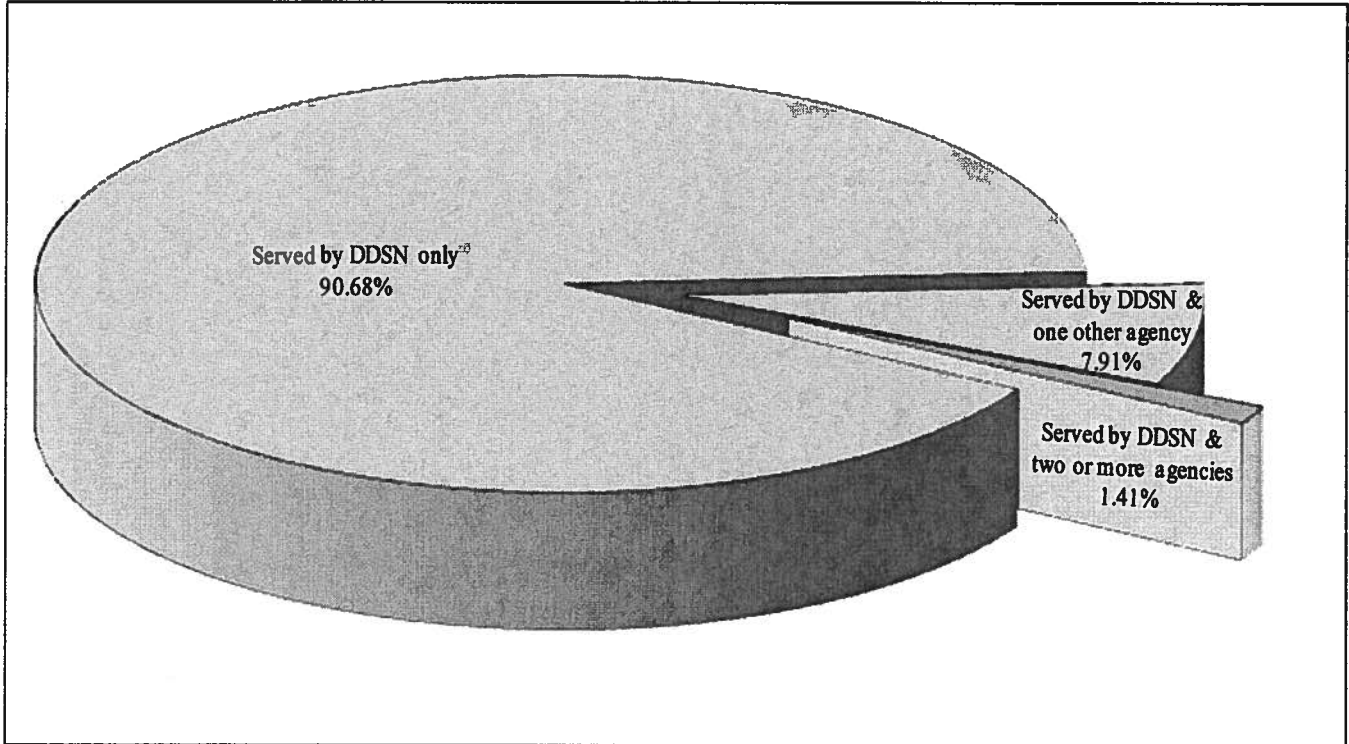
Primary prevention efforts produce the greatest return on investment of time and dollars. An example of one effort is reducing the rate of infants born with neural tube defects (NTDs) through DDSN's partnership with the Greenwood Genetic Center. The rate of NTDs per 1000 livebirths in South Carolina has steadily declined over the last 19 years. The result is the prevention of 60 infants born each year with an NTD, saving the state \$30 million in medical and disability service costs over the lifetime of each child. Twenty years ago, South Carolina's rate of NTDs was 3 times the national average; it is now in line with the national average.

**Data Source:**  
 Greenwood Genetic Center

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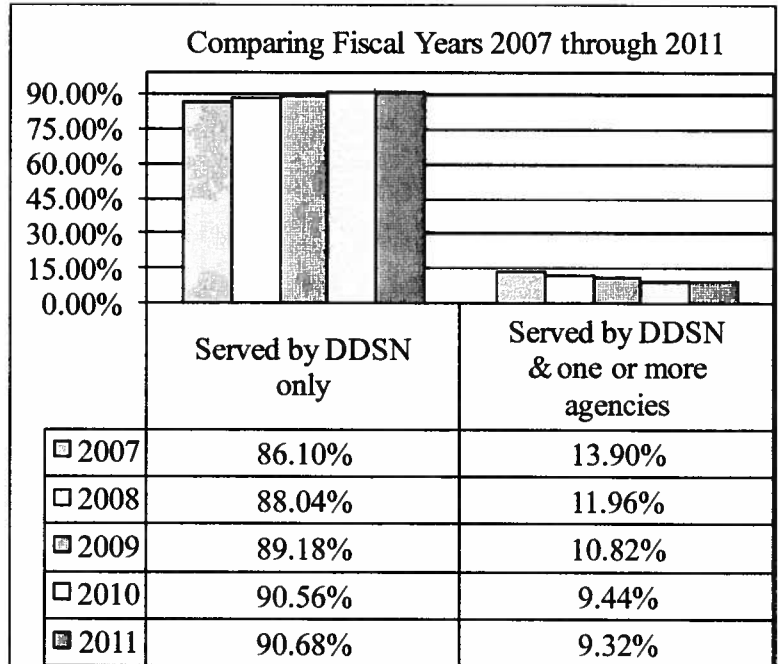
**South Carolina Department of Disabilities and Special Needs  
DDSN Consumers Served By  
Other State Agencies  
For Fiscal Year 2011**

Chart A



Over 90% of individuals served by DDSN do not receive services from other state agencies. When they do, services complement but do not duplicate other agencies' efforts. DDSN services focus on the developmental aspects of care and family supports such as day supports and respite care as opposed to protective/social services or psychiatric services as examples. DDSN tracks other agencies' involvement and regularly communicates with them to ensure collaboration and efficient use of services.

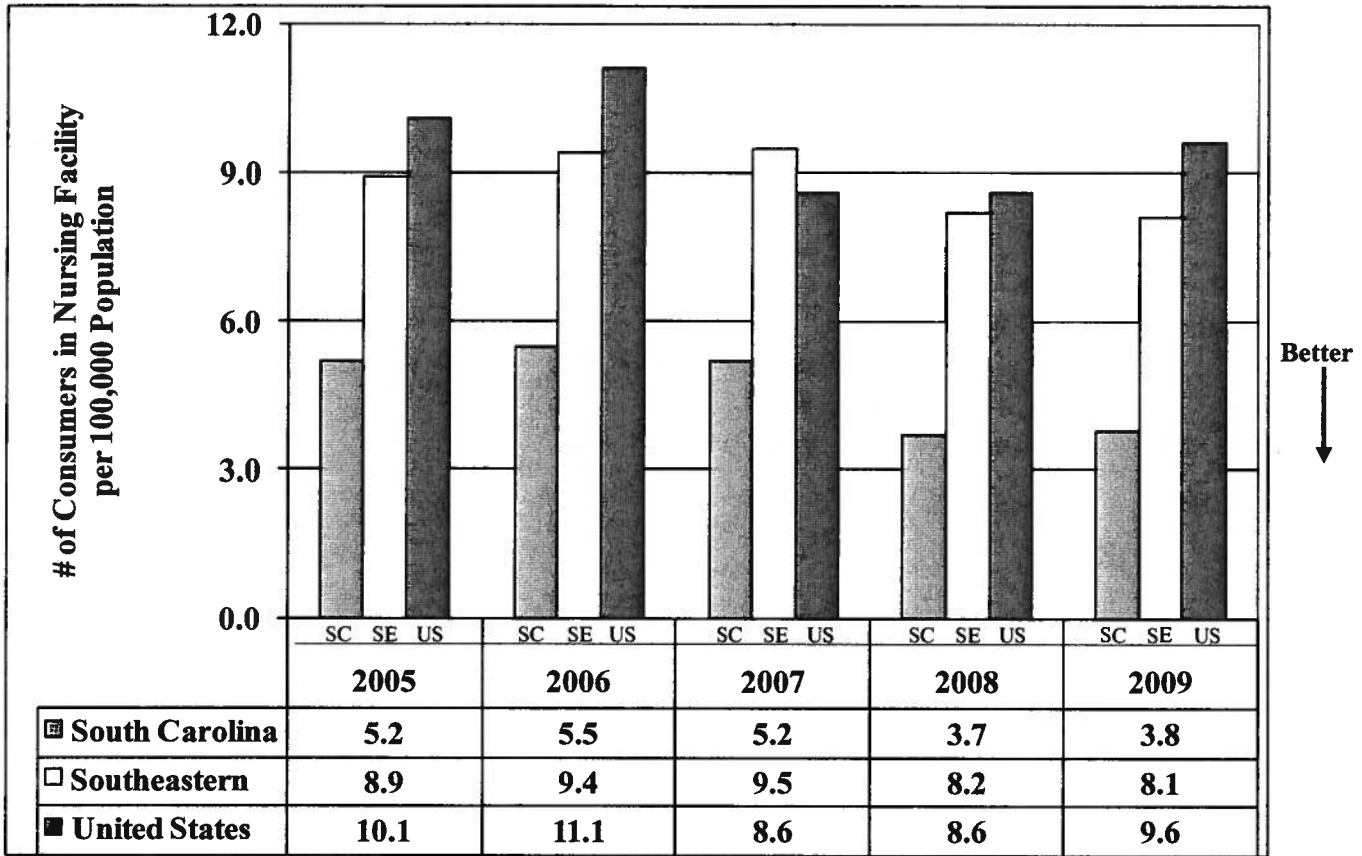
Chart B



**Data Source:**

Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs  
Rate of Consumers with Developmental Disabilities  
Placed in a Nursing Facility per 100,000 Population  
South Carolina compared with Southeastern and United States**



Georgia	17.4	17.3	16.5	16.1	9.8
North Carolina	6.1	6.0	4.7	4.3	10.1

The Federal Nursing Home Reform Act, passed in 1987, was intended to improve the conditions in nursing homes and protect people with intellectual disabilities and related disabilities. The law requires any individual suspected of having a developmental disability to be screened prior to being admitted to a nursing home. This screening ensures that individuals with developmental disabilities requiring specialized residential services are most appropriately placed. Litigation has been initiated against several states for failing to avoid inappropriate placement.

DDSN’s rate of consumers with developmental disabilities placed in nursing homes has been much lower than the United States and Southeastern average rates for the past several years. In South Carolina, just 3.8 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities. As with the general population, people with lifelong disabilities are living longer and prefer receiving services in their own homes and communities.

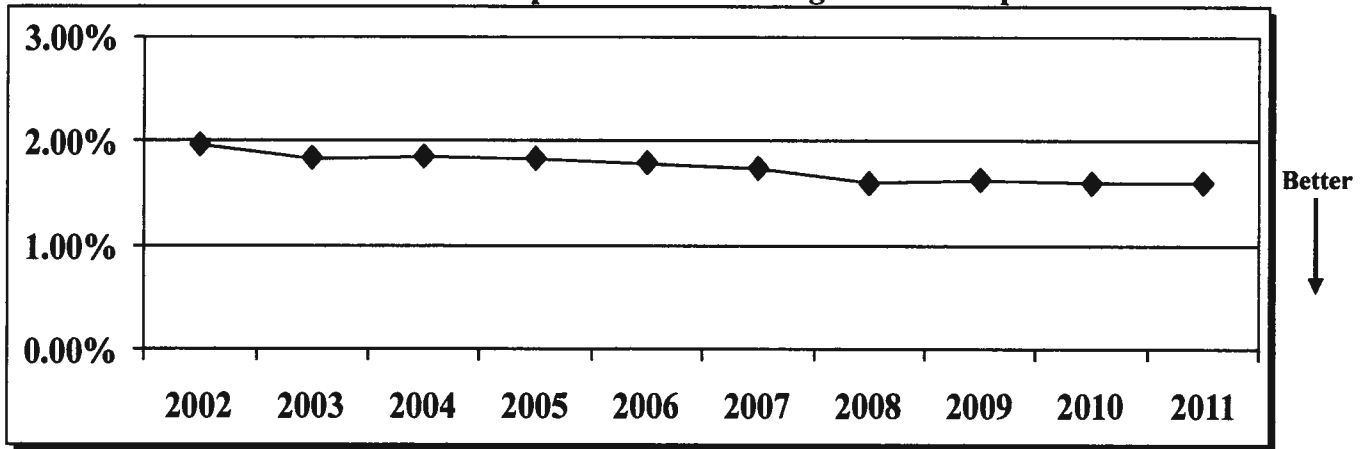
**Data Sources:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2004, 2005, 2006, 2007, 2008, and 2009 published by The University of Minnesota

Figure 7.1-14  
Figure 7.3-7

Section I:  
Major Achievements  
Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility

**South Carolina Department of Disabilities and Special Needs  
Administration Expenses as a Percentage of Total Expenses**

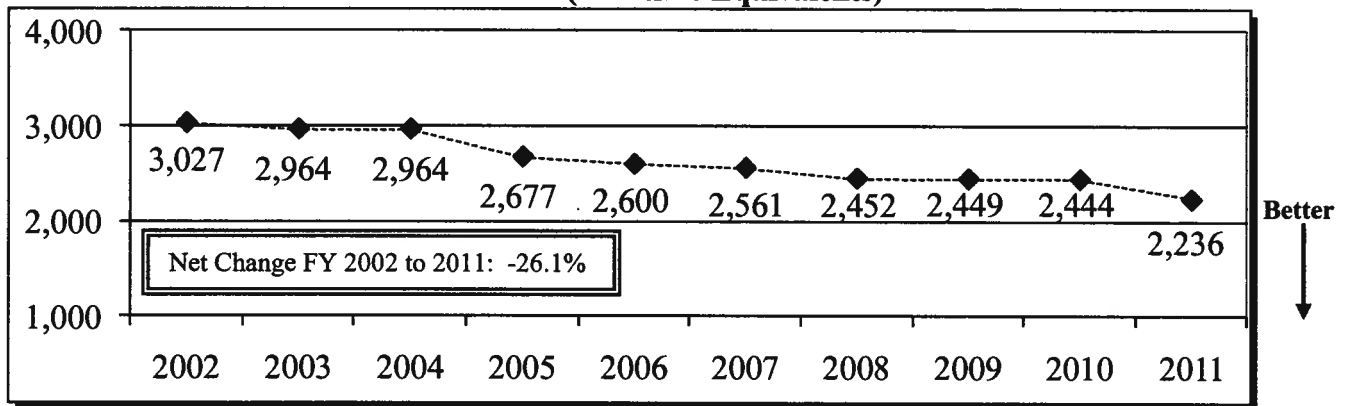


DDSN has continually shifted resources from administration to service priorities. Over the last ten years, DDSN's administrative FTEs were reduced by 28% through attrition, reductions in force, and retargeting resources and FTE reduction provisos. Central Office administrative expenses have remained at less than 2% of total expenses even though there has been an increase in the need for services, the number of people served, an increased scope of services and increased federal and state compliance requirements.

Figure 7.1-15  
Figure 7.3-8  
Figure 7.4-1

Section III  
Category 1 – Senior Leadership,  
Governance & Social Responsibility

**South Carolina Department of Disabilities and Special Needs  
FTEs (Full-time Equivalent)**



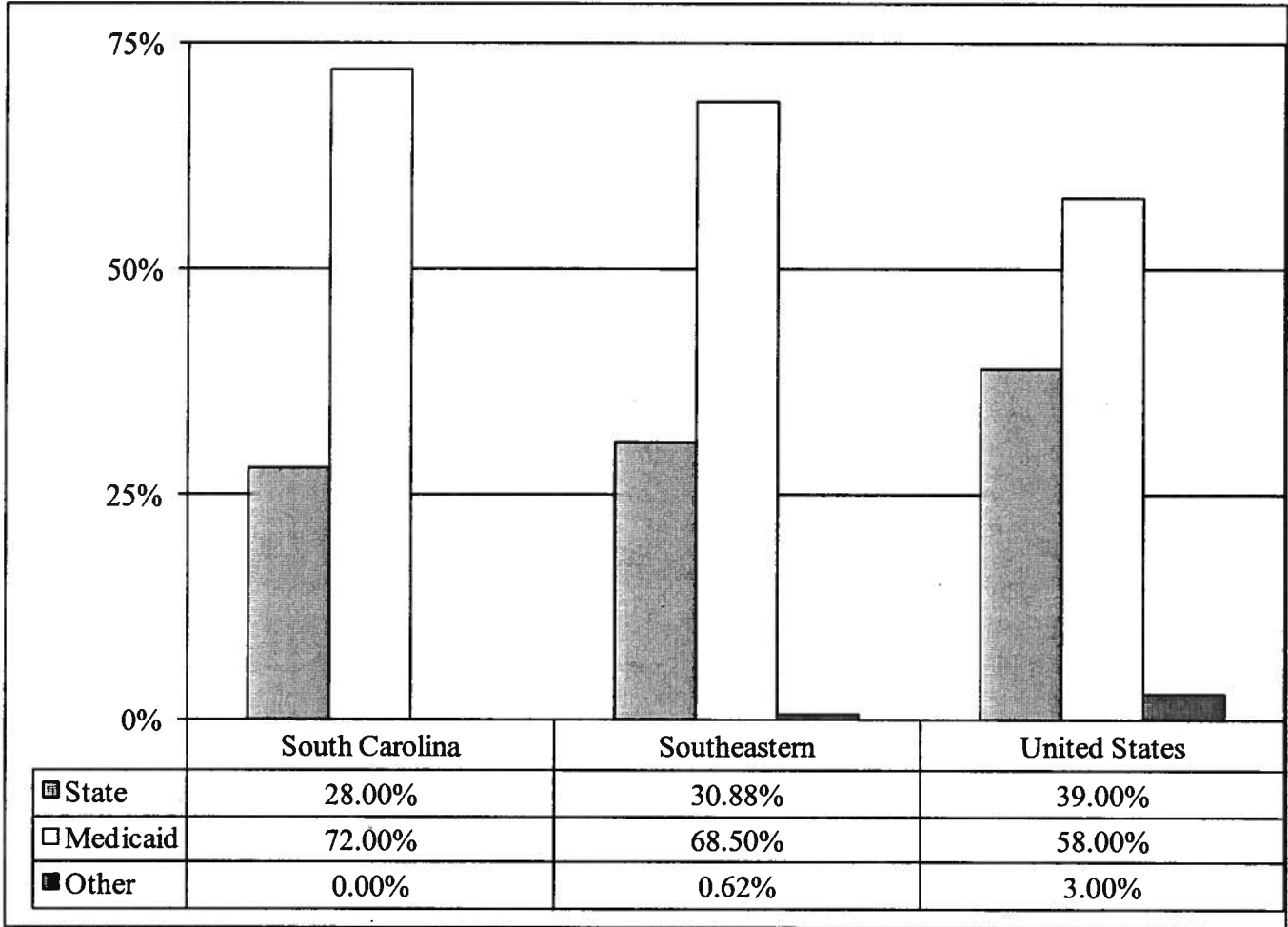
From 2002 to 2011, 791 FTEs were eliminated. The purpose was to assist the agency in aligning its human resources needs with the operational needs now and in the future.

**Data Sources:**

Figure 7.1-14 - Agency data provided by DDSN

Figure 7.1-15 - Agency data provided by the (Budget and Control Board) Office of Human Resources Appropriations Act

**South Carolina Department of Disabilities and Special Needs  
Comparing South Carolina with Southeastern and United States  
Revenue Sources for Fiscal Year 2009**



	Georgia	North Carolina	
State	41.00%	33.00%	
Medicaid	59.00%	62.00%	
Other	0.00%	5.00%	

DDSN earns Medicaid revenue to pay for 72% of service costs compared to a 58% national average for fiscal year 2009. This minimizes new costs to the state and allows the agency to serve more individuals. The amount of state funds available limits overall agency expenditures as DDSN services are not driven by entitlement.

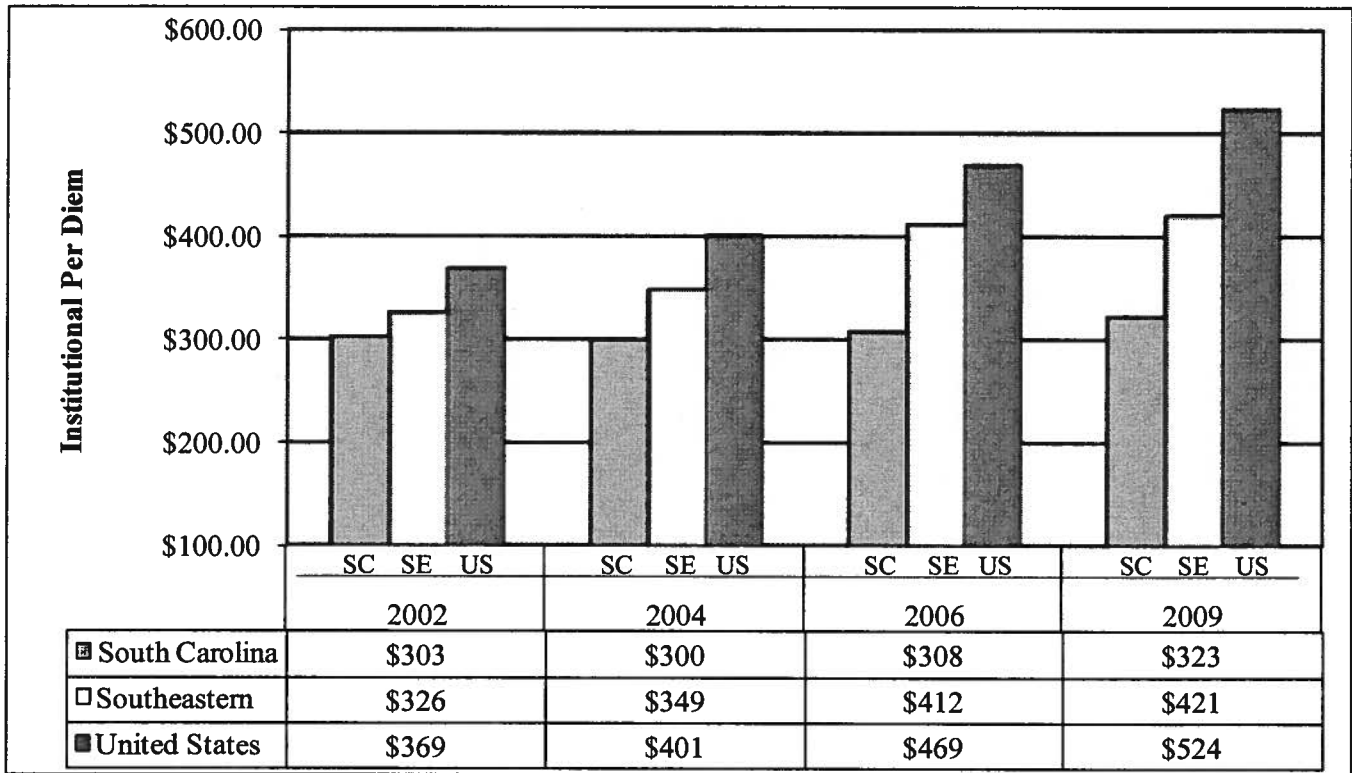
**Data Source:**

The State of the States in Developmental Disabilities: 2009 published by The University of Colorado

**Figure 7.3-10**  
**Figure 7.5-7**

Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 4 – Measurement, Analysis,  
& Knowledge Management

**South Carolina Department of Disabilities and Special Needs**  
**Institutional Per Diem**  
**Comparing South Carolina with Southeastern and United States**



Georgia	\$217	\$225	\$384	Didn't Report
North Carolina	\$344	\$385	\$472	\$372

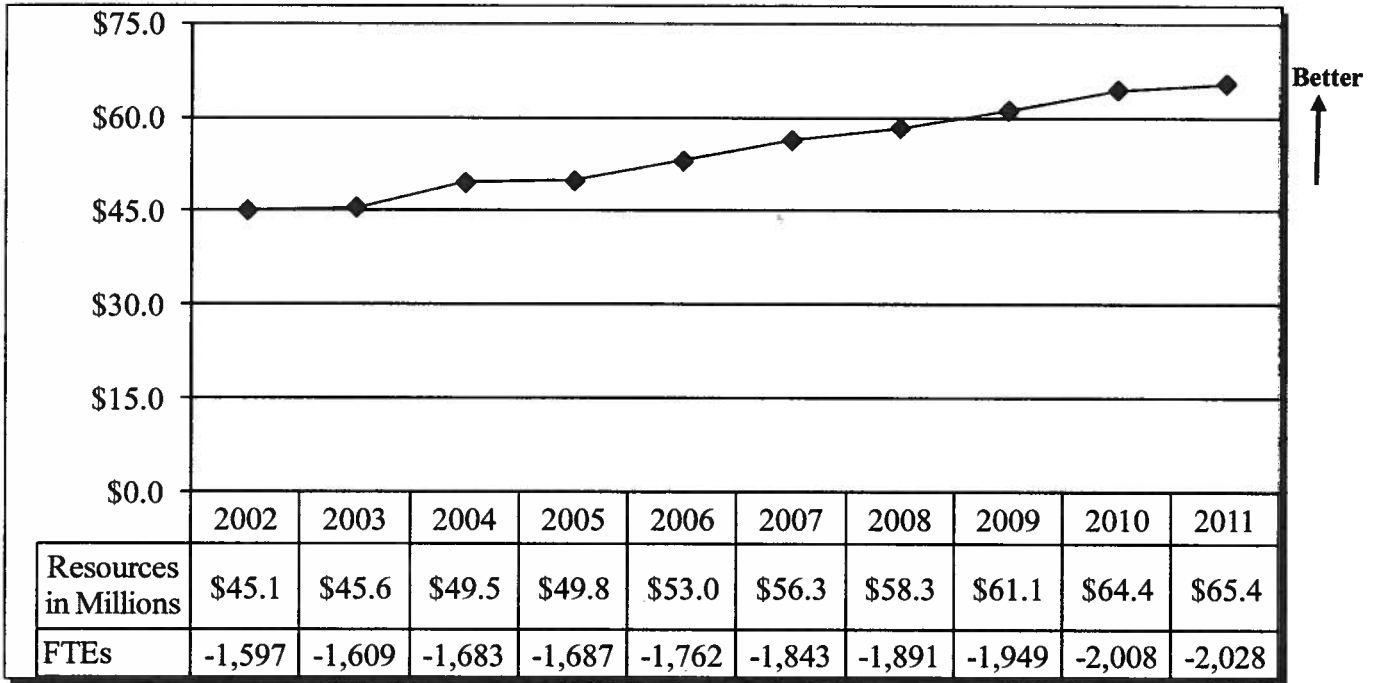
South Carolina's institutional per diem is 38% less than the average per diem in the United States and 24% less than the Southeastern average.

**Data Sources:**

The State of the States in Developmental Disabilities: 2002, 2004, 2006 and 2009 published by The University of Colorado

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**South Carolina Department of Disabilities and Special Needs  
 Regional Center Resources Redirected to Community Residential Services  
 Cumulative Totals from Fiscal Year 2002 to 2011**



**Cumulative Effect 1994 to 2011**  
 Service Funding: \$65,409,593  
 FTEs: -2,028

**Note:** Figure displays 10 most recent years due to space limitation.

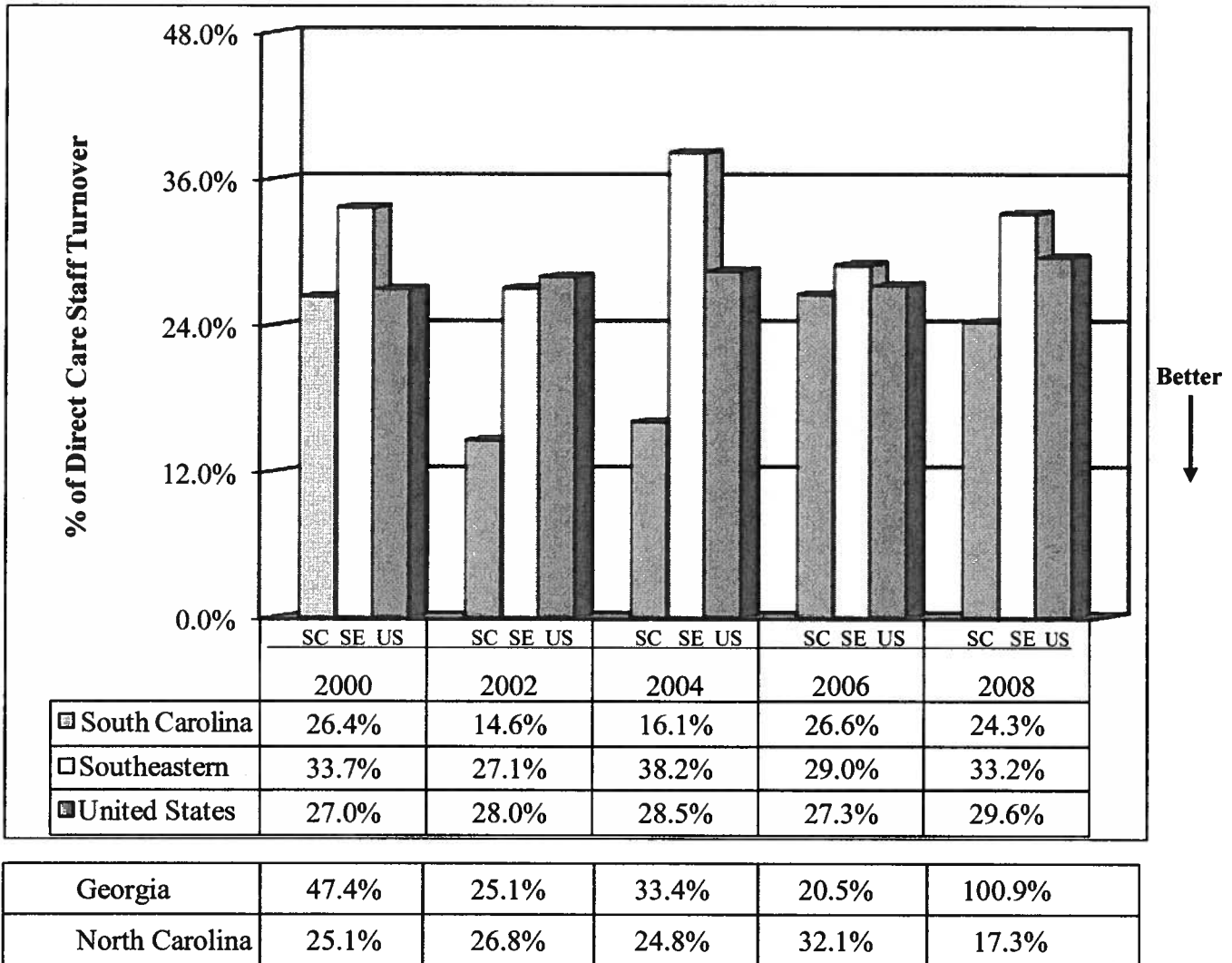
As people move from the regional centers to community residential settings, their service funding is redirected from regional centers to local community services. Since implementing the “money follows the individual” (MFI) formula in fiscal year 1994, more than \$65 million has been redirected to local community services.

While South Carolina has a seventeen year history of utilizing its MFI formula, the national MFI effort by the federal government only began in 2006. Therefore, national data is not comparable at this time. The federal government only recently began giving states grants to help with this effort. South Carolina’s MFI effort is achieved without federal aid. Another result is the reduction of DDSN permanent workforce positions.

**Data Source:**  
 Agency data provided by DDSN



**South Carolina Department of Disabilities and Special Needs  
Institutional Direct Care Staff Turnover Rate  
Comparing South Carolina with Southeastern and United States**



Lower staff turnover is more efficient and cost effective. The rate of turnover in the direct care workforce in South Carolina’s regional centers is lower than both the national and southeastern rate. Lower staff turnover avoids additional costs of recruitment, background checks and training.

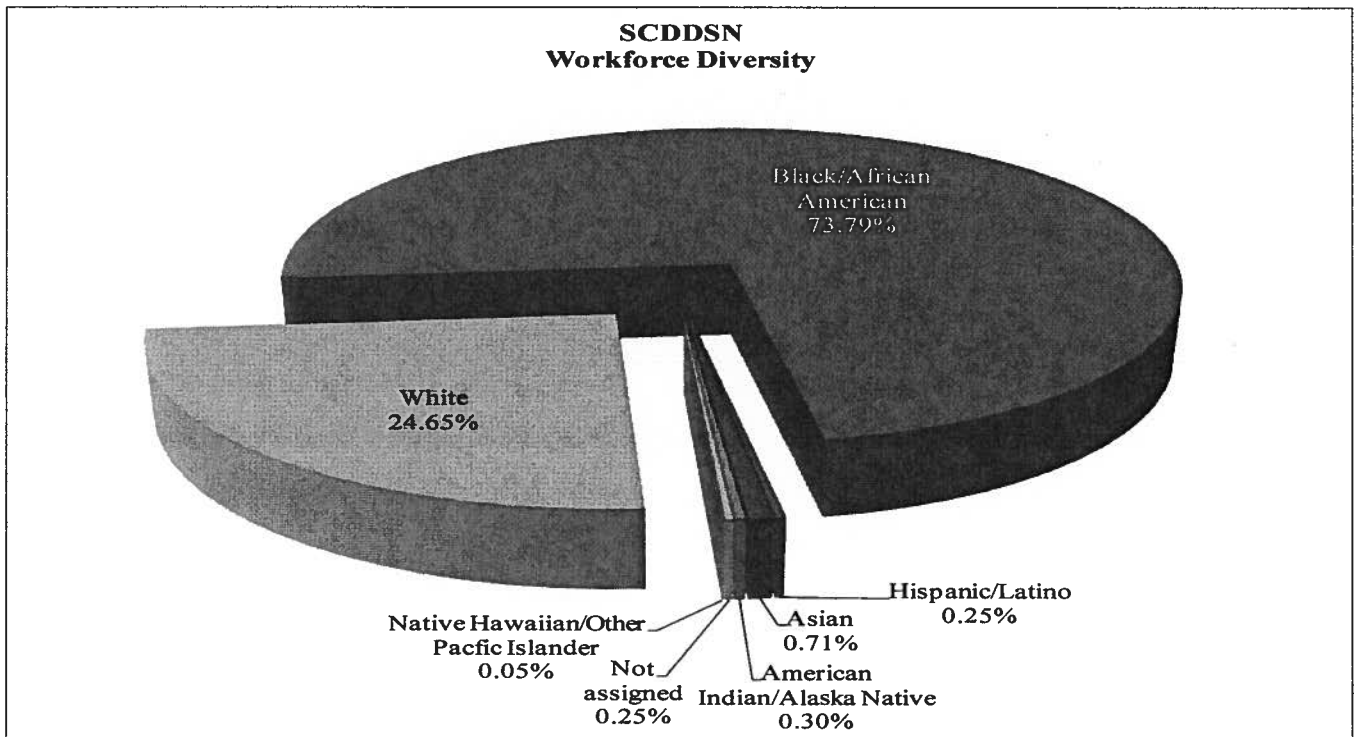
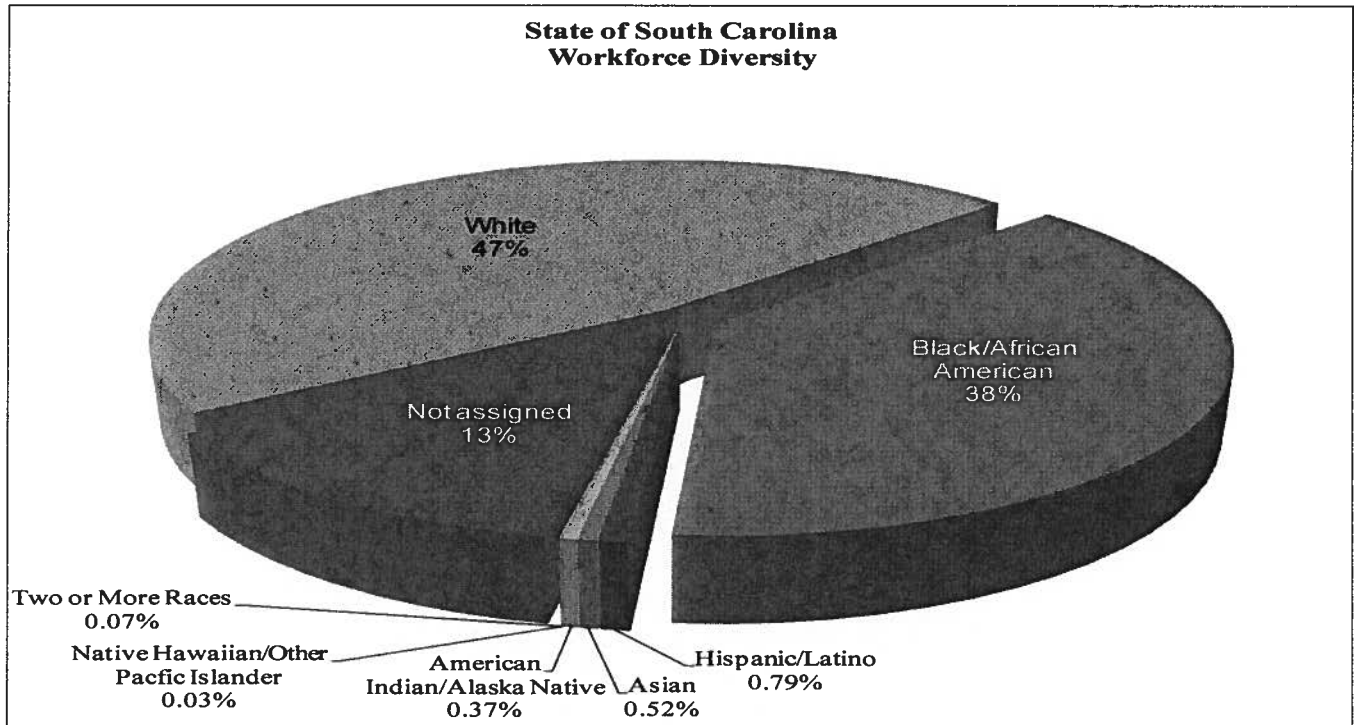
Lower staff turnover also prevents disruption in care. The direct care staff in the regional centers (institutions) are in many ways a surrogate family to the consumers who live there. Important personal bonds are formed between the direct care staff and the consumers served. Staff have a substantial impact on consumers and therefore, when the turnover of the direct care staff can be minimized, the consumer’s quality of life is enhanced.

**Data Sources:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, 2006, and 2008 published by The University of Minnesota

Chart data based on latest published data available from the University of Minnesota

**South Carolina Department of Disabilities & Special Needs  
Work Force Diversity  
Comparing the State of South Carolina with DDSN**



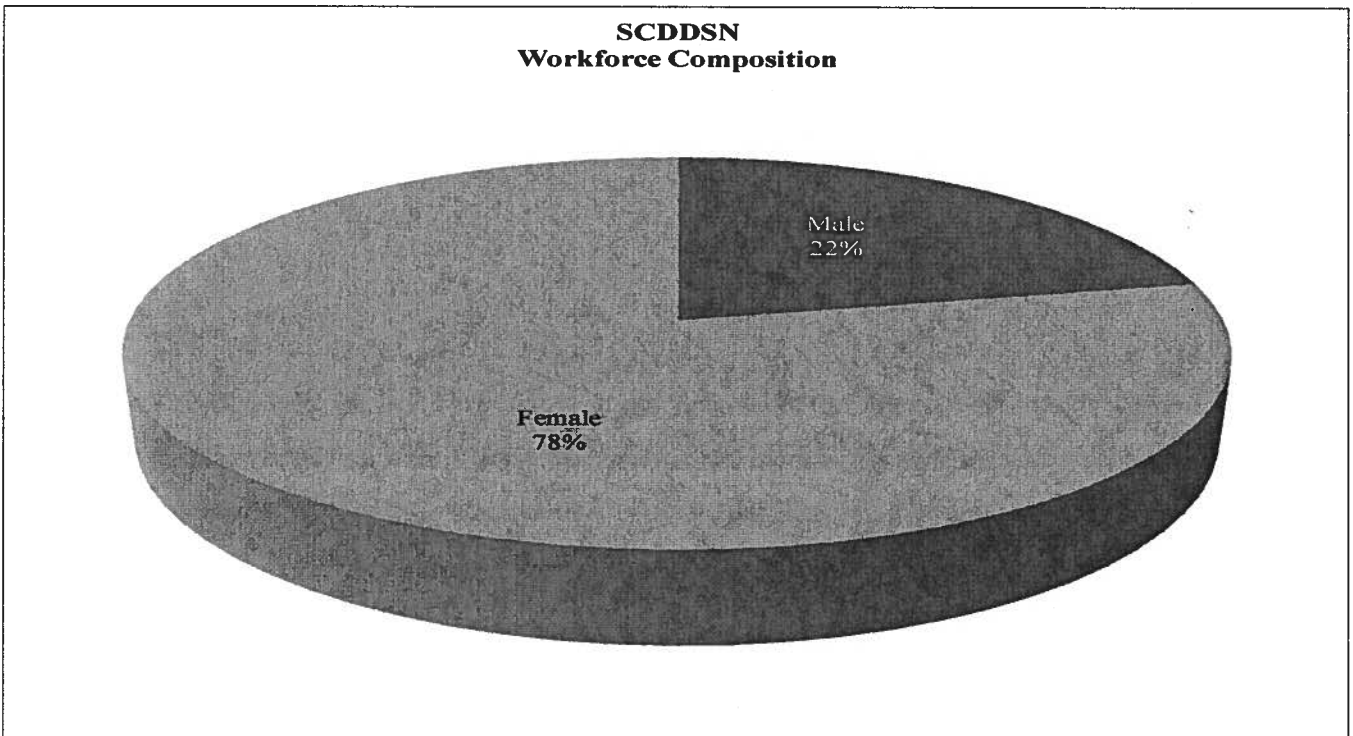
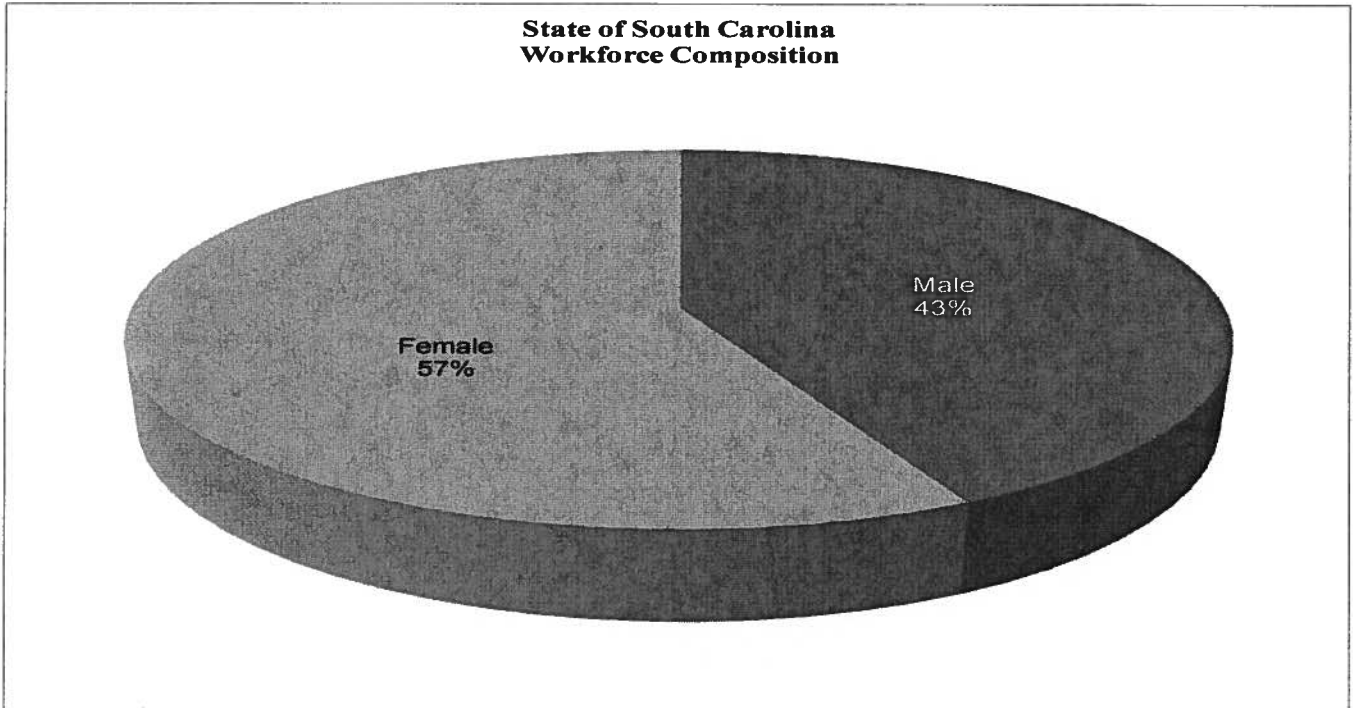
This chart reflects workforce diversity and how DDSN compares with the total State employee workforce.

**Data Sources:**

DDSN data provided by DDSN

State of South Carolina data provided by South Carolina Enterprise Information System

**South Carolina Department of Disabilities & Special Needs  
Work Force Composition  
Comparing the State of South Carolina with DDSN**



This chart reflects the hiring by gender, and how DDSN compares with the total State employee workforce.

**Data Sources:**

DDSN data provided by DDSN

State of South Carolina data provided by South Carolina Enterprise Information System

South Carolina Department of Disabilities and Special Needs  
FY12 Appropriations Act  
Section 89 - X90 – General Provisions

**89.92. (GP: Fines and Fees Report)** In order to promote accountability and transparency, each state agency must provide and release to the public via the agency's website, a report of all aggregate amounts of fines and fees that were charged and collected by that state agency in the prior fiscal year. The report shall include, but not be limited to: (1) the code sections, regulation, or proviso that authorized the fines and fees to be charges, collected, or received; (2) the amount received by source; (3) the purpose for which the funds were expended by the agency; (4) the amount of funds transferred to the general fund, if applicable, and the authority by which the transfer took place; and (5) the amount of funds transferred to another entity, if applicable, and the authority by which the transfer took place, as well as the name of the entity to which the funds were transferred. The report must be posted online by September first. Additionally, the report must be delivered to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by September first. Funds appropriated to and/or authorized for use by each state agency shall be used to accomplish this directive.

**DDSN's Report:**

- (1) South Carolina Code of Laws Title 44 Chapter 20 Section 350 and Medicaid regulations.
- (2) FY10 amount of care and maintenance fees collected from consumers residing in residential facilities owned and operated by the department and its local service providers: \$29.68 million
- (3) Funds were expended for residential services, related consumer care, and capital projects.
- (4) N/A
- (5) N/A

**South Carolina Department of Disabilities and Special Needs  
Pervasive Developmental Disorder (PDD) Program  
January 2012**

**Number of Children**

- 1,178 children have received PDD services since the program's inception
- 658 children are currently participating in the PDD Program — (545 enrolled in the waiver and 113 in state-funded slots)
- 648 children are on the waiting list
- 100 new slots (in addition to attrition) were authorized since July 1, 2011
- Approximately 80% of all participants are male and 20% are female
- Approximately 88% of all participants have a diagnosis of autism and 12% have other PDD diagnoses
- Approximately 80% of participants are ages 3-6; 20% are ages 7-10

**Utilization of Services/Resources**

- The proviso caps expenditures for each individual child at \$50,000 per year
- 90% of children are Medicaid eligible
- The average budget DDSN authorized for each child based on the individual assessment and service plan is \$27,206 per year
- The average annual amount spent by the families is now less than \$10,000, equating to a 37% utilization rate

**Funding**

\$7.5 M Original appropriated amount  
-\$0.3 M Permanently reduced as part of the September 2009 4.04% reduction  
-\$1.08 M Permanently reduced as part of FY 2011 base reduction  
\$2.04 M Actual expenditures as of January 23, 2012. This does not include all state funds DDSN authorized through fiscal year end or state match DDSN will be billed by DHHS for services direct billed by providers  
DDSN projects FY 2012 expenditures to be approximately \$6.6 million

### Services

Children accepted in the Pervasive Developmental Disorder (PDD) Program receive two types of services: 1) Early Intensive Behavioral Intervention (EIBI) and 2) case management.

EIBI services seek to develop skills of children in the areas of cognition, behavior, communication and social interaction. Case management services assist children and their families in gaining access to needed waiver and other State Medicaid plan services, as well as medical, social, educational and other services.

### Program Improvements

1. Award state-funded slots to children prior to Medicaid eligibility determination. This allows the family to complete paperwork, the child to be assessed, the plan developed and the start of therapy before completion of Medicaid eligibility process. If the child is determined Medicaid eligible, funding is shifted from 100 percent state to PDD waiver.
2. Allow children younger than 3 years of age to apply for PDD services. If eligible, the child may be placed on the waiting list. Children are not enrolled in the Program until after they turn 3 but this prevents time delay.
3. Implemented new process to increase utilization of authorized budget by families. This includes better education of families about the program and family responsibility. By working with families at the beginning, it can be more realistically determined how much time the family can commit to a therapy schedule.
4. More frequently monitor family utilization of services and adjust hours and corresponding budget up or down accordingly. This method is still responsive to the needs of the individual child but also prevents over-authorization of state funds.
5. Changed timing of provider payment to improve timeliness of service delivery. Previously DDSN paid provider once the assessment and service plan were completed. Now full payment is withheld until the provider completes these and trains direct-line therapists, decreasing time delay before actual services begin.
6. Began providing learning supplies and tools for families receiving EIBI to enhance their children's outcomes.
7. Collaborate with the SC Autism Society and the Developmental Disabilities Council to ensure that parents of children on the PDD waiting list have a clear understanding of what the PDD Program provides, how it works and the family's commitment.

8. Through its contract with the University of Nevada's Distant Education program, DDSN graduated its second set of students in December 2011 taking five graduate-level courses approved by the National Board of Applied Behavior Analysis to prepare them for Board Certification. This will increase the capacity of approved providers of DDSN's PDD program.
9. Developed and began a quality assurance review of EIBI providers to ensure high quality of services.
10. Finalized contract language in partnership with DHHS for EIBI providers that focuses on the provider delivering a minimum level of the authorized intervention hours. This helps DDSN ensure budgets are closer to utilization.
11. DDSN collaborates with USC's Department of Psychology. At no charge, the Department assists DDSN and its network of EIBI providers to develop the direct-line therapists who do the majority of the in-home interventions with children and their families. DDSN is now targeting Winthrop, Francis Marion and Coastal Carolina universities to replicate USC's model.
12. DDSN collaborated with USC's College of Social Work. At no charge, the College conducted an evaluation of DDSN's PDD program focusing on results, parent satisfaction, and family indicators that lead to better outcomes. This research was completed and that report is attached.

#### New Initiatives

1. Requested approval of a rate increase for direct-line therapists (not provider overhead) to meet the need to recruit and retain the necessary number of individuals who work directly with the children. At least one direct-line therapist is needed for each child/family.
2. Recruited qualified Board-certified Behavior Analysts (BCBA) attending the National Association of Behavioral Analysts annual meeting June 2011.
3. Contracting with a professional recruiting company to recruit, screen, and conduct background checks on potentially qualified line therapists; the line therapists are the people who spend the most time with the child and family implementing the plan prepared by the BCBA.
4. Coordinating policy efforts with First Steps to ensure a smooth transition for those children aging out of BabyNet EIBI services into DDSN eligibility and EIBI services.

### Outcomes

SCDDSN operates an evidence-based program for children with Pervasive Developmental Disorders (PDD). The interventions are based on Early Intensive Behavior Intervention (EIBI) and focus on enhancing cognition, communication, adaptive behavior and social skills, all of which are significant issues for children with autism spectrum disorders. DDSN's model is a home-based treatment program that requires parental involvement to ensure the interventions are carried out throughout the child's day.

To date, DDSN has provided EIBI programs to almost 1,200 children ages 3 through 10 years old. The outcomes of these individualized programs are remarkable and mirror the research conducted on programs just like DDSN's program. The majority of children in the PDD program experience statistically significant gains in all areas for which children with autism have severe deficits: expressive communication, receptive communication, adaptive living and use of appropriate social skills.

Expressive communication is what children can say with words or sign language. Many children came into the program unable to speak or used very few meaningful words. Now, the majority of children use words, sign language or picture exchange systems to communicate with peers, teachers and parents. Quotes from a survey of parents of children in the program include, "He is a different child. I would never have imagined that he would respond to a question or initiate conversation with his family or schoolmates." "Please do not take this program away from my child. She is talking! She has made so much progress, and I can't thank you enough for giving my daughter a chance to be like other children." To be able to ask for what one wants or needs or to let a parent or teacher know that they are in pain is a huge milestone for these children. By enhancing Expressive Communication, behavior challenges can be markedly decreased, allowing socially significant behaviors to improve.

Receptive communication is a child's ability to understand, process, and react or respond to the verbal and nonverbal language of others. Growth in this area affects one's ability to follow directions, answer questions, and respond to commands in emergency situations. Being able to follow directions leads to the development of expressive communication skills. Children who received EIBI services for three years showed an average gain of 15% in the area of Receptive Communication.

Daily living skills are being able to care for one's self by learning skills such as toileting, bathing and getting dressed and are extremely important skills for children with a PDD to develop so they can function as independently as possible. The average gain in this area for those who completed three years of service was seven years.

Socialization skills Many children diagnosed with a PDD do not interact with their family members or typically developing peers in an appropriate manner. The deficiency in language and communication also make it difficult to form personal relationships and friendships. Intensive programming delivered in the child's natural environment enhances their skills and abilities in this area. Children who received three years of EIBI services saw a reliable change of 72%.



## **Pervasive Developmental Disorder Program Evaluation**

**Robert Hock, PhD**  
**John Kuntz, MS**

**USC College of Social Work**  
**USC Department of Epidemiology**

### **Introduction**

During the 2006 legislative session of the South Carolina General Assembly, \$3 million was appropriated to the South Carolina Department of Disabilities and Special Needs (DDSN) to develop the Pervasive Developmental Disorder (PDD) Program by January 2007. During the 2007 session, the General Assembly appropriated an additional \$4.5 million demonstrating their commitment to the treatment of autism and other PDDs. DDSN uses much of this state funding as match dollars to earn Medicaid federal financial participation.

The purpose of the PDD Program is to provide intensive in-home intervention to children ages 3 through 10 years diagnosed with a Pervasive Developmental Disorder, which includes Autism, Asperger's and PDD – NOS (Not Otherwise Specified). Children who meet these criteria may receive Early Intensive Behavioral Intervention (EIBI) services for three years or until their 11<sup>th</sup> birthday, whichever comes first.

Early Intensive Behavioral Intervention applies the principles of Applied Behavior Analysis, which is an evidenced-based individualized treatment program for persons with autism. Studies across the country show that the majority of children receiving EIBI services make significant gains in all areas of concern. These areas include cognitive functioning, communication, socialization/daily living skills, and problematic behaviors.

DDSN wanted to evaluate the effectiveness of South Carolina's PDD Program at improving key outcomes for children. They requested an independent analysis from the University of South Carolina, College of Social Work along with the Department of Epidemiology. Dr. Robert Hock and John Kuntz conducted the first evaluation gratuitously, for DDSN.

Following is a report of our findings using valid statistical and analytical models.

### **Method**

Using preliminary data obtained from the South Carolina Department of Disabilities and Special Needs (DDSN), an analysis was conducted to assess children's improvement in several key outcome areas during their participation in Early Intensive Behavioral Intervention (EIBI) as part of the PDD Program. A total of 70 children who had recently completed 3 years of EIBI were included in the analysis. Each child completed an evaluation of his or her social, behavioral and cognitive abilities before treatment began, as well as after the first and second years of treatment.

### **Analysis**

Three research questions guided the analysis.

*Do the baseline measurements improve after approximately two years of EIBI treatment?*

In order to address this question, two approaches were taken. First, a paired comparison was made between the final and baseline measures for each child. A paired t-test was used to assess whether those differences are statistically significant. In order to determine whether the change

was clinically meaningful, a reliable change index was calculated to determine the proportion of children whose individual scores have changed to an extent that is beyond statistical variability.

*Is there evidence that any such improvements are greater than those expected by maturation or the passage of time?*

To address this question, we examined differences in baseline scores by the child's age at the beginning of the program. If older children tend to demonstrate higher standard scores than younger children at the beginning of treatment, this may suggest that change occurs with maturation alone. Because the standard scores are computed relative to a child's same age group, higher scores would indicate higher performance relative to other same age peers.

*Is there evidence that improvements may vary based on the characteristics of the child?*

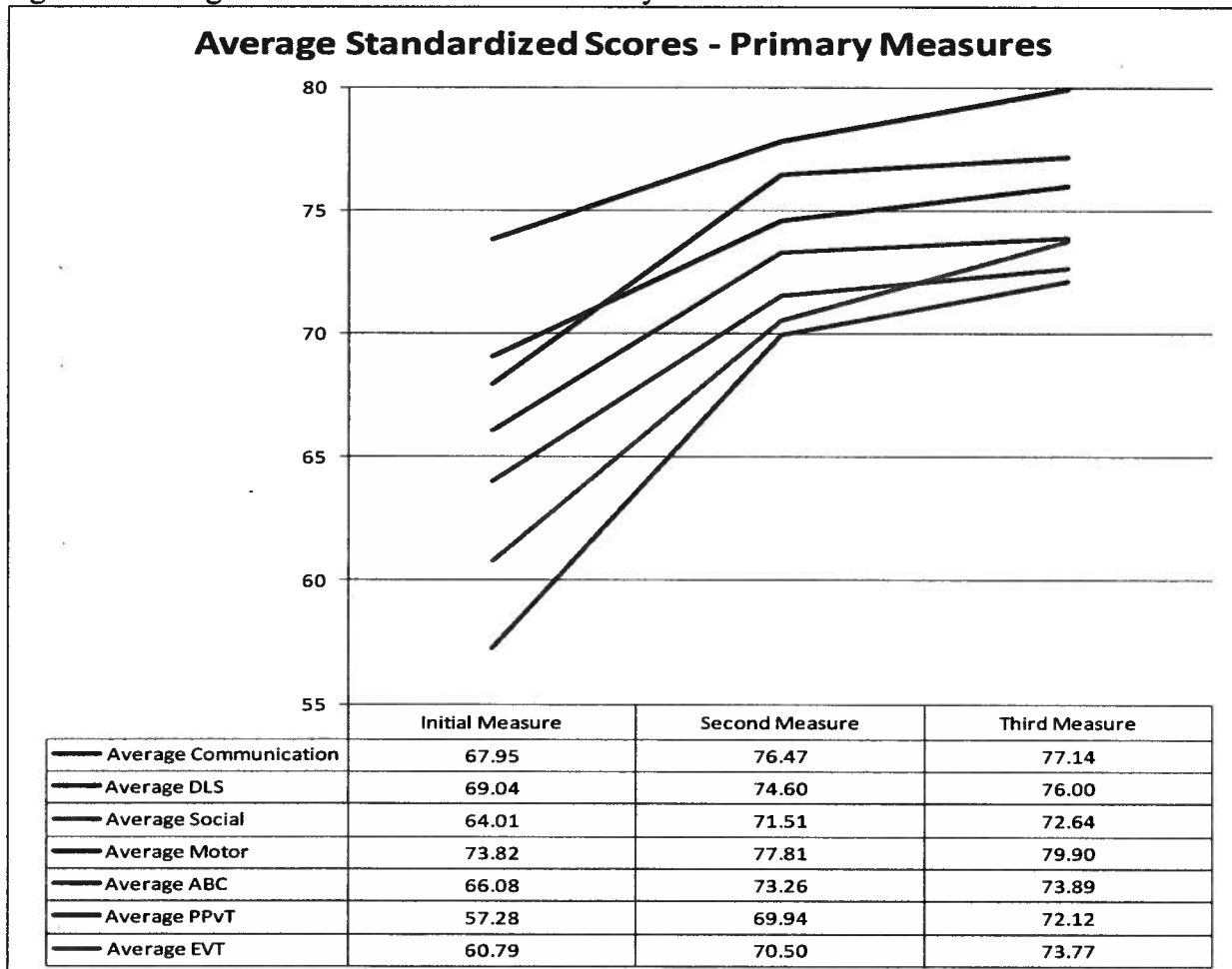
To address this question, we examined whether a child's age or abilities at enrollment predicted their degree of improvement in the program over time.

## Results

### Do the baseline measurements improve after approximately two years of EIBI treatment?

Results of the paired t-tests comparing the final measure to the initial measure show a statistically significant improvement in all seven primary measures (Figure 1).

Figure 1. Average Standardized scores for Primary Measures.



Reliable change is provided as a measure of the proportion of children who experience meaningful change, or a change that is beyond the variation in the baseline measurement. Using the calculated reliable change metric, a significant number of children achieved reliable change across all domains (Figure 3). Motor skills (not an EIBI target area) shows gains in 45% of children while all other measures show reliable gains in more than 50% of the children, with improvements in Communication, Social and Adaptive Behavior Composite (ABC) domains among 70% of the children all of which are EIBI target areas.

Figure 2. Standard scores of key outcome measures at baseline and year 2 of the intervention.

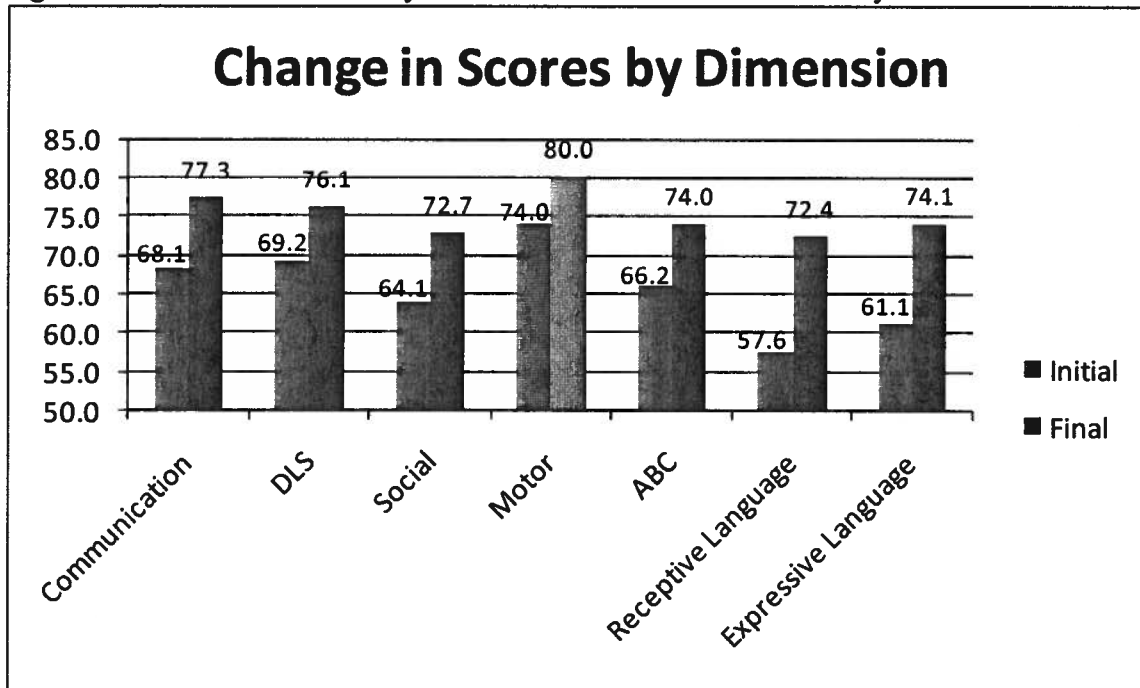
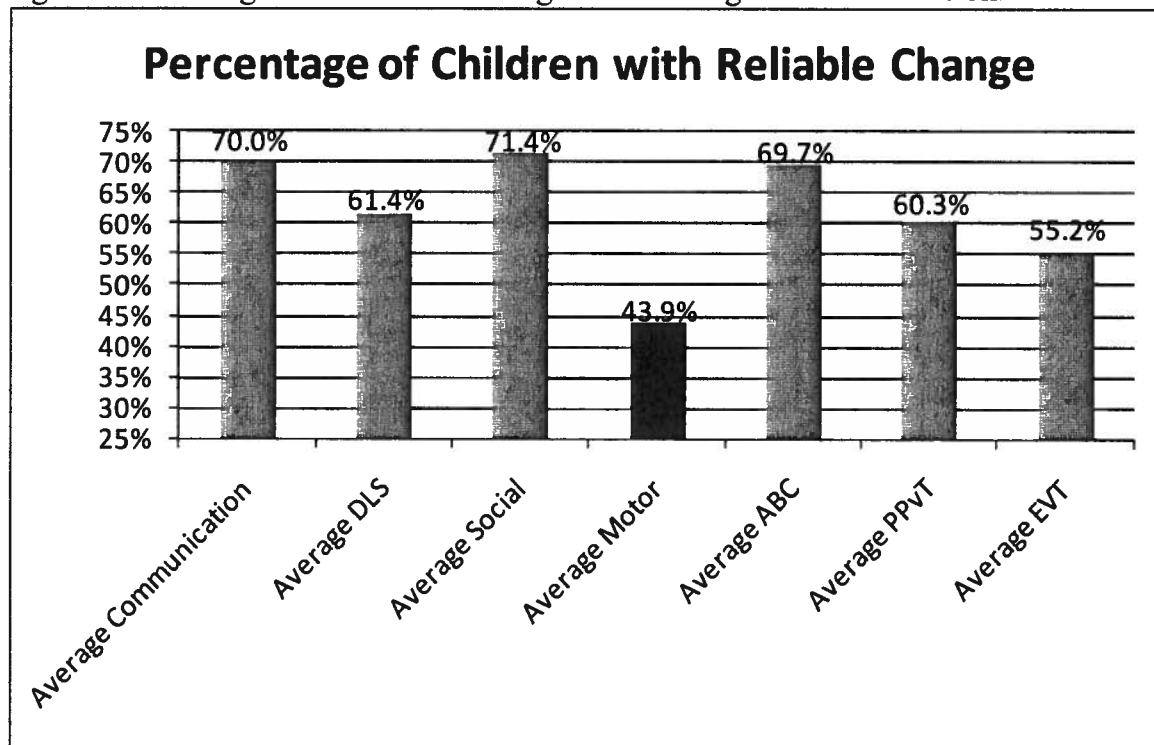


Figure 3. Percentage of children achieving reliable change in each dimension.



**Is there evidence that any such improvements are greater than those expected by maturation or the passage of time?**

Results indicate that there is no significant relationship between a child's age at entry and his/her baseline scores on any of the outcome measures. This improves confidence that improvements seen over time are due to EIBI treatment and are not the result of normal age-related improvement.

**Is there evidence that improvements may vary based on the characteristics of the child?**

Two baseline characteristics were considered in examination of differing effects: age at enrollment and overall performance, calculated as the average of the 7 primary measures.

Minimal differences were observed in the significance of the individual t-tests by age group, where age groups were constructed to establish equally-sized categories (less than 4.8 years, 4.8 – 5.8 years and older than 5.8 years at enrollment).

Separate analysis was performed by categories of baseline performance (high, medium, low) based on the average of all scores. Here, some differences in results were observed. Specifically, high performing individuals did not show significant gains in vocabulary and low-performing individuals did not show gains in social skills.

**Summary**

The results of this evaluation suggest the following:

- **Children enrolled in the PDD Program show improvement across all measures of functioning**
- **Within specific domains, approximately 70 percent of children achieve reliable change**
- **Both younger and older children show improvement**
- **There is some evidence that the highest-performing children at baseline show less improvement through time**

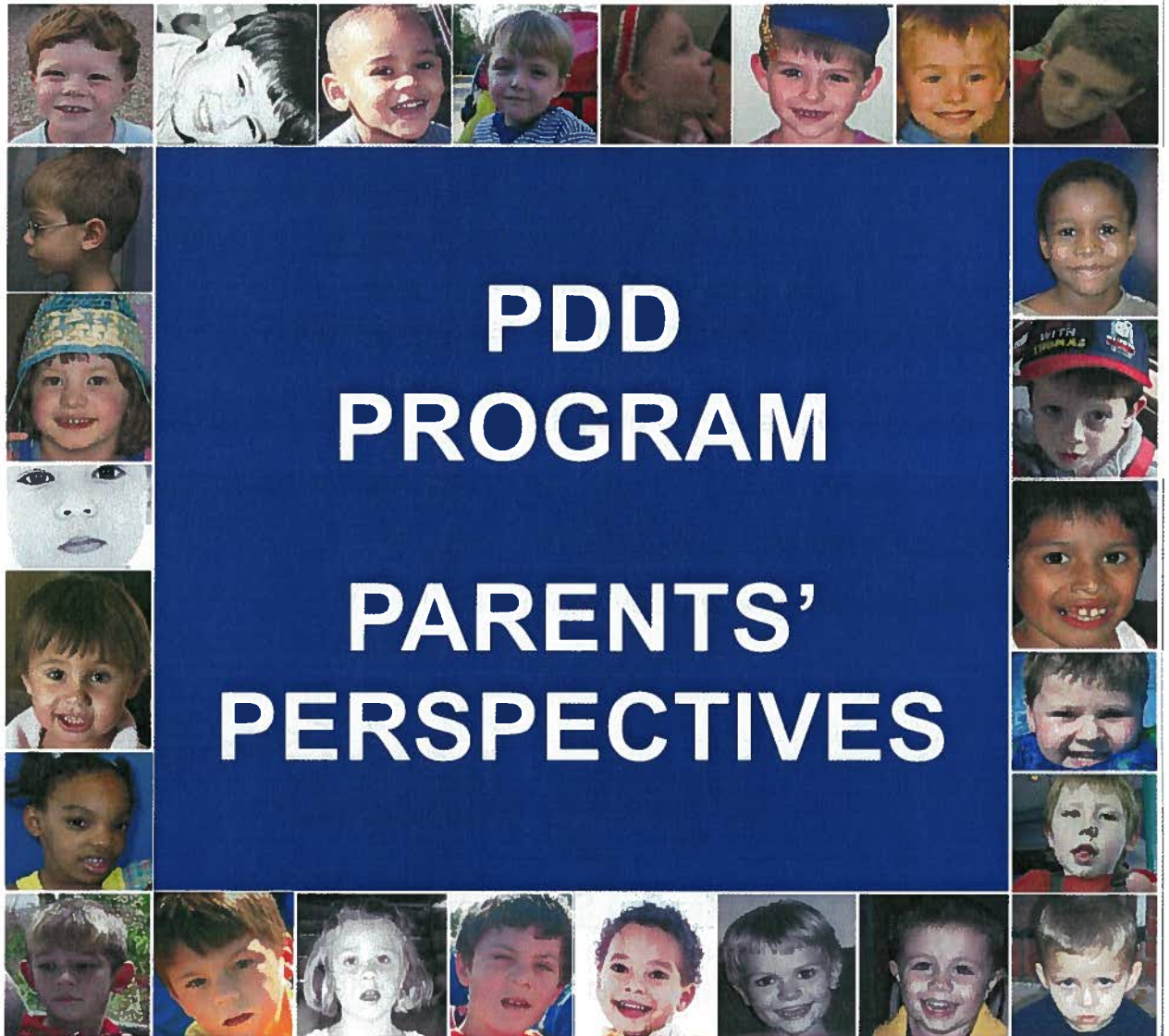
These findings are promising and suggest that the PDD Program is increasing the skills and adaptive functioning of children in South Carolina.

For questions regarding the evaluation, please email Dr. Hock at [ROBERTH@mailbox.sc.edu](mailto:ROBERTH@mailbox.sc.edu)



**South Carolina Autism Society**

*Together We Can Solve The Puzzle*



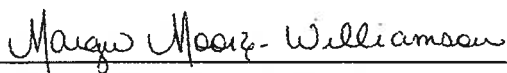
**April 2011**

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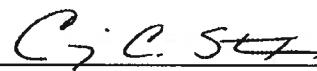
The South Carolina Autism Society, a statewide nonprofit advocacy organization, did an informal parent survey through Survey Monkey. Parents and caregivers who have a child currently or who were receiving services through the Pervasive Developmental Program (PDD Program) were asked to provide their perspective on the progress their child has made since being on the program. Questions asked were based on the progress parents observe in the five major domain areas an intensive intervention program addresses.

As a way of thanking you for your on going support of the PDD Program, we would like to share with you the parents' perspectives on the benefits of this program. As you will see, the feedback from parents was astounding. We would like to personally thank you for your foresight and support in improving the lives of children with Autism Spectrum Disorders (ASD) in South Carolina. Here are a few basic facts about ASD:

- ◆ 1 child in 110 is affected by ASD
- ◆ Approximately 41,000 South Carolinians are on the spectrum
- ◆ ASD is 4 times more likely to affect boys than a girls
- ◆ Fastest growing neuro-developmental disorder



Margie Moore-Williamson  
Parent Liaison



Craig C. Stoxen  
President & CEO

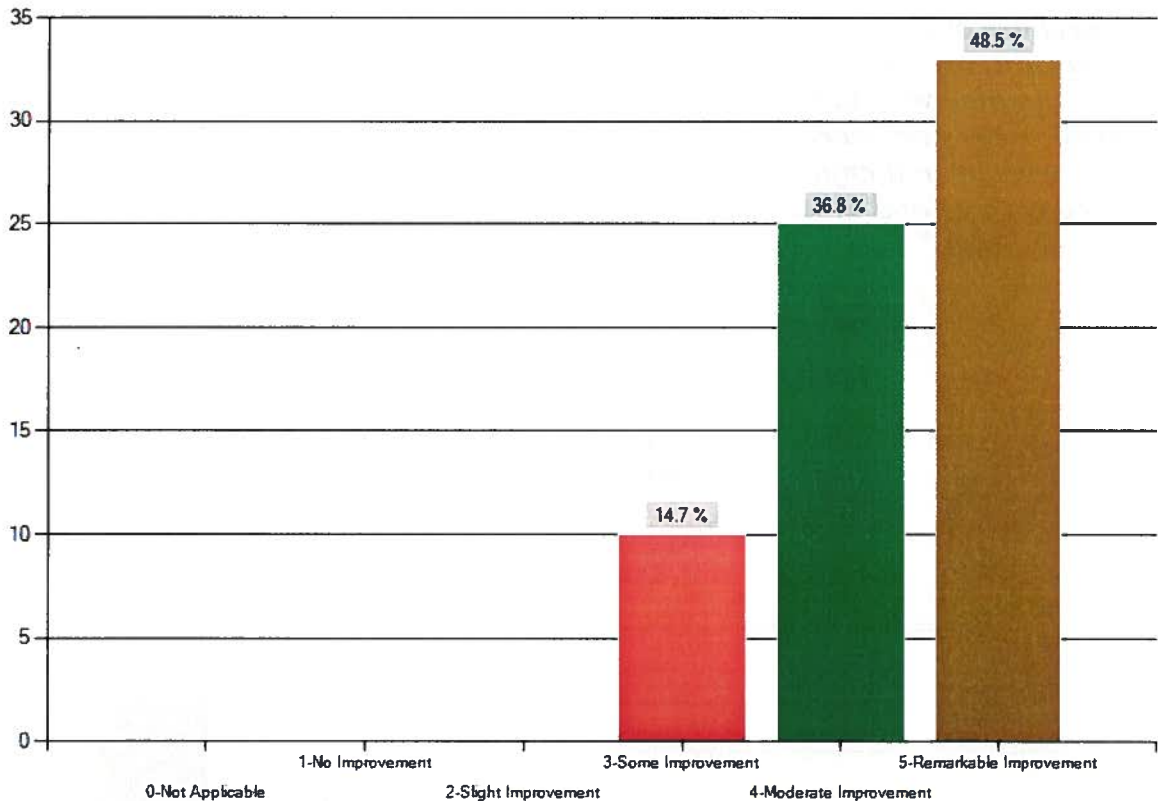


### Mission Statement

## South Carolina Autism Society

The purpose of the South Carolina Autism Society is to enable all individuals with autism spectrum disorders in South Carolina to reach their maximum potential.

# 1. Rank the improvement you have seen in your child's behavior.



*"She was not talking, she was quite aggressive with head banging tendencies, she also was not potty trained prior to ABA therapy which we are now receiving under the PDD Waiver. With the waiver, our ABA therapist helped us learn positive practices for potty training, she has helped her redirect her aggressive tendencies and now has a vocabulary of about 50 words."*

*"It was impossible to take our child out to eat or any place there was lots of people. Last summer, we went on vacation and he was able to eat in the dining room each night and play appropriately."*

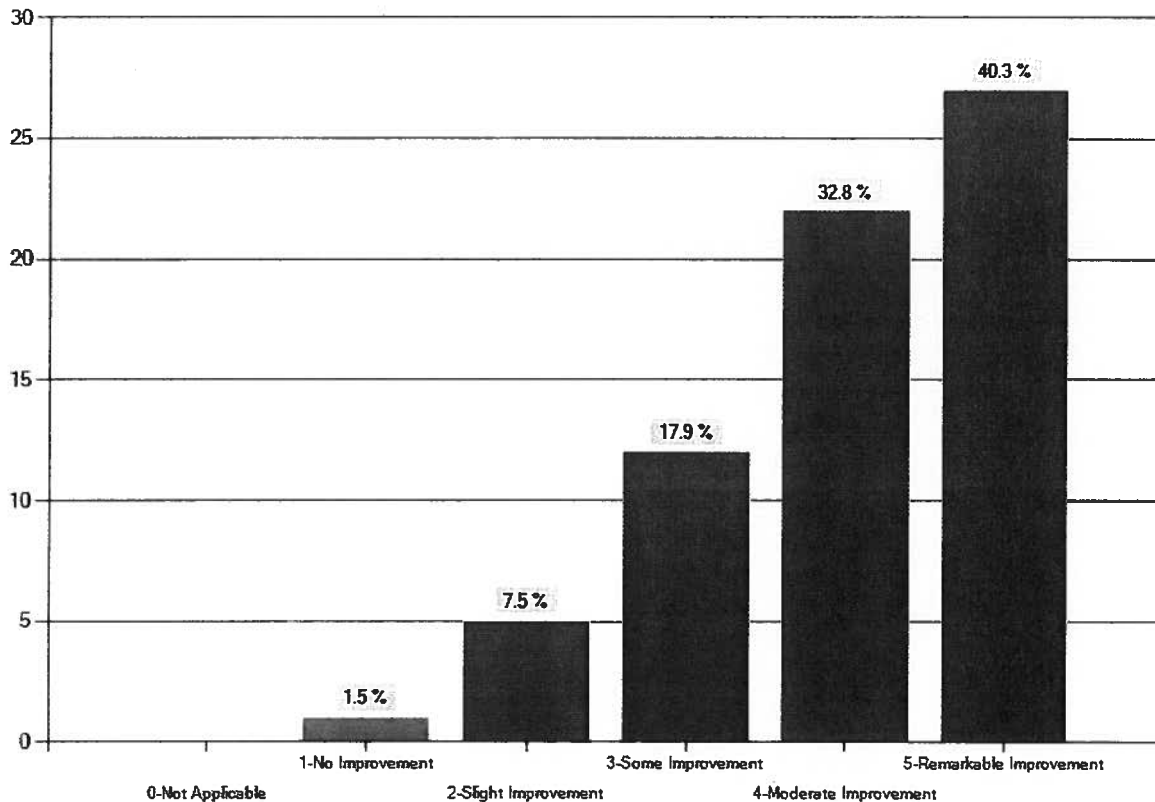
*"My child used to hit, bite or get extremely upset. He now uses his acquired language to express himself. He will still get emotional at times, but is not hitting, biting or screaming."*

## 2. Rank the improvement you have seen in your child's social skills.

*"Because of the PDD Program, my son now wants to play with other kids. He is now more open with us and enjoys being with us and other kids."*

*"On a recent outing his therapist was able to prompt him to say hello to a cashier at the grocery store without hiding and having an anxiety attack. That was a great moment for us."*

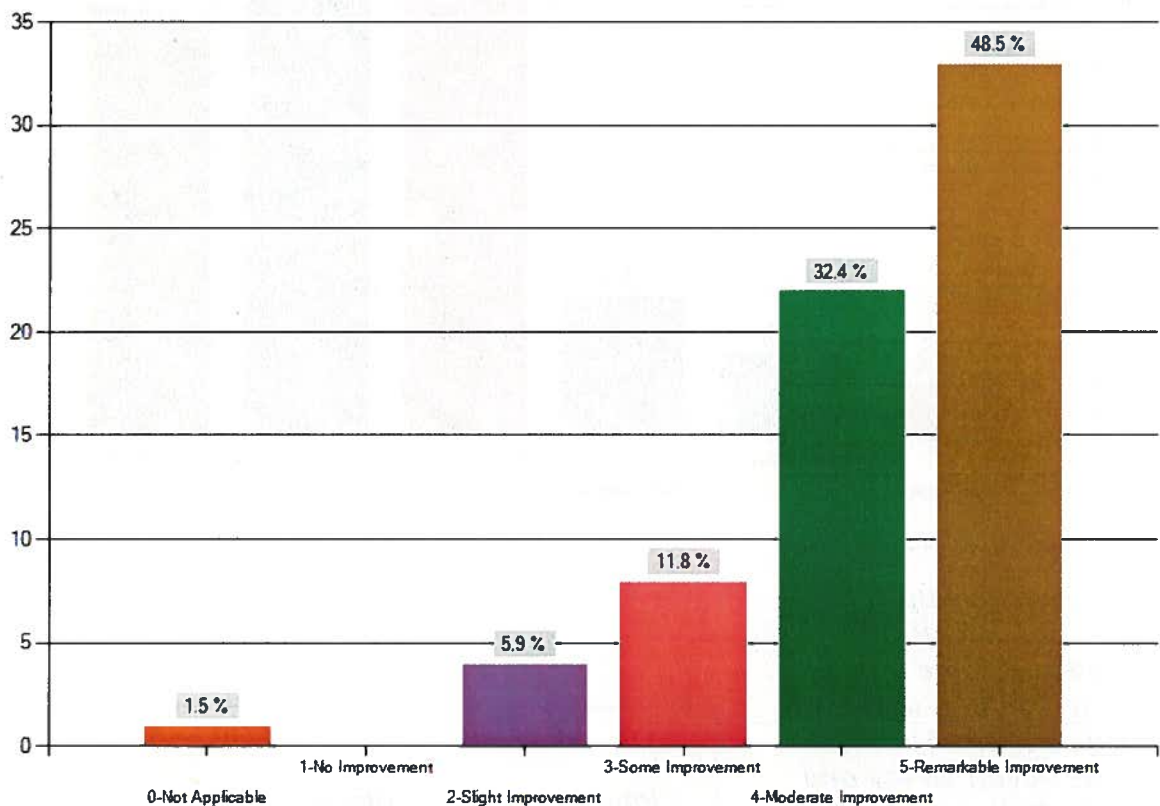
*"He is going into regular 1st grade classes for part of the day. Sometimes he doesn't need any help to stay there and interact with kids his age."*





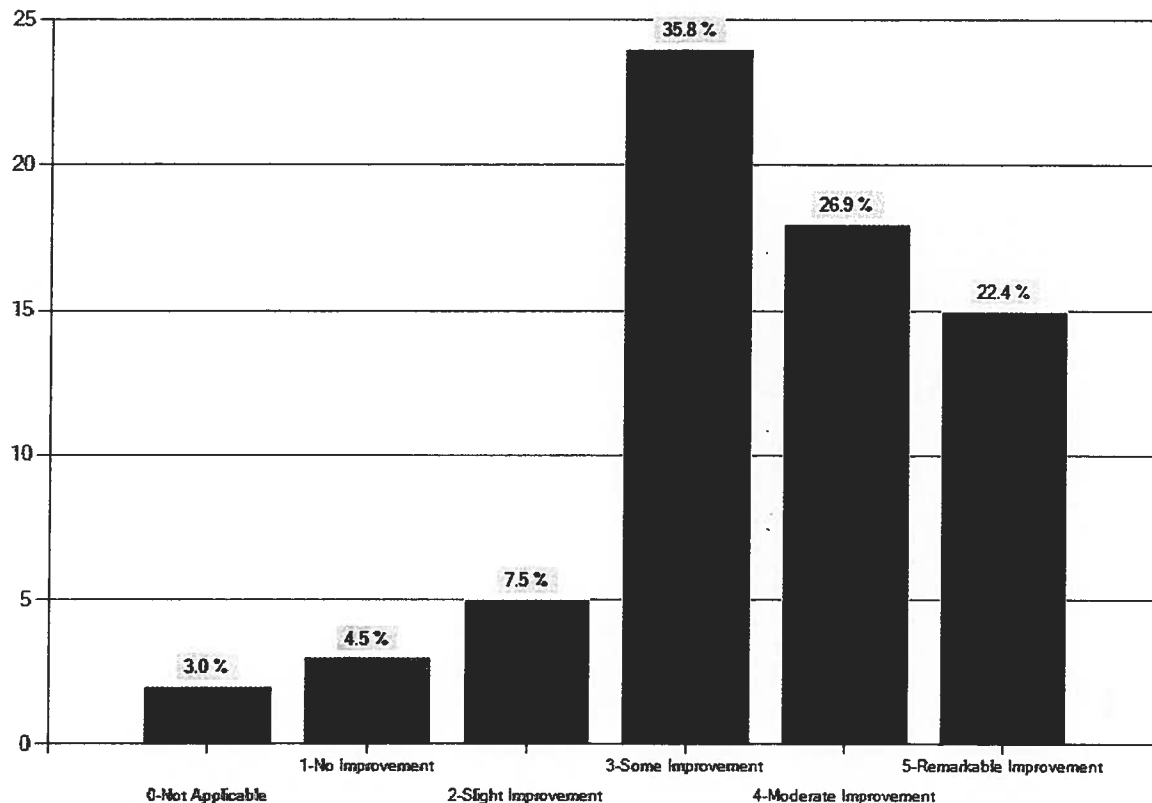
### 3. Rank the improvement you have seen in your child's functional communication.

*"After several years on the PDD program, my child no longer needs speech therapy at this time. His communication skills are wonderful!"*



*"My son went from saying just a few, one word requests, to now putting short, 4 to 6 word sentences together. He went from only mom understanding his words to a stranger understanding most of what he says."*

## 4. Rank the improvement you have seen in your child's recreational skills.



*"He plays upward basketball. The pastor made a point to call him up and give him a Southern Wesleyan jersey and the ball in front of a whole gymnasium."*

*"John now enjoys coloring. I used to give him a piece of candy for coloring even part of a picture. Now he draws, colors, and makes up stories about his play. I remember when he was first diagnosed with Autism 3 years ago, I tried to pretend play with him with some Little People farm figures- he threw the figures, ran from the room, jumped on my bed and flapped furiously in front of the mirror. Now he plays super heroes with his Daddy!"*

## 5. Rank the improvement you have seen in your child's daily living skills.

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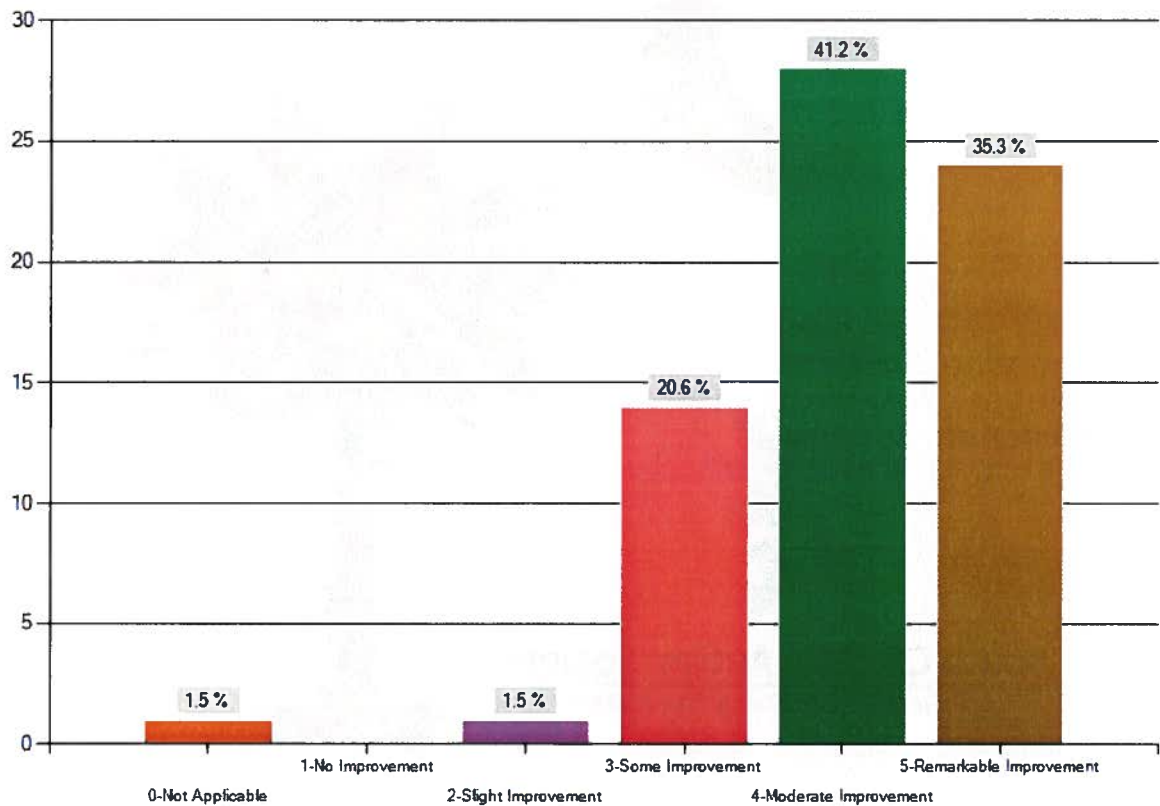
*"My son now sets the table for the family, can get his own drink, can give himself a bath and get his own night clothes. He can pick out his own clothes to wear and they always match."*

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*"Toilet training is almost done!! He is able to brush his teeth really well and change clothes when he chooses. None of these could have been accomplished without the waiver."*

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*"He is now able to tie his own shoes, independently dresses, independently washes & brush teeth with supervision. He cleans up after himself (including toys; this was BIG problem behavior in the past) and now knows the appropriate function of certain things (ex: A spoon is to eat with. Pillow is to sleep with)."*

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# Thanks for your ongoing support!



**South Carolina Autism Society**  
*Together We Can Solve The Puzzle*

806 12th Street,  
West Columbia, SC, 29169  
803-750-6988.....803-750-8121 (fax)  
scas@scautism.org.....www.scautism.org

**South Carolina Department of Disabilities and Special Needs  
Head and Spinal Cord Injury (HASCI) Division**

**Funding for Specialized TBI/SCI Post-Acute Rehabilitation**

**WHAT:**

SCDDSN has limited state funding to pay for medical rehabilitation for uninsured or underinsured people with traumatic brain injury (TBI) and/or spinal cord injury (SCI) in CARF-accredited inpatient/outpatient TBI/SCI Rehabilitation Programs. These funds may be used subsequent to, but cannot supplant or subsidize, any other funding.

**WHO:**

Applicants must be residents of South Carolina and must be uninsured or unable to access sufficient post-acute rehabilitation through private health insurance, Medicare, Medicaid, Worker's Compensation, Veterans Administration, or any other payers. If receiving or eligible for Medicaid, applicants must be 21 years of age or older.

Applicants must have traumatic brain injury and/or spinal cord injury caused by external physical trauma and resulting in hospitalization or treatment in an emergency department or by a physician and not congenital or due to a chronic, degenerative, or progressive medical condition. *(TBI does not include anoxic or hypoxic brain damage, aneurysm, stroke, or dementia. Traumatic SCI does not include spinal column fracture, disc injury, spinal stenosis, or demyelinating disease.)*

Applicants must meet medical necessity and clinical level of care criteria. Applicants must no longer require acute care, be able to actively participate in and benefit from intensive rehabilitation, and be reasonably expected to achieve neurological recovery and/or improved functioning. Patients in coma, persistent vegetative state, or minimally responsive state are not eligible. Applicants must have viable and productive post-rehabilitation options.

**WHEN:**

The intent is for specialized TBI/SCI post-acute rehabilitation to begin when acute care is no longer needed and upon discharge from a hospital or after diagnosis by a physician.

**WHERE:**

SCDDSN currently contracts with three facilities to provide rehabilitation with this funding:

- Roger C. Peace Rehabilitation Hospital (Greenville, South Carolina)  
Telephone: 1-800-868-8871
- Carolinas Rehabilitation (Charlotte, North Carolina)  
Telephone: 1-704-355-5869
- Walton Rehabilitation (Augusta, Georgia )  
Telephone: 1-706-826-5805

**HOW:**

Trauma centers, acute care hospitals, and physicians may refer patients to the facilities above. Potential applicants or their representatives may also contact these facilities for information.

If interested in contracting as a provider for this funding, other facilities with CARF-accredited inpatient/outpatient TBI/SCI Rehabilitation Programs may contact the SCDDSN Head and Spinal Cord Injury Division at 803/898-9789.

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

**Post-Acute Rehabilitation Funding for Individuals with  
Traumatic Brain Injury (TBI) and/or Spinal Cord Injury (SCI)**

**FY-2012: six months 7/1/2011 - 12/31/2011**

<b>Total Funding Authorized:</b>	<b>\$1,373,255</b>	
<i>Carolinas Rehab</i>	<i>\$510,400</i>	
<i>Roger C. Peace Rehab</i>	<i>\$863,255</i>	
<i>Walton Rehab</i>	<i>\$0</i>	
<b>Total Individuals Funded:</b>	<b>25</b>	<b>(13 TBI; 12 SCI)</b>
<i>Carolinas Rehab</i>	<i>9</i>	<i>(3 TBI; 6 SCI)</i>
<i>Roger C. Peace Rehab</i>	<i>18</i>	<i>(10 TBI; 8 SCI)</i>
<b>Applicants Not Approved Due to Not Meeting Eligibility Criteria:</b>	<b>3</b>	<b>(3 TBI)</b>

**2/1/2008 - 12/31/2011**

<b>Total Funding Authorized:</b>	<b>\$6,408,307</b>	
<i>Carolinas Rehab</i>	<i>\$2,329,600</i>	
<i>Roger C. Peace Rehab</i>	<i>\$3,674,654</i>	
<i>Walton Rehab</i>	<i>\$ 404,053</i>	
<b>Total Individuals Funded:</b>	<b>122</b>	<b>(71 TBI; 53 SCI)</b>
<i>Carolinas Rehab</i>	<i>42</i>	<i>(19 TBI; 23 SCI)</i>
<i>Roger C. Peace Rehab</i>	<i>70</i>	<i>(40 TBI; 30 SCI)</i>
<i>Walton Rehab</i>	<i>12</i>	<i>(12 TBI)</i>
<b>Applicants Not Approved Due to Not Meeting Eligibility Criteria:</b>	<b>20</b>	<b>(16 TBI; 4 SCI)</b>

SCDDSN  
 Summary of Individuals Living with Aging Caregivers  
 By Residing County - As Of December 31, 2011

<u>Region</u>	<u>County</u>	<u>Ages 55+</u>	<u>Ages 65+</u>	<u>Ages 72+</u>	<u>Ages 75+</u>	<u>Ages 80+</u>
Coastal	ALLEDALE	31	9	7	5	3
	BAMBERG	35	15	9	7	3
	BARNWELL	50	23	15	11	5
	BEAUFORT	123	58	31	19	8
	BERKELEY	182	80	49	27	13
	CHARLESTON	272	139	77	52	33
	COLLETON	67	38	22	13	8
	DORCHESTER	121	46	26	15	8
	HAMPTON	36	15	10	7	4
	JASPER	33	18	12	5	3
	ORANGEBURG	236	125	76	62	41
		1,186	566	334	223	129
Midlands	AIKEN	112	48	23	15	9
	CALHOUN	20	11	5	4	2
	CHESTER	21	10	7	5	3
	FAIRFIELD	37	19	11	7	6
	KERSHAW	43	18	10	7	5
	LANCASTER	57	29	20	14	9
	LEXINGTON	126	60	41	31	16
	NEWBERRY	49	19	11	6	2
	RICHLAND	312	181	103	69	39
YORK	111	53	29	21	13	
		888	448	260	179	104
Pee Dee	CHESTERFIELD	39	18	7	6	5
	CLARENDON	38	26	12	9	5
	DARLINGTON	59	20	10	9	6
	DILLON	48	14	3	2	1
	FLORENCE	107	57	35	25	12
	GEORGETOWN	76	41	21	16	9
	HORRY	156	82	47	34	21
	LEE	18	6	2	2	1
	MARION	34	7	6	5	0
	MARLBORO	57	27	11	4	2
	SUMTER	91	38	23	13	11
	WILLIAMSBURG	73	32	21	14	6
		796	368	198	139	79
Piedmont	ABBEVILLE	22	16	9	6	2
	ANDERSON	129	73	35	23	13
	CHEROKEE	47	23	15	13	8
	EDGEFIELD	19	7	6	5	4
	GREENVILLE	255	119	72	51	33
	GREENWOOD	79	37	21	14	5
	LAURENS	97	46	24	18	8
	MCCORMICK	13	9	8	4	2
	OCONEE	73	37	20	14	5
	PICKENS	105	48	28	19	9
	SALUDA	23	17	8	5	3
	SPARTANBURG	246	114	60	39	20
	UNION	46	23	11	9	2
		1,154	569	317	220	114
		4,024	1,951	1,109	761	426

55

SCDDSN - Individuals Highly Likely to Require Residential Placement Within 12 Months  
By Residing County  
As of 12/131/2011

<u>RESIDING COUNTY</u>	<u>TOTAL</u>
ABBEVILLE	2
AIKEN	6
ALLENDALE	1
ANDERSON	11
BAMBERG	0
BARNWELL	1
BEAUFORT	10
BERKELEY	5
CALHOUN	2
CHARLESTON	17
CHEROKEE	6
CHESTER	1
CHESTERFIELD	3
CLARENDON	2
COLLETON	0
DARLINGTON	2
DILLON	4
DORCHESTER	8
EDGEFIELD	0
FAIRFIELD	3
FLORENCE	11
GEORGETOWN	4
GREENVILLE	20
GREENWOOD	7
HAMPTON	0
HORRY	19
JASPER	5
KERSHAW	10
LANCASTER	1
LAURENS	11
LEXINGTON	14
MARION	1
MARLBORO	4
MCCORMICK	3
NEWBERRY	4
OCONEE	2
ORANGEBURG	5
PICKENS	15
RICHLAND	22
SALUDA	2
SPARTANBURG	39
SUMTER	5
UNION	0
WILLIAMSBURG	2
YORK	31
	321



SCDDSN - Individuals Awaiting Day Placement By Residing County  
As Of 12/31/2011

<u>RES COUNTY NAME</u>	<u>TOTAL</u>
ABBEVILLE	6
AIKEN	119
ALLENDALE	2
ANDERSON	49
BAMBERG	7
BEAUFORT	38
BERKELEY	84
CALHOUN	3
CHARLESTON	2
CHEROKEE	13
CHESTER	1
CHESTERFIELD	27
CLARENDON	13
COLLETON	31
DARLINGTON	52
DILLON	12
DORCHESTER	27
EDGEFIELD	12
FAIRFIELD	7
FLORENCE	54
GEORGETOWN	34
GREENVILLE	115
GREENWOOD	40
HAMPTON	3
HORRY	124
JASPER	1
KERSHAW	16
LANCASTER	10
LAURENS	28
LEE	8
LEXINGTON	25
MARION	9
MARLBORO	7
MCCORMICK	7
NEWBERRY	7
OCONEE	24
ORANGEBURG	28
PICKENS	48
RICHLAND	40
SALUDA	8
SPARTANBURG	83
SUMTER	26
UNION	4
WILLIAMSBURG	1
YORK	32

1,287