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| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

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**Fiscal Year 2019–2020  
Accountability Report**

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**SUBMISSION FORM**

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

|                      |  |
|----------------------|--|
| <b>AGENCY VISION</b> | To provide the very best services to all persons with disabilities and their families in South Carolina. |
|----------------------|--|

Does the agency have any major or minor recommendations (internal or external) that would allow the agency to operate more effectively and efficiently?

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>RESTRUCTURING<br/>RECOMMENDATIONS:</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Is the agency in compliance with S.C. Code Ann. § 2-1-230, which requires submission of certain reports to the Legislative Services Agency for publication online and to the State Library? See also S.C. Code Ann. § 60-2-30.

|                     |   |                 |     |
|---------------------|---|-----------------|-----|
| <b>AGENCY NAME:</b> | South Carolina Department of Disabilities and Special Needs |                 |     |
| <b>AGENCY CODE:</b> | J160  | <b>SECTION:</b> | 036 |

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|--------------------------------------|-------------------------------------|--------------------------|
| <b>REPORT SUBMISSION COMPLIANCE:</b> | <b>Yes</b>                          | <b>No</b>                |
|                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Is the agency in compliance with various requirements to transfer its records, including electronic ones, to the Department of Archives and History? See the Public Records Act (S.C. Code Ann. § 30-1-10 through 30-1-180) and the South Carolina Uniform Electronic Transactions Act (S.C. Code Ann. § 26-6-10 through 26-10-210).

|                                       |                                     |                          |
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| <b>RECORDS MANAGEMENT COMPLIANCE:</b> | <b>Yes</b>                          | <b>No</b>                |
|                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Is the agency in compliance with S.C. Code Ann. § 1-23-120(J), which requires an agency to conduct a formal review of its regulations every five years?

|                           |                                     |                          |
|---------------------------|-------------------------------------|--------------------------|
| <b>REGULATION REVIEW:</b> | <b>Yes</b>                          | <b>No</b>                |
|                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

|                           | <u>Name</u>   | <u>Phone</u> | <u>Email</u>       |
|---------------------------|---------------|--------------|--------------------|
| <b>PRIMARY CONTACT:</b>   | Patrick Maley | 803/898-9796 | pmaley@ddsn.sc.gov |
| <b>SECONDARY CONTACT:</b> | Mary Poole    | 803/898-9769 | mpoole@ddsn.sc.gov |

I have reviewed and approved the enclosed FY 2019–2020 Accountability Report, which is complete and accurate to the extent of my knowledge.

|   |                           |
|---|---------------------------|
| <b>AGENCY DIRECTOR (SIGN AND DATE):</b> | Signature on file         |
| <b>(TYPE/PRINT NAME):</b>               | State Director Mary Poole |

|  |                                |
|--|--------------------------------|
| <b>BOARD/CMSN CHAIR (SIGN AND DATE):</b> | Signature on file              |
| <b>(TYPE/PRINT NAME):</b>                | Commission Chairman Gary Lemel |

|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

## **AGENCY’S DISCUSSION AND ANALYSIS**

### **I. Background**

The DDSN system currently has 38,215 intellectually disabled individuals eligible for services. In FY20, DDSN’s \$710 million expenditures provided services to 21,126 individuals through a variety of resource mechanisms: Medicaid At-Home Waivers (8242); Medicaid Residential Waivers (3934); Community Intermediate Care Facilities (474); Regional Center Intermediate Care Facilities (658); state funded equivalent waiver services (282), Early Intervention (3474), and State Funded Family Support (4062). The FY20 \$710 million in expenditures were for contracted services (83.5%), DDSN operated Intermediate Care Facilities (14%), DDSN operated Autism residential homes (0.2%), and DDSN administrative & program overhead (2.3%). Inasmuch as Medicaid waivers are not a Medicaid entitlement service and therefore constrained by available state matching funds, DDSN maintains a waiting list for each specific waiver which were: Intellectual Disability/Related Disabilities (4.4 years); Community Supports (3.0 years); and Head and Spinal Cord Injury (no waiting list).

### **II. Risks**

DDSN is operating in a substantial change environment as evidenced by this and the prior two FY Annual Accountability Reports (AAR). DDSN’s strategic objectives were influenced by both the House and Senate’s FY18 legislative oversight performance reviews, which suggested DDSN move away from its parochial tendency to manage providers as if extensions of DDSN. DDSN should move towards treating all providers equally to promote market competition and better managed providers. Additionally, DDSN should shed the source of much of the current frustration and divisiveness in its service delivery system – its complex, inefficient, and non-transparent “Band” payment system -- and move towards a fee-for-service payment model.

In FY20, DDSN’s major risks categories were: 1) Band payment system has operational inefficiencies, less than optimal Medicaid matching, and broad stakeholder dissatisfaction; 2) pattern of annual financial deficits eroding DDSN assets creating the risk of an unacceptable FY budget deficit; 3) Quality Management collects large volumes of performance data, but the data is not robustly analyzed nor rigorously followed-up to ensure improved performance; 4) problematic operational processes coupled with weak information & performance reporting to support evidenced based management; and 5) the impact of COVID-19 on DDSN’s delivery system operations, finances, and the safety of the individuals served and staff.

These risks were factored into DDSN developing its four FY20 strategic objectives, which then generated 69 tactical improvement projects to address. Obviously, not all 69 tactical improvement projects could be completed/actioned in FY20, but these projects created a “back to basics” management focus with stretch targets to move the agency from a reactive to a proactive, continuous improvement management model.

### **III. Strategic Objectives & Corresponding Tactical Improvement Initiatives**

DDSN’s four strategic objectives strike the balance of setting forth agency priorities without being prescriptive, which then permit managers to develop tactical objectives to make progress on the relevant strategic objectives in their area of responsibility. Below are DDSN’s FY20 strategic objectives and corresponding illustrative tactical improvement results:

|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

**A. Move from the "Band" Capitated Payment System to a Fee-for-Service Model**

**A-1)** The first step to move from a capitated to a fee-for-service payment model was the conversion of the Waiver Case Management (WCM) service at the start of FY20. This fee-for-service conversion increased service levels to waiver participants by well over 100%; lowered costs (15%) from the inception of this initiative in April 2018; and implemented without a provider network disruption. WCM demonstrated how market forces through fee-for-service improves cost/effectiveness (higher service levels/lower cost) in DDSN’s provider network. Certainly the provider network did not appreciate the necessary economic pressures to reduce overhead and increase personnel performance, but the market rate drove both improvements.

**A-2)** Conducted analysis to determine DDSN residential band funding was seriously flawed by not generating DDSN revenue for administrative costs when splitting the SCDHHS rate with providers. Rather, the analysis estimated \$22 million in losses. A similar analysis examined Day Program attendance to determine DDSN was losing an estimated \$7 million annually due to Day Program vacancies in excess of 20%. Both analyses were fundamental levers to demonstrate the need to move to a fee-for-service model. By moving to a fee-for-service payment model and properly adjusting service rates, this \$29 million in state funding could be properly Medicaid matched (70%) to yield tens of millions of dollars in new revenues without legislative appropriations.

**A-3)** FY19’s band payment system change efforts focused on contributing to SC Department of Health and Human Services’ (SCDHHS) analysis of the band system and develop market based service rates through its consultant, Mercer Healthcare Consultants (Mercer). Although Mercer developed an adequate residential market rate (20% increase), its at-home and day service market rates were obviously flawed by being too high and too low, respectively. In FY20, DDSN initiated a collaborative project with the provider network to propose suitable market service rates to SCDHHS starting with the most complex and important - Day services. However, COVID-19 stopped all momentum on this project as Day services came to a halt in mid-March 2020. Energy has been redirected to obtain Medicaid retainer payments for Day services and a temporary COVID-19 rate increase. This project will resume in the Fall 2020.

**A-4)** Initiated reform to the SLP I residential service to prepare providers for fee-for-service. Providers were made aware their FY19 capitated band payments exceeded their SLP I Medicaid billings by approximately \$1.7 million (30%). This generated a corresponding \$1.7 million loss to DDSN, which was similar, but less severe, than the waiver case management issue in “A-1” above. Additional inquiry determined providers' billing documentation varied, but was generally of a problematic quality to meet Medicaid requirements. DDSN guidance on proper SLP I billing was less than clear. During FY20, the FY20 SLP I capitated and Medicaid billing gap reduced by \$500,000 through raised awareness; DDSN implemented a formalized documentation of SLP I services through the enterprise technology platform (Therap); developed automated reporting to permit providers to monitor their SLP I programs; and SLP I billing training will be provided in the Fall 2020 followed by updating the SLP I formal standards & provider guidance.

**A-5)** Conducted extensive analysis on how to convert the at-home capitated bands (B & I) to fee-for-service, which accounts for only 34% of provider dollars but contains the vast majority of daily billing transactions; the residual 66% of dollars are primarily contained in recurring monthly residential bundled service billings from less than 65 providers. The B & I Band analysis has been provided to the 39 capitated fiscal managers. This will be used to diagnose variances for each fiscal manager between their capitated payments and corresponding Medicaid billings to address anomalies and business practices to prepare for transitioning to fee-for-service. Converting at-home bands to fee-for-service is tentatively scheduled for January 1, 2021, which is contingent on favorable factors to mitigate the risk of disrupting services in DDSN’s delivery system.

|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

**B. Reverse the Multi-Year Pattern of Declining Financial Conditions**

**B-1)** DDSN operations generated losses in FY17 (\$14 million), FY18 (\$10.2 million), and FY19 (\$4.1 million), which cannibalized internal DDSN cash reserves and created off-book liabilities (e.g., cost settlements, recoupments, available funded waiver slots). DDSN's work in FY19 slowed the operational deficits (\$4.1 million) from FY18 (\$10.2 million), and the work in FY20 finally bent the curve upwards to end the FY with a positive operational cash surplus. Excluding the impact of COVID-19 FMAP funds, DDSN's positive cash was \$3.8 million, which goes to \$12.3 million after factoring in FY20's increase in capital CPIP contributions (\$2 million) and timely matching of private provider costs in FY20 (\$6.5 million) that had not occurred in many years.

**B-2)** Reformed seven contracts inappropriately operated under a two-way cost settlement methodology resulting in DDSN overpayments since 2013. These reformed contracts for FY21 will save DDSN over \$3 million a year.

**B-3)** Initiated reform of state funded residential beds, which totaled 102 at the beginning of FY20. During FY 20, 29 state funded residential beds were converted to Medicaid waiver beds and six discontinued resulting in annualized savings of \$1.7 million in state funds. Thirty-two state funded beds are the in-process of conversion with potential state funds savings of \$1.1 million. Thirty-five state funded beds require DDSN to retain a financial trust expert to assist overcoming the financial issues preventing Medicaid eligibility, which could potentially generate another \$1.3 million in state funds savings.

**B-4)** Initiated reform of tracking Medicaid ineligible billings. \$1.2 million in missed billings were identified and properly billed in FY20. System corrections will increase Medicaid billings by \$600,000 annually going forward.

**B-5)** Initiated reform to eliminate DDSN paying maintenance costs on 60 DDSN owned properties, which the provider network used at no cost. This was approved by the Commission, effective 7/1/20. In FY21, DDSN will execute a longer term plan to convey the properties to providers with assurances the properties' equity will stay within the DDSN service delivery system.

**B-6)** Initiated a plan to transition eight currently state funded youth from congregate care facilities into Medicaid eligible Community Training Home IIs. The current annual residential care state funded costs of \$564,582 will be reduced due to Medicaid matching funds for annual savings of \$392,019. More importantly, this plan transfers these youth to more home-like settings with less individuals living together along with greater educational options.

**C. Improve Quality Management Functions for Community Settings & Regional Centers**

**C-1)** Initiated reform of DDSN's Quality Management Program (QM) to promote higher quality services. Initial QM actions in FY20 included: 1) developed a model to train and certify providers to develop behavior support plans in-house along with parallel training geared towards front-line direct support personnel--model to be rolled out in the Fall 2020; 2) re-engineered Alliant indicators for FY21 to increase specificity designed to better discern performance and stimulate improvement; 3) SCDHHS has conceptually agreed to move Waiver Programs to a risk-based audit model emphasizing focus on lower performing providers demanding higher quality plans of correction and reciprocally lower administrative burden on high performing providers; 4) identified and currently re-engineering the failed provider recoupment process to add a deterrent impact and save DDSN millions of dollars annually--to be rolled out in the first half of FY21; 4) established a monthly QM "action" meeting to analyze audit findings, develop firm follow-up plans, fix accountability for follow-up, and review prior month's follow-up until complete; and 5) DDSN executive management is now fully engaged to address systemic provider poor performance as illustrated by the recent new admission freeze on a resident provider.

|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

**C-2)** Established a new Risk Management Division to incorporate the existing QM function and a new Technical Assistance function, which will combine expertise to fully exploit performance data with analysis and expert targeted technical assistance to increase providers' service levels. Plans are being developed to enhance technology to facilitate the increased analytical requirements needed to improve service levels system-wide.

**C-3)** During FY20, the Regional Centers accelerated hiring Direct Support Professionals (DSP) after many years of incremental losses of net DSPs. During FY20, DDSN hired a net 101 new DSPs for a 12% increase, which is noteworthy given Regional Centers' inherent annual turnover exceed 35%.

**C-4)** Created a substantive monthly Risk Management meeting, which has grown in depth and scope during the FY 20 to include: ANE cases/patterns; HR discipline cases/patterns; provider audits/patterns; and financial matters.

**C-5)** In FY20, DDSN identified the COVID-19 risk early to the DDSN delivery system. DDSN raised awareness system-wide, and then proceeded to build protocols for Regional Centers, community operations, and secure personal protection equipment (PPE). DDSN continues to lead throughout the current pandemic to mature the system's knowledge through frequent "Situation Reports" and Skype meetings. In addition, the agency was extremely aggressive in the quest to identify PPE suppliers for community providers and Regional Centers; assisted providers having difficulty securing their own PPE; and will continue to do so during this crisis.

**C-6)** DDSN addressed a void in its ability to maintain contact with as high as 20,000 individuals eligible for services, but currently are not receiving services. Given the challenges and circumstances our individuals often face, DDSN started a program to refresh their contact information from public data bases and then re-establish a recurring contact. It is envisioned personal contact will be made annually, as well as provide periodic relevant information via email to these individuals.

#### **D. Improve Problematic Processes and Performance Reporting Systems**

**D-1)** Centralized the Critical Needs List (CNL) function to improve the quality and fairness of list additions. The Operations Division automated CNL requests via a web portal with standardized data sets needed for objective assessments. Under-utilized personnel were re-directed to provide direct support to individuals in crisis requesting CNL placement, as well as requests for increased residential services (e.g., CTH II to an ICF). This process has enabled DDSN to supply providers enhanced objective information to support faster placement. To incentivize increasing filling vacant beds faster in FY21, DDSN plans to moderate the current policy guaranteeing beds to individual providers, possibly creating a bed vacancy pool open to all providers.

**D-2)** Finalized an organizational re-structuring to strengthen fixing accountability for results and internally shift resources to higher priority matters. Changes included:

- a. Integrated all four Regional Centers under a single common leader to promote standardization and leverage best practices among all centers.
- b. Integrated fragmented District Office personnel under a single common leader to create "one stop shopping" for general community issue resolution; manage Critical Needs List; follow-up on audit findings; and coordinate substantive technical assistance follow-up through the Risk Division.
- c. Integrated all community services' program functions at Central Office under a single common leader to eliminate previous dysfunction from fragmenting service functions, to include qualifying providers; establishing operating policies & procedures; estimating financial liability from operating policies to balance waiver participants' budgets with available state match; utilization monitoring (units & dollars); program quality control through analytics and on-site reviews; training; and credible input into the upcoming FY's budget proposal to the General Assembly.

|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

- d. Re-validated all information and financial data streams' accuracy and mapped throughout the agency to support an evidenced based, business approach to agency management. This has led to adding a new approach to performance reporting in upcoming FY21 through a Business Intelligence application that will pragmatically harness agency data to better manage.
- e. Reassigned ad hoc training personnel to the Critical Needs List to directly help the highest "at-risk" individuals in the DDSN delivery system to expedite residential placement or develop solutions for better supporting in their current situation.
- f. Combined IDRD/HASCI/EI eligibility and Autism Spectrum Disorder eligibility functions under a single common leader.
- g. Established a Medicaid expert position to help all programs currently having Medicaid expertise deficits.
- h. Reversed DDSN's prior practice of outsourcing technical expertise to consultants with poor results and towards rebuilding DDSN's in-house technical expertise.
- i. Establish new Risk Management Division to bring enhanced focus, resources, and analysis needed to improve service levels.

**D-3)** Obtained Commission approval of a plan to improve the policy approval workflow. This plan still enabled the Commission to review all policies, but permitted intentional delegation of lower risk policies to the State Director for vetting and recommendations back to the Commission.

**D-4)** Proposed, persuaded, and obtained general agreement for the Commission's independent Internal Audit function to change its focus to support management's Enterprise Risk Management initiative and move to a more risk-based audit plan. Anticipate Commissioner approval in the Fall 2020.

**D-5)** Self-initiated an external review of DDSN's Information Security (INFOSEC) Program. Despite DDSN INFOSEC Program being recognized by the Department of Administration for its capabilities, opportunities to improve were identified in documenting and building out adequate procedures to meet the State's INFOSEC policy requirements.

**D-6)** Stream-lined all DDSN delivery system complaints into one process at Central Office to focus responsibility and accountability for timely and quality resolutions.

**D-7)** In FY20, DDSN completed its "1.0" Enterprise Performance Management (EPM) System, which produces 26 monthly or quarterly reports of the agency's performance. The EPM serves as the foundation from which to establish a continuous improvement workplace environment. This started with mapping out key processes; figuring out the simplest/relevant data to organize to provide performance measures and "insight into operations;" and, most importantly, generating sufficient reporting (monthly/quarterly) to have comparable baseline data to discern trends (positive & negative) across the agency. After substantial work over the past 18 months, DDSN has entered the benefit phase of the EPM in FY20, which includes:

- a. Employees operating each key process have a tangible framework of mapping and measures that provides them greater clarity in expectations & built-in feedback measures to self-correct, both of which should give them greater autonomy & sense of "ownership" of the process.
- b. Each level of higher management can quickly see if each key process is working as designed (assurance) and subordinate managers are proactively working trends identified through recurring measures.
- c. Provides a baseline framework for stakeholders to see the entire process to support inquiry to better understand & improve the process, as well as stimulate improvement ideas.
- d. Permits Commissioners to meet their oversight duty of ensuring efficient & effective DDSN operations, as well as visible accountability to all stakeholders, appropriators, taxpayers, and accountability auditors of all types.

|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

- e. Quality reporting is the only path for mid & senior managers to properly delegate to “empower” subordinates, yet still retain their never changing responsibility for the operational success of subordinates.

**D-8)** Initiated reform to build business controls to monitor providers’ financial health to identify residential providers failing earlier, so DDSN can intervene earlier. In FY20, DDSN worked with three residential providers experiencing significant financial deficits, which are all now generating monthly profits.

**D-9)** Reformed an inefficient and Medicaid non-compliant HASCI Rehabilitation Support Program. In 2007, DDSN converted a federal HASCI Drop-In pilot program into primarily a state funded program. It was funded annually with \$600,000 in state funds and then provider Medicaid rehabilitation support billing were matched with state funds as well. Analysis of this program determined DDSN was inappropriately using the Medicaid rehabilitation support service putting DDSN at-risk for recoupments since 2016. As a result, the program was re-designed into a HASCI Waiver Day Waiver Service (Medicaid matched) and started in March 2020. Initial state fund savings estimated was several hundred thousand dollars, but, unfortunately, COVID-19 shut down this Day service shortly after starting in March 2020.

**D-10)** Late in FY20, traction was gained on developing both a short-term and long-term strategy to increase the speed of the waiver enrollment process. Over half of pending waiver enrollments exceeded six months. The Community Supports and Intellectual Disabled/Related Disabilities Waiver waiting list times have increase during FY 20 from 2.3 to 3.0 years and 3.6 to 4.4 years, respectively, despite DDSN having ample available funded waivers slots. The short-term solution is to raise providers’ awareness; permit providers a limited time to address cases pending over six months; and then review each case and take action as needed to address. The general long-term solution is to obtain concurrence from SCDHHS to require individuals be Medicaid eligible prior to receiving a waiver slot along with deadlines and appropriate due process controls to fairly address exceptions.

**IV. Annual Accountability Report Specific Data Requests:**

**A. Identify Critical Negative Risks & Mitigation Strategies**

**Transitioning from Capitated Band Payment System:** The agency will transition from the capitated band system, in whole or part, during FY21 (see page A-4, Section “A”). DDSN anticipates moving to a fee-for-service model to address inefficiencies, stakeholder dissatisfaction, and better match state funds with Medicaid dollars to generate substantial increases in system revenues. During this transition, the agency will require higher cash reserves to manage the fee-for-service model increased utilization risk. Given SCDHHS interest in this payment system change, DDSN anticipates working with SCDHHS to mitigate cash flow risks during this transition with proper planning.

**Direct Support Professionals (DSP) Hire/Retention:** The General Assembly has been very generous in raising DSP hourly rates to \$13/hour, which has substantially improved hiring and retention. However, COVID-19 has created a chilling effect on hiring and has exacerbated turnover, particularly at Regional Centers and providers hit hardest with COVID-19 outbreaks. Bonus payments have helped stem the tide of turnover a bit, but if COVID-19 continues or, worse, escalates, and then DSP staffing will again become a major DDSN delivery system risk. Contingencies include increasing bonuses; hyper-vigilance in preventing and spread of COVID-19 within congregate care settings; expanding pilot project of DSP certifications earned in high schools; and moving individuals from the Whitten Regional Center to other centers due to hiring challenges at Whitten.



|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| <b>AGENCY NAME:</b> | <b>South Carolina Department of Disabilities and Special Needs</b> |                 |            |
| <b>AGENCY CODE:</b> | <b>J160</b>  | <b>SECTION:</b> | <b>036</b> |

**Building Financial Controls into New Waiver Renewals:** Currently, DDSN annually contracts in excess of \$500 million in waiver services to support 12,000 individuals with disabilities, yet 90% of the dollars are in uncapped waivers and DDSN lacks a comprehensive assessment tool to control costs. Moving from a capitated model to fee-for-service increases provider motivation to increase services, which would likely stimulate increased utilization by waiver participants with unspent annual authorized budgets. Obviously, any real or perceived change to control costs could generate stakeholder pushback, which runs the risk of undermining needed financial controls. The DDSN delivery system will need support from all stakeholders, to include the General Assembly, to ensure adequate cost controls are added for the Medicaid waivers to remain fiscally sound.

**B. Major or Minor Restructuring:**

DDSN has set forth modest internal organizational restructuring in this report (D-2). However, as evident in the report, DDSN has extensively used internal process re-engineering to improve efficiency and effectiveness. DDSN’s improvement efforts are driven by “back to basics” management coupled with process improvement, rather than internal organizational chart box changes or external changes impacting sister state agencies.

**V. Going Forward**

DDSN is still operating in a high change environment addressing many backed up issues in its service delivery system. There is no silver bullet to improve agency performance—it is a never ending incremental process. The first step is continue to implement a proactive, continuous improvement model with performance measurement systems to support the evidence based-decisions moving the agency forward. Then, stay the course of communicating and educating stakeholders on the often hard realities of areas to improve; listen but do not be dissuaded from positive action by those preferring the status quo; and be extraordinarily transparent to garnish support and persuade those skeptical of the need to change.

**VI. DDSN Organizational Chart**



Organization chart depicts top four levels of management

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective   | Type | Item # |          |         | Description   | 2019-20 |          |   | Time Applicable  | Data Source and Availability          | Calculation Method  | Meaningful Use of Measure  |
|--|------|--------|----------|---------|---|---------|----------|---|------------------|---------------------------------------|---|--|
|  |      | Goal   | Strategy | Measure |   | Base    | Target   | Actual                                  |                  |                                       |   |  |
| Healthy and Safe Families                  | G    | 1      |          |         | Prevent Disabilities and Ameliorate Impact of Disabilities  |         |          |   |                  |                                       |   |  |
|  | S    |        | 1.1      |         | Reduce Birth Defects  |         |          |   |                  |                                       |   |  |
|  | M    |        |          | 1.1.1   | Annual Rate of NTD Births Per 10K Live Births   | 5.6     | 5.1      | 6.0                                     | July 1 - June 30 | Report from Greenwood Genetics Center | Divide number of children born with NTD (spina bifida, anecephaly, encephalocele) by number of live births and multiply by 10,000   | Promotes prevention efforts  |
|  | M    |        |          | 1.1.2   | Annual # of Children with Metabolic Disorders Receiving Curative Treatment  | 220     | 235      | 305                                     | July 1 - June 30 | Report from Greenwood Genetics Center | Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center  | Promotes prevention efforts  |
|  | S    |        | 1.2      |         | Reduce the severity of disabilities   |         |          |   |                  |                                       |   |  |
|  | M    |        |          | 1.2.1   | Percentage of children over 36 months receiving Early Intervention services prior to third birthday   | 87.5%   | 88.0%    | 90.90%                                  | July 1           | Internal database                     | 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 | Enhances consumer independence   |
|  | M    |        |          | 1.2.2   | Number of individuals receiving Post Acute Rehabilitation Services  | 70      | 75       | 84                                      | July 1 - June 30 | Internal database                     | Count of the number of individuals with traumatic brain injury or spinal cord injury receiving DDSN funded post acute rehabilitation services   | Enhances consumer independence   |
| Education, Training, and Human Development | G    | 2      |          |         | Provide Services in Community Integrated and Least Restrictive Settings and   |         |          |   |                  |                                       |   |  |
|  | S    |        | 2.1      |         | Maximize use of supports and services to enable individuals to live at home with family or in their own home  |         |          |   |                  |                                       |   |  |
|  | M    |        |          | 2.1.1   | Implement Re-Engineered Waiver Enrollment Process to Reduce Waiting List Times.   | N/A     | Complete | 20%; Covid Delayed                      | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Increase processes speed to lessen waiting time for services   |
|  | M    |        |          | 2.1.2   | Re-engineer Respite Program to promote greater access more efficiently.   | N/A     | Complete | 40%; Covid Delayed                      | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Reduce risk clients needs not being fully addressed & build trust in needs based resource allocation tools |
|  | M    |        |          | 2.1.3   | Engage SCDHHS on adjustments to the Mercer Report's at-home supports & day program rates to promote overall better access and delivery system financial health. | N/A     | Complete | Complete                                | July 1           | Internal database                     | Count of individuals 18 years or younger in Regional Centers  | Promotes less restrictive and less expensive services  |
|  |      |        |          |         | Develop a formal consumer/family engagement process on at-home service array adjustments to be pursued during payment system change.                            | N/A     | Complete | 3 Regional Meetings Held; Covid Delayed | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Improves waiver service array to meet consumer needs and customer satisfaction                             |
|  | M    |        |          | 2.1.4   | Complete 40 environmental modification projects in FY19   | 25      | 40       | 55                                      | July 1 - June 30 | Internal database                     | Count of completed projects   | Improves consumers quality of life benefited by envir. mods.   |
|  | S    |        | 2.2      |         | Utilize least restrictive residential settings/supports   |         |          |   |                  |                                       |   |  |

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description   | 2019-20  |          |                                    | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure  |
|--|------|--------|----------|---------|---|----------|----------|------------------------------------|------------------|------------------------------|---|--|
|  |      | Goal   | Strategy | Measure |   | Base     | Target   | Actual                             |                  |                              |   |  |
|  | M    |        |          | 2.2.1   | Ratio of Persons Served In HCB waivers versus ICF/IID.  | 9.6      | 9.6      | 10.9                               | July 1           | Internal database            | Divide number of individuals served in one of the DDSN managed HCB waivers by number of individuals served in ICF/IID   | Promotes less restrictive and less expensive services  |
|  | M    |        |          | 2.2.2   | # of Persons Served Less Restrictive Residential Settings (SLPI, SLPII, CIRS, CTH1).  | 917      | 921      | 898                                | July 1           | Internal database            | Number of consumers receiving SLPI, SLPII, CIRS, CTH1 Services  | Promotes less restrictive and less expensive services  |
|  | M    |        |          | 2.2.3   | Develop formal plan to transition juveniles from two different state funded congregate care providers (18 consumers) to either back to their homes or higher quality residential settings suitable for Medicaid reimbursements. | N/A      | 12       | 13                                 | July1 - June 30  | Internal database            | Number of consumers placed at home or CTH IIs Medicaid Reimbursable   | Promotes less restrictive and less expensive services  |
|  | S    |        | 2.3      |         | <b>Create opportunities for independent living, community inclusion and</b>   |          |          |                                    |                  |                              |   |  |
|  | M    |        |          | 2.3.1   | By 3/31/2020, obtain determination 90% of the community residential settings presumed to be institutional can be completely mitigated by 6/30/2019.   | N/A      | 90%      | Covid Delayed; CMS extended 1 year | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provides clients assurance of independent living, community inclusion, and increased consumer/family choice and services |
|  | M    |        |          | 2.3.2   | Enhance Individual Employment Program Management to increase positive outcomes (jobs), increase efficiency of placement (time/money), and establish benchmarks.   | N/A      | Complete | Complete                           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provides clients opportunities for enhanced independent living, community inclusion, and life quality                    |
| Healthy and Safe Families                | 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>  |          |          |                                    |                  |                              |   |  |
|  | M    |        |          | 3.1.1   | Average Length of Wait for Individuals Removed from Critical Needs List   | 124 days | 110 days | 114                                | July 1 - June 30 | Strengthens consumer safety  | Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year  | Strengthens consumer safety  |
|  | M    |        |          | 3.1.2   | Implement a formal assessment tool to assist in determining eligibility for the Critical Needs List.  | N/A      | Complete | Complete                           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Prioritizes use of limited residential service capacity to consumers most in need  |
|  | S    |        | 3.2      |         | <b>Establish service directives and standards which promote consumer health and safety and monitor compliance</b>   |          |          |                                    |                  |                              |   |  |
|  | M    |        |          | 3.2.1   | Average Annual Contract Compliance Score for All Providers  | 90.0%    | 91.0%    | 92.30%                             | July 1 - June 30 | Internal database            | Divide total number of DDSN developed key indicators assessed by QIO to be compliant for community contract providers by total number of DDSN develop key indicators assessed | Enhances quality of service  |

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description  | 2019-20 |          |          | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure   |
|--|------|--------|----------|---------|--|---------|----------|----------|------------------|------------------------------|---|---|
|  |      | Goal   | Strategy | Measure |  | Base    | Target   | Actual   |                  |                              |   |   |
|  | M    |        |          | 3.2.2   | Average Annual Licensing Survey Compliance Score for All Providers   | 91.9%   | 92.0%    | 94.20%   | July 1 - June 30 | Internal database            | 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 | Enhances quality of service   |
|  | M    |        |          | 3.2.3   | Annual # of Community ICF/IID with Two or More Condition Level Citations   | 0       | 0        | 0        | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year   | Enhances quality of service   |
|  | M    |        |          | 3.2.4   | Annual # of Regional Center ICF/IID with Two or More Condition Level Citations   | 0       | 0        | 0        | July 1 - June 30 | Internal database            | 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   | Enhances quality of service   |
|  | M    |        |          | 3.2.5   | Annual # of Community ICF/IID Immediate Jeopardy Findings  | 0       | 0        | 0        | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service   |
|  | M    |        |          | 3.2.6   | Annual # of Regional Center Immediate Jeopardy Findings  | 0       | 0        | 0        | July 1 - June 30 | Internal database            | Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service   |
|  | M    |        |          | 3.2.7   | Conduct a Risk-Based Review of Licensing, Contracts, and Other Provider Contract Controls to Lesson or Eliminate Existing Controls and Corresponding Administrative Burden | N/A     | Complete | Complete | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Enhance risk mitigation capabilities while lowering cost/burden                           |
|  |      |        |          | 3.2.8   | Implement targeted audits of "at-risk" providers' habilitation components and outcomes.  | N/A     | 5        | 4        | July 1 - June 30 | Internal database            | Number of providers reviewed  | Improve consumer behaviors, quality of life, and meet Medicaid reimbursement expectations |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description  | 2019-20 |        |        | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure   |
|--|------|--------|----------|---------|--|---------|--------|--------|------------------|------------------------------|---|-----------------------------|
|  |      | Goal   | Strategy | Measure |  | Base    | Target | Actual |                  |                              |   |                             |
|  | S    |        | 3.3      |         | Systemically monitor and review critical incident reporting, remediate substandard performance and facilitate system improvement                           |         |        |        |                  |                              |   |                             |
|  | M    |        |          | 3.3.1   | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Community Residential Settings   | 0.25    | 0.22   | 0.24   | July 1 - June 30 | Internal database            | Divide number of arrest for abuse, neglect and/or exploitation of individuals served in DDSN funded community residential setting by total number of individuals served in DDSN funded community residential settings multiplied by 100 | Strengthens consumer safety |
|  | M    |        |          | 3.3.2   | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Regional Centers   | 0.25    | 0.22   | 0.61   | July 1 - June 30 | Internal database            | Divide number of arrests for abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100   | Strengthens consumer safety |
|  | M    |        |          | 3.3.3   | Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in the Community Residential Settings | 2.5     | 2.3    | 2.4    | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100         | Strengthens consumer safety |
|  | M    |        |          | 3.3.4   | Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in Regional Centers                   | 3.1     | 2.9    | 2.7    | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100         | Strengthens consumer safety |

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description   | 2019-20 |          |                    | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure  |
|--|------|--------|----------|---------|---|---------|----------|--------------------|------------------|------------------------------|--|--|
|  |      | Goal   | Strategy | Measure |   | Base    | Target   | Actual             |                  |                              |  |  |
|  | M    |        |          | 3.3.5   | Annual Rate of Critical Incidents Per 100 Served in Community Residential Settings  | 9.6     | 9.4      | 11.8               | July 1 - June 30 | Internal database            | 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 | Strengthens consumer safety  |
|  | M    |        |          | 3.3.6   | Annual Rate of Critical Incidents Per 100 Served in Regional Centers  | 18.6    | 15.6     | 20.8               | July 1 - June 30 | Internal database            | 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  | Strengthens consumer safety  |
|  | M    |        |          | 3.3.7   | Develop formal monthly risk management report to support monthly Risk Management Committee.   | N/A     | Complete | Complete           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Strengthens consumer safety  |
| Government and Citizens                  | G    | 4      |          |         | <b>Efficiently &amp; Effectively Operate the Service Delivery System</b>  |         |          |                    |                  |                              |  |  |
|  | S    |        | 4.1      |         | <b>Proactively Initiate System and Process Improvements</b>   |         |          |                    |                  |                              |  |  |
|  | M    |        |          | 4.1.1   | Build monthly service utilization report, as well as train specialized service units to interpret and build subordinate reports to better operationally manage. | N/A     | Complete | Complete           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve efficiency & effectiveness of the payment system                 |
|  | M    |        |          | 4.1.2   | Complete delayed cost reports and leverage information to support provider rate increases.  | N/A     | Complete | 50%; Covid Delayed | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve provider service quality and a long-term healthy delivery system |
|  | M    |        |          | 4.1.3   | Develop implementation plan for fee-for-service model.  | N/A     | Complete | 50%; Covid Delayed | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve provider service quality and a long-term healthy delivery system |
|  | M    |        |          | 4.1.4   | Develop program to communicate future conversion of SLP Is to fee-for-service and assist providers' billing efficiency.   | N/A     | Complete | Complete           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve employee roles/responsibilities, performance, and accountability |
|  | M    |        |          | 4.1.5   | Conduct agencywide risk assessment.   | N/A     | Complete | Complete           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve employee roles/responsibilities, performance, and accountability |
|  | M    |        |          | 4.1.6   | Implement program to identify and convert state funded consumers to Medicaid waivers if at all possible.  | N/A     | Complete | Complete           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Maximizes resources available to serve consumers on the waiting list     |
|  | M    |        |          | 4.1.7   | Develop administrative contract with SCDHHS to be implemented at appropriate time covering all reasonable DDSN related waiver costs.                            | N/A     | Complete | Complete           | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Maximizes resources available to serve consumers on the waiting list     |
|  | S    |        | 4.2      |         | <b>Agencywide Outcome Measures</b>  |         |          |                    |                  |                              |  |  |

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description  | 2019-20 |        |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure  |
|--|------|--------|----------|---------|--|---------|--------|--------|------------------|------------------------------|--|--|
|  |      | Goal   | Strategy | Measure |  | Base    | Target | Actual |                  |                              |  |  |
|  | M    |        |          | 4.2.1   | Administrative Expenses as a % of Total Expenses   | 1.3%    | 1.2%   | 0.94%  | July 1 - June 30 | Internal database            | Divide DDSN Central Office annual administrative & program costs by total DDSN annual expenditures   | Maximizes efficient resource utilization to serve more consumers |
|  | M    |        |          | 4.2.2   | # Individuals on DDSN Managed HCB Waiver Waiting Lists Adjusted by Waiver Conversion Rates               | 4980    | 4966   | 4572   | July 1           | Internal database            | 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 and multiply by waiver current conversion rates | Strengthens consumer safety                                      |
|  | M    |        |          | 4.2.3   | Average Time of Wait (in years) for Individuals Enrolled in ID/RD Waiver                                 | 3.7     | 3.7    | 4.4    | July 1 - June 30 | Internal database            | 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   | Enhances consumer independence and strengthen consumer safety    |
|  | M    |        |          | 4.2.4   | Average Time of Wait (in years) for Individuals Enrolled in CS Waiver                                    | 2.4     | 2.4    | 3.0    | July 1 - June 30 | Internal database            | 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   | Enhances consumer independence and strengthen consumer safety    |
|  | M    |        |          | 4.2.5   | Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver                                 | 0       | 0.5    | 0      | July 1 - June 30 | Internal database            | 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   | Enhances consumer independence and strengthen consumer safety    |
|  | M    |        |          | 4.2.6   | The ID/RD and HASCI Total Intake Process Time for DDSN "Front End" Initiation and "Back End" Eligibility | 79      | 74     | 67     | July 1 - June 30 | Internal database            | Total client processing time divided by number of clients' processed for both front and back end processes   | Increase process speed to lessen time waiting for services       |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description   | 2019-20 |        |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure                                  |
|--|------|--------|----------|---------|---|---------|--------|--------|------------------|------------------------------|--|--|
|  |      | Goal   | Strategy | Measure |   | Base    | Target | Actual |                  |                              |  |  |
|  | M    |        |          | 4.2.7   | The Autism Total Intake Process Time for DDSN "Front End" Initiation and "Back End" Eligibility Testing | 73      | 70     | 63     | July 1 - June 30 | Internal database            | Total client processing time (records & tests) divided by number of clients' processed for both front and back end processes | Increase process speed to lessen time waiting for services |



Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2020-2021  
Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective   | Type | Item # |          |         | Description   | 2020-21      |          |        | Time Applicable  | Data Source and Availability          | Calculation Method  | Meaningful Use of Measure   |
|--|------|--------|----------|---------|---|--------------|----------|--------|------------------|---------------------------------------|---|---|
|  |      | Goal   | Strategy | Measure |   | Base         | Target   | Actual |                  |                                       |   |   |
| Healthy and Safe Families                  | G    | 1      |          |         | <b>Prevent Disabilities and Ameliorate Impact of Disabilities</b>   |              |          |        |                  |                                       |   |   |
|  | S    |        | 1.1      |         | <b>Reduce Birth Defects</b>   |              |          |        |                  |                                       |   |   |
|  | M    |        |          | 1.1.1   | Annual Rate of NTD Births Per 10K Live Births   | 6            | 5.5      |        | July 1 - June 30 | Report from Greenwood Genetics Center | Divide number of children born with NTD (spina bifida, anecephaly, encephalocele) by number of live births and multiply by 10,000   | Promotes prevention efforts   |
|  | M    |        |          | 1.1.2   | Annual # of Children with Metabolic Disorders Receiving Curative Treatment  | 305          | 310      |        | July 1 - June 30 | Report from Greenwood Genetics Center | Count of the number of children receiving metabolic treatment from the Greenwood Genetics Center  | Promotes prevention efforts   |
|  | S    |        | 1.2      |         | <b>Reduce the severity of disabilities</b>  |              |          |        |                  |                                       |   |   |
|  | M    |        |          | 1.2.1   | Percentage of children over 36 months receiving Early Intervention services prior to third birthday   | 90.9%        | 91.0%    |        | July 1           | Internal database                     | 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 | Enhances consumer independence  |
|  | M    |        |          | 1.2.2   | Number of individuals receiving Post Acute Rehabilitation Services  | 84           | 86       |        | July 1 - June 30 | Internal database                     | Count of the number of individuals with traumatic brain injury or spinal cord injury receiving DDSN funded post acute rehabilitation services   | Enhances consumer independence  |
| Education, Training, and Human Development | 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>                                 |              |          |        |                  |                                       |   |   |
|  | M    |        |          | 2.1.1   | Implement Re-Engineered Waiver Enrollment Process to Reduce Waiting List Times.   | 20% Complete | Complete |        | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Increase processes speed to lesson waiting time for services  |
|  | M    |        |          | 2.1.2   | Re-engineer Respite Program to promote greater access more efficiently.   | 25% Complete | Complete |        | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Reduce risk clients not having access to services in a timely manner & improve program compliance   |
|  | M    |        |          | 2.1.3   | Establish market rates for at-home services in coordination with SCDHHS and its consultant Mercer   | New Project  | Complete |        | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Improves service rates to providers; key to successful fee-for-service transition; and key to obtaining the financial benefits of SCDHHS admin contract |
|  | M    |        |          | 2.1.4   | Develop IDR renewal with significant positive changes in service array and quality management with 1st DRAFT by 6/30/21 and submission by 10/1/2021 | New Project  | Complete |        | July 1 - June 30 | Complete Yes/No                       | Complete Yes/No   | Improves waiver service array to meet consumer needs and customer satisfaction, as well as improves efficiency and effectiveness of overall waivers     |
|  | M    |        |          | 2.1.5   | Complete 55 environmental modification projects in FY21   | 55           | 55       |        | July 1 - June 30 | Internal database                     | Count of completed projects   | Improves consumers quality of life benefited by envir. mods   |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2020-2021

Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description  | 2020-21      |               |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure  |
|--|------|--------|----------|---------|--|--------------|---------------|--------|------------------|------------------------------|--|--|
|  |      | Goal   | Strategy | Measure |  | Base         | Target        | Actual |                  |                              |  |  |
|  | M    |        |          | 2.1.6   | Develop Standing Task Force with providers to revive Day services from the impact of COVID-19, to include replacement services to meet at-home needs.  | New Project  | Complete      |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Fills service vacuum to at-home individuals due to COVID-19  |
|  | S    |        | 2.2      |         | <b>Utilize least restrictive residential settings/supports</b>   |              |               |        |                  |                              |  |  |
|  | M    |        |          | 2.2.1   | Ratio of Persons Served In HCB waivers versus ICF/IID.   | 10.9         | 11            |        | July 1           | Internal database            | Divide number of individuals served in one of the DDSN managed HCBS waivers by number of individuals served in ICF/IID | Promotes less restrictive and less expensive services  |
|  | M    |        |          | 2.2.2   | Roll-out FY21 training plan for providers to develop capabilities to produce their own behavior support plans "in-house" and postive supports training to front-line DSPs.   | 10% Complete | 50 % Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improves providers capabilites to serve high needs individuals, as well as improve emphasis on training in the habilitation setting  |
|  | M    |        |          | 2.2.3   | Establish two CTH IIs for autistic youth and reduce admissions to state funded congregate care facilities.   | New Project  | Complete      |        | July1 - June 30  | Complete Yes/No              | Complete Yes/No  | Serve severely autistic youth currently served in state funded congregate care facilities in more home-like environments (CTH IIs) with greater access to educational opportunities.                           |
|  | M    |        |          | 2.2.4   | Develop a more proactive Olmstead list at Regional Centers including both individuals desiring to return to the community and individuals capable needing training to return to the community  | New Project  | Complete      |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Increase Regional Centers' proactiveness in supporting individuals to be served in the community.  |
|  | S    |        | 2.3      |         | <b>Create oppportunities for independent living, community inclusion and increased consumer/family choice and control of services</b>  |              |               |        |                  |                              |  |  |
|  | M    |        |          | 2.3.1   | By 12/31/2020, all providers will have completed their HCBS Settings Compliance Action Plan and submitted 1st draft of all evidence packages for settings presumed to be institutional.  | New Project  | Complete      |        | 31-Dec           | Complete Yes/No              | Complete Yes/No  | Completes key phase to move providers into compliance with the HCBS Settings Final Rule requirements; still must pass SCDHHS thresholds, but DDSN has less control   |
|  | M    |        |          | 2.3.2   | Complete SLP I program improvement by addressing systemic service documentation, billing training, and standards, as well as change trend to substantially reduce \$1.2 million gap between Medicaid billings and provider billings to DDSN. | 75% Complete | Complete      |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Addresses program compliance issues; gets providers ready for fee-for-service; simplifies providers managing their programs; save DDSN state funds; and promotes use of this low intrusive residential setting |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2020-2021  
Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description  | 2020-21         |          |        | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure   |
|--|------|--------|----------|---------|--|-----------------|----------|--------|------------------|------------------------------|---|---|
|  |      | Goal   | Strategy | Measure |  | Base            | Target   | Actual |                  |                              |   |   |
|  | M    |        |          | 2.3.3   | Roll-out project to re-initiate contact with as many as 20,000 DDSN eligible individuals who are currently not receiving services.   | New Project     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Ensures individuals currently not receiving services do not fall between the cracks given their level of vulnerability                    |
| Healthy and Safe Families                | 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>   |                 |          |        |                  |                              |   |   |
|  | M    |        |          | 3.1.1   | Average Length of Wait for Individuals Removed from Critical Needs List with intensive behavioral needs.   | 327             | 270      |        | July 1 - June 30 | Strengthens consumer safety  | Divide total days awaiting removal from Critical Needs list by number of individuals removed from list during respective fiscal year  | Strengthens consumer safety   |
|  | M    |        |          | 3.1.2   | Incentivize providers to invest in better serving high needs individuals in-place by moderating or eliminating the guaranteed beds to providers.   | New Project     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Prioritizes use of limited residential service capacity to serve individuals with the highest needs in a more timely manner               |
|  | M    |        |          | 3.1.3   | Develop methodology to establish firm funded system beds and place on web page to educate stakeholders to reduce waiting time dissatisfaction due to resource constraints and build case for future budget requests.                       | New Project     | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Educate stakeholders and individuals seeking services the reality of operating within a fixed budget and lowering dissatisfaction levels. |
|  | M    |        |          | 3.1.4   | Maintain Emergency Operations Center throughout COVID-19; situational reports to stakeholders; adequate PPE supplies; and continually consider Appendix K adjustments to navigate the national crisis.                                     | Ongoing Project | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Maintain & Improve System Support During COVID-19   |
|  | S    |        | 3.2      |         | <b>Establish service directives and standards which promote consumer health and safety and monitor compliance</b>  |                 |          |        |                  |                              |   |   |
|  | M    |        |          | 3.2.1   | Increase Quality Management's ability to discern performance with increased substantive measures in the Alliant Contract monitoring process, which will likely lower contract scores to better reflect reality and stimulate improvement.  | 92.3%           | 91.0%    |        | July 1 - June 30 | Internal database            | Divide total number of DDSN developed key indicators assessed by QIO to be compliant for community contract providers by total number of DDSN develop key indicators assessed                                 | Enhances quality of service   |
|  | M    |        |          | 3.2.2   | Increase Quality Management's ability to discern performance with increased substantive measures in the Alliant Contract monitoring process, which will likely lower licensing scores to better reflect reality and stimulate improvement. | 94.2%           | 93.2%    |        | July 1 - June 30 | Internal database            | 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 | Enhances quality of service   |
|  | M    |        |          | 3.2.3   | Annual # of Community ICF/IID with Two or More Condition Level Citations   | 0               | 0        |        | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with two or more condition level certification citations issued by DHEC surveyors during respective fiscal year   | Enhances quality of service   |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2020-2021

Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |         | Description   | 2020-21      |                                     |        | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure  |
|--|------|--------|----------|---------|---|--------------|-------------------------------------|--------|------------------|------------------------------|---|--|
|  |      | Goal   | Strategy | Measure |   | Base         | Target                              | Actual |                  |                              |   |  |
|  | M    |        |          | 3.2.4   | Annual # of Regional Center ICF/IID with Two or More Condition Level Citations  | 0            | 0                                   |        | July 1 - June 30 | Internal database            | 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   | Enhances quality of service  |
|  | M    |        |          | 3.2.5   | Annual # of Community ICF/IID Immediate Jeopardy Findings   | 0            | 0                                   |        | July 1 - June 30 | Internal database            | Count of number of community ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service  |
|  | M    |        |          | 3.2.6   | Annual # of Regional Center Immediate Jeopardy Findings   | 0            | 0                                   |        | July 1 - June 30 | Internal database            | Count of number of Regional Center ICF/IID licenses with immediate jeopardy level certification citations issued by DHEC surveyors during respective fiscal year  | Enhances quality of service  |
|  | M    |        |          | 3.2.7   | Re-engineer the provider recoupment process and implement by 3/31/21  | 20% Complete | Complete                            |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Enhance risk mitigation capabilities while lowering DDSN costs.  |
|  | M    |        |          | 3.2.8   | Develop detail project plan to move from DDSN Directive driven licensing to regulation driven licensing, which will start implementation in FY22 if Commission approval obtained. | New Project  | Complete initial project plan phase |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve DDSN's ability to discern and enforce provider performance, while being collaborative in building requirements in regulation |
|  | M    |        |          | 3.2.9   | Standardize Regional Center staffing model and increase automation of staffing level data to support management decisions.  | New Project  | Complete                            |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve planning/execution, as well as support increase rates due to demonstrated needs  |
|  | S    |        | 3.3      |         | <b>Systemically monitor and review critical incident</b>  |              |                                     |        |                  |                              |   |  |
|  | M    |        |          | 3.3.1   | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Community Residential Settings  | 0.24         | .020                                |        | July 1 - June 30 | Internal database            | Divide number of arrest for abuse, neglect and/or exploitation of individuals served in DDSN funded community residential setting by total number of individuals served in DDSN funded community residential settings multiplied by 100 | Strengthens consumer safety  |
|  | M    |        |          | 3.3.2   | Annual Rate of Abuse/Neglect/Exploitation Arrests Per 100 Served in Regional Centers  | 0.61         | 0.4                                 |        | July 1 - June 30 | Internal database            | Divide number of arrests for abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100   | Strengthens consumer safety  |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2020-2021  
Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type     | Item #   |            |         | Description  | 2020-21      |          |        | Time Applicable  | Data Source and Availability | Calculation Method  | Meaningful Use of Measure  |
|--|----------|----------|------------|---------|--|--------------|----------|--------|------------------|------------------------------|---|--|
|  |          | Goal     | Strategy   | Measure |  | Base         | Target   | Actual |                  |                              |   |  |
|  | M        |          |            | 3.3.3   | Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in the Community Residential Settings   | 2.4          | 2.2      |        | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100 | Strengthens consumer safety  |
|  | M        |          |            | 3.3.4   | Annual Rate of Abuse/Neglect/Exploitation Substantiated Administrative Standard of Conduct Complaints per 100 Served in Regional Centers   | 2.7          | 2.5      |        | July 1 - June 30 | Internal database            | Divide number of substantiated administrative allegations of abuse, neglect and/or exploitation of individuals served in DDSN Regional Centers by total number of individuals served in DDSN Regional Centers multiplied by 100 | Strengthens consumer safety  |
|  | M        |          |            | 3.3.5   | Mature Technical Assistance Unit's direct provider support with number of "deep dive" technical engagements to address at-risk providers.  | 4            | 5        |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve "at-risk" providers previously under-addressed   |
|  | M        |          |            | 3.3.6   | Risk Management Division provides a best practice, feedback, or lessons learned bulletin to providers approximately once a month.  | New Project  | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve provider performance from practical information and the experiences of others in the delivery system               |
| <b>Government and Citizens</b>           | <b>G</b> | <b>4</b> |            |         | <b>Efficiently &amp; Effectively Operate the Service Delivery</b>  |              |          |        |                  |                              |   |  |
|  | <b>S</b> |          | <b>4.1</b> |         | <b>Proactively Initiate System and Process Improvements</b>  |              |          |        |                  |                              |   |  |
|  | M        |          |            | 4.1.1   | Implement Business Intelligence Reporting and develop inventory of standardized reporting across all business lines.   | New Project  | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve enterprise performance management and evidence based decisions   |
|  | M        |          |            | 4.1.2   | Complete cost reports for FYs 13, 14, 15, and 18.  | 50% complete | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Provide evidence required for proper use of Medicaid funds and potential rate increases                                    |
|  | M        |          |            | 4.1.3   | Implement fee for service for at-home bands in FY21 and have firm plans for residential band conversion to fee for service.  | 50% Complete | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve payment system in all many ways, as well as incentivize delivery system increases in productivity                  |
|  | M        |          |            | 4.1.4   | Implement Enterprise Risk Management model along with Internal Audit providing assurance of management's identified risks, as well as having an audit plan consistent with addressing enterprise risk. | New Project  | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve enterprise management; prioritize use of Internal Audit finite resources; and provide assurances to the Commission |
|  | M        |          |            | 4.1.5   | Of the remaining 72 state funded residential beds, convert 50% to Medicaid funded beds in FY21.  | 40% complete | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No   | Improve efficiency & effectiveness, as well as save as much as \$2 million in state funds.                                 |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2020-2021  
Accountability Report

Agency Code: J160 Section: 36

Strategic Planning and Performance Measurement Template

| Statewide Enterprise Strategic Objective | Type | Item # |          |                                    | Description  | 2020-21        |          |        | Time Applicable  | Data Source and Availability | Calculation Method   | Meaningful Use of Measure   |
|--|------|--------|----------|------------------------------------|--|----------------|----------|--------|------------------|------------------------------|--|---|
|  |      | Goal   | Strategy | Measure                            |  | Base           | Target   | Actual |                  |                              |  |   |
|  | M    |        |          | 4.1.6                              | Implement a waiver administrative contract with SCDHHS for FY21  | 50% Complete   | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve DDSN finances; simplify relationships with providers by passing rate through; and precursor required for fee-for-service. |
|  | M    |        |          | 4.1.7                              | Develop a plan to be approved by SCDHHS to flip residential bands to maximize obtaining appropriate Medicaid matching funds consistent with Mercer Report's support to increase residential rates. | New Project    | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve DDSN finances; simplify relationships with providers by passing rate through; and precursor required for fee-for-service. |
|  | M    |        |          | 4.1.8                              | Establish a monthly update of "enterprise issues" to keep stakeholders informed.   | New Project    | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improve stakeholder communications and internal communications  |
|  | M    |        |          | 4.1.9                              | Build policy tracking tool visible on the web page to Commissioners, staff, and stakeholders on the flow of policie in the approval process.   | New Project    | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Increase the efficiency & effectiveness of the program; increase transparency; and educate stakeholders                           |
|  | M    |        |          | 4.1.10                             | Complete Therap billing component and implement by end of FY21.  | 50.0% Complete | Complete |        | July 1 - June 30 | Complete Yes/No              | Complete Yes/No  | Improves efficiency and effectiveness of payment system   |
|  | S    |        | 4.2      | <b>Agencywide Outcome Measures</b> |  |                |          |        |                  |                              |  |   |
|  | M    |        |          | 4.2.1                              | Re-validate INFOSEC procedures used to implement SC State INFOSEC mandatory policy requirements.   | New Measure    | 120      |        | July 1 - June 30 |                              | Count procudures revalidated during the FY   | Strengthens DDSN INFOSEC execution, particularly due to health and personal information intensive environment DDSN operates in    |
|  | M    |        |          | 4.2.2                              | Average Time of Wait (in years) for Individuals to be Enrolled in ID/RD Waiver   | 4.4            | 4.2      |        | 30-Jun           | Internal database            | 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 | Enhances consumer independence and strengthen consumer safety   |
|  | M    |        |          | 4.2.3                              | Average Time of Wait (in years) for Individuals to be Enrolled in CS Waiver  | 3              | 2.8      |        | 30-Jun           | Internal database            | 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       | Enhances consumer independence and strengthen consumer safety   |
|  | M    |        |          | 4.2.4                              | Average Time of Wait (in years) for Individuals Enrolled in HASCI Waiver   | 0              | 0        |        | 30-Jun           | Internal database            | 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 | Enhances consumer independence and strengthen consumer safety   |
|  | M    |        |          | 4.2.5                              | Semi-Annual Briefs to the Commission of the status of FY In  | 2              | 2        |        | 30-Jun           | Internal database            | Frequency of briefings   | Provides Assurance to the Commission of Agency operations   |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 036

Program Template

| Program/Title   | Purpose  | FY 2019-20 Expenditures (Actual) |                |            |                | FY 2020-21 Expenditures (Projected) |                |            |                | Associated Measure(s)   |
|---|--|----------------------------------|----------------|------------|----------------|-------------------------------------|----------------|------------|----------------|---|
|   |  | General                          | Other          | Federal    | TOTAL          | General                             | Other          | Federal    | TOTAL          |   |
| I. Administration   | Leadership and direction for the agency including administration, financial, and legal services.   | \$ 4,108,104                     | \$ 2,570,873   |            | \$ 6,678,977   | \$ 4,108,104                        | \$ 2,570,873   |            | \$ 6,678,977   | 3.2.7; 3.2.8; 3.3.6; 4.1.1-4.1.10; 4.2.1; 4.2.5   |
| II. Program & Services<br>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. | \$ 4,934,300                     | \$ 7,303,176   |            | \$ 12,237,476  | \$ 4,934,300                        | \$ 4,087,300   |            | \$ 9,021,600   | 1.1.1; 1.1.2; 1.2.1; 1.2.2  |
| II. Program & Services<br>B. Intellectual Disabilities<br>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.    | \$ 78,124,988                    | \$ 83,628,698  |            | \$ 161,753,686 | \$ 75,208,988                       | \$ 75,744,698  |            | \$ 150,953,686 | 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6  |
| II. Program & Services<br>C. Autism Family Support<br>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.    | \$ 3,735,024                     | \$ 8,576,334   |            | \$ 12,311,358  | \$ 3,735,024                        | \$ 8,576,334   |            | \$ 12,311,358  | 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.5; 2.1.6  |
| II. Program & Services<br>D. Head & Spinal Injury Family<br>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.    | \$ 10,822,068                    | \$ 8,642,483   |            | \$ 19,464,551  | \$ 10,822,068                       | \$ 8,642,483   |            | \$ 19,464,551  | 2.1.1; 2.1.2; 2.1.3; 2.1.4; 2.1.6   |
| II. Program & Services<br>E. Intellectual Disability<br>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.                             | \$ 94,464,070                    | \$ 274,691,800 | \$ 565,107 | \$ 369,720,977 | \$ 97,866,975                       | \$ 274,691,800 | \$ 486,500 | \$ 373,045,275 | 4.2.2; 4.2.3; 3.3.1; 3.3.3; 3.2.1; 3.2.2; 3.3.5; 2.2.1; 2.2.2; 2.3.1; 2.3.3; 3.1.1; 3.1.2; 3.1.3; 3.1.4               |
| II. Program & Services<br>F. Autism Community Residential<br>Program            | 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.                             | \$ 5,677,479                     | \$ 9,660,649   |            | \$ 15,338,128  | \$ 5,677,479                        | \$ 9,660,649   |            | \$ 15,338,128  | 4.2.2; 4.2.3; 3.3.1; 3.3.3; 3.2.1; 3.2.2; 3.3.5; 2.2.1; 2.2.2; 2.3.1; 2.1.3; 2.3.2; 2.3.3; 3.1.1; 3.1.2; 3.1.3; 3.1.4 |
| II. Program & Services<br>G. Head & Spinal Cord Injury<br>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.                             | \$ 1,037,079                     | \$ 4,334,799   |            | \$ 5,371,878   | \$ 1,037,079                        | \$ 4,334,799   |            | \$ 5,371,878   | 4.2.4; 3.3.1; 3.3.3; 3.2.1; 3.2.2; 3.3.5; 2.2.1; 2.2.2; 2.1.3; 2.3.1; 2.3.2; 2.3.3; 3.1.1; 3.1.2; 3.1.3; 3.1.4        |

Agency Name: DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 036

Program Template

| Program/Title  | Purpose  | FY 2019-20 Expenditures (Actual) |                |            |                | FY 2020-21 Expenditures (Projected) |                |            |                | Associated Measure(s)   |
|--|--|----------------------------------|----------------|------------|----------------|-------------------------------------|----------------|------------|----------------|---|
|  |  | General                          | Other          | Federal    | TOTAL          | General                             | Other          | Federal    | TOTAL          |   |
| II. Program & Services<br>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.                           | \$ 46,599,408                    | \$ 29,577,024  | \$ 77,532  | \$ 76,253,964  | \$ 46,599,408                       | \$ 29,577,024  | \$ 65,000  | \$ 76,241,432  | 3.2.3; 3.2.4; 3.2.5; 3.2.6; 3.2.9; 3.3.2; 3.3.4; 2.2.4; 3.1.4 |
|  |  |                                  |                |            | \$ -           |                                     |                |            | \$ -           |   |
| III. Employee Benefits   | State employer contributions   | \$ 22,995,599                    | \$ 6,037,622   |            | \$ 29,033,221  | \$ 22,995,599                       | \$ 6,037,622   |            | \$ 29,033,221  | All objectives with DDSN personnel                            |
|  |  |                                  |                |            | \$ -           |                                     |                |            | \$ -           |   |
| Non-Recurring: SC Genomic Medicine Initiative - Greenwood Genetic Center | GGC's Genomic Medicine Initiative combines clinical care, "multi-omics" technologies with the ultimate goal of providing precise medical treatment and management for patients with disabilities and autism. | \$ 2,000,000                     |                |            | \$ 2,000,000   |                                     |                |            | \$ -           | 1.1.1; 1.1.2  |
|  |  |                                  |                |            | \$ -           |                                     |                |            | \$ -           |   |
| Agency Total   |  | \$ 274,498,119                   | \$ 435,023,458 | \$ 642,639 | \$ 710,164,216 | \$ 272,985,024                      | \$ 423,923,582 | \$ 551,500 | \$ 697,460,106 | *   |
|  |  |                                  |                |            | \$ -           |                                     |                |            | \$ -           |   |
|  |  |                                  |                |            | \$ -           |                                     |                |            | \$ -           |   |

\* FY 2020-21 Expenditure information is based on the Act 135 Continuing Resolution, COVID-19 Appropriations; at this time, the Agency's spending plan is under construction and expenditures are expected to be held close to the FY 20 level until further development from the State's Budget process.



Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

| Item # | Law Number  | Jurisdiction | Type of Law | Statutory Requirement and/or Authority Granted   | Does this law specify who your agency must or may serve? (Y/N) | Does the law specify a product or service your agency must or may provide? | If yes, what type of service or product?             | If other service or product, please specify what service or product.   |
|--------|-------------|--------------|-------------|--|--|--|--|--|
| 1      | § 44-20-10  | State        | State       | This chapter may be cited as the "South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act"   | No   | No   |  |  |
| 2      | § 44-20-20  | State        | State       | Purpose of chapter   | No   | No   |  |  |
| 3      | § 44-20-30  | State        | State       | Definitions  | No   | No   |  |  |
| 4      | § 44-20-210 | State        | State       | Creation of South Carolina Commission on Disabilities and Special Needs; membership; terms of office; removal; vacancies                       | No   | No   |  |  |
| 5      | § 44-20-220 | State        | State       | Duties of Commission; per diem; appointment of Director of Disabilities and Special Needs; advisory committees                                 | No   | No   |  |  |
| 6      | § 44-20-230 | State        | State       | Powers and duties of director  | No   | No   |  |  |
| 7      | § 44-20-240 | State        | State       | Creation of Department of Disabilities and Special Needs; divisions  | Yes  | No   |  |  |
| 8      | § 44-20-250 | State        | State       | Powers and duties of Department  | No   | No   |  |  |
| 9      | § 44-20-255 | State        | State       | Ownership of property confirmed in Department of Disabilities and Special Needs; retention of subsequent sales proceeds                        | No   | No   |  |  |
| 10     | § 44-20-260 | State        | State       | Research programs  | Yes  | No   |  |  |
| 11     | § 44-20-270 | State        | State       | Administration of federal funds  | Yes  | No   |  |  |
| 12     | § 44-20-280 | State        | State       | Contracts for expansion of service   | No   | No   |  |  |
| 13     | § 44-20-290 | State        | State       | Security guards; powers; bonds   | No   | No   |  |  |
| 14     | § 44-20-300 | State        | State       | Motor vehicle liability insurance for employees of Department  | No   | No   |  |  |
| 15     | § 44-20-310 | State        | State       | Sale of timber from forest lands; disposition of funds   | No   | No   |  |  |
| 16     | § 44-20-320 | State        | State       | Acceptance of gifts, etc. by Department; policies and regulations  | No   | No   |  |  |
| 17     | § 44-20-330 | State        | State       | Granting of easements, permits, or rights-of-way by Department   | No   | No   |  |  |
| 18     | § 44-20-340 | State        | State       | Records and reports pertaining to client; confidentiality of information; waiver   | Yes  | No   |  |  |
| 19     | § 44-20-350 | State        | State       | Reimbursement to State for its fiscal outlay on behalf of Department; charge for services; hearing and review procedures; collection of claims | Yes  | Yes  | Other service or product our agency must/may provide | A hearing procedure for review of charges for services.  |
| 20     | § 44-20-355 | State        | State       | Fee for Intermediate Care Facilities for persons with intellectual disability; proceeds to general fund  | No   | No   |  |  |
| 21     | § 44-20-360 | State        | State       | Midlands Center, Coastal Center, Pee Dee Center, and Whitten Center designated as independent school districts                                 | No   | No   |  |  |
| 22     | § 44-20-365 | State        | State       | Closing regional centers to be authorized by law   | Yes  | Yes  | Other service or product our agency must/may provide | Regional Center services.  |
| 23     | § 44-20-370 | State        | State       | Notification of applicant qualifying for services; county programs; training programs  | Yes  | Yes  | Other service or product our agency must/may provide | Notice to applicants, review of service plans; standards of operations for county boards; review of county programs and consultation to county boards. |
| 24     | § 44-20-375 | State        | State       | County boards of disabilities and special needs; establishment; recognition  | No   | No   |  |  |
| 25     | § 44-20-380 | State        | State       | Funds for county boards of disabilities and special needs  | Yes  | No   |  |  |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

| Item # | Law Number  | Jurisdiction | Type of Law | Statutory Requirement and/or Authority Granted  | Does this law specify who your agency must or may serve? (Y/N) | Does the law specify a product or service your agency must or may provide? | If yes, what type of service or product?             | If other service or product, please specify what service or product.            |
|--------|-------------|--------------|-------------|---|--|--|--|---|
| 26     | § 44-20-385 | State        | State       | Additional powers and duties of county boards of disabilities and special needs   | No   | No   |  |   |
| 27     | § 44-20-390 | State        | State       | Initial intake and assessment service for person believed to be in need of services; service plans; residency requirements  | Yes  | No   |  |   |
| 28     | § 44-20-400 | State        | State       | Admission of person to services of Department for evaluation and diagnosis; form for application  | Yes  | No   |  |   |
| 29     | § 44-20-410 | State        | State       | Requirement for admission to services   | Yes  | Yes  | Other service or product our agency must/may provide | Admission to services determined by relative need and availability of services. |
| 30     | § 44-20-420 | State        | State       | Designation of service or program in which client is placed   | Yes  | No   |  |   |
| 31     | § 44-20-430 | State        | State       | Final authority over applicant eligibility, etc   | Yes  | Yes  | Other service or product our agency must/may provide | Eligibility to services determined by final decision of agency director.        |
| 32     | § 44-20-440 | State        | State       | Admission of client upon request of parent, spouse, lawful custodian or legal guardian, or upon request of applicant  | Yes  | Yes  | Other service or product our agency must/may provide | Prescribe firm for admission to services.                                       |
| 33     | § 44-20-450 | State        | State       | Proceedings for involuntary admission; petition; hearing; service of notice; guardian ad litem; right to counsel; report; termination of proceedings; order of admission; appeal; confinement in jail prohibited            | Yes  | No   |  |   |
| 34     | § 44-20-460 | State        | State       | Discharge of client; detention of voluntarily admitted client; venue for judicial admission; protective custody for client  | Yes  | No   |  |   |
| 35     | § 44-20-470 | State        | State       | Return of nonresident person with intellectual disability or related disability to agency of state of his residency; reciprocal agreements with other states; detention of person returned by out-of-state agency; expenses | Yes  | No   |  |   |
| 36     | § 44-20-480 | State        | State       | Placement of client out of home; payment for services   | Yes  | Yes  | Other service or product our agency must/may provide | Placement in least restrictive environment.                                     |
| 37     | § 44-20-490 | State        | State       | Placement of client in employment situation; sheltered employment and training programs; compensation of clients  | Yes  | No   |  |   |
| 38     | § 44-20-500 | State        | State       | Order of confinement for client   | Yes  | No   |  |   |
| 39     | § 44-20-510 | State        | State       | Attendance of client in community based public school classes   | No   | No   |  |   |
| 40     | § 44-20-710 | State        | State       | Licensing of facilities and programs  | No   | Yes  | Other service or product our agency must/may provide | Licensing of day programs.  |
| 41     | § 44-20-720 | State        | State       | Minimum standards of operation and license programs   | No   | Yes  | Other service or product our agency must/may provide | Standards for operation and license of programs.                                |
| 42     | § 44-20-730 | State        | State       | Criteria for issuance of license  | Yes  | No   |  |   |
| 43     | § 44-20-740 | State        | State       | Restrictions as to services; number of clients; form of application for license; term of license; license as not transferrable  | No   | Yes  | Other service or product our agency must/may provide | Only licensed day programs can provide services.                                |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

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|--------|--------------|--------------|-------------|--|--|--|--|--|
| 44     | § 44-20-750  | State        | State       | Inspection of facilities; filing copy of bylaws, regulations, and rates of charges; inspection of records  | No   | No   |  |  |
| 45     | § 44-20-760  | State        | State       | Disclosure of inspections; protection of names of clients  | No   | Yes  | Other service or product our agency must/may provide | Report of licensing inspections available upon written request.        |
| 46     | § 44-20-770  | State        | State       | Denial, suspension or revocation of license; grounds   | No   | Yes  | Other service or product our agency must/may provide | License can be denied, suspended or revoked.                           |
| 47     | § 44-20-780  | State        | State       | Notifying operator of program of deficiencies; time for correction; notice of impending denial, suspension or revocation of license; exception for immediate threat        | No   | No   |  |  |
| 48     | § 44-20-790  | State        | State       | Promulgation of regulations governing hearings   | No   | No   |  |  |
| 49     | § 44-20-800  | State        | State       | Appeal of decision concerning deficiencies, licenses, etc  | Yes  | No   |  |  |
| 50     | § 44-20-900  | State        | State       | Injunctions; sufficiency of complaint; fines and penalties   | No   | Yes  | Other service or product our agency must/may provide | Injunctions against unlicensed day programs.                           |
| 51     | § 44-20-1000 | State        | State       | Licensing by department to be done in conjunction with licensing by agency having responsibility outside the department's jurisdiction; cooperative agreements             | Yes  | No   |  |  |
| 52     | § 44-20-1110 | State        | State       | Department's authority as to State's disabilities and special needs services and programs  | No   | No   |  |  |
| 53     | § 44-20-1120 | State        | State       | Raising of money for construction of improvements  | No   | No   |  |  |
| 54     | § 44-20-1130 | State        | State       | Limitation on amount of state capital improvement bonds  | No   | No   |  |  |
| 55     | § 44-20-1140 | State        | State       | Improvements for residential regional center or community facility; application  | No   | No   |  |  |
| 56     | § 44-20-1150 | State        | State       | Powers and duties concerning application for improvements  | No   | No   |  |  |
| 57     | § 44-20-1160 | State        | State       | Use of monies derived from revenues  | No   | Yes  | Other service or product our agency must/may provide | Revenues to be used principal and interest of outstanding obligations. |
| 58     | § 44-20-1170 | State        | State       | Special funds; disposition of revenues; withdrawal of funds  |  |  |  |  |
| 59     | § 44-38-10   | State        | Statute     | Head and Spinal Cord Injury Information System created; purpose  | No   | No   |  |  |
| 60     | § 44-38-20   | State        | Statute     | Definitions  | No   | No   |  |  |
| 61     | § 44-38-30   | State        | Statute     | Head and Spinal Cord Injury Information System Council; establishment and purpose; composition; election of chairman; appointment of advisors; compensation and expenses   | No   | No   |  |  |
| 62     | § 44-38-40   | State        | Statute     | Duties of council  | No   | No   |  |  |
| 63     | § 44-38-50   | State        | Statute     | Reporting of required information; follow up to persons entered in registry; gathering information from other states; approval of and participation in research activities | No   | No   |  |  |
| 64     | § 44-38-60   | State        | Statute     | Confidentiality of reports and records; nondisclosure under Freedom of Information Act   | No   | No   |  |  |
| 65     | § 44-38-70   | State        | Statute     | Council to submit annual report  | No   | No   |  |  |
| 66     | § 44-38-80   | State        | Statute     | Qualified immunity from liability for release of information in accordance with article  | No   | No   |  |  |
| 67     | § 44-38-90   | State        | Statute     | Penalty for intentional noncompliance with article   | No   | No   |  |  |
| 68     | § 44-38-310  | State        | Statute     | Service Delivery System established  | Yes  | Yes  | Other service or product our agency must/may provide | Delivery of services to those with head and spinal cord injuries.      |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

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|--------|-------------|--------------|-------------|---|--|--|--|--|
| 69     | § 44-38-320 | State        | Statute     | Definitions   | Yes  | No   |  |  |
| 70     | § 44-38-330 | State        | Statute     | Primary functions of system                               | Yes  | Yes  | Other service or product our agency must/may provide | Intake, planning, referral, case management, education and prevention services for those with head or spinal cord injuries.  |
| 71     | § 44-38-340 | State        | Statute     | Duties of department                                      | Yes  | Yes  | Other service or product our agency must/may provide | development of state plan, receipt of surveillance data, identification of service gaps, development of licensing, program and contract guidelines, coordinate and advocate for funding, promote awareness and research, determine eligibility for services, develop policies and procedures, provide training, coordinate delivery of services and advocate for persons with head and spinal cord injuries. |
| 72     | § 44-38-370 | State        | Statute     | Eligibility criteria for case management services         | Yes  | No   |  |  |
| 73     | § 44-38-380 | State        | Statute     | Advisory Council to System                                | No   | Yes  | Board, commission, or committee                      |  |
| 74     | § 44-38-390 | State        | Statute     | Article does not establish entitlement program or benefit | No   | No   |  |  |
| 75     | § 44-38-510 | State        | Statute     | Spinal Cord Injury Research Board                         | No   | No   |  |  |
| 76     | § 44-38-610 | State        | Statute     | South Carolina Brain Injury Leadership Council            | Yes  | No   |  |  |
| 77     | § 44-38-620 | State        | Statute     | Duties of the Council                                     | No   | No   |  |  |
| 78     | § 44-38-630 | State        | Statute     | Membership of Council; officers of council; compensation  | Yes  | Yes  | Board, commission, or committee                      |  |
| 79     | § 44-38-640 | State        | Statute     | Authority to apply for grants                             | No   | No   |  |  |
| 80     | § 44-21-10  | State        | Statute     | Legislative intent; intent of program; guiding principles | Yes  | No   |  |  |
| 81     | § 44-21-20  | State        | Statute     | Definitions   | Yes  | No   |  |  |
| 82     | § 44-21-30  | State        | Statute     | Authority to contract or make grants                      | No   | No   |  |  |
| 83     | § 44-21-40  | State        | Statute     | Focus of Family Support Program                           | Yes  | No   |  |  |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

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|--------|-------------|--------------|-------------|---|--|--|--|--|
| 84     | § 44-21-50  | State        | Statute     | Contracted agency to assist families in assessing needs and preparing plan  | No   | No   |  |  |
| 85     | § 44-21-60  | State        | Statute     | Services included in Family Support Program   | Yes  | Yes  | Other service or product our agency must/may provide | Provision of Family Support Services.  |
| 86     | § 44-21-70  | State        | Statute     | Implementation contingent upon annual appropriations  | No   | No   |  |  |
| 87     | § 44-21-80  | State        | Statute     | Regional tertiary level developmental evaluation centers  | Yes  | No   |  |  |
| 88     | § 44-23-10  | State        | Statute     | Definitions   | No   | No   |  |  |
| 89     | § 44-23-20  | State        | Statute     | Inapplicability to Whitten Center   | No   | No   |  |  |
| 90     | § 44-23-40  | State        | Statute     | Appeal to court from rules and regulations  | No   | No   |  |  |
| 91     | § 44-23-210 | State        | Statute     | Transfer of confined persons to or between mental health or intellectual disability facility                                      | No   | No   |  |  |
| 92     | § 44-23-220 | State        | Statute     | Admission of persons in jail  | No   | No   |  |  |
| 93     | § 44-23-410 | State        | Statute     | Determining fitness to stand trial; time for conducting examination; extension; independent examination; competency distinguished | No   | Yes  | Other service or product our agency must/may provide | Conduct Competency To Stand Trial evaluations.   |
| 94     | § 44-23-420 | State        | Statute     | Designated examiners' report  | No   | Yes  | Other service or product our agency must/may provide | Provide written report on Competency To Stand Trial.   |
| 95     | § 44-23-430 | State        | Statute     | Hearing on fitness to stand trial; effect of outcome  | No   | No   |  |  |
| 96     | § 44-23-460 | State        | Statute     | Procedure when superintendent believes person charged with crime no longer requires hospitalization                               | Yes  | No   |  |  |
| 97     | § 44-26-10  | State        | Statute     | Definitions   | Yes  | No   |  |  |
| 98     | § 44-26-40  | State        | Statute     | Determination of competency to consent to or refuse major medical treatment   | Yes  | Yes  | Other service or product our agency must/may provide | Use Adult Health Care Consent Act to determine ability to consent to healthcare.                 |
| 99     | § 44-26-50  | State        | Statute     | Health care decisions of client found incompetent to consent to or refuse major medical treatment                                 | Yes  | No   |  |  |
| 100    | § 44-26-60  | State        | Statute     | Health care decisions of minor clients  | Yes  | No   |  |  |
| 101    | § 44-26-70  | State        | Statute     | Human rights committees   | Yes  | Yes  | Other service or product our agency must/may provide | Establish Human Rights Committee (HRC) policies and procedures for appeals of decisions of HRC . |
| 102    | § 44-26-80  | State        | Statute     | Appeal of decisions concerning services or treatment provided   | Yes  | Yes  | Other service or product our agency must/may provide | Policies, procedures for appeals of HRC decisions  |
| 103    | § 44-26-90  | State        | Statute     | Rights of client not to be denied   | Yes  | Yes  | Other service or product our agency must/may provide | Recognize rights of clients  |
| 104    | § 44-26-100 | State        | Statute     | General rights of clients; limitations on rights  | Yes  | No   |  |  |
| 105    | § 44-26-110 | State        | Statute     | Right to daily physical exercise  | Yes  | No   |  |  |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

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|--------|-------------|--------------|-------------|---|--|--|--|---|
| 106    | § 44-26-120 | State        | Statute     | Access to medical and habilitative records; grounds for denial of access; appeal of denial of access; disclosure form   | Yes  | No   |  |   |
| 107    | § 44-26-130 | State        | Statute     | Confidentiality of communications with, and records of clients; disclosure  | Yes  | No   |  |   |
| 108    | § 44-26-140 | State        | Statute     | Clients to receive least restrictive appropriate care and habilitation available; exceptions  | Yes  | Yes  | Other service or product our agency must/may provide | Receipt of services in least restrictive care and habilitation available  |
| 109    | § 44-26-150 | State        | Statute     | Clients to be informed of rights upon admission; written individualized plan of habilitation; review of plan; revision of, or changes in, plan  | Yes  | Yes  | Other service or product our agency must/may provide | Informing client of rights at time of admission; individualized plan of habilitation; annula reviews of plan of habilitation. |
| 110    | § 44-26-16  | State        | Statute     | Mechanical, physical or chemical restraint of clients   | Yes  | Yes  | Other service or product our agency must/may provide | Procedures for written authorization of mechanical, physical, or chemical restraints.   |
| 111    | § 44-26-170 | State        | Statute     | Use of certain types of behavior modification   | Yes  | Yes  | Other service or product our agency must/may provide | Written approval for certain types of behavioral modifications.   |
| 112    | § 44-26-180 | State        | Statute     | Informed consent required for participation in research; promulgation of regulations  | Yes  | Yes  | Other service or product our agency must/may provide | Obtaining informed consent for research.  |
| 113    | § 44-26-200 | State        | Statute     | State Employment Services Division and State Agency of Vocational Rehabilitation to find employment for citizens with intellectual disability   | No   | No   |  |   |
| 114    | § 44-26-210 | State        | Statute     | Penalties for denying client rights accorded under this chapter   | No   | No   |  |   |
| 115    | § 44-26-220 | State        | Statute     | Person making health care decision not subject to civil or criminal liability, nor liable for cost of care; health care provider not subject to civil or criminal liability or disciplinary penalty for relying on decision | No   | No   |  |   |
| 116    | § 44-28-10  | State        | Statute     | Establishment of Fund; purpose  | No   | No   |  |   |
| 117    | § 44-28-40  | State        | Statute     | Departments and Agency required to provide care or treatment using monies in Fund account; vouchers   | No   | No   |  |   |
| 118    | § 44-28-60  | State        | Statute     | Money not usable for supplemental care and treatment to be returned to depositing trust; interest   | No   | Yes  | Other service or product our agency must/may provide | Consult on use of trust funds.  |
| 119    | § 44-28-80  | State        | Statute     | Departments and Agency to promulgate regulations for implementation and administration of Fund  | No   | No   |  |   |
| 120    | § 44-28-360 | State        | Statute     | Departments and Agency required to provide care or treatment to eligible beneficiaries using monies from Fund   | No   | Yes  | Other service or product our agency must/may provide | Provide services to those beneficiaries of the Disability Trust Fund that meet agency eligibility.                            |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

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|--------|-------------|--------------|-------------|---|--|--|--|--|
| 121    | § 44-28-370 | State        | Statute     | Departments and Agency to promulgate regulations for implementation and administration of Fund  |  |  |  |  |
| 122    | § 44-44-40  | State        | Statute     | Birth Defects Advisory Council established; membership; subject areas for recommendations; compensation   | No   | No   |  |  |
| 123    | § 44-66-10  | State        | Statute     | Short title   | No   | No   |  |  |
| 124    | § 44-66-20  | State        | Statute     | Definitions   | No   | No   |  |  |
| 125    | § 44-66-30  | State        | Statute     | Persons who may make health care decisions for patient who is unable to consent; order of priority; exceptions  | No   | No   |  |  |
| 126    | § 44-66-40  | State        | Statute     | Provision of health care without consent where there is serious threat to health of patient, or to relieve suffering; person having highest priority to make health care decision           | No   | No   |  |  |
| 127    | § 44-66-50  | State        | Statute     | Provision of health care without consent to relieve suffering, restore bodily function, or to preserve life, health or bodily integrity of patient  | No   | No   |  |  |
| 128    | § 44-66-60  | State        | Statute     | No authority to provide health care to patient who is unable to consent where health care is against religious beliefs of patient, or patients prior instructions                           | No   | No   |  |  |
| 129    | § 44-66-70  | State        | Statute     | Person who makes health care decision for another not subject to civil or criminal liability, nor liable for costs of care; health care provider not subject to civil or criminal liability | No   | No   |  |  |
| 130    | § 44-66-75  | State        | Statute     | Designating a family member with whom provider may discuss medical condition; exemptions  | No   | Yes  | Other service or product our agency must/may provide | Provide form for designation of person or persons to receive healthcare information. |
| 131    | § 44-66-80  | State        | Statute     | Other laws mandating or allowing testing or treatment without consent unaffected  | No   | No   |  |  |
| 132    | § 44-25-10  | State        | Statute     | Compact enacted into law  | No   | No   |  |  |
| 133    | § 44-25-30  | State        | Statute     | Director of Mental Health and Director of Disabilities and Special Needs shall be compact administrators  | No   | Yes  | Other service or product our agency must/may provide | Administer the Interstate Compact on Mental Health.                                  |
| 134    | § 44-7-260  | State        | Statute     | Requirements for licensure  | No   | No   |  |  |
| 135    | § 44-7-264  | State        | Statute     | Nursing home or community residential care facility licensure; fingerprint-based criminal records check; prohibition of issuance of license or requirement of revocation for certain crimes | No   | No   |  |  |
| 136    | § 44-7-2910 | State        | Statute     | Criminal record check for direct caregivers; definitions  | No   | Yes  | Other service or product our agency must/may provide | Fingerprint or background checks for direct care workers.                            |
| 137    | § 44-7-2920 | State        | Statute     | Criminal record check procedures  | No   | No   |  |  |
| 138    | § 6-29-770  | State        | Statute     | Governmental entities subject to zoning ordinances; exceptions  | No   | No   |  |  |
| 139    | § 40-35-20  | State        | Statute     | Definitions   | No   | No   |  |  |
| 140    | § 40-35-30  | State        | Statute     | Supervision of facilities and centers by licensed administrators  | No   | No   |  |  |
| 141    | § 43-35-5   | State        | Statute     | Short title   | No   | No   |  |  |
| 142    | § 43-35-10  | State        | Statute     | Definitions   | No   | No   |  |  |
| 143    | § 43-35-13  | State        | Statute     | Nonmedical remedial treatment by spiritual means is not abuse or neglect of vulnerable adult  | No   | No   |  |  |
| 144    | § 43-35-15  | State        | Statute     | Vulnerable Adults Investigations Unit; Long Term Care Ombudsman Program; Adult Protective Services Program; responsibilities; referral of reports   | No   | No   |  |  |
| 145    | § 43-35-20  | State        | Statute     | Additional powers of investigative entities   | No   | No   |  |  |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

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|--------|-------------|--------------|-------------|---|--|--|--|--|
| 146    | § 43-35-25  | State        | Statute     | Persons required to report abuse, neglect, or exploitation of adult; reporting methods  | No   | Yes  | Other service or product our agency must/may provide | Mandated reporting of abuse, neglect and exploitation.                   |
| 147    | § 43-35-30  | State        | Statute     | Photographing of visible trauma on abused adult   | No   | Yes  | Other service or product our agency must/may provide | Photographing areas of trauma.   |
| 148    | § 43-35-35  | State        | Statute     | Reporting deaths where abuse or neglect suspected   | No   | Yes  | Other service or product our agency must/may provide | mandated reporting of deaths due to abuse, neglect or exploitation.      |
| 149    | § 43-35-60  | State        | Statute     | Sharing of report information by investigative entities; public confidentiality   | No   | No   |  |  |
| 150    | § 43-35-65  | State        | Statute     | Notices to be displayed at facilities   | No   | Yes  | Other service or product our agency must/may provide | Display notices concerning reporting of abuse, neglect and exploitation. |
| 151    | § 43-35-75  | State        | Statute     | Immunity of person making report or participating in investigation in good faith  | No   | No   |  |  |
| 152    | § 43-35-310 | State        | Statute     | Council created; membership; filling vacancies (APCC)   | No   | No   |  |  |
| 153    | § 43-35-520 | State        | Statute     | Investigations of deaths in facilities operated by the Department of Mental Health or the Department of Disabilities and Special Needs; death by natural causes in a veterans' nursing home | No   | No   |  |  |
| 154    | § 43-35-540 | State        | Statute     | Access to medical information   | No   | Yes  | Other service or product our agency must/may provide | Provide upon request of SLED, records of death.                          |
| 155    | § 43-35-560 | State        | Statute     | Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support   | No   | No   |  |  |
| 156    | § 63-7-310  | State        | Statute     | Persons required to report  | No   | Yes  | Other service or product our agency must/may provide | Mandated reports of child abuse and neglect.                             |
| 157    | § 63-7-315  | State        | Statute     | Civil action created for wrongful termination based on employee having reported child abuse or neglect  | No   | No   |  |  |
| 158    | § 63-7-360  | State        | Statute     | Mandatory reporting to coroner  | No   | Yes  | Other service or product our agency must/may provide | Mandated reporting of child death due to abuse or neglect.               |
| 159    | § 63-7-380  | State        | Statute     | Photos and x-rays without parental consent; release of medical records  | No   | No   |  |  |
| 160    | § 63-7-390  | State        | Statute     | Reporter immunity from liability  | No   | No   |  |  |
| 161    | § 63-7-410  | State        | Statute     | Failure to report; penalties  | No   | No   |  |  |
| 162    | § 88-105    | State        | Regulation  | Scope   | Yes  | No   |  |  |
| 163    | § 88-110    | State        | Regulation  | Licenses Issued   | No   | No   |  |  |
| 164    | § 88-115    | State        | Regulation  | Effective Date and Term of License  | No   | No   |  |  |
| 165    | § 88-120    | State        | Regulation  | Applications for License  | No   | Yes  | Other service or product out agency must/may provide | Denial, suspension or revocation of a license of a program.              |
| 166    | § 88-125    | State        | Regulation  | Denial, Suspension, or Revocation of License  | No   | No   |  |  |



Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

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|--------|--|--------------|-------------|--|--|--|--|--|
| 167    | § 88-130   | State        | Regulation  | Waivers  | No   | No   |  |  |
| 168    | § 88-135   | State        | Regulation  | Validity of License                                | No   | No   |  |  |
| 169    | § 88-140   | State        | Regulation  | Separate Licenses                                  | Yes  | No   |  |  |
| 170    | § 88-210   | State        | Regulation  | Definitions  |  |  |  |  |
| 171    | § 88-310   | State        | Regulation  | Definitions  | No   | No   |  |  |
| 172    | § 88-320   | State        | Regulation  | Supervision  | No   | No   |  |  |
| 173    | § 88-325   | State        | Regulation  | Personnel  | No   | No   |  |  |
| 174    | § 88-330   | State        | Regulation  | Size of Staff                                      | No   | No   |  |  |
| 175    | § 88-335   | State        | Regulation  | Personnel Records                                  | No   | No   |  |  |
| 176    | § 88-340   | State        | Regulation  | General Health                                     | No   | No   |  |  |
| 177    | § 88-345   | State        | Regulation  | General Safety                                     | No   | No   |  |  |
| 178    | § 88-350   | State        | Regulation  | Emergency Procedures                               | No   | No   |  |  |
| 179    | § 88-355   | State        | Regulation  | General Sanitation Requirements                    | No   | No   |  |  |
| 180    | § 88-360   | State        | Regulation  | Housing in Residential Camps                       | No   | No   |  |  |
| 181    | § 88-365   | State        | Regulation  | Nutrition and Food Service                         | No   | No   |  |  |
| 182    | § 88-370   | State        | Regulation  | Transportation                                     | No   | No   |  |  |
| 183    | § 88-375   | State        | Regulation  | Program  | No   | No   |  |  |
| 184    | § 88-380   | State        | Regulation  | Waterfront Activity                                | No   | No   |  |  |
| 185    | § 88-385   | State        | Regulation  | General Care of Campers                            | No   | No   |  |  |
| 186    | § 88-390   | State        | Regulation  | Confidentiality                                    | No   | No   |  |  |
| 187    | § 88-395   | State        | Regulation  | Reserve Clause                                     |  |  |  |  |
| 188    | § 88-405   | State        | Regulation  | Definitions  | No   | No   |  |  |
| 189    | § 88-410   | State        | Regulation  | Personnel  | No   | No   |  |  |
| 190    | § 88-415   | State        | Regulation  | Facility   | No   | No   |  |  |
| 191    | § 88-420   | State        | Regulation  | Transportation                                     | No   | No   |  |  |
| 192    | § 88-425   | State        | Regulation  | Medical Care                                       | No   | No   |  |  |
| 193    | § 88-430   | State        | Regulation  | Evaluations  | No   | No   |  |  |
| 194    | § 88-435   | State        | Regulation  | Program  | No   | No   |  |  |
| 195    | § 88-440   | State        | Regulation  | Records  |  |  |  |  |
| 196    | § 88-910   | State        | Regulation  | Unclassified Facilities and Programs               | No   | No   |  |  |
| 197    | § 88-915   | State        | Regulation  | Application for License of an Unclassified Program | No   | No   |  |  |
| 198    | § 88-920   | State        | Regulation  | Determination by the Department                    | No   | No   |  |  |
| 199    | Fair Housing Act 42 U.S. C. §3601                          | Federal      | Statute     |  | No   | No   |  |  |
| 200    | American with Disabilities Act 42 U.S.C. 126 §12101 et seq | Federal      | Statute     |  | No   | No   |  |  |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

| Item # | Law Number   | Jurisdiction | Type of Law | Statutory Requirement and/or Authority Granted | Does this law specify who your agency must or may serve? (Y/N) | Does the law specify a product or service your agency must or may provide? | If yes, what type of service or product?             | If other service or product, please specify what service or product.  |
|--------|--|--------------|-------------|--|--|--|--|---|
| 201    | Rehabilitation Act 29 U.S.C. § 701                                       | Federal      | Statute     |  | No   | No   |  |   |
| 202    | Medicaid 42 U.S.C 1936n §1915 et seq                                     | Federal      | Statute     |  | Yes  | No   |  |   |
| 203    | Health Insurance Portability and Accounting Act (HIPPA) 42 U.S.C. 1320-d | Federal      | Statute     |  | No   | No   |  |   |
| 204    | IDEA 20 U.S. C. 33 §1400 et seq  | Federal      | Statute     |  | No   | No   |  |   |
| 205    | Appropriations Act 2019-2020 36.1  | State        | Proviso     | 36.1 Work Activity Programs                    | No   | No   |  |   |
| 206    | Appropriations Act 2019-2020 36.2  | State        | Proviso     | 36.2 Sale of Excess Real Property              | No   | No   |  |   |
| 207    | Appropriations Act 2019-2020 36.3  | State        | Proviso     | 36.3 Prenatal Diagnosis                        | No   | No   |  |   |
| 208    | Appropriations Act 2019-2020 36.4  | State        | Proviso     | 36.4 Medicaid-Funded Contract Settlements      | No   | No   |  |   |
| 209    | Appropriations Act 2019-2020 36.5  | State        | Proviso     | 36.5 Departmental Generated Revenue            | No   | No   |  |   |
| 210    | Appropriations Act 2019-2020 36.6  | State        | Proviso     | 36.6 Transfer of Capital/Property              | No   | No   |  |   |
| 211    | Appropriations Act 2019-2020 36.7  | State        | Proviso     | 36.7 Unlicensed Medication Providers           | No   | Yes  | Other service or product our agency must/may provide | Selected prescribed medications maybe performed by unlicensed personnel under supervision after training and competency evaluation. |
| 212    | Appropriations Act 2019-2020 36.8  | State        | Proviso     | 36.8 Child Daycare Centers                     | Yes  | Yes  | Other service or product our agency must/may provide | Treatment for autistic disorders in children under 8 years old.   |
| 213    | Appropriations Act 2019-2020 36.9  | State        | Proviso     | 36.9 Debt Service Account                      | No   | No   |  |   |
| 214    | Appropriations Act 2019-2020 36.10                                       | State        | Proviso     | 36.10 Traumatic Brain Injury                   | No   | No   |  |   |

Agency Name: Department of Disabilities and Special Needs

Fiscal Year 2019-2020  
Accountability Report

Agency Code: J160 Section: 36

Legal Standards Template

| Item # | Law Number                          | Jurisdiction | Type of Law | Statutory Requirement and/or Authority Granted  | Does this law specify who your agency must or may serve? (Y/N) | Does the law specify a product or service your agency must or may provide? | If yes, what type of service or product?             | If other service or product, please specify what service or product.      |
|--------|-------------------------------------|--------------|-------------|---|--|--|--|---|
| 215    | Appropriations Act 2019-2020 36.11  | State        | Proviso     | 36.11 Medicaid Direct Billing                   | Yes  | Yes  | Other service or product our agency must/may provide | Provide post acute rehabilitation for Traumatic Brain/Spinal Cord Injury. |
| 216    | Appropriations Act 2019-2020 36.12  | State        | Proviso     | 36.12 Carry Forward Authorization               | No   | Yes  | Other service or product our agency must/may provide | Facilitate Medicaid direct filling for all providers who choose such.     |
| 217    | Appropriations Act 2019-2020 36.13  | State        | Proviso     | 36.13 Service Providers Expenditure Requirement | No   | Yes  | Other service or product our agency must/may provide | Use of carry forward funds to reduce the waiting list for services.       |
| 218    | Appropriations Act 2019-2020 36.14  | State        | Proviso     | 36.15 Beaufort DSN Facility                     | No   | No   |  |   |
| 220    | Appropriations Act 2019-2020 117.24 | State        | Proviso     | 117.24 TEFRA                                    | No   | No   |  |   |
| 221    | Appropriations Act 2019-2020 117.54 | State        | Proviso     | 117.54 ISCEDC Funding Transfer                  | No   | No   |  |   |
| 222    | Appropriations Act 2019-2020 117.73 | State        | Proviso     | 117.73 IMD Operations                           | No   | No   |  |   |
| 223    | Appropriations Act 2019-2020 117.91 | State        | Proviso     | 117.91 Means Test                               | No   | No   |  |   |
| 224    | Appropriations Act 2019-2020 117.98 | State        | Proviso     | 117.98 First Steps - BabyNet (quarterly report) | No   | Yes  | Report to the Senate and House Committees            |   |

**Agency Name:** Department of Disabilities & Special Needs

**Fiscal Year 2019-2020  
Accountability Report**

**Agency Code and Section:** J160 36

**Customer Template**

| Service/Product Provided to Customers   | Customer Segments               | <u>Specify only for the following Segments:</u> (1) <u>Industry:</u> Name; (2) <u>Professional Organization:</u> Name; (3) <u>Public:</u> Demographics.                                      | Divisions or Major Programs | Description  |
|---|---------------------------------|--|-----------------------------|--|
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Executive Branch/State Agencies |  | Administration              | Executive, Fiscal, Legal and Audit                                       |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Legislative Branch              |  | Administration              | Executive, Fiscal, Legal and Audit                                       |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Judicial Branch                 |  | Administration              | Executive, Fiscal, Legal and Audit                                       |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | Local Govts.                    |  | Administration              | Executive, Fiscal, Legal and Audit                                       |
| Leadership, direction, fiscal management oversight, legal activities and audit functions  | General Public                  | Public: All ages, all genders, all incomes   | Administration              | Executive, Fiscal, Legal and Audit                                       |
| Primary preventive services, Early Intervention services, in-home family support services, community day/employment services, community residential services, regional center day/employment services, regional center residential services | General Public                  | Public: Individuals of all ages, gender, income with an intellectual disability, related disability, autism spectrum disorder, traumatic brain injury, spinal cord injury and their families | Programs and Services       | Prevention, Family Support, Community Services, Regional Center Services |
| Primary preventive services, Early Intervention services, in-home family support services, community day/employment services, community residential services, regional center day/employment services, regional center residential services | Industry                        | Industry: Qualified providers of services specific to the needs of individuals eligible to receive services funded by DDSN.  | Programs and Services       | Prevention, Family Support, Community Services, Regional Center Services |

**Agency Name:** Department of Disabilities and Special Needs

**Fiscal Year 2019-2020  
Accountability Report**

**Agency Code and Section:** J160 36

**Partner Template**

| <b>Name of Partner Entity</b>                  | <b>Type of Partner Entity</b> | <b>Description of Partnership</b>   | <b>Associated Goal(s)</b> |
|--|-------------------------------|---|---------------------------|
| Public and private provider organizations      | Non-Governmental Organization | Provision of consumer focused, high quality services in local communities   | 1;2;3;4                   |
| Department of Health and Human Services (DHHS) | State Government              | Development, operational management and federal oversight of services funded in conjunction Medicaid dollars  | 2;3;4                     |
| State Law Enforcement Division (SLED)          | State Government              | Management of allegations of abuse, neglect or exploitation of individuals served by DDSN   | 3                         |
| Department of Mental Health (DMH)              | State Government              | Coordination of services for individuals served by both agencies  | 2                         |
| Department of Social Services (DSS)            | State Government              | Coordination of services for individuals served by both agencies; Management of allegations of abuse, neglect or exploitation of individuals served by DDSN                     | 2;3                       |
| Vocational Rehabilitation (VR)                 | State Government              | Coordination of services for individuals served by both agencies  | 2                         |
| Disability Advocacy Organizations              | Non-Governmental Organization | Collaboration to develop and promote services valued by individuals with disabilities and their families. Parent and family member education efforts. Peer support initiatives. | 1;2;3;4                   |
| State Long Term Care Ombudsman                 | State Government              | Management of allegations of abuse, neglect or exploitation of individuals served by DDSN   | 3                         |
| Attorney General                               | State Government              | Management of allegations of abuse, neglect or exploitation of individuals served by DDSN   | 3                         |
| Department of Administration                   | State Government              | Coordinate with Office of Executive Budget, Division of State Human Resources, Division of Procurement, Division of Technology, SCEIS, OEPP                                     | 4                         |
| State Fiscal Accountability Authority (SFAA)   | State Government              | Coordinate with Office of State Auditor, Human Resources, Procurement Services, Insurance Reserve Fund  | 4                         |
| Local Law Enforcement                          | Local Government              | Management of allegations of abuse, neglect or exploitation of individuals serviced by DDSN   | 3                         |
| Labor, Licensing and Regulation                | State Government              | Coordinate with divisions of specialized licensure  | 2;3                       |
| Department of Health and Environmental Control | State Government              | Coordination of services and licensure of facilities  | 2;3                       |
| Department of Alcohol and Drug Abuse           | State Government              | Coordination of services for individuals served by both agencies  | 2                         |
| Department of Juvenile Justice                 | State Government              | Coordination of services for individuals served by both agencies  | 2                         |
| Department of Corrections                      | State Government              | Coordination of services for individuals served by both agencies  | 2                         |
| First Steps                                    | Non-Governmental Organization | Coordination of services for individuals served by both agencies  | 2                         |
| Department of Education                        | State Government              | Coordination of services for individuals served by both agencies; development of a DSP Training Program in High Schools   | 2                         |
| Continuum of Care                              | State Government              | Coordination of services for individuals served by both agencies  | 2                         |

**Agency Name:** DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Fiscal Year 2019-2020  
Accountability Report

**Agency Code:** J160 **Section:** 36

Report and External Review Template

| Item | Is this a Report, Review, or both? | Report or Review Name  | Name of Entity Requesting the Report or Conducting Review                                 | Type of Entity | Reporting Frequency | Current Fiscal Year: Submission Date or Review Timeline (MM/DD/YYYY) | Summary of Information Requested in the Report or Reviewed  | Method to Access the Report or Information from the Review                 |
|------|------------------------------------|--|---|----------------|---------------------|--|---|--|
| 1    | External Review and Report         | Annual Financial Review  | State Auditor's Office  | State          | Annually            | September 1, 2019  | Conducts Recurring Audit of a State Agency's financial activities in association with the Comptroller's Annual State CAFR             | Contact DDSN CFO Chris Clark, 803/898-9769                                 |
| 2    | External Review and Report         | Analytical Review of DDSN's Information Security Program (INFOSEC)       | Department of Administration  | State          | Other               | April 1, 2020  | Review compared DDSN's policy & practices to the State's INFOSEC Requirements (Gap Analysis)  | Contact DDSN Chief Information Security Office Kareem Briggs, 803/898-9706 |
| 3    | External Review and Report         | Mercer Report of DDSN Band Payment System & Service Market Rate Analysis | SC Department of Health and Human Services' contracted with Mercer Healthcare Consultants | State          | Other               | October 1, 2019  | Provided review of DDSN's capitated band payment system and establish market rates for most of DDSN's services.                       | Contact DDSN Associate State Director Rufus Britt, 803/898-9769            |
| 4    | Internal Review and Report         | Repit Program Review   | DDSN Internal Audit   | State          | Other               | October 1, 2019  | Review of DDSN's Respite Program to identify weaknesses and recommend improvements  | Contact DDSN Internal Auditor Director Kevin Yacobi, 803/898-9690          |
| 5    | Internal Review and Report         | Funded Waiver Slot Review  | DDSN Internal Audit   | State          | Other               | April 1, 2020  | Review of DDSN's liability for appropriated waiver slots  | Contact DDSN Internal Auditor Director Kevin Yacobi, 803/898-9690          |
| 6    | Internal Review and Report         | Workforce Innovation and Opportunity Act Review                          | DDSN Internal Audit   | State          | Other               | February 1, 2020   | Review of DDSN's WIOA Program for compliance with Federal Department of Labor Requirements  | Contact DDSN Internal Auditor Director Kevin Yacobi, 803/898-9690          |
| 7    | Internal Review and Report         | Review of Jasper Fiscal Agent Respite                                    | DDSN Internal Audit   | State          | Other               | April 16, 2020   | Review of Fiscal Agent Process for stated Provider and Lack of Controls and Oversight   | Contact DDSN Internal Auditor Director Kevin Yacobi, 803/898-9690          |
| 8    | Internal Review and Report         | DDSN Central Office-Information Technology                               | DDSN Internal Audit   | State          | Other               | February 13, 2020  | Review of purchasing of IT assests in compliance with State Procurement along with controls and tracking of assests after purchasing. | Contact DDSN Internal Auditor Director Kevin Yacobi, 803/898-9690          |