

From: Baker, Josh <JoshBaker@gov.sc.gov>
To: Soura, Christian <ChristianSoura@gov.sc.gov>
Date: 9/3/2014 3:33:57 PM
Subject: RE: Babynet

This came up in a separate conversation with Emily Heatwole earlier today and I am sitting down with Susan and Dan next Tuesday. If you're not available to chat before then, I can wave them off. The only meeting I have the rest of the week is that DOL call about the home care rule.

Josh

From: Soura, Christian
Sent: Wednesday, September 03, 2014 3:23 PM
To: Baker, Josh
Subject: FW: Babynet

I'll have to catch you up a little, but the attachments cover a lot of the current issues with BabyNet. Danny is still the ICC Chair, so he has a direct role and is looking for the Governor's Office's guidance.

CLS

Christian L. Soura
(803) 543-0792

From: Danny Varat [Dannyvarat@att.net]
Sent: Friday, August 08, 2014 1:40 PM
To: Soura, Christian
Subject: Babynet

Christian, here are the documents and some thoughts.

1. This is the second year in a row with a corrective action plan. In the document entitled, 'SC-Reponse-2014c,' you will note that all of the conditions of last year's corrective action plan were met.
2. In February 2015, we report on FFY 2013 performance and on the status of correction of non-compliance identified in FFY 2011 and FFY 2012. While we are making progress, it is important to bear in mind the following:
 - a. Indicator 7 (45-day process): given the system's current model, we have insufficient staff to process referrals and determine eligibility (42 service coordinators for 10K referrals/year). Many attempts have been made to utilize system resources to address this issue to no avail (including a request to D & S to pursue increased state funding, a request to contract for intake service coordination, and changes to the contract with DDSN to reassign their 450+ early intervention staff for this purpose). This indicator will continue to be challenging until additional resources are available and/or a change in system structure can be made.
 - b. Indicator 8a (transition planning): typically, this is a responsibility of BabyNet Service Coordinators with DDSN or SCsDB, with federally established timelines. While there is sufficient personnel to address this requirement, there was not a process in place under

DHEC's leadership to verify the reliability and validity of the data (i.e., DHEC reported this as 100% compliance). With verification procedures, we have found actual performance to be significantly less than 100%.

c. Indicator 9 (timely correction of non-compliance): with any instance of non-compliance, the documentation of correction must include that the child for whom a compliance activity (Indicator 1, 7, 8a, 8b and 8c) was late did indeed receive the required service/support, AND that there were no instances of non-compliance for any children subsequently served by the same service coordinator. We have made significant improvement in identifying and reporting non-compliance, but find resistance to sustainable correction. Given the current flow of state funding, there are no real consequences to the service coordinators as incentive to change behavior--they will be paid regardless of whether or not the activity is timely, or meets related requirements. There are the added issues of DDSN early intervention personnel serving as both BabyNet service coordinators and service providers, as well as service coordinators for DDSN services. This model results in both a conflict of interest, and competing and incompatible demands on personnel time.

As noted in the first 2 pages of the determination letter, these are long standing issues for South Carolina. That alone is cause for concern; however, as OSEP re-tools to move to results-driven accountability, it will be significantly more difficult for South Carolina to transition to the new model if we are simultaneously still trying to correct systemic issues identified six years ago.

I need some direction.